



Joint Action
Antimicrobial Resistance and
Healthcare-Associated Infections



Co-funded by the
Health Programme
of the European Union

Work Package 6

Policies for prevention of health-care-associated infections and their implementation

WP leader: 6.1 Hellenic Center for Disease
Control and Prevention

6.2 Public Health Agency of Sweden



6.1 Promoting a top-down approach for preventing HCAI through the implementation of agreed infection control programs and institutional behavior change

6.2 Promoting a bottom-up approach from clinical practice to policy level by implementing evidencebased guidelines using an established implementation model



Joint Action
Antimicrobial Resistance and
Healthcare-Associated Infections



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Work Package n° 6.1: Policies for prevention HAIs and their implementation

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Hellenic Center for Disease Control & Prevention HCDCP



HELLENIC CENTER FOR
DISEASE CONTROL & PREVENTION



WP objectives



Work description, progress and achievements towards WP objectives



Timeline: Tasks, Deliverables & Milestones status



Stakeholders involvement



Risks encountered



Next steps for Year 2

WP.6.1 objectives



Objective 6.1: Top- down approach → Policies to prevent HAIs through agreed ICP implementation & institutional behavior change

Task 6.1.1: Determine the necessary institutional structures & resources for an effective ICP implementation and promote adequate hospital organization & management, in accordance to WHO and ECDC recommendations.

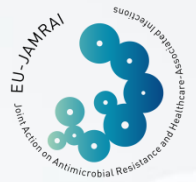
Activity 6.1.1.1: Survey A → Survey related to key components of ICP, based on WHO & ECDC guidelines.

Aim: the clearest picture of the reality for each country's capability to ICP implementation

Activity 6.1.1.2: Review of guidelines for an ICP implementation based on Survey's A results

Activity 6.1.1.3: Assessment of cost benefit analysis for an ICP implementation

WP.6.1 objectives



Objective 6.1: Top- down approach → Policies to prevent HAIs through agreed ICP implementation & institutional behavior change

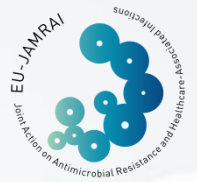
Task 6.1.2: Incorporation of ICP to clinical practice using institutional behavioral change, to increase HCWs' compliance, Aim: fill the gap between policy & practice of ICP and evaluate the impact of this change

Activity 6.1.2.1: Survey B → Survey related to barriers for an effective ICP implementation, linked to institutional policy & organizational behavior

Activity 6.1.2.2: Universal Infection Control Framework → roles, priorities & necessary interventions, based on the results of Survey A & B

Activity 6.1.2.3: Pilot testing of UICF → estimate the impact on routine clinical practice & behavioral change

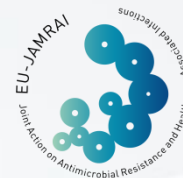
WP.6.1 objectives



Objective 6.1: Top- down approach → Policies to prevent HAIs through agreed ICP implementation & institutional behavior change

Task 6.1.3: Development of tools to increase awareness & improve HCW's training in ICP, web-based, based on the results of Survey A & B

PROGRAMME PHASES



PHASE 1.
SURVEYS A & B

D.1

PHASE 2.
UNIVERSAL FRAMEWORK FOR IC
TOOLS - COST BENEFIT ASSESSMENT

PHASE 3.
IMPLEMENTATION, EVALUATION

D.2

Work description and progress towards WP object for each task.the

After the proposals and the comments we received from all the partners the final version of questionnaires were uploaded on ShareFile of EU-JAMRAI.

Surveys A and B documents include:

1. The scope of survey
2. The methodology
3. The questionnaires

Additionally a document was uploaded with the login process and the Call to Action invitation.



Survey for the infection control policies in European countries

Survey A: institutional structure and recourses for the implementation of infection control policies in European healthcare settings

WP.6.1. Promoting a top-down approach for preventing HCAI through the implementation of agreed infection control programs and institutional behaviour change

Leader acronym:
Author: Flora



CALL TO ACTION
European Joint Action on
Antimicrobial Resistance & Healthcare-Associated Infections "EU-JAMRAI"

WP.6.1. Promoting a top-down approach for preventing HCAI through the implementation of agreed infection control programs and institutional behaviour

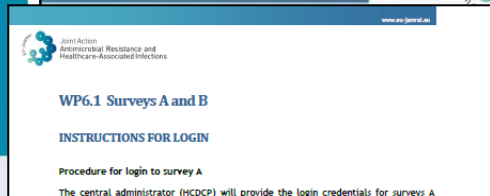
EU-JAMRAI overarching objective is to support EU Member States develop and to effective one health policies to combat AMR and reduce healthcare-associated infections.

Given the differences in the AMR context in European countries, the aim of the 6.1 is to fill the gap between policy and practice of infection control in healthcare based on evidence based practices; and the national experience of participating participants in elaborating a concrete, implementable and reasonable Infection Control Plan prevention of HCAIs. The WP.6.1 will contribute to improve the infection control within health-care through institutional awareness using identified key components specific interventions which will be adapted to the real needs, resources and priorities of the national health systems.

The initial idea of the WP.6.1 is based on the global acceptance that to implement the Infection Control requires a holistic approach and the commitment of stakeholders of the organization. Additionally, we must have in mind that the Control Pyramid (hospital managers, infection control committees and health professionals) in different countries, healthcare systems and in completely different organizational structures and resources; the organizational as well as the professional behavior have arisen as key factors for the effective implementation of Infection Control. So we need to know more about both the administrative and professional behavior in the European countries and create tools to promote the implementation of the key components of Infection Control in healthcare environments. In the frame of the WP.6.1 implementation two surveys (A,B) are going to be performed from March to May 2018:

The aim of survey A is to determine the necessary institutional structure and resources for the implementation of efficient and feasible infection control programs in healthcare settings according to the most recent guidelines for the core components of prevention and control programs. This extensive survey aims to collect information that will enable researchers to have a clear picture of the reality associated with the gap between the current situation and the necessary changes to implement Infection Control Policies.

General Instructions for the responders to survey A:
The questionnaires are based on common thematic axes so that they can be completed together. All three questionnaires should be completed by:



Surveys for the infection control policies in European healthcare settings

Survey B: institutional policy and organizational culture

WP.6.1. Promoting a top-down approach for preventing HCAI through the implementation of agreed infection control programs and institutional behaviour change

Leader acronym: HCDCP
Author: Flora Kontopidou



The development of the digital platform for the Surveys

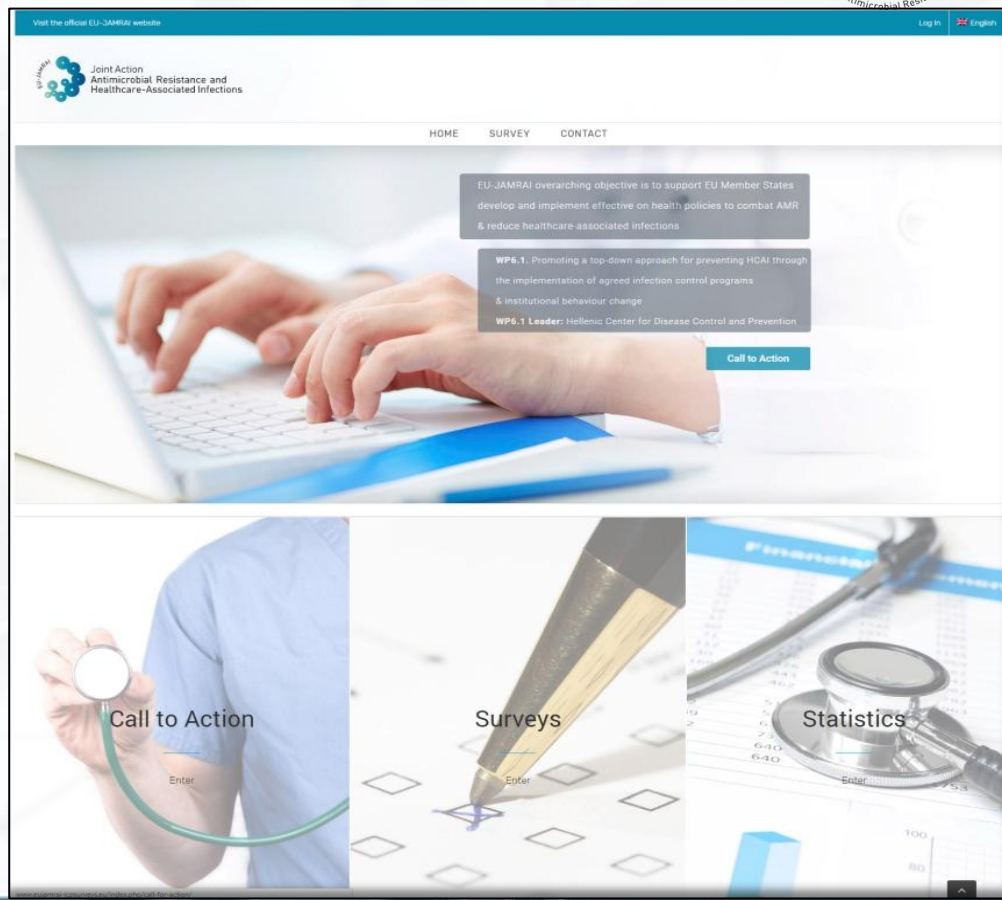


January 2018. Development of a digital multilingual platform that gives access to the survey material, especially the online completion of the questionnaires (by leading team)

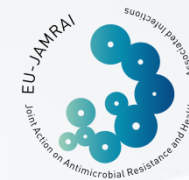
<http://www.eujamrai-icpsurveys.eu>

February - May 2018. The English version of questionnaires were translated by the partners to the language of their country (French, Spanish, Portuguese, Italian, Austrian, English and Greek). The leading team formulated the final translated questionnaires of both surveys (3 questionnaires per survey) and uploaded them to the platform. 42 questionnaires were uploaded during this period.

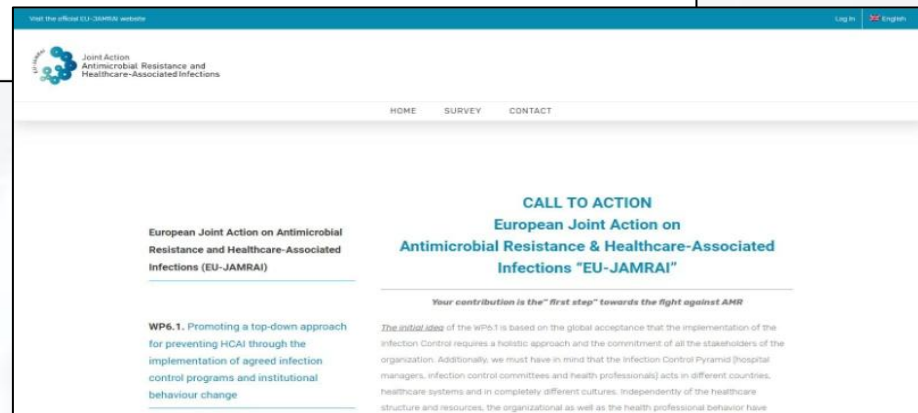
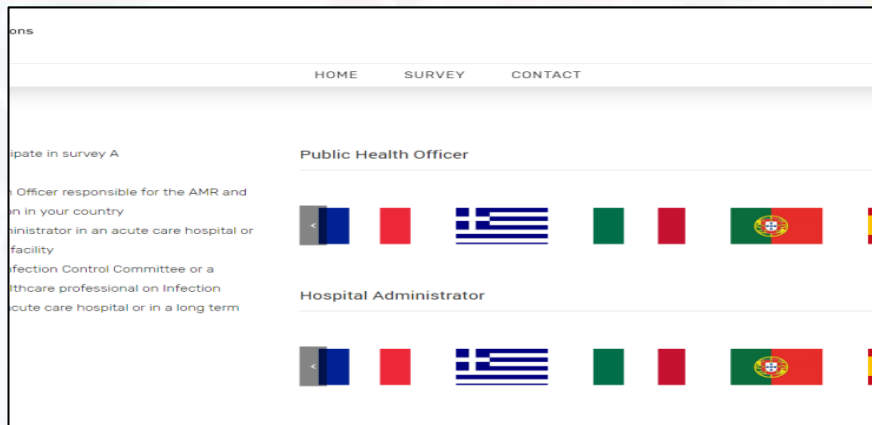
For each country there were four single access codes for the target groups of surveys (Public Health Officers, Hospital Administrators, Infection Control Committees and Healthcare Professionals).



The development of the digital platform for the Surveys



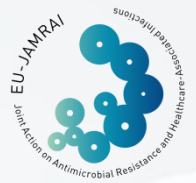
42 questionnaires were uploaded in 7 European languages



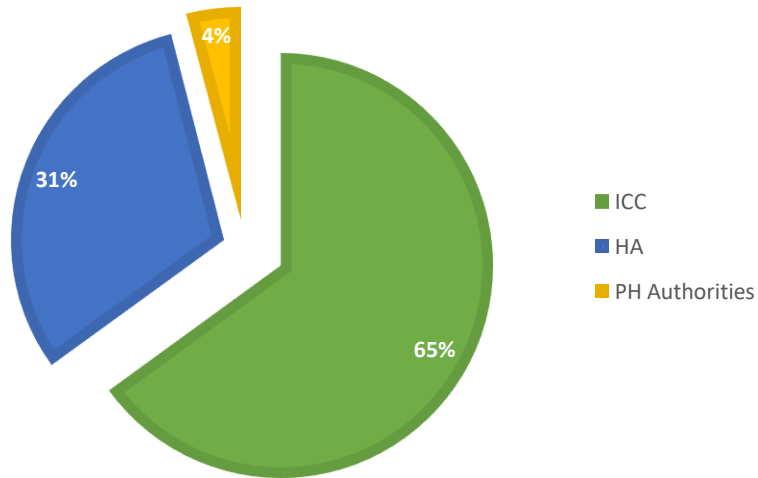
Activity 6.1.1.1: Survey A

- Based on the key components of an ICP of recent guidelines by WHO
- Domains examined: IC policy implementation at national and hospital level, Institutional bodies dedicated to IC, HAI surveillance, Training & Guidelines, audit, Communication & cooperation procedures.
- Disseminated to ICCs, HA, PHA

SURVEY A. Participation



RESPONDENTS TO SURVEY A

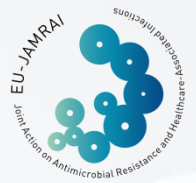


519 completed questionnaires (ICC=335, HA=161, PHA=23)

PHA: 8 countries (Austria, Denmark, Italy, France, Greece, Portugal, Spain & the Netherlands)

HA and ICCs: 5 countries (Italy, France, Greece, Portugal, Spain)

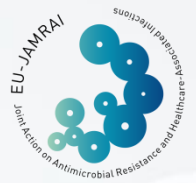
SURVEY A. RESULTS



In the majority of hospitals, the basic structures and procedures exist and are functional. More specifically:

1. A **national policy** on the prevention of HAIs with specific objectives exist, to whose progress Public Health Authorities and Governments are regularly updated.
2. **Infection Control Programs** at hospital level have been put into practice with specific objectives.
3. **Competent bodies**, such as the Infections Control Committees, have been formed and have undertaken the task of monitoring the implementation of Infection Control Programs.
4. **HAI Surveillance Systems** have been developed at national level in which the majority of hospitals participate.
5. **Training programs** about Infection Control for Health Professionals have been implemented.

SURVEY A. RESULTS - Key findings and areas for improvement



The areas found with gaps in their implementation mainly concern the following:

1. The active involvement of hospital hierarchy (HA and CDH responsible for Infection Control).
2. Feedback on national and hospital policies should be given to all stakeholders as well as feedback on surveillance and audit results
3. Strengthening of hospitals with financial and human resources, including qualified personnel with exclusive employment in Infection Control, at the very least.
4. The establishment of collaboration procedures among the stakeholders so as the implementation of both local and national policies on Infection Control becomes feasible

D6.1

Revised guidelines for the
implementation of infection control
program in healthcare settings

REVISED GUIDELINES FOR THE IMPLEMENTATION OF
INFECTION CONTROL PROGRAM IN HEALTHCARE
SETTINGS

D.6.1.1

WP6 | Policies for prevention of Healthcare Associated Infections and their implementation

Leader acronym | HICDCP

Authors | Flora Kontopidou, Mariana Tsana

Reviewers | WP leaders

Dissemination level | Public

Delivery date | 1-11-2018



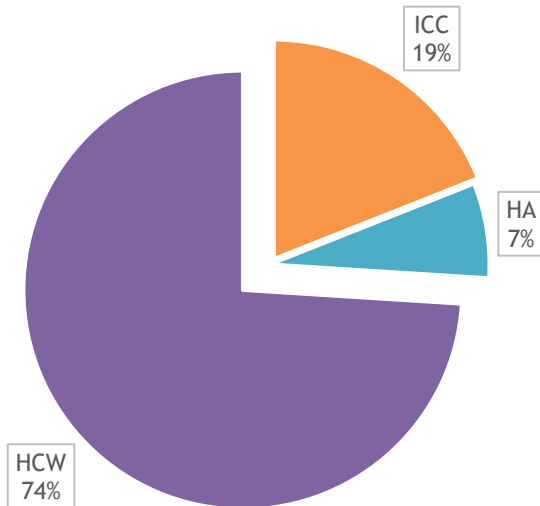
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Activity 6.1.2.1: Survey B

- Based on Health Belief Model
- Domains examined: Susceptibility, Severity, Benefits, Barriers, Cues to action
- Disseminated to ICCs, HA, HCWs

SURVEY B.PARTICIPATION

Respondents in Survey B



2131 completed questionnaires (ICCs=411, HAs=147, HCWs=1573) from 6 countries (Austria, Italy, France, Greece, Portugal, Spain)



Results of Survey B

Barriers of the implementation an effective ICP which are linked to Institutional Policy and Organizational Behaviour

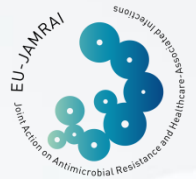
Leader: Hellenic Center for Disease Control and Prevention-HCDCP

On behalf of the Hellenic leading team:

Authors: Flora Kontopidou, Mariana Tsana

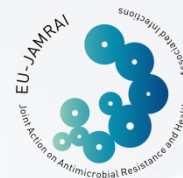


RESULTS OF SURVEY B MS30



RESULTS OF SURVEY B BARRIERS OF THE IMPLEMENTATION OF AN EFFECTIVE ICP ARE LINKED TO INSTITUTIONAL POLICY AND ORGANIZATIONAL BEHAVIOUR

SURVEY B. Findings and Areas of Improvement



DOMAINS

FINDINGS & AREAS FOR IMPROVEMENT

AUTHORITIES & ROLES

ICCs' duties have to be determined as also their authorities and their framework.

Hierarchy's role of clinical departments is essential. HAs' responsibility for the ICP implementation

SAFETY

Collaborations, teamwork, appropriate training and the management of errors. Survey's outcomes show

RISK MANAGEMENT

that significant improvements could be achieved in this field.

AWARENESS

HCWs' & ICCs' awareness is quite substantial and this is a promising message.

HAs seem to be awarded, but there is a gap to their knowledge for crucial importance issues

HAs: training on multiple levels, ICCs: specialised & certified training of their members

TRAINING- GUIDELINES

Supervisors: training on their role in IC measures compliance,

Healthcare Professionals: training on the basic IC measures, particularly the new HCWs

LEADERSHIP

HAs should take the leading role of ICP implementation.

RESOURCES

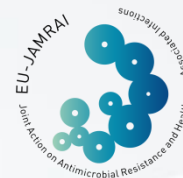
The minimum necessary resources for ICP implementation should be provided by hospital's budget.

SURVEILLANCE- AUDIT

The clinical impact of the surveillance data

Feasible applications and tools for audit implementation in clinical practice

SURVEY B RESULTS



Which of the following measures do you consider as important steps for the improvement of the ICP implementation in your hospital?

| HCW | ICC | HA |
|---|---|---|
| Practical National Guidelines | Practical National Guidelines | Practical National Guidelines |
| HCWs Training Improvement | HCWs Training Improvement | Institutional Framework / Roles And Authorities |
| Institutional Framework / Roles And Authorities | Institutional Framework / Roles And Authorities | HCWs Training Improvement |
| Resources/Cost Assessment | Resources/Cost Assessment | Resources/Cost Assessment |
| Support ICC & IC Nurse Role | Support ICC & IC Nurse Role | Surveillance - Feedback Improvement |
| Support from PHA | Support from PHA | Evaluation Of Interventions |
| Evaluation Of Interventions | Evaluation Of Interventions | Support ICC & IC Nurse Role |
| Surveillance - Feedback Improvement | Surveillance -Feedback Improvement | Support from PHA |

The initial statement of WP.6.1 was :

There is a gap between recommendations and clinical practice

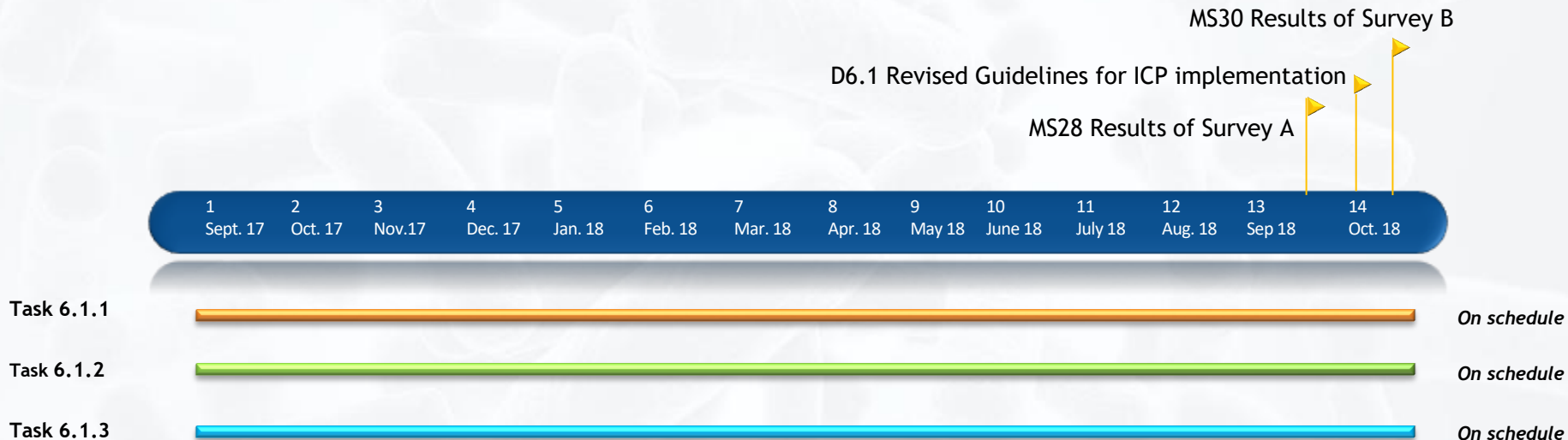
Survey A: the gap between PHA and ICCs

Survey B: the gap between HA and ICCs/HCWs

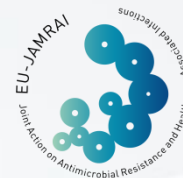
Timeline: Tasks, Deliverables & Milestones status



Please fill the timeline and specify if the status of each task is: Ahead schedule / On schedule / Achieved / Delayed
Please mark and give an update for the Deliverables and Milestones for your WP (Below the example for WP1)

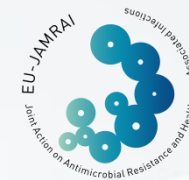


Status of the Stakeholders



1. *Health First Europe*
2. *HOPE (European Hospital and Health Care Federation)*
3. *12 European countries - EUJAMRAI partners*

Risks encountered



•Risks Foreseen risks from the description of Work

| Risk n° | Description of risk | Proposed risk mitigation measures |
|---------|--|--|
| 1. | There was not the expected response from non-partners countries and other stakeholders as it was expected. A possible explanation for this could be the fact that there were many surveys simultaneously in the first year of the project. | Improvement of the monitoring of the activities between WPs. Better cooperation with stakeholders and other parties |
| 2. | Deadlines were not always respected from all the partners and additionally there was not a simultaneous participation from all countries to the surveys. | Improvement of the monitoring of the activities |

•Unforeseen Risks

| Risk n° | Description of risk | Proposed risk mitigation measures |
|---------|---|---|
| 1. | The project is very demanding and delays expected from all of the parties | Improvement of the monitoring of the activities |

1 Next steps for year 2

1

Activity 6.1.2.2: Universal Infection Control Framework → roles, priorities & necessary interventions, based on the results of Survey A & B

2

Activity 6.1.1.3: Assessment of cost benefit analysis for an ICP implementation

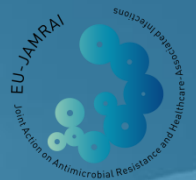
Task 6.1.3: Development of tools to increase awareness & improve HCW's training in ICP, web-based, based on the results of Survey A & B

3

Activity 6.1.2.3: Pilot testing of UICF → estimate the impact on routine clinical practice & behavioral change

WP6.1.1 PARTICIPATING PARTNERS

WP6.1.1 PARTICIPATING PARTNERS



| COUNTRIES | ORGANIZATION NAME |
|-----------|-------------------|
| AUSTRIA | GOG |
| FRANCE | SPF |
| | INSERM |
| GREECE | HCDCP - 7HC |
| ITALY | UNIFG |
| | ISS |
| PORTUGAL | DGS |
| | AEMPS |
| SPAIN | GENCAT |
| | IdIsBA |
| | FFIS |
| | FMS |
| | SAS |
| | ISCIII |
| | SERMAS |

Thank you!

Flora Kontopidou

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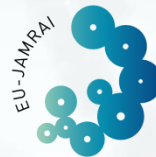
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Joint Action
Antimicrobial Resistance and
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** This presentation arises from the Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections (EU-JAMRAI), which has received funding from the European Union, under the framework of the Health Program (2014-2020) under the Grant Agreement N° 761296. Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of the information contained herein.*



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Work Package 6.2

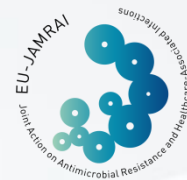
Policies for prevention of health-care-associated infections and their implementation

6.2 Public Health Agency of Sweden



Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

WP 6.2 objective



Promoting a bottom-up approach from clinical practice to policy level by implementing evidencebased guidelines using an established implementation model



WP 6.2 tasks and participants



Work description, progress and achievements towards WP objectives



Timeline: Tasks, Deliverables & Milestones status



Stakeholders involvement

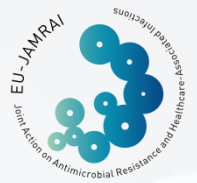


Risks encountered



Next steps for Year 2

WP tasks and participants



6.2.1 Introduce an evidence-based implementation model

Belgium - FPS HFCSE

Czech Republic - NIPH

Estonia - TA

Latvia - PSKUS

Lithuania - LSMULKK, VULSK, HI, NVSC

Netherlands - VWS

Slovenia - NIJZ

Sweden - FoHM, SOS, UAS

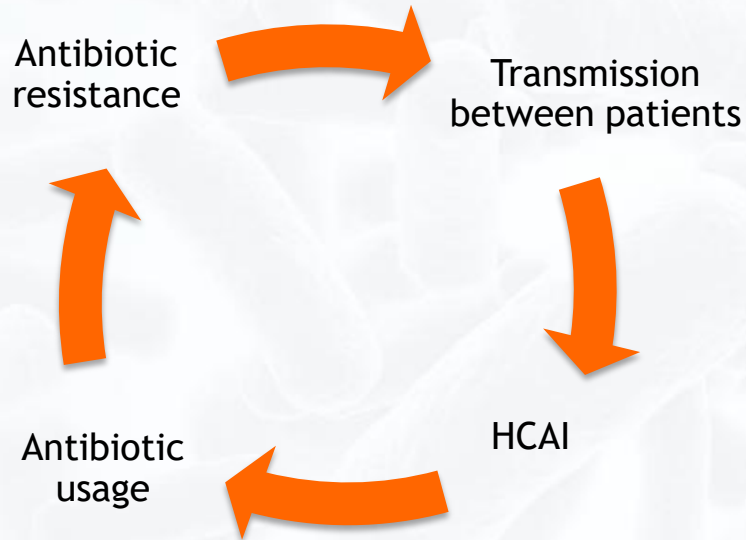
6.2.2 Promote implementation of similar routines in non-EU countries in Europe

Georgia

Moldova

Ukraine

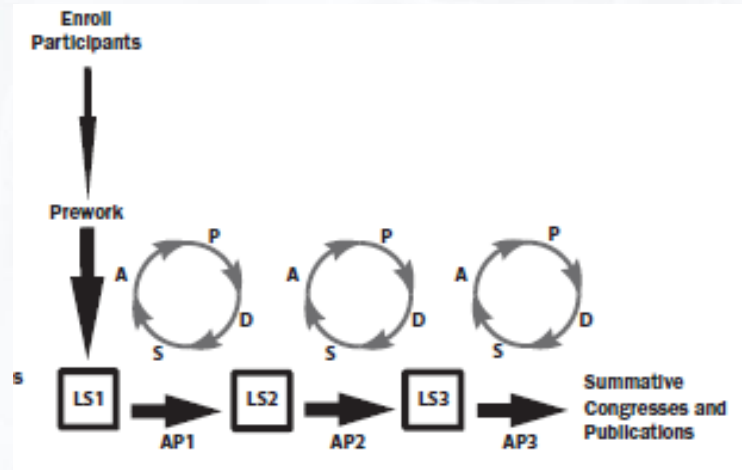
Viscous circle HCAI - AMR relation



Infection Prevention and Control is a tool to reduce the spread of AMR

Work description, progress and achievements towards WP objectives

Task 6.2.1 Introduce an evidence-based implementation model - the Breakthrough Series Model



Key elements

- Topic selection
- Faculty recruitment
- Enroll participants
- Learning sessions
- Action periods

Reduce CAUTI

Reduce catheter-days

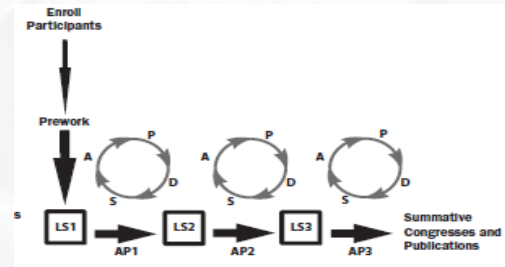
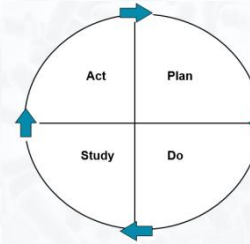
Reduce new catheterizations

Bundles for CAUTI prevention

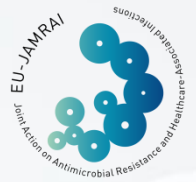
- Avoid unnecessary urinary catheters
- Closed collection system
- Catheters as small size as possible
- Insertion - aseptic technique
- Maintenance - aseptic technique and avoid unnecessary manipulation
- Review urinary catheter necessity daily and remove promptly if not indicated

Work description, progress and achievements towards WP objectives

Ward survey → PDSA → Routine



Time line - National work



Work in the units/wards
Process support - via mail, phone, visits, web meetings



Spring 2018

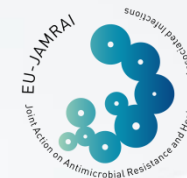
Fall 2018

Winter 2019

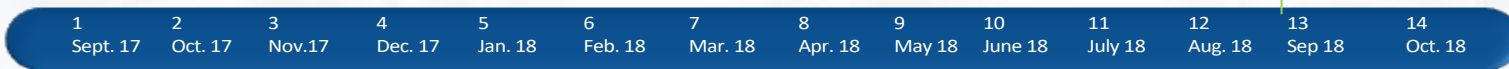
Spring 2019

Summer/fall 2019

Timeline: Tasks, Deliverables & Milestones status



Milestone (M12)
Topic and hospitals per country selected



Task 6.2.1 Introduce an evidence-based implementation model



On schedule

Task 6.2.2 Promote similar routines in non-EU countries in Europe

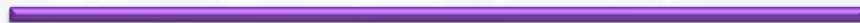


On schedule

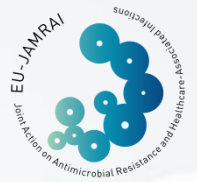
Phase 1: Pework



Phase 2: Pilot



Stakeholders Involvement



WP6.2 partners are national authorities/
institutions with national responsibilities
within the infection control area.

Examples of stakeholders involved:

HCW, IPC units/-responsible staff Hospital/ward
management

Patient safety staff

Quality improvement staff

Societies/associations for IPC professionals

University hospitals

European Parliament

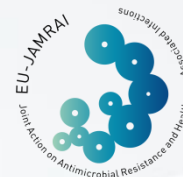
Public health/healthcare/social authorities

Ministry of Health

Ministry of Social affairs



Risks encountered



| Description of risk | Proposed risk mitigation measures |
|---|--|
| Objectives and tasks for WP 6 might be too ambitious and might run the risk of not being manageable within the time and resources allocated | Actions within this WP focus on supporting implementation and setting realistic goals |
| Difficulties in having hospitals joining action | Good preparatory work and contacts in order to explain the actions and also the added value of these actions |
| Time constraints | Realistic time schedule and regularly monitor progress |

Next steps for year 2

Phase 2: Pilot

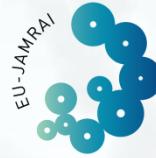
Phase 3: Expansion - new wards

D6.3 Report on experience from country teams of introducing and working with the implementation model M18

Lotta Edman

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PUBLIC HEALTH AGENCY OF SWEDEN

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