Infection Prevention and Control – The Argentine Experience
Carolina Giuffré, Buenos Aires British Hospital, Argentina
A Webber Training Teleclass

INFECTION PREVENTION AND CONTROL
THE ARGENTINE EXPERIENCE

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OBJECTIVES

• Describe current situation of Argentina in relation to Health care Associated Infections, achievement accomplished and future challenges.

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

• Comment about Argentinean Infection Control Nurses Association and its activities in a country including the Hand Hygiene National Campaign, and The Certification Committee and Training Committee.

• 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

ARGENTINA

Describe current situation of Argentina in relation to Health-care Associated Infections, achievement accomplished and future challenges

Located in South America, Argentina has an area of almost 3.8 million Km². Have 23 provinces and 1 autonomous city.

Argentina’s current population is over 40 million inhabitants, most all half live in the city and the province of Buenos Aires.

ARGENTINA

Argentina has more than 4000 acute general hospitals

Health care system is distributed as follow:
Social Security 53%
Public System: 37%
Private System: 10 %

HISTORY

In the 70’s Dr. Stamboulian while he was in USA learns first concepts about infection control.
He initiates the program in our country and trained the very first infection control nurses (NIC)

ADECI

1994 The Argentina’s Infection Control Nurses (ADECI) was founded.

CURRENT SITUATION

The National Ministry of Health has National Surveillance Program of HAI “VIHDA Program”.
Participation and report is voluntary.
Around of 150 health care facilities report their rates to the program.

In 2010 The IBEAS Study was a multicenter large-scale study.

It was about incidents and adverse events in health care system in Latin America (Mexico, Peru, Colombia, Costa Rica and Argentina).
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CURRENT SITUATION

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 different 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

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

Although more and more centers incorporate IEN, 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 its 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 (CONAI
- Crisis Committee for new Influenza AH1N1 (2009-2011)
- Advisor in National Infection Control Program “VHIDA”
- Member of Advisor 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.
This allow us to become a referent society in our country and region.

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

Annually ADECI has national and international conferences.

Last year hosted 13th IIFC International Conference together with XIII National Congress of Epidemiology, Infection Control and Patient Safety.
Professionals from region are usual attendees.

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In 2010 our special guest was Dr. Prof. Didier Pittet. We were convinced about necessity of develop National Hand Hygiene Campaign.

ADECI as a facilitator

Up to now are more than 65 health care facilities (HCF) registered and more than 150 HCF in process to be register.

That was our springboard for the campaign: we prepare a plan and we launched it in April 2011.

http://www.adeci.org.ar/higiene-de-manos/index.php
higiene-manas@adeci.org.ar

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We have performed many teaching activities all over the country.

Our tools for teaching were: video conferences and meetings.

Meeting Cordoba Province
17 de Mayo 2012
Coordinadora: Lic. Laura Furlán
Dissertante: Lic. Carolina Giuffré
Se capacitaron 15 instituciones de la Provincia de Córdoba

Meeting Corrientes Province
24 de Agosto de 2012
Dissertante: Lic. Carolina Giuffré
Se capacitaron instituciones de la Provincia de Corrientes

ADECi
CAMPAÑA NACIONAL PARA LA MEJORA DE LA HIGIENE DE MANOS

Each province has a responsibility to teach and share tools and news bulletins about how to improve hand hygiene adherence.

http://www.adeci.org.ar/higiene-de-manos/index.php
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Show some experiences in relation to the Hand Hygiene Improvement (national, collaborative and institutional experiences).

We have worked on several and simultaneous paths made in the HH Improvement Project. The Institutions that applied multimodal strategies improved their adherence hand hygiene rates.

At our hospital: in 2009 we asses hand hygiene adherence with WHO methodology in the Adult Intensive Care Unit.
Basal rate was: 46.5%. After three months of intervention our adherence rate was: 65%.
One year after that: 77.6%.

Resultados de la intervención Bs As

<table>
<thead>
<tr>
<th>Intervention Effect</th>
<th>OR (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention effect</td>
<td>1.18 (1.14 - 1.22)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Second month after intervention vs. control</td>
<td>1.07 (1.01 - 1.14)</td>
<td>0.0463</td>
</tr>
<tr>
<td>Third and fourth month after intervention vs. control</td>
<td>1.16 (1.11 - 1.22)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Fifth and more month after intervention vs. Control</td>
<td>1.21 (1.16 - 1.25)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

In our hospital our adherence rates improved to 95 %.

In 2013 ADEC and IECS (Institute of Quality in Argentina) apply a grant in WHO and performed a multicenter trial with 11 Intensive Care Units from Bs. As. “Clinician trial to evaluate the effectiveness of a multimodal intervention to improved hand hygiene adherence in critical care units of Argentina.”

After that we validated this model in Corrientes province in 9 public Adults ICU. HH Adherence rates pre and post intervention were: 58% and 83% respectively (p=0.0001).

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At National Level:

First National Hand Hygiene adherence rate: 68.2%.
After this surveillance we implemented WHO multimodal intervention.
We are in process to analyze HHA rates post intervention.

In 2010 we established control process for prevent VAP/PNEUM, BACT/VVC and UTI/VUC.

Some health care facilities have three integrated programs:

- HAI prevention and control
- Antibiotic stewardship
- Multidrug resistant organism surveillance.

Our hospital is a university, acute, high complexity, general hospital.
The ID Department has 10 doctors (5 attending and 5 residents),
and 2 certified ICNs.

We use NNIS methodology for MDRO surveillance.
In our hospital in the last decade we have integrated these programs.

Results: After three years of intervention:

Hospital-Acquired Infections Rates

VAP: from 9.8% to 2.65%  IRR 0.26, 74% rate reduction  P<0.001.
Attributable risk: 7.26/1000 DD.
Avoided cases in Pts: 33.4 (4539 DD in 3 years).

BACT: from 3.35% to 2.34%  IRR 0.68, 30% rate reduction  P<0.001.
Attributable risk: 3.01/1000 DD.
Avoided cases in Pts: 14.99 (4539 DD in 32 months).

UTI: from 2.45% to 1.30%  IRR 0.66, 47% rate reduction  P<0.02.
Attributable risk: 1.15/1000 DD.
Avoided cases in Pts: 3.34 (2068 DD in 16 months).

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

Next challenges:

- To increment teaching centers or universities for infection control professionals all over the country.
- Increase the number of certified professionals.
- Increase facilities with commitment for improve hand hygiene adherence.
- Help to implement models that have been validated to be effective in decreasing HAI rates.
- Influence governments to provide the necessary tools for the implementation of these programs.
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Next challenges
Finally, achieve that each and every institution in Argentina have an active program that works efficiently.

Coming Soon
September 18  HEALTH ECONOMIC EVALUATION OF AN INFECTION PREVENTION AND CONTROL PROGRAM
Dr. Elizabeth Bryce, Vancouver Hospital

September 29  (Free Teleclass ... Broadcast Live from IPS Conference)
THE TIMES THEY ARE A CHANGING
Dr. Evonne Currie, Health Protection Scotland

October 1  (Free Teleclass ... Broadcast Live from IPS Conference)
INFECTION CONTROL IN THE 21ST CENTURY
Dr. Stephanie Dancer, NHS Larkshire

October 2  INFECTION PREVENTION & CONTROL IN CYSTIC FIBROSIS
Prof. Lisa Saiman, Columbia University Medical Center, New York

October 8  (Free WHO Teleclass – North America)
PUBLIC REPORTING AND DISCLOSURE OF HAI RATES: POSITIVE IMPACT OR CONFUSION?

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