Background:
- Healthcare-associated infections (HAI) in nursing homes (NHs) result in increased hospital admissions, morbidity, and mortality among NH residents.
- Certified nursing assistants (CNAs) are key caregivers of NH residents.
- Evaluating CNA education and training is crucial to ensure compliance and successful implementation of infection prevention and control (IPC) practices.

Purposes:
- Explore barriers to implementing and maintaining IPC practices for CNAs in NHs.
- Describe strategies utilized to overcome these barriers.

Methods:
- Semi-structured in-person interviews.
- Interview guides informed by Donabedian’s conceptual framework of healthcare quality, published guidelines for infection prevention in NHs, and clinical and research experts.
- NHs purposefully sampled to obtain variation in geographic distribution, bed size, and ownership status, Table 1.

NH personnel important to infection control were interviewed, Table 2.

<table>
<thead>
<tr>
<th>Site Region</th>
<th>Bed Size</th>
<th>Ownership</th>
<th># of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Non-profit</td>
<td>8</td>
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<tr>
<td>South</td>
<td>Large</td>
<td>For-profit</td>
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</tr>
<tr>
<td>West/Midwest</td>
<td>Large</td>
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<tr>
<td>West/Midwest</td>
<td>Small</td>
<td>For-profit</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 2. Participant roles and Number Interviewed

Participant role | N  
--- | --
Administrator | 9
Staff Development | 4
Advanced Clinician | 3
Infection Preventionist | 9
Director/Assistant Director of Nursing | 1
Staff Nurse | 10
Certified Nurse Assistant | 9
Minimum Data Set Coordinator | 11
Environmental Services | 10
Total | 73

Nvivo 10 software used to facilitate coding.
Data analyzed using conventional content analysis.

Discussion/Conclusions:
- NH facilities are not fully equipped to accommodate the needs of this increasingly diverse workforce.
- Need for teaching methods that are sensitive to workforce personnel with varying cultures and educational levels.
- Need to address staffing issues and hold CNAs (including per diem and part-time) accountable for IPC.

Policy Implications:
- CNAs are key to implementing effective IPC activities in practice; further research is needed to optimize understanding of barriers to IPC facing CNAs in NHs and available strategies to overcome these barriers. Comparative effectiveness research would guide policy and allow for the understanding of which strategies work best in addressing barriers with IPC for CNAs and achieving HAI reduction goals.

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