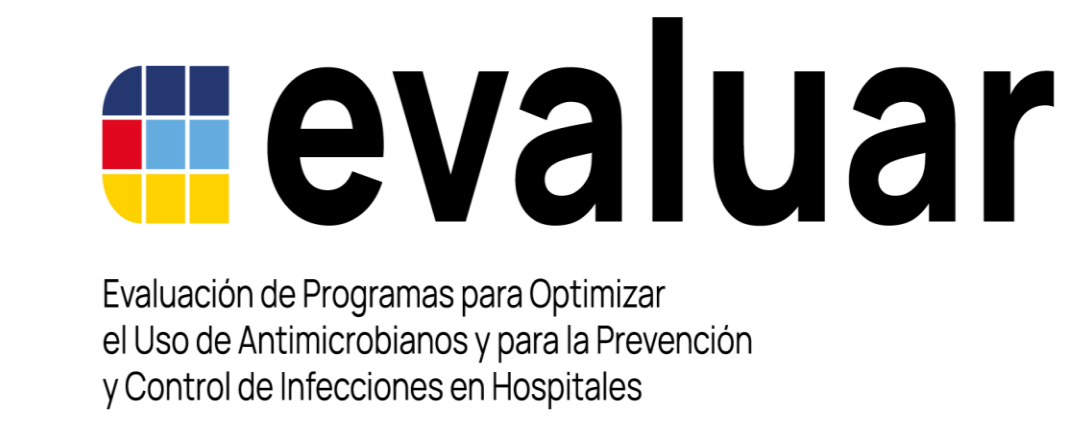


# Assessment of Infection Prevention and Control Programs in Acute Care Facilities in Central and South America

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## OBJECTIVE

- To assess progress in the development of Infection Prevention and Control (IPC) Program in Latin America

## METHODS



Self-assessment of IPC activities

36 acute care hospitals

Guatemala, Panama, Ecuador, and Argentina

- A self-assessment tool (Spanish version) adapted from the World Health Organization (WHO) Infection Prevention and Control Assessment Framework (IPCAF) was distributed through a research network to hospitals in Latin America
- Evaluations were completed in March 2022
- Per the instrument, facility IPC program implementation is categorized into four levels based on the final score: *inadequate* (0–200), *basic* (201–400), *intermediate* (401–600), or *advanced* (601–800).
- Overall median scores were calculated as well as by component
- For each question, we estimated the proportion of hospitals that met criteria (partially or completely) stratified by private and public hospitals

## RESULTS

- 21 public and 14 private hospitals completed the evaluation (97% response rate)
- 57% of hospitals fell in the “advanced”, 40% in the “intermediate”, and 3% in the “basic” category
- More detailed results are shown in the **Table** and **Figure**
- IPC education and training, workload, staffing and bed occupancy had the lowest median scores.

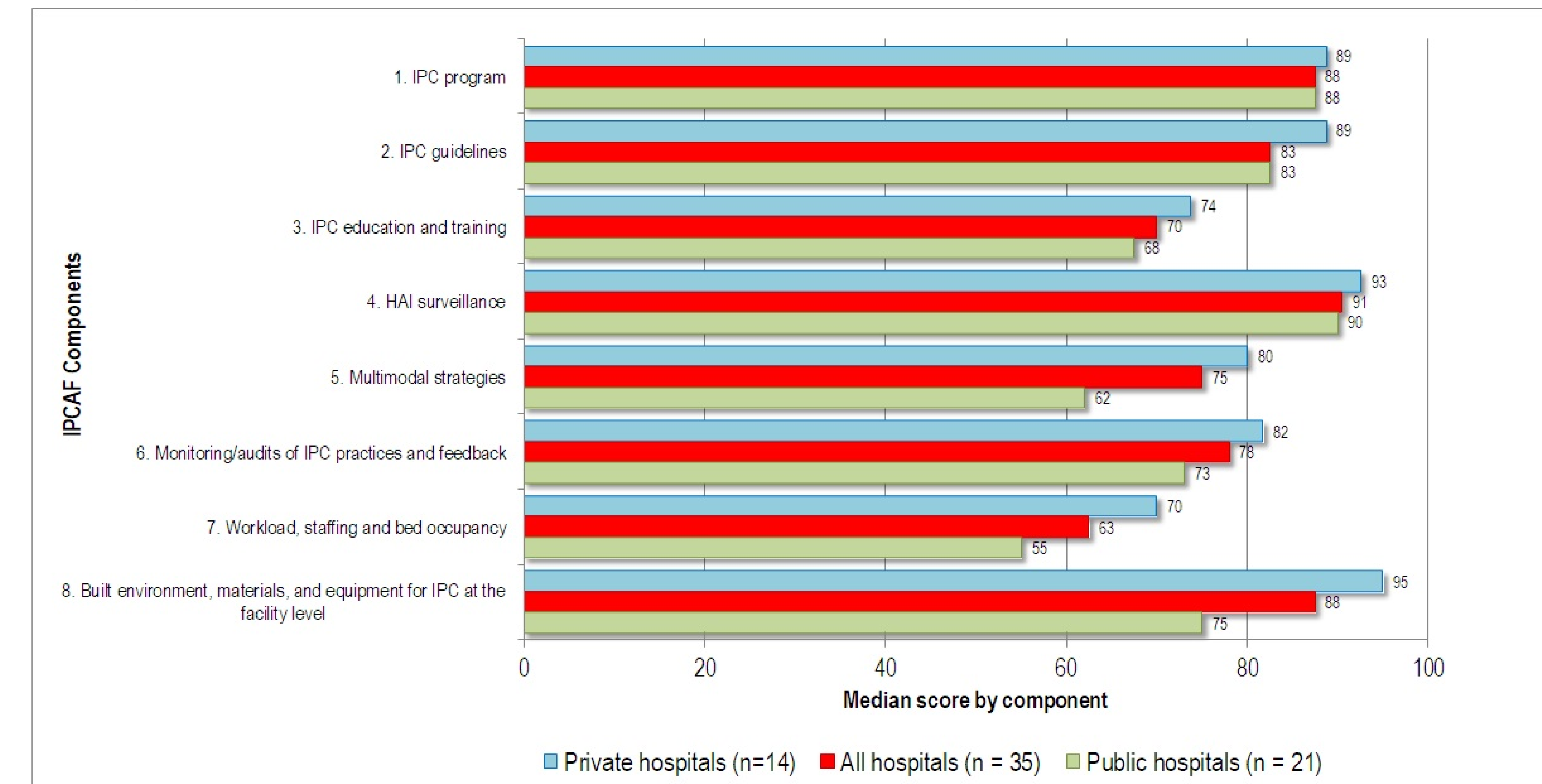
## RESULTS

• **Table:** Percent of hospitals indicating they meet the indicator partially or completely

Questions	Percent compliance with criteria	
	Private	Public
<b>Component 1: IPC program</b>		
Does the IPC team include both doctors and nurses?	100%	100%
Do you have an IPC committee actively supporting the IPC team?	100%	81%
Do you have clearly defined IPC objectives?	73%	69%
Does the senior facility leadership show clear commitment and support for the IPC program?	79%	71%
<b>Component 2: IPC guidelines</b>		
Does your facility have guidelines available for outbreak management and preparedness?	64%	57%
Does your facility have guidelines available for prevention of surgical site infection?	71%	81%
Does your facility have guidelines available for Prevention of transmission of multidrug-resistant pathogens?	79%	76%
Does your facility have guidelines available for health care worker protection and safety?	86%	57%
Does your facility have guidelines available for Antimicrobial Stewardship?	93%	76%
Are relevant stakeholders involved in the development and adaptation of IPC guidelines in addition to IPC personnel?	93%	71%
<b>Component 3: IPC education and training</b>		
Are there personnel with the IPC expertise (in IPC and/or infectious diseases) to lead IPC training?	100%	100%
Are there additional non-IPC personnel with adequate skills to serve as trainers and mentors?	86%	62%
Is there specific IPC training for patients or family members to minimize the potential for health care-associated infections	57%	33%
<b>Component 4: Health care-associated infection (HAI) surveillance</b>		
Do you have personnel responsible for surveillance activities?	100%	100%
Have the professionals responsible for surveillance activities been trained in basic epidemiology, surveillance, and IPC	93%	95%
Do you have informatics/IT support to conduct your surveillance?	93%	76%
Do you go through a prioritization exercise to determine the HAIs to be targeted for surveillance according to the local context?	100%	95%
Do you have processes in place to regularly review data quality?	79%	76%
Are surveillance data used to make tailored unit/facility-based plans for the improvement of IPC practices?	93%	100%
Are surveillance data shared at the national level?	86%	71%
How do you feedback up-to-date surveillance information? (at least annually)	88%	74%
<b>Component 5: Multimodal strategies for implementation of IPC interventions</b>		
Do you use multimodal strategies to implement IPC interventions?	100%	81%
• System change	68%	57%
• Education and training	79%	69%
• Monitoring and feedback	79%	67%
Do you regularly link to colleagues from quality improvement and patient safety to develop and promote IPC multimodal strategies?	93%	48%
<b>Component 6: Monitoring/audit of IPC practices and feedback</b>		
Do you monitor hand hygiene compliance in your facility?	100%	76%
Do you monitor compliance with CLABSI prevention bundles in your facility?	93%	71%
Do you monitor compliance with CAUTI prevention bundles in your facility?	86%	71%
Do you monitor compliance with VAP prevention bundles in your facility?	79%	71%
Do you monitor compliance with SSI prevention bundles in your facility?	75%	43%
Do you feedback auditing reports to hospital management and senior administration?	71%	67%
Do you feedback auditing reports to frontline health care workers?	71%	43%
Do you feedback auditing reports IPC committee or quality of care committees or equivalent?	93%	67%

Questions	Percent compliance with criteria	
	Private	Public
<b>Component 7: Workload, staffing and bed occupancy</b>		
Are appropriate staffing levels assessed in your facility according to patient workload using national standards or a standard staffing needs assessment tool?	43%	48%
Is an agreed ratio of health care workers to patients maintained across your facility?	73%	49%
Is a system in place in your facility to act on the results of the staffing needs assessments when staffing levels are deemed to be too low?	57%	38%
Is the design of wards in your facility in accordance with international standards regarding bed capacity?	55%	32%
Is adequate spacing of > 1 meter between patient beds ensured in your facility?	76%	60%
<b>Component 8: Built environment, materials and equipment for IPC at the facility level</b>		
Is functioning environmental ventilation (natural or mechanical) available in patient care areas?	89%	58%
For floors and horizontal work surfaces, is there an accessible record of cleaning, signed by the cleaners each day?	79%	55%
Do you have single patient rooms or rooms for cohorting patients with similar pathogens if the number of isolation rooms is insufficient?	75%	60%
Is PPE available at all times and in sufficient quantity for all uses for all health care workers?	93%	88%

• **Figure:** Median scores per component stratified by private and public hospitals



## CONCLUSIONS & LIMITATIONS

- Although we included a diverse sample of hospitals, results may underestimate gaps in IPC in the region as hospitals that agreed to participate may have been more engaged in IPC than hospitals that did not
- While most hospitals were considered “advanced” based on the IPCAF score, several gaps were identified, which differed between public and private hospitals
- Education and training, workload and staffing, and implementation of multimodal strategies seem to be the largest barriers to effective IPC programs in the region

## ACKNOWLEDGEMENT

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