WHO global survey on minimum requirements for infection prevention and control programmes at the National level



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2021

What are the objectives of this survey?



To offer countries the opportunity to assess the current situation regarding the implementation of the minimum requirements for IPC programmes at the national level and track progress compared with previous assessments, if any.

To provide a global snapshot of the implementation of the minimum requirements for IPC programmes at the national level and compare with other assessments.

WHO global survey on minimum requirements for IPC programmes at the national level – What is it about?



 A global survey of the status of IPC programme implementation at national level with respect to the WHO IPC minimum requirements using an assessment tool derived from the WHO Infection Prevention and Control Assessment Tool (IPCAT-2), accessible on-line via a new WHO IPC Portal.

Who should complete the survey?



The focal person (i.e. individual with adequate IPC expertise)
responsible for organizing and implementing an IPC programme
at the national level should be appointed to lead the completion
of the survey in discussion with the national IPC team/committee.

 If there is no team/ focal point responsible for IPC or there is not yet an IPC programme established, the tool should be completed and used by other professionals designated to quality improvement, patient safety or AMR.

Why participating?



- Completing the tool gives you the opportunity to have a situation analysis regarding your national IPC programme and in particular, its alignment with the WHO minimum requirements for IPC at the national level
- You can store your data safely and confidentially within the WHO Portal and you can download the results' report
- You can understand the strengths and gaps of your national IPC programme and gather guidance on how to improve it
- You can re-assess in the future to check on progress and compare the results with the current situation analysis



Survey enrollment:

Country IPC
National
Focal Points
identified



IPC National Focal Points will be contacted by WHO HQ or regional and country offices



An email invitation to IPC National Focal Points



Complete and submit the survey only once Voluntary participation

How is it structured?



- 6 core components
- 25 indicators

Minimum requirements for IPC programmes assessment tool: National level

Core component 1: IPC programmes	
Indicator	Yes/Y or No/N
1. An active ⁵ infection prevention and control (IPC) programme exists at the national	
level.	
2. An appointed IPC focal point in charge of the programme can be identified.	
3. The appointed IPC focal point(s) have undergone training in IPC in the prevention of	
health care-associated infections (HAI).	
4. There is an identified, protected and dedicated budget allocated to the IPC	
programme, according to planned activity.	
5. The appointed IPC focal point(s) have dedicated time for the tasks (at least one full-	
time equivalent).	



Core component 2

Core component 2: IPC guidelines	
Indicator	Yes/Y or No/N
1. The national IPC programme has a mandate to produce guidelines for preventing and controlling HAI.	
2. The development of guidelines involves the use of <u>evidence-based</u> scientific knowledge and international/national standards.	
3. The guidelines are for national coverage, including all acute health care facilities (both public and private).	
4. The guidelines are reviewed at least once every five years and updated to reflect the current evidence base.	
5. The IPC programme actively addresses guideline adaptation and standardization of effective preventive practices (standard operating procedures) and their implementation to reflect local conditions .	

Core component 3



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Core component 3: IPC education and training	
Indicator	Yes/Y or No/N
1. The national IPC programme provides guidance and recommendations for in-	
service IPC training at the facility level (for example, frequency, expertise required,	
requirements for new employee orientation, monitoring and evaluation approaches).	
2. The national IPC programme provides content and support for IPC training of health	
workers at the facility level.	
3. A national IPC curriculum for in-service training of health care workers has been	
developed in alignment with the national IPC guidelines, approved and endorsed by	
an appropriate national body.6	
4. A national system and schedule of monitoring and evaluation is in place to check on	
the effectiveness ⁷ of training and education, at least annually.	



Core component 4 and 5

Core component 4: HAI surveillance	
Indicator	Yes/Y or No/N
1. A multidisciplinary technical group for HAI surveillance is established at the national	
level by the national IPC focal point.	
2. A national strategic plan for HAI surveillance (with a focus on priority infections	
based on the local context) is developed by the multidisciplinary technical group.	
3. The national IPC focal point/team is trained in HAI surveillance concepts and	
methods.	

Core component 5: Multimodal strategies for implementation of	f IPC
interventions	
Indicators	Yes/Y or No/N
1. There is a trained national IPC focal point with knowledge of implementation	
science and multimodal improvement strategies and their application to IPC.**	
2. The national IPC focal point coordinates/supports local implementation of IPC	
improvement interventions.	
3. Multimodal strategies are included as the best approach for implementation in IPC	
guidelines, and IPC education and training programmes.	

Core component 6



Core component 6: Monitoring/audit of IPC practices and feedback
Indicator

1. A multidisciplinary technical group for IPC monitoring is established at the national level.

2. A strategic plan for IPC monitoring is in place, including an integrated system for collection, analysis and feedback of data.

3. A minimal set of core indicators for health care facilities in the country is defined.

4. A mechanism to train national and local auditors is in place.

5. Hand hygiene compliance monitoring and feedback is identified as a key national indicator, at the very least for reference hospitals.

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Scoring method



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Adding up total score		
Core component	Total 'yes' responses	Maximum score (%)
1. IPC programmes		= (Total "Yes") * 20
2. IPC guidelines		= (Total "Yes") * 20
3. IPC education and training		= (Total "Yes") * 25
4. HAI surveillance		= (Total "Yes") * 33 (+1)
5. Multimodal strategies		= (Total "Yes") * 33 (+1)
6. Monitoring/audit of IPC practices and feedback		= (Total "Yes") * 20
Final total score		= (Total "Yes") * 4



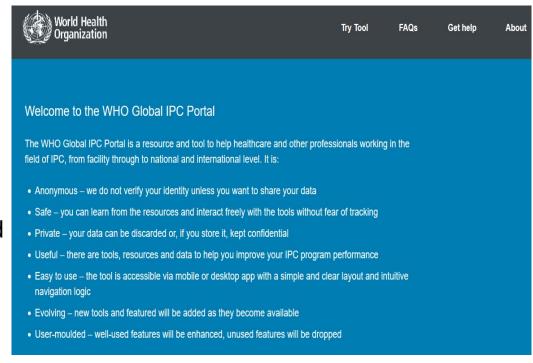
The WHO IPC portal: https://ipcportal.who.int/

What is the portal?

The WHO Global IPC Portal is a new WHO resource to support situation analysis, tracking progress and making improvements to IPC programmes and/or activities at the national and facility levels, in accordance with WHO standards and associated implementation materials.

Who is it for?

All health-care and other professionals working in the field of IPC



How does the WHO Global IPC work?



Registration options

- "Sand box" no need to register, use the tools, get you results and leave. No data held
- "Registered user" enter your details and become registered, use the tools, get the results.
 Data held by WHO and available for you on your return.
 See trends over time

Data confidentiality

 WHO will not share your details or data but will use the data to generate aggregate data to show regional and global trends.

Tools available

 Only IPCAT MR now but all other WHO tools to follow during 2021

Entering data

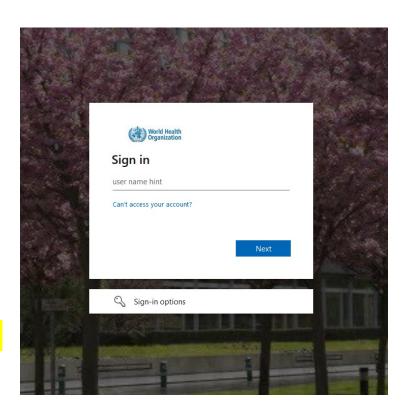
 On-line data entry, save as you go, review and submit (and print)

Reports generated

 Your results generated immediately in an attractive format and including guidance for further improvement (available as pdf)



- Registration steps for the survey
- An email invitation to participate will be sent from WHO (HQ, regional or country office level) to the identified National IPC Focal Point in the MoH.
- This will be followed by a second email from Microsoft but sent on behalf of WHO to invite the National IPC Focal Point in the MoH to register for the survey





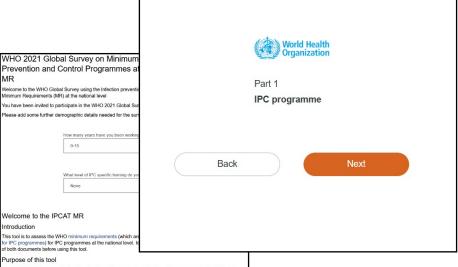
Registration steps for the survey

- If you have not received an invitation you may still participate by sending a request to ipcportal@who.int
- Entering your registration details

Create a WHC	Global IPC Portal	account
Your details		
You're signing up to be	the coordinator for your organis	sation.
Full name		
breccan		
Title		
e.g. Mr, Miss		
Job Title		
Age		
18-30		
Gender		
City		
Email		
breccan@ackama.com		
Your organisation	n formation about your organisal	ion to get started.
Organisation name		
e.g. Ministry of Health		
Country		
Afghanistan		



- Doing the survey
- Going to the survey
- Starting the survey
- Saving the survey
- Submitting the survey



The IPCAT MR helps countries to determine the minimum requirements for each core component that is in place, and to identify those that need to be achieved. This tool is mostly based on selected indicators included in the WHO IPC assessment tool 2 (IPCAT2).

WHO's interim practical manual to support implementation of the IPC core components at the national level4 outlines five steps for implementing IPC programmes to maximize the likelihood of success and overcome some of the complexity of the process. The IPCAT MR is a valuable tool to support Steps 2 and 4 of this process. Step 2 involves conducting a baseline assessment to establish an understanding of the current situation, including strengths and weaknesses, with a view to guiding action planning for improvement. Step 4 is concerned with evaluating the impact and assessing the effectiveness of the action plan. The manual, the core components guidelines[2] and the minimum requirements document[1] provide definitions and explanations that will assist with interpretation of the indicators included in this tool

It is very important to understand that the IPCAT MR is not intended to be used as an audit tool. Its purpose is to help assess, plan, organize and implement a national IPC programme. The tool provides a general overview of the status of IPC activities according to the recommendations of the WHO IPC core components guidelines and the minimum requirements document, rather than focusing on specific IPC practices/risk factors related to individual patients. Most importantly, this tool should be used in a spirit of improvement; to identify areas that need to be tackled and to develop targeted plans to have at least the minimum requirements for IPC programmes in place at the national level

Who should complete and use this tool?

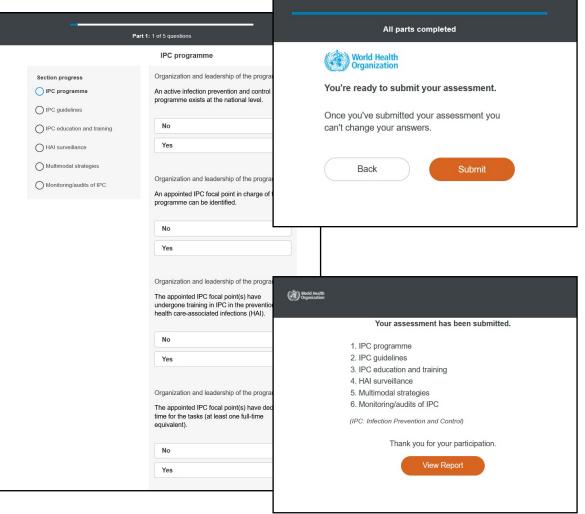
The IPCAT MR focuses on the national IPC programme and specific minimum requirements according to the WHO core components, to ensure that national support and coordination for implementation and adoption of IPC minimum standards are in place. This assessment tool should be completed by the team or focal point esponsible for organizing and implementing IPC activities at the national level

How is the tool structured?

The IPCAT MR is structured according to the recommendations in the WHO minimum requirements for IPC programmes document. It is divided into six sections, reflecting the six WHO IPC core components and minimum requirements at the national level, covering a total of 25 indicators. These indicators are based on evidence and expert consensus, and have been framed as statements. As these are minimum requirements, the total score will be the sum of all "yes" responses for each core component, weighted for the number of indicators in each

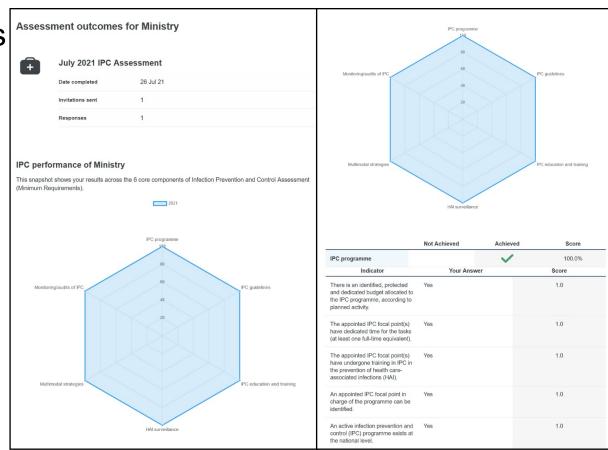


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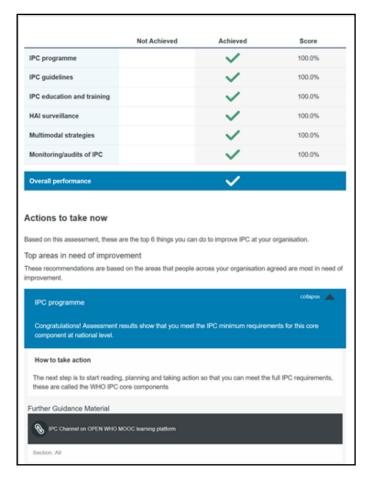


- Results and reports
- Your results
- Guidance to help you progress further
- Going back to look at your data
- Receiving the final survey report





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WHO Infection Prevention and Control Global Hub & Task Force

For more info, visit: https://www.who.int/news-room/articles-detail/who-global-survey-on-minimum-requirements-for-infection-prevention-and-control-programmes-at-the-national-level

