

TITLE: SITE OF HEALTH ASSISTANCE INFECTIONS IN A PRIVATE INSTITUTION OF GOVERNADOR VALADARES, FOR THE PERIOD OF 2012 TO APRIL 2017.

AUTHORS: MARTINS, M.V.², SOUSA, L.V.N.F.², SILVA, K.P.^{1,2}, MIRANDA, T.M.³, SANTOS, A.L.S.⁴

INSTITUTIONS: ¹ HSLGV - HOSPITAL SÃO LUCAS DE GOVERNADOR VALADARES (RUA BARÃO DO RIO BRANCO, 662 - CENTRO - CEP: 35010-030), ² UNIVALE - VALE DO RIO DOCE UNIVERSITY (RUA ISRAEL PINHEIRO, 2000 - BAIRRO UNIVERSITÁRIO - CEP: 35020-220), ³ ICC - INSTITUTO CARLOS CHAGAS (RUA SETE DE SETEMBRO, 2800, CENTRO - CEP: 35010-172), ⁴ UFRJ - UNIVERSIDADE FEDERAL DO RIO DE JANEIRO (UNIVERSITY CITY, CCS, BLOCK E - SUBSOLO, ROOM 05, FUNDAÇÃO ISLAND, RIO DE JANEIRO - RJ, CEP 21941-590)

ABSTRACT:

Health Care Related Infections (HCRI) are persistent adverse events in health services, manifesting during hospitalization or at least 48 hours after discharge, directly related to hospitalization and diagnostic or therapeutic procedures. It is related to the natural complications of critically ill patients resulting from the imbalance between their normal microbiota and immune competence. A descriptive study aimed to know the incidence of HCRI in the private health service of Gov. Valadares from 2012 to April 2017. The information was extracted from the SCIH database and from microbiological examinations provided by a third-party laboratory. The data were categorized by lethality, clinical and site of occurrence. The results showed an average (mean) outflow of 4,707 patients with death register in 3.34% of these patients. Regarding the occurrence of HCRI, the general rates registered showed a slight oscillation, being in 2012 (2.62%), 2013 (3.22%), 2014 (2.61%), 2015 (2.01%), 2016 (2.74%) and 2017 (1.99% up to April), all of which are smaller than the national reference (5 to 15.5%), worldwide (5%) and WHO (9 to 20%). The lethality of HCRI has remained high, signaling a significant decrease in recent years, with 2012 (41.18%), 2013 (29.82%), 2014 (27.83%), 2015 (30.12%) 2016 (28.20%) and 2017 (18.52% until April). Patients submitted to clinical treatment were more affected by HCRI compared to those of surgical treatment in 2012 (58.46%), 2014 (61.15%), 2015 (50.91%) and 2017 (64.69% until April). Regarding the site of occurrence of HCRI, there were predominance of respiratory tract 2012 (35.39%), 2013 (37.96%), 2014 (36.69%), 2015 (38%), 2016 (27%) and 2017 (29.4% through April). In the second place, blood was predominant in 2012 (22.31%) and 2013 (19.27%) and genitourinary in 2014 (22,30%), 2015 (21,29%), 2016 (23%) and 2017 (26 , 47% through April). Global indicators such as severity, age, comorbidities, hospitalization time, invasive therapy and others allow intra and interinstitutional comparison and the identification of risk factors specific to each reality. The challenge to prevent damages to users of health services and damages associated with the care resulting from care processes or structures is increasing. Information, monitoring of HCRI and prevention measures are influential tools for patient safety and quality in health services.

Keywords: HCRI, epidemiology, insert site, prevention.

Development agencies: HSLGV, ICC, UFRJ, UNIVALE.