

# Evaluation of the IPC programme In Belgian hospitals

An Caluwaerts

BAPCOC Support Team

Federal Platform IPC



Health  
Food Chain Safety  
Environment

### Belgisch nationaal actieplan "One Health" voor de bestrijding van antimicrobiële resistentie.

Download hier het [actieplan](#) en het [operationeel plan](#)

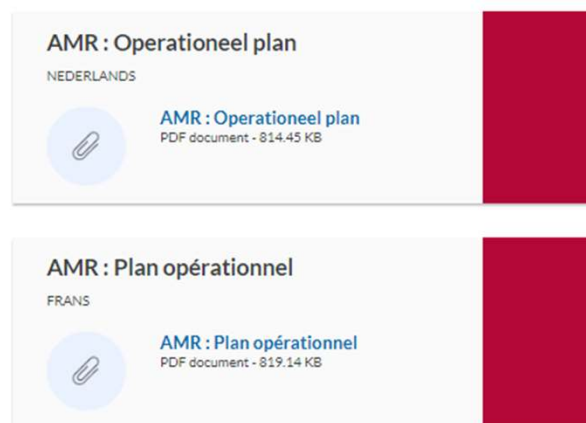
De antimicrobiële resistentie, ook wel AMR genoemd, is één van de grootste bedreigingen voor de huidige en toekomstige volksgezondheid. Al verscheidene jaren is België actief op het gebied van de bestrijding van AMR, zowel op het vlak van de menselijke gezondheid als in de veeteelt. Hierbij richt men zich op het verminderen en verbeteren van het gebruik van antimicrobiële stoffen (en antibiotica in het bijzonder) om zo de ontwikkeling en verspreiding van resistente microben te

### Le plan d'action One Health de lutte contre la résistance aux antimicrobiens

Téléchargez [le plan d'action](#) et [le plan opérationnel](#)

La résistance aux antimicrobiens, également appelée AMR, est l'une des plus grandes menaces pour la santé publique d'aujourd'hui et de demain. Depuis de nombreuses années, la Belgique est active dans la lutte contre l'AMR, tant dans le domaine de la santé humaine que dans celui de l'élevage et vise à réduire et améliorer l'utilisation des agents antimicrobiens (et des antibiotiques en particulier), en vue d'éviter le développement et la propagation de germes résistants.

<https://www.health.belgium.be/nl/bestrijding-van-antimicrobiele-resistentie>



**Axe 3: IPC:** Développer et stimuler la mise en place de mesures préventives ou curatives qui permettent de prévenir - ou de lutter contre - les infections et donc de limiter le traitement par AM.

**Point 30. Optimiser les programmes de prévention et de contrôle des infections associées aux soins mis en œuvre dans les hôpitaux belges.**

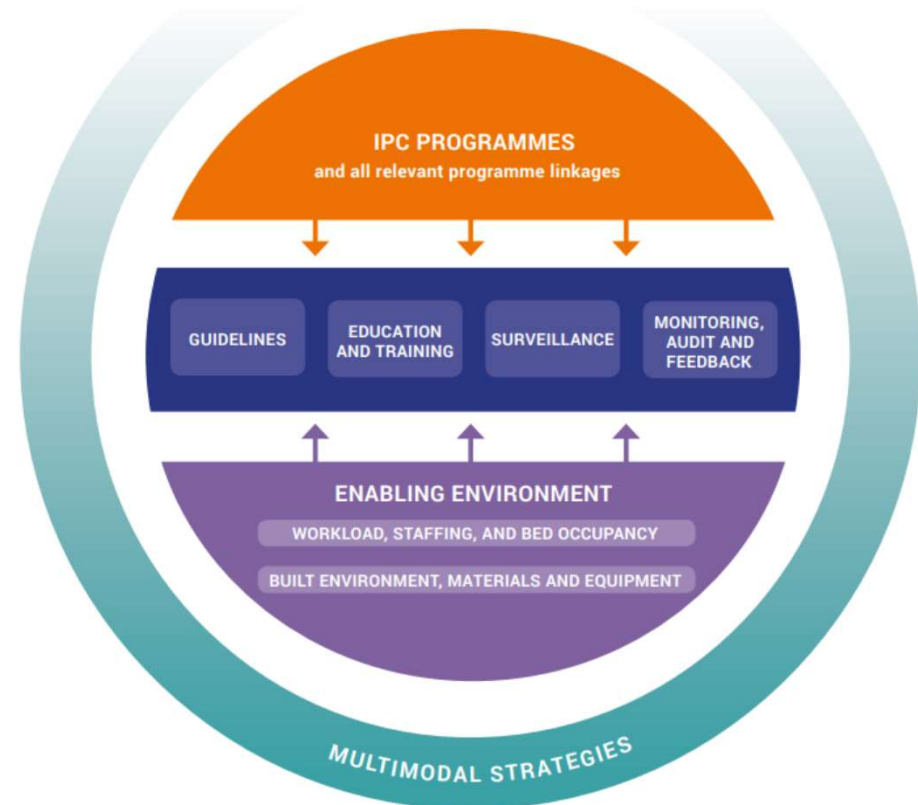
**Krachtlijn 3: IPC:** De invoering van preventieve of curatieve maatregelen om infecties te voorkomen of te bestrijden ontwikkelen en stimuleren om zo antimicrobiële therapie in te perken.

Punt 30. De **programma's** voor de preventie en bestrijding van zorginfecties in de Belgische ziekenhuizen **optimaliseren.**

- **30b. Réaliser une évaluation des programmes IPC dans les hôpitaux**, avec des **recommandations**, conformes aux recommandations internationales, **pour améliorer les normes, le financement et les rapports internes et externes des équipes d'hygiène hospitalière**. Dans le cadre de cette évaluation et de ces recommandations, une attention particulière sera accordée aux points suivants : **la formation, les ressources en personnel, les opportunités dans le domaine de la mise en réseau des hôpitaux** (plateformes régionales d'hygiène hospitalière), comme la création d'un HOST (Hospital Outbreak Support Team); **les différents acteurs de l'hôpital** qui jouent également un rôle dans le domaine de l'AMR (par ex. la direction générale, le conseil médical, le médecin-chef, le laboratoire etc); **Les différentes professions de santé** (par exemple, les hygiénistes (médecins et infirmières), les infectiologues, les microbiologistes, le coordinateur de la qualité, etc.) de l'hôpital qui jouent un rôle dans l'AMR, ainsi que des recommandations d'audits, etc.
- **30b. Uitvoeren van een evaluatie van de IPC programma's in de ziekenhuizen**, met **aanbevelingen**, in lijn met internationale aanbevelingen, **tot verbetering van de normen, financiering en interne en externe rapportering vanwege de teams Ziekenhuishygiëne**. Binnen deze evaluatie en aanbevelingen wordt er bijzondere aandacht besteed aan volgende punten: **opleiding, bestaffing, opportuniteiten op vlak van de ziekenhuisnetwerking** (regionale platformen ziekenhuishygiëne), zoals de oprichting van een HOST (Hospital Outbreak Support Team); **de verschillende actoren** in het ziekenhuis die ook een rol spelen op vlak van AMR (bv. algemene directie, medische raad, hoofdarts, laboratoria, etc.); de **verschillende gezondheidsberoepen** (bv. hygiënisten (artsen en verpleegkundigen), infectiologen, microbiologen, kwaliteitscoördinator, etc.) in het ziekenhuis die een rol spelen op vlak AMR, evenals aanbevelingen voor audits enz.

# Objectives of the evaluation

- Map the **existing situation** in the hospitals in terms of staffing, perimeter of activities and other core components of IPC.
- Gain insight into what **the desired situation** would be according to the existing evidence and the opinion of IPC professionals
- Describe **barriers and facilitators**
- Make **evidence-based/informed recommendations** on the following Core Components, both for an overarching level as for the hospital level:
  - The IPC program: staffing, budget, strategic plans etc.
  - Guidelines
  - Education and training
  - Surveillance
  - Monitoring and audit



<https://www.who.int/teams/integrated-health-services/infection-prevention-control/core-components>



# Overview of the methods

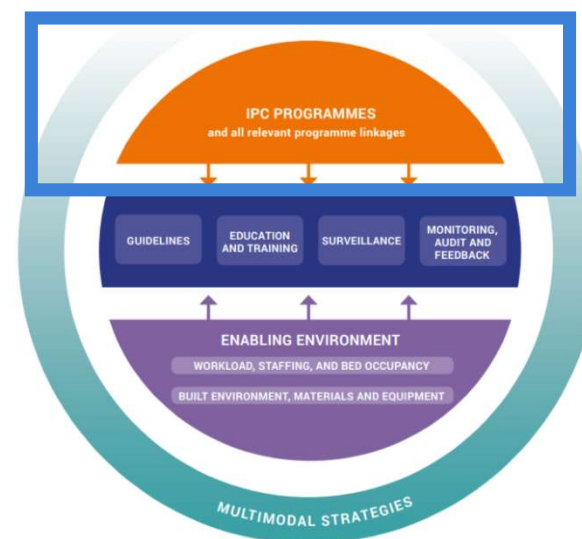


30/06/2024

**Best Practices**  
European: Netherlands,  
France, Germany,  
Switzerland, ...  
Global: Canada, ...

**DOCUMENT SEARCH  
& CONTACTS**

**1** **IPC FOCAL POINTS**



Who	How	When
BAPCOC (An C.) + Master student KUL	<input type="checkbox"/> Literature review on staffing and activities for the IPC Team <input type="checkbox"/> Document search <input type="checkbox"/> Interviews with national focal points IPC	Finalized by 30/06/2024



## Core components for infection prevention and control programmes National level assessment tool\*

For instruction on how to use this assessment tool, refer to the **Updated instructions for the national infection prevention and control assessment tool 2 (IPCAT2)**

Core Components IPC  
on a national level  
IPCAT TOOL

2

30/03/2024

<https://www.who.int/teams/integrated-health-services/infection-prevention-control/core-components>

1 Infection prevention control (IPC) programmes*	0%		
Components for assessment (Red font=Gap or "N" response)	Score (Y or N)	Comments	Verifiers
<b>1.1 Organization and leadership of the programme</b>	<b>0%</b>		
1.1.1 An active IPC programme exists at the national level			<i>Interview or national IPC programme/work plan, website</i>
1.1.2 An appointed infection preventionist(s) in charge of the programme can be identified			<i>Interview or national IPC programme/work plan, website</i>
1.1.3 The appointed technical team of infection preventionist(s) includes both doctors and nurses			<i>Interview or national IPC programme/work plan, website</i>
1.1.4 The appointed infection preventionist(s) have undergone training in IPC in the prevention of health care-associated infection (HAI)			<i>Interviews, training certificates or equivalent</i>
1.1.5 The appointed infection preventionist(s) have dedicated time for the tasks (at least one full-time person)			<i>Interview &amp; check of TORs</i>
1.1.6 The programme has been granted authority to make decisions that influence field implementation			<i>Document signed by most responsible national authority</i>
1.1.7 There is an identified, protected and dedicated budget allocated according to planned activity			<i>An official document or budget summary</i>
1.1.8 An official multidisciplinary group/committee or equivalent structure is established to support the IPC team at the national level (for example, national IPC committee)			<i>A national IPC programme/work plan</i>
<b>1.2 The scope of IPC responsibilities is defined and includes</b>	<b>0%</b>		
1.2.1 Development of national policies, guidelines and standards for effective, evidence-based practices			<i>Interviews and a national IPC programme/work plan</i>
1.2.2 Development of a national plan for preventing HAIs relating to endemic pathogens and those with epidemic potential, for example, including national goals, objectives and strategies			<i>Interviews and a national IPC programme/work plan</i>
1.2.3 Development of national monitoring frameworks to measure implementation with policies, guidelines and standards			<i>Interviews and a national IPC programme/work plan</i>

Who	How	When
IPC federal platform	<input type="checkbox"/> IPCAT Tool will be filled in by the IPC federal platform <input type="checkbox"/> Regional / Provincial level is included in this part	Finalized by 30/03/2024



Who	How	When
Sciensano BAPCOC (An C.)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hospitals fill in the indicators via the usual platform</li> <li><input type="checkbox"/> Analysis done by Sciensano + BAPCOC</li> <li><input type="checkbox"/> Public reporting as usual</li> </ul>	10 January 2024  Finalized by 30/03/2024  Date to be defined



30/03/2024



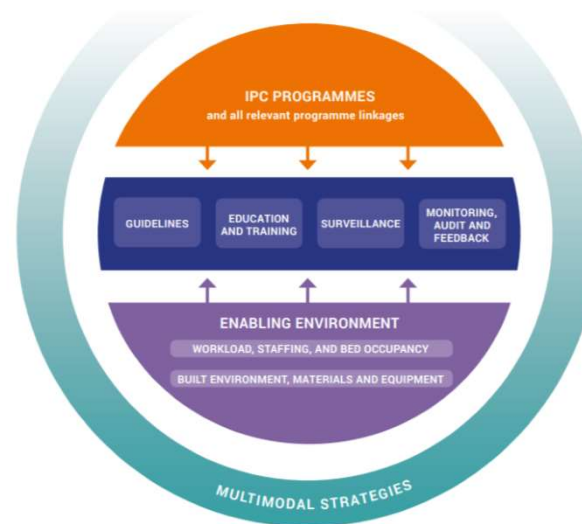
- Describe current situation (what, how, who, ...)
- Describe what would be desired situation

**INTERVIEWS**

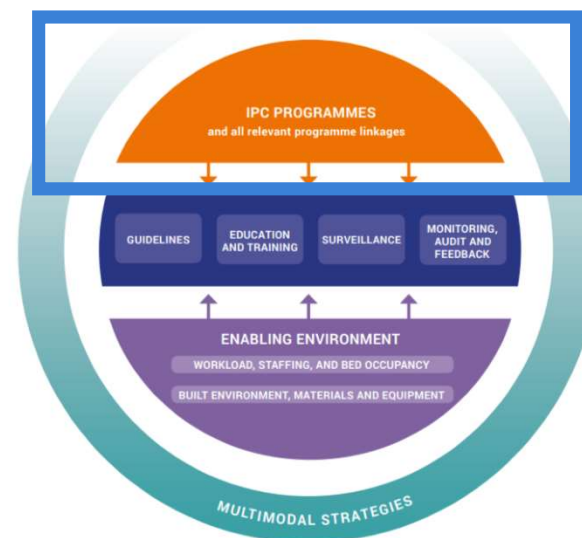
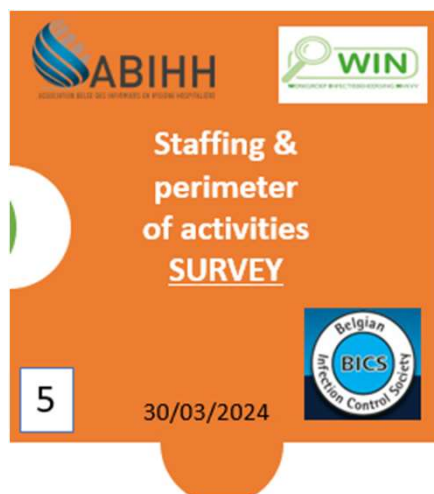
with

IPC Professionals  
in the hospitals

4



Who	How	When
BAPCOC (An C.) + Master student KUL	<ul style="list-style-type: none"> <li><input type="checkbox"/> Semi-structured interviews with IPC teams</li> <li><input type="checkbox"/> Core components of interest still to be defined</li> <li><input type="checkbox"/> Purposeful sampling with heterogeneity in terms of criteria such as: Public/private; University/non-university / regions / ...</li> </ul>	<ul style="list-style-type: none"> <li>• Interview guide finalized by 15/12/2023</li> <li>• Interviews in January – February</li> <li>• Analysis in March 2023</li> </ul>

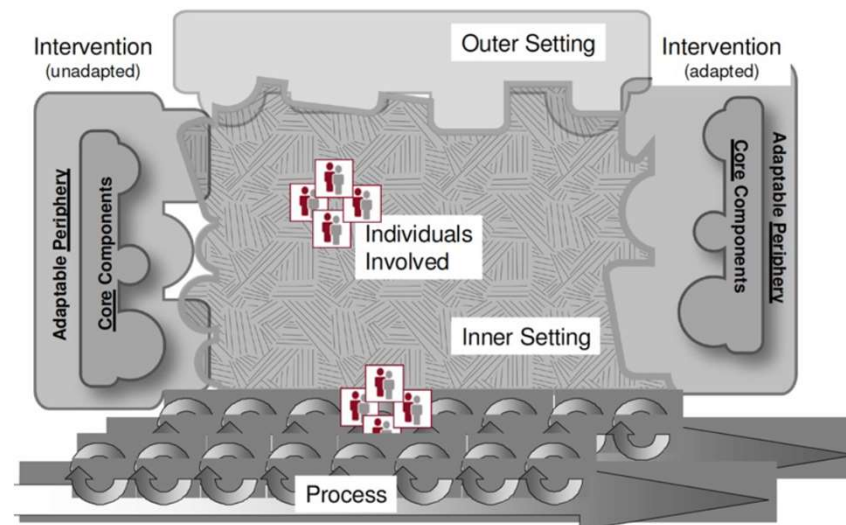


Who	How	When
ABIHH BICS WIN (NVKVV)	Survey in february	Analysis done by 30/03/2023

Identify barriers and facilitators  
**FOCUS GROUP DISCUSSIONS**  
 with IPC Professionals  
 & Directors in the hospital

6

30/09/2024



Who	How	When
BAPCOC	<ul style="list-style-type: none"> <li><input type="checkbox"/> Focus group discussions with stakeholders mixed of people with interest and people with power (IPC professionals, Hospital management, ...)</li> <li><input type="checkbox"/> Consolidated Framework for Implementation Research (CFIR)</li> </ul>	<ul style="list-style-type: none"> <li>• FGD: May – June 2024</li> <li>• Analyzed by 30/09/2024</li> </ul>

# Timeline

- All data analyzed by end of November 2024
- Consensus based recommendations by February 2025



# Governance



- ✓ On voluntary basis
- ✓ People who have some time, are interested and want to work together for a couple of months
- ✓ Not necessarily from the platform
- ✓ Including international experts

## STEERING COMMITTEE



= The federal platform IPC

## TASKFORCE AMR

IPC evaluation      AMS evaluation



HOST evaluation



## Dates to remember

- **Quality indicators**

- Registration op on 01/01/2024
- **Submitted bij 10/01/2024**
- Analyzed by end of Q1



- **Survey ABIHH – BICS – WIN**

- Registration op en on 01/02/2028
- **Submitted by 28/02/2024**
- Analyzed by end of Q1



Please keep in mind

We can only make appropriate recommendations  
if we get a realistic and complete picture  
of the current situation

*Thank you very much*