



Hospitals Not Making Enough Effort to Prevent C. difficile Infections



According to a survey of a national random sample of hospitals, nearly half of American hospitals aren't taking the steps required to prevent a gut infection that kills nearly 30,000 people annually and sickens hundreds of thousands more. The survey was conducted by a team from the University of Michigan Medical School and VA Ann Arbor Healthcare System and was published in the journal *Infection Control & Hospital Epidemiology*.

The study analysed 398 hospitals and reports that while these hospitals use measures to protect patients from *Clostridium difficile* infections, 48 percent of them had not adopted strict limits on the use of antibiotics and other drugs that allow the bug to flourish.

Hospital patients taking antibiotics are more prone to developing C. diff infections since the antibiotics disrupt the community of bacteria in their digestive systems. All hospitals use programs to monitor C. diff infections and use protective gear, separate hospital rooms and cleaning techniques when treating a patient infected with it. However, there is still a lack of antimicrobial stewardship programs despite the fact that antibiotic limiting efforts have been proven to prevent C. diff infections.

The study also found a lack of written policies to test patients for C. diff infection when they developed diarrhoea while taking antibiotics or within several months of taking them. Approximately three quarters of the surveyed hospitals did not have such policies in place.

"C. diff infection over the last decade has emerged as a threat to patients, especially the most vulnerable and the elderly, and has increased in incidence and severity," says Sanjay Saint, M.D., MPH, lead author of the new paper. "There are many ways to try to limit the spread, and from our data it looks like hospitals are aware of the evidence behind them and acting on many where they believe the evidence is strong," he continues. "But the one area where there's a major disconnect between evidence and practice is antimicrobial stewardship, or limiting antibiotics to use only when necessary. This is a real opportunity for improvement."

Over 60 percent of hospitalised patients receive antibiotics and half of this use is inappropriate. Reducing antibiotic use in hospitals not only reduces the risk of C. diff infection but it also reduces the chance of developing antibiotic resistance.

Saint points out that the doctors who need to buy into the stewardship programs are hospitalists. Physician behaviour with respect to the use of antibiotics needs to be changed.

Source: University of Michigan Health System

Image Credit: Centers for Disease Control & Prevention

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