

<b>Evidence gap identifier</b>	HCAI 3
<b>Brief title</b>	Effect of single-patient room accommodation on healthcare-associated infections
<b>Report</b>	<u><a href="#">Infection Prevention and Control (IPC) National Clinical Guideline</a></u>
<b>Date identified</b>	30/05/2022
<b>Identified by</b>	CICER
<b>Supported by</b>	Systematic review
<b>Population</b>	Adult inpatients
<b>Intervention</b>	Single-patient room (SPR) accommodation with en-suite facilities
<b>Comparator</b>	Multi-bed room (MBR) accommodation
<b>Outcome(s)</b>	Reduction in healthcare acquired infections (HAIs); adverse events; any relevant measures of costs and benefits
<b>Setting</b>	Acute hospital
<b>Study design</b>	Randomised controlled trials (RCTs), non-RCTs, interrupted time series, controlled and uncontrolled before-after studies, prospective and retrospective cohort studies, health economic studies
<b>Further information</b>	There was a lack of high-quality studies assessing the effectiveness of SPR hospital design compared to MBR design. Additionally, cost-effectiveness studies were absent. To address this dearth of evidence, researchers and policymakers need to identify potential new hospital upgrades and construct robust studies that include sufficiently long data collection periods while also monitoring the characteristics of both patients and staff, to adequately account for the inherent dynamic reality of this complex intervention. Analysis needs to be able to account for external and internal underlying trends in infection incidence, and the impact of ongoing infection prevention control interventions.