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NHS Foundation Trust

Infection Prevention and Control

Current Awareness Bulletin

June 2026

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- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
  Next sessions: 30th July @ 12 noon and 7th August @ 1pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

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1. **Effectiveness of motivational interviewing for improvement of hand hygiene compliance and reduction of hospital acquired infection in intensive care unit**

Authors: Arunachala, Sumalatha;Kumar, Raveena;Kumar, Jeevan;Krishna, Bhuvana;Sampath, Sriram;Kaleem Ullah, Mohammed;Thomas, Tinku and Mahesh, Padukudru Anand

Publication Date: 2026

Journal: American Journal of Infection Control 54(7), pp. 772–777

Abstract: Background: Hospital-acquired infections (HAIs) impose a global burden, with hand hygiene (HH) a key preventive measure. Sustaining HH compliance requires behavioral change. Motivational interviewing (MI), promotes self-reflection and shows promise. This study evaluated MI's effectiveness on HH compliance among health care workers and its impact on HAI rates.; Methods: This prospective interventional study was conducted from June 2018 to February 2019 in a tertiary hospital MICU involving 29 doctors (8 consultants, 21 residents). Three-month pre-intervention phase recorded baseline HH compliance and HAI rates central line-associated bloodstream infection (CLABSI), Ventilator-associated pneumonia (VAP), catheter-associated urinary tract infection (CAUTI)]. Intervention included educational, MI sessions, and promotional videos. Post-intervention, HH compliance, readiness to change, and HAI rates were reassessed. Compliance was analysed using multilevel mixed-effects linear regression, and product use was compared using Wilcoxon rank-sum test. P-value <.05 was considered statistically significant.; Results: Among 650 observed opportunities, HH compliance improved significantly post-intervention (~41% to ~65%-70%; P < .001). Residents improved more than consultants. Alcohol based handrubs and soap use showed no significant

change. VAP and CAUTI decreased (P = .0495), while CLABSI remained unchanged.; Conclusions: Multimodal strategy combining education and MI improved HH compliance among doctors. Its impact on HAIs remains uncertain, warranting investigation.

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2. **Patient and visitor engagement in improving health care personnel hand hygiene: A multihospital pilot program**

Authors: Auld, Dianne;Broadley, Marissa;de Abreu, Alison;Gomes, Maria F.;Jackson, Gail;Leszczynski, Joseph;Martinez, Marvin;Parente, Stephanie and Gibas, Kevin M.

Publication Date: 2026

Journal: American Journal of Infection Control 54(6), pp. 645–651

Abstract: Background: Hand hygiene is the cornerstone of infection prevention; however, many health care institutions struggle to achieve consistently high health care personnel (HCP) compliance. Engaging patients/visitors in hand hygiene interventions is an important strategy to improve accountability and compliance.; Methods: We piloted a program enabling patients/visitors to audit HCP hand hygiene practices across 3 acute care hospitals and a pediatric/adolescent behavioral health hospital. An initial pilot ran from August 2024 to January 2025 in 1 outpatient clinic and 5 inpatient units across 4 hospitals before being expanded to all inpatient units and select on-site outpatient areas across these hospitals. Patient/visitor participants submitted anonymous audits via QR code or paper forms, documenting HCP hand hygiene and comfort prompting staff to perform hand hygiene.; Results: Participants completed 360 hand hygiene audits, with observed HCP compliance of 86% (286/326), aligning with staff-reported compliance of 88% (126,653/144,214). HCP compliance observed by patients/visitors varied by hospital (77%-97%). 78% (254/324) of participants reported feeling comfortable prompting HCP to perform hand hygiene. Discomfort was associated with lower observed compliance across all sites.; Conclusions: Patient and visitor auditing of HCP hand hygiene is feasible, acceptable, and may enhance accountability, representing a scalable, patient-centered adjunct to traditional compliance programs.

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3. **Association between infection prevention and control staffing levels and healthcare-associated infection prevalence: results from the 2022 Belgian European Centre for Disease Prevention and Control point prevalence survey**

Authors: Bruyneel, A.;Latour, K.;Pearcy, M.;Byl, B.;Houdart, N.;Simon, A. and Catteau, L.

Publication Date: 2026

Journal: The Journal of Hospital Infection 172, pp. 18–26

Abstract: Objectives: The objectives of this study were to describe infection prevention and control (IPC) staffing levels in Belgian hospitals and assess associations with healthcare-associated infection (HAI) prevalence.; Methods: This cross-sectional study analysed data

from the Belgian point prevalence survey (PPS) of HAIs and antimicrobial use (Sept-Nov 2022), conducted within the European Centre for Disease Prevention and Control PPS framework. IPC staffing was measured as full-time equivalents (FTEs) for IPC nurses and physicians. Hospital-level characteristics (bed occupancy, intensive care unit presence, and device use) and aggregated patient data were derived from the PPS. Associations between IPC staffing and overall and specific HAI prevalence were examined using multi-variable models adjusted for patient and treatment characteristics.; Results: Median IPC staffing was 1.0 FTE for nurses and 0.3 for physicians (0.83 and 0.30 per 250 beds). Smaller hospitals (<200 beds) reported higher combined IPC staffing per 250 beds than larger hospitals. No association was found between IPC staffing and overall HAI prevalence. However, higher combined staffing was significantly associated with lower prevalence of COVID-19 infection (adjusted odds ratio ORa]: 0.21; 95% confidence interval CI]: 0.10-0.42), gastrointestinal infections (0.40; 0.18-0.88), and device-related infections including central line-associated bloodstream infections (0.50; 0.33-0.78) and catheter-associated urinary tract infections (0.60; 0.38-0.95).; Conclusions: IPC staffing varies widely across Belgian hospitals. Increased staffing is linked to reduced prevalence of certain HAIs. Adequate IPC resources may strengthen infection prevention capacity. Further research should confirm these associations and define optimal staffing strategies.

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4. **Inappropriate glove use as a marker of unreliable hand hygiene in intensive care units**

Authors: Csörnyei-Kelemen, Agnes;Csörnyei, Zoltan and Balogh, Zoltan

Publication Date: 2026

Journal: American Journal of Infection Control 54(6), pp. 716–718

Abstract: In intensive care units, unreliable hand hygiene performance can be difficult to detect using routine surveillance metrics. In a 12-month observational study, inappropriate glove use was consistently associated with lower and more variable hand hygiene compliance. These findings suggest that glove substitution behavior may serve as a simple behavioral indicator of declining infection-prevention reliability. • Inappropriate glove use signals unreliable hand hygiene in ICUs. • Glove misuse correlates with lower hand hygiene compliance. • Higher glove misuse is linked to greater compliance variability. • Glove misuse may serve as a practical surveillance marker in ICUs.

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5. **Intraoperative wound irrigation for surgical site infection prevention after laparotomy - A systematic review and network meta-analysis of randomised clinical trials**

Authors: Davey, Matthew G.;Kennedy, Czara A.;Alazzawi, Mohammed;Toale, Conor;Cullinane, Carolyn and Donlon, Noel E.

Publication Date: 2026

Journal: American Journal of Surgery 256, pp. 116930

Abstract: Introduction: There are conflicting recommendations surrounding the use of intraoperative wound irrigation (IOWI) to reduce surgical site infections (SSIs) for patients undergoing laparotomy. This study aimed to perform a systematic review and network meta-analysis of randomised clinical trials (RCTs) to elucidate the most appropriate IOWI solution to reduce SSIs following laparotomy.; Methods: A systematic review and network meta-analysis (NMA) was performed as per preferred reporting items for systematic reviews and meta-analysis (PRISMA)-NMA extension. Data analytics were performed using shiny and R.; Results: 11 RCTs were included involving 2943 patients. Overall, 1292 patients were randomised to normal saline (NS) (43.9%), 771 to povidone iodine (PI) (26.2%), 519 to polyhexidine (PH) (17.6%), 180 to electrolysed strongly acidic aqueous solution (ESAAS) (6.1%), 102 to none (control) (3.5%) and 79 to olanexidine (O) (2.7%). Non-significant differences in patient age, gender, body mass indices, or American Society of Anaesthesiologist grade were observed for each IOWI group (all P > 0.050). At NMA, IOWI using PH significantly reduced all cause SSIs in patients undergoing laparotomy (odds ratio (OR): 0.54, 95% confidence interval (CI): 0.36 - 0.80). Furthermore, IOWI using PH (OR: 0.54, 95% CI: 0.36 - 0.80) and ESAAS (OR: 0.36, 95% CI: 0.13 - 0.98) significantly reduced superficial SSI (SSSI) in patients undergoing laparotomy. For patients undergoing laparotomy in the elective setting, PH significantly reduced both SSI (OR: 0.41, 95% CI: 0.25 - 0.68) and SSSI (OR: 0.42, 95% CI: 0.22 - 0.82) rates.; Conclusion: IOWI with PH reduces SSIs in patients undergoing laparotomy and should therefore be considered in patients undergoing this procedure.

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6. **Preventing collapse: A premortem on the future of infection prevention and control research and practice**

Authors: Monsees, Elizabeth;Stroever, Stephanie;Pogorzelska-Maziarz, Monika;Hall, Lisa;Kon, Shelley and Gilmartin, Heather

Publication Date: 2026

Journal: American Journal of Infection Control 54(7), pp. 739–746

Abstract: Background: A premortem approach was used to identify risk factors and early warning signs for the potential collapse of infection prevention and control (IPC) research and practice.; Methods: A cross-sectional, electronic survey was distributed in April 2025. Participants were an international sample of IPC thought leaders who were invited to imagine a hypothetical future in which, by 2029, IPC research and practice had collapsed. They responded to prompts asking for contributing factors, early warning signs, barriers, populations affected and missed opportunities. Responses were analyzed using thematic content analysis.; Results: 19 IPC leaders from academia, hospitals, government, and professional organizations participated. Key contributing factors to collapse were restructuring of federal organizations and loss of dedicated IPC funding for education and research. Early warning signs included training program closures, stalled workforce growth, and reduced scholarly output. Underserved, immunocompromised, and older adult populations were seen as most at risk. Missed opportunities included failure to build alternative leadership networks or diversify funding.; Conclusions: The premortem identified potential reasons for the hypothetical collapse of IPC research and practice in addition to opportunities for mitigation, emphasizing partnerships, systems-thinking, and advocacy. (Copyright © 2026 Association for

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7. **How many infection control staff members are needed in acute care hospitals? A Delphi approach**

Authors: Mulder, M.;Sarink, M.;Stoffer, G.;Mes, M.;van Oorschot, E.;van Dommelen, L.;Voss, A.;Severin, J. A.;Veldkamp, K. E. and van Mansfeld, R.

Publication Date: 2026

Journal: The Journal of Hospital Infection 172, pp. 157–163

Abstract: Introduction: The Dutch recommendation on infection prevention and control (IPC) staffing in acute care hospitals from 2007 is outdated due to evolving hospital care, including shorter admissions, more complex and day-care procedures, more vulnerable patients, increasing antimicrobial resistance, and enhanced regulatory demands. Therefore, an updated staffing norm for IPC is needed.; Methods: Minimum weekly hours required for IPC activities was determined by a Delphi method across three model hospitals: academic, large non-academic, and small non-academic. Four questionnaire rounds were conducted among infection prevention and control practitioners (IPCPs) and clinical microbiologists (CMs). Staffing needs per role and hospital type were calculated. After three rounds, a core expert team focus group formulated a new full-time-equivalent (FTE) norm which was proposed in the final round.; Results: For academic hospitals, 100% consensus was achieved for a minimum of 0.15 FTE CM and 1.23 FTE IPCP per 5000 annual hospital admissions, plus 0.05 FTE CM and 0.41 FTE IPCP per 5000 annual day admissions. For non-academic hospitals, 92% supported the proposed norm for CMs (same values) and 89% agreed with the proposed norm for IPCPs: 1.10 FTEs per 5000 hospital admissions and 0.37 FTE per 5000 day admissions.; Conclusion: A new consensus-based staffing norm, endorsed by most Dutch IPC professionals, recommends an increase in IPCPs. This reflects increased demands on IPC teams and suggests diversification of professionals working in IPC teams, not accounted for in the previous norm. This minimum norm is needed to effectively protect patients and healthcare workers from infections. Although this consensus was achieved in a Dutch setting, the method applied and overall outcome can be useful for other settings. (Copyright © 2026 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

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8. **ICU Nurses' Perspectives on Barriers and Interventions for Central-Line-Associated Bloodstream Infection Prevention**

Authors: Nguyen, Andrew and Craig, Sarah

Publication Date: 2026

Journal: Journal of Nursing Care Quality 41(3), pp. 230–236

Abstract: Background: Given an increase in central-line-associated bloodstream infections (CLABSIs) since the COVID-19 pandemic and low compliance with the CLABSI prevention bundle among intensive care unit (ICU) registered nurses (RNs), it is imperative to identify

barriers to implementation in the critical care setting.; Purpose: To explore ICU RNs' perceptions of barriers and interventions related to CLABSI prevention bundle compliance.; Methods: A descriptive mixed-methods survey was used to assess ICU RNs' perceptions of barriers and interventions.; Results: Of the 35 respondents, most were staff RNs (94%) in adult ICUs (97%). Over half of the respondents (65%) had not received feedback on CLABSI prevention bundle implementation. Barriers included busy unit workflow, nurse-to-patient ratios, and burnout. RNs suggested interventions such as staffing support, structured feedback, and workflow adjustments.; Conclusions: ICU RNs perceive multiple barriers and suggest actionable strategies beyond education. Incorporating staff input into future quality improvement initiatives may improve bundle compliance and patient safety.

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9. **A decade of change: Comparative findings from the 2015, 2020, and 2025 APIC MegaSurveys on the infection prevention workforce**

Authors: Reese, Sara M.;Merrill, Katreena C. and Crapanzano-Sigafoos, Rebecca

Publication Date: 2026

Journal: American Journal of Infection Control 54(7), pp. 733–738

Abstract: Background: Infection preventionists (IPs) are essential in reducing health care-associated infections across increasingly diverse care settings. As responsibilities expand, it is important to understand the evolution of workforce demographics, education, and roles.; Methods: The 2025 Association for Professionals in Infection Control and Epidemiology (APIC) MegaSurvey was a cross-sectional, online survey of IPs. Survey development, pilot testing, and administration were led by APIC's Center for Research, Practice, and Innovation. Descriptive statistics and Cochran-Mantel-Haenszel tests were used to compare results with the 2015 and 2020 MegaSurveys.; Results: Comparisons of the previous MegaSurvey results found significant differences in IP professional background, highest degree achieved, age range, gender, salary, certification, years of experience, and 5-year plans. More IPs (82%) reported a nursing background in 2015 and 2020, than IPs in 2025 (68%; $P < .0001$). Educational attainment increased, with 48% reporting a master's degree or higher in 2025 compared with 34% in 2015 ($P < .0001$).; Conclusions: The IP workforce is becoming more diverse, specialized, educated, and distributed across settings. Ongoing monitoring, competency-based training, and strategic workforce planning are essential to sustain infection prevention capacity.

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10. **Leadership experiences of infection prevention and control professionals: Findings from the Leadership Evaluation and Development for Infection Preventionists (LEAD-IP) study**

Authors: Ruch, Kayla E. and Al Mohajer, Mayar

Publication Date: 2026

Journal: American Journal of Infection Control 54(7), pp. 754–758

Abstract: Background: Leadership competencies among infection preventionists (IPs) are essential to improving patient safety and reducing health care-associated infections. The Advanced Leadership Certification in Infection Prevention and Control (AL-CIP) recognizes IPs demonstrating advanced leadership, yet little is known about the experiences of certified professionals or how the credential supports leadership development.; Methods: The Leadership Evaluation and Development for Infection Preventionists (LEAD-IP) study used an observational nested cohort design. Secondary data from all AL-CIP applicants across two 2025 certification cycles were analyzed. A nested cohort representing 18% of certified professionals completed a structured 60-minute qualitative interview. Data were analyzed using Braun and Clarke's inductive thematic analysis.; Results: Thirty AL-CIP-certified leaders participated. Seven themes emerged: transition from task-based to systems-level leadership; use of data and structured improvement models; communication and psychological safety as core leadership tools; persistent structural barriers; intentional inclusivity of under-represented teams; proactive risk management; and strengthened leadership identity, confidence, and professional growth through AL-CIP.; Conclusions: AL-CIP-certified professionals described leadership roles requiring systems thinking, data literacy, inclusive engagement, and anticipatory risk management. AL-CIP reinforced leadership confidence and credibility and supported career advancement. These findings highlight the value of leadership-focused training and certification in strengthening the infection prevention and control workforce.