

# Update BAPCOC Support Team

17/11/2023

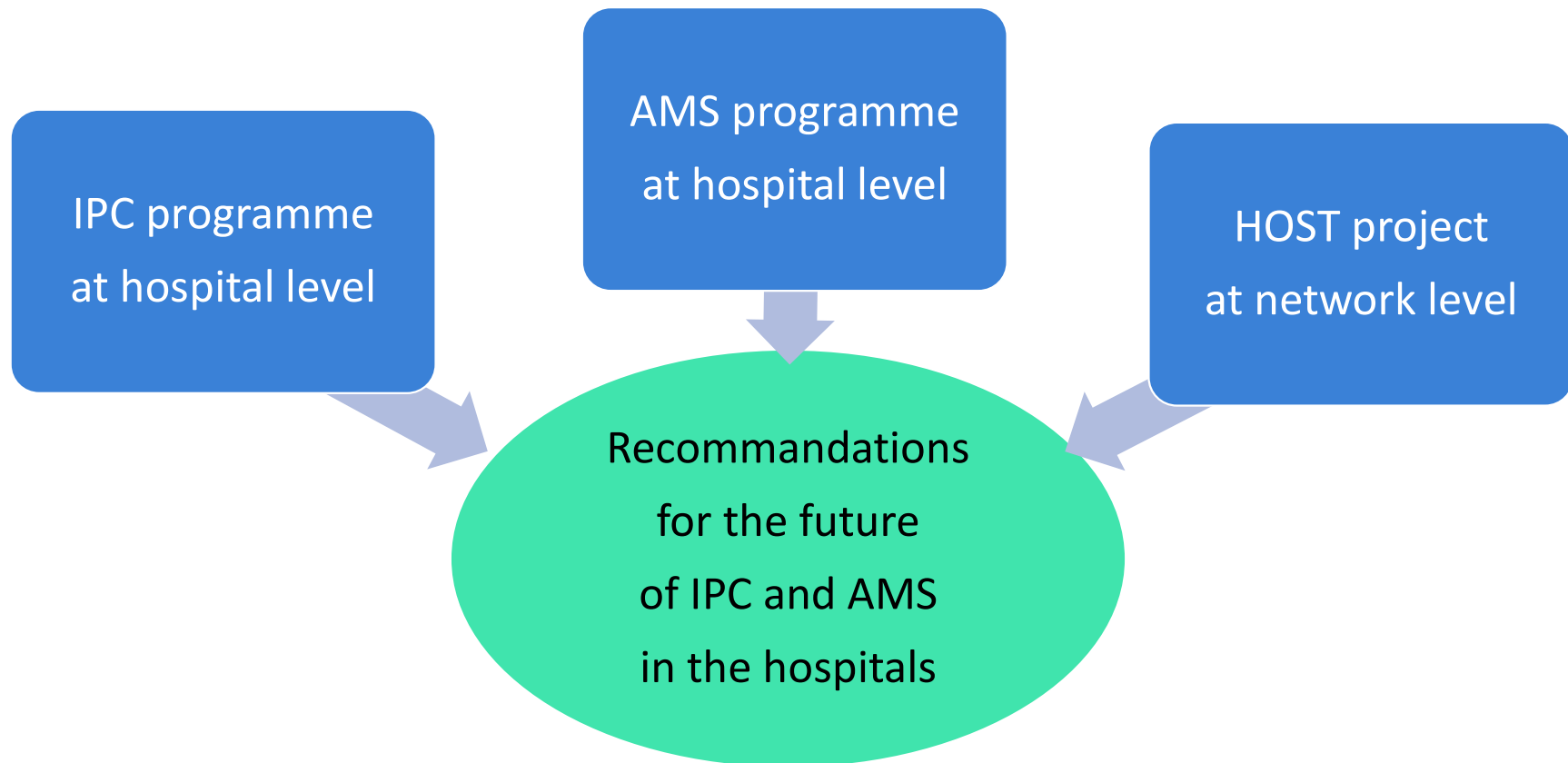


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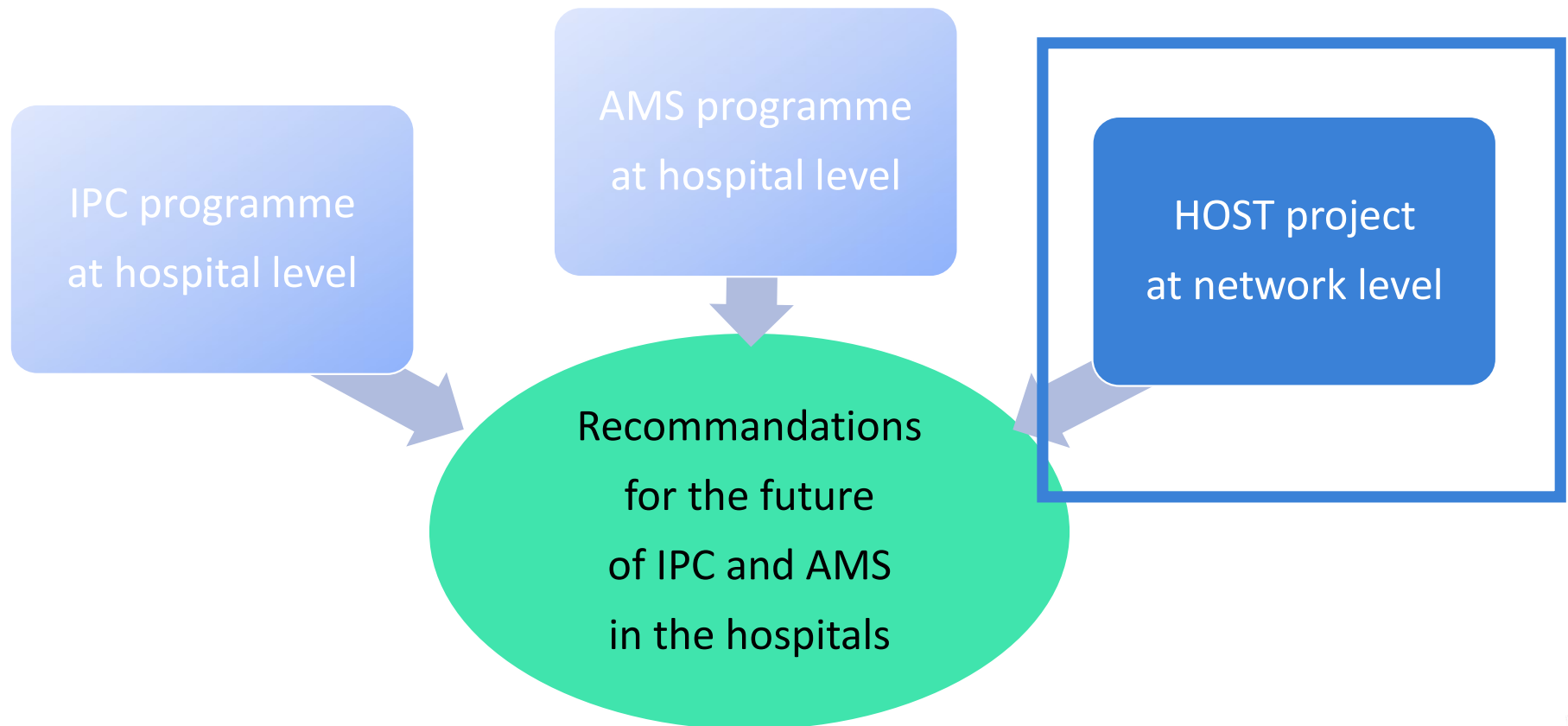
## BAPCOC Support team

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## Evaluations in 2023 - 2024



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## Evaluation of the HOST Pilot project

- Yearly progress report
  - Same framework every year for a good mapping of the progress over the years
- Site visits
- Other methods will be added to fill in missing information

# Progress reports

## Progress report 2022

Available on the website of the BAPCOC

## Progress report 2023

= Same outline as 2022

- Governance
- RH
- Budget
- Activities (Core components IPC & AMS)
- Barriers and facilitators
- Hospitals and transmural

## Site visits

*Thank you for your welcome!*

- Evaluation visits of the 24 HOST projects performed in September and October 2023
- Same framework as the progress report
- New visits foreseen in 2024
- Some highlights from reporting of 2022 and results of the evaluation visits
  - RH
  - SWOT

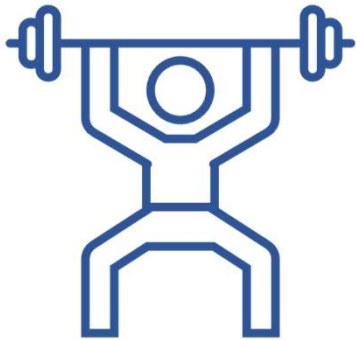
## RH



Profile	FTE Present at the end of 2022	FTE Present in October 2023
Responsible MD	11,2	12,65
Coordinator	22,14	22,1
Nurse IPC	19,8	28,5
Nurse	9,1	4,45
Pharmacist	12,56	18,2
MD IPC	0,83	2,3
MD	0,52	2,5
Data manager	3,05	4
Administration	2,2	3,95
Other	0,2	2,5
<b>TOTAL</b>	<b>81,6</b>	<b>101,15</b>



# SWOT: STRENGTHS



## Leadership

- New dynamic for IPC and AMS
- Network construction
- Learning from each other
- National guidance (BAPCOC)

## Bridging function

- Communication and collaboration between different stakeholders
  - Field and authorities
  - Federal and regional authorities
  - 1st line and 2nd line
  - AMS and IPC
- Open and non-competitive benchmarking

## Extra resources for IPC and AMS

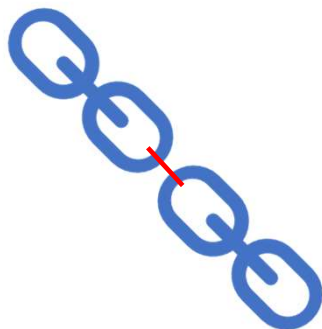
Network teams

Mutualization (increase efficiency)

Availability of experts & multidisciplinary expertise

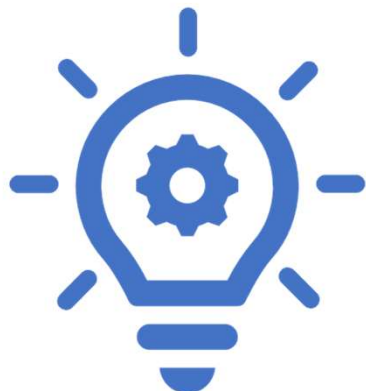
Financing the tools for IPC and AMS

## SWOT: WEAKNESSES



- **Heterogeneity** of the hospitals in a network hampers sharing or integration of data and information
  - Different ICT systems
  - Different visions
- Adapting to new realities: **Integration** in the existing IPC and AMS teams takes time and sometimes challenging
- “**Project management**” approach is not (yet) part of the daily culture

## SWOT: OPPORTUNITIES



- **“Pooling efforts and sharing benefits”**
- Sufficient **degrees of freedom**, flexible and possible to adapt to the local needs
- **Extra means** for IPC and AMS

## SWOT: THREATS



- **Legal aspects** for hospital networks are still lacking (ex: financing at network level)
- **Labor market**: shortage of certain profiles
- Uncertainty **beyond 2025**

# Budget

HOST represents 40% of  
total budget for IPC and AMS  
programmes in the hospitals  
Total for HOST in 2022: **11,72 Millions**



# Financing criteria 2024

## Focus on:

- Mutualization of resources at network level
- Network objectives
  - Continuation of the "multimodal strategy" (MMS) approach planned over max 12 months + monitoring of targets
  - 3 MMS: 1 IPC, 2 AMS (1 AMC oriented + 1 by choice)
- Transmural objectives defined with the regional agencies
- Conditions *sine qua non* for access to the variable part
  - Sharing data at network level to reach the objectives of the project (signed agreement)
  - State of play of the aspect "surveillance" for HOST who didn't finalize in 2022
  - Agreement to share information on transmural aspect to the regional agencies

# Next steps



Refine the methods to evaluate the effective use of the resources to reach project's objectives



Stimulate the integration between teams and the mutualization of resources



Promote the project management approach and highlight the importance of working with targets to monitor the implementation of best practices



Customised coaching for certain HOST teams



Sharepoint --> Teams

## Practical information

### Progress report

- Template for the reporting of 2023 will be sent in December 2023
- Completed report must be returned by the end of February 2024

### Budget

- Contract 2024 will be sent at the end of November/beginning of December
- The signed annex for criteria 2024 must be returned in early January



# Multimodal strategies combating AMR in Belgian hospitals

## Sharing experiences



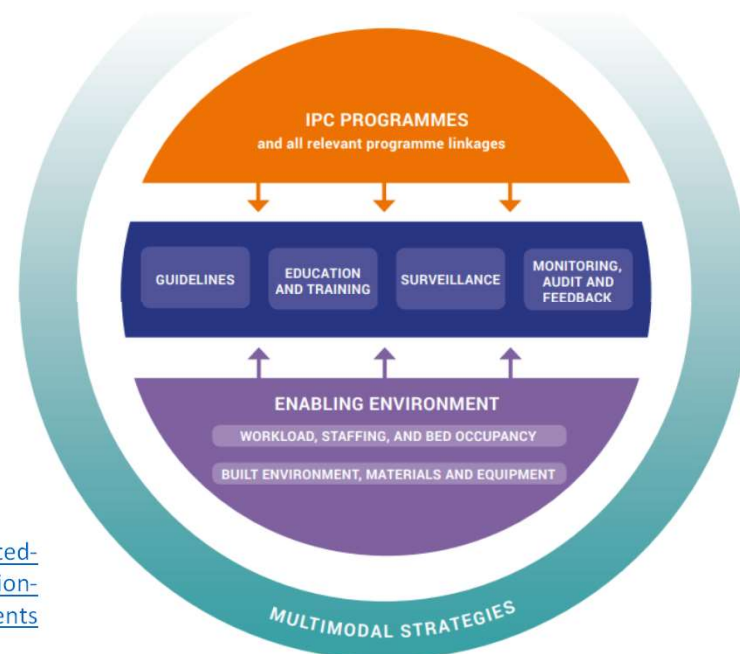
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17th november 2023

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# Multimodal strategies (MMS)

Why do we emphasize on MMS?



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

TECHNICAL DOCUMENT

PPS of HAIs and antimicrobial use in European acute care hospitals – protocol version 6.1

Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals

Protocol version 6.1, ECDC PPS 2022-2023

regarding multimodal strategies of the previous ECDC PPS protocol (version 5.3) were removed and were replaced by the questions from the IPCAF questionnaire.

**Multimodal strategies for implementation of IPC interventions (WHO core component 5).**

Do you use multimodal strategies to implement IPC interventions? N=No; Y=Yes; UNK=Unknown

Do your multimodal strategies include any or all of the following elements?

# Multimodal thinking

= multifaceted approach



## WHO multimodal improvement strategy addresses these five areas





**Build it**  
(System change)

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What infrastructure, equipment and supplies are needed?

**“Give the people what they need to do the job well”**

What infrastructures, equipment, supplies, guidance, tools and other resources (including human) are required to implement the intervention?



**Teach it**  
(Training  
and education)

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Who needs  
training? What  
type? How  
frequently?

Who needs to be trained? What type of training should be used to ensure that the intervention will be implemented in line with evidence-based policies and how frequently?



**Check it**  
(Monitoring  
and feedback)

How can you identify gaps to prioritize actions, track progress and feed back to drive changes?

## Monitoring and feedback

How can you be sure that the intervention is being implemented correctly and safely?

How and when will feedback be given to the target audience and managers? How can patients also be informed?

How to perform a baseline assessments and what are the locally adapted targets and when to reach them?



**Sell it**  
(Reminders and  
communications)

How do you  
promote and  
reinforce the  
appropriate  
messages?

**“How to get the people who will do the job on board?”**

Target audience: health care workers

How are you promoting an intervention to ensure that there are cues to action at the point of care and messages are reinforced to health workers?





**Live it**  
(Safety climate/  
culture change)

Do senior  
managers  
support the  
intervention?  
Are others  
willing to be  
champions?

## Make the change last

Is there demonstrable support for the intervention at every level of the health system? For example, do senior managers provide funding for equipment and other resources? Are they willing to be champions and role models for IPC improvement?

**Are teams involved in co-developing** or adapting the intervention? Are they empowered and do they feel ownership and the need for accountability?

## MMS in the HOST project

- Pay attention
  - ✓ The MMS should be **integrated in the IPC/AMS priorities** of the hospitals
  - ✓ The objective of a MMS is to **improve practice**
  - ✓ “Check it”: should contain **targets** based on local realities
  - ✓ “**Sell it**” and “**live it**” are important part, don’t underestimate.  
Take time to think about it and to integrate it in your strategy
  - ✓ MMS **≠ complexity** or multi-annual plan
- Well done!

**THANK YOU**  
**for all your work!**



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