The evidence for infection prevention and control: problems of design and implementation

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ABSTRACT

The article discusses the methodological and socioadaptive issues that impact on the development and implementation of evidence-based guidelines for the prevention and control of healthcare-associated infections.

Key words: evidence-based guidelines, healthcare-associated infection, implementation, infection prevention and control


Background

The prevention of healthcare-associated infection (HAI) is a key patient safety issue and is the focus of global efforts to minimize the harm they cause and the increased human and societal cost that they generate for communities and healthcare providers. The use of interventions to prevent and control HAI and preserve the effect of antimicrobial therapy requires that infection prevention and control (IPC) interventions are evidence-based and implementable within the clinical context and resources available. However, the complex nature of HAI creates research design difficulties that cannot always be overcome.

Aims

The presentation aims to consider the evidence underpinning key guidance for the prevention of infections in acute hospitals and highlight some of the problems of implementation that exist.

Methods

The evidence underpinning the Epic3 Evidence-based Guidelines for the Prevention of Healthcare-associated Infection will be used to illustrate the methodological and implementation issues and the scientific literature explored to highlight the issues that need to be addressed by researchers and those seeking to improve practice and patient outcomes and experience.

Discussion

The proliferation of systematic reviews, meta-analyses, guidelines and other evidence-based recommendations are intended to assist clinicians and policy-makers to decide which infection prevention practices are effective and should be implemented. However, the availability of guidelines does not necessarily, and in fact rarely, guarantees that they will be adopted and implemented. Sometimes the perception of staff that a recommendation is underpinned by weak evidence has an impact on the pace and sustainability of change.

Conclusion

There is a need to improve the design and quality of IPC research aligned with a contextual understanding that results in guideline recommendations that can be incorporated into practice.

Acknowledgements

Conflicts of interest

The author reports no conflicts of interest.

References