Table C-3. Overview of systematic reviews for infections, including healthcare-associated infection, urinary tract infection, and antibiotic stewardship

| **Title, Author, Year of publication****ROBIS score** | **Population, Setting, Search Dates, Included study type/counts** | **Interventions Included** | **Outcomes Assessed** | **Conclusions Reported in the Review** |
| --- | --- | --- | --- | --- |
| Infection control strategies for preventing the transmission of methicillin-resistant Staphylococcus aureus (MRSA) in nursing homes for older people(Hughes, 2013)23ROBIS: Low | Population: Nursing home residentsSetting: Nursing homeSearch dates: Up to 2013Included study type/ counts: 1 RCT (cluster in 32 homes) | Infection prevention and control, including staff education, audit and feedback, and infection control champions | MRSA prevalence | No change in MRSA prevalence between intervention and control sites reported in a single study. |
| Infection prevention in long-term care: a systematic review of randomized and nonrandomized trials(Uchida et al. 2013)24ROBIS: High | Population: Elderly (≥ 65)Setting: Nursing homesSearch Dates: 2001 to 2011Included study type/counts: 24 studies (16 RCTs; 8 non randomized comparative studies) | Non pharmacological infection-prevention interventions, including antimicrobial soaps or ointments, cleaning agents, oral care/hygeine, hand sanitizers, vitamin or herbal supplements, ultraviolet light, and staff education | Infection rates and reduction in risk factors related to infections | Primary purpose for most RCTs was to reduce pneumonia. 13 out of 24 (54%) reported statistically significant results for at least one outcome. No standardized definition to examine infection rates |
| A systematic review of the preventive effect of oral hygiene on pneumonia and respiratory tract infection in elderly people in hospitals and nursing homes: effect estimates and methodological quality of randomized controlled trials(Sjogren, 2008)25ROBIS: High | Population: Elderly populationSetting: Hospitals and nursing homesSearch dates: 1996 to 2006Included study type/ counts: 5 RCTs; 10 other including: case-control, cross sectional, retrospective longitudinal | Oral hygiene | Frequency of pneumonia or lower respiratory tract infection | RCTs showed positive preventive effects of oral hygiene on pneumonia and RTI |

ROBIS=Risk of Bias in Systematic Reviews; RCT=Randomized controlled trial; MRSA=Methicillin-resistant Staphylococcus aureus; RTI=Respiratory tract infection