WHO-IPC multimodal strategies

session 4

Learning objectives

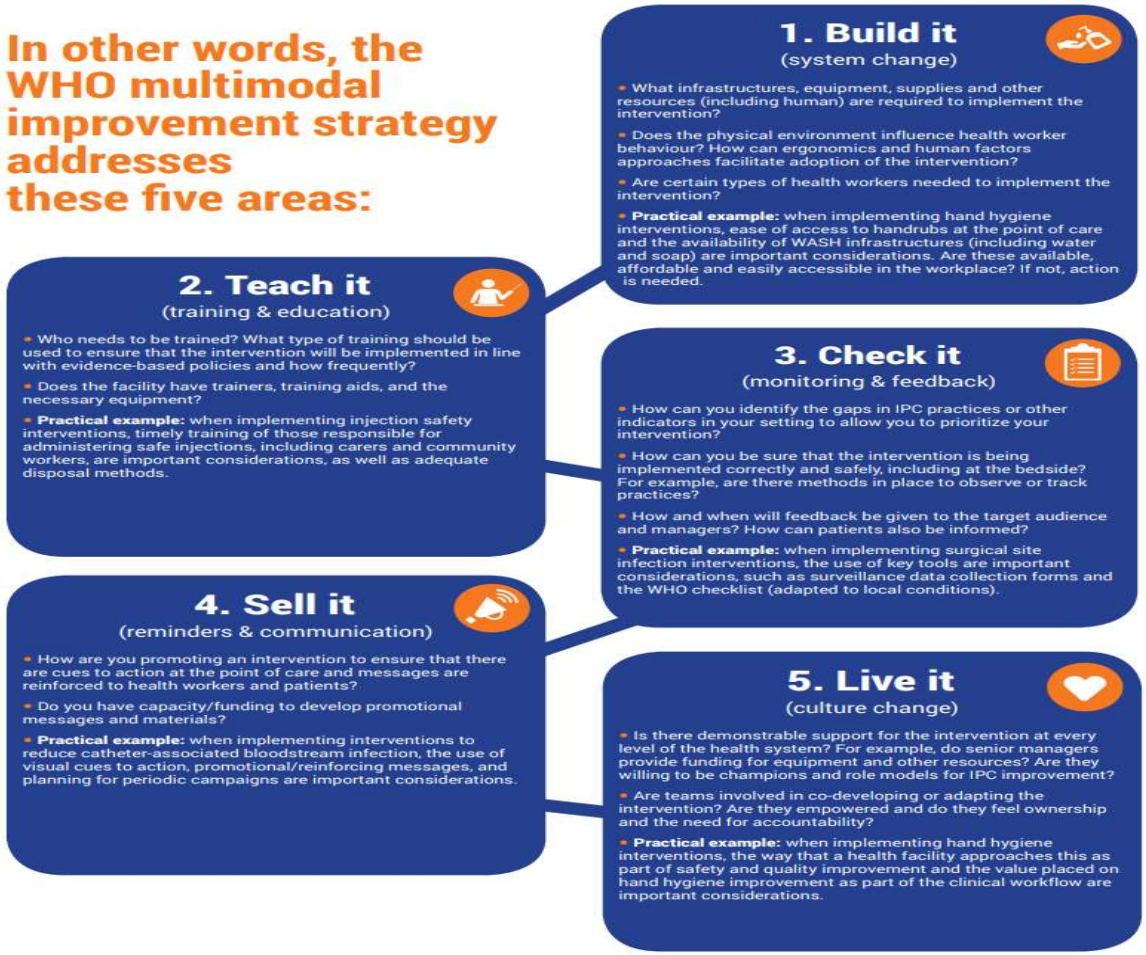
- Describe the Minimum requirements for IPC Programs
- Describe how the WHO Core Components relate to the implementation of a successful IPC program.
- Describe multimodal strategies that can be applied to improve IPC activities
- Understand the steps for the WHO multimodal implementation at the healthcare setting level

Introduction

- Minimum requirements are the starting point for implementing the World Health Organization core components of infection prevention and control programmes at the national and health care facility level.
- Multimodal implementation strategies are a core component of effective infection prevention and control (IPC) programs .

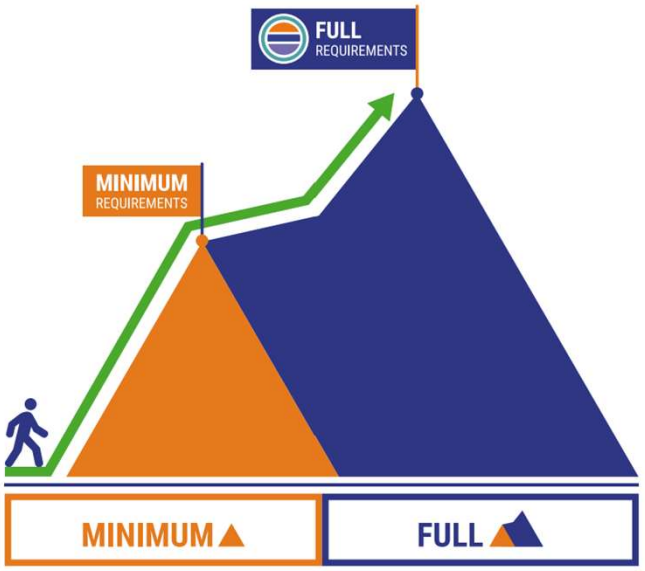
- The guidelines' recommendation states that IPC activities using multimodal strategies should be implemented to improve practices and reduce HAI and AMR.

WHO 5 elements for IPC multimodal strategies



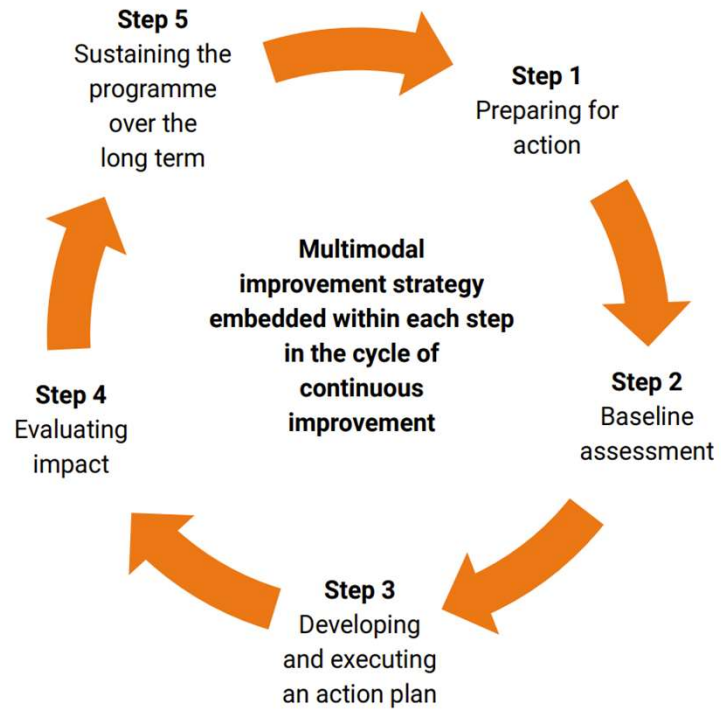
IPC Minimum Requirements

- The minimum requirements represent the starting point for undertaking the journey to build strong and effective IPC programmes at the national and facility level and SHOULD be in place for all countries and health care facilities to support further progress towards full implementation of all core components.



Implementation of the IPC Core Components

- Whether applying the minimum requirements or full requirements, the implementation of the IPC core components should always be tackled using a stepwise approach, based on a careful assessment of the status of the IPC programme and activities locally.
- When preparing to improve IPC,
  - start by using standardized tools and indicators developed and validated for assessing the status of the core components at the national or health facility in any country worldwide, regardless of the geographical location and level of income.



Steps for IPC implementation at Health Facility

Step 1: Facility preparedness – readiness for action- to ensure the preparedness of the institution.

Step 2: Baseline evaluation – establishing the current situation: baseline evaluation of hand hygiene practice, perception, knowledge, and infrastructure.

Step 3: Implementation – introducing the improvement activities:

Step 4: Follow-up evaluation – evaluating the implementation impact-assessing the effectiveness of the program.

Step 5: Action planning and review cycle – developing a plan for the next 5 years (minimum): develop an ongoing action plan and review cycle

WHO Assessment tools used

NATIONAL INFECTION PREVENTION AND CONTROL ASSESSMENT TOOL 2 (IPCAT2)

Type of tool and purpose	Structure	Who should complete it
Standardized assessment tool designed to determine the IPC core components already in place (existing strengths) and to identify gaps or weaknesses at the national level. The main purpose of IPCAT2 is to support implementation, thereby providing a road map to guide IPC actions.	IPCAT2 includes six sections corresponding to the six core component recommendations targeted at the national level, with an associated scoring system.	The tool is intended to be used for self-assessment by the national IPC team and/or committee, but it can also be used for joint assessments with external experts or external assessments.

FACILITY INFECTION PREVENTION AND CONTROL ASSESSMENT FRAMEWORK (IPCAF)

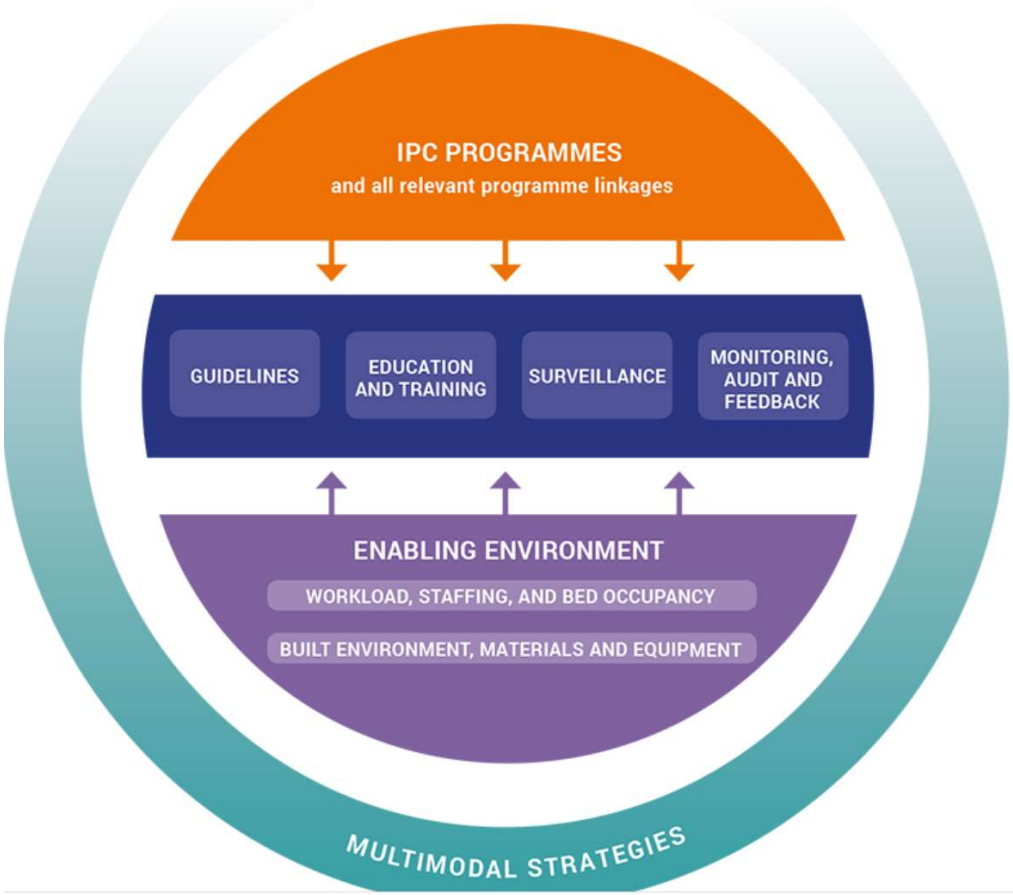
Type of tool and purpose	Structure	Who should complete it
Validated assessment tool designed to measure the IPC situation of a health care facility and determine the core components already in place (existing strengths) and to identify gaps or weaknesses to guide action planning.	Structured, closed-formatted questionnaire with an associated scoring system, which includes eight sections corresponding to the eight core component recommendations targeted at the facility level.	The tool is meant to be completed by health care professionals responsible for organising and implementing IPC measures and who have in-depth knowledge of IPC at the facility level (IPC focal point or team or committee), but it can also be used for joint assessments with or external assessments by external experts.

WHO Assessment tools

WASH FIT

Type of tool and purpose	Structure	Who should complete it
Improvement tool to be used on a continuous and regular basis to help health care facility staff and administrators prioritize and improve WASH and health care waste management infrastructures and services in facilities in low- and middle-income countries; and to inform broader district, regional and national efforts to improve quality health care. WASH FIT complements the IPCAF and provides a greater depth of information on the built environment.	WASH FIT covers four broad areas: water, sanitation (including health care waste management), hygiene (hand hygiene and environmental cleaning) and management.	The tool is meant to be used by health care facility managers and staff including the chief medical officer, the financial administrator, doctors, nurses and persons in charge of managing water and waste. Other people outside the facility may also be involved, such as local, district and regional WASH and/or public works authorities, representatives from the community, local and regional government authorities involved in implementing national quality health care, IPC and maternal, newborn and child health strategies, donors, and nongovernmental organizations (NGOs).

WHO IPC core components



Visual representation of the WHO core components of IPC programmes.

WHO IPC core components Cont'd

- **Component 1: IPC programs:** IPC programs are defined at the national level with clear objectives, functions, and activities
- **Component 2: IPC evidenced-based guidelines:** Key IPC principles to guide best practices. Adherence to these guidelines should be monitored by the IPC focal person in conjunction with hospital management.
- **Component 3: IPC education & training:** A successful IPC program implements education and training for HCWs. At the facility level, it is best for participants to have hands-on experiences in best practices to reduce the risk of HAI and AMR.
- **Component 4: HAI surveillance:** At the facility level, HAI and AMR surveillance is conducted to guide IPC interventions and outbreak detection.

WHO IPC core components Cont'd

- **Component 5: Multimodal strategies:** several elements implemented in an integrated way with the aim of improving an outcome and changing behaviour.
- **Component 6: IPC monitoring, audit & feedback:** for surveillance of HAI and AMR, monitoring and auditing IPC infrastructure, knowledge, and practices at an individual level can tremendously contribute to improving IPC interventions.
- **Component 7: Workload, staffing & bed occupancy:** Addressing bed occupancy and staffing factors will significantly reduce the cross-transmission risk and ultimately reduce HAIs and the spread of AMR in health care.
- **Component 8: Built environment, materials & equipment:** patient care activities should take place in a clean, hygienic environment with adequate infrastructure, IPC materials and equipment at the point of care.

Session summary

- Implementing IPC activities using multimodal strategies improves practice and reduces HAI & AMR.
- The multimodal strategies are composed of five elements (Build it, teach it, sell it, check it, live it).

References

- Minimum requirements for infection prevention and control. Geneva: World Health Organization; 2019
- cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/core-components.
- Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Health Care Facility Level.
- WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care.

Thank You
Questions ?