Our data are good enough

In a letter to the editor in No. 11/2011 of this journal, the Executive Director of South-Eastern Norway Regional Health Authority, Bente Mikkelsen (1), expresses some views regarding my commentary in No. 7/2011 of this journal (2), in which I pointed out that the goals of South-Eastern Norway Regional Health Authority are based on inappropriate data in the form of prevalence figures.

It is laudable that South-Eastern Norway Regional Health Authority focuses on infection control by establishing a separate goal, and that this goal has for the first time been defined in measurable terms. Such efforts related to patient safety are concurrent with international developments, and guidelines have been provided by the WHO (3).

We may agree that prevalence figures are a simple method of measurement and that the figures are generally known, as well as that the hospitals possess a wealth of historic data. However, the figures lack specificity and can only give rise to unspecific interventions. It is incorrect, on the other hand, that historicity is restricted to prevalence figures, since the registration of incidence figures was initiated several years ago (4). Thereby, all hospital managements have access to relevant data for the improvement of targeted processes that could serve to reduce the risks related to our most vulnerable groups of patients.

The infection control department of Vestre Viken Health Enterprise is working in accordance with international guidelines to establish risk management and appropriate goals (5, 6) for all clinical activities. Since recently, compliance with the guidelines has been monitored by the quality committee of the Board of Directors. In order to confront varying risks of infection we have chosen to define the goals at the level of clinics, and surgical-site infections have been established as a main concern in the context of surgery. The maternity ward is currently establishing a goal of three per cent for surgical-site infections after Caesarean sections. This strict target is the result of improvements undertaken at Bærum Hospital, where we have reduced the incidence to a level significantly below the national average of eight per cent. Similar observations apply to orthopaedic (hip replacement) surgery and colon surgery (anastomotic leaks).

To internal medicine other infection risks apply. It is therefore measured in terms of the use of antibiotics, with a recommendation to use narrow-spectrum variants rather than the more modern forms. In psychiatry, emphasis is placed on sharps injuries. In line with the broad goals defined by South-Eastern Norway Regional Health Authority, campaigns to improve hand hygiene are being undertaken, with an emphasis on the use of jewellery.

Throughout these efforts, the main idea behind the infection control has been that the management can initiate improvements if goal achievement falls short. The infection control department assists in these efforts through the provision of reliable data.

The goal document of South-Eastern Norway Regional Health Authority is relatively open and requires local adaptation to such an extent that there is a risk that the statistical figures cannot be combined to a unified whole or used for goal formulation. This observation is likely to apply even more at the national level. Therefore, the regional health enterprises ought to coordinate their goal documents into national goals.

Even though South-Eastern Norway Regional Health Authority and Vestre Viken Health Enterprise have chosen different approaches to the establishment of goals for infection control, we all share the desire to reduce unnecessary risks to our patients. It will be intriguing to observe the further improvement of goals required by South-Eastern Norway Regional Health Authority.

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