

European network to promote infection prevention for patient safety

Structure of infection prevention/control in Germany

German Society for Hospital Hygiene
(Deutsche Gesellschaft für Krankenhaushygiene –
DGKH)

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German Society
of Hospital Hygiene



National and local legislation and/or recommendations?

Federal law:

Infection protection act (Infektionsschutzgesetz IfSG)

Medical devices act (Medizinproduktegesetz MPG)

Social security code V (Sozialgesetzbuch V)

Occupational safety regulations

State law:

Different regulations, e.g.

Hospital laws,

Hospital hygiene ministerial orders

Recommendations:

Hospital Hygiene Commission of the Robert Koch Institute (RKI)

Scientific societies, e.g. DGKH

State of technics:

DIN EN, VDI recommendations



Infection protection act

Duties of Robert Koch Institute (RKI): make recommendations (§ 4)

Notifiable diseases (§ 6) (hepatitis, typhus, meningitis, measles...)
MRSA in bacteremia planned for end of 2009

Mandatory in-house surveillance of some HCAI (§ 23)

In-house statistics of some multiresistente bacteria (e.g. MRSA) (§ 23)

SOPs for infection prevention (§ 36) (Hygiene plan, Hygieneplan)

Inspections by local board of health (§ 36)



National and local legislation and/or recommendations? – Examples -

Federal law:

Medical devices act (Medizinproduktegesetz MPG)

Reprocessing of medical devices

Social security code V (Sozialgesetzbuch V)

Quality management

Occupational safety regulations

Hands without rings and jewelry, personal protection

State law:

Different regulations, e.g.

Hospital laws,

Hospital hygiene ministerial order

Infection prevention staff

Recommendations:

Hospital Hygiene Commission of the Robert Koch Institute

Scientific societies, e.g. DGKH

State of technics:

DIN EN, VDI recommendations

Sterilisation, water quality, air supply



Hospital Hygiene Commission of the Robert Koch Institute (RKI)

Recommendations

Since 1976

Evidence-based since 1997

Free available in German language: www.rki.de → Infektionsschutz →
Krankenhaushygiene → Empfehlungen der Kommission für
Krankenhaushygiene

Some available in English now, by DGKH



Team constitution: doctors, nurses, others?

Infection prevention nurse(s) in every hospital

Fulltime > 300-400 beds in some hospitals, not all

In most hospitals building the team alone

Doctor responsible for infection prevention

1 per hospital or department

No time contingent in most hospitals

Part of team in some cases

Infection prevention doctor (Hospital hygienist)

In-house only in University Medical Centers

e.g. 2 days a year in hospital

Specialist in infection prevention (n=300 in Germany)

Link nurses and doctors in some hospitals



Team constitution: doctors, nurses, others?

Infection prevention nurse(s) from external services

Pro:

More experience (compare hospitals)

Need less time for same work, e.g. writing SOPs

Higher quality

Con:

Too little time in-house



Qualification of staff

Infection prevention nurse(s) in every hospital
Nurse with some years experience as nurse
2 years additional training courses

Doctor responsible for infection prevention
Course of 5 days (a lot has not)

Infection prevention doctor (Hospital hygienist)
5 years specialization

Link nurses and doctors in some hospitals
Perhaps some hours training in-house



Competencies of staff

SOPs for infection prevention must be fulfilled
(Compliance problem ...)

Infection prevention nurses and doctors give advices to the hospital management to be accepted or not.
Acceptance is higher the longer infection prevention staff is in hospital and the higher is its qualification.



Service requirements

Hospital based

Laboratories: mostly external



Formal national qualification or ad hoc education?

Infection prevention nurse(s) in every hospital

2 years additional training courses

Formally regulated on state level, but similar on national level

Doctor responsible for infection prevention

Course of 5 days

Recommendation by Robert Koch Institute (RKI)

Infection prevention doctor (Hospital hygienist)

5 years specialization

Regulated by General Medical Council (Ärzttekammer) on national level

Link nurses and doctors in some hospitals

No regulations



Number of staff (e.g. in relation to number of beds)

Only regulated in some states.

State North Rhine-Westphalia:

1 infection prevention nurse fulltime per 400 beds

Additional nurse each 300 beds

State Berlin:

At least 1 infection prevention nurse fulltime over 300 beds

State Bremen:

1 infection prevention nurse fulltime for every 300 beds

State Sachsen:

1 infection prevention doctor fulltime over 450 beds

1 infection prevention nurse fulltime for every 300 beds



Number of staff (e.g. in relation to number of beds)

Draft of the Hospital Hygiene Commission of the Robert Koch Institute (RKI)

Depending on risk group of beds and number of beds

Infection prevention nurse fulltime:

High risk: 1 per 100 beds

Middle risk: 1 per 200 beds

Low risk: 1 per 500 beds

Infection prevention doctor:

1 fulltime over 400 beds “makes sense”

Very complicated



Tasks of staff

Education

Writing SOPs and promoting them

Surveillance:

HCAI

Water, air, cleaning quality...

Construction, design and renovation

Audits

Big range of tasks, priorities are different in hospitals depending on interests



Link nurses/practitioners used?

In some hospitals



Performance indicators and their use?

Outcome quality:

HCAI (KISS)

HCAI (BQS)

Multiresistente bacteria (MRSA...)

Outbreaks

Process quality:

Water, air conditioning, cleaning, washer-disinfectors...

Compliance (e.g. hand hygiene)

Not published



Demands of national societies?

German Society for Hospital Hygiene (DGKH):

1 infection prevention nurse per 300 beds in every hospital.

1 infection prevention doctor in every hospital over 450 beds.

Department of Hygiene at every Medical University.

Strengthening of public health agencies.

Payment of health insurances to hospitals only if enough staff available.



How present is infection prevention in national media and politics at the moment?

Presence in media growing since 2 years – very much promoted by our society.

Presence growing in politics.

Motion of party “The Left” for strengthening infection prevention in Bundestag (German parliament) in 2009.



New developments

DRGs since 2004.

HCAI may be paid for, e.g. DRG for MRSA.

In most cases DRGs will not cover the costs of HCAI

Sepsis:

DRG: 1,300 – 8,500 € (maybe nothing also)

Real costs 10,000 – 20,000 €

Beginning discussion about pay for performance.



New developments

Federal Joint Commission (Gemeinsamer Bundesausschuss):
Decisions about payments, therapy to pay for, quality politics...

National Institute for Quality in Healthcare (BQS):
Mandatory quality assurance program.
Each hospital (over 2,000).
Over 20 indicators at the moment (cholecystectomy, breast surgery, hip and knee prosthesis, heart surgery, neonatology...).
Based on DRGs and additional routine data.
Some indicators using HCAI rates.

Discussion at the moment about more use of such data for HCAI reporting.

