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

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* (HHSAF).

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.

Other health-care facilities wishing to participate will receive an invitation after registering here or can send a request to participate to who_ipc_globalsurvey@who.int (note the underscores after "who" and "ipc").

Benefits for participants:
Facility: conducting these assessments will help facilities to understand their local situation regarding IPC and hand hygiene using validated and standardized tools. When this process is conducted in the spirit of improvement, it will allow for identifying strengths and gaps and greatly inform contextually relevant IPC plans. By submitting the data via the WHO online survey system, the facility will have the opportunity to be part of a global picture while maintaining data confidentiality and anonymity, and to be provided with automatically generated and downloadable results and scores.

Country: if national authorities decide to actively promote and coordinate facilities' participation in this survey, they will be able to gather valuable and standardized information about the overall IPC level and status of hand hygiene improvement in the country. This information will highlight where stronger action is needed whilst contributing to understanding the current situation of IPC and hand hygiene progress globally. On the occasion of this survey, WHO encourages national authorities to also consider undertaking the assessment of the national IPC programme using the national assessment tool IPCAT2 in order to gather a comprehensive picture of IPC in the country.

Data use and confidentiality: All data submitted via the WHO *online system* will be confidential. Each facility can create their own protected account for data submission. Some basic demographic information (Annex 1) about the facility and the person submitting the data in the online system are requested for security reasons and to facilitate data cleaning and quality checks. Data will be aggregated and analysed anonymously and stored only at WHO; thus, it will not be used to assess an individual country or facility's performance and will not be used to inform any regulatory or punitive measures. Access to the data will be restricted to a trained research team of which all members have signed a confidentiality agreement. If the facility participates as part of a network coordinated by the Ministry of Health, the data will be confidentially shared with the national authority. The protocol of this global survey was reviewed by the WHO Headquarters Ethics Review Committee and approved with exemption from ethics review.

Who should complete the tools: The IPC lead/focal person (i.e. individual with adequate IPC expertise) should be appointed to lead the completion of the tools in discussion with the IPC team/committee. A collective and honest discussion to decide the answers to select is the best way to take full advantage from this exercise in the spirit of improvement. However, before beginning, it is critical that the facility leadership be informed of the survey objectives, as an opportunity to conduct a situational analysis and develop an improvement plan, while avoiding a culture of blame with regards to IPC and patient safety gaps that may be identified.

How to get organized: Given there are two different tools to complete over a four-month study period, it is suggested that the time be divided in half for each tool as follows:

- Month 1: preparations for IPCAF
- Month 2: IPCAF completion
- Month 3: preparations for HHSAF
- Month 4: HHSAF completion

Completion of each tool may require involvement of different health care providers (e.g. IPC team, senior managers, clinical microbiologist, cleaners, etc.); thus, this timeline should allow for sufficient time and preparation for comprehensive local discussions, ensuring the most accurate responses without impeding normal clinical duties and responsibilities. We suggest completing the tools in a paper version or on tablet first and then, entering the data electronically via the WHO global survey online system.

For further instructions on each individual tool, please see Annexes 2 and 3, and the following links:

1. The specific instructions for the completion of the IPCAF can be found here.
2. The specific instructions for the completion of the HHSAF can be found here.

If you have any questions or concerns, you can also contact WHO at who_ipc_globalsurvey@who.int

Your participation will be extremely helpful in global IPC improvement efforts. Thank you for your willingness to consider participation - We sincerely appreciate it!

Annex 1. Demographic information requested in the online before proceeding to the IPCAF and HHSAF assessment tools

1. Your country:
2. Your city:
3. Facility name:
4. Your profession:
    a. Physician
    b. Nurse
    c. Pharmacist
    d. Other, please specify
5. Your facility is:
    a. Public
    b. Private
    c. Other, please specify
6. Your facility is:
    a. Primary-level health care facility (few specialities, mainly internal medicine, obstetrics and gynecology, paediatrics, or general surgery; could be referred to as district or rural hospital, limited laboratory services)
    b. Secondary-level health care facility (more specialities; size could range from 200-800 beds; could be referred to as regional hospital)
    c. Tertiary-level health care facility (highly specialized services such as cardiology, intensive care unit, special imaging unit; could have 300-1500 beds; could be referred to as teaching hospital or national hospital)
    d. Other, please specify
7. Your IPC role:
    a. I am part of my facility's IPC team
    b. I am part of my facility's IPC committee
    c. I am my facility's IPC focal person and there is no IPC team at my facility
    d. Other, please specify
8. Your email (optional – This will only be used to follow-up on any missing data issues with your submission):

Annex 2. Infection Prevention and Control Assessment Framework (IPCAF) tool instructions

How is it structured?

The IPCAF is structured according to the recommendations in the *WHO Guidelines on core components of IPC programmes1* at the acute health care facility level and thus, it is divided into eight sections reflecting the eight WHO IPC core components, which are then addressed by a total of 81 indicators. These indicators are based on evidence and expert consensus and have been framed as questions with defined answers to provide an orientation for assessment. Based on the overall score achieved in the eight sections, the facility is assigned to one of four levels of IPC promotion and practice.

1. **Inadequate:** IPC core components implementation is deficient. Significant improvement is required.
2. **Basic:** Some aspects of the IPC core components are in place, but not sufficiently implemented. Further improvement is required.
3. **Intermediate:** Most aspects of the IPC core components are appropriately implemented. The facility should 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 activities.
4. **Advanced:** The IPC core components are fully implemented according to the WHO recommendations and appropriate to the needs of the facility.

How does it work?

When completing the questions contained in the eight sections, choose the answer(s) that most accurately describe(s) the situation at your facility. 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 to familiarize yourself with new terms and concepts. Difficulties in answering specific questions could indicate that some IPC aspects are not sufficiently developed at your facility and users are encouraged to self-reflect. This can also help lead to improvement. 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). 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.

Annex 3. Hand hygiene self-assessment framework (HHSAF) tool instructions

How is it structured?

The Hand Hygiene Self-Assessment Framework is divided into five components and 27 indicators. The five components reflect the five elements of the WHO Multimodal Hand Hygiene Improvement Strategy and the indicators have been selected to represent the key elements of each component. These indicators are based on evidence and expert consensus and have been framed as questions with defined answers (either "Yes/No" or multiple options) to facilitate self- assessment. Based on the score achieved for the five components, the facility is assigned to one of four levels of hand hygiene promotion and practice: Inadequate, Basic, Intermediate and Advanced.

- **Inadequate:** hand hygiene practices and hand hygiene promotion are deficient. Significant improvement is required.
- **Basic:** some measures are in place, but not to a satisfactory standard. Further improvement is required.
- **Intermediate:** an appropriate hand hygiene promotion strategy is in place and hand hygiene practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
- **Advanced:** hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

Leadership criteria have also been identified to recognise facilities that are considered a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing. The assessment according to leadership criteria should only be undertaken by facilities having reached the Advanced level.

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.