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Study: ICUs Must Combat HAIs with Updated Staffing Guidelines

Hospitals don't have proper staffing and guidelines to prevent common hospital-acquired infections (HAI), especially catheter-associated urinary tract infections (CAUTI), according to a new [study](#) in the *American Journal of Infection Control*.

Researchers found that few hospitals had prevention policies in place for CAUTIs, even though they are the most common HAI. Twenty-seven percent had policies in place to prevent nurse-initiated urinary catheterization and 68 percent had prevention policies for portable bladder ultrasounds. Adherence to prevention policies was even lower, ranging from 6 to 27 percent, according to the study.

However, prevention policies for central line-associated blood stream infections (CLABSI) were common, with 87 to 97 percent applying chlorhexidine at catheter insertion sites, but adherence only ranged from 37 percent to 71 percent. Sixty-nine percent to 91 percent of hospitals had ventilator-associated prevention policies, but adherence to those policies only ranged from 45 percent to 55 percent.

The average number of infection preventionists (IPs) per 100 beds was 1.2. IP staff certifications varied by hospital and although the average hours a week devoted to data management and secretarial support were low, there were no differences in HAI rates between respondent and nonrespondent hospitals, according to the data.

Researchers concluded that acute care hospitals need to update their IP staffing guidelines in order to prevent HAIs.

The survey-based study examined 975 responses to questions about infection prevention and control programs, as well as clinician compliance with programs to prevent HAIs in 1,653 intensive care units.

CDC Announces 2014 Adult Immunization Schedule

The Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices has announced its recommended adult immunization schedule for 2014. Each year, the

committee reviews the schedule, ensuring that current clinical recommendations are appropriately reflected.

Among the key changes to the schedule for 2014 include revised notes on administering vaccines for flu; [tetanus](#), [diphtheria](#), and acellular pertussis; [human papillomavirus](#) (HPV); zoster virus; [pneumococcal disease](#) and meningococcal disease.

The recommendations for flu were amended to show that the recombinant influenza and inactivated influenza vaccines can now be used among people with a hives-only allergy to eggs, as these vaccines contain no egg protein.

New guidelines for the Haemophilus influenza type b (Hib) vaccine say it is recommended for adults at risk of Hib who have not been vaccinated before, with the exception of patients with HIV as their risk for Hib infection is low.

The language concerning tetanus, diphtheria, acellular [pertussis](#) (Tdap) and tetanus, diphtheria (Td) vaccines has been adjusted to fit with the recommendations given in the Center for Disease Control and Prevention's (CDC's) pediatric immunization schedule.

The guidelines now recommend a single dose of the Tdap vaccine for patients aged 11 or older, who have not previously been vaccinated. It is also now suggested that the TD booster should be administered every 10 years after the initial vaccination.

HPV, shingles, pneumococcal disease and meningococcal disease Although no changes have been made to the HPV recommendations, additional information has clarified timing between the second and third doses, and again the language has been modified to minimize discrepancies with the pediatric immunization guidelines.

In addition, it is no longer considered necessary for healthcare workers to receive the HPV or zoster virus (shingles) vaccines, and the guidelines have been updated to reflect this.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 21	Improving Community Health Through Wellness and Nutrition (rescheduled from Nov., available for registration)
March 31	Statewide Perinatal Safety Learning Collaborative
April 4	Transforming Care at the Bedside
May 8	Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13	CUSP for ESRD in New Jersey
May 20	Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29	Adverse Drug Events

[Click here to register.](#)