

Extra Length of Stay and Device-Associated Nosocomial Infection Rates in Intensive Care Units in three Hospitals of Peru.

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OBJECTIVES:

Measure the incidence of device-associated nosocomial infections (NI) and extra length of stay (ELOS) in ICUs.

METHODS:

We performed a prospective NI surveillance study in three ICUs of three Peruvian hospitals of two different cities. These hospitals are members of the “International Nosocomial Infection Control Consortium” (INICC). NIs were identified using the CDC-NNIS definitions. We calculated E-LOS subtracting nosocomial average length of stay (ALOS) of patients with and without NI.

RESULTS:

From October 2003 to January 2005 (1 year and 4 months), we enrolled 883 patients, representing 3,918 bed days (BD). The overall NI rate was 25.3 (99/3918) per 1000 BD.

Table: NI rates and length of stay

NI	NI (n)	Proportion	Device days	NI rate per 1000 device days	ALOS	ELOS
IVD-BSI	21	21.2%	2,678	7.8	13.8	10.4
VAP	59	59.6%	1,771	33.3	14.4	11.0
CA-UTI	19	19.2%	3,066	6.2	10.1	6.7

IVD-BSI: intravascular devices associated blood stream infection, VAP: ventilator associated pneumonia. CA-UTI: catheter associated urinary tract infection. ELOS: extra length of stay.

CONCLUSION:

Invasive device-associated NI rates are still above the desirable standards; therefore, infection control practice needs to be improved.