

Tests, treatments and procedures at risk of inappropriateness in Italy
that Health Professionals and Patients should talk about.

Five Recommendations from the National Association of Nurses for the Prevention of Hospital Infections – ANIPIO (FNOPI Professional Society)

1	<p>Do not use gloves as an alternative to hand hygiene with alcohol solution for performing non-biological care work, especially in the presence of a patient with multi-drug resistant organisms (MDRO).</p> <p>In everyday practice disposable gloves are used and changed inappropriately (e.g., changing sheets, food and beverage administration, administering oral medicines, patient transport, etc.). These behaviours can increase the spread of microorganisms and their consequent increased resistance. Hands are the main vehicle for contact transmission. Hand hygiene using alcohol rubbing is the most effective means of preventing its spread, and in particular with patients carrying multi-drug resistant organisms (MDRO).</p> <p>In fact, the failure to change gloves and the lack of hand hygiene after contact with the patient poses a serious risk of infectious complications. Health education and information on rubbing hands with alcohol and the correct ways of using gloves addressed to healthcare staff, patients and caregivers is crucial in this regard.</p>
2	<p>Do not use antiseptic products routinely in addition to or in place of normal detergent in the pre-operative bath/shower.</p> <p>During pre-operative patient pre-treatment it is common practice to use chlorhexidine-based antiseptics at 2%-4%. The 2%-4% chlorhexidine antiseptic solution is indicated in cases where decontamination/cleansing of the skin is required in patients with MRSA and multi-drug resistant organisms in prosthetic surgery (orthopaedic, vascular, cardiac, etc.). Its indiscriminate use for all other surgical interventions is useless and even harmful, as it entails an increased risk of developing chlorhexidine resistant strains and in some cases skin irritations that favour the development of surgical infections and skin sensitisation mechanisms in patients.</p>
3	<p>Do not apply standard and additional precautions when assisting a patient with an "alert" multi-drug resistant organism without first evaluating the type of "alert" multi-drug resistant organism involved.</p> <p>Often when assisting a patient with an "alert" multi-drug resistant organism, strict isolation in all areas (contact, aerial, oral, faecal, large droplets) tends to be applied. Before applying an additional isolation procedure, the source of the bacterium, the mode of transmission and the condition of the patient must be carefully assessed. Always ensure correct hand hygiene and information to the patient and care givers that contribute to the care and prevention programme.</p>
4	<p>Do not maintain precautionary isolation upon symptom resolution in patients with <i>Clostridium difficile</i> diarrhoea.</p> <p>Despite the cessation of diarrhoea symptoms, in many operating environments the patient is kept in isolation. Isolation and contact precautions must be maintained up to 48 hours after the last discharge of diarrhoea. Diarrhoeal stools transmit spores that can remain in the environment and on the material that comes into contact with the patient. Accurate hygiene of hands with water and detergent (hydroalcoholic solutions are ineffective in the case of sporogeneous microorganisms), cleansing and environmental sanitation with chlorine-based products at 2% in the presence of the patient and 5% after the discharge of the patient, plus possible no-touch disinfection, proper management of personal undergarments and bedding with chlorine-based products ensure an optimal result with <i>Clostridium difficile</i>.</p>
5	<p>Do not replace surgical dressings before 48 hours have elapsed from the operation.</p> <p>Traditional dressing of the surgical site should not be removed or replaced for 48 hours unless there is seepage, bleeding or clear signs of alterations in situ (in this case it should be replaced). The frequent change of medication is a useless activity and a waste of time and materials that do not protect the patient against any risk of contracting an infection.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

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How this list was created

ANIPIO (Scientific Society of Nurses Specialised in Infectious Disease) is a scientific association that works with all healthcare professionals, healthcare organizations and the public at large. The "Heart" of ANIPIO is the control of healthcare-associated infections (HAIs) in all healthcare settings. Infections are a real concern for public health. In fact, a study of prevalence in 30 European countries found that 1 patient in 18 contracts one of these infections in hospital. The 5 practices at risk of being inappropriate for ANIPIO, according to the principle of Slow Medicine "doing more does not mean doing better", came from a careful analysis shared with all members supported by EB, review of the literature, comparison with national and international studies and sharing with patients/public. The methodological approach was organized by the Academy of Nursing Sciences (ASI).

Sources

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2	<ol style="list-style-type: none"> 1. Tanner J, Dumville JC, Norman G, Fortnam M "Surgical hand antisepsis to reduce surgical site infection" Cochrane collaboration, 2016. 2. Webster J, Osborne S. "Pre operative beathing or showering with skin antiseptics to reduce surgical site infection". Cochrane Collaboration, 2015. 3. Dumville JC, McFarlane E, Edwards P, Lipp A, Holmes A, Liu Z. Preoperative skin antiseptics for preventing surgical wound infections after clean surgery. Cochrane Collaboration. Update 2015. 4. NICE 2008 "Surgical site infection:Prevention and treatment of surgical site infection".
3	<ol style="list-style-type: none"> 1. World Health Organization. WHO Guidelines on hand hygiene in health care. First Global Patient Challenge: Clean Care is Safer Care. Geneva, Switzerland: World Health Organization, 2009. 2. Healthcare Infection Control Practices Advisory Committee (HICPAC). Guideline for isolation precautions: Preventing Transmission of infectious Agents in healthcare settings. Atlanta, CDC and Prevention, 2007. 3. Healthcare Infection Control Practices Advisory Committee (HICPAC). Guideline for hand Hygiene in Health care Setting. Atlanta, CDC and Prevention, 2002. 4. Epic 2. National Evidence based guidelines for preventing healthcare associated Infection in NHOS Hospital in England. London, EPIC, 2007.
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5	<ol style="list-style-type: none"> 1. https://www.cdc.gov/hicpac/pdf/guidelines/SSI_1999.pdf 2. WHO, Global guidelines for the prevention of surgical site infection, 2016. 3. UK Government Web Archive - High Impact Intervention Care bundle to prevent surgical site infection, 2011.

Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign "**Doing more does not mean doing better- Choosing Wisely Italy**" in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

ANIPIO is the National Association of Nurses for the Prevention of Hospital Infections, founded on 27 September 1991 in Bologna, expressing the will of a group of nurses to pool their energies and knowledge to combat hospital infections.

ANIPIO's mission is:

- Promote professional qualifications and training with regard to risks of infection.
- Carry out studies and research on healthcare-associated infections.
- Disseminate new knowledge about infection control.
- Be a point of reference for risks of infection for professionals, the public and public and private healthcare providers.

For more information: www.anipio.it