

Evaluation of hospital infection prevention policies can identify opportunities for improvement

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Identifying gaps in infection prevention practices may yield opportunities for improved patient safety, according to a survey published in the November issue of the *American Journal of Infection Control*, the official publication of the Association for Professionals in Infection Control and Epidemiology (APIC).

Ascension Health, the nation's largest non-profit healthcare system with hospitals and related healthcare facilities in 23 states and the District of Columbia, conducted a 96-question survey of 71 of its member hospitals to evaluate [infection control](#) processes for catheter-associated [urinary tract infections](#) (CAUTI), central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia (VAP), and surgical-site infections (SSI). The survey questions addressed policies for placement and maintenance of devices, surgical procedures, evaluation of healthcare workers' competencies, and outcomes evaluation.

The effort was undertaken as part of Ascension Health's participation as a Hospital Engagement Network in the U.S. Department of Health & Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) Partnership for Patients program, a federally funded effort to help improve the quality, safety, and affordability of healthcare for all Americans with the goal to decrease preventable [hospital](#) acquired conditions by 40 percent and decrease hospital readmissions by 20 percent.

According to the survey results, the majority of hospitals had infection prevention policies in place for the use of devices, surgery, hand hygiene, and multidrug-resistant organisms. However, only 28 out of 71 (or 39.4 percent) reported having policies relating to antimicrobial stewardship, such as antimicrobial restrictions. Appropriate use of antibiotics is necessary to prevent antibiotic resistance.

Also, practices to reduce device risk varied between hospitals. For example, the use of bladder scanners to assess for urinary retention was more available in medium and large hospitals compared to smaller ones. In addition, while more than three-quarters of hospitals had a nurse-driven protocol for determining need for a urinary catheter, only a minority of nurses (26.8 percent) and patient care technicians (11.3 percent) received annual training on how to properly place and maintain urinary catheters.

To reduce the risk of CLABSI, 94.4 percent of hospitals reported using an insertion checklist. However, according to the survey, only 59.2 percent used the checklist more than 90 percent of the time and only 40.8 percent provided annual training for nurses on placing and maintaining venous catheters. Very few hospitals used electronic reminders to help nurses (8.5 percent) and physicians (1.4 percent) evaluate catheter need.

Hospitals evaluated outcomes for CAUTI, CLABSI, VAP, and SSI, with root cause analysis predominantly occurring for cases of CLABSI and VAP. Surgeon-specific SSI rates were calculated and discussed with the surgeons in only two-thirds of the hospitals, a tool that may be important in helping surgeons prioritize [infection prevention](#) efforts.

"We suggest that individual hospitals evaluate their policies, processes, and practices prior to implementing interventions to establish a baseline for comparative purposes, to reduce infection, and base their action on

the gaps identified," state the authors. "We believe that identifying the gaps and addressing them as a system will help lead to marked improvements in safety for our patients."

More information: "First step to reducing infection risk as a system: Evaluation of infection prevention processes for 71 hospitals," by Mohamad G. Fakh, Michelle Heavens, Carol J. Ratcliffe, and Ann Hendrich appears in the *American Journal of Infection Control*, Volume 41, Issue 11 (November 2013).

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