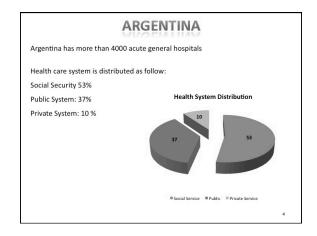
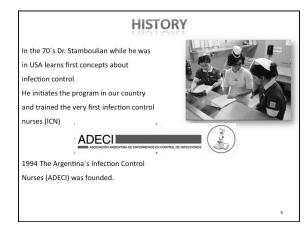


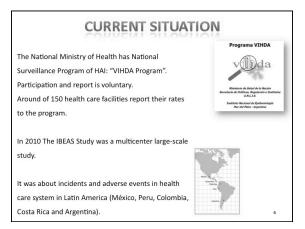
OBJECTIVES

- Describe current situation of Argentina in relation to Health-care Associated Infections, achievemented accomplishment and future challenges.
- Describe differents scenarios of health in the country and their approach to the control of HAI.
- Comment about Argentinean Infection Control Nurses Association and it's activities in a country including the Hand Hygiene National Campaign, and The Certification Committee and Teaching Commettee.
- Show some experiences in relation to the Hand Hygiene Improvement (national, collaborative and Institutional experiences).
- · Show some results in HAI rates and MDRO management.
- Next challenges

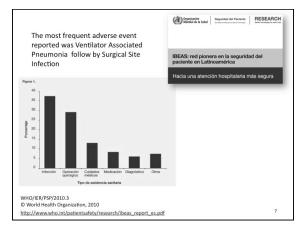








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Nowadays some centers of Argentina are national and regional referents in HAI. We constantly received nurses and doctors from Argentina and abroad at our hospital in order to be trained in HAI. Courses in infection control are available at different Universities and Private Programs. In recent years some Universities have been associated to important hospitals with the purpose to establish many programs in HAI. University Major Teaching hospitals (as British Hospital, German Hospital, Austral Hospital, and others) are the best example of this.

Describe differents scenarios of health in the country and their approach to the control of HAI.

In the 80's private public community hospitals. implemented programs and HAI Committees community hospitals.

The first Infection Control Nurses have graduated in June 2000. They were certificated by ADECI.

Although more and more centers incorporate ICN, the scenario and their results in infection rates is extremely heterogeneous.

The most developed and experienced programs were located at the big cities of the country. Most provinces are in intermediate stage of development and few others are beginning with them.

It's absolutely clear the need to implement comprehensive programs that result in the reduction of HAI.

Comment about Argentinean Infection Control Nurses Association and it's activities in a country including the Hand Hygiene National Campaign, and The Certification Committee and Teaching Committee.

ADECI was founded in 1994. We have more than 250 members and more than 40 certificated nurses.

ADECI is member of many National Committees:

Immunization National Committee (CONAIN)

Crisis Committee for new Influenza AH¹N¹ (2009-2011)

Adviser in National Infection Control Program "VIHDA"

Member of Adviser National Committee for Patient Safety.

ADECI has a journal "Epidemiology and Infection Control" with guidelines, revisions, actualizations and news from specialty.

From the very beginning the prestige of our society has been growing steadily.

Comment about Argentinean Infection Control Nurses Association and it's activities in a country including the Hand Hygiene National Campaign, and The Certification Committee and Teaching Committee.

Different committees are active in ADECI

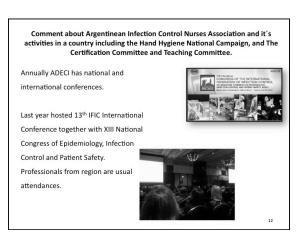
Guidelines Committee

Teaching and Research: they prepare courses for updating and strengthening of topics to assist it in the process of certification and recertification. Examples: updating in surveillance, transition from NNIS System to NHSN, how to incorporate hemodialysis events, outbreak study, literature's a critical analysis, statistics, etc.

The Certification Committee works since 2004 and prepares the exams for certification and recertification.

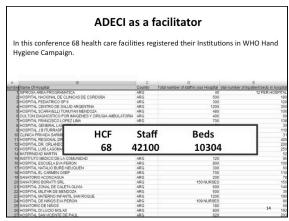
Usually works together with Teaching Committee.

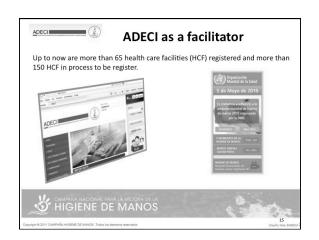
They use dynamic methodology and now assess knowledge, skills and competences as specialist.



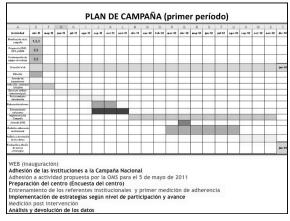
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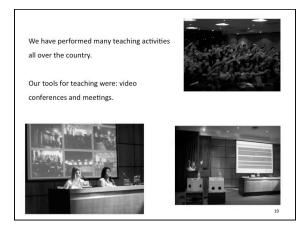






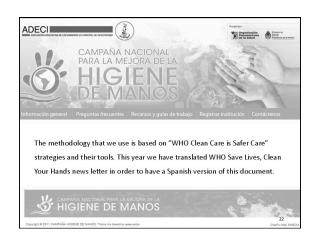


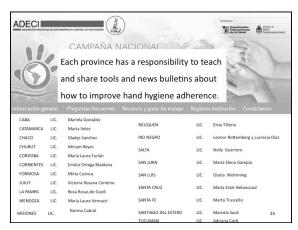
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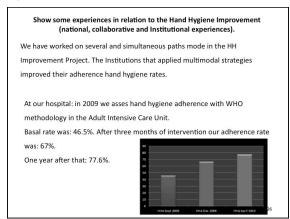




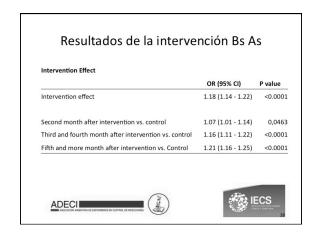


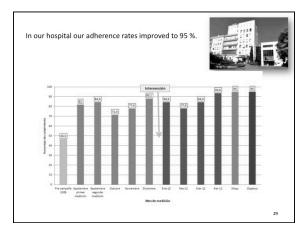
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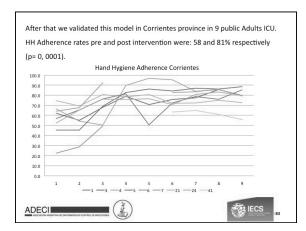




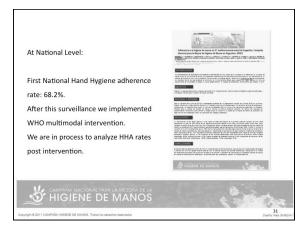




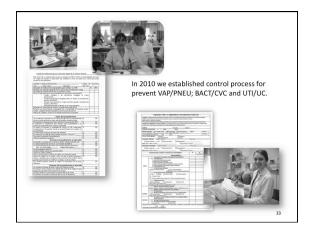




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Results: After three years of intervention

Hospital –Acquired Infections Rates

VAP from 9.88 %, to 2.60 %, .IRR 0.26, 74% rate reduction. P <0.001.
Attributable risk: 7.28/1000 DD.

Avoided cases in Pb: 33.4 (4589 DD in three years)

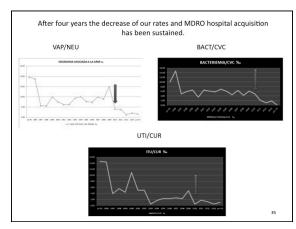
BACT from 5.35 %, to 2.34 %, IRR: 0.44, 56% rate reduction. p 0.007.
Attributable risk: 3.01/ 1000 DD.

Avoided cases in Pb: 14.99 (4983 DD in 32 months)

UTI from 2.45 %, to 1.30 %,... IRR: 0.53, 47% rate reduction. P 0.32
Attributable risk: 1.15/1000 DD.

Avoided cases in Pb: 3.34 (2908 DD in 16 months).

Adherence to PC and HHA ranged between 80 and 95%.





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