# HOSPITAL ACQUIRED INFECTION


GUIDED BY:
Mr. VIJAY PRATAP RAGHUVANSHI

PRESENTED BY:
ROOPALI SAWHNEY
HOSPITAL STREAM-1367

# INTRODUCTION

- Before 1800s'- "Typhus" was recognized as Hospital Infection.
- In 19th Century- Surgery became more prevalent that results in occurrence of other hospital acquired infections.
- In 1830s' – term Hospital Acquired Infection – James Simpson in England – "Hospitalism"
- In 1840s' - Semmelwis – Idea of Hand Washing
  Faced resistance
  Within 2 years died in asylum
- After 40 years – Joseph Lister accepted the concept of Hand Washing after his studied showed reduction in IR from 47% - 15% on limb amputations.

# DEFINING HAI

- Also known as Nosocomial Infection
- Acquired by patients after 48 hours of admission other then its primary diagnosis.

# EFFECTS OF HAI

- Longer length of stay
- Longer recovery time
- Increased cost associated with longer length of stay and longer recovery time.

# INDICATORS

- Intravenous  Infection
- Urinary Tract Infection
- Surgical Site Infection
- Ventilator Associated Pneumonia

# RESEARCH QUESTION

- Whether the hospital is following infection control measures ?

# AIM

- A study on infection control measures in hospital.

# OBJECTIVES

- To check the measures being followed for infection control.
- To find infection rate of indicators.
- To check and evaluate the training given to staff for hospital infection control.

# METHODLOGY

- **Type of study**: Prospective and Record based study

- **Location of study**: Sir Takhtasinhji General Hospital and Government Medical College, Bhavnagar (Gujarat)

  First NABL approved Govt laboratories

  First NABH approved Govt. Blood Bank

- **Data Sources**: IC Record Form approved by HIC

  Primary Source: Record forms filled by all departments.

  Secondary Source: Literature Review

# IMPLEMENTATIONS

- Sensitization and training of staff
  - IV Care
  - UC Care
  - Ventilator Care
  - Wound Care
- Display of posters of hand washing techniques
- Use of gloves
- Use of sterile/sealed IV & urinary catheters
- Labeling of adhesive
- Functioning of HIC Committee

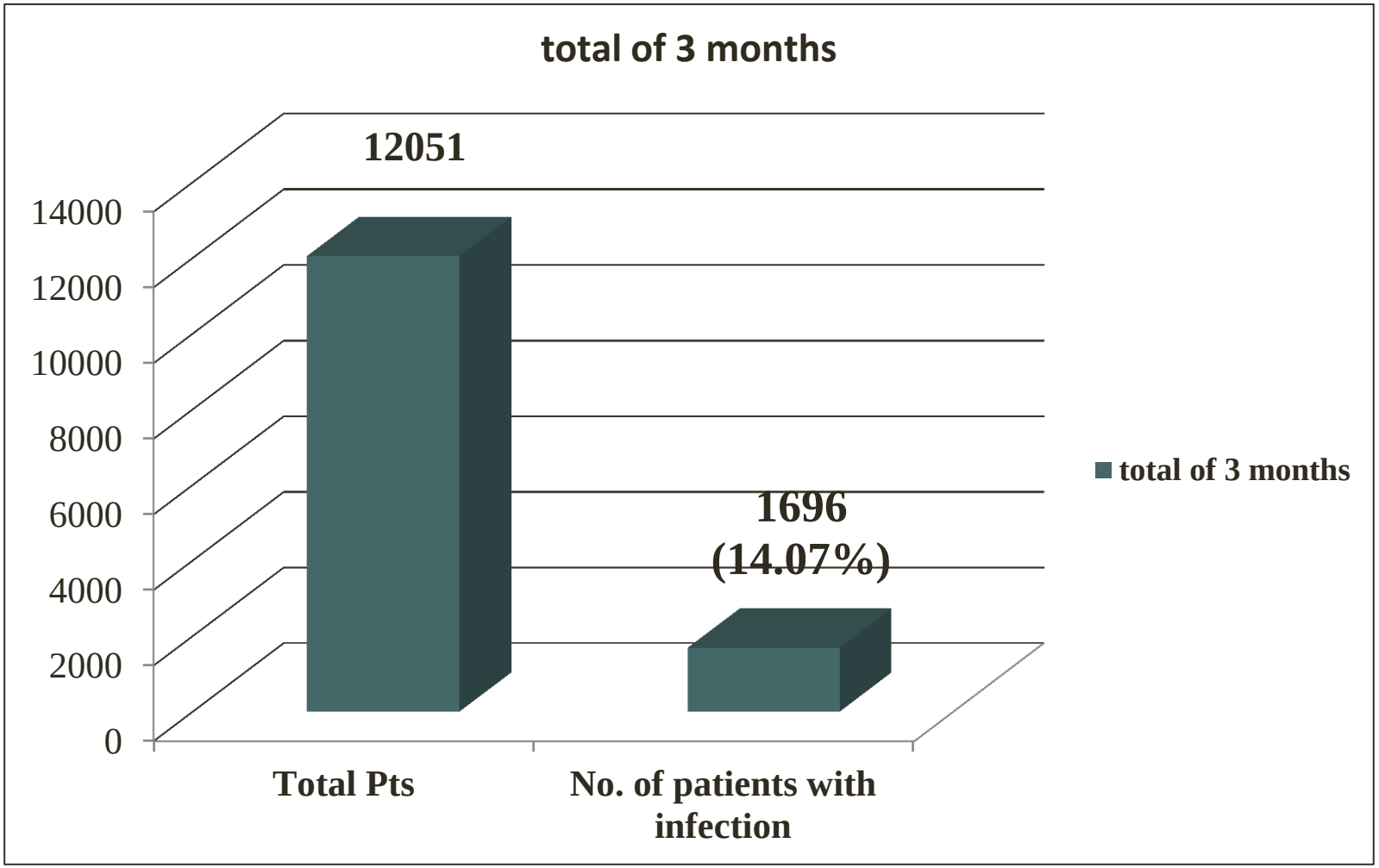
# RESULTS

Presented in the form of graphs in the following manner:

1. Cumulative IR of 3 months
2. IR of 3 months
3. IR depending upon indicators
4. IR of major departments

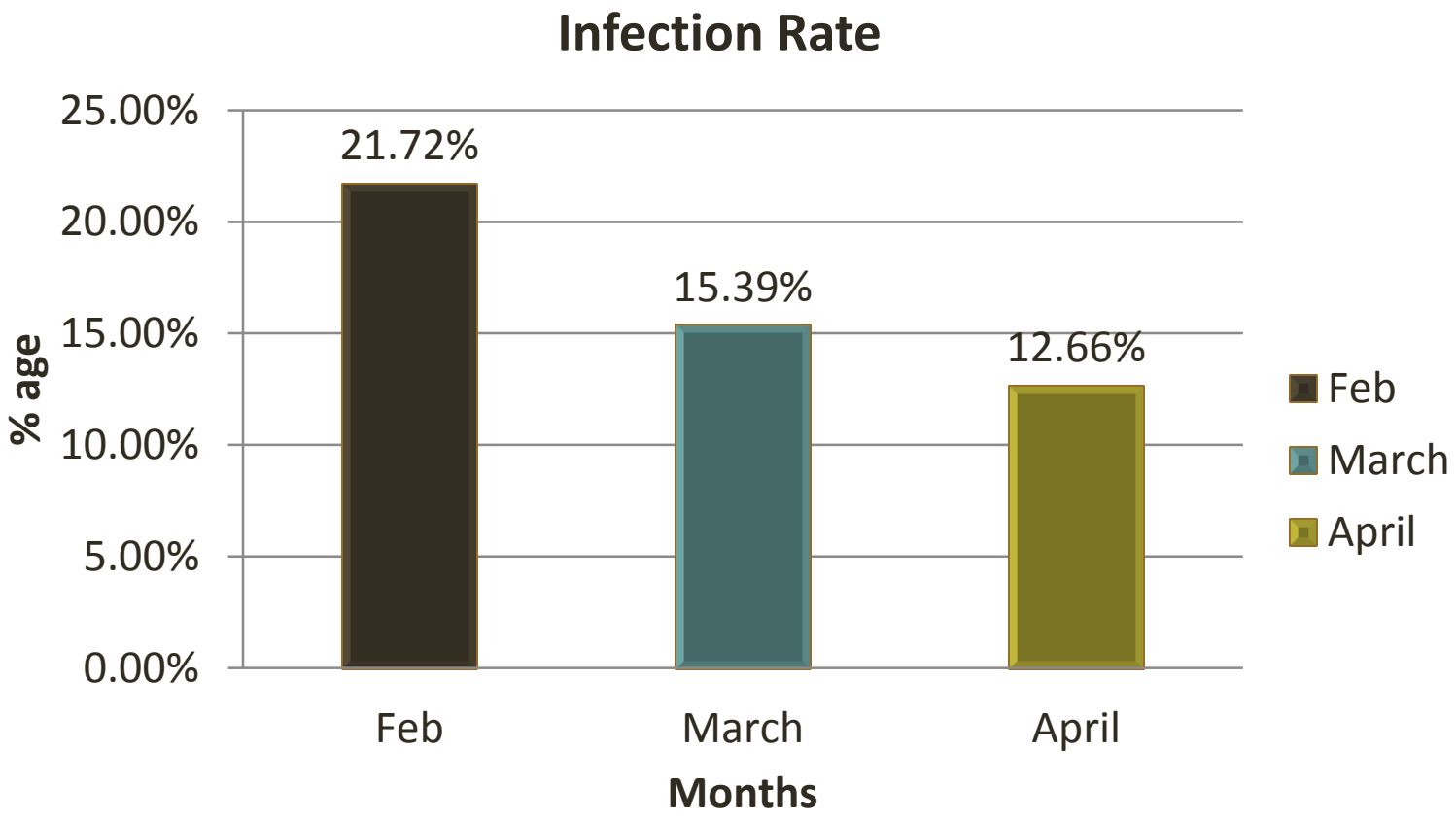
CONTD…..

## 1. Cumulative IR of 3 months



CONTD……

## 2. IR of 3 months



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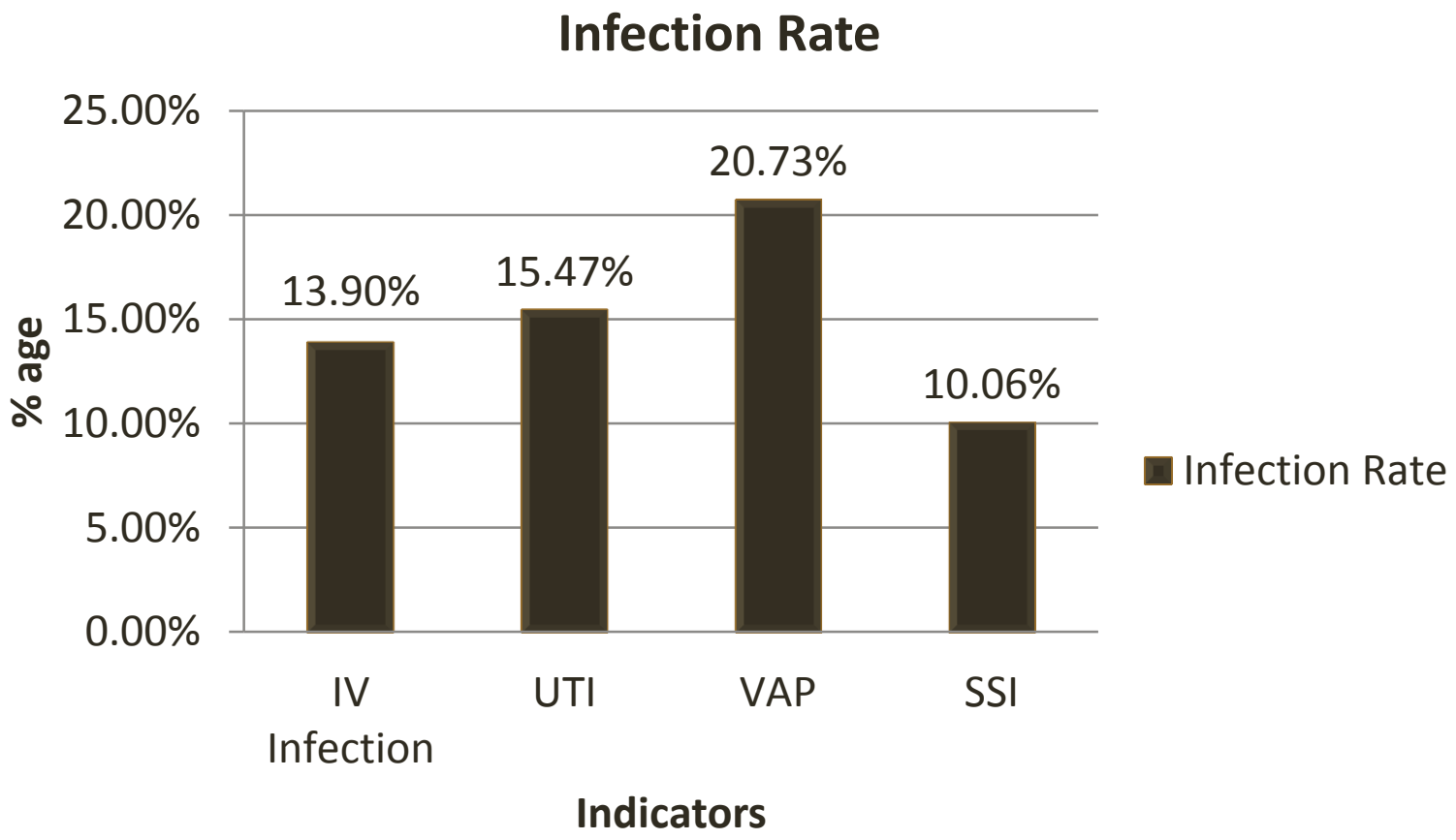
## 3. IR Depending upon Indicators



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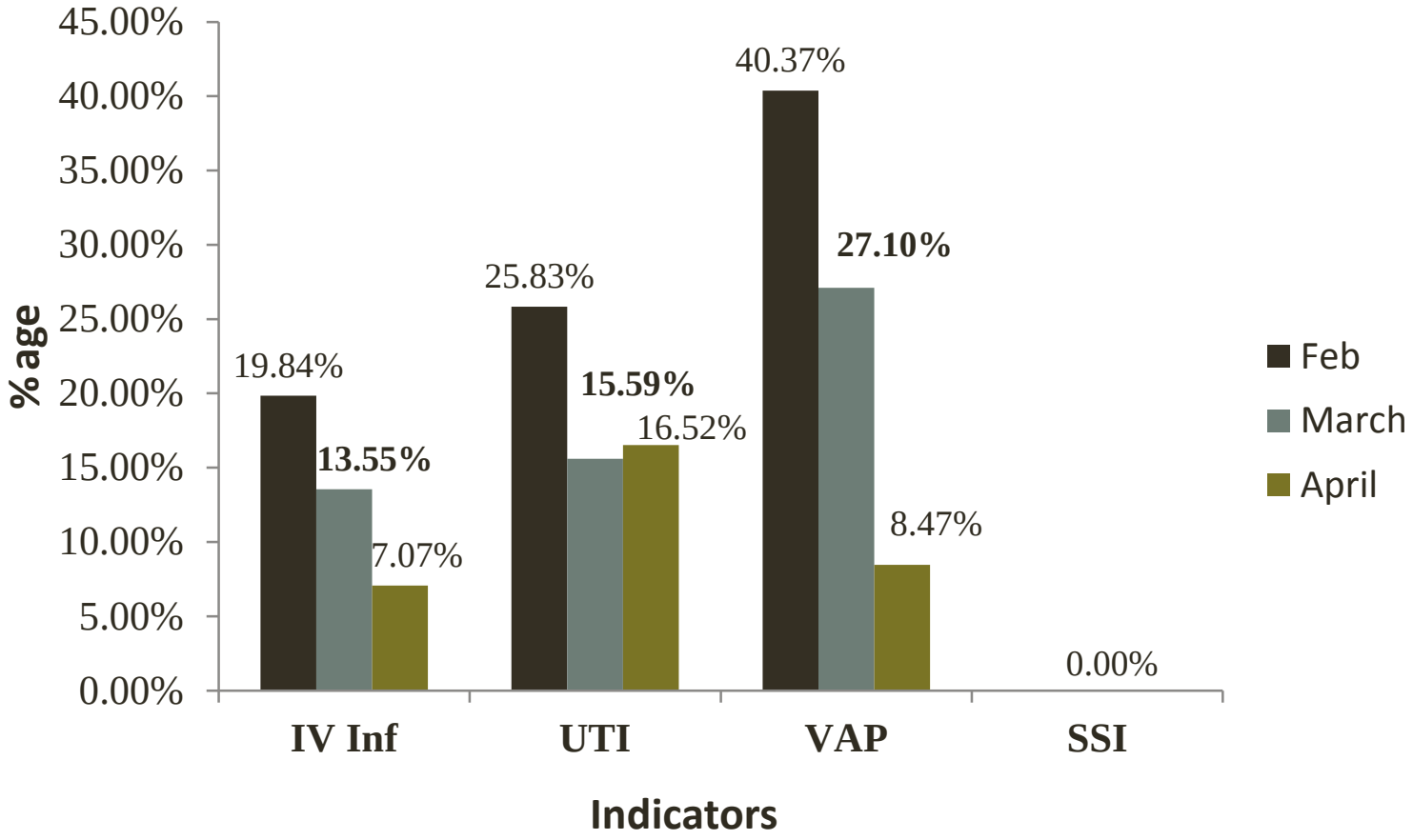
# 4. IR of Major Departments

## Medicine Department



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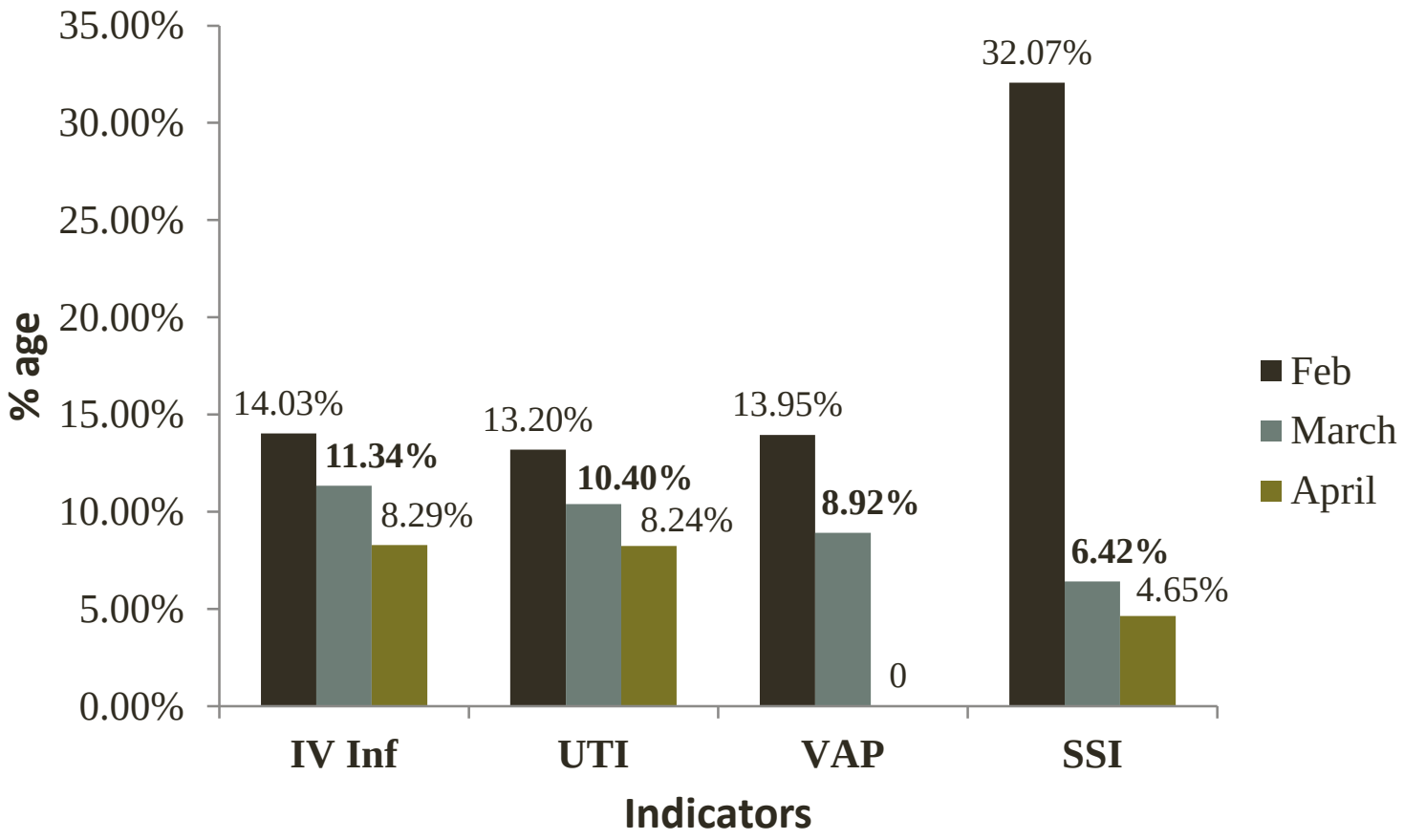
## Surgery Department



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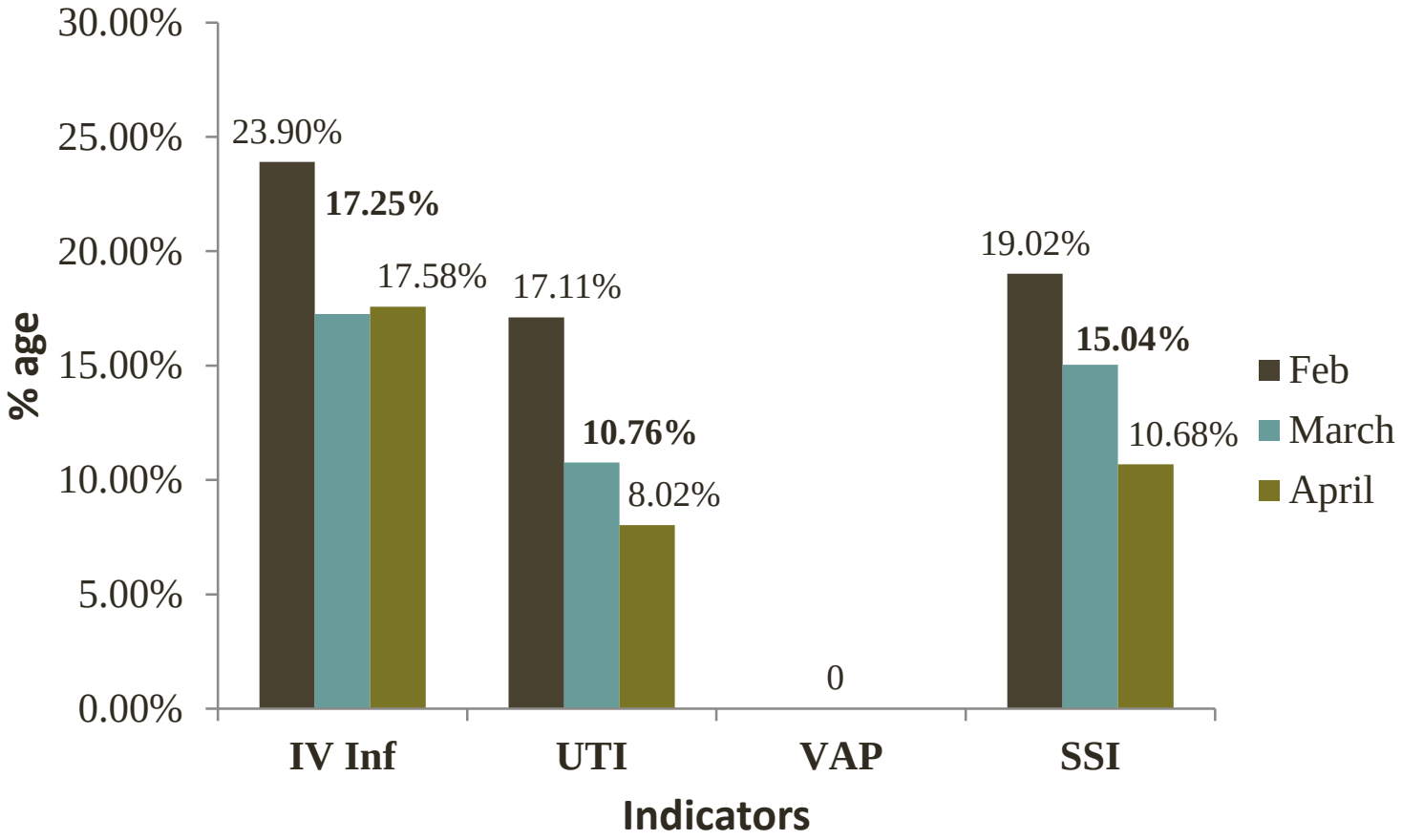
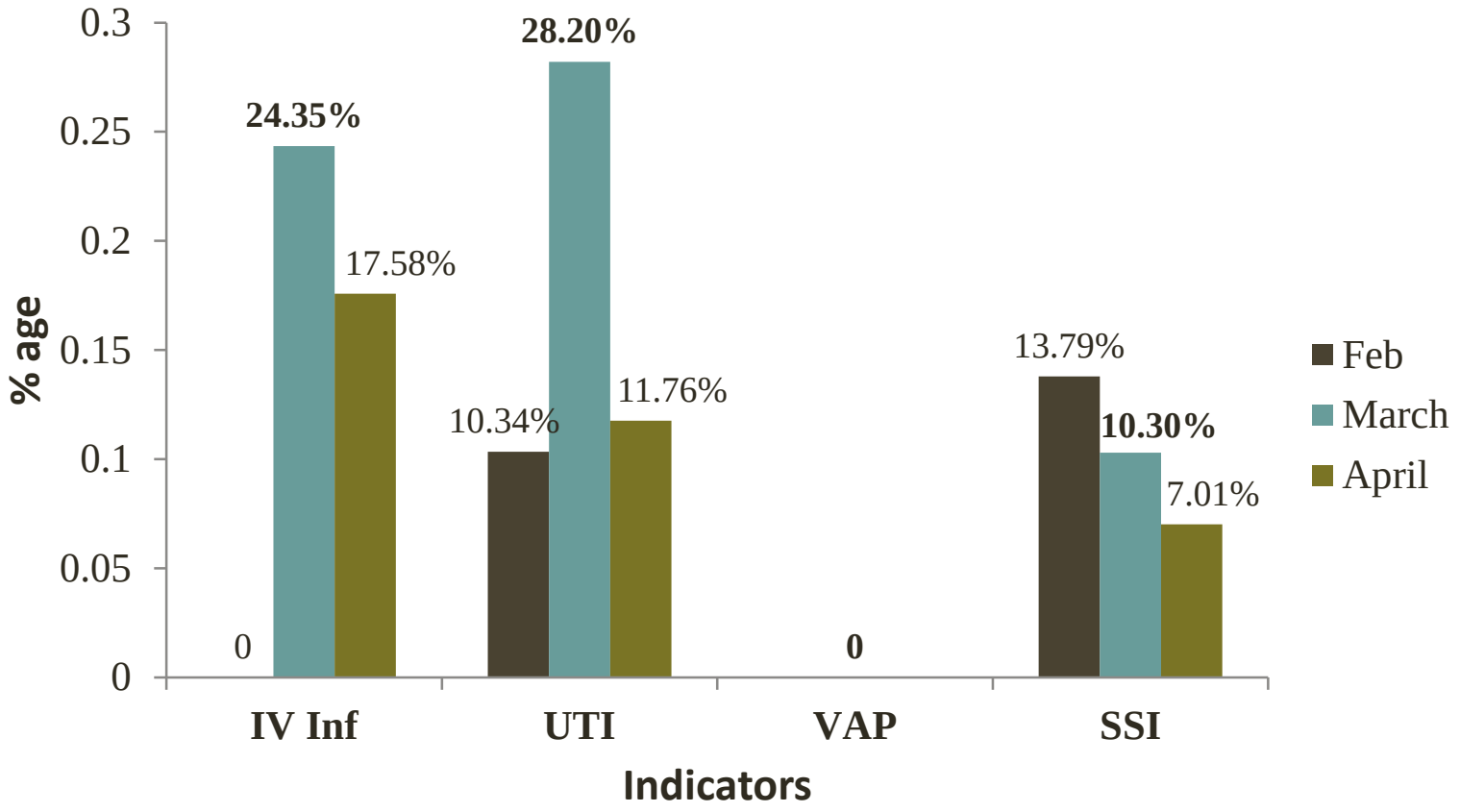
## Orthopedics Department




**No. of patients admitted in critical areas : 10/810**

CONTD…

## Gyn/Obs Department




**No. of patients admitted in critical areas : 08/1994**

# LIMITATIONS

- Lack of supervision.
- Lack of evidence
- Under reporting by departments
- Overloading of patients.
- No restriction to visitors.
- Data is not available for comparison.
- Study is record based.

# SUGGESTIONS

- Formation of HIC team.
- Timely submission of reports. and proper reporting format to be implemented.
- Training for all staff, awareness of staff. (scare of punishment)
- Routine blood culture after every 72 hours
- Formation of antimicrobial policy.
- Maintenance of  registers/records.
- Evaluation of reports and necessary actions to be taken for the same.
- Labeling of adhesives.
- Changes in laundry process.

# CONCLUSION

- Data collected provided the high and low IR indicating

- High IR:

  Strict safety precautions to be followed

  Implementing local intervention

- Low IR:

  Evaluating the procedures followed and whether same procedures can be implemented in the other departments

  Under reporting

# THANK YOU