

Control of hospital-acquired infections in Slovenia

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Country specific information and legal preconditions for HAIs control

- 2.05 million inhabitants
- 212 municipalities
- 4.6 hospital beds per 1000 inhabitants (10 GH, 2 UCC, 14 specialised hospitals)
- HAIs control is regulated by the government through Ministry of Health (MH)
- Legislation is defined at the state level
- HAIs: Law on Communicable Diseases, Rules on Infection Control and Prevention and Rules on Professional Audits of Infection Control and Prevention Practices

National Committee on Infection Control and Prevention

- Established as a professional advisory body to the MH in 2003
- Tasks:
 - prepares and updates IC standards and recommendations
 - performs IC audits in hospitals
 - proposes appropriate quality indicators (control of MRSA in 2005, hand hygiene in 2015)
 - advises and assists MH in ICP issues

ICT within hospitals

- Ultimate responsibility for patient safety and quality of ICP lies with medical director or hospital director
- ICT – medical director
hospital head nurse
ICP
ICN
pharmacologist, clinical microbiologist,
epidemiologist, infectious disease
specialist, surgeon or other specialist

Levels of employment / size of hospital

- ICP per 600 beds (1 ICP per additional 800 beds)
- ICN per 250 beds (1 ICN per additional 400 beds)
- In hospitals with fewer beds ICP and ICN should work on IC part-time but not less than 20 % of time (8 hours / week)

Conclusion

- Since 2003 much effort has been put into building a comprehensive HAI control and prevention
- Shortcomings:
 - lack of financial support (nationally and locally)
 - shortage of ICP and ICN
 - most of ICP and ICN work in ICP additionally besides their regular job