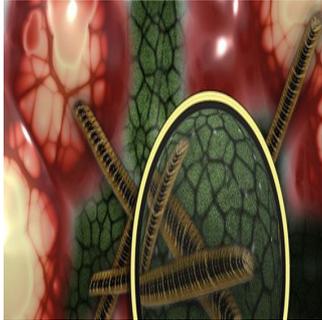


Study: Implementation of ICU Infection Control Practices Inconsistent



According to a new study, the largest of its kind, U.S. hospital intensive care units (ICUs) show uneven compliance with infection prevention policies. The findings are published in the February issue of the *American Journal of Infection Control*, the official publication of the Association for Professionals in Infection Control and Epidemiology (APIC),

A team of researchers from Columbia University collaborated with the Centers for Disease Control and Prevention (CDC) to undertake a nationwide survey of over 1,500 ICUs at close to 1000 hospitals as part of the larger Prevention of Nosocomial Infections and Cost Effectiveness Refined (P-NICER) study.

Assessing infections which are among the most common infections acquired by patients in ICUs, the survey investigated the implementation of 16 prescribed infection prevention measures at point-of-care, and clinician adherence to these policies for the prevention of central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia (VAP), and catheter-associated urinary tract infections (CAUTI).

According to the survey findings, hospitals have more policies in place to prevent CLABSI and VAP, than for CAUTI. The presence of infection control policies to prevent CLABSI ranged from 87% to 97% depending on the measure being counted; the presence of policies for VAP ranged from 69% to 91%; whereas policies for CAUTI lagged behind with only 27% to 68% of ICUs reporting prevention policies.

The overwhelming majority of hospitals (92%) reported the use of a checklist for CLABSI insertion practices, while the use of a ventilator bundle checklist was reported by roughly three quarters of hospitals (74%).

Rating the findings as surprising, the authors explained that the implementation of evidence-based practices related to CAUTI prevention measures has not been successful, especially given that CAUTI is the most frequent healthcare-associated infection. It was evident that more focus on CAUTI was needed, and dissemination and implementation studies to inform how best to improve evidence-based practices should be helpful.

The study further unveiled that many hospital ICUs fell short in their adherence to policies, ranging from 37% to 71% for CLABSI, 45% to 55% for VAP, and 6% to 27% for CAUTI.

The authors stated that the establishment of policies did not ensure clinician adherence at the bedside, and that previous studies had found that an extremely high rate of clinician adherence to infection prevention policies was needed to lead to a decrease in healthcare-associated infections. It was regrettable that hospitals which monitored clinician adherence reported relatively low rates of adherence.

The survey also evaluated the structure and resources of infection prevention and control programs, assessing characteristics such as use of electronic surveillance systems, staffing and proportion of infection preventionists with certification.

Healthcare-associated infections, or HAIs, are infections that people acquire while they are receiving treatment for another condition in a healthcare setting. Many of these infections occur in the ICU setting and are associated with an invasive device such as central line, ventilator, or indwelling urinary catheter.

At any given time, about 1 in every 20 inpatients has an infection related to hospital care. The estimated annual costs associated with HAIs in the US are up to \$33 billion.

Source: [AlphaGalileo](#)

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