

Making national infection control (IC) guidelines for the healthcare sector



Helle Amtsbiller, Infection Control Nurse, MPH and Elsebeth Tvenstrup Jensen, Consultant, MD
The National Center for Infection Control (NCIC) at Statens Serum Institut (SSI) Copenhagen, Denmark

Introduction

In 2012, the task of making national infection control (IC) guidelines for the healthcare sector was reassigned to The National Center for Infection Control (NCIC) at Statens Serum Institut (SSI). After a decade with guidelines written in an ISO standard-like format, this task implied a unified system of easily readable and freely available guidelines published on the SSI website.

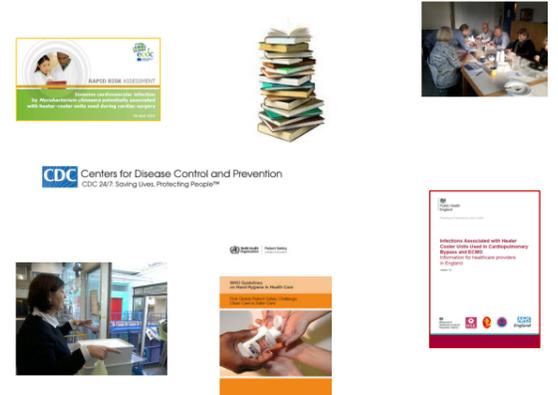
Intervention

The process for elaboration of guidelines was improved and standardized including broader representation from all relevant stakeholders.

Recommendations were based on grading quality of evidence according to SIGN, using a combination of international guidelines, original articles, and consensus.

Making a guideline – the process

- Group members besides NCIC
 - ICP representatives from the 5 Danish regions
 - Professional society representatives
 - Clinicians
 - People from relevant other professions and industry
- Meeting 6–12 times in ½–1½ years, including study visits
- Extracting recommendations from international guidelines and other literature
- Preparing the manuscript
- Hearing and integration of comments from the hearing
- Editing and final print (online only) by NCIC



Results

By 2016, this work resulted in 14 finalized IC guidelines, all intended as the basis for local guidelines and implementation. NCIC noticed an increasing use by a broad range of healthcare, technical, and domestic staff. Besides, there is wide interest in the ongoing work with new guidelines and revision of existing ones.

Guideline topics, per March 2016



1. Isolation
2. Link staff
3. Reprocessing of flexible endoscopes
4. Construction and renovation of hospitals
5. Hand hygiene
6. Disinfection
7. Dental practice
8. Prevention of urinary tract infection
9. Intravascular catheters
10. Respiratory devices
11. Surgery
12. Cleaning
13. Laundry
14. General practitioners

A way to increase ownership and use? Example: Guideline for cleaning

Working group

- 3 from hospital service/cleaning management level
- 2 cleaning audit experts (controllers) from hospitals
- 2 company experts in cleaning methods and control
- 4 infection control nurses (1 from primary care)
- 1 clinical microbiologist

Consultation with a wide group of stakeholders

- Regions (hospital owners)
- Infection control professionals
- Municipalities (nursing homes, home care, etc.)
- Professional societies
- Cleaning staff unions
- Cleaning companies

Presented by NCIC after publication for

- Union representatives
- Teachers/educators in cleaning profession
- Cleaning trade magazine
- Infection control practitioners

A diversified group of participants, audience, and target group

Tools

- Influence on content
- Common language
- Common understanding
- Common standards and goals
- Easily available and readable

- Ownership
- Respect for the cleaning task
- Increased implementation

<http://www.ssi.dk/Smitteberedskab/Infektionshygiejne/Retningslinjer/NIR.aspx>



- Easy download
- Free
- Readable for healthcare staff
- Links from one to the other guidelines
- Requirements (evidence-based) and recommendations
- May be used for writing local guidelines
- Referred to by The Danish Healthcare Quality Programme



Conclusion

A work process open to a broad range of users, a variety of IC topics, combined with materials that are easily readable and available, and constitute a coherent system of guidelines seem to be a suitable foundation for the users' ownership and may improve implementation.

