

Abstract

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Prevention and control of nosocomial infection is important and necessary for decreasing the problem of nosocomial infection. This descriptive research aimed to study the practice of nosocomial infection prevention and control, as well as, problems and needs for support to manage infection control of community hospitals in the northern region. The study sample was 61 members of Infection Control Committees from five community hospitals. Data were collected during February 2002 to March 2002. Research instruments included a demographic data form and a guideline for group discussion that were validated by five experts. Data were analyzed by frequency, percentage, mean and standard deviation of demographic data, whereas, data obtained from focus group discussion were categorization.

Findings of this study revealed that the majority of five community hospitals performed the activities according to the nosocomial infection prevention and control model, which consisted of three components. The first component is the organization of nosocomial infection prevention and control. The few operated practices of this component were the meeting of the

infection control committee at least once a month, diagnosis of nosocomial infection by infection control nurse, and informative provision about antibiotic-resistant organisms to relevant units by the laboratory department. The second component is the nosocomial infection surveillance. The few operated practices of this component was completing surveillance form in the patient's record. The third component is the prevention and control of micro-organisms spreading in the hospitals. The majority of the hospital committee could perform most items. Some practices were not operated, for example, standard bed management in patient department and absolute route of waste and soiled linen, using disinfectant solution for instruments, adding disinfectant in needle-sharp container for used needle, and research of prevention and control of infection. The fewest operated practices were personnel hand washing before provision nursing care and wearing gloves.

The major problems encountered by prevention and control of nosocomial infection included personnel and equipment. Regarding personnel, the problem were the busyness of Infection Control Committee; lack of knowledge, understanding and awareness of prevention and control of nosocomial infection of personnel and inadequate support from administrators. Concerning equipment, there were lack of equipments and other instruments. An inappropriated structural building for working was also indicated as a barrier. The needs of facilities were instructive documents, textbooks, and information of prevention and control of infection, facilitation and support from all level of administration. The suggestions from the committee were the provision of special knowledge, full-time work assignment for infection control nurses, systemic and continuous nosocomial infection surveillance, performance as well as, research promotion about these matters in the community hospitals.

The findings indicated that all level of community hospitals should focus on the practice of prevention and control of nosocomial infection seriously through an adequate support both personnel and equipments. Further, hospital administrators should evaluate continously personnel's practices.