National Infection Prevention and Control Programmes: Past, Present and Future

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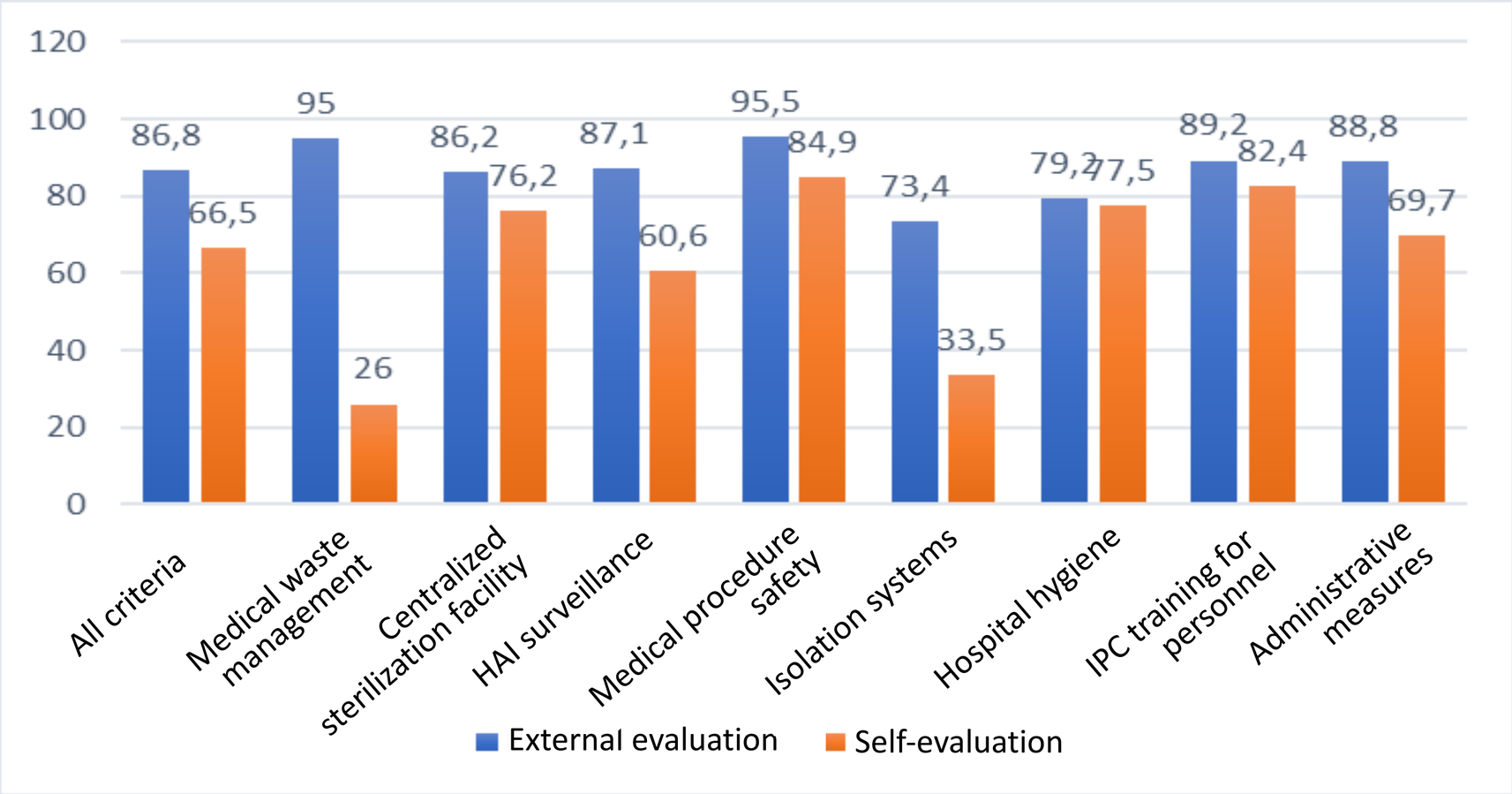
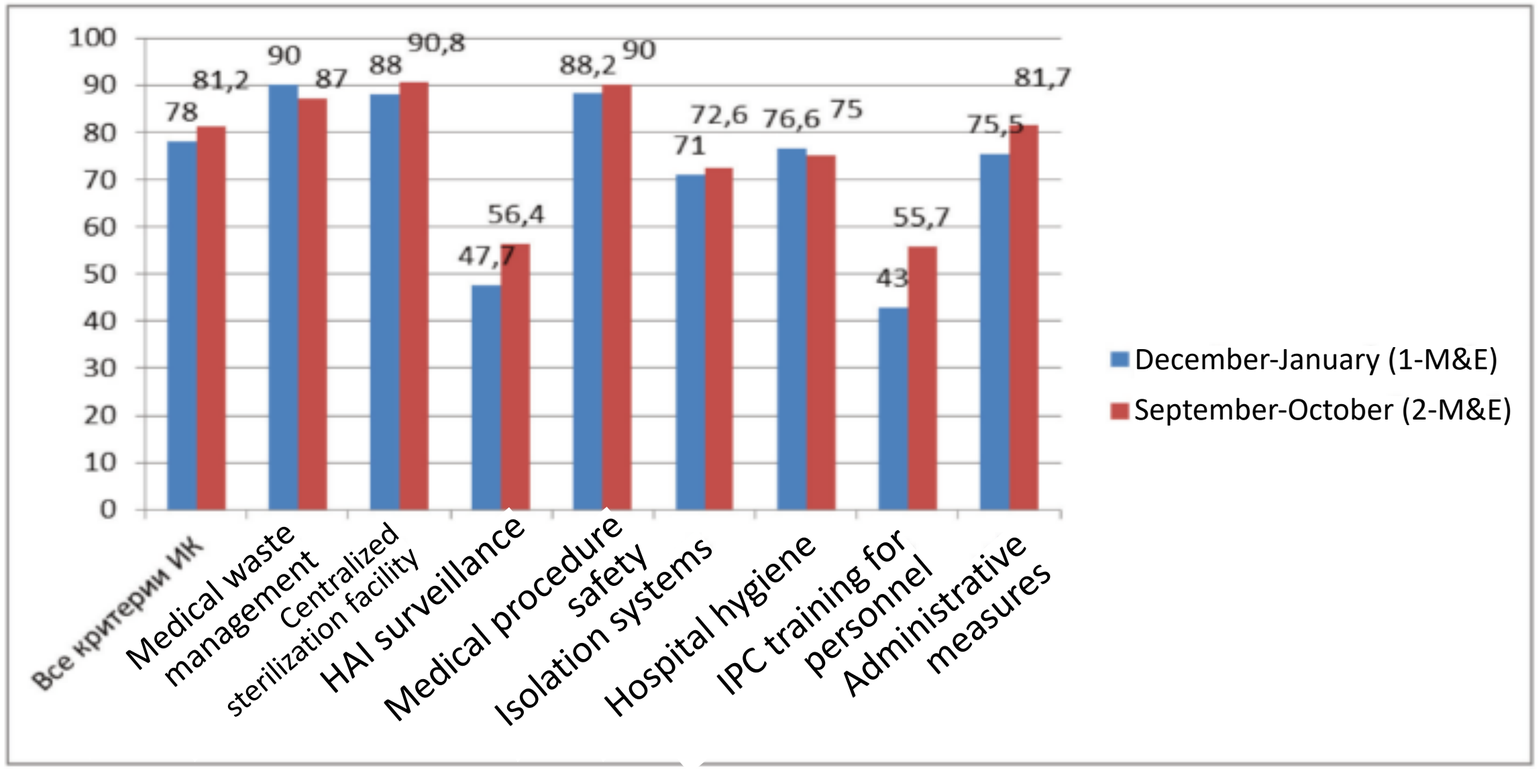
Results of public health self-evaluation and external monitoring of the National Research Center for IC in healthcare



Healthcare facility monitoring results for 2020/2021



Примечание: АМ- Административные меры; ОиПИК – обучение и подготовка по ИК; БГ – больничная гигиена; СИ- система изоляции; БМП – безопасность медицинских процедур; ЭН ИСМП – эпиднадзор за ИСМП; ЦСО - централизованное стерилизационное отделение; УМО – управление медицинских отходов.

Рисунок 1. Процент исполнения критериев инфекционного контроля для всех 35 Общественного Здравоохранения (ОЗ).

Weaknesses

- Lower score in the hospital hygiene area, which indicates some deterioration in compliance with hygiene standards.
- Low level of compliance with criteria for the components "isolation system" and “infection control training and preparation of medical personnel”.
- Regression in indicators for the component “IC training and preparation of medical personnel” in some healthcare facilities, which is associated with the lack of IC specialists and insufficient organization of training.
- Inadequate compliance with standard precautions, which may lead to an increase in blood-borne infections.

Strengths

+ High level of implementation of the IC with respect to administrative measures, centralized sterilization department and safety of medical procedures.
+ Significant improvement in performance compared to the first round of monitoring and evaluation.
+ Increased performance on important criteria such as staff training and HAI surveillance.
+ Introduction of new tools for monitoring and self-evaluation, such as electronic systems, which facilitates more rapid control and improvement of the quality of IC.

Assessment indicators

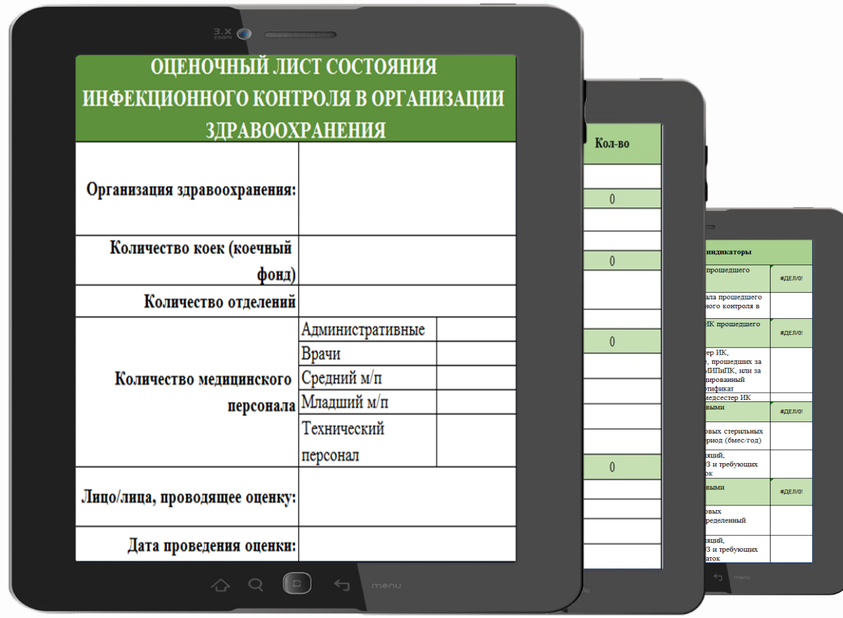
Overall, Kyrgyzstan is at level 2 of the IPC program implementation.

Strengths:

- Personnel: Trained IPC specialists are available.
- Tools: IPC self-evaluation tools are in use.

Weaknesses:

- No comprehensive plan in place: There is no single, comprehensive operational plan that meets all WHO minimum requirements.
- Limited monitoring: IPC self-assessment is carried out only once every six months; there is no system of regular monitoring and feedback.
- Limited training: The training of IPC in educational institutions, as well as the budget for training in the IPC service, is limited.



Joint External Evaluation 2023

R4.1. IPC Programmes – Level 2:

In Kyrgyzstan, we have a national infection prevention and control program that includes most of the WHO minimum requirements. We also have several national guidelines and standards on infection prevention and control. However, we recognise that their implementation does not yet cover all facilities and sectors. To reach the next level, our government will need a consolidated operational plan that meets all minimum requirements, including multimodal approach strategies such as monitoring and feedback. We understand that this program needs to be implemented at least in selected facilities at the national level to ensure effective infection control and prevention.

Strengths

- All our primary, secondary and tertiary care facilities employ IPC specialists and IPC nurses. An estimated two-thirds of these are devoted entirely to infection prevention and control.

- Introduction of new tools for monitoring and self-evaluation, such as electronic systems, which facilitates more rapid control and improvement of the quality of IC.

Weaknesses

Despite the existence of the IPC programme, we lack some important elements of the WHO minimum requirements, particularly those related to multimodal strategies and monitoring.

Self-assessments on infection prevention and control are only conducted every six months, and we do not have regular monitoring in place. There is also no feedback system to ensure that results are shared and used to improve infection prevention and control standards.
Our medical education system provides limited training in infection prevention and control prior to providing medical care. There is insufficient funding for IPC training in the workplace and we are seeing a high turnover of trained staff.

Conclusion

The study showed that Kyrgyz healthcare institutions were able to improve their implementation of infection control compared to previous periods. However, there are areas for further improvement, particularly with regard to staff training and hygiene standards. Staff turnover and organizational changes also affect overall results and need to be addressed to ensure sustainable improvement.

Conclusions

- Achieving a higher level of compliance with WHO minimum requirements will require the development and implementation of a consolidated operational plan including multimodal strategies, monitoring and feedback. Implementation of this program at the national level will help Kyrgyzstan improve the effectiveness of infection control and prevention.

Joint External Evaluation 2023

R4.2. Surveillance of healthcare-associated infections (HAI) – Level 2:

Currently, our government of Kyrgyzstan has developed a national strategic plan for HAI surveillance, although this plan has not yet been presented in one comprehensive document. Our strategy includes surveillance for antimicrobial-resistant and/or outbreak-prone pathogens, but the plan is not fully implemented.

To improve the country's ranking, we need to develop a comprehensive, multisectoral national strategic plan for HAI surveillance. This plan should include antimicrobial-resistant pathogens that impact animal, environmental and human health. We must ensure that this plan is accessible and implemented within a national programme with systems in place for timely data collection and analysis.
Secondary and tertiary care facilities should conduct surveillance for HAI and provide timely and regular feedback to senior management and health workers. This will help us improve infection prevention and control methods, ensuring better health for all our citizens.

Strengths

- We have a infection prevention and control personnel trained to conduct training on surveillance of infections acquired in healthcare facilities.

- Kyrgyzstan has developed a national strategic plan for HAI surveillance, although this plan has not yet been presented in one comprehensive document.

Weaknesses

- Activities for the prevention and control of infections and surveillance of nosocomial infections do not receive special state funding.
Not all of our healthcare institutions have the laboratory capacity or contracts with external laboratories to perform the necessary microbiological and aetiological interpretation of healthcare-acquired infections and to monitor antimicrobial resistance.

- Patient test results are not routinely reported to epidemiologists for surveillance purposes and infection prevention and control specialists, making it difficult to change infection prevention practices (e.g. contact precautions, patient isolation, or cohorting as appropriate).
We do not have formal feedback channels based on infection surveillance data from healthcare facilities.

ФОРМА СБОРА ДАННЫХ

Исследование распространенности инфекций и факторов риска

Анкету заполнил _____ (ФИО должность)

Дата исследования _____ (ДД/ММ/ГГГГ)

1. Наименование больницы _____ 2. Код отделения* ___ 3.Количество коек в отделении

	Общие данные о пациенте					
4.	Порядковый номер пациента (1,2,3 и т.д.)					
5.	Дата госпитализации (ДД/ММ/ГГГГ)					
6.	Возраст пациента (лет)					
7.	Пол пациента (1-муж, 2-жен)					
	Факторы риска					
8.	Наличие дренажа (Да/Нет)					
9.	Сосудистый катетер (Да/Нет)					
	9.1.Если Да, то какой (1-периферический, 2-центральный, 3-оба)					
10.	Мочевой катетер (Да/Нет)					
11.	Интубация (с/без искусственной вентиляции легких) (Да/Нет)					
12.	Трахеостомия (с/без искусственной вентиляции легких) (Да/Нет)					
13.	Операция (во время этой госпитализации) (Да/Нет)					
	13.1.Если Да, то Код операции*					
	13.2 Если Да, то назначен ли ПАП? (Да/Нет)					
4.	Роды (Да/Нет)					
	Данные о наличии инфекции					
5.	Наличие инфекции (Да/Нет)					
	15.1.Если Да, то Код инфекции*					
	15.2. Инфекция приобретена (1-вне больницы, 2-в другой больнице, 3-в др. отделении данной больницы; 4-в данном отделении (правило 48 ч.)					
	Данные микробиологических исследований, связанных только с данной инфекцией					
6.	Микробиологическое исследование (Да/Нет)					
	16.1.Если Да, то название микроорганизма I*					
	16.2. Если Да, то название микроорганизма II*					
	Данные об антибактериальных препаратах (АБ)					
7.	Антибактериальные препараты назначены (Да/Нет)					
	17.1. Если Да, то Код АБ*					
	17.2. АБ приобретены кем? (1-больничный, 2-свой, 9-не указано)					
	17.3. Обоснование назначения АБ (1-профилактика, 2-лечение, 9-не указано)					
	17.4. Пути введения АБ (1-пероральный, 2-внутримышечный, 3-внутривенный, 4-суппозиторий, 5-местный).					
8.	Примечание:					

*Коды взять из приложений

Conclusions

To improve the situation, we needed to provide earmarked state funding for measures to prevent and combat infections, as well as epidemiological surveillance of nosocomial infections. It is important that all health care facilities have access to requisite laboratory services and that test results are communicated to epidemiologists and infection control specialists in a timely manner. Furthermore, establishing formal feedback channels based on surveillance data will help us effectively adapt and improve infection prevention and control practices.

Joint External Evaluation 2023

R4.3. Safe environment in health facilities - Level 3:

In Kyrgyzstan, healthcare institutions have implemented national standards and resources to create a safe environment. These measures include water supply, sanitation and hygiene standards, screening, isolation areas and sterilization services in health care facilities. Appropriate infrastructure, materials and equipment for infection prevention and control, as well as standards to reduce overcrowding and optimize staffing levels in health care facilities, have been implemented in line with WHO minimum requirements. To reach the next level of assessment, these standards must be available in at least all mid-level institutions.

Strengths

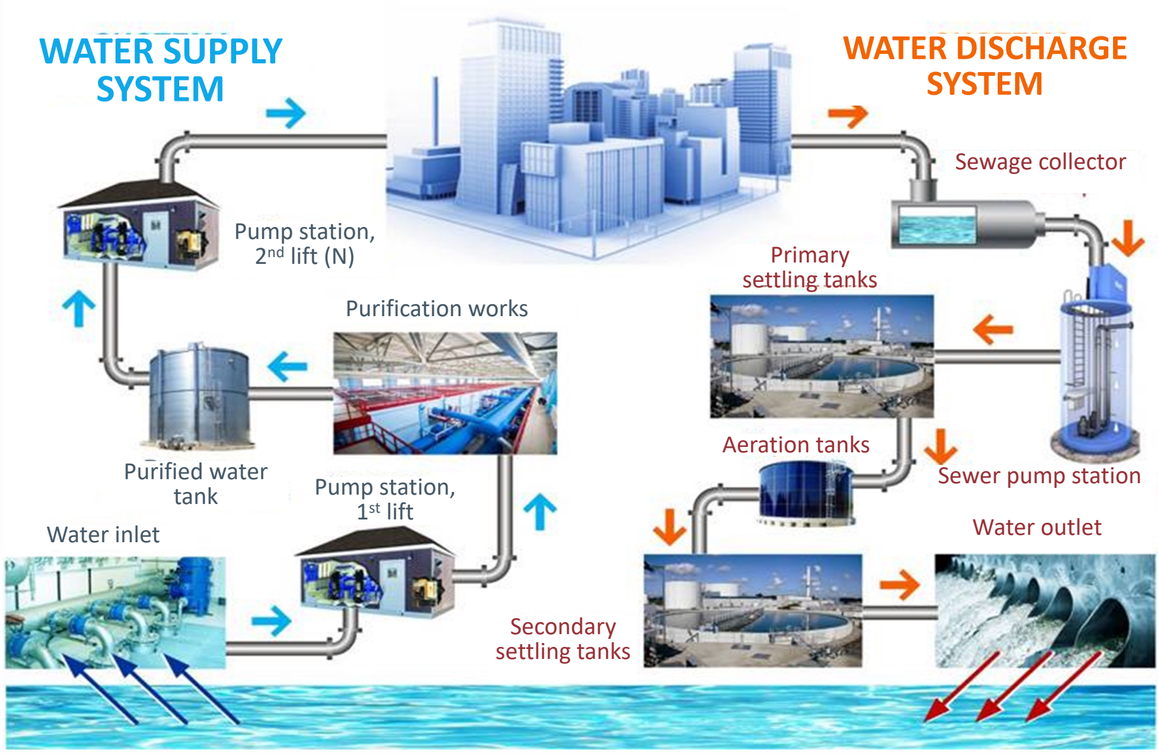
- We have made significant progress in providing safe drinking water, sanitation and hygiene in health care facilities. Now 83% of facilities are connected to local water supply systems, compared to less than 70% according to a previous estimate.

- All our institutions provide sterilization services, either directly at the institution or through cooperation. All mid-level and higher level institutions have isolated rooms.

Weaknesses

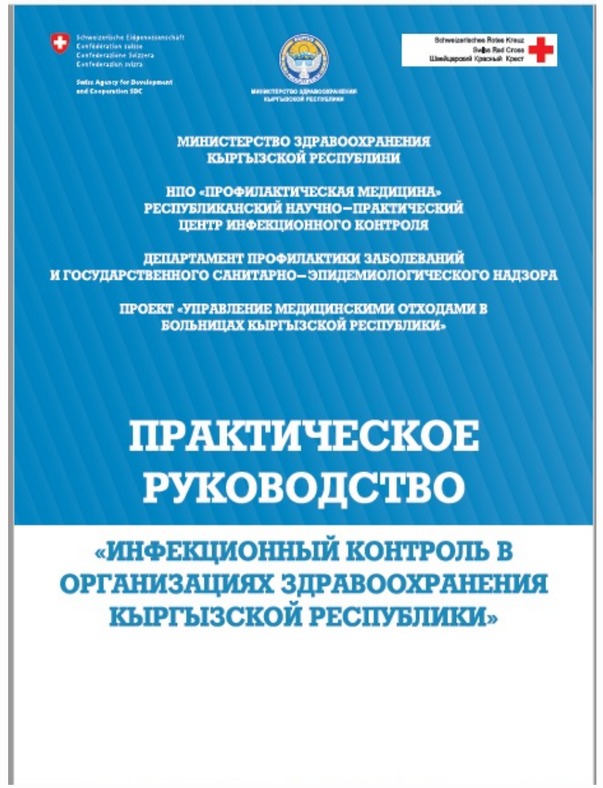
- Not all facilities have safe water, and water from healthcare facilities using decentralized water supply does not meet quality standards for hand hygiene. Medical waste disposal remains a concern due to environmental concerns and the need to contain pathogens across the country.

- A number of institutions face problems of overcrowding and understaffing due to a lack of updated infrastructure and high staff turnover..



2024

For 2024, with the support of WHO, a working group was created to revise the “Practical Guide to Infection Control” approved by order of the Ministry of Health of the Kyrgyz Republic No. 795 dated November 22, 2018, which will meet all WHO requirements. This will allow for the unification of approaches and standards, ensuring more effective and consistent implementation of infection prevention programs in the country.



Kyrgyzstan IPC Potential

- Significant progress has been made in the field of IPC in Kyrgyzstan over the past decade. Key achievements include:

- Availability of personnel: All healthcare facilities have at least one IPC specialist.

- Evaluation tools: National checklists for internal and external monitoring and evaluation of IPC have been developed.

- Safe environment: Significant progress has been made in improving safe WASH (water, sanitation and hygiene) in health care settings.

Conclusions

We in Kyrgyzstan continue to work to improve conditions in our healthcare facilities to create a safe and effective environment for patients and healthcare staff. The progress made is a testament to our efforts, but further improvement requires ensuring that all standards are available in all mid-level institutions and addressing existing issues with water supply, waste disposal and overcrowding.

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Thank you!

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