When Hospitals Infect

Indian healthcare providers need to get serious about infection control.

Written by **Gauri Kamath** | Updated: October 22, 2015 2:30 am

A doctor checks an X-ray in the ER of Sanjay Gandhi Memorial. (Source: Express photo by Oinam Anand)

A deadly strain of bacterium has doubled its resistance to last-resort antibiotics within a year, according to the report "State of the World's Antibiotics, 2015". By an estimate, antimicrobial resistance — the ability of bugs to outwit antibiotics — will claim two million lives in India by 2050, a fifth of the total.

India is under pressure to curb indiscriminate antibiotics use, the reason behind resistance. In parallel, it is vital that Indian hospitals, major users of last-resort drugs, minimise usage and don't turn into hotbeds of drug-resistant infection. To do so, they have to avoid becoming purveyors of disease by following strict infection-control norms. Hospitals cater to the sick and are home to all sorts of bugs. Sometimes, these infect patients. For instance, a person recovering from heart surgery might contract pneumonia from a bug in the ventilator. Such hospital-acquired infections (HAIs) affect hundreds of millions of patients worldwide each year. While they can surely be contained, worryingly, they are not.

Insufficient hygiene and patient-isolation protocols in operating rooms (OTs) and intensive care units (ICUs), poorly maintained equipment, understaffing and overcrowding create a fertile breeding ground for bugs. Patients weakened by surgery or age are easy fodder. Doctors unleash increasingly potent antibiotics on the bugs, many of which are becoming drug-resistant. The frequency of ICU-acquired infection in low- and middle-income countries is two to

three times higher than in rich ones. HAIs can double or quadruple the average length of hospital stay and jack up expenditure on drugs and diagnostics. Hospital staff are also at risk.

There are well-researched solutions. Studies support protocols of hand-washing/ sanitising by hospital staff to drastically alter the rate of transmission of deadly bacteria. Other measures include specialised air circulation systems in OTs, and methods to sterilise equipment. An infection-control department (or officer) and a microbiology lab can survey and respond to outbreaks. But even our richest cities are home to airless nursing homes, often run by a single doctor and manned by ignorant staff. States don't mandate reporting of HAIs or HAI-linked deaths. Auditing infection control is voluntary.

True, India's National Policy For Containment of Antimicrobial Resistance 2011 identifies "strengthening infection prevention and control measures" as an action point. Since 2012, the Indian Council of Medical Research (ICMR) holds workshops to train staff from private and public hospitals. But the lack of standardisation creates practical difficulties. A 2014 ICMR report cites a "high variability" in the presence of an infection-control team, quality-assured microbiology labs, and access to different groups of antibiotics among participating hospitals.

The rising popularity of accreditation programmes run by New Delhi's National Accreditation Board for Hospitals and Healthcare Providers (NABH) or the US-based Joint Commission International (JCI) holds out hope as they have standards for infection control. But progress is slow. In Central Government Health Scheme hospitals, and those empanelled with a few states, NABH accreditation is mandatory. Among the rest, larger hospitals (typically over 100 beds) are more likely to opt in. But 90 per cent of Indian hospitals have under 100 beds.

Indian states, whose job it is to regulate healthcare, must require the reporting of HAIs. This would force hospitals to keep track even if they don't opt for accreditation. States should also have uniform minimum standards for infection control that are compulsory and audited. Hospitals should be educated on the impact of infection control on healthcare costs, bed occupancy, staff health and clinical outcomes. Medical and nursing colleges should make basic HAI training compulsory. In Western countries, HAIs caused by staff action or hospital conditions are grounds for a medical malpractice lawsuit. In a rare case, a consumer redress forum in India asked a private hospital to pay damages to an HAI-afflicted patient in 2013.

Hospitals flaunt their roster of doctors and state-of-the-art technology as they believe this is what attracts customers. We should hope for the day they seek to advertise better outcomes thanks to infection control.