Background: Preventing the spread of healthcare-associated infections (HAIs) in Intensive Care Units (ICUs) constitutes a priority for Italian ICUs and hospitals. Although our study confirms that HAIs still represent an increasing number of patient-days. However, further research is necessary to better understand if additional hospital and ICU characteristics could motivate the observed regional differences.

Methods: Using data from the SPIN-UTI ("Sorveglianza attiva delle Infezioni Nosocomiali nelle Unità di Terapia Intensiva") network, the present analyses aimed to identify the main hospital and ICU indicators associated with HAIs incidence at national level, and to stratify the analyses between Italian regions.

Results: No associations between hospital/ICU characteristics and HAIs were found. Analyses found a positive association of incidence density of those in Central and Northern Italy (p < 0.001). Stratified systematic reviews of HAIs and total days in ICU in Northern Italy (analyses found a positive association of incidence density of those in Central and Northern Italy (p < 0.001). Stratified

Conclusions: Although our study confirms that HAIs still represent an increasing number of patient-days. However, further research is necessary to better understand if additional hospital and ICU characteristics could motivate the observed regional differences.

Key messages:
- No associations between hospital/ICU characteristics and HAIs.
- Positive association of incidence density of those in Central and Northern Italy (p < 0.001).
- Stratified analyses found a positive association of incidence density of those in Central and Northern Italy (p < 0.001).

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Making the case for the governance of (digital public) health futures
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Digital and data tools are fundamentally changing approaches to health and the design of health systems, but governance models have neither followed nor kept up with the pace of innovation. In response to this challenge, The Lancet & Financial Times Commission on Governing health futures 2030: Growing up in a digital world explores the convergence of digital health, artificial intelligence, and other frontier technologies with universal health coverage to support attaining the SDG 3. Children and young people are crucial groups requiring particular attention to ensure that no one is left behind in achieving universal health coverage and SDG 3 amidst the digital transformation in health. Today, there are 1.8 billion people between the ages of 10 and 24 - the largest youth population in history - 90 percent of whom live in developing countries. This cohort represents an unprecedented powerhouse of human potential and digital engagement that could transform health to reach sustainable development goals.

This presentation introduces several key findings from the Commission’s report which pertain to the governance of (digital public) health futures amidst digital transformations in health. It will highlight how human-centred approaches to health are vital to navigating the digital transformations and maximising their benefits for population health and well-being. Further, it will provide an action plan for meaningful youth engagement in the design, development, implementation, and evaluation of digital public health policies, programmes, and services.

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There is a large regional variation in the incidence of HAIs in Italian ICUs and hospitals. The relative contribution of socio-economic factors in the incidence of HAIs was evaluated. A difference that could be motivated by specific hospital characteristics. However, further research is necessary to better understand if additional hospital and ICU characteristics could motivate the observed regional differences.

In this paper, the authors present the results of a study that aimed to identify the main hospital and ICU indicators associated with HAIs incidence at national level, and to stratify the analyses between Italian regions. The study was conducted using data from the SPIN-UTI network. The results showed that no associations were found between hospital/ICU characteristics and HAIs. However, a positive association was found between incidence density of HAIs and total days in ICU in Northern Italy. Stratified analyses found a positive association of incidence density of those in Central and Northern Italy (p < 0.001). The study highlights the need for further research to better understand if additional hospital and ICU characteristics could motivate the observed regional differences.

The authors conclude that their findings contribute to the understanding of the role of socio-economic factors in the incidence of HAIs. They emphasize the importance of further research to identify and address the factors that contribute to the regional variation in the incidence of HAIs in Italian ICUs and hospitals. The study also highlights the need for a comprehensive approach to managing HAIs, which should include a focus on hospital and ICU characteristics as well as socio-economic factors.

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