

Taking action against hospital acquired infection

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Patients enter hospitals every day for a variety of reasons but usually without the thought of developing a new health problem. Yet every year thousands of hospitalized Americans acquire infections during hospital stays, causing risk of complications, prolonged stays and an increased burden on the health-care system.

With fast track funding by the U.S. Agency for Healthcare Research and Quality, five research collaboratives comprised of over 70 academic medical centers, community hospital systems, and other health-care organizations from across the nation are investigating various strategies to prevent these infections, which can range from bothersome to deadly. But what approaches work the best and in what settings? And how can effective change be implemented and spread?

Researchers at the Indiana University School of Medicine, the Regenstrief Institute, Inc., the Roudebush VA Medical Center and the Indiana University-Purdue University Indianapolis School of Engineering and Technology have been tapped by AHRQ to serve as the national resource center for its multiple collaborative work to prevent hospital acquired infection. Indiana researchers will work to develop data collection tools and collect information to provide technical assistance as well as to identify effective implementation strategies developed by the five hospital acquired infection prevention collaboratives.

The Indianapolis-based team will use their expertise with the tools of

evidence-based medicine, informatics and systems engineering to help the hospital-acquired infection collaboratives determine what are the best practices and how best to implement these practices at hospitals large and small, urban and rural, public and private.

"We are excited to have the opportunity to learn from the efforts of multiple collaborative groups to find out what works in actual practice and how to implement these solutions," said Bradley N. Doebbeling, M.D., M.Sc., who leads the group which will be evaluating the collaboratives' recommendations. He is director of Health Services Research at the Regenstrief Institute, Inc.; director of the Indiana University Center for Health Services and Outcomes Research; professor of health services research and medicine at the Indiana University School of Medicine; and director of the VA Health Services Research and Development Center of Excellence, Indianapolis VA Medical Center.

Dr. Doebbeling is joined in this effort by Jaime Workman, M.S., associate professor of technology, School of Engineering and Technology, IUPUI; Heather Hagg, M.S., research scientist at the VA Center of Excellence; Mindy Flanagan, Ph.D., research scientist, IU Center for Health Services & Outcomes Research, Regenstrief Institute, Shawn Hoke, B.A., senior program manager, Regenstrief Institute, and others.

"So often collaboratives are formed to improve health care, recommendations are made and then carried out but no evaluation is completed, so lessons about what works remain unlearned," Dr. Doebbeling noted. "Over the next 18 months our health services researchers, systems engineers, informaticists, infectious disease experts, doctors and nurses will help the collaboratives collect data in forms that will enable our multi-expertise team to compare apples to apples so we can effectively evaluate different approaches to infection control at the

72 health-care institutions studied by the five collaboratives. This is an exciting opportunity to use this funding from AHRQ to support and learn from the multiple collaboratives of hospitals, clinicians and researchers working together to prevent hospital acquired infections across the United States."

The ultimate goal is to share lessons learned about successes, barriers and challenges in implementing and maintaining strategies that decrease the likelihood of patients acquiring an infection during a hospital stay.

Source: Indiana University

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