Surveillance of healthcare-associated infections is fundamental for infection prevention. The methods and practices for surveillance have evolved as technology becomes more advanced. The availability of electronic surveillance software (ESS) has increased, and yet adoption of ESS is slow” Russo et al (2017).

Abstract:

Background: Surveillance of healthcare-associated infections is fundamental for infection prevention. The methods and practices for surveillance have evolved as technology becomes more advanced. The availability of electronic surveillance software (ESS) has increased, and yet adoption of ESS is slow. It is argued that ESS deliver savings through automation, particularly in terms of human resourcing and infection prevention (IP) staff time.

Aim: This paper describes the findings of a systematic review on the impact of ESS on IP resources.

Methods: A systematic search was conducted of electronic databases Medline and the Cumulative Index to Nursing and Allied Health Literature published between 1st January 2006
and 31st December 2016 with analysis using Newcastle–Ottawa Scale.

Findings: 2832 articles were reviewed of which 16 studies met the inclusion criteria. IP resources were identified as time undertaken on surveillance. A reduction in IP staff time to undertake surveillance was demonstrated in 13 studies. The reduction proportion ranged from 12.5% – 98.4% (mean 73.9%). The remaining three did not allow for any estimation of the effect in terms of IP staff time. None of the studies demonstrated an increase in IP staff time.

Conclusion: The results of this review demonstrate that adopting ESS yield considerable dividends in IP staff time relating to data collection and case ascertainment whilst maintaining high levels of sensitivity and specificity. This has the potential to enable reinvestment into other components of IP to maximise efficient use of scare IP resources.

Reference:


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