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Infection Control: September 2014

A bundle strategy including patient hand hygiene to decrease clostridium difficile infections.

Pokrywka M, Feigel J, Douglas B, Grossberger S, Hensler A, Hensler A, Weber D.
Medsurg Nurs. 2014 May-Jun, vol 23, no 3, p145-8, 164.

Abstract
Prevention strategies for Clostridium difficile infection traditionally have addressed barrier precautions, environmental disinfection, and health care worker hand hygiene. When applied as a bundle, this approach has been used widely as an evidence-based strategy to prevent hospital-acquired C. difficile infection. Expanding the bundle to include patient hand hygiene is a nurse-driven approach to prevent C. difficile transmission.

Common infection control practices in the emergency department: A literature review.

Carter EJ, Pouch SM, Larson EL.
Am J Infect Control. 2014 Sep, vol 42, no 9, p957-62.

Abstract
BACKGROUND:
Health care-associated infections (HAIs) are a major health concern, despite being largely avoidable. The emergency department (ED) is an essential component of the health care system and subject to workflow challenges, which may hinder ED personnel adherence to guideline-based infection prevention practices.

METHODS:
The purpose of this review was to examine published literature regarding adherence rates among ED personnel to selected infection control practices, including hand hygiene (HH) and aseptic technique during the placement of central venous catheters and urinary catheters. We also reviewed studies reporting rates of ED equipment contamination. PubMed was searched for studies that included adherence rates among ED personnel to HH during routine patient care,

aseptic technique during the placement of central venous catheters and urinary catheters, and rates of equipment contamination.

RESULTS:
In total, 853 studies was screened, and 589 abstracts were reviewed. The full texts of 36 papers were examined, and 23 articles were identified as meeting inclusion criteria. Eight studies used various scales to measure HH compliance, which ranged from 7.7% to 89.7%. Seven articles examined central venous catheters inserted in the ED or by emergency medicine residents. Detail of aseptic technique practices during urinary catheterization was lacking. Four papers described equipment contamination in the ED.

CONCLUSION:
Standardized methods and definitions of compliance monitoring are needed to compare results across settings.

Dressings for the prevention of surgical site infection.

Dumville JC1, Gray TA, Walter CJ, Sharp CA, Page T.

Cochrane Database Syst Rev. 2014 Sep 1;9:CD003091. [Epub ahead of print]

Abstract
BACKGROUND:
Surgical wounds (incisions) heal by primary intention when the wound edges are brought together and secured - often with sutures, staples, clips or glue. Wound dressings, usually applied after wound closure, provide physical support, protection from bacterial contamination and absorb exudate. Surgical site infection (SSI) is a common complication of surgical wounds that may delay healing.

OBJECTIVES:
To assess the effects of wound dressings for preventing SSI in people with surgical wounds healing by primary intention.

SEARCH METHODS:
In February 2014 we searched: The Cochrane Wounds Group Specialised Register; The Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library); The Database of Abstracts of Reviews of Effects (DARE) (The Cochrane Library); The Health Technology Assessment Database (HTA) (The Cochrane Library); NHS Economic Evaluation Database (NHSEED) (The Cochrane Library); Ovid MEDLINE; Ovid MEDLINE (In-Process & Other Non-Indexed Citations); Ovid EMBASE

and EBSCO CINAHL. There were no restrictions based on language or date of publication or study setting.

SELECTION CRITERIA:
Randomised controlled trials (RCTs) comparing alternative wound dressings or wound dressing with no dressing (wound exposure) for the postoperative management of surgical wounds healing by primary intention.

DATA COLLECTION AND ANALYSIS:
Two review authors performed study selection, risk of bias assessment and data extraction independently.

MAIN RESULTS:
Twenty RCTs were included (3623 participants). All trials were at unclear or high risk of bias. Twelve trials included people with wounds resulting from surgical procedures with a contamination classification of 'clean', two trials included people with wounds resulting from surgical procedures with a 'clean/contaminated' contamination classification and the remaining trials evaluated people with wounds resulting from various surgical procedures with different contamination classifications. Two trials compared wound dressings with leaving wounds exposed. The remaining 18 trials compared two alternative dressing types. No evidence was identified to suggest that any dressing significantly reduced the risk of developing an SSI compared with leaving wounds exposed or compared with alternative dressings in people who had surgical wounds healing by primary intention.

AUTHORS' CONCLUSIONS:
At present, there is insufficient evidence as to whether covering surgical wounds healing by primary intention with wound dressings reduces the risk of SSI or whether any particular wound dressing is more effective than others in reducing the rates of SSI, improving scarring, pain control, patient acceptability or ease of dressing removal. Most trials in this review were small and at high or unclear risk of bias. However, based on the current evidence, we conclude that decisions on wound dressing should be based on dressing costs and the symptom management properties offered by each dressing type e.g. exudate management.

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Home hygiene and health.

Evans R.
Nurs Stand. 2014 Sep 3, vol 29, no 1, p32

Abstract
The International Scientific Forum on Home Hygiene is a registered UK charity set up in 1997 to promote health and wellbeing through improved hygiene, infection prevention and control in home and everyday settings.

Strategies to combat antimicrobial resistance.

Uchil RR, Kohli GS, Katekhaye VM, Swami OC.
J Clin Diagn Res. 2014 Jul, vol 8, no 7, pME01-4.

Abstract
The global burden of antimicrobial resistance is rising and is associated with increased morbidity and mortality in clinical and community setting. Spread of antibiotic resistance to different environmental niches and development of superbugs have further complicated the effective control strategies. International, national and local approaches have been advised for control and prevention of antimicrobial resistance. Rational use of antimicrobials, regulation on over-the-counter availability of antibiotics, improving hand hygiene and improving infection prevention and control are the major recommended approaches. Thorough understanding of resistance mechanism and innovation in new drugs and vaccines is the need. A multidisciplinary, collaborative, regulatory approach is demanded for combating antimicrobial resistance.

Success of a multimodal program to improve hand hygiene compliance.

Rees S, Houlahan B, Safdar N, Sanford-Ring S, Shore T, Schmitz M.
J Nurs Care Qual. 2013 Oct-Dec, vol 28, no 4, p312-8

Abstract
The purpose of this article was to describe the successful implementation of a quality improvement initiative focusing on a hand hygiene program that used the multimodal interventions of tailored education, monthly feedback, and reminders. Compliance rates improved from July 2011 to December 2012 by 57.4%. Efforts are continuing to ensure program sustainability.

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Using evidence-based practice to prevent hospital-acquired pressure ulcers and promote wound healing.

Roe E, Williams DL.

Am J Nurs. 2014 Aug, vol 114, no 8, p61-5

Abstract

A hospital and a nursing education program collaborate to improve skin care.

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