

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

## Five Recommendations from Italian Multidisciplinary Society for the Prevention of Infections in Healthcare Organizations (SIMPIOS)

1	<p><b>Don't examine or assist a patient without having first done an accurate hand hygiene, that has to be repeated at the end of the examination.</b></p> <p>It is known that healthcare-associated infections are the cause of an increase in mortality, longer rehab periods, increase in the costs of rehab and also, always more frequently, of contentious coroners. Literature is univocal to establish that a missed hand hygiene is the primary cause of microorganism transmission and of infections transmitted between operator and patient and between patients. Thus, it is important and no longer avoidable that: a) courses to educate about hand hygiene to health operators, patients and caregivers have to be done systematically; b) health organizations give the availability of health instrumentations to increase the sensitization about hand hygiene, starting from the availability of hydro-alcoholic solutions close to the bed of every patient.</p>
2	<p><b>Don't utilize reusable medical instrumentations that have not been adequately re-processed.</b></p> <p>It is fully documented that in the health and social-health structures there is the risk of pathogenic micro-organisms transmission to patients via contaminant medical devices, that therefore need to be adequately treated. This implies the urgency of: a) adopting appropriate cleaning, sanitation and sterilization methods; b) doing in every single case a correct choice of the methodology based on specific characteristics, destination of use and on the producer indications; c) guaranteeing the correct handle of disinfectant solutions and detergents and of the sterilization processes.</p>
3	<p><b>Don't perform an urino-culture if without symptoms.</b></p> <p>It is known and agreed that asymptomatic bacteria have not to be treated with antibiotics; this is why it is not appropriate to request a urino-culture in asymptomatic patients that at the physical examination present with elevated leukocytes and/or bacterial presence. Indeed, asking for a culture to find out a microorganism that is not provoking an infection induces the practitioner to treat, in an inappropriate way, the asymptomatic culture.</p>
4	<p><b>Don't use fluoroquinolone antibiotics in empiric therapies, even if for severe infections, but use antibiotics with less impact on antibiotic resistance phenomenon and with less side effects.</b></p> <p>After the amino penicillin, fluoroquinolones, and in particular levofloxacin and ciprofloxacin, are the antibiotics utilized the most in Italy. The resistance of most microorganisms to fluoroquinolones, that is constantly increasing and it is proportional to the use of these antibiotics, is becoming harder and harder to keep under control and it is connected with the ability of microorganisms of producing large-spectrum beta-lactamase (ESBL) and of transmitting genetically this characteristic to other microorganism that previously were sensible to it. Moreover, fluoroquinolones can cause severe side effects, this is why AIFA promulgate various alarming informative notes to recommend a specific use. It is also to highlights that in this moment Legionella pneumophila infection is the only infectious pathogens that requires the use of fluoroquinolone as antibiotic (e.g. levofloxacin or moxifloxacin).</p>
5	<p><b>Don't prescribe antibiotic therapy to patients colonized by multi-resistant antibiotics microorganisms without signs of infection.</b></p> <p>This indication takes origin from the difference between colonization and infection: the former consists in the simple demonstration of the presence of a germ; the latter in the demonstration of local and/or systemic signs of germ-dependent inflammation. Both patients colonized by multi-sensible and multi-resistant microorganisms do not have to receive antibiotic therapy as first line therapy. Treating with antibiotics these colonisations is not suggested both because the patient takes the drug without any reason and also because you increase the antibiotic resistance with negative effects on the possibility of curing the patient during time.</p>

Attention. 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

SIMPIOS is a multidisciplinary society with the goal of contrasting the phenomenon of healthcare-associated infections/infections in the health organizations thanks to a politics of education of health operators and a promotion to adopt efficacious standards, focusing on: hand hygiene, politics about a correct use of antibiotic treatment, hospital hygiene measures, correct use of microbiologic examinations. The five reported recommendations in this paper are the result of an indication of the executive that had selected between various possibilities the ones that considered more important because simple, but often not followed, avoiding the overlap its indication with the one already considered by other associations in Choosing Wisely Italy.

## Sources

1	<ol style="list-style-type: none"> <li>1) Pittet D, Donaldson L. Clean Care is Safer Care: a worldwide priority. <i>Lancet</i> 2005;366:1246-7</li> <li>2) Pittet D et al. Clean Care is Safer Care: the Global Patient Safety Challenge. <i>Int J Infect Dis</i> 2006;10:419-24</li> <li>3) Pittet D et al. Evidence-based model for hand transmission during patient care and the role of improved practices. <i>Lancet Infect Dis</i> 2006;6:641-52</li> <li>4) WHO guidelines on hand hygiene in health care 2009 <a href="https://www.who.int/gpsc/5may/tools/9789241597906/en/">https://www.who.int/gpsc/5may/tools/9789241597906/en/</a></li> </ol>
2	<ol style="list-style-type: none"> <li>1) CDC Guideline for Disinfection and Sterilization in Healthcare Facilities (2008) <a href="https://www.cdc.gov/infectioncontrol/guidelines/disinfection/">https://www.cdc.gov/infectioncontrol/guidelines/disinfection/</a></li> <li>2) Cappelli V, Mongardi M, Moro ML. Memo 5 - Sterilizzazione in ambito sanitario e socio-sanitario, Agenzia sanitaria e sociale regione Emilia-Romagna, Bologna 2010</li> <li>3) Mongardi M, Gambetti S, Poncenni N, Martelli L, Moro ML. Memo 6 - Antisepsi e disinfezione in ambito sanitario e socio-sanitario. Agenzia sanitaria e sociale regione Emilia-Romagna, Bologna 2011</li> <li>4) Rutala WA, Weber DJ. Disinfection, Sterilization and Antisepsis: An overview. <i>Am J Infect Control</i> 2016; 44 (suppl 5): e 1-6 doi: 10.1016/j.ajic.2015.10.038</li> <li>5) Reprocessing of flexible endoscopes and endoscopic accessories used in gastrointestinal endoscopy: Position Statement of the European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Gastroenterology Nurses and Associates (ESGENA) – Update 2018. <i>Endoscopy</i> 2018; 50: 1205–1234. DOI <a href="https://doi.org/10.1055/a-0759-1629">https://doi.org/10.1055/a-0759-1629</a></li> </ol>
3	<ol style="list-style-type: none"> <li>1) Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America <a href="https://www.idsociety.org/practice-guideline/asymptomatic-bacteriuria/">https://www.idsociety.org/practice-guideline/asymptomatic-bacteriuria/</a></li> <li>2) <a href="https://www.cdc.gov/antibiotic-use/">https://www.cdc.gov/antibiotic-use/</a></li> </ol>
4	<ol style="list-style-type: none"> <li>1) AIFA Nota Informativa Importante su medicinali contenenti fluorochinoloni (08/04/2019)</li> <li>2) Vinué L1, Hooper DC2, Jacoby GA Chromosoma mutations that accompany qnr in clinical isolates of Escherichia coli. <i>Int J Antimicrob Agents</i>. 2018 Mar;51(3):479-483.</li> <li>3) Co-existence of plasmid-mediated quinolone resistance determinants and mutations in gyrA and parC among fluoroquinolone-resistant clinical Enterobacteriaceae isolated in a tertiary hospital in Warsaw, Poland <i>International Journal of Antimicrobial agent</i> Volume 45, Issue 3 (March 2015)</li> <li>4) Theresa C. Barrett, Wendy W. K. Mok, Allison M. Murawski &amp; Mark P. Brynildsen Enhanced antibiotic resistance development from fluoroquinolone persists after a single exposure to antibiotic <i>Nature Communications</i> volume 10, Article number: 1177 (2019) <a href="https://www.nature.com/ncomms">https://www.nature.com/ncomms</a></li> <li>5) Thinking of a Fluoroquinolone? Think Again - Medscape - Jul 16, 2018</li> </ol>
5	<ol style="list-style-type: none"> <li>1) Indicazioni pratiche e protocolli operativi per la diagnosi, la sorveglianza e il controllo degli enterobatteri produttori di carbapenemasi nelle strutture sanitarie e socio-sanitarie Febbraio 2017 Regione Emilia Romagna</li> <li>2) Katz MJ, Gurses AP, Tamma PD, Cosgrove SE, Miller MA, Jump RLP Implementing Antimicrobial Stewardship in Long-term Care Settings: An Integrative Review Using a Human Factors Approach.. <a href="https://www.ncbi.nlm.nih.gov/pubmed/29020290#">https://www.ncbi.nlm.nih.gov/pubmed/29020290#</a></li> <li>3) ECDC EU Guidelines for the prudent use of antimicrobials in human health, 2017 pag. 15</li> </ol>

**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](http://www.choosingwiselyitaly.org); [www.slowmedicine.it](http://www.slowmedicine.it)

The Società Italiana Multidisciplinare per la Prevenzione delle Infezioni nelle Organizzazioni Sanitarie (**SIMPIOS**) is born in 2003 after a collaboration between colleagues of various educations: hygienists, epidemiologists, anaesthetist, nurses, chemists, committed to health care assistance, research and education, with the goal of constant inter-professional comparison as key point for an efficacious strategy to fight against healthcare-associated infections.

Published by GIMPIOS journal and for more information, visit the website: [www.simpios.it](http://www.simpios.it)