

Infection prevention falls short in Canadian long-term care facilities

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Infection prevention and control resources and programming in Canadian long-term care facilities fall short of recommended standards, a new Queen's University study shows.

Led by professor of Community Health and Epidemiology Dick Zoutman, the national survey of 488 facilities is the first comprehensive examination of these resources and programs in almost 20 years.

"It's critical that vulnerable long-term care residents be protected from largely preventable infections," says Dr. Zoutman, who is Medical Director of Infection Prevention and Control at Kingston General Hospital and Providence Care. "More and better-trained infection control professionals are essential to providing effective infection surveillance and control programs."

Findings from the new Queen's study - the results of a 2005 survey - are published in the on-line pre-print version of the *American Journal of Infection Control*. The study mirrors Dr. Zoutman's earlier, groundbreaking studies of infection prevention and control in Canadian acute-care hospitals, that have led to implementation of increased infection control resources.

Among key findings for Canadian long-term care facilities:

- The average number of full-time equivalent infection control professionals (ICPs) per 250 beds was 0.6, compared to the

recommended 1.0.

- Only eight per cent of ICPs were certified by the Certification Board of Infection Control and Epidemiology.
- Only one-fifth of long-term care facilities had physicians or doctoral-level professions providing service to the infection control program.
- Eighty-two per cent of long-term care facilities infection prevention and control programs are conducting less than 80 per cent of expert-suggested surveillance activities to identify infections.
- Half (51 per cent) of long-term care facilities are conducting less than 80 per cent of suggested control activities to prevent the spread of infections.

The shortfalls identified in this study mean that many essential infection control activities in long-term care facilities are not being performed, with the end result being increased morbidity, mortality, and financial expense, notes co-author of the study Doug Ford, a research associate with Queen's Department of Pathology and Molecular Medicine. Also on the research team is Jim Gauthier, Infection Control Professional at Providence Care in Kingston.

Source: Queen's University

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