

# France's national program to reduce HAIs reports important successes; uses mandatory reporting

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Researchers evaluating France's national infection control program for healthcare facilities found significant decreases in the rates of healthcare-associated infections (HAIs) since 2004. The drop in HAIs, including MRSA and surgical site infections, could be attributed to important changes in the national infection control system. France's national, regional and local coordinating centers have been reorganized to help facilities throughout the country comply and conform with mandatory public reporting requirements and key program objectives. The findings were presented today at the Fifth Decennial International Conference on Healthcare-Associated Infections.

"The French National Program demonstrates the value of a national standard [reporting system](#) for healthcare-associated infections," said Neil Fishman, MD, President of SHEA. "As seen in this study, public transparency can lead to a culture of accountability and continuous healthcare quality improvement. Having accurate data for action drives progress toward the elimination of HAIs, but we need the appropriate [infrastructure](#) to achieve these goals."

Laetitia May-Michelangeli, MD Ministry of Health & Sports (MoH), and Christian Brun-Buisson, MD, chair of the national infection control program at Hospital Henri Mondor in Paris, worked with a team of infection control experts to evaluate the impact of the national program to reduce HAIs. Researchers evaluated aggregated data compiled from

mandatory annual reports by national surveillance networks from 2005 through 2008. A random sampling of the facilities' annual reports was verified through auditing by subsidiaries from the MoH.

"Many of the target objectives have been achieved," said Dr. May-Michelangeli. "Most healthcare facilities (89 percent) have reached the best performance class for the global indicator of HAI control based on facility type, resources and activities."

The findings are extracted from mandatory reporting records to the MoH. Every healthcare facility registered at the MoH has to provide an annual report on infection prevention programs. From these reports, researchers analyzed data from 2,800 facilities including large university hospitals, ambulatory care, long-term care or small community clinics.

"The national mandatory public reporting system has helped healthcare facilities to improve their infection control measures," said Dr. Brun-Buisson. "Not only do these facilities have funding tied to their compliance with the program, but the media in France now publish a list of best and worst performing hospitals based on each facility's annual report."

The French National Program also looked to promote other priority initiatives to reduce HAIs, including advancing new research in the field, improving communication with patients on the risk of infectious diseases, standardizing monitoring methods for HAIs and adopting preventive practices for healthcare professionals.

Key achievements of the program include:

- [MRSA](#) cases have decreased by 40 percent;

- Local and regional infection control teams have been appointed in 94 percent healthcare facilities;
- The use of alcohol-based products for hand hygiene doubled in over 50 percent of the sites;
- Nearly all (90 percent) of the facilities have implemented an evaluation program and a system for quickly disseminating infection alerts (96 percent);
- Most facilities (89 percent) have an anti-infective drug committee and have produced guidelines for preventing surgical site infections (97 percent);
- Many facilities (88 percent) follow-up with patients' antibiotic consumption; and
- Nearly all facilities (98 percent) provide patients an information leaflet on HAIs.

While France's healthcare system is different from the U.S., researchers believe that reducing HAIs through public reporting can be successfully applied to any healthcare system. To further the goal of improving country-wide control of HAIs, MoH has initiated a second phase of the program that will continue through 2013. This phase includes revised national infection prevention and control objectives and goals for individual healthcare facilities.

Provided by Society for Healthcare Epidemiology of America

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