

Infection control practices not adequately implemented at many hospital ICUs

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U.S. hospital intensive care units (ICUs) show uneven compliance with infection prevention policies, according to a study 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).

In the largest study of its kind, researchers from Columbia University collaborated with the Centers for Disease Control and Prevention (CDC) to undertake a nationwide survey of 1,534 ICUs at 975 hospitals as part of the larger Prevention of Nosocomial Infections and Cost Effectiveness Refined (P-NICER) study. The survey inquired about 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). These infections are among the most common infections acquired by patients in ICUs.

According to the survey, hospitals have more policies in place to prevent CLABSI and VAP, than CAUTI. The presence of [infection control](#) policies to prevent CLABSI ranged from 87 to 97 percent depending on the measure being counted; the presence of policies for VAP ranged from 69 to 91 percent; and policies for CAUTI lagged behind with only 27 to 68 percent of ICUs reporting prevention policies. The use of a checklist for CLABSI insertion practices was reported by the vast majority of hospitals (92 percent), while the use of a ventilator bundle

checklist was reported by fewer hospitals (74 percent).

"Evidence-based practices related to CAUTI prevention measures have not been well implemented," state the authors. "These findings are surprising, given that CAUTI is the most frequent healthcare-associated [infection](#). Clearly, more focus on CAUTI is needed, and dissemination and implementation studies to inform how best to improve evidence-based practices should be helpful."

In adhering to policies, many hospital ICUs fell short, according to the survey. Adherence to prevention policies ranged from 37 to 71 percent for CLABSI, 45 to 55 percent for VAP, and 6 to 27 percent for CAUTI.

"Establishing policies does not ensure clinician adherence at the bedside," state the authors. "Previous studies have found that an extremely high rate of clinician adherence to infection [prevention policies](#) is needed to lead to a decrease in healthcare-associated infections. Unfortunately, the hospitals that monitored clinician adherence reported relatively low rates of adherence."

The survey also assessed structure and resources of infection prevention and control programs, evaluating characteristics such as staffing, use of electronic surveillance systems, 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 U.S. are up to \$33 billion.

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