

# New study identifies gaps in infection prevention and control at critical access hospitals

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Critical access hospitals (CAHs) face significant challenges in their infection prevention and control (IPC) practices, according to new research presented at the [45th Annual Conference](#) of the Association for Professionals in Infection Control and Epidemiology (APIC).

CAH is a designation given by the Centers for Medicare & Medicaid Services to rural hospitals with 25 beds or less that are located at least 35 miles away from other hospitals.

Public health officials reviewed IPC practices at 36 Nebraska hospitals using the Centers for Disease Control and Prevention's Infection Prevention and Control Assessment Tool for assessing best practices. They found the greatest gaps existed in the domains of injection safety, central line-associated bloodstream [infection](#) (CLABSI) prevention, and catheter-associated [urinary tract infection](#) (CAUTI) prevention, but also found important gaps were present in all domains.

"Lack of competency-based training programs and failure to perform audits and feedback appear to be recurrent themes in several domains," said Margaret Drake, MT(ASCP), DHHS, ICAP, lead study author. "These challenges are not unique to the facilities we visited. CAHs across the country face similar issues."

A team of certified IPs and [public health officials](#) visited each of the

participating CAHs. The hospitals participated on a voluntary basis, demonstrating their dedication to improving patient safety. During the visits, the team conducted assessments, audits, and observations focused on injection safety, and prevention of CLABSI and CAUTI. After each visit, IPs received a summary of all [infection control](#) gaps along with recommendations for improvement. The team also developed a [website](#) for frequently needed resources and tools.

The study team also noted that having trained infection preventionists (IPs), allowing IPs to dedicate more time to infection control activities, and being a larger facility, were factors associated with the presence of certain CDC-recommended infection prevention and control practices in CAHs.

"The results of this study align with national trends that point to the importance of adequate infection prevention staffing and training," said 2018 APIC President Janet Haas, Ph.D., RN, CIC, FSHEA, FAPIC.

"Additional resources are needed to help hospitals, especially small, rural and under-funded hospitals, close the gaps in [infection prevention](#) and control and improve patient safety."

Provided by Association for Professionals in Infection Control

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