



Problem of Healthcare and Associated Infections

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DESCRIPTION

Infections that occur while receiving health care, develop in a hospital or other health care facility, and first appear 48 hours or more after hospital admission, or within 30 days of receiving health care, are referred to as Health Care-Associated Infections (HCAIs). According to multiple studies, the most common types of adverse events that affect hospitalized patients are adverse drug events, HCAIs, and surgical complications. According to the Centers for Disease Control and Prevention, nearly 1.7 million hospitalized patients in the United States acquire HCAIs while being treated for other health issues each year, and more than 98,000 patients (one in 17) die as a result. So many experiments suggest that simple infection-control procedures, such as hand washing with an alcohol-based hand rub, can help prevent HCAIs, saving lives, reducing morbidity, and lowering health-care costs. Routine educational interventions for health care professionals can help them change their hand-washing habits and thus reduce the spread of infection. In support of this, the WHO has developed guidelines to encourage member countries to practice hand washing.

Infections acquired while receiving health care are referred to as Health Care-Associated Infections (HCAIs). The term HCAIs originally referred to infections associated with admission to an acute-care hospital, but it now encompasses infections developed in a variety of settings where patients receive health care. HCAIs are infections that appear 48 hours or more after being admitted to the hospital or within 30 days of receiving health care. According to multiple studies, the most common types of adverse events that affect hospitalized patients are adverse drug events, HCAIs, and surgical complications.

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acquire HCAIs while being treated for other health issues each year, and more than 98,000 of these patients (one in 17) result in death of HCAIs. According to the Agency for Healthcare Research and Quality, HCAIs are the most common complications of hospital care and one of the top ten leading causes of death in the United States. Seven patients in advanced countries and ten patients in developing countries acquire an HCAI for every 100 hospitalised patients. HCAIs are acquired by 5%-15% of hospitalised patients in high-income countries, affecting from 9% to 37% of those admitted to intensive care units (ICUs). According to multiple research studies, the prevalence of HCAIs in hospitals in Europe ranges from 4.6% to 9.3%. According to the WHO, HCAIs typically receive public attention only when there is an epidemic. HCAIs also have an impact on critically ill patients, with approximately 0.5 million episodes of HCAIs diagnosed in ICUs alone each year. ICU patients are frequently critically ill and immunocompromised, making them more vulnerable to HCAIs.

There has long been a recognition that the practise of medicine can cause harm as well as good. For example, Hippocrates, the father of modern medicine, stated over 2,500 years ago, "I will use treatments for the benefit of the sick in accordance with my ability and judgement, but from what is to their harm and injustice I will refrain." It was also recognised many years ago that entering hospitals can be hazardous. The concept of medicine causing harm, including death, in the twenty-first century is defined as "unintended physical injury resulting from or contributed to by medical care, including... [Its] absence... that requires additional monitoring, treatment, or hospitalisation, or... results in death." According to an American natural sciences writer, HCAIs are now killing around 100,000 people, far more than HIV/AIDS, cancer, or traffic accidents.

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