

tive study. The average length of ventilation was shorter in the post-gel period than in the pre-gel period. This may have been due in part to a decreased rate of VAP, but it may have affected the results of this study, despite the use of survival analysis techniques to take patient-ventilator time into account.

The rates of VAP calculated in this study should not be compared directly with published NNIS System rates, as data were collected using a modified tool and a clinical definition only, which may decrease the specificity of the diagnosis. Also, the manner in which the rate denominator was calculated should be noted, as different methods of calculation can lead to substantially higher or lower reported values.⁷ However, our data gathering is internally consistent and relatively easy to perform, which makes it a useful method for institutional quality improvement.

These limitations notwithstanding, the magnitude of the decrease in

VAP (by approximately half) and the close temporal association with the introduction of a waterless hand gel make these results intriguing. This type of investigation can be compelling if the results are replicated at other hospitals and can be done with limited resources. Therefore, it is hoped that future reports will address this same issue, and this study should be interpreted in the context of all available data.

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Medical News

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Single-Bed Rooms as the Minimum Standard Is Among Comments Being Sought by the American Institute of Architects on Proposed Construction Guidelines

On November 1, the American Institute of Architects (AIA) opened the public comment period on the proposed 2006 edition of the *Guidelines for Design and Construction of Hospital and Health Care Facilities*. One of the most significant proposed changes would make single-bed private rooms the minimum standard for new hospital construction. Section 7.2.A1 calls for single-bed patient rooms (unless the functional program demonstrates the value of a multi-bed arrangement). The guidelines revision committee performed extensive research prior to proposing a minimum standard of single-bed patient rooms, examining issues such as costs, infection control, patient falls, and therapeutic impact.

The guidelines describe minimum program, space,

and equipment needs for all clinical support areas of hospitals, nursing homes, freestanding psychiatric facilities, outpatient and rehabilitation facilities, and long-term-care facilities. They also include the minimum engineering design criteria for plumbing, medical gas, electrical, heating, ventilating, and air conditioning systems. Comments are due before January 31, 2005, from the AIA web site at www.aia.org. The final guidelines are expected to be published in early 2006.

An overview of the single-bed room issue and access to the single versus multiple occupancy patient room study commissioned by the Facilities Guidelines Institute are available at www.premierinc.com/safety.