

P1116

Paper Poster Session

Prevention of hospital and healthcare-associated infection

Contextual factors affecting adoption and implementation of infection prevention practices in European hospitals – a qualitative study of the PROHIBIT experience

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Background: Substantial variability exists in how successfully hospitals implement programmes to protect patients against healthcare associated infections. Such variations are likely due to differences in organisational and cultural context, which are rarely explored or reported. The objective was to study the role of contextual factors on the implementation of best-practices in a randomized multi-centre trial aiming at preventing catheter-related bloodstream infection (CRBSI).

Material/methods: We conducted qualitative, longitudinal, comparative case studies from repeated 2-day site visits and telephone interviews over a 3-year period. Six European hospitals were purposefully selected among 15 participants in the Prevention of Hospital Infection by Intervention and Training (PROHIBIT) CRBSI intervention study. Data analysis was conducted according to a grounded approach for the first round of visits in order to identify contextual factors and readiness for implementation. We employed a deductive approach to analysis of second round visits with the aim of relating these factors directly to the implementation of the PROHIBIT programme. Finally, we analysed material in matrices using a stacking-technique, whereby cases were grouped according to common traits and then differences and similarities in themes or phenomena were investigated across cases

Results: Four meta-themes were identified: 1) 'adoption', 2) 'implementation agendas', 3) 'resources and priorities', and 4) 'networks and communication'. The genuine drive to adopt the PROHIBIT project varied according to local context and was determined in large part by the branding of the project and compatibility with existing quality improvement goals of each institution. Hospitals then established individual implementation agendas – which would shape their subsequent actions – whether or not these aligned with the original project goals. Concerning 'resources and priorities', it appears that successful implementation gravitated around the ability of the institution to generate focus around the programme. This mainly regarded the human and material resources that were available, or made available for the project – through the work of change agents and in spite of challenges. The salary that came with the project for a dedicated internal change agent was a key facilitator. Finally, as reflected in 'networks and communication', personal commitment of influential, boundary-spanning individuals helped to overcome resource restrictions and intra-institutional segregation.

Conclusions: The individual reasons underlying project adoption, as well as alignment of implementation agendas with established project goals, largely governed the subsequent evolution and evaluation of the programme. Limited human and material resources work against successful implementation and personal commitment of influential individuals help to overcome such barriers.

However, the sustainability of approaches relying mainly on individuals remains uncertain. Structure and organisational aspects seem more promising for sustainability and success in a diverse European context.