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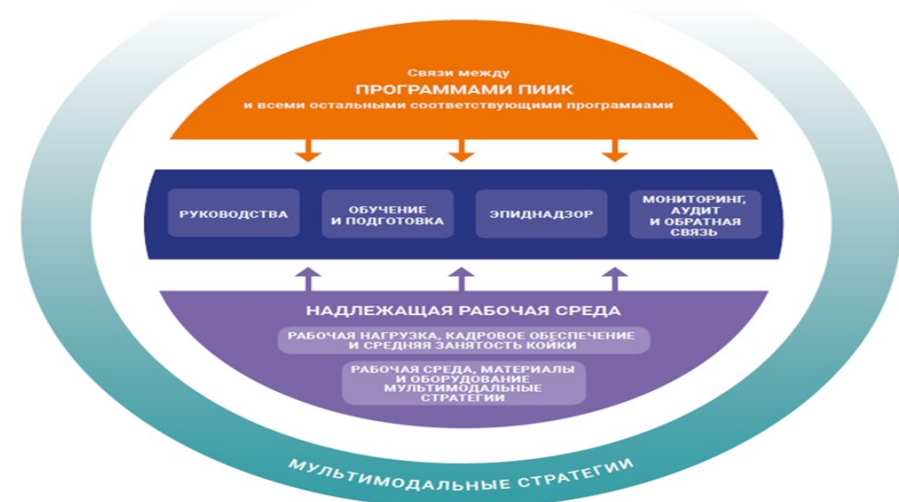


Implementation of IPC Activities as a Result of the IPCAF Assessment

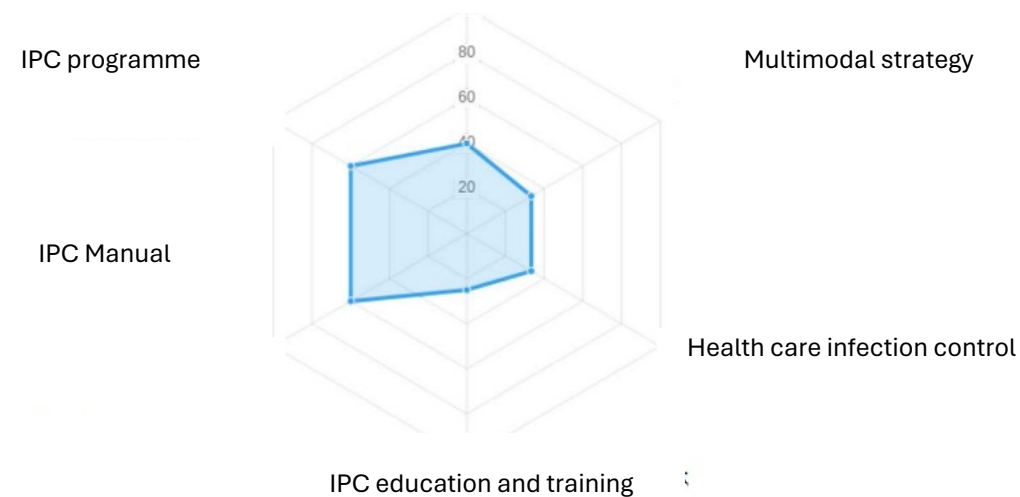
Summary Results: Self-Assessment at the National and Institutional Levels in Kazakhstan, 2019.

| | National level | Institution level (on average) |
|---------------------------------------------------------------------------------|----------------|--------------------------------|
| 1st core component - IPC Programme | 45% | 55% |
| 2st core component - IPC Programme | 42% | 57.5% |
| 3st core component - IPC Programme | 40% | 58% |
| 4th core component – Healthcare-Associated Infections Surveillance | 46 % | 58% |
| 5th core component – Multimodal strategy | 0% | 14% |
| 6th core component – Monitoring of IPC / audit, feedback and control activities | 17% | 69% |
| 7th core component – Workload, staffing and partial provision of beds | N/A* | 59% |
| 8th core component – Working environment, materials and equipment for IPC | N/A* | 85% |
| N/A*: Not applicable | | |

Reference: Preliminary Practical Guide on Participation in the Implementation of the WHO Guidelines on the Core Components of the IPC Programmes, WHO, 2017. <https://apps.who.int/iris/bitstream/handle/10665/251730/9789240036291-rus.pdf>

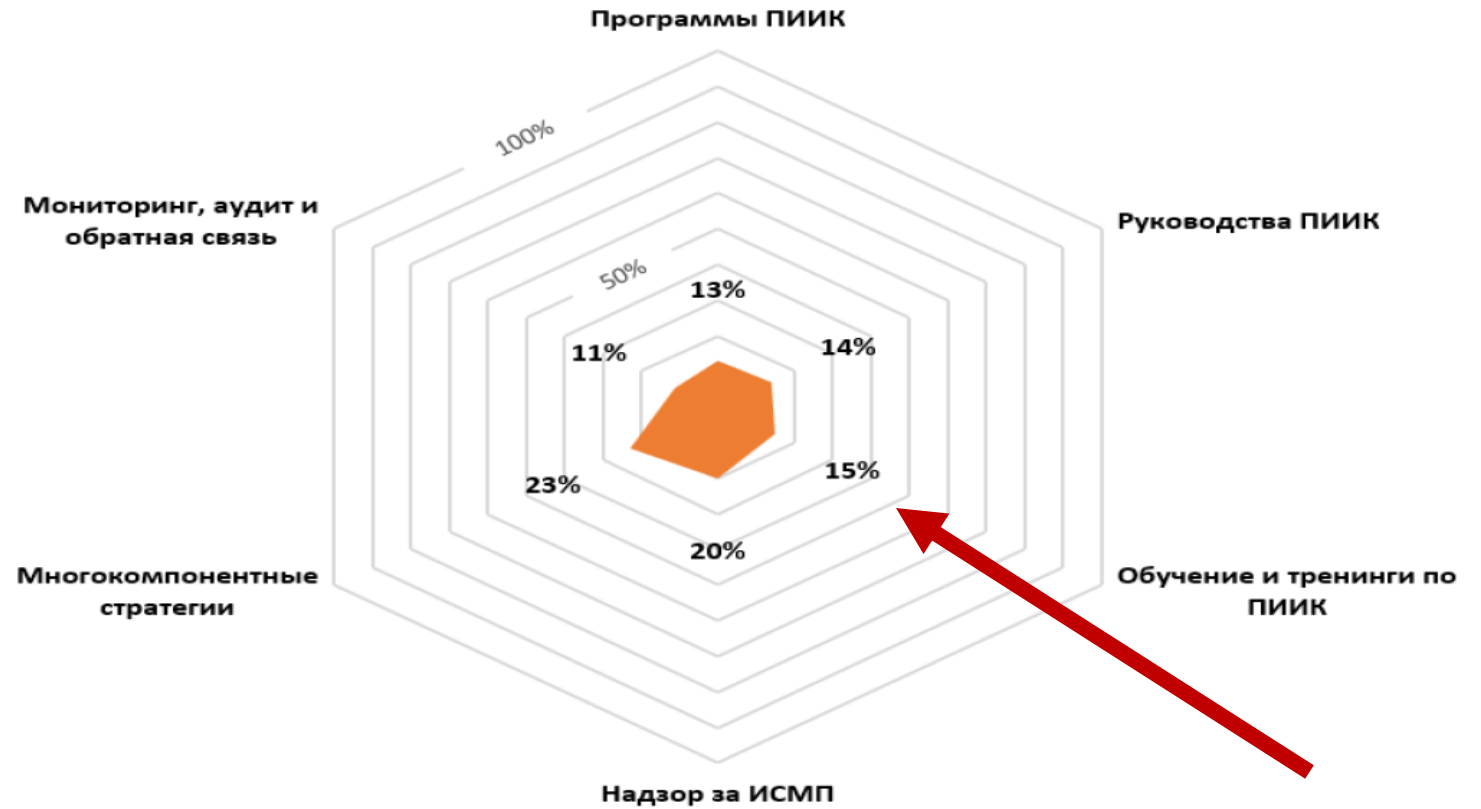
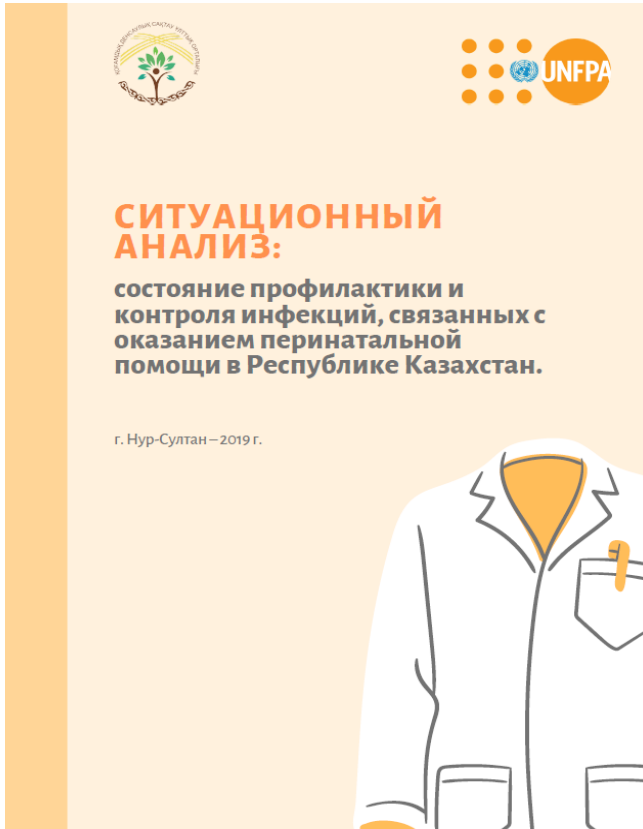


Monitoring/ revision of IPC practices, comments and suggestions



Дереккөз: 9 ДДСҮ-ның ИПИБ бойынша ең төменгі талаптарына қатысты ұлттық деңгейде ИПИБ бағдарламаларының іске асырылу жағдайын шолу нәтижелері. онлайн порталда <https://ipcportal.who.int/>

Situational Analysis: State of Prevention and Control of Infections Associated with Perinatal Care in Kazakhstan.



- Existing IPC system was in line with WHO recommendations by only 17.9 %
- None of the components is 25%

Establishment of the Infection Prevention and Control System in Kazakhstan



- The plan "On Improvement of the Infection Prevention and Control System for 2022-2027" has been approved;
- Taking into account the WHO and CDC recommendations, a methodological instruction "Infection Prevention and Control in Medical Organizations" has been developed;
- Together with WHO, a national study is conducted on the simultaneous spread of healthcare-associated infections and the use of antimicrobials in 24/7 inpatient care medical organizations in Kazakhstan;
- **Implementation of the IPC core components at the institution level has been assessed with the support of WHO;**

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ КАЗАХСТАН
КОМИТЕТ САНИТАРНО-ЭПИДЕМИОЛОГИЧЕСКОГО КОНТРОЛЯ

Есмагамбетова А. С., Зекенова А. Р., Смагул М. А., Нугманова Ж. С.,
Құлбаева Ж. А., Жарылқасынова А. Е., Касабекова Л. К., Нукунова Г. Т.

ПРОФИЛАКТИКА ИНФЕКЦИЙ И ИНФЕКЦИОННЫЙ
КОНТРОЛЬ В МЕДИЦИНСКИХ ОРГАНИЗАЦИЯХ
(методические рекомендации)

Assessment Objectives

- Preparation of a IPC clinical base in each region in accordance with the IPC National Plan until 2025
- Initial assessment of the state of infection control (IPC)
- Training of national and regional leaders in the IPCAF tool





Assessment Methodology and Process

WHO Assessment Survey (WHO Infection Prevention And Control Assessment Framework At The Facility Level), 2018 <https://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF>

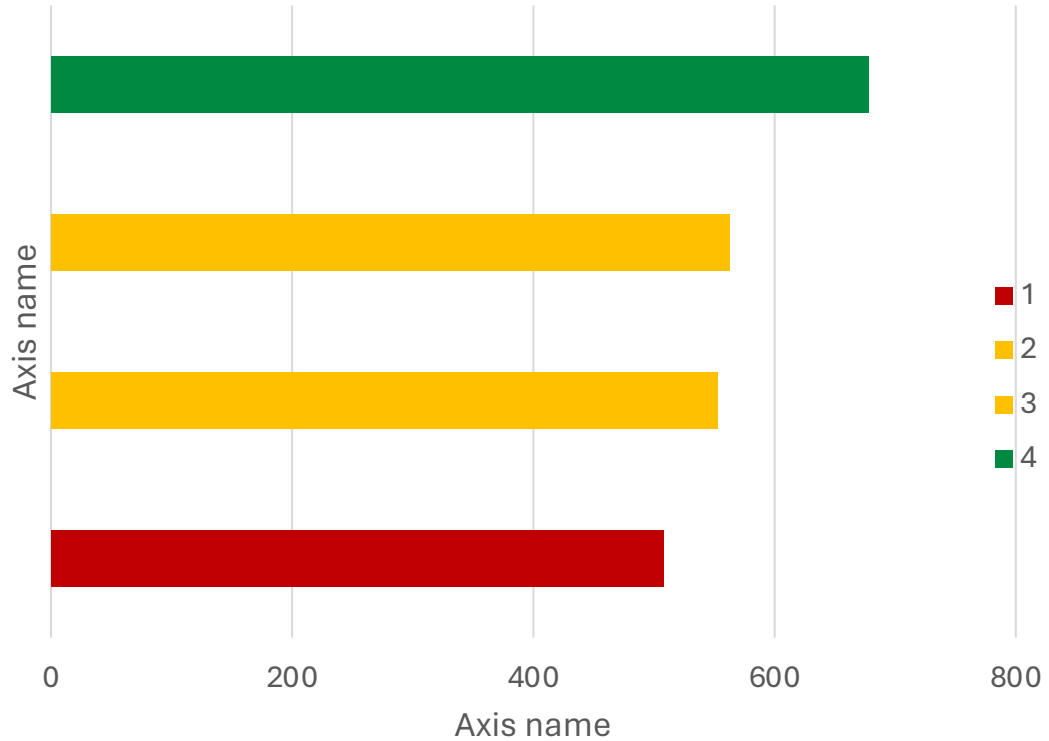
IPC assessment survey is divided into 8 core components of infection control. Each core component has a maximum score of 100 points, with a total maximum score of 800 points. Based on the overall assessment, a medical organization corresponds to one of the 4 levels of infection control:

- 1. Insufficient level** - the core components of infection control are missing. It is necessary to implement or significantly improve the IPC system (0-200 scores).
- 2. Basic level** - there are some components of the IPC, but the level of their implementation is not enough. It is necessary to further improve the IPC system (201-400 scores).
- 3. Average level** – most of the components of the IPC have been introduced. It is necessary to continue developing the scope and quality of interventions, paying special attention to long-term plans to support and further improve the existing IPC programme (401-600 scores).
- 4. High level** - the components of the IPC are fully introduced in accordance with WHO recommendations and meet the needs of an institution. It is necessary to continue maintaining quality, focusing on future plans to support and further improve the existing IPC programme.(601-800 scores).



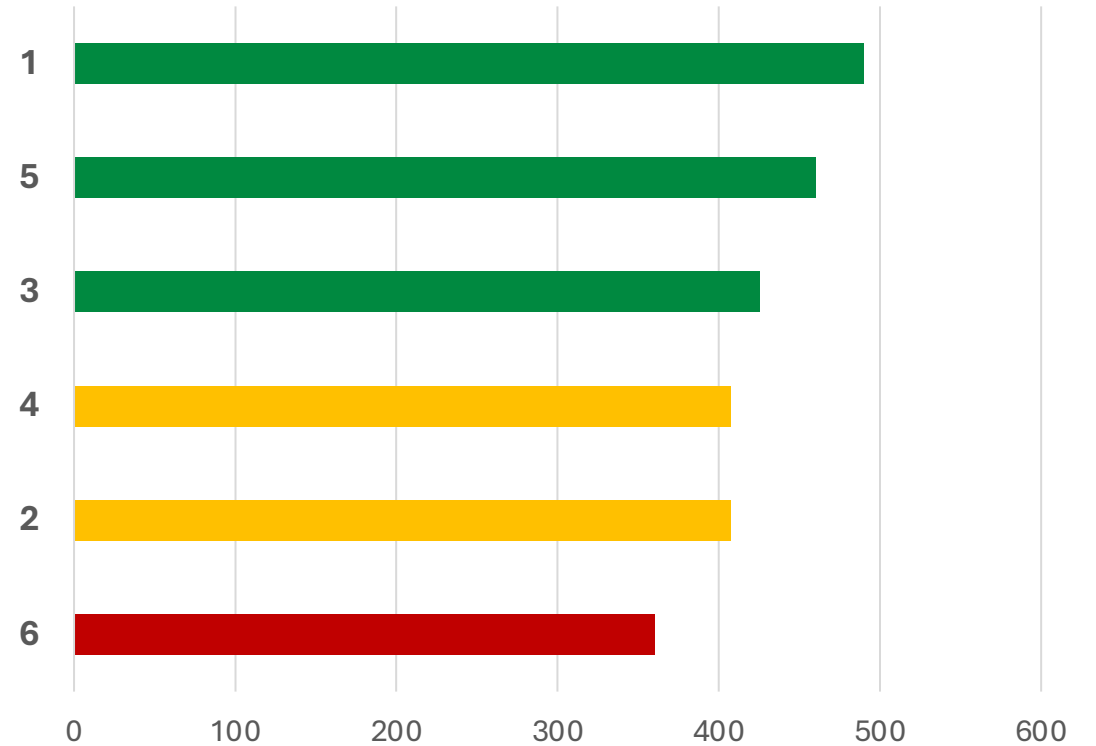
Overall results for 2022 (4 MOs)

IPC Level



Overall results for 2023 (6 MOs)

IPC Level





MO Strengths

- Availability of IPC staff
- Strong regulatory framework and implementation of orders
- Capable of development
- Availability of documentation (as required by the national accreditation)
- Equipment/Facilities

Weaknesses

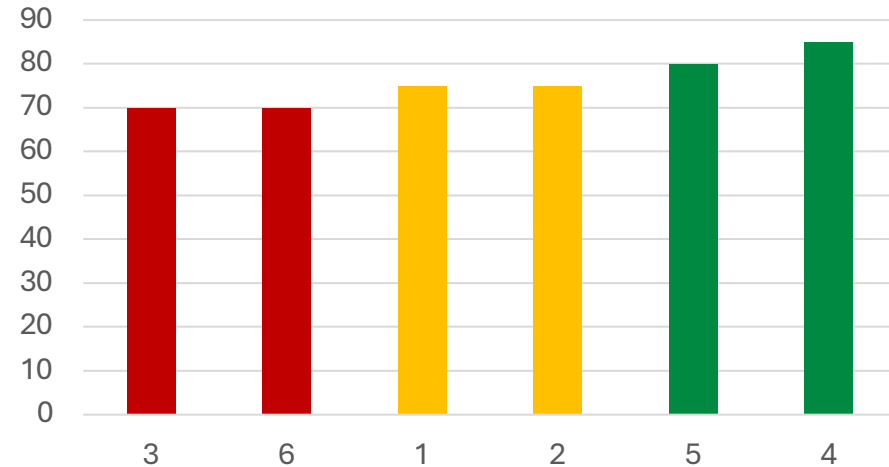
- Planning / system approach
- Training of medical personnel
- IPC monitoring and assessment
- IPC surveillance
- IPC staff qualification
- Implementation of outdated historical practices that are not evidence-based

Main Results.

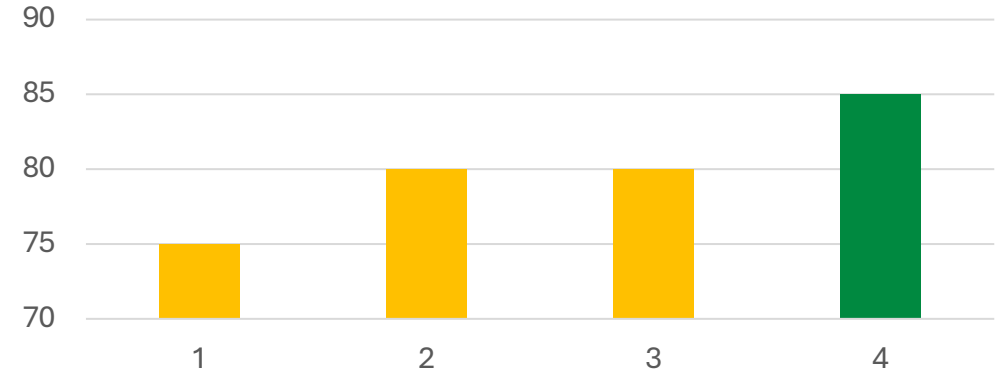
Component 1: IPC Programme

- IPC Programme of all MOs
- In most cases, specific goals and objectives are not covered
- In some MOs, it exists formally (practically not implemented)
- Departments for healthcare-associated infections of all MOs have been established
- Some MOs should be added with specialists
- Establishment of an Infection Control Commission for all MOs is in progress

Component 1



Component 1

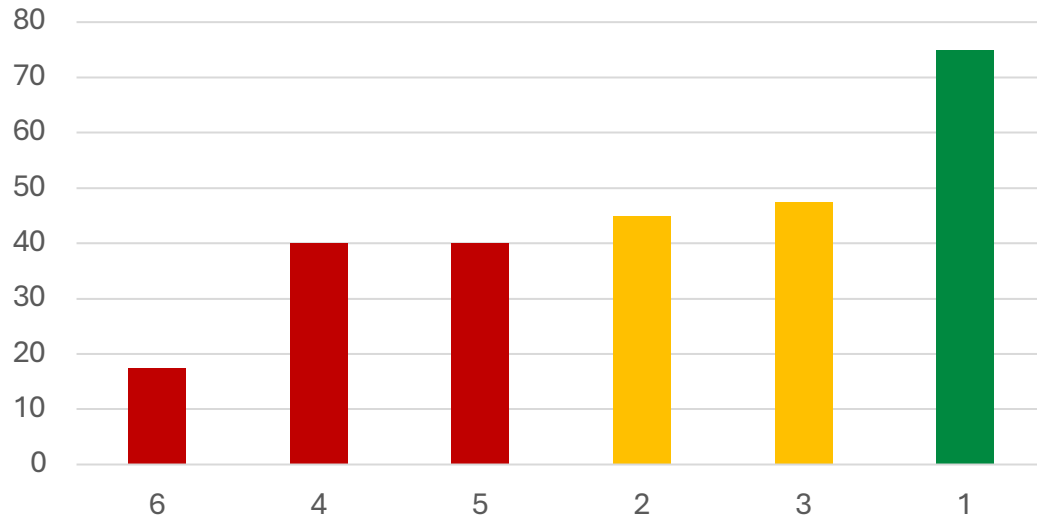




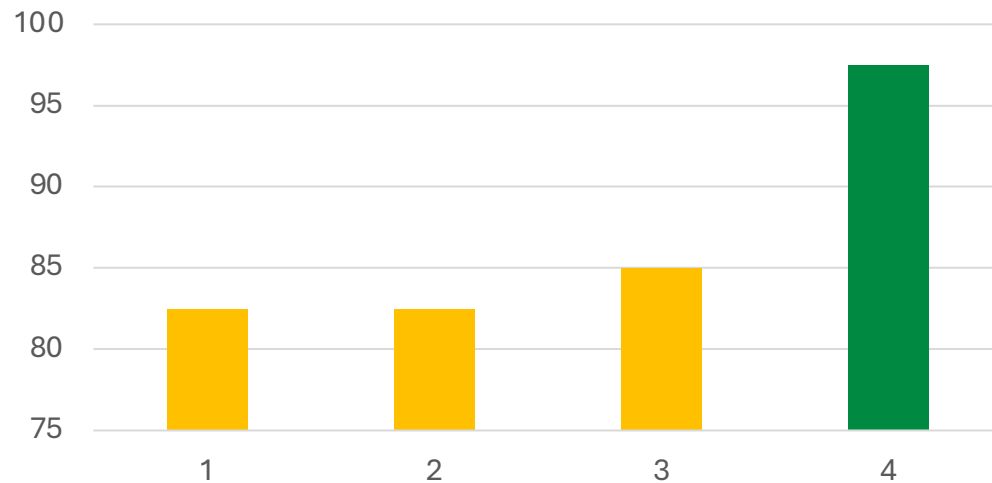
Component 2: IPC Instructions

- Standard Operation Procedures (SOP) are provided by all MOs, but not fully covered;
- Although the SOP officially exists, it does not fully work;
- **In rare cases**, it is developed with the a working group;
- Daily procedures practically do not work

Component 2



Component 2

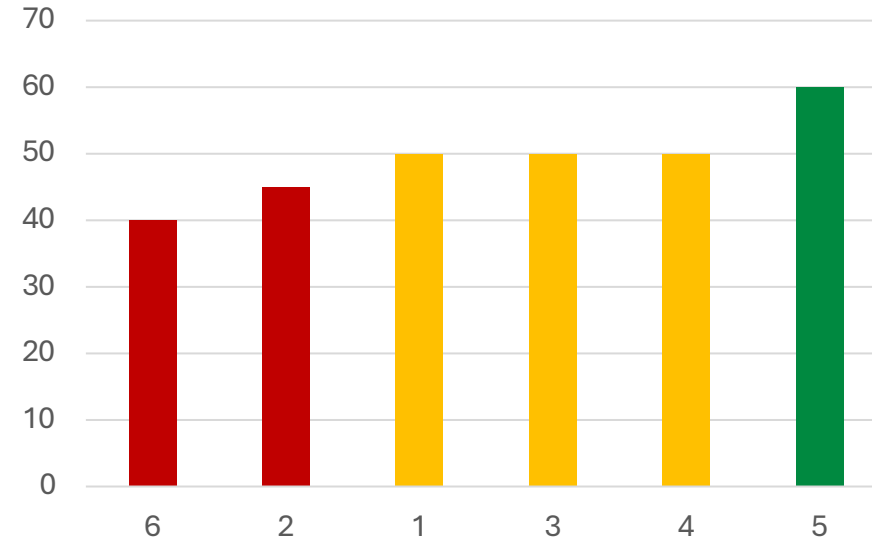




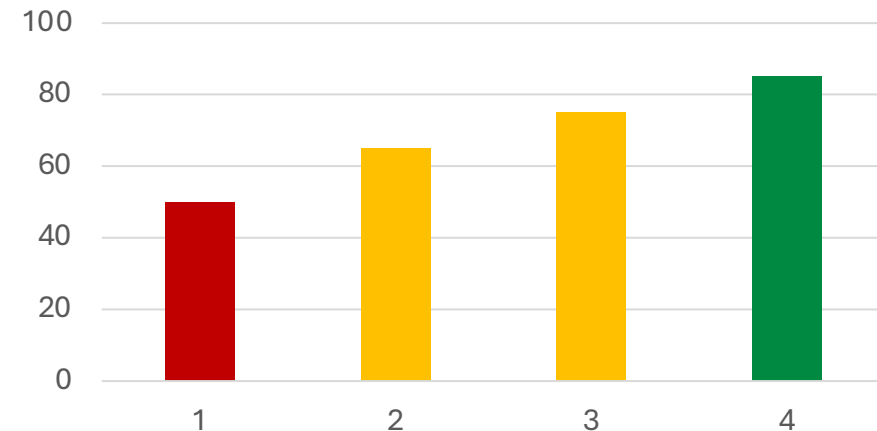
Component 3: IPC Education and Training

- Training program is not fully covered in all MOs;
- Although a training schedule has been drawn up, it is ignored;
- Training for administrative staff is not provided;
- Training effectiveness is not assessed;
- In most cases, MO training is not combined with other training programs

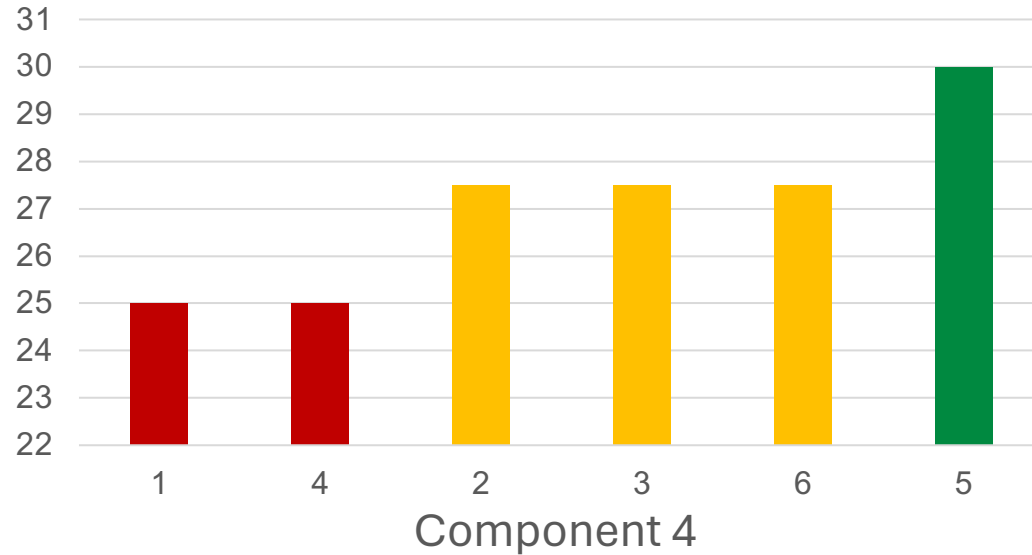
Component 3



Component 3

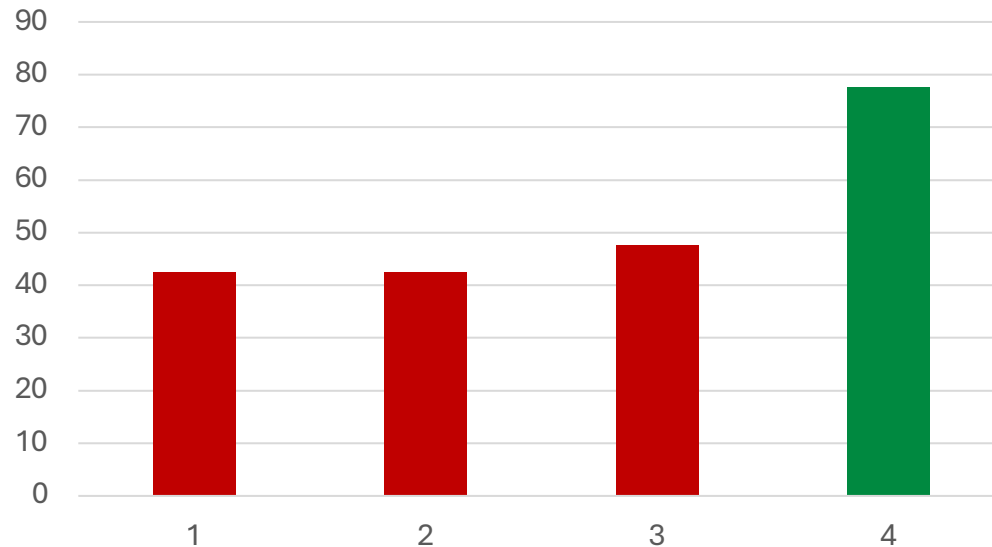


Component 4



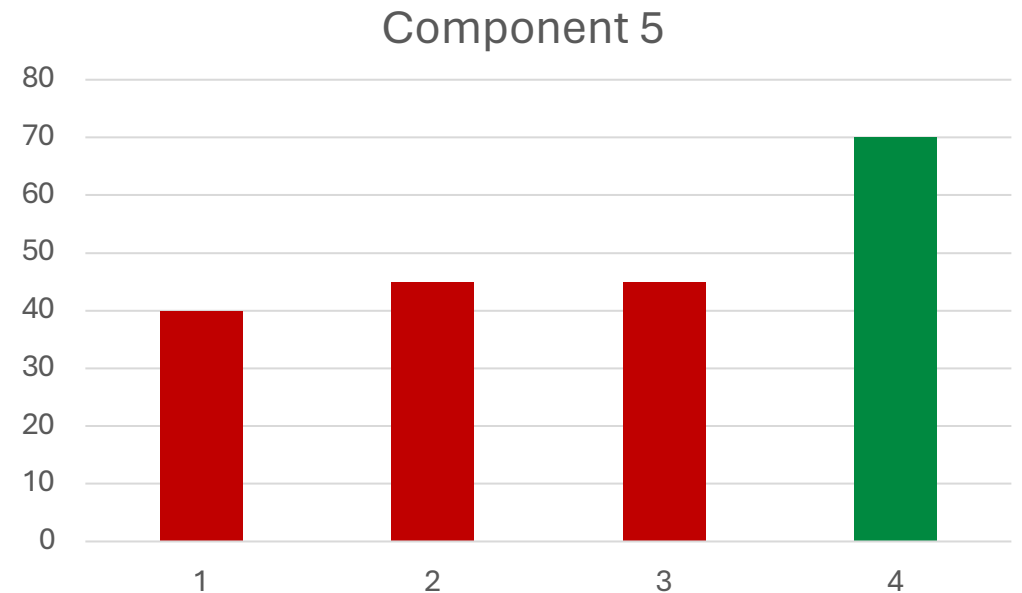
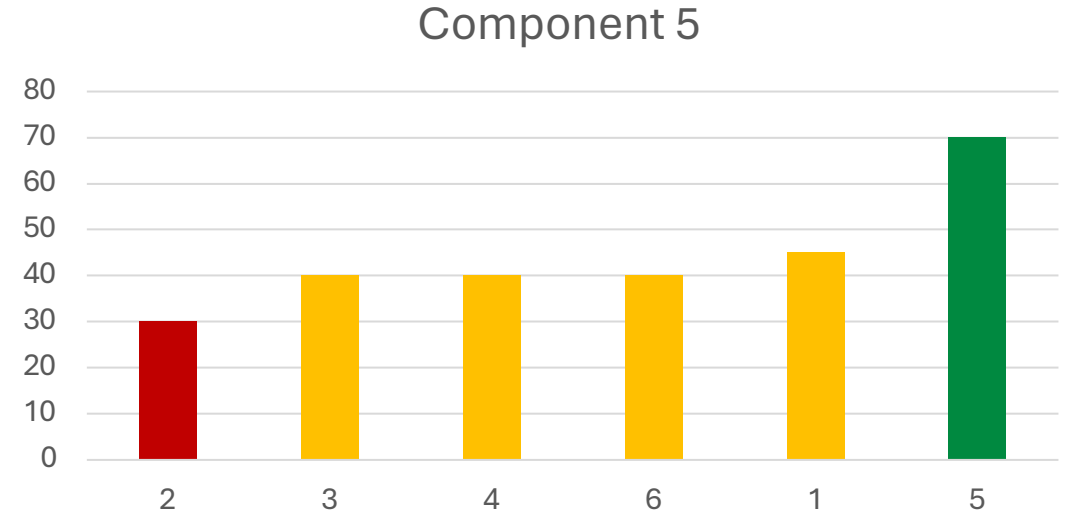
Component 4: Assessment of HAI Surveillance

- HAI surveillance is not a priority of the IPC Programme;
- There are no special criteria for HAI
- No standardized methods for collecting information
- No system for verifying the accuracy of the information collected
- Denial of the existence of HAI in medical institutions



Component 5: Multimodal Strategy

- All MO's use MS, but not designed in a systematic way
- No checklist to test the effectiveness of MS
- No working groups for implementation of MS
- Insufficient resources to provide infrastructure

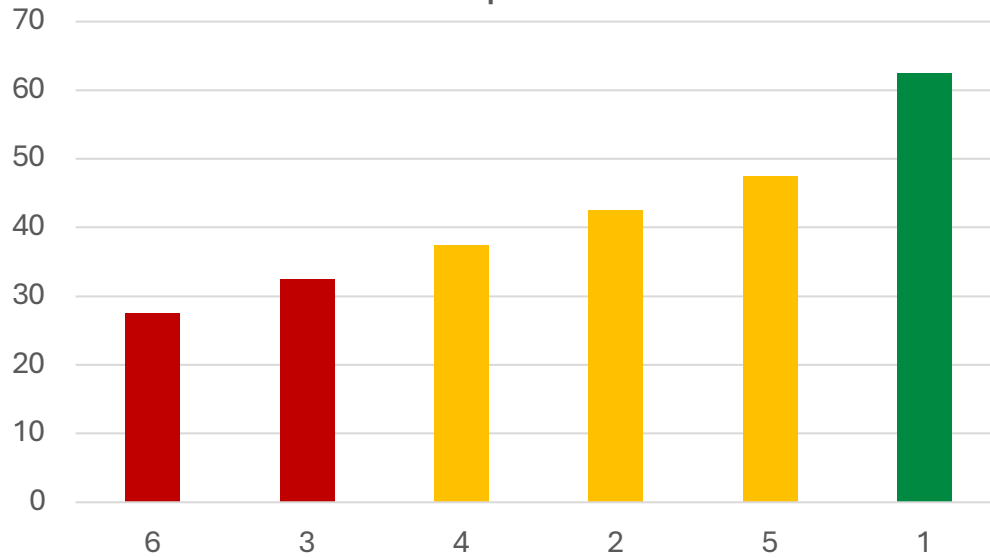




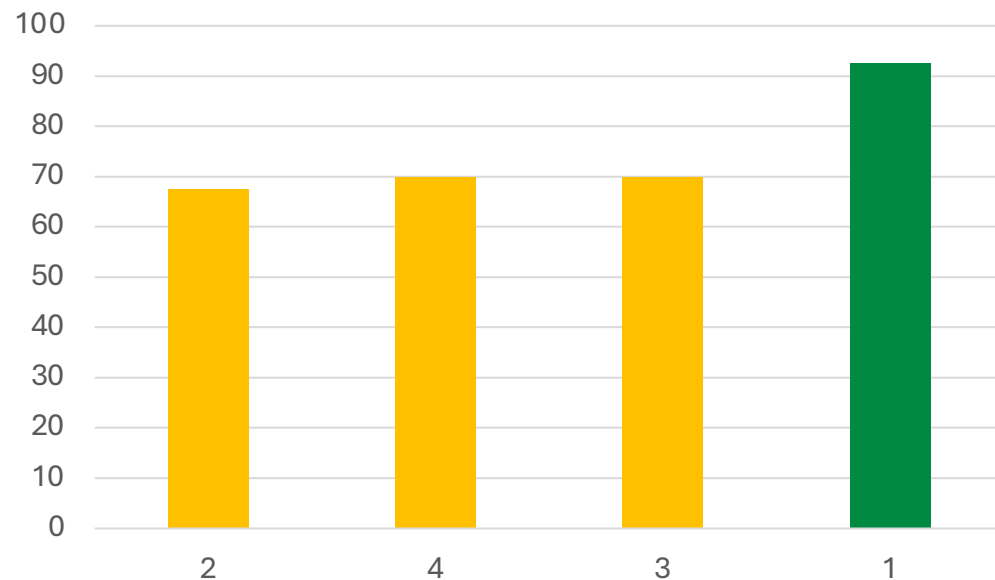
Component 6: Monitoring, Audit and Feedback

- Monitoring and feedback are not provided in many MOs
- In most cases, there are no accurate and measurable indicators
- No audit procedure
- The hand hygiene checklist is not actually used to evaluate hand hygiene indicators

Component 6

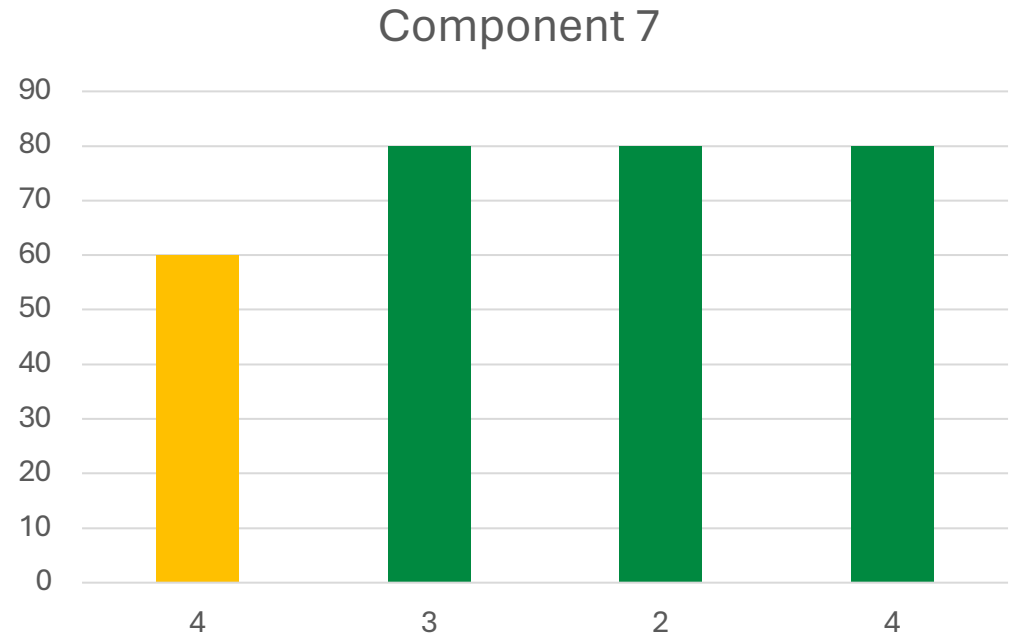
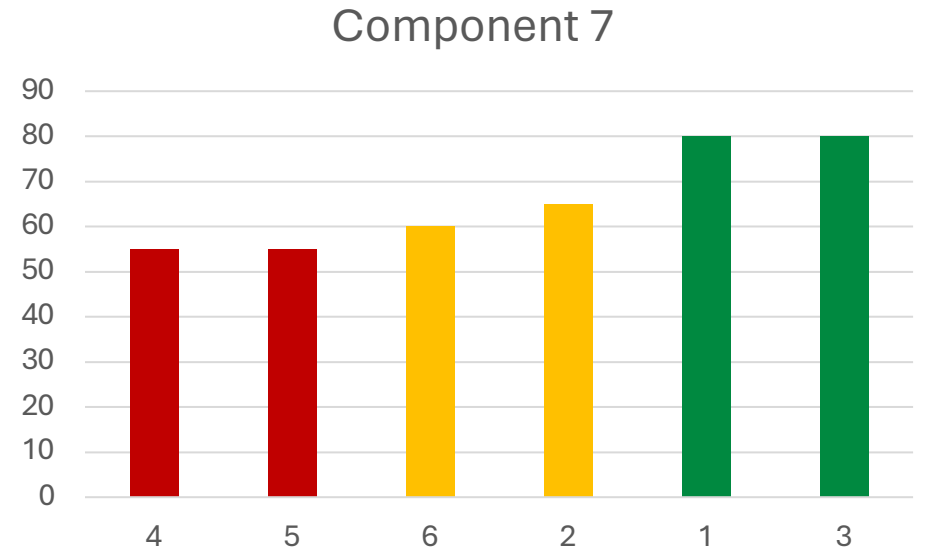


Component 6

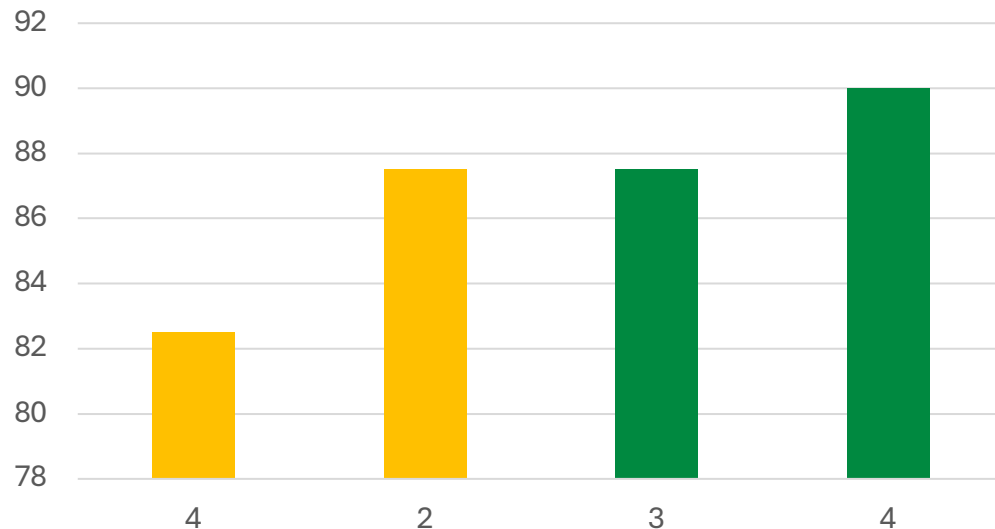
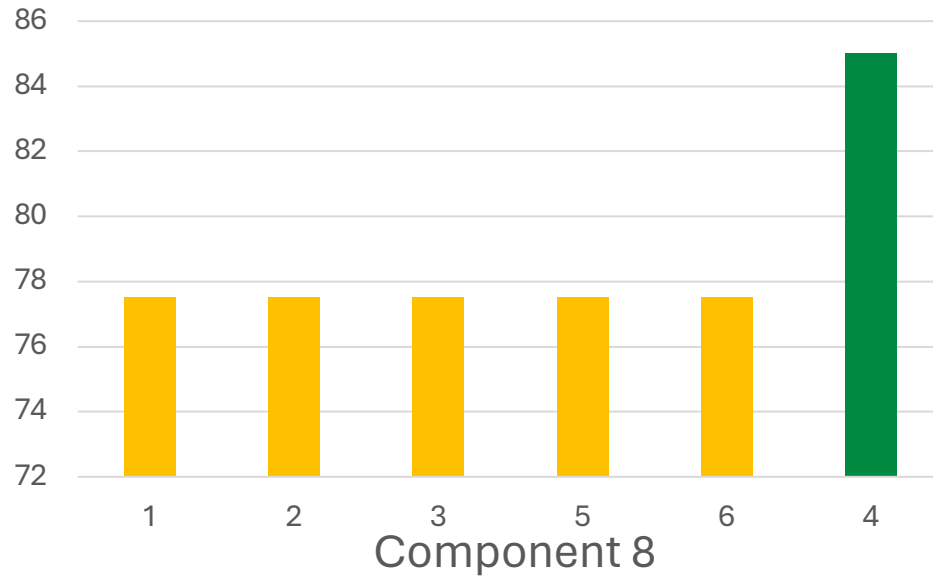


Component 7: Workload and Staffing

- Not all MO have developed a patient excessive and staff shortage response system
- Bed spacing standards are violated
- Location of the wards in all MOs meets the standards



Component 8



Component 8: Working Environment, Materials and Equipment

- No sufficient equipment for hand hygiene points
- Cleaning equipment needs to be modernized
- The Central Sterilization Department (DSP) has difficulties with supply
- It is necessary to review the operational work of all УКС (УФО)
- Hygienic coverings (walls, floors) must be replaced in the premises of some institutions

Hand washing

- Jewelry on the hands
- Glove processing
- No hand treatment facilities near the patient's bed



Pre-treatment of medical devices

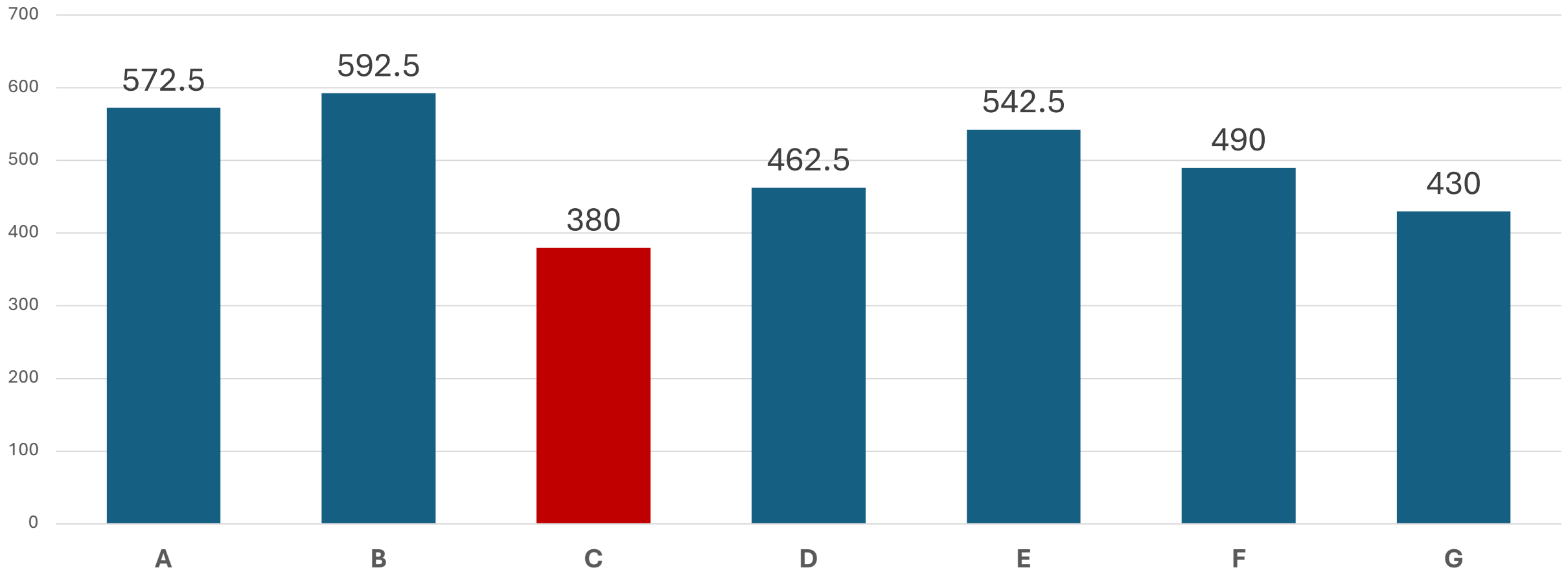
- Use of prohibited sterilization methods
- Packaging
- Disinfection in departments





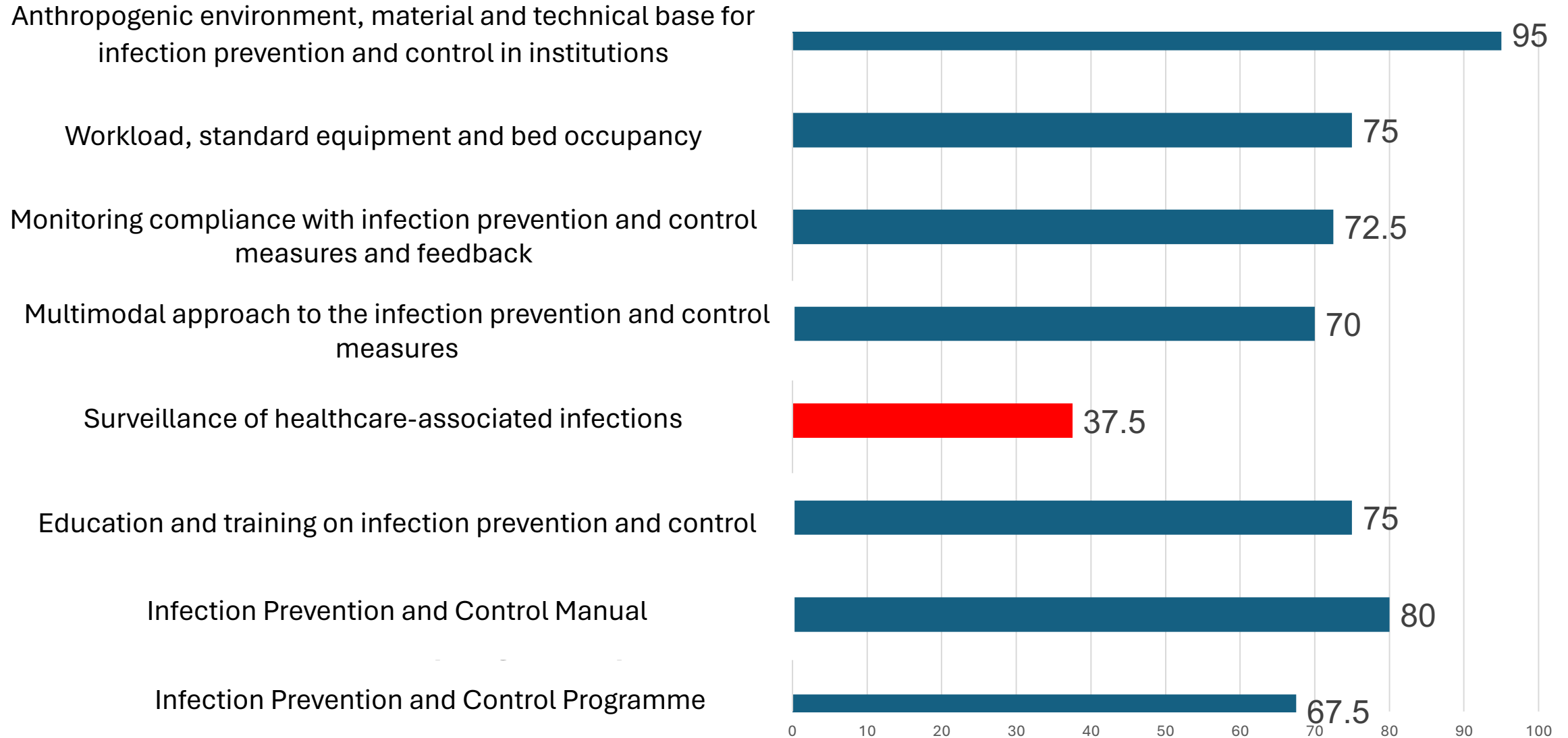
Total Score Based on the Assessment of Eight Components of the IPC of Seven Maternity Institutions of Kazakhstan, 2023

(6 average, 1-basic level, average – **495 scores**)

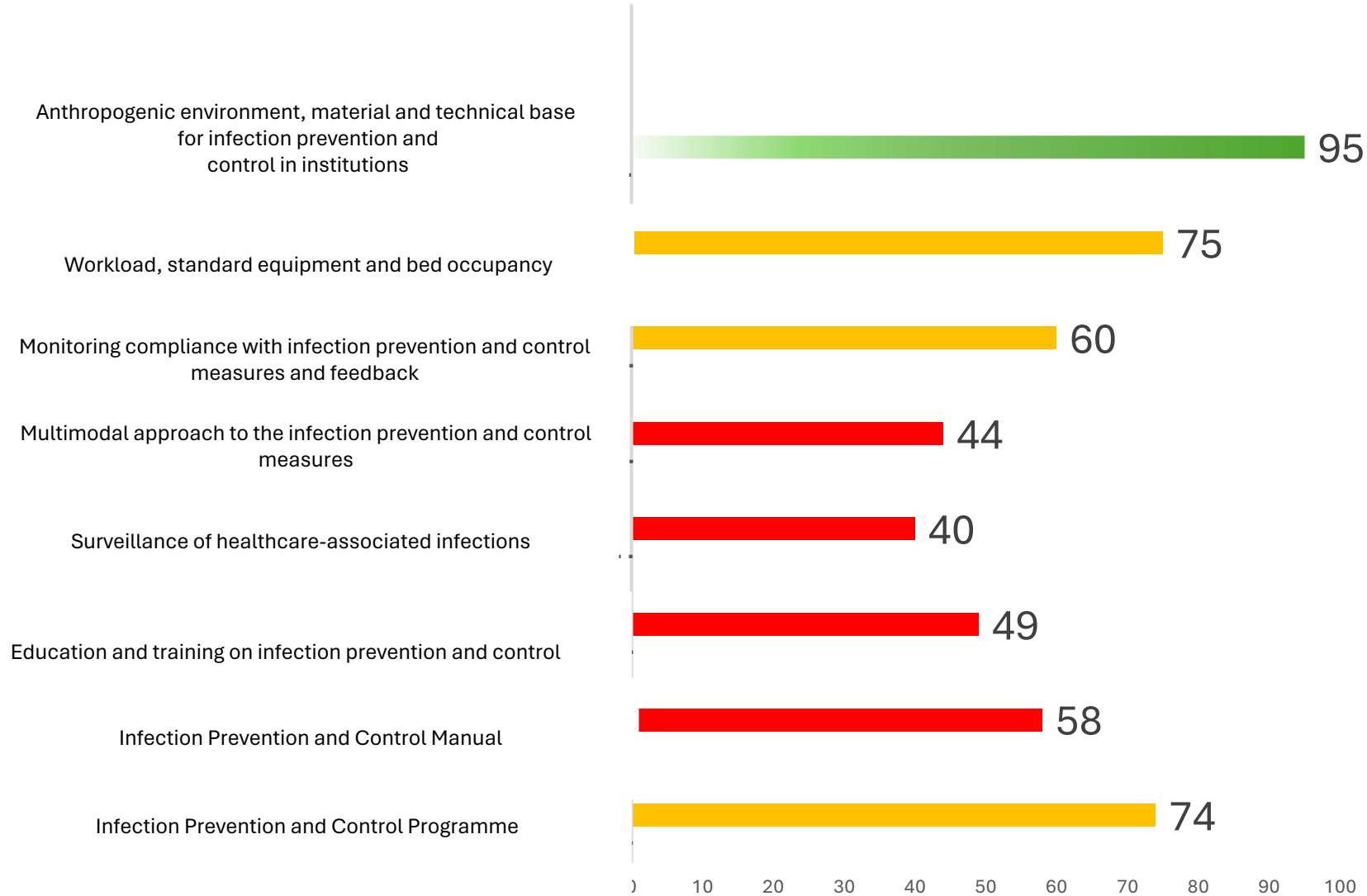


Overall Results

Assessment Scores of One of the Clinics of the Kazakhstan Ministry, 2023

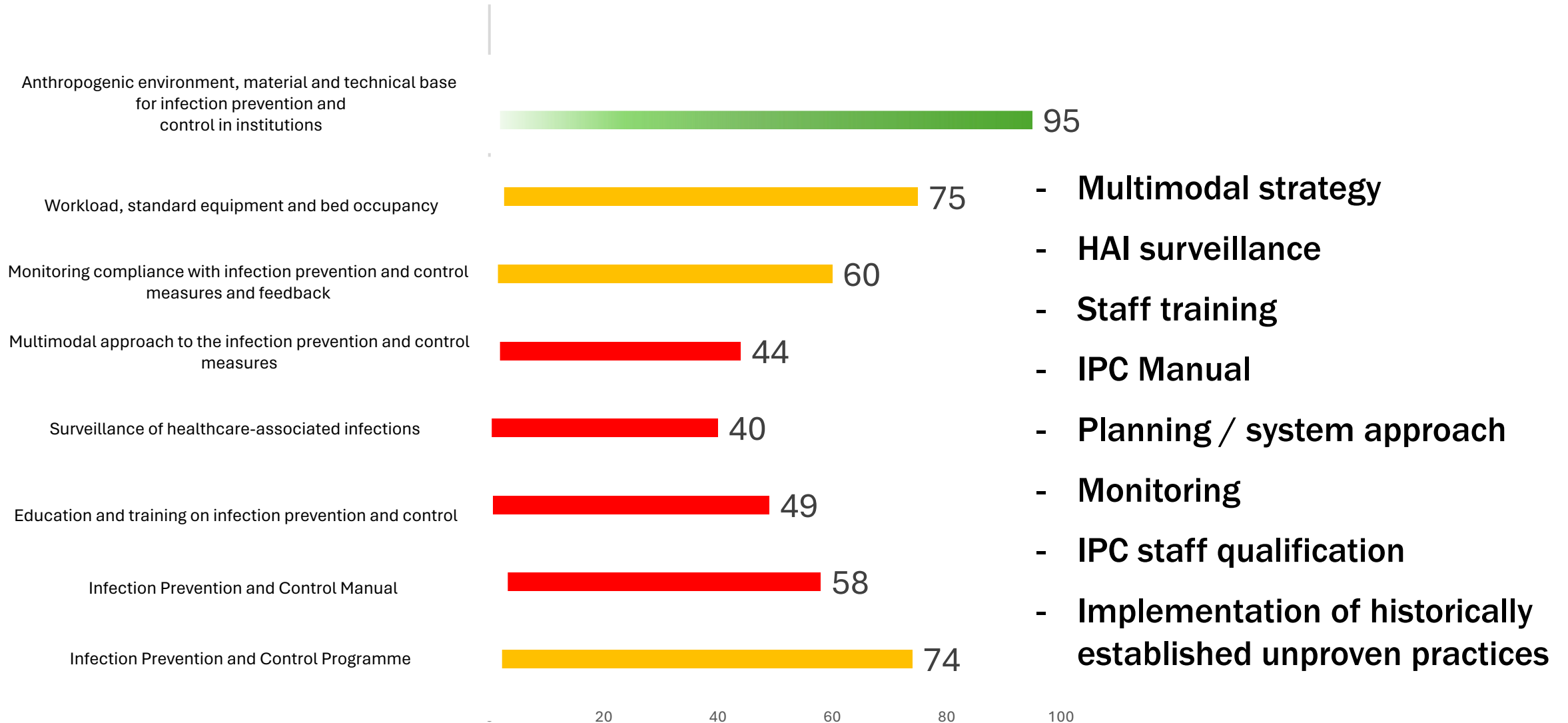


MO Strengths



- Availability of IPC staff
- Capable of development
- Equipment/Facilities

Weaknesses



Results

1. **Regulatory legal acts** on the prevention of healthcare-associated infections are amended as required by WHO
2. A **clinical base** for IPC is established in all regions
3. **IPC education and training** is provided to improve the education and training of medical specialists at the National level
4. Development and implementation of **National Standard Training Programs** for maternity hospitals
5. A national multidisciplinary **working group** has been established to develop a plan based on this assessment, including neonatologists, obstetrician-gynaecologists, anesthesiologists and intensive care specialists, obstetricians, etc.





Thank you for your attention!

