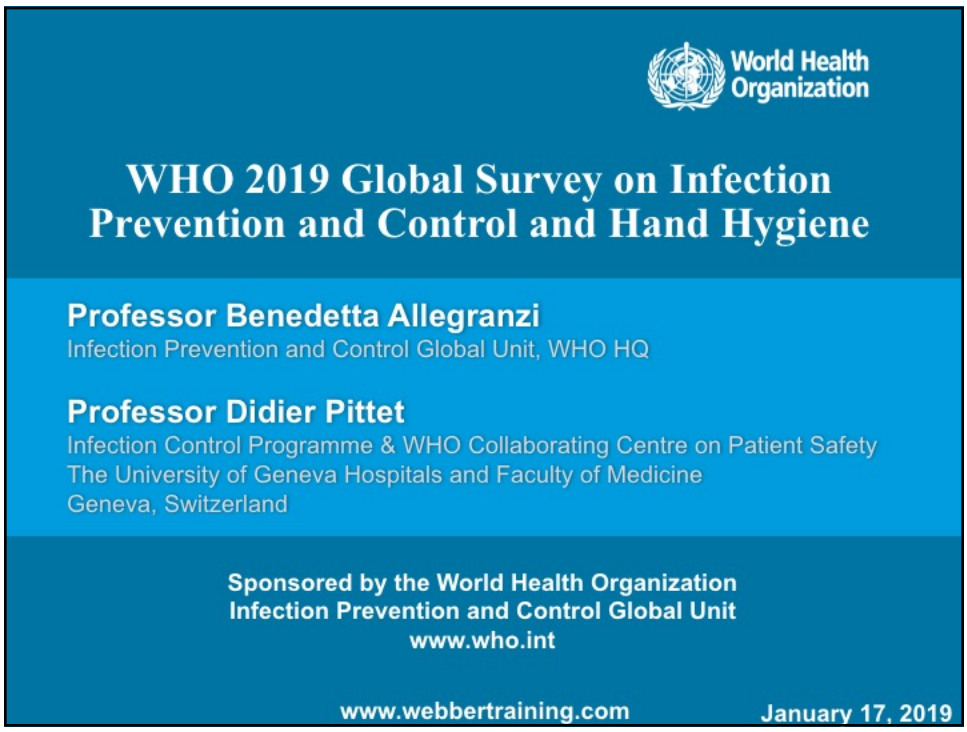
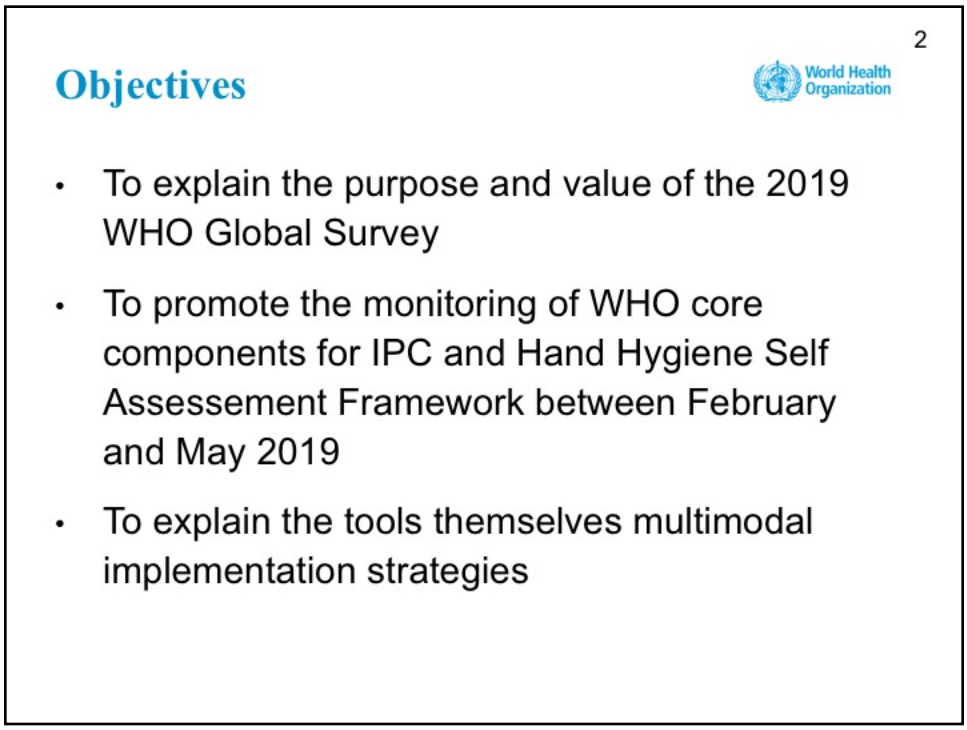
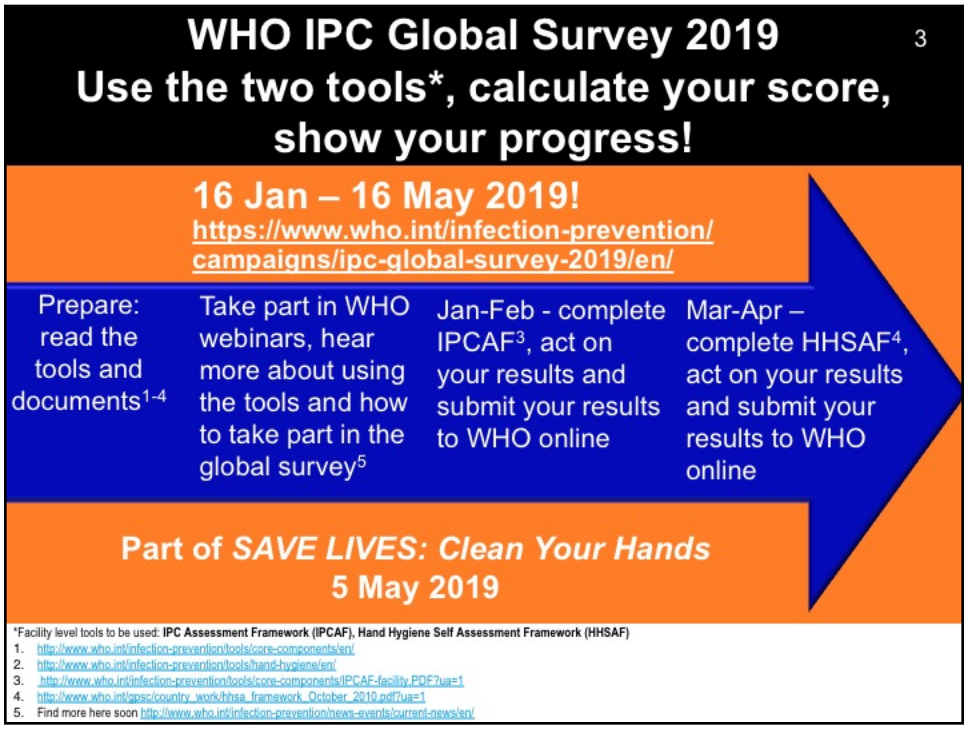
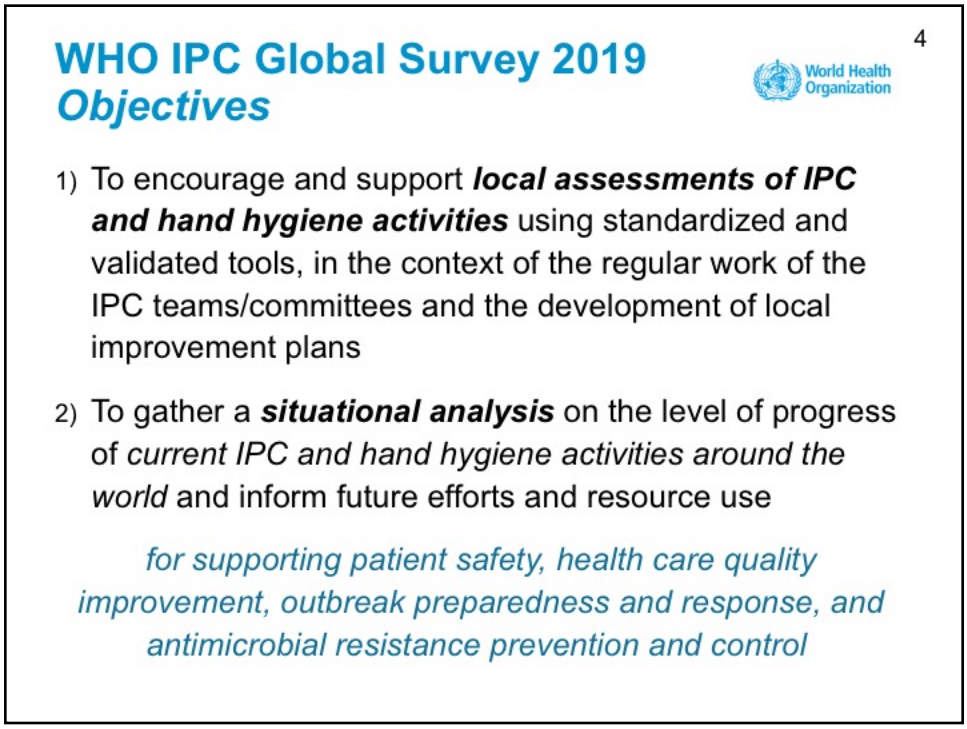

World Health Organization
WHO 2019 Global Survey on Infection Prevention and Control and Hand Hygiene
Professor Benedetta Allegranzi
Infection Prevention and Control Global Unit, WHO HQ
Professor Didier Pittet
Infection Control Programme & WHO Collaborating Centre on Patient Safety
The University of Geneva Hospitals and Faculty of Medicine
Geneva, Switzerland
Sponsored by the World Health Organization
Infection Prevention and Control Global Unit
www.who.int
www.webbertraining.com
January 17, 2019


2
Objectives
World Health Organization
• To explain the purpose and value of the 2019 WHO Global Survey
• To promote the monitoring of WHO core components for IPC and Hand Hygiene Self Assessement Framework between February and May 2019
• To explain the tools themselves multimodal implementation strategies


WHO IPC Global Survey 2019
Use the two tools*, calculate your score, show your progress!
3
16 Jan – 16 May 2019!
https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/
Prepare: read the tools and documents[1-4]
Take part in WHO webinars, hear more about using the tools and how to take part in the global survey[5]
Jan-Feb - complete IPCAF[3], act on your results and submit your results to WHO online
Mar-Apr – complete HHSAF[4], act on your results and submit your results to WHO online
Part of SAVE LIVES: Clean Your Hands
5 May 2019
*Facility level tools to be used: IPC Assessment Framework (IPCAF), Hand Hygiene Self Assessment Framework (HHSAF)
1. http://www.who.int/infection-prevention/tools/core-components/en/
2. http://www.who.int/infection-prevention/tools/hand-hygiene/en/
3. http://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF?ua=1
4. http://www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf?ua=1
5. Find more here soon http://www.who.int/infection-prevention/news-events/current-news/en/


WHO IPC Global Survey 2019
Objectives
4
World Health Organization
1) To encourage and support local assessments of IPC and hand hygiene activities using standardized and validated tools, in the context of the regular work of the IPC teams/committees and the development of local improvement plans
2) To gather a situational analysis on the level of progress of current IPC and hand hygiene activities around the world and inform future efforts and resource use
for supporting patient safety, health care quality improvement, outbreak preparedness and response, and antimicrobial resistance prevention and control

5

World Health Organization

Core component 1: Infection Prevention and Control (IPC) programme

Question	Answer	Score
1. Do you have an IPC programme?[1] Choose one answer	☐ No	0
	☐ Yes, without clearly defined objectives	5
	☐ Yes, with clearly defined objectives and annual activity plan	10
2. Is the IPC programme supported by an IPC team comprising of IPC professionals?[2] Choose one answer	☐ No	0
	☐ Not a team, only an IPC focal person	5
	☐ Yes	10
3. Does the IPC team have at least one full-time IPC professional or equivalent (nurse or doctor working 100% in IPC) available? Choose one answer	☐ No IPC professional available	0
	☐ No, only a part-time IPC professional available	2.5
	☐ Yes, one per > 250 beds	5
	☐ Yes, one per ≤ 250 beds	10
4. Does the IPC team or focal person have dedicated time for IPC activities?	☐ No	0
	☐ Yes	10
5. Does the IPC team include both doctors and nurses?	☐ No	0
	☐ Yes	10
6. Do you have an IPC committee[3] actively supporting the IPC team?	☐ No	0
	☐ Yes	10

Box 8. IPCAF scoring interpretation

Score		Interpretation
0-200	Inadequate	IPC core components' implementation is deficient. Significant improvement is required.
201-400	Basic	Some aspects of the IPC core components are in place, but not sufficiently implemented. Further improvement is required.
401-600	Intermediate	Most aspects of IPC core components are appropriately implemented. Continue to improve the scope and quality of implementation and focus on the development of long-term plans to sustain and further promote the existing IPC programme.
601-800	Advanced	The IPC core components are fully implemented according to the WHO recommendations and appropriate to the needs of your facility.

http://www.who.int/infection-prevention/tools/core-components/en/
www.who-ipc-survey.org

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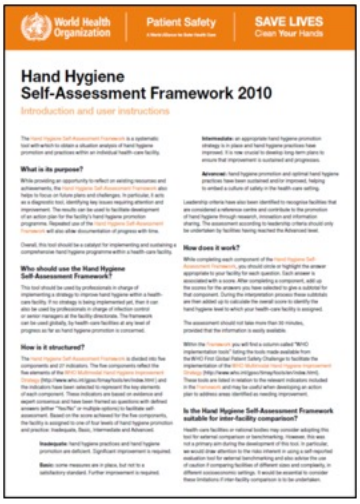
World Health Organization



Score	Hand Hygiene Level	Interpretation
0-125	Inadequate	HH practices and promotion are deficient. Significant improvement is required.
126-250	Basic	Some HH measures are in place, but not to a satisfactory standard. Further improvement is required.
251-375	Intermediate	An appropriate HH promotion strategy is in place and HH practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
376-500	Advanced	HH promotion and optimal HH practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

https://www.who.int/infection-prevention/tools/hand-hygiene/en/
www.who-ipc-survey.org

7

IPC & HH Assessment Frameworks

World Health Organization

- ***Diagnostic tools***
- ***Tested and validated tools***
- **Structured, closed-formatted, self-administered questionnaires** with an associated **scoring system**
- **AIM:** to assess existing IPC & HH activities/resources and identify strengths and gaps that can inform future plans, guide IPC action, and monitor progress over time
- Results can be used to develop a facility action plan **to strengthen existing measures** and **motivate facilities to intensify efforts** where needed, in order to meet international standards and requirements

8

SAVE LIVES: Clean Your Hands - 5 May 2019

Monitoring IPC & Hand Hygiene – WHO Global Survey 2019 (1)

World Health Organization

- **Tools:** IPC Assessment Framework (IPCAF)* & Hand Hygiene Self-assessment Framework (HHSAF)**
- **Timeline:**
  - Survey conduct: 16 January - 16 May 2019
  - Survey analysis: May-August 2019
- **Sample:**
  - Open voluntary participation by health care facilities around the world + countries
  - Stratified sub-sample
- **Data submission:** online protected system

*http://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF?ua=1
**http://www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf?ua=1

9

SAVE LIVES: Clean Your Hands - 5 May 2019
Monitoring IPC & Hand Hygiene – WHO Global Survey 2019 (2)

World Health Organization

- **Data confidentiality and property:** WHO's and MS (upon specific agreement) – data completely anonimized
- **Planning:**
  - Month 1: preparations for IPCAF
  - Month 2: IPCAF completion
  - Month 3: preparations for HHSAF
  - Month 4: HHSAF completion

  I. Tools completion on paper at HCF level ⟶ II. Submission online or by email
- **Report:** to be issued by WHO by 2019

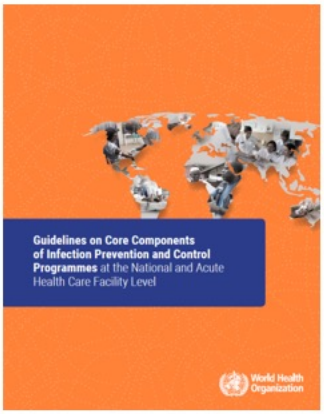
10

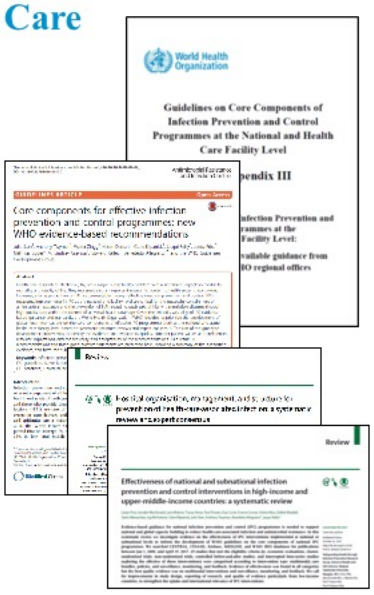
WHO Guidelines on Core Components of IPC Programmes at the National and Acute Health Care Facility Level

World Health Organization

HEALTH CARE WITHOUT AVOIDABLE INFECTIONS

Focus on *preventing HAIs* and *combating AMR*





Sources:
- http://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/
- Zingg W et al. TLID 2015
- Storr J et al. ARIC 2017
- Presley L et al. TLID 2017

11

Monitoring is central to the core components for effective IPC programmes both at the *national* and *facility* level

World Health Organization

- **Core component 6: Monitoring/audit** of IPC practices/activities & **feedback**
- **Core component 4: HAI surveillance**
- **Core component 5: Multimodal strategies** for effective implementation of IPC activities

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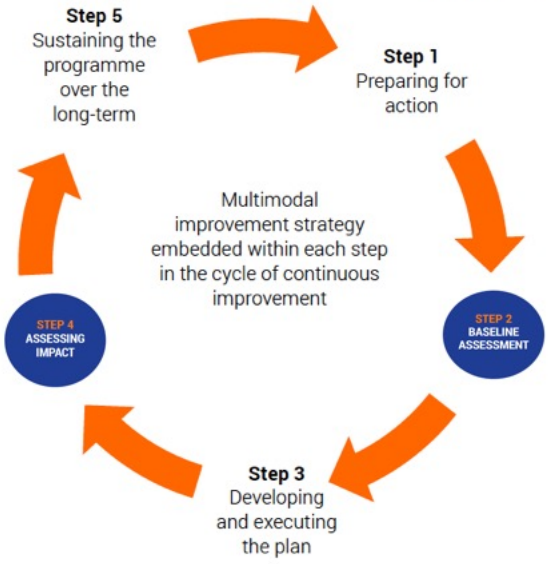
Stepwise approach

World Health Organization



Source: http://www.who.int/infection-prevention/tools/core-components/en/

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Assessments in a spirit of improvement

World Health Organization

- Regular assessments of IPC programmes are essential for **continuous quality improvement**
- Assessment helps to identify **existing strengths** and take stock of achievements made so far to convince decision-makers that success and **progress is possible**
- Assessment also helps to create a **sense of urgency** for the changes needed to improve IPC, taking account of the WHO core component guideline recommendations
- By using a **validated tool** (e.g. WHO IPCAT2), you can be confident that the information collected is meaningful and will support improvement.

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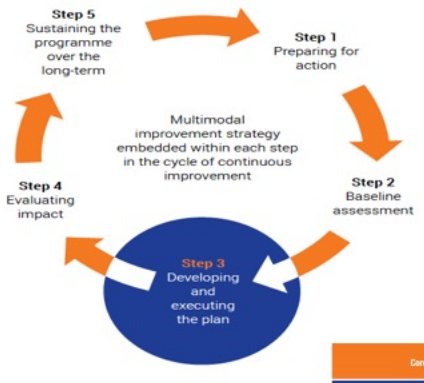
World Health Organization



STEP 3
DEVELOPING AND EXECUTING THE PLAN

	Rapid recap	Sample action plan	Potential barriers and solutions	Tools and resources
Core component 1: IPC programmes	Page 54	Page 55	Page 56	Page 59
Core component 2: IPC guidelines	Page 62	Page 63	Page 64	Page 67
Core component 3: IPC education and training	Page 68	Page 69	Page 70	Page 72
Core component 4: HAI surveillance	Page 73	Page 74	Page 77	Page 80
Core component 5: Multimodal strategies	Page 81	Page 82	Page 83	Page 86
Core component 6: IPC monitoring/audit of IPC practices and feedback	Page 86	Page 87	Page 89	Page 90
Core component 7: Workload, staffing and bed occupancy	Page 91	Page 92	Page 93	Page 94
Core component 8: Built environment, materials and equipment for IPC	Page 96	Page 96	Page 98	Page 99

Source: http://www.who.int/infection-prevention/tools/core-components/en/

Implementation manual and assessment framework for the health facility level

15

World Health Organization

- Based on **qualitative analysis** of examples of IPC implementation in low-resource settings
- Including **29 interviews** with IPC professionals from low-resource settings analysed using a **qualitative inductive thematic approach**
- Identification of **common IPC implementation themes** (appearing ≥4 times) for IPC professionals to consider (according to the 8 WHO IPC core components) and **lessons learned**

Source: http://www.who.int/infection-prevention/tools/core-components/en/

New IPC facility-level assessment tool

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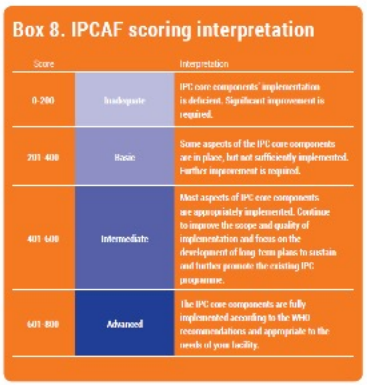
World Health Organization



- **Structured, closed-formatted questionnaire** with an associated scoring system based on the HHSAF approach; **81 indicators**
- **Self- or joint-assessments**
- Tested for usability, reliability and construct validity in a sample of **181 acute health care facilities in 46 countries** across the world

Source: http://www.who.int/infection-prevention/tools/core-components/en/

Structure of the IPC Assessment Framework

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World Health Organization

8 sections:

1. IPC programme
2. IPC guidelines
3. IPC education & training
4. HAI surveillance
5. Multimodal strategies
6. IPC Monitoring/audits & feedback
7. Workload, staffing, bed occupancy
8. Built environment

IPC Core Components

- ***Who*** **completes it:** Health care professionals responsible for organising and implementing IPC measures and who have in-depth knowledge of IPC at the facility level

IPC assessment framework (IPCAF) – purpose of the tool

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World Health Organization

- It provides a quantitative evaluation IPC programmes in a systematic way, allowing changes to be tracked over time
- Its purpose is to help assess, plan, organize and implement a facility IPC programme
- To determine the *core components already in place* and identify *gaps or weaknesses* to guide action planning
- The resulting scores can be used to *measure and monitor progress* in implementing IPC programmes at the facility level
- Its usefulness depends on being completed as objectively and accurately as possible

See explanatory video at: https://youtu.be/yMJPVtma9l0

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IPCAF – how to complete the tool

World Health Organization

- In general, you should choose only one answer per question (questions marked either "yes/no" or "choose one answer")
- Some questions are designed to allow multiple answers. These questions are marked with the note "please tick all that apply", which enables you to choose all answers that are appropriate to your facility (choose at least one)
- Any partially implemented or intermediate progress in achievement can be recorded in the comments' fields, as well as any additional information/clarification
- When you are unfamiliar with terminology in the stated questions, it is strongly recommended to consult the *WHO Guidelines on core components of IPC programmes*[1] or other resources provided in the footnotes

[1] https://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/

See explanatory video at: https://youtu.be/yMJPVtma9I0

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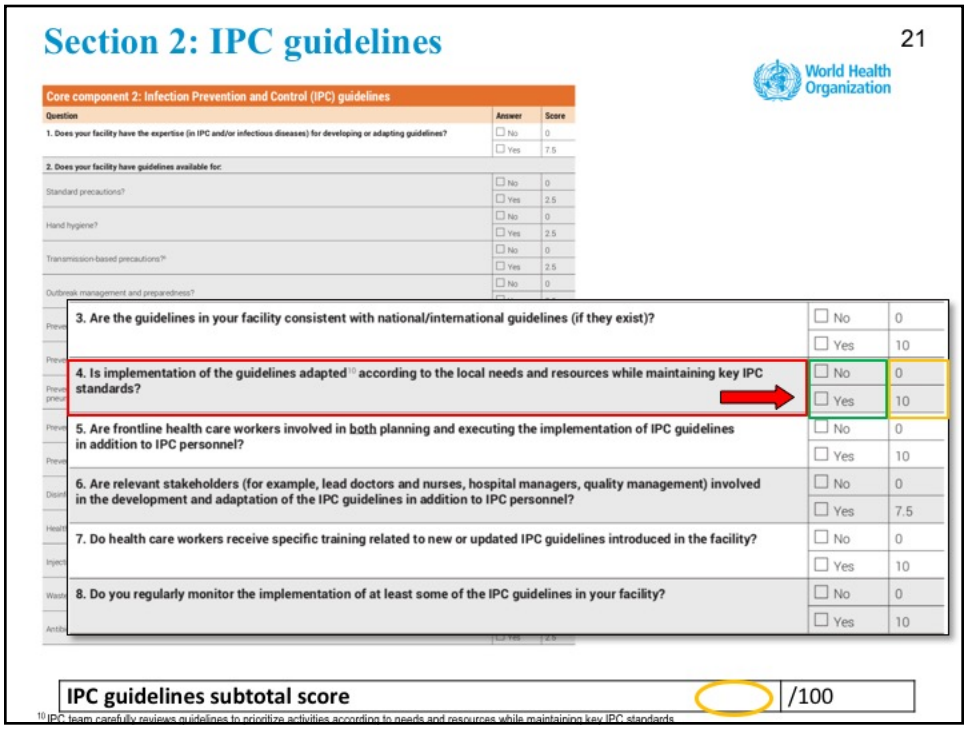
Section 1: IPC programme

World Health Organization

Core component 1: Infection Prevention and Control (IPC) programme

Question	Answer	Score
1. Do you have an IPC programme?[3] Choose one answer	☐ No	0
7. Are any of the following professional groups represented/included in the IPC committee?		
Senior facility leadership (for example, administrative director, chief executive officer [CEO], medical director)	☐ No	0
	☐ Yes	5
Senior clinical staff (for example, physician, nurse)	☐ No	0
	☐ Yes	2.5
Facility management (for example, biosafety, waste, and those tasked with addressing water, sanitation, and hygiene [WASH])	☐ No	0
	☐ Yes	2.5
8. Do you have clearly defined IPC objectives (that is, in specific critical areas)? Choose one answer	☐ No	0
	☐ Yes, IPC objectives *only*	2.5
	☐ Yes, IPC objectives and measurable outcome indicators (that is, adequate measures for improvement)	5
	☐ Yes, IPC objectives, measurable outcome indicators and set future targets	10
9. Does the senior facility leadership show clear commitment and support for the IPC programme:		
By an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)?	☐ No	0
	☐ Yes	5
By demonstrable support for IPC objectives and indicators within the facility (for example, at executive level meetings, executive rounds, participation in morbidity and mortality meetings)?	☐ No	0
	☐ Yes	5
10. Does your facility have microbiological laboratory support (either present on or off site) for routine day-to-day use? Choose one answer	☐ No	0
	☐ Yes, but not delivering results reliably (timely and of sufficient quality)	5
	☐ Yes, and delivering results reliably (timely and of sufficient	10
IPC programme subtotal score		/100



Section 2: IPC guidelines

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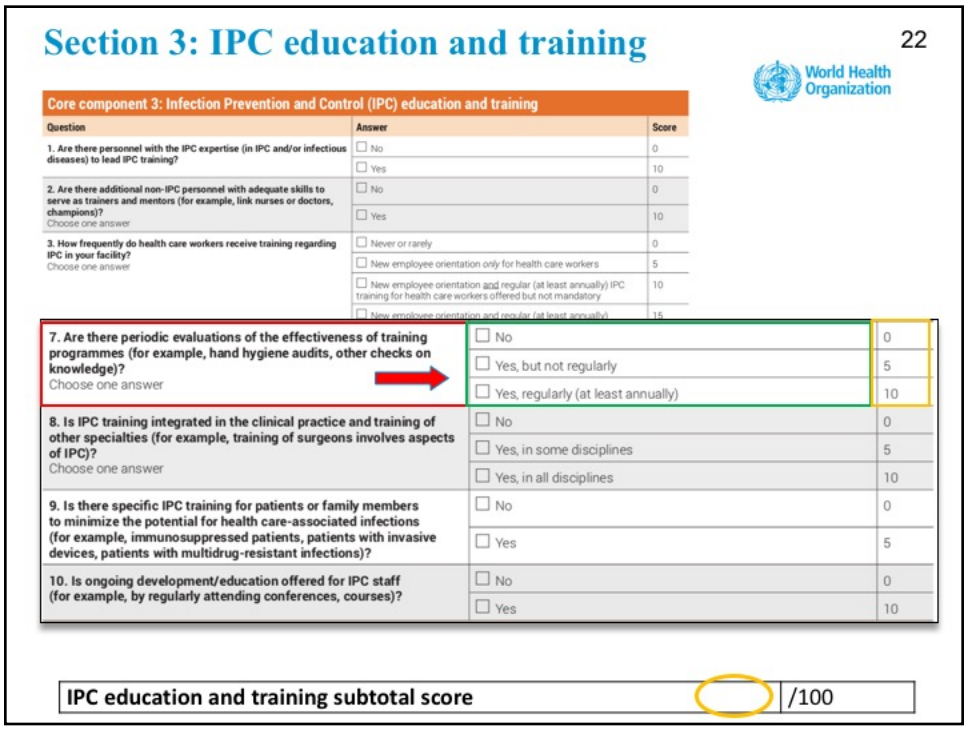
World Health Organization

Core component 2: Infection Prevention and Control (IPC) guidelines

Question	Answer	Score
3. Are the guidelines in your facility consistent with national/international guidelines (if they exist)?	☐ No	0
	☐ Yes	10
4. Is implementation of the guidelines adapted[10] according to the local needs and resources while maintaining key IPC standards?	☐ No	0
	☐ Yes	10
5. Are frontline health care workers involved in both planning and executing the implementation of IPC guidelines in addition to IPC personnel?	☐ No	0
	☐ Yes	10
6. Are relevant stakeholders (for example, lead doctors and nurses, hospital managers, quality management) involved in the development and adaptation of the IPC guidelines in addition to IPC personnel?	☐ No	0
	☐ Yes	7.5
7. Do health care workers receive specific training related to new or updated IPC guidelines introduced in the facility?	☐ No	0
	☐ Yes	10
8. Do you regularly monitor the implementation of at least some of the IPC guidelines in your facility?	☐ No	0
	☐ Yes	10

IPC guidelines subtotal score ____ /100

[10] IPC team carefully reviews guidelines to prioritize activities according to needs and resources while maintaining key IPC standards



Section 3: IPC education and training

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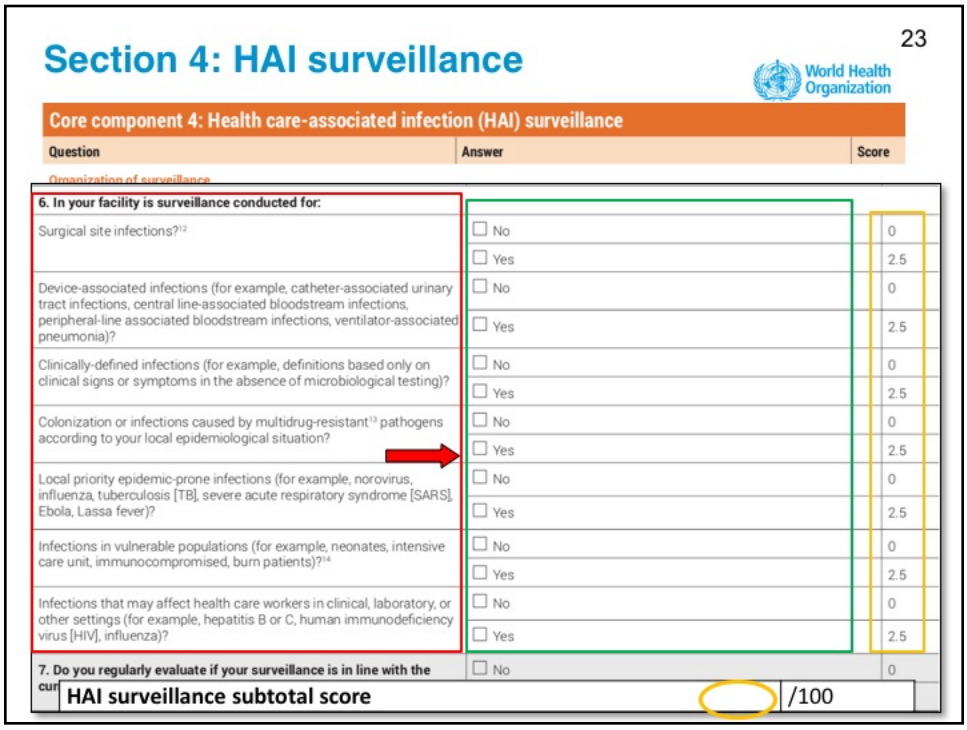
World Health Organization

Core component 3: Infection Prevention and Control (IPC) education and training

Question	Answer	Score
1. Are there personnel with the IPC expertise (in IPC and/or infectious diseases) to lead IPC training?	☐ No	0
	☐ Yes	10
2. Are there additional non-IPC personnel with adequate skills to serve as trainers and mentors (for example, link nurses or doctors, champions)? Choose one answer	☐ No	0
	☐ Yes	10
3. How frequently do health care workers receive training regarding IPC in your facility? Choose one answer	☐ Never or rarely	0
	☐ New employee orientation *only* for health care workers	5
	☐ New employee orientation and regular (at least annually) IPC training for health care workers offered but not mandatory	10
	☐ New employee orientation and regular (at least annually)	15
7. Are there periodic evaluations of the effectiveness of training programmes (for example, hand hygiene audits, other checks on knowledge)? Choose one answer	☐ No	0
	☐ Yes, but not regularly	5
	☐ Yes, regularly (at least annually)	10
8. Is IPC training integrated in the clinical practice and training of other specialties (for example, training of surgeons involves aspects of IPC)? Choose one answer	☐ No	0
	☐ Yes, in some disciplines	5
	☐ Yes, in all disciplines	10
9. Is there specific IPC training for patients or family members to minimize the potential for health care-associated infections (for example, immunosuppressed patients, patients with invasive devices, patients with multidrug-resistant infections)?	☐ No	0
	☐ Yes	5
10. Is ongoing development/education offered for IPC staff (for example, by regularly attending conferences, courses)?	☐ No	0
	☐ Yes	10

IPC education and training subtotal score ____ /100



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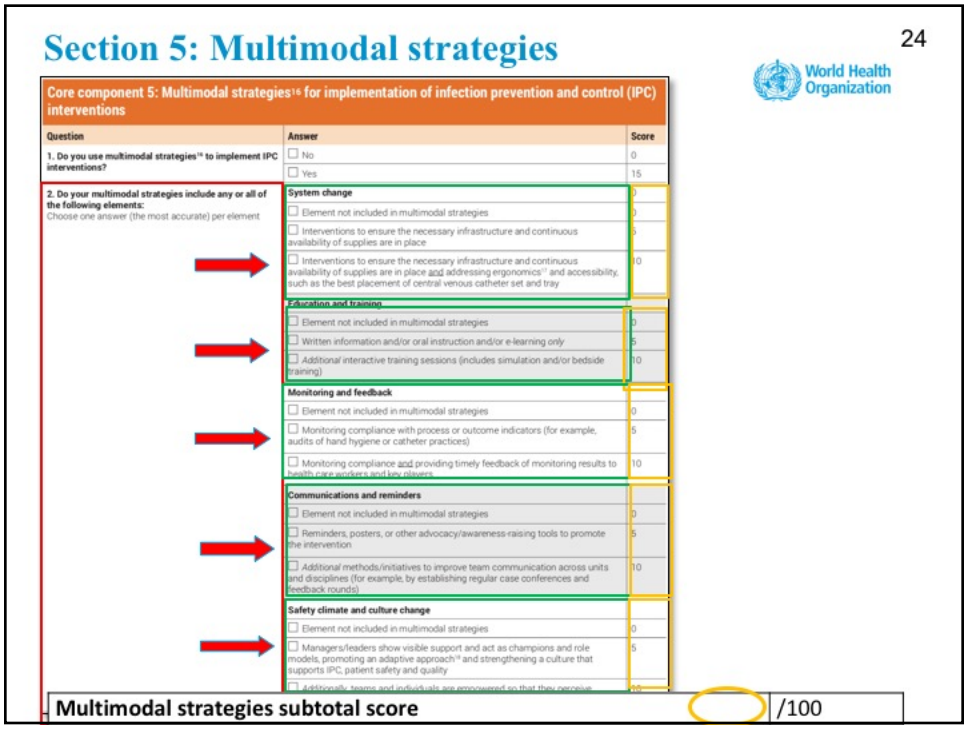
Section 4: HAI surveillance

World Health Organization

Core component 4: Health care-associated infection (HAI) surveillance

Question	Answer	Score
Organization of surveillance		
6. In your facility is surveillance conducted for:		
Surgical site infections?[12]	☐ No	0
	☐ Yes	2.5
Device-associated infections (for example, catheter-associated urinary tract infections, central line-associated bloodstream infections, peripheral-line associated bloodstream infections, ventilator-associated pneumonia)?	☐ No	0
	☐ Yes	2.5
Clinically-defined infections (for example, definitions based only on clinical signs or symptoms in the absence of microbiological testing)?	☐ No	0
	☐ Yes	2.5
Colonization or infections caused by multidrug-resistant[13] pathogens according to your local epidemiological situation?	☐ No	0
	☐ Yes	2.5
Local priority epidemic-prone infections (for example, norovirus, influenza, tuberculosis [TB], severe acute respiratory syndrome [SARS], Ebola, Lassa fever)?	☐ No	0
	☐ Yes	2.5
Infections in vulnerable populations (for example, neonates, intensive care unit, immunocompromised, burn patients)?[14]	☐ No	0
	☐ Yes	2.5
Infections that may affect health care workers in clinical, laboratory, or other settings (for example, hepatitis B or C, human immunodeficiency virus [HIV], influenza)?	☐ No	0
	☐ Yes	2.5
7. Do you regularly evaluate if your surveillance is in line with the cur	☐ No	0
HAI surveillance subtotal score		/100



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Section 5: Multimodal strategies

World Health Organization

Core component 5: Multimodal strategies[16] for implementation of infection prevention and control (IPC) interventions

Question	Answer	Score
1. Do you use multimodal strategies[16] to implement IPC interventions?	☐ No	0
	☐ Yes	15
2. Do your multimodal strategies include any or all of the following elements: Choose one answer (the most accurate) per element	**System change**	
	☐ Element not included in multimodal strategies	0
	☐ Interventions to ensure the necessary infrastructure and continuous availability of supplies are in place	5
	☐ Interventions to ensure the necessary infrastructure and continuous availability of supplies are in place and addressing ergonomics[17] and accessibility, such as the best placement of central venous catheter set and tray	10
	Education and training	
	☐ Element not included in multimodal strategies	0
	☐ Written information and/or oral instruction and/or e-learning only	5
	☐ Additional interactive training sessions (includes simulation and/or bedside training)	10
	Monitoring and feedback	
	☐ Element not included in multimodal strategies	0
	☐ Monitoring compliance with process or outcome indicators (for example, audits of hand hygiene or catheter practices)	5
	☐ Monitoring compliance and providing timely feedback of monitoring results to health care workers and key players	10
	Communications and reminders	
	☐ Element not included in multimodal strategies	0
	☐ Reminders, posters, or other advocacy/awareness-raising tools to promote the intervention	5
	☐ Additional methods/initiatives to improve team communication across units and disciplines (for example, by establishing regular case conferences and feedback rounds)	10
	Safety climate and culture change	
	☐ Element not included in multimodal strategies	0
	☐ Managers/leaders show visible support and act as champions and role models, promoting an adaptive approach[18] and strengthening a culture that supports IPC, patient safety and quality	5
	☐ Additionally, teams and individuals are empowered so that they perceive	10
Multimodal strategies subtotal score		/100

25

Section 6: IPC monitoring/audits & feedback

World Health Organization

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

Question	Answer	Score
1. Do you have trained personnel responsible for monitoring/audit of IPC practices and feedback?	☐ No	0
	☐ Yes	10
2. Do you have a well-defined monitoring plan with clear goals,	☐ No	0
5. Do you feedback auditing reports (for example, feedback on hand hygiene compliance data or other processes) on the state of the IPC activities/performance? Tick all that apply	☐ No reporting	0
	☐ Yes, within the IPC team	2.5
	☐ Yes, to department leaders and managers in the areas being audited	2.5
	☐ Yes, to frontline health care workers	2.5
	☐ Yes, to the IPC committee or quality of care committees or equivalent	2.5
	☐ Yes, to hospital management and senior administration	2.5
6. Is the reporting of monitoring data undertaken regularly (at least annually)?	☐ No	0
	☐ Yes	10
7. Are monitoring and feedback of IPC processes and indicators performed in a "blame-free" institutional culture aimed at improvement and behavioural change?	☐ No	0
	☐ Yes	5
8. Do you assess safety cultural factors in your facility (for example, by using other surveys such as HSOPSC, SAQ, PSCHO, HSC[22])	☐ No	0
	☐ Yes	5

IPC monitoring/audits & feedback subtotal score /100

26

Section 7: Workload, staffing, bed occupancy

World Health Organization

Core component 7: Workload, staffing and bed occupancy[23]

Question	Answer	Score
Staffing		
1. Are appropriate staffing levels assessed in your facility according to patient workload using national standards or a standard staffing needs assessment tool such as the *WHO Workload indicators of staffing need*[24] method?	☐ No	0
	☐ Yes	5
2. Is an agreed (that is, WHO or national) ratio of health care workers to patients[25] maintained across your facility? Choose one answer	☐ No	0
	☐ Yes, for staff in less than 50% of units	5
	☐ Yes, for staff in more than 50% of units	10
	☐ Yes, for all health care workers in the facility	15
3. Is a system in place in your facility to act on the results of the staffing needs assessments when staffing levels are deemed to be too low?	☐ No	0
	☐ Yes	10
Bed occupancy		
4. Is the design of wards in your facility in accordance with international standards[26] regarding bed capacity? Choose one answer	☐ No	0
	☐ Yes, but *only* in certain departments	5
	☐ Yes, for all departments (including emergency department and pediatrics)	15
5. Is bed occupancy in your facility kept to one patient per bed? Choose one answer	☐ No	0
	☐ Yes, but *only* in certain departments	5
	☐ Yes, for all units (including emergency departments and pediatrics)	15
6. Are patients in your facility placed in beds standing in the corridor outside of the room (including beds in the emergency department)? Choose one answer	☐ Yes, more frequently than twice a week	0
	☐ Yes, less frequently than twice a week	5
	☐ No	15
7. Is adequate spacing of > 1 meter between patient beds ensured in your facility?	☐ No	0

Workload, staffing and bed occupancy subtotal score /100

[26] The *WHO Essential environmental health standards in health care* guidance provides guidance on standards required for health care [illegible] and low-resource countries.

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Section 8: Built environment

World Health Organization

Core component 8: Built environment, materials and equipment for IPC at the facility level[27]

Question	Answer	Score
Water		
1. Are water services available at all times and of sufficient quantity for all uses (for example, hand washing, drinking, personal hygiene, medical activities, sterilization, decontamination, cleaning and laundry)?	☐ No, available on average < 5 days per week	0
	☐ Yes, available on average ≥ 5 days per week or every day but not of sufficient quantity	2.5
Decontamination and sterilization		
15. Does your health care facility provide a dedicated decontamination area and/or sterile supply department (either present on or off site and operated by a licensed decontamination management service) for the decontamination and sterilization of medical devices and other items/equipment? Choose one answer	☐ No, not present	0
	☐ Yes, but not functioning reliably	2.5
	☐ Yes and functioning reliably	5
16. Do you reliably have sterile and disinfected equipment ready for use? Choose one answer	☐ No, available on average < five days per week	0
	☐ Yes, available on average ≥ five days per week or every day, but not of sufficient quantity	2.5
	☐ Yes, available every day and of sufficient quantity	5
17. Are disposable items available when necessary? (for example, injection safety devices, examination gloves) Choose one answer	☐ No, not available	0
	☐ Yes, but *only* sometimes available	2.5
	☐ Yes, continuously available	5

Built environment subtotal score	/100

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IPCAF – scoring

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- Points are allocated to the individual answers of each question, depending on the importance of the question/answer in the context of the respective core component
- In each section (core component), a maximum score of 100 points can be achieved
- After you have answered all questions of a component, the score can be calculated by adding the points of every chosen answer. By adding the total scores of all eight components, the overall score is calculated
- A final field presents potential verifiers to guide the user in completing the tool

See explanatory video at: https://youtu.be/yMJPVtma9l0

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IPCAF – interpretation of the results: a 3-step process

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1. Add up your points

	Score
Section (Core component)	**Subtotals**
1. IPC programme	45
2. IPC guidelines	60
3. IPC education and training	75
4. HAI surveillance	20
5. Multimodal strategies	45
6. Monitoring/audits of IPC practices and feedback	50
7. Workload, staffing and bed occupancy	65
8. Built environment, materials and equipment for IPC at the facility level	30
Final total score	**390** /800

2. Determine the assigned "IPC level" in your facility using the total score from Step 1

Total score (range)	**IPC level**
0–200	Inadequate
201–400	Basic
401–600	Intermediate
601–800	Advanced

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Interpreting results

World Health Organization

Box 8. IPCAF scoring interpretation

Score		Interpretation
0-200	Inadequate	IPC core components' implementation is deficient. Significant improvement is required.
201-400	Basic	Some aspects of the IPC core components are in place, but not sufficiently implemented. Further improvement is required.
401-600	Intermediate	Most aspects of IPC core components are appropriately implemented. Continue to improve the scope and quality of implementation and focus on the development of long-term plans to sustain and further promote the existing IPC programme.
601-800	Advanced	The IPC core components are fully implemented according to the WHO recommendations and appropriate to the needs of your facility.

Source: *Facility Interim Pratical Manual* http://www.who.int/infection-prevention/tools/core-components/en/

IPCAF step 3 – Review the results and develop an action plan

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Detailed facility assessment

IPCAF Section	Strengths	Gaps
1. IPC programme		
2. IPC guidelines		
3. IPC education & training		
4. HAI surveillance		
5. Multimodal strategies		
6. Monitoring/audits & feedback		
7. Workload, staffing and bed occupancy		
8. Built environment		

Source: *Facility Interim Pratical Manual* http://www.who.int/infection-prevention/tools/core-components/en/

Detailed assessment: CC1

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IPCAF Section	Strengths	Gaps
1. IPC programme	• XX	• YY

Repeat this table up to Core Component 8

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PRESENTATION TEMPLATE

Infection Prevention and Control Assessment Framework (IPCAF) results

PART A slide set template: Use part A during step 2

PART B slide set template: Use part B during step 4

http://www.who.int/infection-prevention/tools/core-components/en/

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IPCAF step 3 – Review the results and develop an action plan

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- Review the areas identified by this evaluation as requiring improvement in your facility and develop an **action plan** to address them
- Keep a copy of this assessment to compare with repeated uses in the future

Key considerations	Key actions
Starting to identify core components that require improvement	• While presenting the results, start to identify core components that appear to be defective (in discussion with the IPC committee); choose one or more components that are considered to be urgent to address in step 3. • While doing this, consider resources and expertise available, urgent problems to be faced (for example, a specific type of infection to be reduced, due to its burden locally), available opportunities (for example, partners' interest in supporting specific relevant projects). • You can also identify core components that are already partially implemented, but for which the score could be improved in specific areas.

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Example action plan templates

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CORE COMPONENT:	<INSERT NAME OF CORE COMPONENT>					
Priority gaps identified	Action required	Lead person	Start date	End date	Budget (if applicable)	Monitoring and evaluating implementation progress (include review/ completion dates)
<List all gaps identified from baseline assessment and prioritized for action>	<List the actions that are planned using information gathered as you work through the 5 steps of the implementation cycle>	<List the lead person or group driving the action plan>	<State when the action will start to be addressed>	<Estimate the deadline for action to be completed, including periodic review dates if applicable>	<Estimate the budget required to address the required actions>	<Describe the progress that has been made at each review date including decisions and actions taken, and the need for further actions to be taken to achieve completion>

SAMPLE ACTION PLAN: IPC GUIDELINES

Priority gap	Action required and link to available tools/ resources	Lead person and other team members	Timeline	Budget/ resources
No (evidence-based, consistent) IPC guidelines available (and no engagement of other clinicians and managers in this process)	• Source national, regional or international evidence-based guidelines and/or source guidelines developed and approved in other similar facilities. • Adapt the content of other guidelines if necessary to the facility needs. • Review the sample of national guidelines in the tools and resources section.	• IPC lead/focal person • Microbiologist or infectious diseases specialist (if different from lead) • Public health experts • Others with experience of writing guidelines • Sample of facility clinicians and managers	6 months	Low

SAMPLE ACTION PLAN: IPC TRAINING AND EDUCATION

Priority gap	Action required and link to available tools/resources	Lead person and other team members	Timeline	Budget/ resources
No expertise in how to develop and execute effective IPC training	• Source competencies for IPC training and map to available staff. • Develop and submit a report on the competency status of available staff to senior managers highlighting gaps and the need to build capacity through training and mentorship.	• IPC lead/focal person	3 months	Low
No routine programme of IPC training	• Develop a programme of IPC training using WHO training modules (see tools and resources).	• IPC lead/focal person	3 months	Moderate

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Tracking progress over time

Place "x" in the table columns to track progress ("x" inserted for illustration purposes)

Score	Interpretation	[Month/year]	[Month/year]	[Month/year]
0-200	Inadequate	X		
201-400	Basic		X	X
401-600	Intermediate			
601-800	Advanced			

STEP 4
ASSESSING IMPACT

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What help you can find

World Health Organization

PRACTICAL TIPS, KEY CONSIDERATIONS AND ACTIONS

IMPLEMENTATION BARRIERS AND SOLUTIONS

TOOLS AND RESOURCES

CASE STUDY EXAMPLES

Source: *Facility Interim Pratical Manual* http://www.who.int/infection-prevention/tools/core-components/en/

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Core component 5: Multimodal strategies

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5 Multimodal Strategies NEW

R5a *Strong*: At the **facility** level IPC activities should be implemented using multimodal strategies to improve practices and reduce HAI and AMR.

R5b *Strong*: **National** IPC programmes should coordinate and facilitate the implementation of IPC activities through multimodal strategies on a nationwide or sub-national level.

Evidence (44 studies at facility, 14 at national level) shows that implementing IPC activities at facility level using multimodal strategies is effective to improve IPC practices and reduce HAI (particularly hand hygiene compliance, central line-associated bloodstream infections, ventilator-associated pneumonia, infections caused by MRSA and *C. difficile*)

A **multimodal strategy** comprises **several elements or components** (3 or more; usually 5) **implemented in an integrated way** with the aim to improve an outcome and change behaviour. It includes tools, such as bundles and checklists, developed by multidisciplinary teams that **take into account local conditions**

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What is a multimodal strategy?

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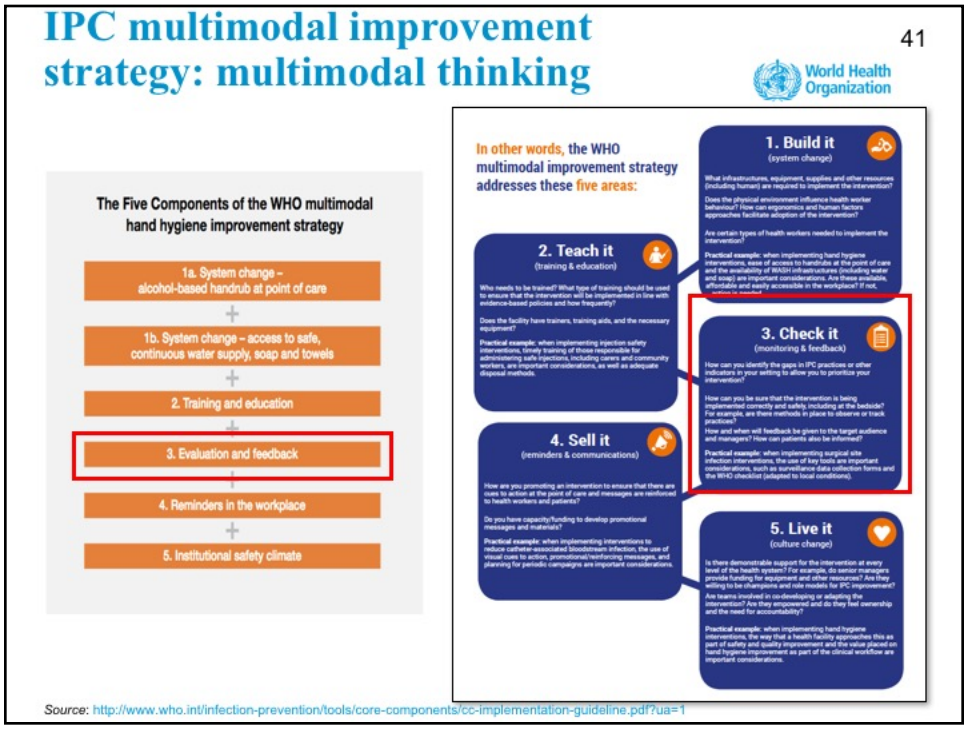
- ***It is "THE" modern way to implement IPC interventions***
  - ✓ to achieve the system change, climate and behaviour that support IPC progress and, ultimately, the measurable impact that benefits patients and health care workers
- **Multimodal thinking** means that IPC practitioners do not focus only on single strategies to change practices (for example, training and education), but consider a range of strategies that target different influencers of human behaviour, e.g. procurement, monitoring and feedback, infrastructures or organizational culture
- All (five) areas should be considered and necessary action taken, based on the local context and situation informed by periodic assessments
- Lessons from the field suggest that targeting only one of these five elements (using a "unimodal" strategy) is more likely to result in improvements that are short-lived and not sustainable


IPC multimodal improvement strategy: multimodal thinking
41
World Health Organization
The Five Components of the WHO multimodal hand hygiene improvement strategy
1a. System change – alcohol-based handrub at point of care
1b. System change – access to safe, continuous water supply, soap and towels
2. Training and education
3. Evaluation and feedback
4. Reminders in the workplace
5. Institutional safety climate
In other words, the WHO multimodal improvement strategy addresses these five areas:
1. Build it
(system change)
2. Teach it
(training & education)
3. Check it
(monitoring & feedback)
4. Sell it
(reminders & communications)
5. Live it
(culture change)
Source: http://www.who.int/infection-prevention/tools/core-components/cc-implementation-guideline.pdf?ua=1

WHO Hand Hygiene improvement Multimodal Strategy
42
World Health Organization
1a. System change – alcohol-based handrub at point of care
1b. System change – access to safe, continuous water supply, soap and towels
2. Training and education
3. Evaluation and feedback
4. Reminders in the workplace
5. Institutional safety climate

Impact of the WHO Hand Hygiene multimodal strategy

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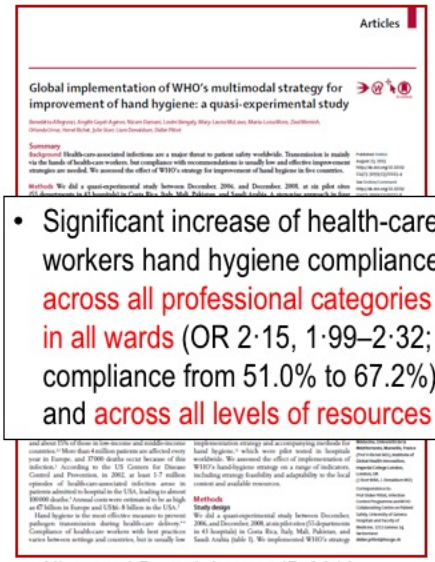
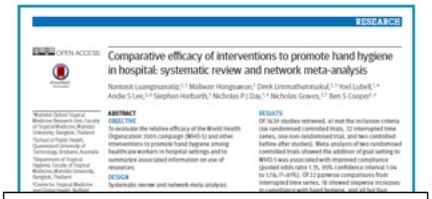
World Health Organization


Articles

Global implementation of WHO's multimodal strategy for improvement of hand hygiene: a quasi-experimental study

- Significant increase of health-care workers hand hygiene compliance across all professional categories in all wards (OR 2·15, 1·99–2·32; compliance from 51.0% to 67.2%) and across all levels of resources

Allegranzi B et al, Lancet ID 2013


RESEARCH

Comparative efficacy of interventions to promote hand hygiene in hospital: systematic review and network meta-analysis

Meta-analysis from 22 studies confirmed that the WHO hand hygiene improvement strategy is effective at increasing health care workers compliance

Results of 19 studies showed reduction of healthcare-associated infections

Luangasanatip N et al, BMJ 2015

1. System change – ABHR at the point of care

44

- Three elements occur together: the patient, the HCW, and care or treatment involving patient contact
- Point-of-care products should be accessible without having to leave the patient zone
- The concept embraces the need to perform hand hygiene at recommended moments where care delivery takes place

Hand hygiene agents easily accessible at the point-of-care

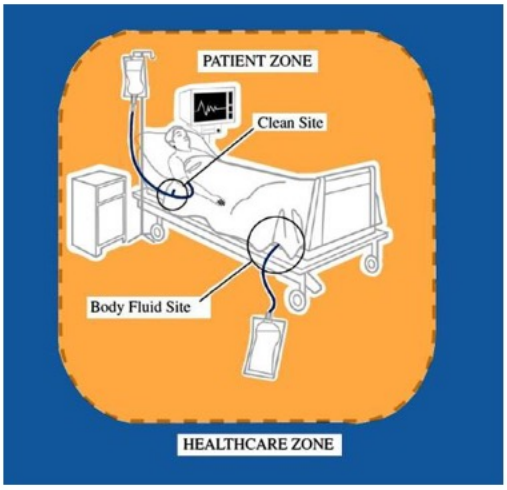
45

World Health Organization

WHO guidelines on Hand Hygiene 2009

2. Training and Education

46



- The Healthcare Zone
- The Patient Zone:
  - The patient &
  - The patient's immediate surroundings

Critical Sites
- Clean site
- Body fluid site

WHO guidelines on Hand Hygiene 2009

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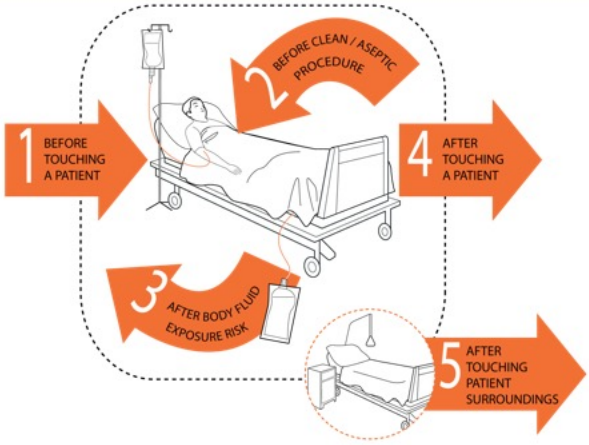
World Health Organization

"My 5 moments for hand hygiene"



3. Evaluation and Feedback

Why monitoring hand hygiene compliance?

- it is the most valid **indicator of HCWs' behavior related to hand hygiene**
- it provides **feedback information to the implementation action plan** of the hand hygiene improvement strategy
- it **improves the understanding of hand hygiene amongst HCWs** and **contributes to its promotion** (*performance feedback*)

WHO hand hygiene direct observation method

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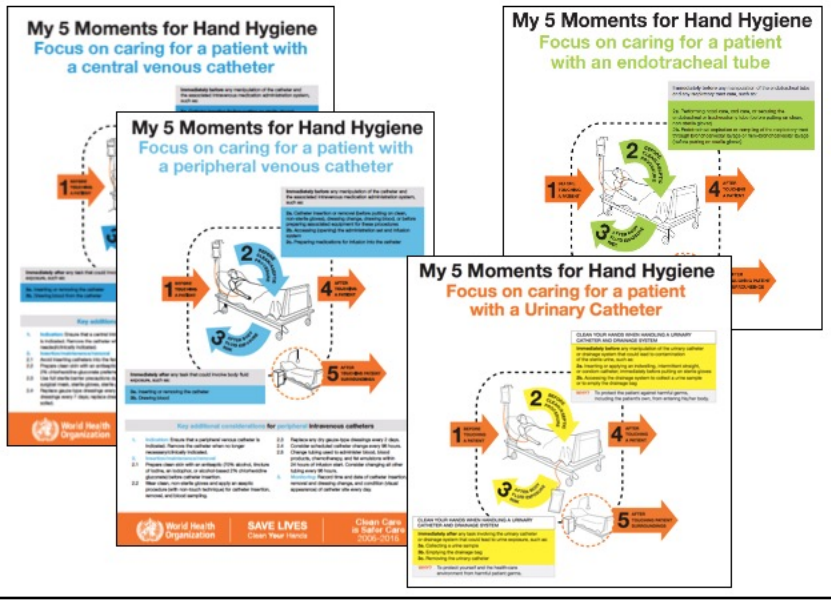
World Health Organization

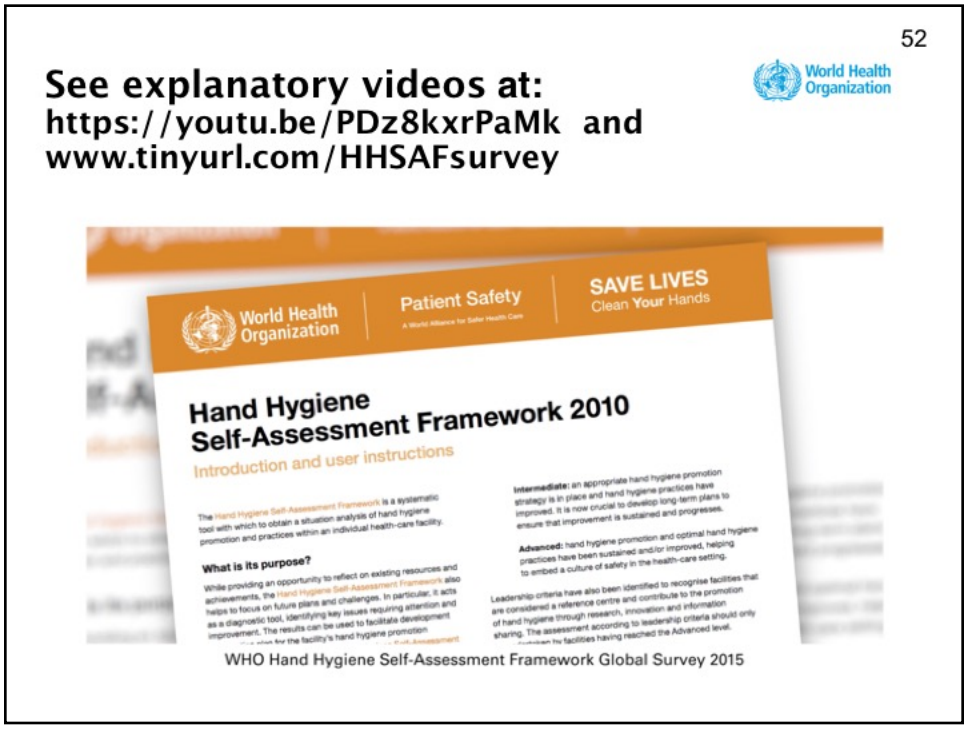
- insures consistency between reference concepts, definitions and tools
- allows observation of the technique
- permits interaction between observer & HCW (*performance feedback*)

4. Reminders in the workplace

50



5. Institutional safety climate
#safeHANDS


52
See explanatory videos at:
https://youtu.be/PDz8kxrPaMk and
www.tinyurl.com/HHSAFsurvey
World Health Organization
World Health Organization
Patient Safety
SAVE LIVES
Clean Your Hands
Hand Hygiene
Self-Assessment Framework 2010
Introduction and user instructions
What is its purpose?
WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

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Introduction to the Hand Hygiene Self-Assessment Framework (HHSAF)

Purpose and background

- The HHSAF assigns hospitals a score and position on a continuum of improvement from "inadequate" to "advanced"
- It is a diagnostic tool to assess existing hand hygiene activities and identify strengths and gaps
- It comprises the 5 components of the WHO Multimodal Hand Hygiene improvement strategy and addresses a total of 27 indicators framed as questions

https://www.who.int/infection-prevention/tools/hand-hygiene/hhsa_framework/en/

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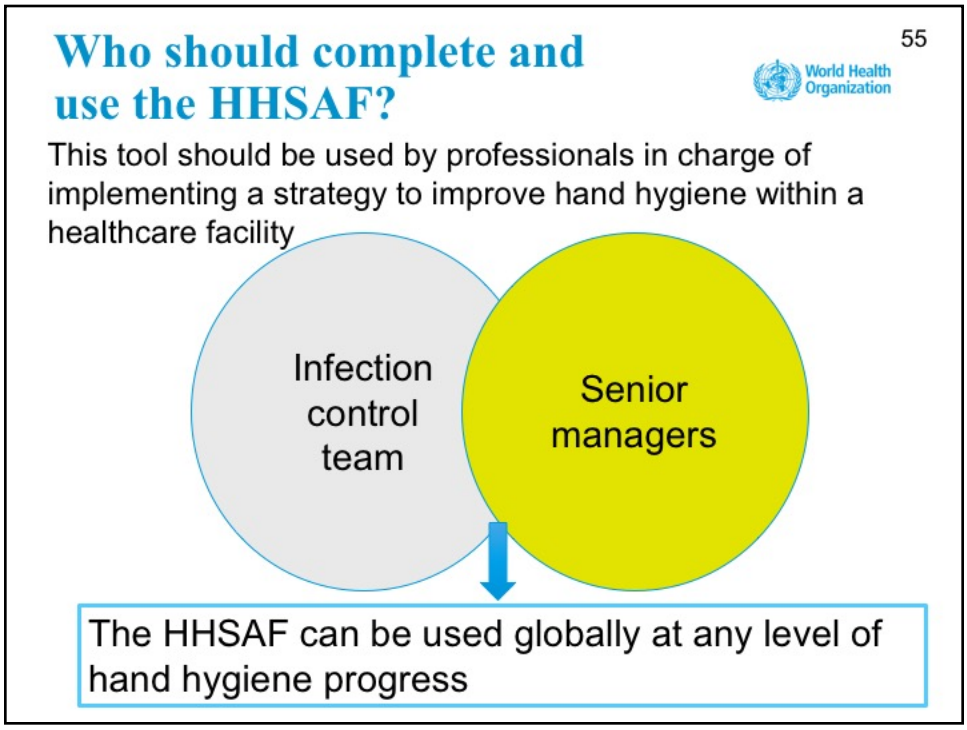
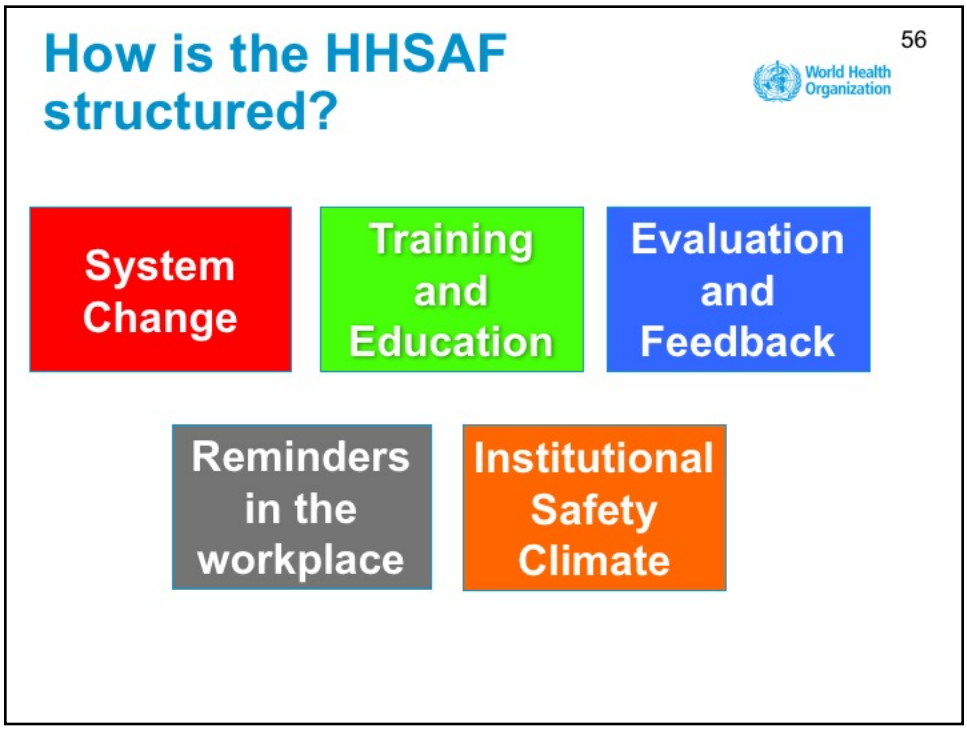
Introduction to the Hand Hygiene Self-Assessment Framework (HHSAF)

- Hand hygiene is a key healthcare quality indicator
- The HHSAF facilitates regular monitoring and reporting of the WHO multimodal improvement strategy at local and national level
- WHO recommends to use the HHSAF on an annual basis
- HHSAF survey may act as a proxy indicator of the global quality of healthcare delivery


Who should complete and use the HHSAF?
55
World Health Organization
This tool should be used by professionals in charge of implementing a strategy to improve hand hygiene within a healthcare facility
Infection control team
Senior managers
The HHSAF can be used globally at any level of hand hygiene progress


How is the HHSAF structured?
56
World Health Organization
System Change
Training and Education
Evaluation and Feedback
Reminders in the workplace
Institutional Safety Climate

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How to complete the survey?

1. Complete each of the 5 components of the HHSAF
2. Circle or highlight the answer appropriate to your facility for each question
3. Each answer is associated with a score
4. Each component has a maximum score of 100
5. After completing a component, add up the scores for the answers you have selected to give a subtotal for that component
6. Add the subtotals for each component to calculate the overall score
7. Identify the hand hygiene level to which your health-care facility is assigned

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1. System Change

1.1 How easily available is alcohol-based handrub in your health-care facility? **Choose one answer**	Not available	0	→ Ward Infrastructure Survey → Protocol for Evaluation of Tolerability and Acceptability of Alcohol-based Handrub in Use or Planned to be Introduced: Method 1 → Guide to Implementation II.1
	Available, but efficacy[1] and tolerability[2] have not been proven	0	
	Available only in some wards or in discontinuous supply (with efficacy[1] and tolerability[2] proven)	5	
	Available facility-wide with continuous supply (with efficacy[1] and tolerability[2] proven)	10	
	Available facility-wide with continuous supply, and at the point of care[3] in the majority of wards (with efficacy[1] and tolerability[2] proven)	30	
	Available facility-wide with continuous supply at each point of care[3] (with efficacy[1] and tolerability[2] proven)	50	
1.2 What is the sink:bed ratio? **Choose one answer**	Less than 1:10	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	At least 1:10 in most wards	5	
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units	10	
1.3 Is there a continuous supply of clean, running water[4]?	No	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	Yes	10	
1.4 Is soap[5] available at each sink?	No	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	Yes	10	
1.5 Are single-use towels available at each sink?	No	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	Yes	10	
1.6 Is there dedicated/available budget for the continuous procurement of hand hygiene products (e.g. alcohol-based handrubs)?	No	0	→ Guide to Implementation II.1
	Yes	10	
Extra Question: Action plan			
Answer this question ONLY if you scored less than 100 for questions 1.1 to 1.6:	No	0	→ Alcohol-based Handrub Planning and Costing Tool → Guide to Local Production:
			System Change subtotal 100/100
	System Change subtotal	0 /100	

2. Training and Education

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World Health Organization

2.1 Regarding training of health-care workers in your facility:			
2.1a How frequently do health-care workers receive training regarding hand hygiene[a] in your facility? **Choose one answer**	Never	0	→ Slides for Education Session for Trainers, Observers and Health-care Workers
	At least once	5	→ Hand Hygiene Training Films
	Regular training for medical and nursing staff, or all professional categories (at least annually)	10	→ Slides Accompanying the Training Films → Slides for the Hand Hygiene Co-ordinator → Hand Hygiene Technical Reference Manual
	Mandatory training for all professional categories at commencement of employment, then ongoing regular training (at least annually)	20	
2.1b Is a process in place to confirm that all health-care workers complete this training?	No	0	→ Hand Hygiene Why, How and When Brochure → Guide to Implementation II.2
	Yes	20	
2.2 Are the following WHO documents (available at www.who.int/gpsc/5may/tools), or similar local adaptations, easily available to all health-care workers?			→ Guide to Implementation II.2
2.2a The 'WHO Guidelines on Hand Hygiene in Health-care: A Summary'	No	0	→ WHO Guidelines on Hand Hygiene in Health Care: A Summary
	Yes	5	
2.2b The WHO 'Hand Hygiene Technical Reference Manual'	No	0	→ Hand Hygiene Technical Reference Manual
	Yes	5	
2.2c The WHO 'Hand Hygiene: Why, How and When' Brochure	No	0	→ Hand Hygiene Why, How and When Brochure
	Yes	5	
2.2d The WHO 'Glove Use Information' Leaflet	No	0	→ Glove Use Information Leaflet
	Yes	5	
2.3 Is a professional with adequate skills[a] to serve as trainer for hand hygiene educational programmes active within the health-care facility?	No	0	→ WHO Guidelines on Hand Hygiene in Health Care → Hand Hygiene Technical Reference Manual → Hand Hygiene Training Films → Slides Accompanying the Training Films → Guide to Implementation II.2
	Yes	15	
2.4 Is a system in place for training and validation of hand hygiene compliance observers?	No	0	
	Yes	15	
2.5 Is there is a dedicated budget that allows for hand hygiene training?	No	0	→ Template Letter to Advocate Hand Hygiene to Managers → Template Letter to communicate Hand Hygiene Initiatives to Managers

Training and Education subtotal 60/100

	Training and Education subtotal	0 /100

3. Evaluation and Feedback

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3.4 Direct Monitoring of Hand Hygiene Compliance
Only complete section 3.4 if hand hygiene compliance observers in your facility have been trained and validated and utilise the WHO 'My 5 Moments for Hand Hygiene' (or similar) methodology

3.4a How frequently is direct observation of hand hygiene compliance performed using the WHO Hand Hygiene Observation tool (or similar technique)? **Choose one answer**	Never	0	→ WHO Hand Hygiene Observation form → Hand Hygiene Technical Reference Manual → Guide to Implementation II.3
	Irregularly	5	
	Annually	10	
	Every 3 months or more often	15	
3.4b What is the overall hand hygiene compliance rate according to the WHO Hand Hygiene Observation tool (or similar technique) in your facility? **Choose one answer**	≤ 30%	0	→ Guide to Implementation II.3 → Observation form → Data Entry Analysis tools → Instructions for Data Entry and Analysis → Epi Info™ software[a] → Data Summary Report Framework
	31 – 40%	5	
	41 – 50%	10	
	51 – 60%	15	
	61 – 70%	20	
	71 – 80%	25	
	≥ 81%	30	

3.5 Feedback

3.5a **Immediate feedback** Is immediate feedback given to health-care workers at the end of each hand hygiene compliance observation session?	No	0	→ Guide to Implementation II.3 → Observation and Basic Compliance Calculation forms
	Yes	5	
3.5b **Systematic feedback** Is regular (at least 6 monthly) feedback of data related to hand hygiene indicators with demonstration of trends over time given to:			→ Data Summary Report Framework → Guide to Implementation II.3
3.5b.i Health-care workers?	No	0	
	Yes	7.5	
3.5b.ii Facility leadership?	No	0	

Evaluation and Feedback subtotal 75/100

	Evaluation and Feedback subtotal	0 /100

4. Reminders in the Workplace

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Question	Answer	Score	WHO improvement tools
4.1 Are the following posters (or locally produced equivalent with similar content) displayed?			→ Guide to Implementation II.4
4.1a Poster explaining the indications for hand hygiene **Choose one answer**	Not displayed	0	→ Your 5 Moments for Hand Hygiene (Poster)
	Displayed in some wards/treatment areas	15	
	Displayed in most wards/treatment areas	20	
	Displayed in all wards/treatment areas	25	
4.1b Poster explaining the correct use of handrub **Choose one answer**	Not displayed	0	→ How to Handrub (Poster)
	Displayed in some wards/treatment areas	5	
	Displayed in most wards/treatment areas	10	
	Displayed in all wards/treatment areas	15	
4.1c Poster explaining correct hand-washing technique **Choose one answer**	Not displayed	0	→ How to Handwash (Poster)
	Displayed in some wards/treatment areas	5	
	Displayed in most wards/treatment areas	7.5	
	Displayed at every sink in all wards/treatment areas	10	
4.2 How frequently does a systematic audit of all posters for evidence of damage occur, with replacement as required? **Choose one answer**	Never	0	→ Guide to Implementation II.4
	At least annually	10	
	Every 2-3 months	15	
4.3 Is hand hygiene promotion undertaken by displaying and regularly updating posters other than those mentioned above?	No	0	→ Guide to Implementation II.4
	Yes	10	
4.4 Are hand hygiene information leaflets available on wards?	No	0	→ Hand Hygiene: When and How Leaflet
	Yes	10	→ Guide to Implementation II.4
4.5 Are other workplace reminders located throughout the facility?	No	0	→ SAVE LIVES: Clean Your Hands Screensaver → Guide to Implementation II.4

Reminders in the Workplace 90/100

5. Institutional Safety Climate

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5.4 Are systems for identification of Hand Hygiene Leaders from all disciplines in place?			
5.4a A system for designation of Hand Hygiene champions[11]	No	0	
	Yes	5	
5.4b A system for recognition and utilisation of Hand Hygiene role models[12]	No	0	
	Yes	5	
5.5 Regarding patient involvement in hand hygiene promotion:			→ Guidance on Engaging Patients and Patient Organizations in Hand Hygiene Initiatives → Guide to Implementation II.5
5.5a Are patients informed about the importance of hand hygiene? (e.g. with a leaflet)	No	0	
	Yes	5	
5.5b Has a formalised programme of patient engagement been undertaken?	No	0	
	Yes	10	
5.6 Are initiatives to support local continuous improvement being applied in your facility, for example:			→ Sustaining Improvement – Additional Activities for Consideration by Health-Care Facilities → Guide to Implementation II.5
5.6a Hand hygiene E-learning tools	No	0	
	Yes	5	
5.6b A hand hygiene institutional target to be achieved is established each year	No	0	
	Yes	5	
5.6c A system for intra-institutional sharing of reliable and tested local innovations	No	0	
	Yes	5	
5.6d Communications that regularly mention hand hygiene e.g. facility newsletter, clinical meetings	No	0	
	Yes	5	
5.6e System for personal accountability[13]	No	0	
	Yes	5	
5.6f A Buddy system[14] for new employees	No	0	

Institutional Safety Climate 60/100

1. Add up your points

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World Health Organization

Score	
1. System change	100/100
2. Education and Training	60/100
3. Evaluation and Feedback	75/100
4. Reminders in the Workplace	90/100
5. Institutional Safety Climate	60/100
Total Score	**385**

2. Determine the assigned Hand Hygiene Level

Total Score	Hand Hygiene Level
0-125	Inadequate
126-250	Basic
251-375	Intermediate or (consolidation)
376-500	Advanced or (embedding)

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HHSAF scoring and interpretation

Score	Hand Hygiene Level	Interpretation
0-125	Inadequate	HH practices and promotion are deficient. Significant improvement is required.
126-250	Basic	Some HH measures are in place, but not to a satisfactory standard. Further improvement is required.
251-375	Intermediate	An appropriate HH promotion strategy is in place and HH practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
376-500	Advanced	HH promotion and optimal HH practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

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World Health Organization

3. If your facility has reached the ADVANCED Level complete the Leadership section

66

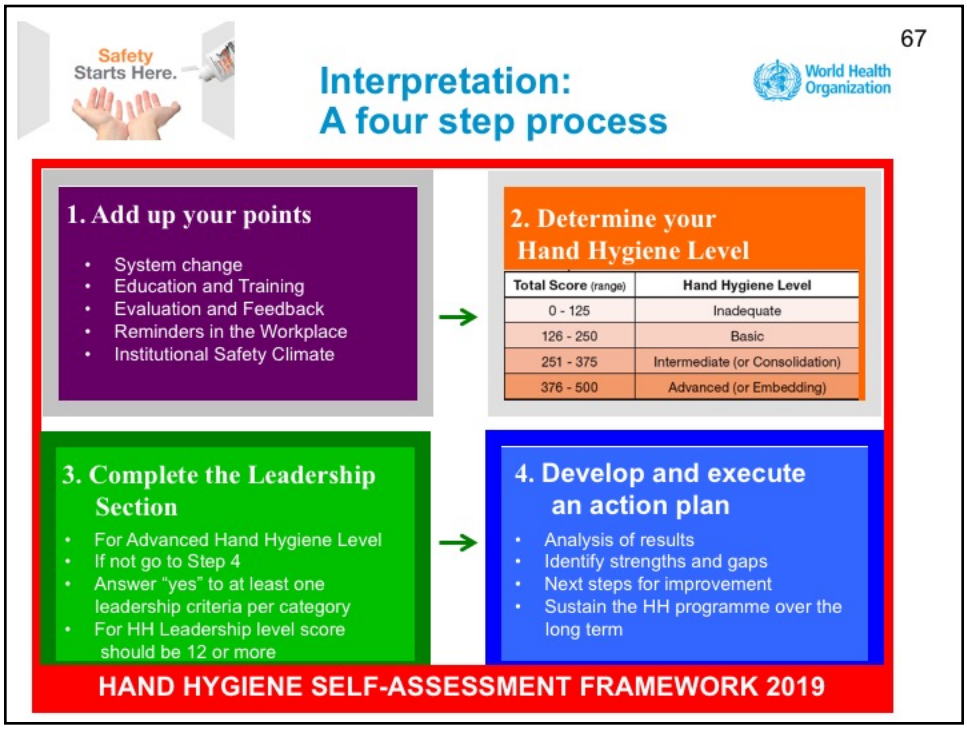
Leadership Criteria

Reminders in the Workplace		
Is a system in place for creation of new posters designed by local health-care workers?	Yes ○	No ●
Are posters created in your facility used in other facilities?	Yes ○	No ●
Have innovative types of hand hygiene reminders been developed and tested at the facility?	Yes ○	No ●
Institutional Safety Climate		
Has a local hand hygiene research agenda addressing issues identified by the WHO Guidelines as requiring further investigation been developed?	Yes ○	No ●
Has your facility participated actively in publications or conference presentations (oral or poster) in the area of hand hygiene?	Yes ●	No ○
Are patients invited to remind health-care workers to perform hand hygiene?	Yes ○	No ●
Are patients and visitors educated to correctly perform hand hygiene?	Yes ○	No ●
Does your facility contribute to and support the national hand hygiene campaign (if existing)?	Yes ●	No ○
Is impact evaluation of the hand hygiene campaign incorporated into forward planning of the infection control programme?	Yes ○	No ●
Does your facility set an annual target for improvement of hand hygiene compliance facility-wide?	Yes ●	No ○
If the facility has such a target, was it achieved last year?	Yes ○	No ●

Your facility has reached the Hand Hygiene Leadership level if you answered "yes" to at least one leadership criteria per category and its total leadership score is 12 or more. Congratulations and thank you!

Total 6/20

Your facility has not reached Hand Hygiene Leadership level, yet.


67
Safety Starts Here.
Interpretation:
A four step process
World Health Organization
1. Add up your points
System change
Education and Training
Evaluation and Feedback
Reminders in the Workplace
Institutional Safety Climate
2. Determine your Hand Hygiene Level
Total Score (range)
Hand Hygiene Level
0 - 125
Inadequate
126 - 250
Basic
251 - 375
Intermediate (or Consolidation)
376 - 500
Advanced (or Embedding)
3. Complete the Leadership Section
For Advanced Hand Hygiene Level
If not go to Step 4
Answer "yes" to at least one leadership criteria per category
For HH Leadership level score should be 12 or more
4. Develop and execute an action plan
Analysis of results
Identify strengths and gaps
Next steps for improvement
Sustain the HH programme over the long term
HAND HYGIENE SELF-ASSESSMENT FRAMEWORK 2019

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新潟県
患者安全
命を守る きれいな手で！
HHSAF – translated in 14 languages:
Japanese, Chinese, Persian, Turkish, Portuguese, Spanish, English, Romanian,
Polish, German, Slovakian, Italian
手指衛生
自己評価フレームワーク 2010
Dünya Sağlık Örgütü
Hasta Güvenliği
HAYAT KURTARIN
Ellerinizi Temizleyin
El Hijyeni
Öz-Değerlendirme Çerçevesi
Giriş ve kullanıcı talimatları
Organización Mundial de la Salud
Seguridad del Paciente
Una alianza mundial para una atención más segura
Marco de autoevaluación de la higiene de las manos 2010
Introducción e instrucciones de uso
Finalidad
https://www.who.int/infection-prevention/tools/hand-hygiene/hhsa_framework/en/

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4. Develop an ACTION PLAN…

- **Identify strengths and gaps from the HHSAF results for your facility**

Component	Strengths	Gaps
1. System change		
2. Education and Training		
3. Evaluation and Feedback		
4. Reminders in the workplace		
5. Institutional Safety Climate		

Find template action plans here:
https://www.who.int/infection-prevention/campaigns/clean-hands/EN_PSP_GPSC1_5May_2015/en/

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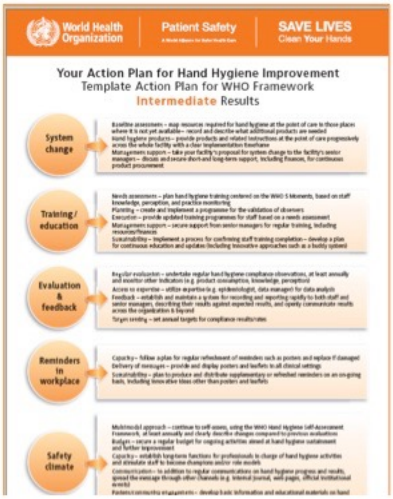
Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment → **Action**



Find template action plans here:
https://www.who.int/infection-prevention/campaigns/clean-hands/EN_PSP_GPSC1_5May_2015/en/

Tracking progress over time

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World Health Organization

Score	Hand hygiene level	Month/Year	Month/Year	Month/Year
0-125	Inadequate	✘		
126-250	Basic		✘	
251-375	Intermediate			✘
376-500	Advanced			

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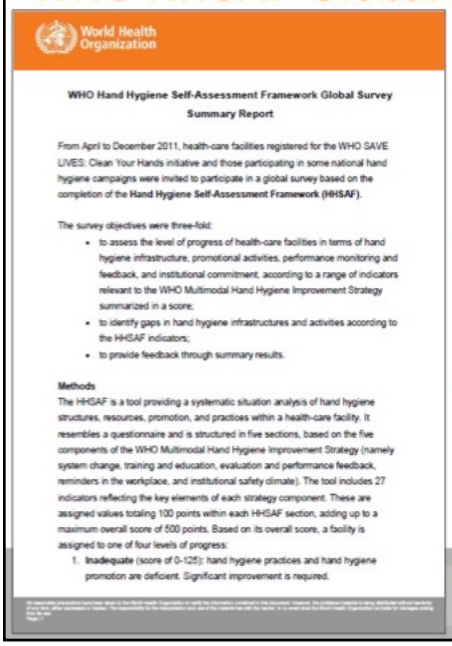
WHO HHSAF Global Survey 2011



World Health Organization

WHO Hand Hygiene Self-Assessment Framework Global Survey
Summary Report

From April to December 2011, health-care facilities registered for the WHO SAVE LIVES: Clean Your Hands initiative and those participating in some national hand hygiene campaigns were invited to participate in a global survey based on the completion of the **Hand Hygiene Self-Assessment Framework (HHSAF).**

The survey objectives were three-fold:

- to assess the level of progress of health-care facilities in terms of hand hygiene infrastructure, promotional activities, performance monitoring and feedback, and institutional commitment, according to a range of indicators relevant to the WHO Multimodal Hand Hygiene Improvement Strategy summarized in a score;
- to identify gaps in hand hygiene infrastructures and activities according to the HHSAF indicators;
- to provide feedback through summary results.

Methods

The HHSAF is a tool providing a systematic situation analysis of hand hygiene structures, resources, promotion, and practices within a health-care facility. It resembles a questionnaire and is structured in five sections, based on the five components of the WHO Multimodal Hand Hygiene Improvement Strategy (namely system change, training and education, evaluation and performance feedback, reminders in the workplace, and institutional safety climate). The tool includes 27 indicators reflecting the key elements of each strategy component. These are assigned values totaling 100 points within each HHSAF section, adding up to a maximum overall score of 500 points. Based on its overall score, a facility is assigned to one of four levels of progress:

1. **Inadequate** (score of 0-125): hand hygiene practices and hand hygiene promotion are deficient. Significant improvement is required.

- Participation of **2119 health-care settings** from **69 countries**
- Find more at http://www.who.int/gpsc/5may/hhsa_framework/en/
- **Scientific publication:**
  B. Allegranzi et al. American Journal of Infection Control 2014;42:224-30

https://www.who.int/gpsc/5may/summary_report_HHSAF_global_survey_May12.pdf?ua=1

Contents lists available at ScienceDirect

American Journal of Infection Control
Am J Infect Control (2014) 42:224-30
journal homepage: www.ajicjournal.org

Major article

Status of the implementation of the World Health Organization multimodal hand hygiene strategy in United States of America health care facilities

Benedetta Allegranzi MD[a], Laurie Conway RN, MS, CIC[b], Elaine Larson RN, PhD, FAAN, CIC[b], Didier Pittet MD, MS[c,*]

[a] *First Global Patient Safety Challenge, World Health Organization Patient Safety Program, World Health Organization, Geneva, Switzerland*
[b] *Columbia University School of Nursing, Columbia University, New York, NY*
[c] *Infection Control Program and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland*

Key Words:
WHO multimodal strategy
Health care-associated infection
Infection control
US hospitals
WHO Hand Hygiene Self-Assessment Framework

Background: The World Health Organization (WHO) launched a multimodal strategy and campaign in 2009 to improve hand hygiene practices worldwide. Our objective was to evaluate the implementation of the strategy in United States health care facilities.
Methods: From July through December 2011, US facilities participating in the WHO global campaign were invited to complete the Hand Hygiene Self-Assessment Framework online, a validated tool based on the WHO multimodal strategy.
Results: Of 2,238 invited facilities, 168 participated in the survey (7.5%). A detailed analysis of 129, mainly nonteaching public facilities (80.6%), showed that most had an advanced or intermediate level of hand hygiene implementation progress (48.9% and 45.0%, respectively). The total Hand Hygiene Self-Assessment Framework score was 36 points higher for facilities with staffing levels of infection preventionists > 0.75/100 beds than for those with lower ratios ($P = .01$) and 41 points higher for facilities participating in hand hygiene campaigns ($P = .002$).
Conclusion: Despite the low response rate, the survey results are unique and allow interesting re-

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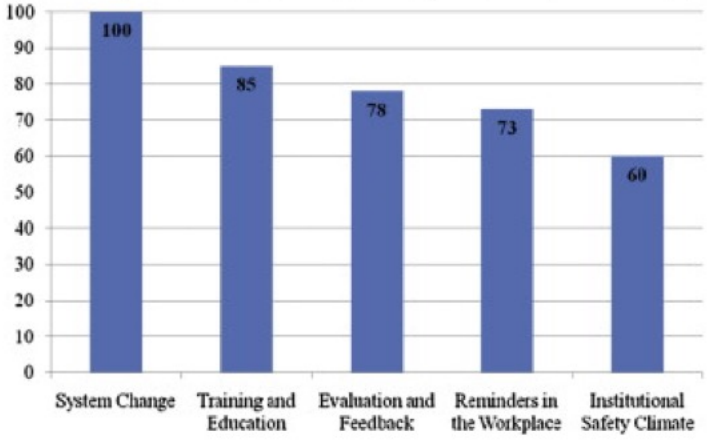
Median component scores for US facilities participating in the WHO Hand Hygiene Self-Assessment Framework survey 2011 (n = 129)

World Health Organization



B Allegranzi, L Conway, E Larson, D Pittet *Am J Infect Control* (2014) 42:224-30

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October 2018; 100: 202–206

World Health Organization

Available online at www.sciencedirect.com

Journal of Hospital Infection

journal homepage: www.elsevier.com/locate/jhin

ELSEVIER

Healthcare Infection Society

Short report

Global hand hygiene improvement progress: two surveys using the WHO Hand Hygiene Self-Assessment Framework

C. Kilpatrick [a], E. Tartari [b,c], A. Gayet-Ageron [b,d], J. Storr [a], S. Tomczyk [a], B. Allegranzi [a], D. Pittet [b,*]

[a] Infection Prevention and Control Global Unit, Department of Service Delivery and Safety, World Health Organization, Geneva, Switzerland
[b] Infection Control Programme and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland
[c] Department of Nursing, Faculty of Health Sciences, University of Malta, Msida, Malta
[d] Department of Health and Community Medicine, Division of Clinical Epidemiology, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland

Kilpatrick et al. *J Hosp Infect 2018; 100: 202-206*

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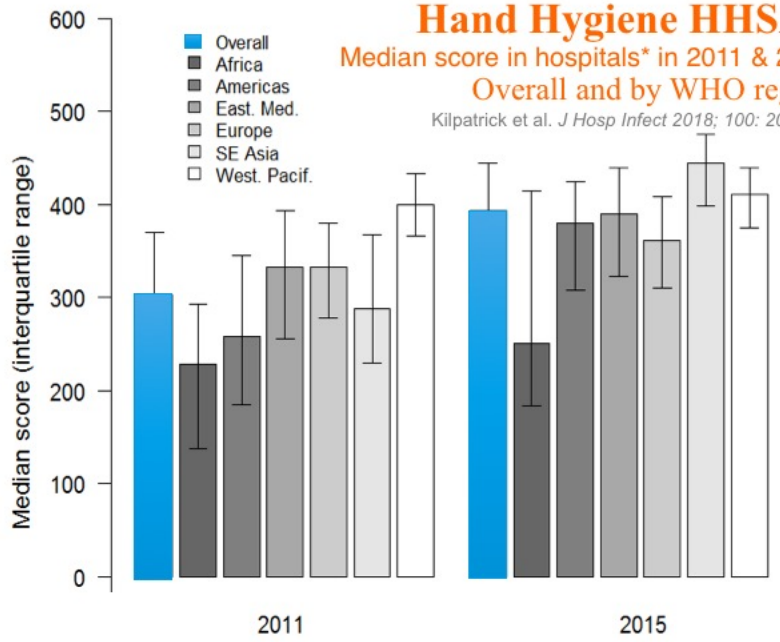
Hand Hygiene HHSAF

Median score in hospitals* in 2011 & 2015
Overall and by WHO region

Kilpatrick et al. *J Hosp Infect 2018; 100: 202-206*



*only in hospitals participating in both survey in 2011 & 2015

WHO HHSAF Global surveys 2011 – 2015; conclusions

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World Health Organization

- Global improvement in hand hygiene promotion capacity was observed worldwide
- Institutional safety climate scored the lowest
- IPC interventions can be enhanced in the context of a positive safety culture
- In both periods, the African region scored the lowest – infrastructure, resources
- Use of the HHSAF could counter campaign fatigue and contribute to sustained incremental progress
- Let's all participate in WHO Global Survey in 2019
  https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/

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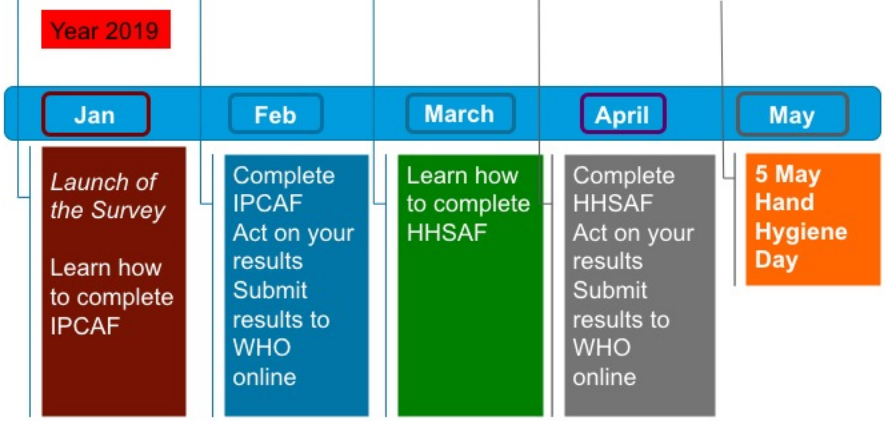
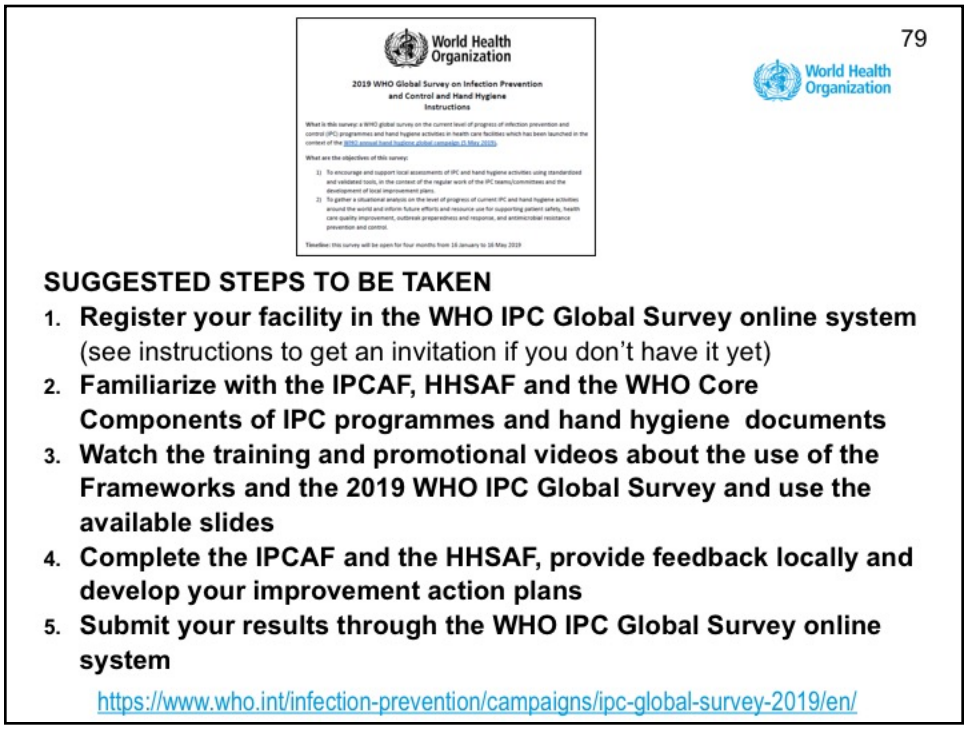
Timeline: WHO IPC Global Survey 2019



https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/



World Health Organization

2019 WHO Global Survey on Infection Prevention and Control and Hand Hygiene
Instructions

What is this survey: a WHO global survey on the current level of progress of infection prevention and control (IPC) programmes and hand hygiene activities in health care facilities which has been launched in the context of the WHO annual hand hygiene global campaign (5 May 2019).

What are the objectives of this survey:

1) To encourage and support local assessments of IPC and hand hygiene activities using standardized and validated tools, in the context of the regular work of the IPC teams/committees and the development of local improvement plans.
2) To gather a situational analysis on the level of progress of current IPC and hand hygiene activities around the world and inform future efforts and resource use for supporting patient safety, health care quality improvement, outbreak preparedness and response, and antimicrobial resistance prevention and control.

Timeline: this survey will be open for four months from 16 January to 16 May 2019

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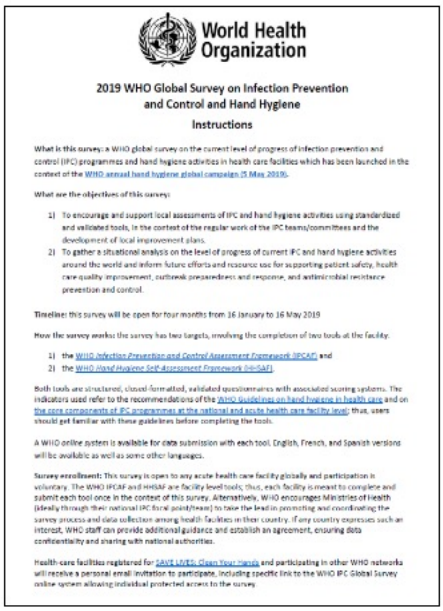
World Health Organization

SUGGESTED STEPS TO BE TAKEN

1. **Register your facility in the WHO IPC Global Survey online system** (see instructions to get an invitation if you don't have it yet)
2. **Familiarize with the IPCAF, HHSAF and the WHO Core Components of IPC programmes and hand hygiene documents**
3. **Watch the training and promotional videos about the use of the Frameworks and the 2019 WHO IPC Global Survey and use the available slides**
4. **Complete the IPCAF and the HHSAF, provide feedback locally and develop your improvement action plans**
5. **Submit your results through the WHO IPC Global Survey online system**

https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/



World Health Organization

2019 WHO Global Survey on Infection Prevention and Control and Hand Hygiene
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Timeline: this survey will be open for four months from 16 January to 16 May 2019

How the survey works: the survey has two targets, involving the completion of two tools at the facility:

1) the WHO Infection Prevention and Control Assessment Framework (IPCAF) and
2) the WHO Hand Hygiene Self-Assessment Framework (HH-SAF).

Both tools are structured, closed-formatted, validated questionnaires with associated scoring systems. The indicators used refer to the recommendations of the WHO Guidelines on hand hygiene in health care and on the core components of IPC programmes at the national and acute health care facility level; thus, users should get familiar with these guidelines before completing the tools.

A WHO online system is available for data submission with each tool. English, French, and Spanish versions will be available as well as some other languages.

Survey enrollment: This survey is open to any acute health care facility globally and participation is voluntary. The WHO IPCAF and HHSAF are facility level tools; thus, each facility is meant to complete and submit each tool once in the context of this survey. Alternatively, WHO encourages Ministries of Health (ideally through their national IPC focal point/team) to take the lead in promoting and coordinating the survey process and data collection among health facilities in their country. If any country expresses such an interest, WHO staff can provide additional guidance and establish an agreement, ensuring data confidentiality and sharing with national authorities.

Health-care facilities registered for SAVE LIVES: Clean Your Hands and participating in other WHO networks will receive a personal email invitation to participate, including specific link to the WHO IPC Global Survey online system allowing individual protected access to the survey.

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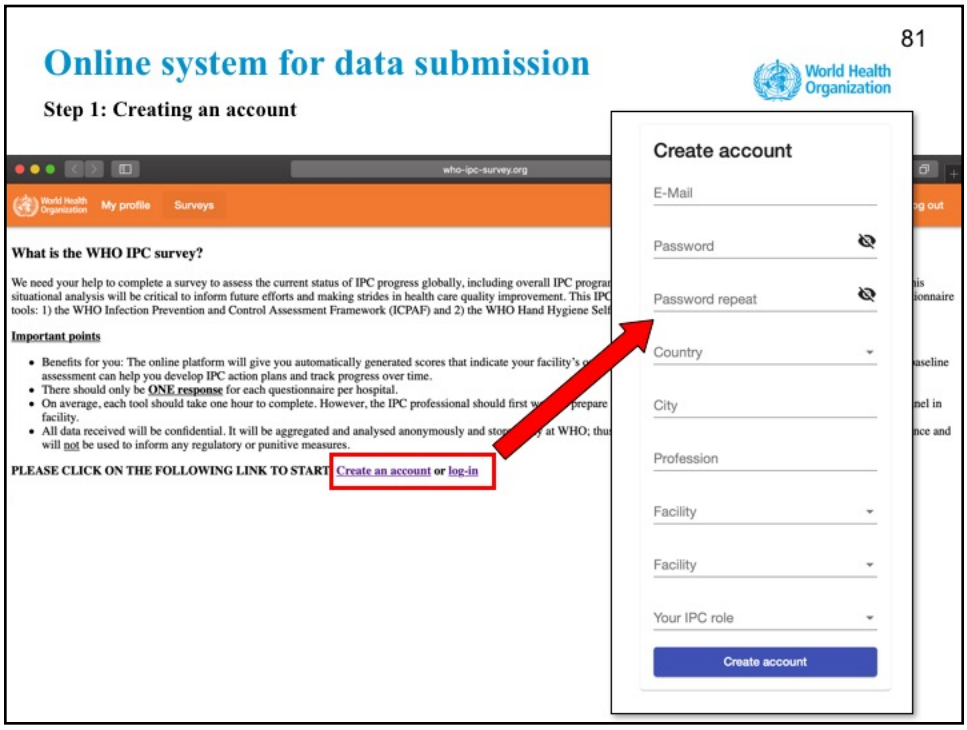
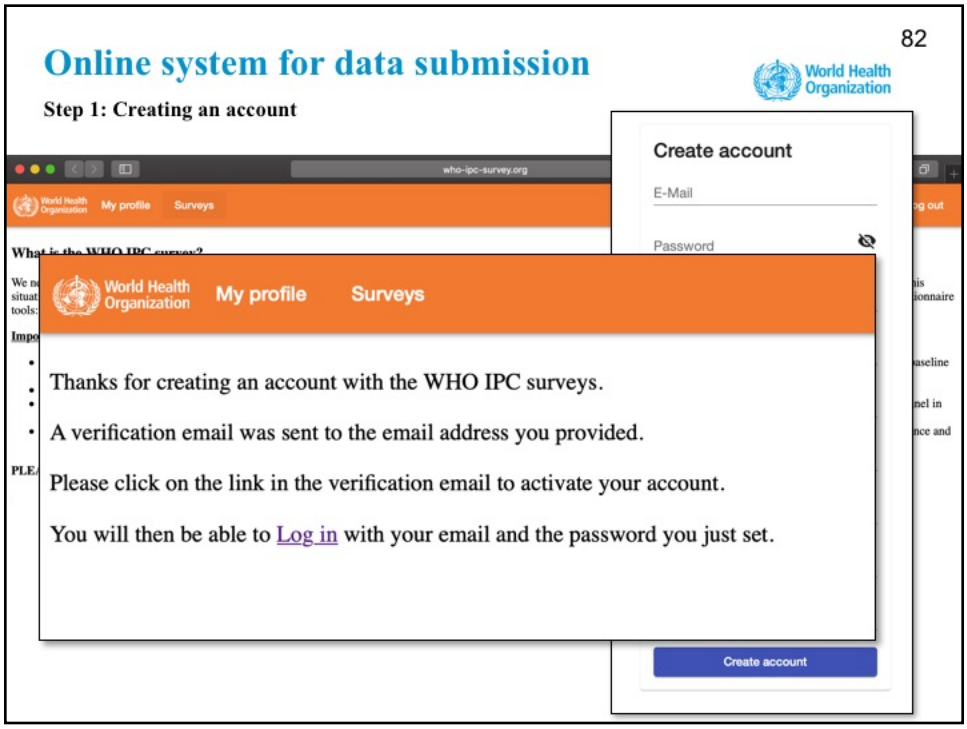
- Health-care facilities registered for SAVE LIVES: Clean Your Hands and participating in other WHO networks will receive a personal email invitation to participate, including specific link to the WHO IPC Global Survey online system
- Other health-care facilities wishing to participate can:
  - ➢ Register for SAVE LIVES: Clean Your Hands
  - ➢ send a request to participate to who_ipc_globalsurvey@who.int


81
Online system for data submission
Step 1: Creating an account
World Health Organization
who-ipc-survey.org
My profile
Surveys
What is the WHO IPC survey?
Important points
PLEASE CLICK ON THE FOLLOWING LINK TO START Create an account or log-in
Create account
E-Mail
Password
Password repeat
Country
City
Profession
Facility
Facility
Your IPC role
Create account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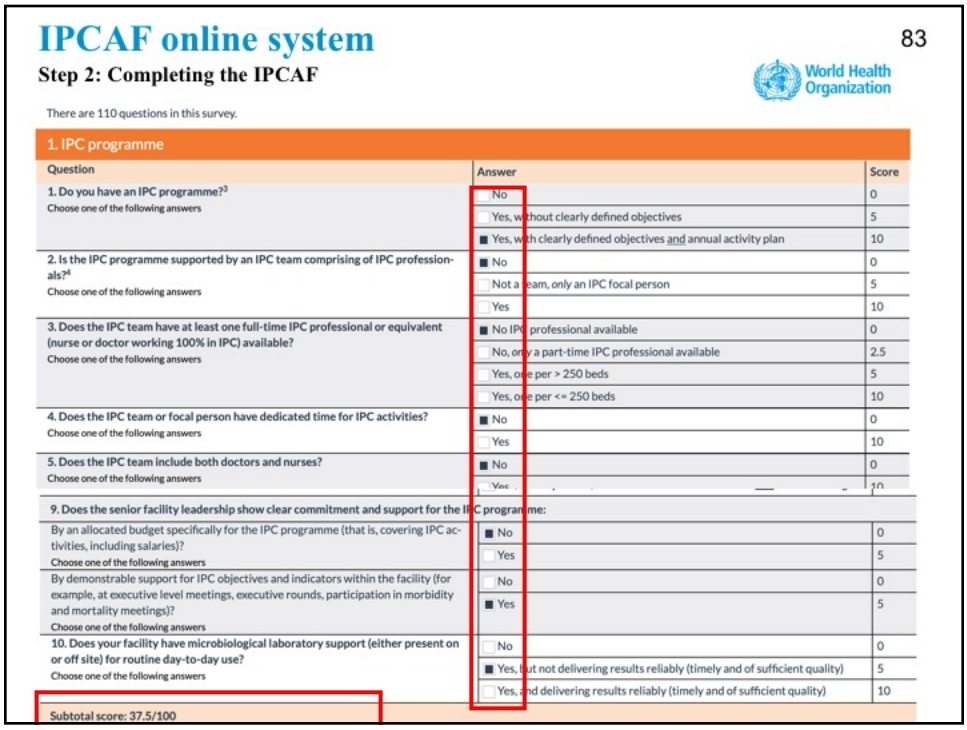
Online system for data submission
Step 1: Creating an account
World Health Organization
My profile
Surveys
Thanks for creating an account with the WHO IPC surveys.
A verification email was sent to the email address you provided.
Please click on the link in the verification email to activate your account.
You will then be able to Log in with your email and the password you just set.
Create account
E-Mail
Password



IPCAF online system

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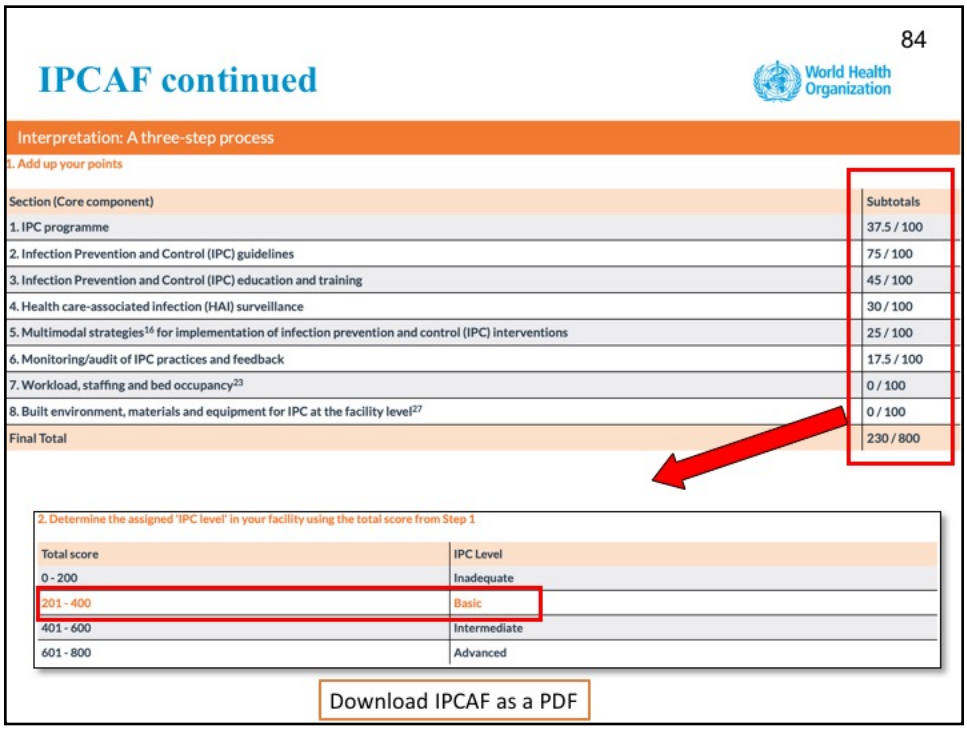
World Health Organization

Step 2: Completing the IPCAF

There are 110 questions in this survey.

1. IPC programme

Question	Answer	Score
1. Do you have an IPC programme?[3] Choose one of the following answers	☐ No	0
	☐ Yes, without clearly defined objectives	5
	■ Yes, with clearly defined objectives and annual activity plan	10
2. Is the IPC programme supported by an IPC team comprising of IPC professionals?[4] Choose one of the following answers	■ No	0
	☐ Not a team, only an IPC focal person	5
	☐ Yes	10
3. Does the IPC team have at least one full-time IPC professional or equivalent (nurse or doctor working 100% in IPC) available? Choose one of the following answers	■ No IPC professional available	0
	☐ No, only a part-time IPC professional available	2.5
	☐ Yes, one per > 250 beds	5
	☐ Yes, one per <= 250 beds	10
4. Does the IPC team or focal person have dedicated time for IPC activities? Choose one of the following answers	■ No	0
	☐ Yes	10
5. Does the IPC team include both doctors and nurses? Choose one of the following answers	■ No	0
	☐ Yes	10
9. Does the senior facility leadership show clear commitment and support for the IPC programme:		
By an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)? Choose one of the following answers	■ No	0
	☐ Yes	5
By demonstrable support for IPC objectives and indicators within the facility (for example, at executive level meetings, executive rounds, participation in morbidity and mortality meetings)? Choose one of the following answers	☐ No	0
	■ Yes	5
10. Does your facility have microbiological laboratory support (either present on or off site) for routine day-to-day use? Choose one of the following answers	☐ No	0
	■ Yes, but not delivering results reliably (timely and of sufficient quality)	5
	☐ Yes, and delivering results reliably (timely and of sufficient quality)	10
Subtotal score: 37.5/100		



IPCAF continued

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World Health Organization

Interpretation: A three-step process

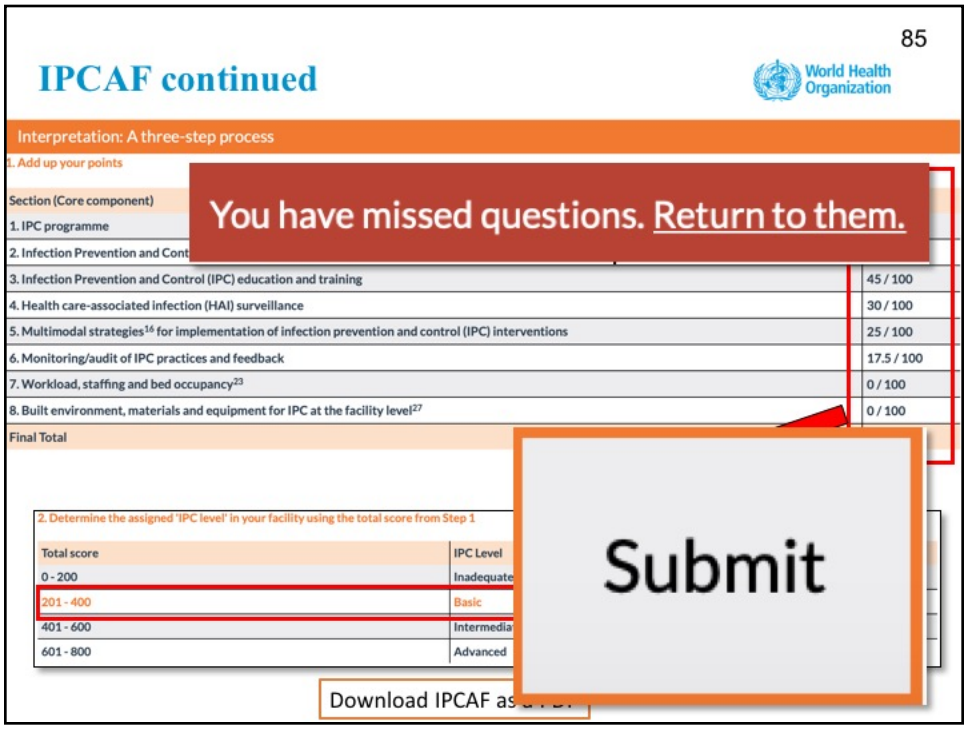
1. Add up your points

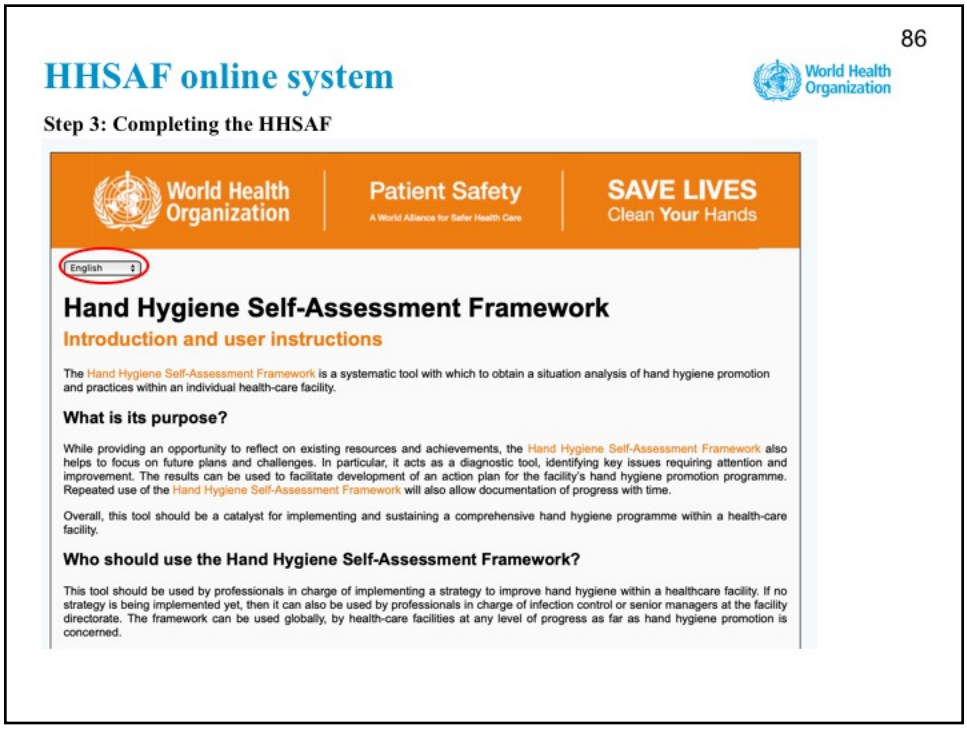
Section (Core component)	Subtotals
1. IPC programme	37.5 / 100
2. Infection Prevention and Control (IPC) guidelines	75 / 100
3. Infection Prevention and Control (IPC) education and training	45 / 100
4. Health care-associated infection (HAI) surveillance	30 / 100
5. Multimodal strategies[16] for implementation of infection prevention and control (IPC) interventions	25 / 100
6. Monitoring/audit of IPC practices and feedback	17.5 / 100
7. Workload, staffing and bed occupancy[23]	0 / 100
8. Built environment, materials and equipment for IPC at the facility level[27]	0 / 100
Final Total	230 / 800

2. Determine the assigned 'IPC level' in your facility using the total score from Step 1

Total score	IPC Level
0 - 200	Inadequate
201 - 400	Basic
401 - 600	Intermediate
601 - 800	Advanced

Download IPCAF as a PDF


85
IPCAF continued
World Health Organization
Interpretation: A three-step process
1. Add up your points
You have missed questions. Return to them.
Section (Core component)
1. IPC programme
2. Infection Prevention and Cont
3. Infection Prevention and Control (IPC) education and training
45 / 100
4. Health care-associated infection (HAI) surveillance
30 / 100
5. Multimodal strategies[16] for implementation of infection prevention and control (IPC) interventions
25 / 100
6. Monitoring/audit of IPC practices and feedback
17.5 / 100
7. Workload, staffing and bed occupancy[23]
0 / 100
8. Built environment, materials and equipment for IPC at the facility level[27]
0 / 100
Final Total
2. Determine the assigned 'IPC level' in your facility using the total score from Step 1
Total score
IPC Level
0 - 200
Inadequate
201 - 400
Basic
401 - 600
Intermedia
601 - 800
Advanced
Submit
Download IPCAF as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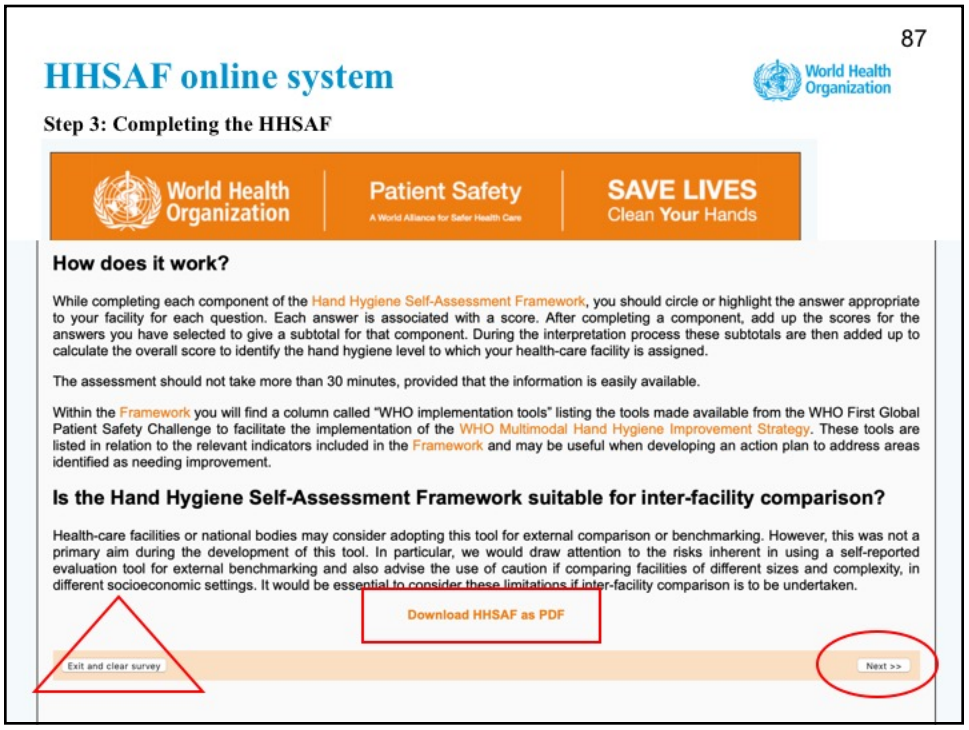
HHSAF online system
World Health Organization
Step 3: Completing the HHSAF
World Health Organization
Patient Safety
A World Alliance for Safer Health Care
SAVE LIVES
Clean Your Hands
English
Hand Hygiene Self-Assessment Framework
Introduction and user instructions
The Hand Hygiene Self-Assessment Framework is a systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within an individual health-care facility.
What is its purpose?
While providing an opportunity to reflect on existing resources and achievements, the Hand Hygiene Self-Assessment Framework also helps to focus on future plans and challenges. In particular, it acts as a diagnostic tool, identifying key issues requiring attention and improvement. The results can be used to facilitate development of an action plan for the facility's hand hygiene promotion programme. Repeated use of the Hand Hygiene Self-Assessment Framework will also allow documentation of progress with time.
Overall, this tool should be a catalyst for implementing and sustaining a comprehensive hand hygiene programme within a health-care facility.
Who should use the Hand Hygiene Self-Assessment Framework?
This tool should be used by professionals in charge of implementing a strategy to improve hand hygiene within a healthcare facility. If no strategy is being implemented yet, then it can also be used by professionals in charge of infection control or senior managers at the facility directorate. The framework can be used globally, by health-care facilities at any level of progress as far as hand hygiene promotion is concerned.


87
HHSAF online system
World Health Organization
Step 3: Completing the HHSAF
World Health Organization
Patient Safety
A World Alliance for Safer Health Care
SAVE LIVES
Clean Your Hands
How does it work?
While completing each component of the Hand Hygiene Self-Assessment Framework, you should circle or highlight the answer appropriate to your facility for each question. Each answer is associated with a score. After completing a component, add up the scores for the answers you have selected to give a subtotal for that component. During the interpretation process these subtotals are then added up to calculate the overall score to identify the hand hygiene level to which your health-care facility is assigned.
The assessment should not take more than 30 minutes, provided that the information is easily available.
Within the Framework you will find a column called "WHO implementation tools" listing the tools made available from the WHO First Global Patient Safety Challenge to facilitate the implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. These tools are listed in relation to the relevant indicators included in the Framework and may be useful when developing an action plan to address areas identified as needing improvement.
Is the Hand Hygiene Self-Assessment Framework suitable for inter-facility comparison?
Health-care facilities or national bodies may consider adopting this tool for external comparison or benchmarking. However, this was not a primary aim during the development of this tool. In particular, we would draw attention to the risks inherent in using a self-reported evaluation tool for external benchmarking and also advise the use of caution if comparing facilities of different sizes and complexity, in different socioeconomic settings. It would be essential to consider these limitations if inter-facility comparison is to be undertaken.
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