

Closed ICU model may reduce hospital-acquired infections

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respectively.

The researchers found that with the closed model, there was a 19.3 percent reduction in the CLABSI rate (1.71 to 0.33/1,000 catheter days), 100 percent reduction in CAUTI rate (2.1 to 0/1,000 catheter days), and a 100 percent reduction in VAP (1.9 to 0/1,000 ventilator days). No significant change was seen in the rate of *C. diff* infections or in MRSA blood infections.

"It can be speculated that with systematic delivery of care under a single, centralized leadership, infectious complications can be prevented," the authors write.

More information: [Abstract](#)
[More Information](#)

(HealthDay)—A closed intensive care unit (ICU) model, whereby a patient is evaluated and admitted under an intensivist and orders involving patient care are written by the ICU team, is associated with a reduction in certain types of hospital-acquired infections, according to a study presented at the American Thoracic Society 2019 International Conference, held from May 17 to 22 in Dallas.

Ahmad M. Sharayah, M.D., from the Monmouth Medical Center in Long Branch, New Jersey, and colleagues conducted a retrospective data analysis on the rates of central line-associated blood stream infection (CLABSI), catheter-associated [urinary tract infection](#) (CAUTI), methicillin-resistant *Staphylococcus aureus* (MRSA) blood infection, *Clostridium difficile* (*C. diff*) infection, and ventilator-associated pneumonia (VAP) in a community medical center under two different ICU models. Infection rates were compared for July 2014 to June 2016 and for July 2016 to June 2018, when the ICU was under the open and closed models,

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