

A Nationwide Survey on the Implementation on Core Components of Infection Prevention and Control Programmes In Malaysia Hospitals

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ABSTRACT:

Introduction: Infection prevention and control (IPC) is one of the 8 pillars of the public health response in any infectious health emergency disaster. It also serves as a basic requirement for outbreak preparedness and a critical element of readiness. World Health Organization (WHO) has released IPC Assessment Framework (IPCAF) tool to support the implementation of the Guidelines on core components of IPC programmes at the acute health care facility level. The WHO IPCAF is a systematic tool that can provide a baseline assessment of the IPC programme and activities within a health care facility, as well as ongoing evaluations through repeated administration to document progress over time and facilitate improvement.

Method: Acute health facilities (in-patient setting) from public and private were invited to join the study by completing the WHO IPCAF questionnaires I. A total of 128 hospitals participated in this study from Jan to April 2019. The questionnaires are divided into 8 sections reflecting the eight WHO IPC core components (IPC Programmes, Guidelines, Training, Healthcare Associated Infection Surveillance, Multimodal Strategies, Monitoring & Feedback, Workload, Staffing and Bed, and Build Environment) and comprises of 81 indicators. Points are allocated to the individual answers of each question and the maximum score of each component are 100 points. The maximum overall score is 800 and is calculated by adding the total scores of all 8 components. Based on the total scores of IPCAF, facilities were categorised into INADEQUATE (0-200), BASIC (201-400), INTERMEDIATE (401-600) and ADVANCE (601-800) IPC level.

Results: One hundred and twenty-eight hospitals participated in the survey. Majority were public hospitals (123), 4 private hospitals and 1 teaching hospital. With regards to level of care, majority hospitals were primary (71) followed by tertiary (38), secondary (18) and 1 teaching hospital. All participating hospitals achieved an ADVANCED level of IPC. The overall IPCAF median score was highest in teaching hospital (742.5) followed by secondary (736.2), tertiary (697.5) and primary level hospital (685.0). Core component IPC guidelines showed maximum score (100 points). The other 4 core components (IPC Programmes, Healthcare Associated Infection Surveillance, Monitoring & Feedback, and Build Environment) scored 90 or more points. Whereas, Workload, staffing and bed component scored the lowest with median score of 75.

Discussion: Based on the result, IPC structures in majority of acute health facilities are at a relatively high level. However, more attention should be given to the "workload, staffing and bed management" component. It is recommended that further studies need to be conducted to assess the improvement of the common identified areas or issues. This will help the IPC programme to develop an action plan at the national level to address them.

KEYWORDS: IPC core components, Infection Prevention and Control Assessment Framework (IPCAF)