

P1015 **Target-setting for infection prevention and control in German intensive care units**

Sonja Hansen*^{1,2}, Christin Schröder², Michael Behnke², Walter Zingg³, Petra Gastmeier²

¹Charité-University Medicine Berlin, Institute of Hygiene, Berlin, Germany, ²Charité-University Medicine Berlin, Institute of Hygiene, ³University of Geneva Hospitals and Faculty of Medicine, Infection Control Programme

Background: Healthcare-associated infections (HAI) are the most frequent adverse events in the healthcare setting and their prevention is an important contribution to patient safety. Intensive care units (ICU) represent high risk areas for HAI and require a sufficient structure for infection prevention and control (IPC). Target-setting supports intensifying attentiveness and efforts to pursue the implementation of specific measures. To analyse to what extent IPC relevant safety cultural aspects as target-setting are present in German ICUs.

Materials/methods: Safety cultural aspects of IPC were surveyed with an online questionnaire in 2014; leading ICU personnel answered the questionnaire. Data were analysed descriptively.

Results: Data from 270 ICUs with a median of [IQR] 12 [8; 16] beds were analysed. The majority of ICUs were interdisciplinary (61%). Targets for IPC were defined in 225 ICUs (85 %).

Table 1: Target setting in German intensive care units (ICU) for relevant infection prevention and control (IPC) indicators by hospital administration, IPC department or ICU/department (multiple answers possible)

Indicator	Number of ICUs setting IPC targets (%)	Target set by		
		Hospital administration in %	IPC department in %	ICU or clinical department in %
Multidrug-resistant organisms (MDRO)	164 (72.9)	14.0	92.1	13.3
Central venous catheter-associated /related bloodstream infections (CLABSI)	141 (62.7)	5.9	83.7	24.8
Catheter-associated urinary tract infections (CAUTI)	104 (46.2)	3.7	89.4	19.2
<i>Clostridium difficile</i> -associated infections (CDI)	104 (46.2)	4.4	93.3	4.8
Antibiotic Stewardship	66 (29.3)	31.8	75.8	5.6

IPC targets were communicated by staff briefings (87.8 %), hospital intranet (39.6 %), signs on the wards (27 %) or hospital annual reports (24.8%).

In case targets were not met consequences were implemented “most of the time” (40.1 %) or “always” (31.6 %); in 24.4% “sometimes” or “rarely”. Consequences were education and training interventions (87.2 %), audits (38.5 %) and implementation of new technologies (e.g., coated catheters) (31.2 %).

Conclusions: Target-setting is performed in many ICUs. Targets are mostly set by IPC departments rather than by ICUs or clinical departments themselves. MDRO and CLABSI were more often indicators than CDI or Antibiotic Stewardship. Targets should be set for more IPC indicators and be more visibly communicated.