Progress in infection prevention and control in Italy: a nationwide survey

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S U M M A R Y

A national survey was conducted to describe the coverage and characteristics of infection prevention and control (IC) programmes in Italy and to evaluate progress during recent years. All regions, with one small exception, participated and the response rate was 88%. Nearly all 278 respondent public health trusts reported having an IC committee, 80% of the 615 respondent hospitals to have instituted an IC team, and 79% to have an IC nurse. However, when the presence of truly operating IC bodies was considered, the pattern was different: only 27% of IC teams met at least monthly, and variation by region was extremely large (coefficient of variation (CV): 1.06). The IC programme characteristics with the greatest variation by region included: availability of qualified nurses and IC doctors (CV: 1.55 and 1.39 respectively); integration of IC activities and clinical risk management (CV: 1.05); IC programmes also involving community services (CV: 0.98); training of personnel at induction (CV: 0.82); and availability of written policies for the control of multidrug-resistant organisms (CV: 1.08). A relevant and statistically significant North–South gradient showed Southern Regions averaging 23 points less than Northern Regions on the IC score. Compared with a similar survey conducted in 2000, the distribution of several activities by region had improved significantly. Despite the noteworthy improvement observed over time, the situation in Italy is still unsatisfactory, due to significant variation in the development of IC organisations and initiatives by region and by type of hospital.

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Introduction

To control healthcare-associated infection (HCAI), all healthcare institutions should implement a surveillance and control programme, based on specific infrastructures and activities demonstrated to be effective, as also underlined by a European Council recommendation.1–3 In Italy, two Health Acts (in 1985 and 1988) gave recommendations for infection control (IC) and surveillance, but two surveys, in 1988 and 2000 respectively, demonstrated that, despite improvement over time, IC programmes were still not adequately implemented throughout the country.4,5

In 2001, a constitutional amendment that changed the existing national health system resulted in responsibility for healthcare being shared between the 20 Italian Regions and the central government. Since then, the regions have virtually exclusive responsibility for the organisation and administration of healthcare. As part of a national project, aimed at improving infection surveillance and control activities by harmonisation of the IC programmes in the 20 Italian Regions, a national survey was conducted to describe the coverage and characteristics of IC programmes and to verify any progress with respect to what had been observed during the previous national survey in 2000.

Methods

Background

The Italian national health service is public and funded by general taxation; healthcare is delivered through the Local Health Authorities (Aziende Sanitarie Locali – ASLs), which are responsible for a wide range of hospital and community services (preventive services, home care, residential care, etc.) in geographical areas with populations of about 300 000. Tertiary hospitals and/or university hospitals are autonomous and managed by independent public health trusts, so-called Hospital Trusts (Aziende Ospedaliere – AOs).