

# Evidence Synthesis Ireland Fellowship Scheme 2019

# Review Identification Form

In order to help us advertise your review and select an appropriate fellow, please complete the following:

**Review Centre/Group Mentor (RCM) and email address** *– please identify who will act as lead contact and mentor for the fellow and provide email contact address*

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| Shelley O’Neill moneill@hiqa.ie |

**Review title** *– please provide the review title*

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| In acute hospital in-patients, does the use of all single room accommodation compared with use of mixed single rooms and/or multi-bed rooms result in reduced incidence of healthcare-associated infection? |

**Review type** *– please identify the type of review in question e.g. qualitative synthesis, Cochrane review of effectiveness, rapid review*

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| Quantitative |

**Review details***– please identify the topic of the review and a very brief background, objectives and PICO (or other question format details) of the review. Please also include current status of review (e.g. protocol on PROSPERO, searches started etc.)*

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| A healthcare-associated infection (HCAI) is any infection that is acquired after contact with healthcare services. It is unrelated to the original presenting illness and is neither present nor incubating at the time of initial contact. The prevention and control of HCAI is grounded in better control of the transmission of pathogens which can lead to infections. This requires a broad range of practices that aim to reduce or eliminate the likelihood of the transmission of infection from one person to another, such as from a healthcare worker to a patient or vice versa, or indirectly by way of a medical device or surface contact.  Single patient room (SPR) accommodation has been suggested as a possible effective approach to reducing transmission. According to the 2008 *Infection Prevention and Control Building Guideline for Acute Hospitals in Ireland* all newly built hospitals and major renovations should be 100% SPRs with an en suite shower and toilet facility. In 2017 it was estimated in Irish acute hospitals, the average proportion of SPRs was 15% in primary hospitals, 20% in secondary, 29% in tertiary, 23% in specialist and 52% in private hospitals.  This review assesses the effectiveness and cost-effectiveness of SPRs with en suite facilities aimed at reducing incidence of HCAI in general acute settings. The systematic review will inform recommendations in the proposed NCEC *National Clinical Guideline on Healthcare-Associated Infection*.  The specific question is:   * In acute hospital in-patients, does the use of all SPRs compared with use of mixed single rooms and/or multi-bed rooms result in reduced incidence of healthcare-associated infection?   The specific objectives are to:   * evaluate whether SPRs (with en suite facilities) are effective in reducing HCAI rates, * assess whether the use of SPRs (with en suite facilities) leads to adverse events including physical and or psychological harm, * evaluate whether SPRs (with en suite facilities) are effective in reducing incidence of colonisation rates by antimicrobial resistant organisms, * identify relevant economic evaluations.  |  |  | | --- | --- | | **Population** | Adult patients based in hospital inpatient wards in acute settings.  **Exclude:**   * Studies that only include high acuity settings. For example ICU, HDU or critical care wards. | | **Intervention** | **Include:**   * SPR accommodation with en suite facilities (for example sink, toilet and shower).   **Exclude:**   * Studies that do not explicitly state the SPRs have en suite facilities. * Studies that examine the effects of transferring patients who were initially admitted to multi patient rooms to a SPR after infection or colonization. For example, interventions relating to patients identified as acquiring a HCAI or colonised with an AMO while in a medical/surgical ward and subsequently transferred to a SPR as part of an infection control measure. * Studies where it is not possible to identify the effect of SPR alone on reported outcome(s). For example, bundled intervention that include additional patient decolonization strategies or healthcare worker education programs. | | **Comparator** | * Multi patient room accommodation (for example, shared rooms or bays that include patient rooms of two or more). * Or a mix of multi and SPR accommodation (for example, a ward featuring SPRs and mixed patient rooms). | | **Outcome** | **Primary**:   * Reduction in HCAI rates. * Adverse events (including both physical and psychological harms).   **Secondary:**   * Reduction in colonisation rates by antimicrobial resistant organisms. * Any relevant measures of costs and benefits. | | **Study design** | * RCTs, nRCTs studies. * ITS, CBA, uncontrolled before-and-after studies. * Prospective and retrospective cohort studies. * Economic evaluations studies and systematic reviews. | | **Search period** | * For clinical studies 01.07.04 – current. * For cost effectiveness studies 01.07.09 – current. | |

**Review current status** *– please indicate current status of review (e.g. protocol on PROSPERO, searches started etc.)*

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| Protocol drafted not yet submitted PROSPERO, searches from 01.07.04 not yet started |

**Any specific/desirable requirements for fellow (e.g. clinical expertise, methodological expertise)**

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| none |

**Estimated start and completion dates\*** *– please provide an estimated time for start and completion of the review*

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| Start date October 2019 completion date December 2019 |

\*Please note that reviews must not have completed screening stages to be eligible