Exploring Infection Prevention and Control Barriers among Nursing Home CNAs
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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.

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

METHODS:
- Semi-structured in-person interviews.
- Interviews guided 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 including CNAs, Infection Preventionists, Directors of Nursing, Medical Directors, Risk Managers, Table 2.
- NVivo 10 software used to facilitate coding.
- Data analyzed using conventional content analysis.

RESULTS:

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<tr>
<th>Theme</th>
<th>Description</th>
<th>Exemplar Barrier and Strategy Quote</th>
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<tr>
<td>Language and Culture</td>
<td>CNAs were described as being non-native English speakers and from a variety of cultures requiring special attention to the manner IPC information was delivered.</td>
<td>• Barrier- “What [the CNAs] would have to use as a tool to know how to safely care for the resident, really was not effective because some of them could not read it.” Risk Manager NH 3</td>
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<td>Knowledge and Training</td>
<td>Previous education and current training of CNAs played a role in IPC</td>
<td>• Barrier- “When you’re talking blood borne pathogens and things like that, sometimes that’s not well-understood, but hand-washing is.” RN NH 4</td>
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<td>Per-Diem/Part-Time Status</td>
<td>The infrequent work schedules of per-diems and part-timers posed difficulties for IPC communication as well as created IPC breakdown</td>
<td>• Strategy- “We are trying to keep them trained and knowledgeable... To me...the certified nursing assistants are the most valuable employee in the whole facility...So working with them, spending the time with them, to me seems most important because you’re educating them, you’re educating yourself.” RN NH 2</td>
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<td>Workload and Competing Priorities</td>
<td>Lack of ownership of IPC created breakdown in IPC practices and ineffective communication</td>
<td>• Barrier- “There’s such an influx of private duty aides and it could be three private duty aides per one resident because of the different shifts and times. So, it’s very hard to isolate [the infection control problem] and catch everybody.” Infection Preventionist NH 2</td>
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<td>Accountability</td>
<td>Time restraints and understaffing impeded effective IPC practices</td>
<td>• Strategy- “Once I can identify [transient staff] and catch them in service, there’s more compliance.” RN NH 2</td>
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DISCUSSION/CONCLUSION:
- Findings provide necessary information to augment successful implementation of IPC programs.
- Understanding the challenges to IPC among frontline staff and the strategies available to overcome these challenges may better enable NHs to achieve HAI reduction goals.

LIMITATIONS:
- While NHs were sampled to achieve variation in our final selection, results may still lack transferability.

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