Successful treatment methods for cancer have contributed to a growing number of immunocompromised patients at risk for life-threatening healthcare-associated infections (HCIs) that continue to contribute to morbidity, mortality, and escalating costs in healthcare settings (Williams-Brown & Singh, 2005). Each year, an estimated 2 million–2.5 million patients in the United States develop HCIs that result in 90,000 deaths and cost the healthcare system an estimated $4.5 billion–$5.7 billion (Burke, 2003). Several authors (Guinan, McGuckin, & Nowell, 2003; O’Grady et al., 2002) have suggested that HCl rates have increased in the general population of patients with cancer because of increased antimicrobial resistance and treatment effects of radiation and chemotherapeutic agents. Additional factors include compromised immune systems, multiple insertions of catheters and drains, and the healthcare environment (Guinan et al.).

An epidemiologic study of bloodstream infections found that patients with non-neutropenic cancer experienced 68% of HCIs (Velasco et al., 2000). In addition, the study demonstrated that an emphasis on strict infection control and prevention can reduce severe infectious complications for patients with cancer (Velasco et al.). In an effort to reduce the incidence and prevalence of nosocomial infections among patients with cancer, the Oncology Nursing Society (ONS) joined with other multidisciplinary working groups to make recommendations associated with catheter-related HCIs and developed evidence-based guidelines for patients with cancer (O’Grady et al., 2002). The guidelines can help oncology nurses to better understand the need for increased awareness of HCIs.

Nosocomial infections continue to be of concern among healthcare workers in acute-care settings. In a study by Cohen, Harle, Woll, Despa, and Munsell (2004), oncology nurses identified infection rates as second only to pain as an area to target in nursing interventions for patients with cancer. Furthermore, the American Nurses Association (2007) identified nosocomial infection rates as an outcome that nurses can affect in acute-care settings. Evidence-based practice outcomes associated with nurse staffing, adequate hand hygiene compliance, and improved surveillance of HCl rates can improve patient care overall and decrease HCIs. To reduce the risk of HCIs among patients with cancer, a systematic approach to infection control,