

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

**Five Recommendations from The Italian Association of Doctors of the Hospital Directions - ANMDO  
in collaboration with SItI - Italian Society of Hygiene, Preventive Medicine and Public Health**

<b>1</b>	<p><b>Don't replace hand hygiene with the use of non-sterile disposable gloves. Use alcohol-based product as a first choice for hand hygiene routine.</b></p> <p>Gloves do not provide full protection against hand contamination. Germs can reach hands of health professionals providing care to patients through small defects in gloves or by contamination of one's hands during their removal.</p> <p>Hand hygiene remains the basic measure to ensure hand decontamination after gloves removal.</p> <p>The use of gloves can result into the failure of hand hygiene practice: several studies report a significant reduction in hand hygiene practice when using gloves, in particular as a result of their incorrect use and abuse, thus showing that the inappropriate use of gloves can be a component of the low compliance with hand hygiene rules. Alcohol-based products increase hand hygiene compliance by health professionals with respect to social and antiseptic hand washing.</p>
<b>2</b>	<p><b>Never administer antibiotics for perioperative prophylaxis before 60 minutes prior to surgical incision*; the ideal time is upon induction of anesthesia.</b> * subject to exceptions</p> <p>Perioperative antibiotic prophylaxis (PAP) is an effective measure for the prevention of surgical site infections (SSI), where indicated. However, its misuse significantly contributes to the total consumption of antibiotics in hospitals and it has been associated with increased antibiotic resistance of microorganisms as well as increased health care costs. Antibiotics administration within 30-60 minutes of skin incision provides an effective concentration of the drug in serum and tissues of surgical site, thus reducing postoperative infection risks.</p>
<b>3</b>	<p><b>Never administer antibiotics for perioperative prophylaxis beyond 24 hours after surgery. Antibiotic prophylaxis should be limited to the perioperative period. The choice to continue prophylaxis beyond the first 24 postoperative hours is not justified.</b></p> <p>Perioperative antibiotic prophylaxis (PAP) is an effective measure for the prevention of surgical site infections (SSI), where indicated; However, its misuse significantly contributes to the total consumption of antibiotics in hospitals and it has been associated with increased antibiotic resistance of microorganisms and increased health care costs. It is not recommended, in general, to continue antibiotic prophylaxis beyond 24 hours after surgery. The importance of proper PAP for the prevention of SSI has been confirmed by several epidemiological studies and, in particular, by a systematic review of 21 meta-analyses and a recent technical report and systematic review by the European Centre for Disease Prevention and Control (ECDC).</p>
<b>4</b>	<p><b>Do not open the doors of the operating room during the surgical activity, except where necessary for the passage of patients, staff and equipment.</b></p> <p>Surgical site infection prevention strategies mainly focus on three areas: the patient, the surgical technique and environmental conditions in the operating room, including air quality (temperature, humidity, particle and microbial count, etc.). Unjustified door opening may result into poor air quality and change in the microclimate of the operating room and thus lead to an increase in microbial contamination of air and risk of surgical site infection. Motivations underlying door opening are often completely inappropriate and/or non-essential to the intervention, then subject to corrective actions and targeted education campaigns to reduce their frequency. Moreover, this practice interferes with the flow of surgical activity, favouring the distraction of health professionals with consequent risks of errors. The reduced frequency of door opening thus contributes to better patient care safety.</p>
<b>5</b>	<p><b>Do not forget to communicate any positivity to alert* microorganisms in the patient health records (hospital discharge letter or document related to the patient transfer to another facility)</b></p> <p>* Methicillin-Resistant <i>Staphylococcus Aureus</i> (MRSA), Meropenem and / or Imipenem-Resistant <i>Klebsiella pneumonia</i>, <i>Clostridium difficile</i>, and other Enterobacters, Meropenem and / or Imipenem-Resistant <i>Acinetobacter baumannii</i>, Meropenem and / or Imipenem-Resistant <i>Pseudomonas aeruginosa</i>, Vancomicina-resistant Enterobacters (VRE).</p> <p>The indication of a positivity to alert microorganisms in the discharge letter or document related to the patient transfer to another facility is a fundamental piece of information for the following proper patient management both at home or in another health facility. Knowledge of a patient positive to an alert microorganism allows health professionals, GPs, and family members themselves to take appropriate precautions and to use the most suitable antibiotics.</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.

## How this list was created

ANMDO joined the project named “**Doing more does not mean doing better**”. It is also committed to providing its own original contribution to it, by drawing up lists concerning organization and hygiene areas of competence, including performances of dubious value, and instead promoting effective interventions based on available evidence, consistent with the context in which they must be carried out. Being aware of its specific nature, it was decided to focus on Hospital Hygiene: an issue with a significant impact on health, although mostly in an indirect way. In an intercompany spirit and with a view to involving the largest possible number of stakeholders, this activity was carried out together with the Italian Society of Hygiene, Preventive Medicine and Public Health (SItI) through the creation of an ANMDO-SItI working group. The choice of practices took into account the relevance of infection risks in health facilities. The working group intends to carry out a twofold task: to identify the most relevant practices supported by scientific evidence and, at the same time, to make them operational within healthcare facilities across the country through the Public health perspective, professionalism and determination.

## Sources

<b>1</b>	<ol style="list-style-type: none"> <li>1. World Health Organization. WHO guidelines on hand hygiene in health care: first global patient safety challenge: clean care is safer care. Geneva, Switzerland: World Health Organization, Patient Safety; 2009.</li> <li>2. Agenzia Sanitaria e Sociale Regionale, Emilia-Romagna. “Cure pulite sono cure più sicure”. Rapporto finale della campagna nazionale OMS. Dossier 189-2010.</li> <li>3. European Centre for Disease Prevention and Control. Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals. Stockholm: ECDC; 2013.</li> </ol>
<b>2</b>	<ol style="list-style-type: none"> <li>1. European Centre for Disease Prevention and Control. Systematic review and evidence-based guidance on perioperative antibiotic prophylaxis.</li> <li>2. SNLG 17. Antibiotico profilassi perioperatoria nell'adulto. Linee guida 2008, aggiornamento 2011. Disponibile su: <a href="http://www.snlg-iss.it/cms/files/LG_AntibioticoP_Unico_2008.pdf">http://www.snlg-iss.it/cms/files/LG_AntibioticoP_Unico_2008.pdf</a>.</li> <li>3. World Health Organization. Antimicrobial Resistance Global Report on surveillance 2014. Disponibile su: <a href="http://www.who.int/drugresistance/documents/surveillancereport/en/">http://www.who.int/drugresistance/documents/surveillancereport/en/</a>.</li> </ol>
<b>3</b>	<ol style="list-style-type: none"> <li>1. European Centre for Disease Prevention and Control. Systematic review and evidence-based guidance on perioperative antibiotic prophylaxis.</li> <li>2. SNLG 17. Antibiotico profilassi perioperatoria nell'adulto. Linee guida 2008, aggiornamento 2011. Disponibile su: <a href="http://www.snlg-iss.it/cms/files/LG_AntibioticoP_Unico_2008.pdf">http://www.snlg-iss.it/cms/files/LG_AntibioticoP_Unico_2008.pdf</a>.</li> <li>3. World Health Organization. Antimicrobial Resistance Global Report on surveillance 2014. Disponibile su: <a href="http://www.who.int/drugresistance/documents/surveillancereport/en/">http://www.who.int/drugresistance/documents/surveillancereport/en/</a>.</li> </ol>
<b>4</b>	<ol style="list-style-type: none"> <li>1. Centers for Disease Control and Prevention, Hospital Infection Control Practices Advisory Committee. Guideline for Prevention of Surgical Site Infection. Atlanta, 1999.</li> <li>2. World Health Organization. Best Practice Safety Protocols - Clinical Procedures Safety. Ginevra 2004, riformattato 2012. Disponibile online: <a href="http://www.who.int/surgery/publications/s15976e.pdf?ua=1.2">http://www.who.int/surgery/publications/s15976e.pdf?ua=1.2</a>.</li> <li>3. Association of Operating Room Nurses. RP summary: Recommended practices for a safe environment of care, part II. AORN Journal 2014; 100(3): 294-297.</li> <li>4. National Institute for Health and Care Excellence. Surgical site infection: prevention and treatment. NICE pathway. Disponibile online: <a href="http://pathways.nice.org.uk/pathways/prevention-and-control-of-healthcare-associated-infections#path=view%3A/pathways/prevention-and-control-of-healthcare-associated-infections/surgical-site-infection-prevention-and-treatment.xml&amp;content=view-quality-statement%3Aquality-statements-intraoperative-staff-practices">http://pathways.nice.org.uk/pathways/prevention-and-control-of-healthcare-associated-infections#path=view%3A/pathways/prevention-and-control-of-healthcare-associated-infections/surgical-site-infection-prevention-and-treatment.xml&amp;content=view-quality-statement%3Aquality-statements-intraoperative-staff-practices</a>.</li> </ol>
<b>5</b>	<ol style="list-style-type: none"> <li>1. Center for Disease Prevention and Control. Management of Multidrug- Resistant Organisms in Healthcare Settings, 2006.</li> <li>2. Guidelines for the Control of Multidrug- resistant Organisms excluding MRSA in the healthcare setting; Royal College for Physicians of Ireland, 2012.</li> <li>3. Canterbury Guidelines for the Control of MDRO; review 2014.</li> </ol>

<p><b>Slow Medicine</b>, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign “<b>Doing more does not mean doing better-Choosing Wisely Italy</b>” 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, <a href="http://www.choosingwiselyitaly.org">www.choosingwiselyitaly.org</a>; <a href="http://www.slowmedicine.it">www.slowmedicine.it</a></p>	<p><b>The Italian Association of Doctors of the Hospital Directions - A.N.M.D.O.</b> promotes the continuous improvement of health and welfare services in terms of planning, business management and organization, hygiene- health organization, technical assistance and health management. For more details please contact: <a href="mailto:anmdo.segreteria@gmail.com">anmdo.segreteria@gmail.com</a></p> <p><b>The Italian Society of Hygiene, Preventive Medicine and Public Health - S.It.I.</b> promotes scientific and cultural progress in the field of Hygiene, Epidemiology, Public Health, Preventive and Community Medicine, Planning, Organization, Management and Health Economics, as well as in all their possible functional combinations.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------