

HOSPITAL INFECTIONS IN BELGIUM

Tarefa:

1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

Mrs Mertens is a single women of 84. A couple of months ago she fell and ended up with a hip fracture and some bruises. After an urgent operation in the nearest hospital she was admitted to the orthopedic ward. The operation went very smoothly without any complications.

One week after the surgical procedure some problems occurred : she was feverish (which made her sleepy) and her wound turned red. The surgeon was worried. He had prescribed her a big dose of antibiotics after the operation. He asked the nurses to take some cultures. After check-up it appeared that Mrs. Mertens suffered from an MRSA-infection at her wound.

The hospital hygienist was alerted of the infection and immediately took some precautions : an isolation room for the patient and aprons, gloves and masks for the relatives and the care-team.

Despite all this it appeared that in 2 weeks time 5 operated patients came down with a MRSA woundinfection with high fever. The bacteria seemed to have spread over other rooms.

The hospital hygienist proposed to do research to the carrier of this bacteria. All patients and the complete nursing team were submitted to a nose and throat smear. The hospital management team, once confronted with this additional cost, had some objections : they asked the hygienist if these costs were really necessary.

It appeared that two OR-nurses had an MRSA-stem in their nose with a resistance pattern identical to the one of the patient. Both nurses were sent home. The nurses were treated but without any result. After more or less a month the nurses came back to resume their tasks at the hospital.

After one month, Mrs Mertens gets well again: the smears are negative and the social services of the hospital started to plan her return back home. The home care nurse, her GP, a physiotherapist, volunteers were contacted to take good care of her at home. Both of her children are living in Brussels and have a very busy job. Because of this, they will only visit her during the weekends. The family puts trust in the good intentions of all the homecarers.

In the meantime the Mertens family has filed a complaint against the hospital. The patient who due to her infection had to stay in the hospital much longer than expected, has occurred physical, emotional and financial damages.

The hospital direction was uptill now convinced that MRSA-infections only occurred in other hospitals. They decided to manage this problem ,as of now, pro-actively by trying to prevent hospital infections. By means of random samples from patients and personnel they tried to control this. Developing protocols and an own registration system also had to help in bringing down the infections in the future.