

Report of Observership Visit

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Host ECC:
65 - St Antonius Hospital [The Netherlands]

Start of Observership Visit: 14-12-2009
End of Observership Visit: 18-12-2009

The St. Antonius Hospital is a 1000 bed hospital. The microbiology laboratory is located on the hospital premises and consists of around 1000 sqm. The microbiology laboratory does all regular microbiological diagnostic procedures including serology, bacteriology, virology, mycology and immunology for its own hospital and some other healthcare providers. It is a well equipped laboratory, that was recently (2005) totally modernized. The laboratory as well cooperates closely with the infectious diseases department of the RIVM (State Institute for Health and environment).

Although microbiological diagnostic techniques were very similar to the techniques as used in our laboratory, many differences existed regarding organization and the position of the microbiologist in the laboratory and in the hospital. From these differences a lot can be learned.

In our laboratory the microbiologist is the person who interprets the cultivation plates and the test results. In the St. Antonius laboratory the role of the microbiologist is more one of supervising, organizing and responding to consultations of other specialists. The majority of the microbiological work is done by the technicians in the Netherlands (and in the host lab). This gives the microbiologist in the Netherlands more opportunity to focus on infection prevention, (inter)consultations and management.

Another interesting point of this Observership was the possibility to speak to the residents of the department in informal and informal meetings. This allowed us to compare the Dutch situation with the Spanish situation.

Another important difference is the close relationship between the microbiologist and the other hospital specialists. Daily and weekly meetings with other specialists (hematologists, intensive care specialists), assure a very high quality of infection prevention, antimicrobial use strategy, and finally patient care. Another interesting point in the same area, is the own "microbiological" electronic clinical history of the patient. By electronically including brief histories of the consultations, every microbiologist can directly consult the latest microbiological and relevant clinical data of the patient. This is very useful in the case of patients with complicated patient histories.

Another important point of interest is the electronic registration of relevant infection-related data of intensive care patients. On a single screen, one can consult the infection parameters (CRP, temperature, etc), antimicrobial use and the presence of catheters at any selected point in time. This is very powerful tool in the treatment and prevention of catheter related infections.

The Observership helped us identify some key points for possible changes in the daily practice in our own laboratory:

- Rearrangement of tasks (more responsibilities for the laboratory technicians), will liberate valuable time for the microbiologist.

- To improve patient care and infection prevention, meetings on a regular basis with intensive care related specialists, should be started.
- Relatively simple ICT solutions (infection screen for ICU patients, own "microbiological" clinical history) can reduce workload and improve patient care.

I would like to thank the very hospitable staff of the St. Antonius laboratory for this stimulating learning experience. By implementing some of the points, we hope to even further improve the quality of our own laboratory.