

Background: CLABSIs are common infections associated with CVC, they occur in the ICU. Our institution does not move away from this evidence, 2007, CLABSI, 9.52‰ and 1.90‰, VIHDA.,2008. The OMR were, SAMR, SCN and GN.

Object: Cross-cultural validation, insertion and maintenance of the *Bundle* and *Check List*, (I.H.I., 2006) to eliminate CLABSI, in patients admitted to the ICU, 2008-2021.

Methods: Descriptive study, uninterrupted time series. 2008-2021. All patients in ICU > 24 hours, with a CICC and who developed CLABSI.

Results: In 2008 the CLABSI rate was **7.90‰** (VIHDA, 1.90‰), REI>1. GP SCN and MRSA 37.5% and Gram - > 24%. Post cross-cultural validation of the *Bundle* and *Check List*, August, 2008 implementation of the insertion *Check list*, the CLABSI, confirmed by LAB, decreased, 2009 (**2.36‰**) 2010 (**1.85‰**) REI 1.09, and periods of rate **0‰**, infection. In the COVID-19 pandemic, CLABSI increased to **4.41‰**, (2020) and **3.94‰**, (2021). Figure N° 1 and 3.

Global CLABSI rate-2009-2021 (**55 /27924=1.96‰**) (p: 0.000) (95% CI: 0.0059-0006) CHI2 (25.64), still below the VIHDA rate.,2021 (6.27‰), REI >o = 1.

The CICC utilization rate of **66.68%**. In 2013-2017 the OMR was KBS KPC positive, maintaining it over time; 16.13% (VIHDA., 2021. 28.26%) and MRSA (16,1%), causing CLABSI. Figure N°2

Between 2008-2021, 3,998 CICC were used in ICU, in patients hospitalized > 24 hours, of the Check List overall compliance rate **66.85%**.

The direct cost of each institutional CLABSI in 2007 was estimated to be \$378,573, and in 2021 the average CLABSI was 2,500,000 only during antimicrobial treatment. Average days of stay of patients in ICUa exceed 25 days.

Conclusions: The cross-cultural validation of the use of *Bundles* and *Check List*, (QR) continuous training and feedback, to the health team and daily surveillance (2009-2021), represented maintaining CLABSI rates below 6.27‰, VIHDA.,2021.

Future Directions: Continue correcting deviations, Debriefing insertion and maintenance of the CICC including the ANTT® technique, aimed at all healthcare personnel, promptly remove the CICC if it is not needed.

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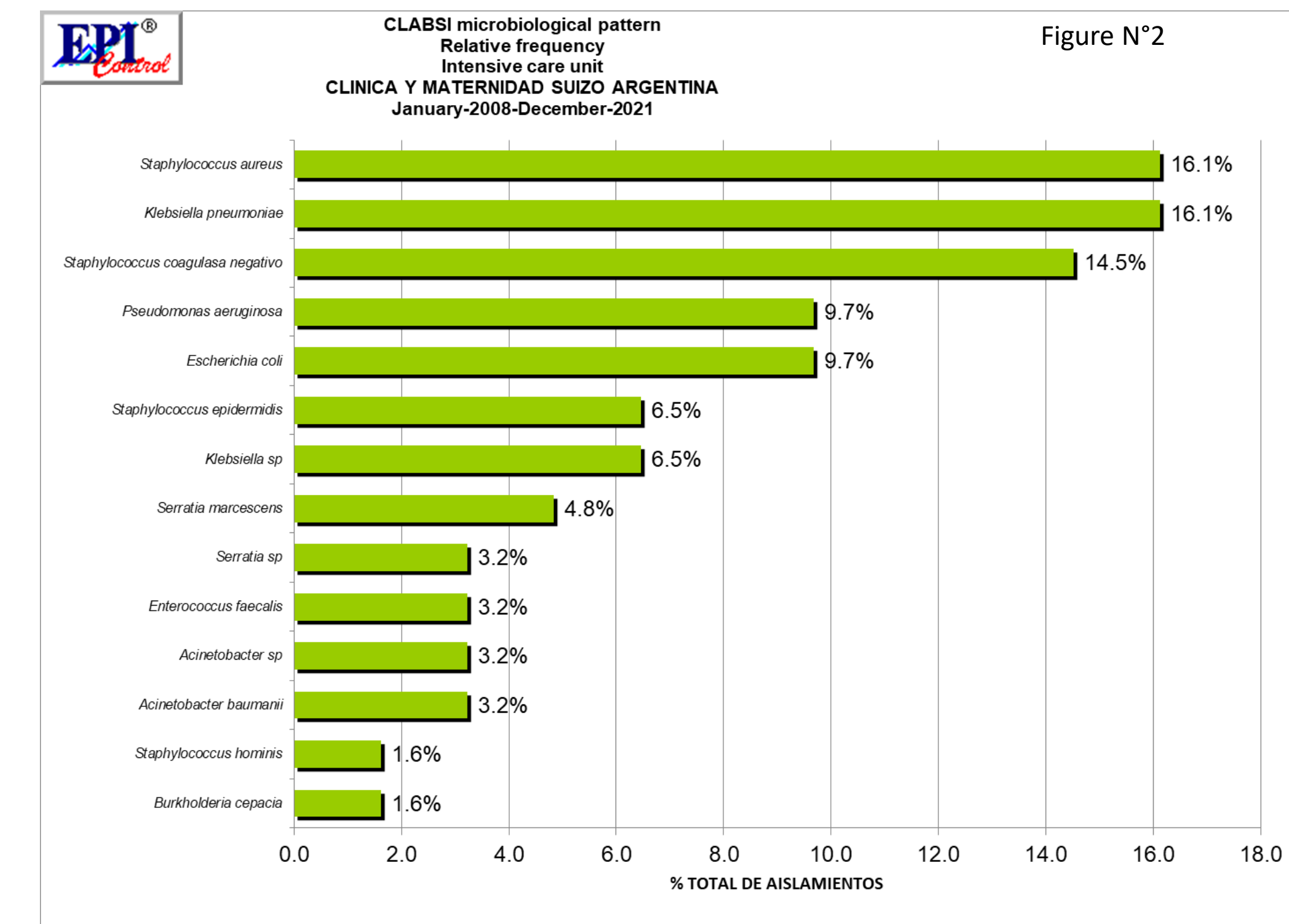
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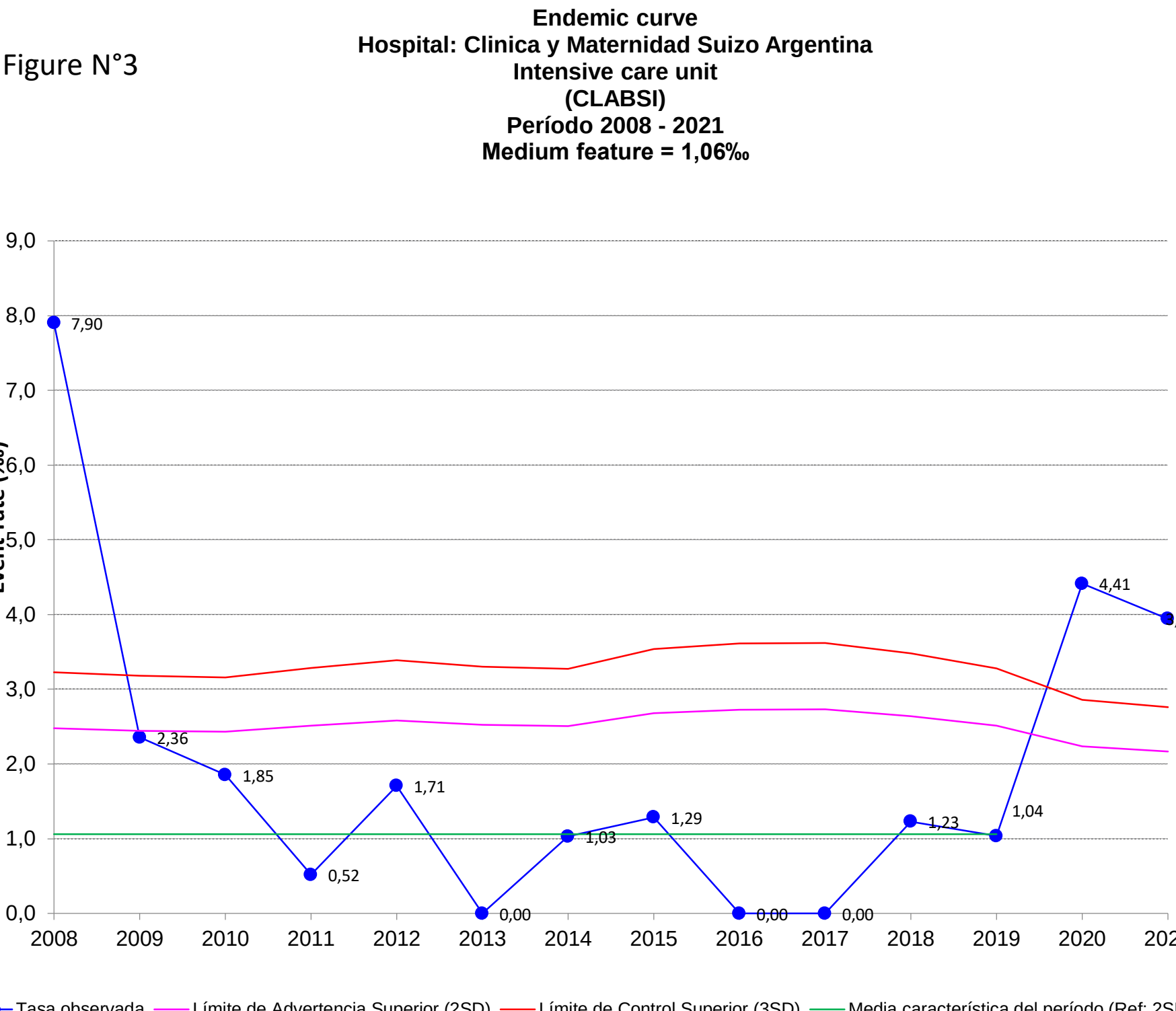
Figure N° 1

Indicators	Intervention 2008 (‰)	Post- Intervention 2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
CLABSI	16	5	4	1	3	0	2	2	0	0	2	2	13	13
Days Risk Factors	2025	2122	2158	1928	1756	1892	1943	1553	1464	1454	1627	1930	2946	3296
Rate (-‰)	7,9	2,36	1,85	0,52	1,71	0	1,03	1,29	0	0	1,23	1,04	4,41	3,94
VIHDA Program	1,9	2,29	4,1	4,06	3,91	4,14	4,1	3,66	3,71	3,78	4,02	3,72	5,57	6,7
REI-SIR	1,43	1,57	1,09	0,2	2,4	0	0,3	0,8	0	0	0,3	0,2	0,7	0,5
Ckecl List de CICC	64	188	154	172	211	228	218	218	167	198	182	217	161	295
CICC Total	113	345	321	333	344	281	296	276	210	243	242	292	267	435
Bundle compliance %	56	54	47	51	61	81	73	78	79	81	75,2	74,32	60,3	67,82
Days Risk Factors	2025	2122	2158	1928	1756	1892	1942	1553	1464	1454	1327	1930	2946	3296
patient days	5076	4820	4900	5550	4903	4880	4484	6184	2595	3632	4163	4351	3816	4819
CICC utilization rate	39,89	44,02	44,04	34,74	35,8	38,77	43,31	25,1	56,4	40,03	31,88	44,36	77,2	68,4
VIHDA Program	58,07	64,63	69,5	69,74	70,5	69,5	67,35	67,9	70,2	68,78	66,4	65,12	59,2	66,68

Data:Infection control.VIHDA. Programa Oficial del Ministerio de Salud de la Nación para la vigilancia de las IACS.Argentina.



Data: Microbiological pattern CLABSI. Epi Control Ver 7. Argentina



Data: Endemic curve CLABSI.EPI Control Ver 7. Argentina

