Perceived Barriers to Infection Prevention and Control for Nursing Home Certified Nursing Assistants: A Qualitative Study

Jasmine Travers, BS, MS,a Carolyn T.A. Herzig, MS,a,c Monika Pogorzelska-Maziarz, PhD, MPH,b Eileen Carter, PhD, RN,a,d Catherine C. Cohen, RN, BS,a Patricia K. Semeraro, BS, MS,a Ragnhildur I. Bjarnadottir, BSN, MPH,a Patricia W. Stone, PhD, FAANa

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Background

- 1.4 million people reside in Nursing Homes (NHs) in the US
- 6 out of 7 residents are over the age of 65 accounting for 13% of the total US population
- 10,000 baby boomers turn 65 every day
Healthcare Acquired Infections in NHs

- 1.4 to 5.2 infections per 1,000 resident care days in NHs and Skilled Nursing Facilities

- Increase hospitalizations and morbidity and mortality

- HAIs cost the healthcare system an additional $673 million

- HAI’s largely avoidable through adherence to infection prevention and control practices
Health Care Workers

% Distribution of Nursing Employment

- Certified Nursing Assistants: 65%
- Registered Nurse: 12%
- Licensed Practical or Vocational Nurse: 23%

Risk of Infection Transmission:
- Feeding
- Hydrating
- Hygienic care
- Toileting
Purposes

- Explore perceived barriers to implementing and maintaining Infection Prevention and Control (IPC) practices for NH Certified Nursing Assistants (CNAs)

- Describe strategies utilized by NH personnel to overcome these barriers
Methods

• Multi-site qualitative study of NH personnel important to infection control

• 10 NHs purposively sampled

• Semi-structured in-person interviews with:
  
  CNAs, Directors of Nursing, Administrators, Advanced Clinicians, Risk Managers, Infection Preventionists, Environmental Services Workers, Minimum Data Set Coordinators
Methods Cont.

• Interview guides

• Recordings transcribed verbatim

• NVivo 10 software

• Data analyzed using content analysis

<table>
<thead>
<tr>
<th>Interview Questions</th>
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<tbody>
<tr>
<td>“What are some of the barriers to effective infection control in your facility?”</td>
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<tr>
<td>“What are the facilitators in your facility that have helped you prevent or control infections?”</td>
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<tr>
<td>“Tell me about the challenges related to infection control in your facility.”</td>
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</tbody>
</table>
Results

- 73 interviews conducted between May and September 2013
- Interviews lasted approximately 45 minutes

<table>
<thead>
<tr>
<th>Role of Interviewed NH Personnel</th>
<th>N</th>
<th>Overlapping Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>9</td>
<td>1 DON</td>
</tr>
<tr>
<td>Staff Development Coordinator/Risk Manager</td>
<td>4</td>
<td>2 IPs, 1 Staff Nurse</td>
</tr>
<tr>
<td>Advanced Clinician</td>
<td>3</td>
<td>None</td>
</tr>
<tr>
<td>IP</td>
<td>9</td>
<td>5 DON/ADON, 2 Staff Nurse, 2 Staff Development Coordinators</td>
</tr>
<tr>
<td>DON/ADON</td>
<td>8</td>
<td>1 Administrator, 5 IPs, 1 MDS Coordinator</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>10</td>
<td>1 Staff Development Coordinator</td>
</tr>
<tr>
<td>Certified Nurse Aide</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>MDS Coordinator</td>
<td>11</td>
<td>1 ADON</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>10</td>
<td>None</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td></td>
</tr>
</tbody>
</table>
Results

- 10 NHs across the country (Northeast: n = 3; South: n= 4; West/Midwest: n= 3)
- NH size ranged from 40-204 beds
Results

Five Themes of Barriers to IPC

- Language and Culture
- Knowledge and Training
- Per-Diem/Part-Time Status
- Workload
- Accountability
Language and Culture

**Barrier**

“if you come from a culture where you don’t really discuss medical issues... sometimes that could be a barrier.” Admin NH 2

**Strategy**

“We also use symbols that alert the CNA... We use little yellow smileys on the door if someone is at risk for aspiration... If you look on the inside of the armoire, you will see aspiration precautions with pictures.” RM NH 3
Knowledge and Training

Barrier

“I would like to have a [session] for infection control where I go down and talk about hand washing or I go down and educate on the flu and do things like that....because if you’re a new CNA you really don’t know. IP NH 5”

Strategy

“We are trying to keep [CNAs] trained and knowledgeable. Part of the [resident’s] direct care plan involve them....working with them, spending the time with them, to me seems most important because you’re educating them, you’re educating yourself.” Nurse NH 2
**Barrier**

“We do brief infection control training, but again if it’s once a year it’s very hard ...there’s such an influx of private duty aides... So, it’s very hard to isolate it and catch everybody.” IP NH 2

**Strategy**

“Once I can identify [per-diem and part-time staff] and catch them and in-service them, there’s more compliance.” Nurse NH 2
**Barrier**

“I think a lack of staff and a lack of time, makes you cut corners. I’m not saying that the aides don’t want to do it right or don’t know how to do it right. They don’t have the time to do it right. Right now they have 16, 17 patients a piece.” Nurse NH 8

**Strategy**

“the only real way that [the state addresses] inadequate staffing is if they come in and see that there is… just a total lack of care...If they see that the patients are being taken care of, even though there are 17 [residents] for one [CNA], then they kind of overlook it and say it’s okay.” Nurse NH 8
Accountability

Barrier

“When we talk about [CNAs and infection control] ’Oh, definitely doesn’t belong to me’, sometimes [CNAs] think that way. For example, people wear gloves when they shouldn’t. When we talk about it just [in] general, [CNAs] think they didn’t do anything.” DON NH 10

Strategy

“I think when you empower people, when you really make people realize that it's so important what they're doing, and you give praise to people...” QIC NH 1
Discussion

• Diversity of CNAs

• Need for cultural and educational sensitive teaching methods

• High-turnover and understaffing increased the need for per-diem and part-time staff and increased CNA workload

• Need to hold CNAs accountable for IPC
Limitations

• Transferability of the results should be made with caution

• Limited CNA responses

• Secondary data analysis
Conclusion

• 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
THANK YOU