The purpose of this systematic review was to review and analyse the effectiveness and the components of IPC programmes in LTCFs for older adults” Lee et al (2019).

Abstract:

Background: Infection prevention and control (IPC) is a measure to prevent healthcare-associated infections in healthcare settings. There is limited evidence of the effectiveness of IPC programmes in long-term care facilities (LTCFs).

Aim: The purpose of this systematic review was to review and analyse the effectiveness and the components of IPC programmes in LTCFs for older adults.

Methods: We systematically searched the English-language articles assessing IPC interventions in LTCFs, published over the last decade (2007-2016) in electronic databases (PubMed, EMBASE, CINAHL, and Cochrane CENTRAL). We analysed the components of IPC programmes based on the World Health Organization (WHO) manuals for improving IPC activities. Two reviewers independently assessed the quality of studies using the Cochrane risk-of-bias tool and the risk-of-bias assessment tool for non-randomized studies.

Findings: Seventeen studies met the eligible criteria; 10 studies were randomised trials (58.8%) and the others were non-randomised trials for examining the impact of IPC programmes on infection and/or performance outcomes of healthcare workers. None of the
included studies implemented all of the WHO core components. Behavioural change strategies using education, monitoring, and feedback were reported to be successful interventions for reducing threats of healthcare-associated infections. Generally, studies using the WHO multimodal strategy with four or more elements reported significant reductions in infection rates.

Conclusions: There is some evidence for the effectiveness of IPC interventions using education, monitoring, feedback, and the WHO multimodal strategy with four or more elements to control healthcare-associated infections in LTCFs.

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