

# Clinicians Share Their Thoughts on Getting to Zero

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Posted on: 05/18/2010

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ICT asked clinicians for their thoughts on zero tolerance of infections:

"I think there are two issues with the focus on zero in the era of public reporting. The CDC's healthcare-acquired infection definitions, particularly the BSI, classify many infections as CLABSI, when they are most likely not at all related to the central line. For example, gut organisms in the blood of the neutropenic patient are very unlikely to be caused by the line, but many such cases are misclassified as such by the definition, which lacks specificity. In addition, there will always be some infections which are truly not preventable. Some patients have risk factors which greatly increase their risk (e.g., morbid obesity), that there is not much we can do to modulate. So I continue to think that we have to push healthcare workers to be compliant with handwashing and good infection control techniques but we have to accept the fact that not all infections are avoidable." -- Michael Edmond, MD, MPH, MPA, chair of the Division of Infectious Diseases and hospital epidemiologist at Virginia Commonwealth University Medical Center, Richmond, Va.

"I have been practicing as a certified infection preventionist for 21 years and I am not sure zero is a realistic target. But I think we could reduce infections by anywhere from 50 percent to 90 percent with everybody doing the right thing at the right time. Patients with underlying conditions that play a greater role than prevention methods, and cases where mechanical errors by the surgeon will be the biggest challenge in getting to zero. The former paradigm of two-thirds of healthcare-acquired infections cannot be prevented has been proven wrong. The attention and the dollars lost to infections have led to more resources for prevention. This is good news. Many of the recommendations to prevent infections are not new; CMS has many clinicians looking at them for the first time. We can greatly reduce infections through team efforts throughout healthcare. Can we get to zero? No one knows for sure but my experience tells me no." -- Jan Johnson MS, CIC, Avera Sacred Heart Hospital, Yankton, S.D.

"When I started in infection control 10 years ago, the APIC text read, 'Fully two-thirds of HAIs were considered endogenous in nature and not preventable.' A lot has changed since then and for the better, but getting to zero by changing or modifying definitions is just data manipulation. Will all this media attention and public reporting of infection rates really be beneficial for patients? Will cultures not be done and broad-spectrum antibiotics be

empirically prescribed to make the numbers 'look good'? Where will antibiotic stewardship be at that point? I believe we should all have 'zero' as the goal, use the process to improve patient care, share what works and what doesn't, and not be discouraged or penalized if 'zero' is elusive." -- Renata Briones, CLS, CIC, Children's Hospital Central California, Madera, Calif.

"As long as people are colonized with bacteria, and caregivers are penetrating the first layer of protection (skin), it will be virtually impossible to have a zero infection rate. It's not just the healthcare workers who are spreading the organisms either. There are a host of people that patients come in contact with while on their way to their isolation room." — Patricia Lewis, RN, infection control practitioner and employee health nurse, Morgan County ARH CAH, West Liberty, Ky.

"Can we significantly reduce HAIs? Yes! Can we achieve a zero infection rate? Probably not as long as we have human beings providing care and are not placing every patient in a 'bubble' during their entire stay. We can educate and motivate health professionals to practice appropriately, but no matter how motivated or how well educated, we are still dealing with human beings, and human beings will never be perfect. Until either humans become perfect or we develop a perfect system, there will be some HAIs. Of course, I would love to be wrong about all this. I do believe that we can very greatly reduce HAIs. While I believe that zero is unattainable at this time, we should still strive toward it. The work we do now may make that goal attainable some day. To quote Robert Browning... "Oh that a man's reach should exceed his grasp, or what's a heaven for?" -- Howard B. Watson, RN, BSN, South Texas Health System

"Yes it is possible to get to zero and possible to stay at zero for sustained periods. I say this because our health system has achieved zero in several areas and stayed there for a few months. We keep implementing best practices and each time we try a new strategy we eliminate a few more. The staff are engaged and accountable. Zero is possible and we are working on making it sustainable." -- Julie Bryan, RN, BS, CIC, infection prevention