

Available online at www.sciencedirect.com

Journal of Hospital Infection

journal homepage: www.elsevierhealth.com/journals/jhin

Harmonizing and supporting infection control training in Europe

S. Brusaferro^{a,*}, L. Arnoldo^a, G. Cattani^a, E. Fabbro^a, B. Cookson^b,
R. Gallagher^c, P. Hartemann^d, J. Holt^e, S. Kalenic^f, W. Popp^g,
G. Privitera^h, V. Prikazskyⁱ, C. Velascoⁱ, C. Suetensⁱ, C. Varela Santosⁱ

^a Department of Medical and Biological Sciences, University of Udine, Udine, Italy

^b Division of Infection and Immunity, University College London, London, UK

^c Infection Prevention and Control, Royal College of Nursing, London, UK

^d Service d'Hygiène Hospitalière, C.H.U. de Nancy & DESP-SERES, Faculté de Médecine, Vandoeuvre–Nancy, France

^e National Center for Infection Control, Statens Serum Institut, Copenhagen, Denmark

^f Department of Medical Microbiology, University of Zagreb, Zagreb, Croatia

^g Hospital Hygiene, University Clinics Essen, Essen, Germany

^h Dipartimento di Ricerca Traslazionale e delle Nuove Tecnologie in Medicina e Chirurgia, University of Pisa, Pisa, Italy

ⁱ European Centre for Disease Prevention and Control, Stockholm, Sweden

ARTICLE INFO

Article history:

Received 10 November 2014

Accepted 16 December 2014

Available online xxx

Keywords:

Core competencies

Hospital hygiene

Infection control

Taxonomy

Training

Healthcare workers

Wiki

SUMMARY

Healthcare-associated infection (HCAI), patient safety, and the harmonization of related policies and programmes are the focus of increasing attention and activity in Europe. Infection control training for healthcare workers (HCWs) is a cornerstone of all patient safety and HCAI prevention and control programmes. In 2009 the European Centre for Disease Prevention and Control (ECDC) commissioned an assessment of needs for training in infection control in Europe (TRICE), which showed a substantial increase in commitment to HCAI prevention. On the other hand, it also identified obstacles to the harmonization and promotion of training in infection control and hospital hygiene (IC/HH), mostly due to differences between countries in: (i) the required qualifications of HCWs, particularly nurses; (ii) the available resources; and (iii) the sustainability of IC/HH programmes. In 2013, ECDC published core competencies for infection control and hospital hygiene professionals in the European Union and a new project was launched ['Implementation of a training strategy for infection control in the European Union' (TRICE-IS)] that aimed to: define an agreed methodology and standards for the evaluation of IC/HH courses and training programmes; develop a flexible IC/HH taxonomy; and implement an easily accessible web tool in 'Wiki' format for IC/HH professionals. This paper reviews several aspects of the TRICE and the TRICE-IS projects.

© 2015 Published by Elsevier Ltd on behalf of the Healthcare Infection Society.

* Corresponding author. Address: Department of Medical and Biological Sciences, University of Udine, Piazzale Kolbe, 3 – 33100 Udine, Italy. Tel.: +39 0432 559296.

E-mail address: brusaferro.silvio@aoud.sanita.fvg.it (S. Brusaferro).

<http://dx.doi.org/10.1016/j.jhin.2014.12.005>

0195-6701/© 2015 Published by Elsevier Ltd on behalf of the Healthcare Infection Society.

Introduction

Training of healthcare workers (HCWs) in infection control and hospital hygiene (IC/HH) lies at the centre of all

programmes that aim to prevent and control healthcare-associated infection (HCAI) and, more broadly, to improve patient safety. In 2000, the Institute of Medicine gave fresh impetus to prevention of HCAI by publishing *To err is human*, a novel approach to patient safety in healthcare organizations (HCOs).¹ Patient safety is now an essential component of the standards of care required of both HCWs and HCOs worldwide. HCAI represents a major threat, being responsible for significant morbidity, mortality, and socio-economic burden to patients and their families.^{2–4} According to the European Centre for Disease Prevention and Control (ECDC), an estimated 3.2 million patients (95% confidence interval: 1.9–5.2 million) acquire an HCAI in European acute hospitals every year, and ~37,000 die as a direct consequence.^{5,6} Furthermore, HCAI accounts for a substantial proportion of adverse events in hospitalized patients, and has been identified by the World Health Organization (WHO) as an essential component of their global patient safety challenge.^{7–13} The study on efficacy of nosocomial infection control (SENIC) considered it essential for hospitals to have a continuous approach to HCAI that includes: surveillance; availability of properly trained, dedicated personnel; evidence-based policies; and monitoring to ensure that the recommended interventions are applied effectively.¹⁴ But in spite of the available evidence, implementation is still a problem both for HCOs and HCWs.^{15–17} It is therefore essential to promote competence-based training of specialists in IC/HH, as well as HCWs more generally, to make them aware of HCAI risks and capable of implementing appropriate recommendations.

Background to the TRICE (training in infection control in Europe) project

The European Union (EU) has for several years promoted policies and interventions that harmonize HCAI prevention and control in all member states. The overall policy is set out in the Council Recommendation of 9 June 2009 on patient safety, including the prevention and control of HCAI (2009/C 151/01).¹⁸ The section on HCAI contains the following recommendations on training:

- (d) foster education and training of healthcare workers by:
 - (i) at national or regional level, defining and implementing specialised infection control training and/or education programmes for infection control staff and strengthening education on the prevention and control of healthcare associated infections for other healthcare workers.

In 2012, the European Commission's report on the implementation of 2009/C 151/01 stressed that member states should:¹⁹

- Ensure adequate numbers of specialized infection control staff with time set aside for this task in hospitals and other healthcare institutions.
- Improve training of specialized infection control staff and better aligned qualifications between Member States.

A European project known as 'Improving patient safety in Europe' (IPSE) was launched in 2005 by the Commission's

Directorate General for Health and Consumers (DGSANCO).²⁰ It dealt with many aspects of HCAI prevention and control including: European standards and indicators for Public Health surveillance; event warning and rapid exchange of information on HCAI and antimicrobial resistance; surveillance and control of antibiotic resistance in intensive care units; and surveillance of HCAI in nursing homes. Moreover, it focused attention on training in infection control and HCAI epidemiology and, together with the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) and the Health Protection Agency (HPA), developed a 'core curriculum for infection control practitioners'.²¹ In 2006, the project also explored existing IC/HH training courses in the EU member states, two candidate countries (Croatia and Turkey) and two other European countries (Norway and Switzerland).

In light of the IPSE experience, in 2009 ECDC commissioned and launched a project named 'Infection control training needs assessment in the European Union' (TRICE), with the aim of strengthening IC/HH training in EU member states.

Available data on IC/HH training in Europe

The TRICE 2010 survey of 33 countries of the EU, other EEA countries and EU candidate countries suggested that there had been an increase in attention and commitment to HCAI in Europe in recent years, as manifest in the following:

- nearly all participating countries (88%, 29/33) had national recommendations for managing IC/HH;
- ratios for IC/HH doctors per bed or admission were as recommended in 54% of respondent countries (18/33), and ratios for IC/HH nurses were as recommended in 70% (23/33), even if not always monitored in their application;
- IC/HH programmes related to patient safety were present in 45% of countries (14/30);
- many training programmes provided a certificate of graduation, diploma, or other formal recognition that allows participants to be designated as IC/HH practitioners;
- basic IC/HH training was provided in medical and nursing schools of 70% (23/33) and 79% (26/33), respectively, of respondent countries;
- IC/HH link professionals were present in 39% (13/33) of countries for doctors and in 61% (20/33) for nurses.

Some critical issues remained, especially regarding IC/HH training programmes there being differences:

- between countries in qualifications required by HCWs, especially for nurses;
- in training opportunities across the disparate national models for providing healthcare;
- in the available resources and in the sustainability of IC/HH programmes.²²

In 2013, in view of the TRICE results and of the importance of continued support for national IC/HH training programmes, ECDC launched a second project named 'Training in infection control in Europe – implementation strategy' (TRICE-IS) which aims to implement and harmonize IC/HH programmes and tools, according to 'Core competencies for infection control and hospital hygiene professionals in the European Union'.²³ The agreed list of core competencies, also known as 'European IC/HH core

Download English Version:

<https://daneshyari.com/en/article/6122132>

Download Persian Version:

<https://daneshyari.com/article/6122132>

[Daneshyari.com](https://daneshyari.com)