



Jasminka Horvatic, RN, ICN, master of nursing, MNS
University Clinical Hospital Centre Zagreb
Zagreb, Croatia

CROATIA





Population 4,29 milion (2011. census)
Capital Zagreb
Area 56.691 square kilometres

Tablica - Table 1.	ZDRAVSTVENE USTA	ANOVE U HRVATSKOJ* 31.12.2
ZDRAVSTVENE USTANOVE	BROJ USTANOVA	
Health institutions	No. of institutions	
DOM ZDRAVLJA - Health center	40	
	49	
KLINIČKI BOLNIČKI CENTAR - Clinical teaching hospital	5	
KLINIČKA BOLNICA - Clinical hospital	3	
KLINIKA - Clinic	5	
OPĆA BOLNICA - General hospital	20	
SPECIJALNA BOLNICA - Special hospital	33	
LJEČILIŠTE - Health resort	7	
ZAVOD ZA JAVNO ZDRAVSTVO - Public health institute	22	
OSTALI DRŽAVNI ZAVODI - Other state institutes:	5	
ZAVOD ZA TRANSFUZIJSKU MEDICINU - Institute of transfusional medicine	1	
 ZAVOD ZA ZAŠT. ZDRAVLJA I SIGURNOST NA RADU - Institute for 		
Health Protection and Safety at Work	1	
 ZAVOD ZA TOKSIKOLOGIJU I ANTIDOPING - Institute of toxicology and Antidoping 	1	
ZAVOD ZA HITNU MEDICINU - Institute of emergency medicine	1	
ZAVOD ZA TELEMEDICINU – Institute for telemedicine	1	
JSTANOVA ZA HITNU POMOĆ - Emergency care station	21	
POLIKLINIKA - Polyclinic	356	
JSTANOVA ZA MEDICINU RADA – Institution of occupational health	8	
JEKARNA - Pharmacy	178	
JSTANOVA ZA NJEGU-SKRB - Nursing care institution	214	
RGOVAČKO DRUŠTVO ZA OBAVLJANJE ZDRAV. DJELATNOSTI - Health company	482	
Jkupno - Total	1.408	
Ustanove bez obzira na vrstu vlasništva - Institutions regardless of the type of ownership		

Tablica - Table 1. ŽUPANIJA	RAD STACIONAL	RNIH USTANOVA											
	Hospital-type facility operation, Croati		ia 2016										
		Liječenje akutnih bolesnika	Liječenje subakutnih bolesnika	Opće boln. stacionari i rodilišta	KBC, kliničke i klinike	Specijalne bolnice, lječilišta i hospiciji							
							County	Total	Acute	Subacute	General hosp.	Clin. teach.	Special
									patient	and chronic	infirmaries,	hosp., clin.	hospitals,
									treatment	treatment	maternity wards	and clinics	natural spas
													and hospice
HRVATSKA -Croatia													
Broj postelja - No. of beds	23.088	14.944	8.144	6.489	9.275	7.32							
2. Broj postelja na 1000 stanovn No. of beds per 1,000 pop	5,39	3,49	1,90	1,51	2,16	1,7							
3. Broj doktora- No. of doctors	6.510	6.160	350	2297	3.723	490							
4. Broj postelja po jednom doktoru- No. of beds per doctor	3,55	2,43	23,27	2,82	2,49	14,9							
5. Broj ispisanih bolesnika- No. of patients discharged	733.749	668.000	65.749	261.825	403.517	68.40							
Broj dana bolničkog liječenja - No. of bed days	6.235.190	4.247.616	1.987.574	1.737.860	2.723.277	1.774.05							
7. Prosječna dužina liječenja- Average length of treatment	8,50	6,36	30,23	6,64	6,75	25,93							
8. Godišnja zauzetost postelja - Annual bed occupancy	270	284	244	268	294	242							
9. % iskorištenosti postelja- Bed utilization (%)	73,99	77,87	66,86	73,37	80,44	66,36							
 Broj pacijenata po krevetu- No. of patients per bed 	31,78	44,70	8,07	40,35	43,51	9,34							
11. Interval obrtaja- Turnover interval	2,99	1,81	14,98	2,41	1,64	13,14							

Health care-associated infections (HAI)

- a major problem in helthcare institutions around the globe;
- IPS's are responsible for the prevention, investigation, monitoring and mandatory reporting (Croatia);
- specialised IPS's combine knowledge of prevention and control HAI in every day practice acording to an annualy plan and program in each hospital (obligatory by law)

Republic of Croatia

- formal continuing education of nurses (ICN) for hospital infection control from 1998, and basic education from 2005.
- for medical doctors, there is only formal continuing education (from 1992).
- 2004- Reference centre for hospital infections (University Clinical Hospital Centre Zagreb) made the Plan and Program for basic education of ICN

Republic of Croatia II

- 2012. the courses continued at the Medical School in Zagreb, and in the years 2013.,2015.,2016. under the name "Prevention and infection control related to healthcare",
- the course is attended by doctors and nurses who will become infection prevention/control specialists (IPS's)
- effective HAI prevention and control in healthcare organisations relies on specialised IPS's

IPC junior and senior specialists

Different Competencies

Junior specialist – introductory level

Senior specialist – expert level

RESEARCH ARTICLES

Training infection control and hospital hygiene professionals in Europe, 2010: agreed core competencies among 33 European countries

S Brusaferro¹, B Cookson², S Kalenic³, T Cooper⁴, J Fabry⁵, R Gallagher⁶, P Hartemann⁷, K Mannerquist⁸, W Popp⁹, G Privitera¹⁰, C Ruef¹¹, P Viale¹², F Coiz¹, E Fabbro (elisa.fabbro@uniud.it)¹, C Suetens¹³, C Varela Santos¹⁴, National representatives of the Training in Infection Control in Europe (TRICE) project¹⁵

1. Department of Medical and Biological Sciences, University of Udine, Udine, Italy

2. Division of Infection and Immunity, University College London, London, United Kingdom

3. Department of Medical Microbiology, University of Zagreb, Zagreb, Croatia

4. Infection Prevention Society, London, United Kingdom

5. University Claude Bernard, Lyon, France

6. Nurse Advisor Infection Prevention and Control, Royal College of Nursing, London, United Kingdom

7. Hospital Hygiene Service, Chu De Nancy and Desp Seres Faculty of Medicine, Vandoeuvre-Nancy, France

8. Swedish Institute for Infectious Disease Control, Stockholm, Sweden

9. Hospital Hygiene, University Clinics Essen, Essen, Germany

10. Department of Translational Research and New Technology in Medicine and Surgery, University of Pisa, Pisa, Italy

11. ESCMID representative-Division of Infectious Diseases and Hospital Epidemiology, Hirslanden Hospital and Medical Center, Zurich, Switzerland

12. Infectious Disease Unit, Teaching Hospital S. Orsola-Malpighi, Alma Mater Studiorum University of Bologna

- 13. Surveillance and Response Support Unit, European Centre for Disease Prevention and Control, Stockholm, Sweden
- 14. Public Health Training section, European Centre for Disease Prevention and Control, Stockholm, Sweden

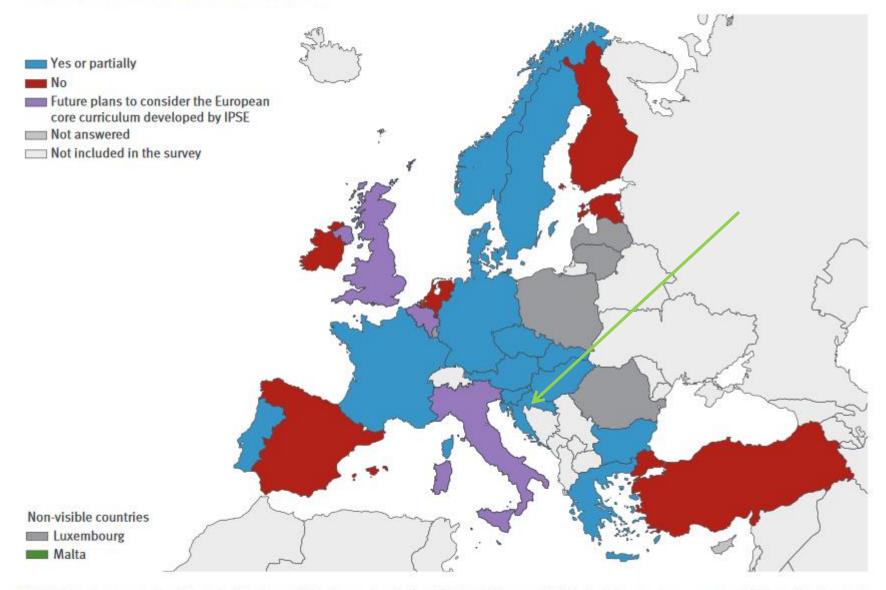
15. The members of the project are listed at the end of the article

Citation style for this article:

Brusaferro'S, Cookson B, Kalenic S, Cooper T, Fabry J, Gallagher R, Hartemann P, Mannerquist K, Popp W, Privitera G, Ruef C, Viale P, Coiz F, Fabbro E, Suetens C, Varela Santos C, National representatives of the Training in Infection Control in Europe (TRICE) project. Training infection control and hospital hygiene professionals in Europe, 2010: agreed core competencies among 33 European countries. Euro Surveill. 2014;19(49):pii=20985. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20985

FIGURE 2

Existing infection control and hospital hygiene training courses based on the European core curriculum developed by IPSE in 2006, as assessed by TRICE survey in 2010



IC/HH: infection control and hospital hygiene; IPSE: Improving Patient Safety in Europe; TRICE: Training needs assessment in Infection Control in Europe.

Regulation of condition and practice regarding measures for prevention and control of hospital infection Official Gazette (CRO) NO 85./2012.

Definition;

Infection control teams/ICT's (HAI's) are dedicated to preventing, suppressing and control of hospital infections in stationary healthcare institutions and social care providers

Paragraph 20

....."All healthcare and non healthcare workers must complete education about the principles and practice for prevention and control of hospital infection (patients/residents/equipment).

Education is held for newly hired workers, and later periodically according to the yearly plan and risk assessment of the facility".....

Paragraph 26

-"ICT's in healthcare institution are named by a hospital infection comity on the motion of the comity's president, the ICT consists of:
- 1. doctor of medicine responsible of infection prevention and control;
- 2. registered nurse responsible of infection prevention and control;
- 3. doctor of medicine, microbiology specialist, if the doctor of medicine from the first item isn't that specialization;...."

Paragraph 27

..."ICT's day to day activities include:

1. Supervision of infection prevention and control policy, procedures and measures for preventing HAI;

2. Survelliance of HAI with established priorities and samples of special significance;

Paragraph 27 II

- 3. Providing professional counselling in day to day activities, and in special situations of appearing hospital infections;
- 4. Providing special care for healthcare workers after needlestick injury and/or blood exposure;

5. Providing epidemic research in case of an epidemic outbreak;

Paragraph 27 III

- 6. Organization of continuous education of healthcare and non healthcare workers, students, patients/residents and visitors;
- 7. Securely storing data....."





Core competencies for infection control and hospital hygiene professionals in the European Union

Acknowledgements

Many individuals and institutions contributed to this list of core competencies.

Firstly, we would like to acknowledge the contribution of the Training in Infection Control in Europe (TRICE) project led by Silvio Brusaferro (University of Udine, Italy) with the participation of a consortium of European experts:

Barry Cookson (United Kingdom), Tracey Cooper (United Kingdom), Jacques Fabry (France), Rose Gallagher (United Kingdom), Philippe Hartemann (France), Smilja Kalenić (Croatia), Kerstin Mannerquist (Sweden), Walter Popp (Germany), Gaetano Privitiera (Italy) and Pierluigi Viale (Italy), and Christian Rueff who represented the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), as well as thank the supporting staff of the project: Elisa Fabbro and Francesco Coiz.

Areas and domains of competency ininfection control and hospital hygiene

- 1. Programme management
- 2. Quality improvment
- 3. Surveillance and investigation of helthcareassociated infections (HAI's)
- 4. Infection control activities

Programme management

 Elaborating and advocating an infection control programme

 Management of infection control programme work plan and projects

Quality improvment

- Contributing to quality management
- Contributing to risk management
- Performing audits of professional practice and evaluating performance
- Infection control training of employes
- Contributing to research

Surveillance and investigation of HAI

• Design a surveillance system

• Managing (implementation, follow up, evaluation) a surveillance system

• Identifying, investigating and managing outbreaks

Infection control activities

- Elaborating infection control interventions
- Implementing infection control healthcare procedures
- Contributing to reducing antimicrobial resistance
- Advising appropriate laboratory testing and use of laboratory date
- Decontamination and sterilization of medical devices
- Controlling environmental sources of infections

Mandatory annual reporting - Croatia

- I. Healthcare institution data
- II. Patient data
- III. Data and structure (IPS's) of infection prevention and control
- IV. Data of antimicrobial use
- V. Alcohol antisepic consumption
- VI. Survelliance of surgical site infections
- VII.Survelliance of ICU infection
- VIII.MRSA survelliance

Mandatory annual reporting – Croatia II

- IX. KPC Klebsiella pneumoniae survelliance
- X. Survelliance of other MDR organisms
- XI. Survelliance of Clostridium difficile
- XII. Vaccination data (Hepatitis B, Influenza)
- XIII. Needlestick injury and blood exposure
- XIV. Epidemics
- Free coments



In the Republic of Croatia 80% IPS's have completed courses which are obligatory and legaly required

In the last 20 years there have been significant improvements for continuing education of proffesionals (IPS/Croatia) in prevention and control of infection