A Qualitative Exploration of Initiation of Infection Prevention Protocols in Hospitals

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RESULTS

IMPLEMENTING ADHERENCE EFFORTS INSTITUTION-WIDE

- Healthcare associated infections (HAIs) remain a major safety problem despite evidence of efficacious interventions.
- Ensuring compliance with infection prevention protocols has been identified as an important factor in preventing infections.

OBJECTIVE

- To inform knowledge gaps on how best to approach implementing an effective infection control program that will improve processes at the bedside in acute care settings.

METHODS

- In-depth, semi-structured interviews were conducted at 11 hospitals across the U.S. in the Fall/Winter 2010-11 with 116 hospital personnel.
- Hospitals were purposively sampled to achieve variation in region and bedside and were all part of the CDC’s National Healthcare Safety Network.
- Interviews were audiorecorded and transcribed verbatim.
- Transcripts were systematically coded and subjected to content analysis.

Table 1. Characteristics of Hospital Sites and Participants

<table>
<thead>
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<th>Region</th>
<th>Northeast (n=3)</th>
<th>South (n=3)</th>
<th>Midwest (n=3)</th>
<th>West (n=2)</th>
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<td>Beds</td>
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<td>472 422 350</td>
<td>506 127 160</td>
<td>506 409</td>
</tr>
<tr>
<td>Staff Participants</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Administrator</td>
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<td>3 1 1 1 1</td>
<td>3 1 2 2 1 1</td>
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<td>Hospital Epidemiologist</td>
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<td>Infection Control Staff</td>
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<tr>
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<tr>
<td>Total Participants</td>
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<td>11 10 11 10</td>
<td>10 11 11 10</td>
<td>10 11 11 10</td>
</tr>
</tbody>
</table>

BACKGROUND

- In-depth, semi structured interviews were conducted at 11 hospitals across the U.S. in the Fall/Winter 2010-11 with 116 hospital personnel.
- Hospitals were purposively sampled to achieve variation in region and bedside and were all part of the CDC’s National Healthcare Safety Network.
- Interviews were audiorecorded and transcribed verbatim.
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DISCUSSION

- Preventing HAIs in hospitals is a complex, multifactorial, and interdisciplinary problem.
- Using a qualitative approach and gaining the perspectives of multiple personnel types involved in infection control and prevention allows for a broad comprehensive understanding of this phenomenon.
- This understanding has informed our quantitative investigation and should inform future intervention research.

CONCLUSIONS

- Compliance in hospitals is a dynamic, fluid, interactive and reactive process.
- Narrative accounts provide a rich description of this process, identifying the organizational elements that nurture and support disparate individuals to work together on a collective level to reduce the threat of HAIs and ensure patient safety.

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