Little Things in IPC Make a Huge Difference in Health Outcomes

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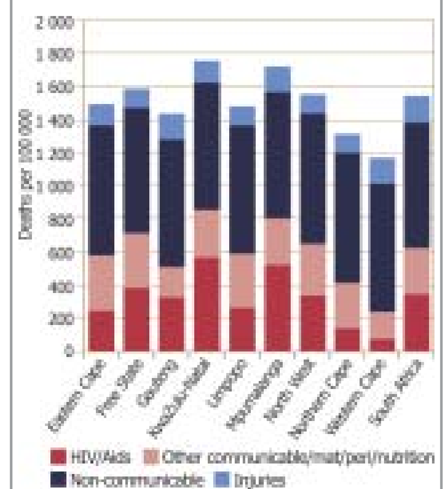
South Africa suffers from a triple burden of disease, made up of diseases of poverty and under-development, injuries and emerging chronic diseases[1]. This burden, now exacerbated by Aids, is unevenly distributed by age, sex and location[2]. It is, however, present in both the public and private health sectors, although at varying degrees, displayed in a way that mirrors the socio-economic disparities between users of private and public health facilities in the country. The same disparities are also reflected in the nature of health outcomes, with significantly lower mortality in the former, drawing attention to standards of care, and the extent to which they differ between the private and public health sectors in SA[3, 4].

FIGURE 1: PROVINCIAL ESTIMATES OF AGE-STANDARDISED DEATH RATES BY BROAD CAUSE GROUP, 2000



Source: Bradshaw et al

STANDARDS OF CARE AND DESIRED OUTCOMES

The National Department of Health recently launched a set of Core Standards for health facilities, covering seven domains: safety, clinical care, governance and patients' experience of care, access to care, infrastructure and environment, and Public Health.

It is the quality of these standards, together with health determinants not always within the reach of the health sector, that lead to differences in health outcomes. In other words, better standards of care do improve health outcomes, but only to the extent that prior investments in terms of social, economic and populations' general well-being are made to minimise or offset both the severity and frequency with which ill health occurs. Put differently, health determinants are a fundamental dimension in the equation leading to health outcomes and play a major role in disease prevention and impact mitigation.

GETTING THE BASICS RIGHT

Factors such as food security, mothers' and children's education, access to clean drinking water, proper housing and sanitation, income and a healthy life style contribute significantly to protection against disease and avoidable death. This, in turn, makes it easier to attend to a more manageable disease burden towards which resources can be more efficiently directed. Human resources, appropriate technology and infrastructure as well as sharpened organisational tools come together in such a context with better synergies.

Such a scenario tends to prevail more in the private sector because of a more consumer-based approach, a more activist user and the resources at its disposal. In the public sector, however, health determinants are such that a continuous flow of new patients, against a backdrop of staff attrition and shortages in many instances, maintains a significant strain on a system which has relatively much less resources available to invest in infrastructure and technology, and which is, therefore, limited in its ability to generate significantly better health outcomes over time.

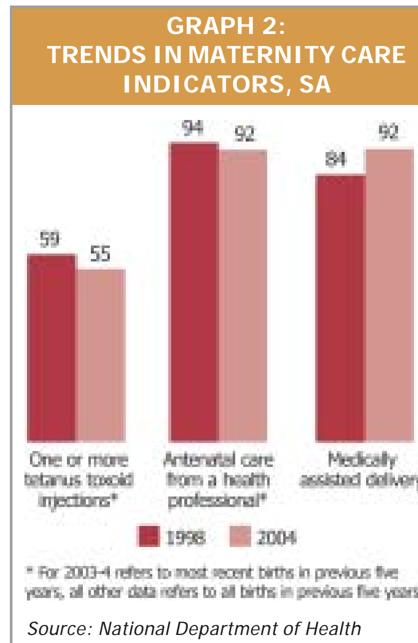
As a matter of fact, infant and child mortality have, for a decade or so, remained high in SA (see Table 1)[5,6]. It is disheartening to learn we are not achieving anything in our desire to reduce the negative events in our facilities. Child mortality remains a major indicator of the quality of our health system.

TABLE 1: INFANT, UNDER-5 AND CHILD MORTALITY IN SA, 1998 AND 2004

Mortality rates among South African children (per 1 000 live births)		
	1998	**2004**
Infant mortality	45	43
Under-5 mortality	59	58
Child mortality	15	16

Source: National Department of Health

This is reflective of a struggle to break through and free from a cycle of poor health determinants and a healthcare system needing to be strengthened in order to meet, in a sustainable manner, the resource requirements brought about by HIV and Aids and in the light of policies and programmes designed to increase access to basic services for all.



Source: National Department of Health

LESSONS FROM THE PAST

In the middle of 2007, a month-long public health sector strike ended, having served as an opportunity for the public and private sectors to work together, at least in parts of the country, in order to cope with hospitalised patients, as well as those needing urgent medical attention. As painful as this experience was, it would be good, in retrospect, to look at processes and outcomes for those patients transferred to the private sector during the strike, against the cost incurred for their care by the state. To the extent that data is available, an analysis of such information, in comparison with what would normally take place in public hospitals, would help inform processes such as the finalisation of the Draft Charter of the Private and Public Health Sectors of SA.

This framework document, which recognises quality as one of the challenges needing urgent attention, is important to better deal with disparities in access, resources and standards of care[7]. In its proposed definition of quality in healthcare, it captures

the need to encompass the dimension of personal security as one of the inputs required in the provision of health services. This is important given some of the violent attacks and incidents that have occurred on health facilities' premises in recent months. It is also important in the broader context of safety as the first domain of core standards of care, given the growing need to address infection prevention and control, both in the public and private health sectors.

PREVENTION AND HEALTH PROMOTION

It goes without saying that efficiency gains to the healthcare system, as a whole, would translate in better health outcomes should this be coupled with a more systematic and strategic approach to the implementation of large-scale interventions around prevention and health promotion[8].

Of critical importance to the success of this approach will be the re-casting of health within the social arena of a broader developmental agenda. With the anniversary of the Alma-Ata Declaration on Primary Health Care, now could be as good a time as any to do so given that "an ounce of prevention continues to be worth more than a pound of cure", and more so in the private sector, with its fair burden of preventable diseases and the current trends in personal finance and managed healthcare costs.

IMPROVING INFECTION PREVENTION AND CONTROL PRACTICES

A particular aspect of prevention rather than cure relates to haltering the transmission and occurrence of infectious and communicable diseases in healthcare settings or as part of home or community-based interventions. This is gaining prominence (in recent years) in both the developed and developing world[8,9].

It speaks to the type of practices and control systems health facilities, providers and users in general need to pay attention to in order to prevent health institutions and healthcare service provision to become a vehicle through which lives and limbs are lost.

Simple practices – such as hand washing, cleanliness of surfaces, injection and blood safety, the proper disposal of waste and its management on-site – go a long way in helping to minimise the risk of such occurrences, especially in hospitals. The management and operational levels of all facilities need to work together to ensure that such practices are adhered to at all times. This applies to all settings including those in the care of general practitioners. GPs, because of the less structured nature of their operations, tend to escape public scrutiny which leads, in some cases, to very questionable infection prevention and control (IPC) standards and other aspects of health service provision.

CONCLUSION

It will take all of us, as agents of development and users and providers of health services, to contribute to the idea of better health for all. The small things we do every day at work, such as washing our hands, make a big difference. The knowledge and skills we acquire in IPC will protect us, the patients and those around us against preventable diseases while increasing the ability of entire facilities and communities to cope with ill health. Such a joint and conscious mobilisation of health promotion and other prevention-based efforts towards a single goal of preventing and controlling infections, constitute a considerable investment in resources – the kind that could serve as an important catalyst to the translation of improved access to quality care and better health outcomes.

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