



Here, we report the results of implementing 2 different models (open vs closed) on infectious complications in the ICU” El-Kersh et al (2016).

Abstract:

Infectious complications in the intensive care unit (ICU) are associated with higher morbidity, mortality, and increased health care use. Here, we report the results of implementing 2 different models (open vs closed) on infectious complications in the ICU. The closed ICU model was associated with 52% reduction in ventilator-associated pneumonia rate ( $P = .038$ ) and 25% reduction in central line-associated bloodstream infection rate ( $P = .631$ ). We speculate that a closed ICU model allows clinical leadership centralization that further facilitates standardized care delivery that translates into fewer infectious complications.

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Reference:

El-Kersh, K., Guardiola, J., Cavallazzi, R., Wiemken, T.L., Roman, J. and Saad, M. (2016) Open and closed models of intensive care unit have different influences on infectious complications in a tertiary care center: A retrospective data analysis. American Journal of Infection Control.



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