

الإدارة العامة لمكافحة
عدوى المنشآت الصحية

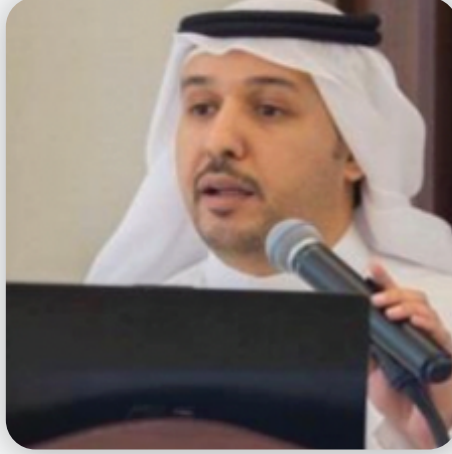
General Directorate of Infection Prevention
and Control of Healthcare Facilities

Strategic Plan 2023 - 2026

General Directorate of Infection Prevention and Control (GDIPC)

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كلمة المدير العام



بسم الله الرحمن الرحيم ،،، السلام عليكم ورحمة الله وبركاته ،،،

في ضوء التطورات الكبيرة والمتسارعة التي تشهدها المملكة العربية السعودية ، وتماشياً مع رؤية صاحب السمو الملكي الأمير

محمد بن سلمان بن عبدالعزيز آل سعود ولي العهد ونائب رئيس مجلس الوزراء حفظه الله

الرامية لأن تكون المملكة العربية السعودية رائدة في جميع المجالات بشكل عام ، والقطاع الصحي بشكل خاص وحيث أن وزارة الصحة تعد شريكاً استراتيجياً في ترسيخ هذه المكانة، وتسهم بشكل مباشر في تعزيز هذه الرؤية واستناداً الى رؤية وزارة الصحة في توفير الرعاية الصحية المتكاملة والشاملة بأعلى المستويات العالمية ولضمان وجود منهجية واضحة لتحقيق رؤية وزارة الصحة فقد تم إعداد الخطة الاستراتيجية الخاصة بالادارة العامة لمكافحة عدوى المنشآت ولمدة اربع سنوات ٢٠٢٣ - ٢٠٢٦ تضمنت هذه الخطة على ثلاثة أهداف استراتيجية هي وضع نموذج جديد وفعال لبرامج مكافحة العدوى لتتوافق مع رؤية المملكة ٢٠٣٠ وكذلك اعتماد إدارة الجودة الشاملة (TQM) لبرامج وخدمات وسياسات وممارسات مكافحة العدوى. بالإضافة الى بناء القدرات ورفع مستوى المعرفة والسلوك والممارسات الخاصة بمكافحة العدوى للموظفين السعوديين. وقد تم العمل على هذه الاستراتيجية بجهود داخلية من قبل الادارة العامة لمكافحة عدوى المنشآت وبالاستعانة بخبير من خارج الادارة

وفي الختام أتوجه بجزيل الشكر الى موظفين الادارة العامة لمكافحة عدوى المنشآت على الجهود الكبيرة، وكذلك كل من شارك معنا في بناء الخطة الاستراتيجية أشخاصاً او ادارات.

وقفنا الله جميعاً لما فيه الخير

الدكتور / خالد بن حمدان العنزي

مدير عام الادارة العامة لمكافحة عدوى المنشآت الصحية

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First and foremost, praises and thanks to Allah, the Almighty

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INTRODUCTION TO GDIPC STRATEGIC PLAN 2023 – 2026

GDIPC transforms to change and innovate

In the era of changes and fast evolutions, the stillness and calcification will render any organization lagging-behind. The story of Nokia Mobile Company is a known proof of what stillness and calcification can do to even the most successful companies. Therefore GDIPC is always keeping an open eye to the changes around it. GDIPC will never miss and will catch the speedy and hastier train of the transformation in the Kingdom.

In 2018, GDIPC planned to have three consequent strategies: the first strategy (2019 -2022) targeted the improvement of IPC practices and services at all levels. The current strategy (2023-2026) is a strategy of transformation for change and innovation. The last strategy (2027 – 2030) will aim to match and align with the Kingdom’s vision of 2030. These three strategies are connected, and each one of them is built upon the success of the previous one. Thus the vision, mission and values are unified for all the three strategies.

The IPC transformation process will certainly entitle changes and modifications to the structure of GDIPC and its affiliates in the regions, clusters and hospitals. GDIPC programs at the known three levels (GDIPC, RHD & Clusters and Hospitals) will provide regulatory, implementary and supervisory activities that are well-organized and fairly-distributed.

To move forward and reach its highest potentials, GDIPC has planned and provided the (2023 – 2026) strategic plan as a kind of strategy that explains the transformation's processes at all levels (GDIPC, RHD & Clusters and Hospitals). The journey of the transformation started earlier in 2019. So, in GDIPC previous strategy (2019 – 2022), the importance of the transformation's prospects, directions, goals and activities were well – displayed and clarified. The implementation of transformation on the ground was operationally - detailed and broken fairly into the levels of interventions.

At that time, GDIPC came out with the Project of 3 / STC. That project was described in the second chapter of that (2019 -2022) strategy. Today, GDIPC has achieved with profound success its transformational vision for the kingdom's regions, clusters, and hospitals, despite the many challenges and difficulties that emerged during the transformation journey.

STC stands for Three Strategic Goals:

- 1- Setting a new, cost – effective and efficient model of infection prevention and control programs to align with the vision of 2030.
- 2- Total Quality Management (TQM) adoption for infection prevention and control programs, services, policies and practices.
- 3- Capacity building and raising the standards of knowledge, attitude and practice of infection prevention and control Saudi staff.

Starting from that point of STC, the current strategy (2023-2026) will direct GDIPC to finalize and complete the transformation's process of IPC in the kingdom.

The first chapter (Transformation) of this (2023-2026) strategy highlights how GDIPC could change and consequently develop a new model of IPC. The new model of IPC will be different in terms of improving the quality of services provision. The new model is characterized as an advanced, accessible, simple, easy to provide and accepted by decision makers and patients.

As explained in this strategy, the transformation process relies mainly on the following factors: human resources, training and technology. Therefore, the second chapter (Capacity Building) includes two sections: human resources' quantity and quality along with the IPC training that aims to elevate the standards of knowledge skills and practices of the infection preventionists. Likewise, the technological aspects like an advanced E-System is displayed clearly in the third chapter of (IPC Electronic System).

Surveillance and outbreak management programs are considered the core programs of GDIPC. These two programs will be subjected to the changes of the transformation's obligations and requirements, specifically in their structures and aims. The other specialized programs are not excluded either. The same operational changes will be carried out to put GDIPC's specialized programs in the regulatory trajectory. By the end of the strategy, GDIPC will no longer carry out nor take over the responsibility of implementation. All this is mentioned in details in the fourth chapter of the strategy (Core IPC Programs).

Planning, Audit, Monitoring and Evaluation (PAME), which is detailed in the fifth chapter, is dedicated to put GDIPC on the right direction and track for executing its strategy, successfully. PAME is targeting the realization of the transformation's vision by setting up the necessary plans and tracking them. In addition, Audit has been embedded in PAME to go along with the monitoring and evaluation. Therefore GDIPC will be able to keep an alert eye on the IPC key performance indicators (KPIs) through dashboards and balanced scorecards.

GDIPC's network is going to be widened nationally and internationally as mentioned in detail in the sixth chapter (Relations and Partnerships). Selection and formulation of relations and partnerships with the relevant bodies will elevate GDIPC's position in terms of its excellent reputation. Through these strategic bonds, GDIPC is going to reflect its successes and achievements in a better fashion.

Strength points

GDIPC is known for fostering progress and development in the IPC field through the generation of many carefully - studied and effective strategies and initiatives. GDIPC'S projects on a national level encourage the exchange of knowledge, experiences of IPC staff throughout the IPC field. GDIPC is fully benefitting from the diversity of cultures, backgrounds, levels of education and specialties. These characteristics have been proven to significantly improve the IPC's practices and significantly raise KPIs on the national scale.

Being the first to understand and initiate the start of application of the kingdom's vision for the healthcare system, GDIPC has been successfully able to lead and control the steering wheel of transformation in infection prevention and control. This achievement is seen in designing, implementing, supporting, and redistributing of IPC responsibilities among GDIPC, RHD / Clusters and Hospitals.

New scientific updates in IPC are continuously surfacing to the world every day. GDIPC has been able to keep up with this accelerated generation of scientific knowledge. GDIPC successfully delivers these international scientific advancements to infection preventionists, and shares them with the relevant bodies and personnel. GDIPC runs and holds many conferences and workshops in the IPC realm. It is also playing a spearhead role by allocating sufficient resources, directing efforts whenever and wherever needed.

The different programs under GDIPC's umbrella are consistently assessed by the regular monitoring and evaluation's processes. The objectives of plans and the indicators of actions taken, are being measured cautiously to meet the target and fulfil GDIPC's strategic goal.

Auditing tools in GDIPC are able to routinely follow the standards of IPC services and practices. GDIPC provides the necessary data for updating IPC guidelines policies and procedures.

The successful management of combatting the Covid-19 pandemic, along with the long experience in combatting MERS-Cov has made GDIPC one of the famous frontline defenders, nationally. Besides controlling corona, GDIPC has been a known striker and a fundamental player in maintaining the community's and the patients' safety.

Weakness points

As a successful MOH body, GDIPC is continuously analyzing its performance to create a room for improvement. GDIPC is persistently identifying its weaknesses and pitfalls in order to correct the faults and bridge the gaps.

According to the gap analysis which had been conducted in preparation for (2023-2026) strategy, high turnover and leakage of professionals are still present and slowing the progress towards the fulfillment of the HR's staffing needs, despite all efforts of hiring retention, and motivation. In addition, the lack of professionals in certain specialties specifically in remote regions, has affected IPC services and practices. Human resources issues create an urgent need for the initiation of capacity building projects to scale up the capabilities of personnel in different settings. To overcome the obstacle and difficulty of hiring professionals, capacity-building projects could act as a substitute for the needed infection preventionists.

Although GDIPC is riding the wave of transformation on the RHD and Clusters' levels cleverly, it still lacks demarcation between its mandates and scopes. The relationship between GDIPC and other relevant MOH departments and other external bodies requires more clarifications to avoid the conflict of interest. Tightening the rapport with these departments and bodies through mutual understanding of the roles and responsibilities will certainly end in a smooth, well-demarcated and organized pattern of activities.

In a fast-paced world where new knowledge and scientific findings are flooding to the world daily, GDIPC should increase its scientific research outputs and present its legacy and the learned lessons of the past years' experiences.

Opportunities

The transformation of the health sector paves the way to continuous generation of new opportunities, specifically for technological advancement. This opportunity of excellent use of technology will aid the development of GDIPC's electronic system, greatly. The enforcement of using technology will also facilitate the availability of resources for developing an internal and external electronic communication system, and will lead to accessible digitalization of data and reports. Electronic Surveillance System, PowerBi and GDIPC's E- dashboards are good examples of the fruitful GDIPC technological development.

Social media is one of the modalities, which is effective in quickly spreading the IPC's messages among not only the healthcare practitioners on MOH, but also other public sectors and communities. Social media, in the Covid-19 pandemic experience, works as a tool for sharing information and instructions with the community. Furthermore it helped in delivering IPC guidelines and releasing findings of the pandemic on regular basis. The exchanging experiences with the other health sectors, nationally and internationally, is one of the example that technology is paramount and beneficial in the IPC field.

The presence of national /international bodies and accrediting parties like CBAHI, JCI the higher officials in MOH, the clusters; play a complementary and major role in supporting GDIPC's vision of having an excellent IPC measures and standards in the kingdom and worldwide. Moreover, GDIPC is still building, maintaining, and investing in its national and

international relations and partnerships with the concerned organizations, agencies and related bodies. As mentioned earlier, building international relations and partnerships is very important to GDIPC. GDIPC's relation with WHO is one example of exchanging and sharing experiences and data. Moreover, WHO has pointed out GDIPC as a presenter of the kingdoms' successful experience of combating and controlling the Covid-19 pandemic.

The progress in establishing new health facilities, the development in the infrastructure of certain hospitals and the recurrent construction and renovation; is recognized clearly as turning points in delivering the up-to- standards infection control services and practice. Provision of safe services is augmented and remarkably enhanced by supplying the health facilities with the modern and advanced devices and equipment. Awareness of the importance and value of IPC among healthcare practitioners has increased significantly after the recent experience with the pandemic, thus increasing the interest in IPC specialty.

Focused and aligned with the kingdom's futuristic vision, GDIPC has built a bridge of communication with the Vision Realization Office (VRO) for facilitating the transformation of GDIPC at all levels.

Finally, yet importantly, the transformation is the right path for GDIPC to take, in order to find chances and opportunities to proceed and position itself in a new, cost-effective and efficient mode. Transformation will push GDIPC to progress faster and come hand in hand with the aims of the Kingdom's 2030 vision. All identified chances and opportunities need a meticulous follow up and keen pursuit from the side of GDIPC in order to seize them intelligently.

Likewise, GDIPC needs to keep an open eye to the threats of missing or not reading the map of change cautiously, or even overlooking them completely.

Strategy Formulation

A strategic team was formulated under the supervision of the General Director. GDIPC's vision was the main reference to the strategy's planning and indicators selection. In addition, the strategy has been carefully shaped to suit the kingdom's health transformation's vision.

Strategic team activities

- 1- The first Meeting of the (2023-2026) strategy was held by the strategic team members to plan for the strategy and mechanisms of work.
- 2- The second meeting of the (2023-2026) strategy was held with GDIPC's General Director to get an insight on his vision for the future of GDIPC.
- 3- Six grand meetings had been conducted with six different GDIPC departments and programs to capture their ideas and visions concerning the strategy.
- 4- Three workshops were held:
 - SWOT workshop” for the strategic team.
 - “Gap analysis and Balanced scorecard workshop” for the strategic team.
 - “E-system strategic choices workshop” was done by the strategic team and attended by the selected e-system committee members.
- 5- SWOT and strategic objectives surveys and questionnaires were distributed and filled by GDIPC programs' team members.
- 6- Balanced Scorecard meetings to revise and discuss indicators.
- 7- Strategy planning progress update meetings by the strategic team.
- 8- General discussions with GDIPC staff members regarding the strategy

Vision

Being the Pioneers of the Infection Prevention and Control in the Middle East.

Mission

Reducing the HAIS rates and preventing their occurrence.

Values

- ▶ Goal Achievement.
- ▶ Difference Making.
- ▶ Innovation.
- ▶ Professionalism.
- ▶ Collaboration.

Strategic Goals

- 1- Setting a new, cost – effective and efficient model of infection prevention and control programs to align with the vision of 2030.
- 2- Total Quality Management (TQM) adoption for infection prevention and control programs, services, policies and practices.
- 3- Capacity building and raising the standards of knowledge, attitude and practice of infection prevention and control Saudi staff.

CHAPTER 1- TRANSFORMATION

Strategic objective :

To Set a new and advanced IPC model based on Total Quality Management (TQM) and Cost effectiveness of the programs and methods.

Main Activities :

- 1- Align the current (2023 -2026) strategy with the transformation's strategic objectives and purposes.
- 2- Define and clearly determine the roles and responsibilities of GDIPC in the transformation strategy and plan in terms of SIR (Supervision, implementation and regulation).
- 3- Modify the structure or organizational chart of GDIPC to facilitate the acceleration of the transformation process.
- 4- In reference to the HR component, fulfill the standards to achieve the objectives of the workforce plan and to build capacities at all levels (GDIPC, RHD, Clusters and hospitals).
- 5- Improve and develop the E-system of IPC as mentioned in detail in the E-System component.
- 6- Communicate, coordinate and build a rapport relationship with the transformation bodies e.g. (VRP, VRO, Transformation office, HHC, etc...).
- 7- Delegate the implementation part of GDIPC to the health clusters and pertaining hospitals through GDIPC transformation plans and processes.
- 8- Develop and release plans, guidelines, policies and procedures to strengthen the transformation relying on the national IPC KPIs and priorities of intervention.

- ▶ Provide necessary consultations to the other MOH departments on how to transform their lines of businesses and activities.
- ▶ Routinely revise, study, and learn from GDIPC transformation journey, and exchange experiences with others.

CHAPTER 2- CAPACITY BUILDING

Strategic objective :

To retain the infection preventionists in the healthcare facilities in terms of the required quantity and quality in technical and administrative skills.

2.1. Human resources

Strategic objective :

To avail (40%) of the needed number (NN) of infection preventionists based on workload indicators for staffing needs (WISN).

Main Activities :

- 1- Run a (WISN) process to determine the actual needed number of Infection preventionists in the health clusters, regions and GDIPC.
- 2- Refine the standards needed.
- 3- Carry out a HR survey to indicate the major challenges (shortage and maldistribution) and provide solutions for having the required number of Infection preventionists.
- 4- Conduct a workforce strategy or plan to fill the gap between the current and needed number of infections preventionists.
- 5- Coordinate with the relevant bodies in the MOH to help and share in availing the number needed of infection preventionists.
- 6- Develop a solid retention strategy for the infection preventionists.

2.2. Training

Strategic objective (1):

To determine five, central and fairly distributed, centers for basic and advanced IPC training in the regions, for smooth transfer of training and education activities, and for building the IPC capacities of the health cluster's personnel.

Main activities :

- 1- Write and approve a proposal or framework for determining the training centers of the IPC capacity building.
- 2- Put plans and classify the training courses into levels (Regional, Cluster and hospital) based on training need assessment (TNA).
- 3- Assure the requirements of the capacity of the training centers (Infrastructure personnel, management, trainers, logistics, etc...).
- 4- Design appropriate IPC training courses and educational modules.
- 5- Train and certify trainers on the IPC basic and advanced courses.
- 6- Appoint personnel to facilitate and organize the training courses' process.
- 7- Select a group of qualified healthcare workers in infection control and CSSD in each region, for managing and supervising of implementing the training center and courses.
- 8- Develop annual IPC training plans based on training needs assessment (TNA).
- 9- Develop a registration system for the trainees.
- 10- Evaluate the quality of the training provided by IPC training centers.

Strategic objective (2):

To strengthen the national GDIPC training, education and academic programs like (CICP, HAIOS, BICSL, etc...) in terms of quality, coverage and value.

Main activities :

- 1- Update the current courses based on scientific knowledge.
- 2- Develop the current training methods and curriculum to the maximum.
- 3- Engage and cover the maximum number of trainees in the training programs.
- 4- Put a plan of marketing and advertisement for the training programs and implement it.
- 5- Set a group of indicators to follow and measure progress (e.g. targeted audience trainees' satisfaction, results of pre and post tests etc...).
- 6- Coordinate with SCFHS to approve the IPC comprehensive program infection through mutual agreement and defined roadmap.

CHAPTER 3- IPC ELECTRONIC SYSTEM

Strategic objective (1):

To integrate the GDIPC's electronic system.

Main activities:

- 1- Form a clear definition of what an IPC advanced e-system means.
- 2- Set a benchmarking to the well-characterized and reputable international IPC E-Systems.
- 3- Create methods of making a new integrated IPC e-system comprehensive friendly-use and helpful on decision-making.
- 4- Determine the expected obstacles (financial, logistical etc...) of building an integrated IPC e-system and put solutions to overcome them.

- 5- Coordinate with the Electronic Health Department, the Digitalized Transformations Office and any other relevant external bodies like (Public Health Authority-PHA Communicable diseases General Department, Laboratories General Department...etc) to align with the MOH regulations and policies of establishing and setting the e-system.
- 6- Collaborate with the assigned operating company to customize, operate, train maintain and transfer the system to GDIPC and let it go live.
- 7- Form an IT department or unit in GDIPC to handle the IPC E-system from A to Z.

Strategic objective (2):

To continuously improve the current GDIPC e-system to the maximum.

Main activities:

- 1- Enlist and numerate the flaws and faults of the current e-system.
- 2- Put a detailed plan to improve the current situation according to the list of flaws and faults.
- 3- Communicate with the operating company or other determined company on regular basis to look for windows of continuous improvement.
- 4- Add some outstanding characteristics of IPC e-system gradually to reach maximum improvement.

CHAPTER 4- IPC CORE PROGRAMS

4.1 HAIs Surveillance Program

Strategic Objective:

To increase the coverage of HAIs surveillance system to include all hospitals that are fulfilling the surveillance criteria.

Main activities:

- 1- Measure the gap between the number of hospitals required to be covered and the actual number of hospitals running a surveillance system.
- 2- Plan how to increase the coverage in terms of (personnel, surveillance e-system training, etc...).
- 3- Monitor and evaluate the progress of the coverage on regular basis by having monitor and evaluation tools in place.
- 4- Report the progress regularly.
- 5- Study and solve the obstacles and problems.
- 6- Coordinate with the relevant bodies, required hospitals to be covered and the concerned personnel to implement a full coverage of surveillance for the intended hospitals.
- 7- Train HCWs on surveillance programs concerning data entry, analysis, presentations and on how to lead and coordinate the different aspects of the program.

4.1.1 CLABSI Rate Reduction

Strategic Objective:

To reduce the CLABSI rate from (1.93) to (0.9) infections per 1000 central line-days in adult medical surgical ICUs.

Main activities:

- 1- Set a strategy for a national CLABSI rate reduction.
- 2- Put different methods, processes, and ways of intervention to decrease the HAI national rate.
- 3- Increase compliance to the CLABSI - preventive bundles and measures.
- 4- Review, revise and update the current clinical protocols on CL insertion and maintenance with the relevant MOH departments on a regular basis.
- 5- Ensure that all GDIPC - approved guidelines, policies, checklists and memos related to CLABSI prevention are in place.
- 6- Supervise the activation of policies necessary for a national CLABSI rate reduction e.g., screening policies.
- 7- Continue the implementation of CLABSI rate reduction tool assessment kits.
- 8- Collaborate with highly qualified trainers on the catheter's insertion and maintenance by advocating a well - prepared TOT.
- 9- Monitor and evaluate the national CLABSI rate.

4.1.2 CAUTI Rate Reduction

Strategic Objective:

To reduce the CAUTI rate from (1.1) to (0.5) infections per 1000 catheter –days in adult medical and surgical ICUs.

Main activities:

- 1- Set a strategy for a national CAUTI rate reduction.
- 2- Increase the compliance to the CAUTI-preventive bundles and measures.
- 3- Put different methods, processes, and ways of intervention to decrease the HAI national rate.
- 4- Review, revise and update the current clinical protocols on catheter insertion and maintenance with the relevant MOH departments on a regular fashion.
- 5- Ensure that all GDIPC - approved guidelines, policies, checklists and memos related to CUATI prevention are in place.
- 6- Supervise the activation of policies necessary for the national CAUTI rate reduction
- 7- Collaborate with highly qualified trainers on the catheter's insertion and maintenance by advocating a well - prepared TOT.
- 8- Monitor and evaluate the national CAUTI rate.

4.1.3 VAE Rate Reduction

Strategic Objective:

To reduce the current national VAE rate by (25%) in adult and neonatal ICUs.

Main activities:

- 1- Establish a national benchmark for adult and neonatal VAE based on the data.
- 2- Reduce the current national VAE rate by at least (25%).
- 3- Have a plan and methods to reduce the obtained VAE national rate.
- 4- Increase compliance to the VAE preventive bundles and measures.
- 5- Put different methods, processes, and ways of intervention to decrease the HAI national rate.
- 6- Ensure that all GDIPC - approved guidelines, policies, checklists, and memos related to VAE prevention are in place.
- 7- Supervise the activation of policies necessary for the national VAE rate reduction.
- 8- Provide highly qualified trainers on the ventilator insertion and maintenance by advocating a well - prepared TOT.
- 9- Monitor and evaluate the national VAE rate.

4.1.4 SSIs Rate Reduction

Strategic Objective:

Reduce the national SSI rate to become below the international benchmark for the 5 most common surgeries.

Main activities:

- 1- Establish national SSI rates of first five most common and most risky surgeries in all KSA Hospitals of the Kingdom.
- 2- Compare the Established national benchmark to the international benchmark.
- 3- Ensure that infection preventionists select the most common and most risky surgeries in their hospitals.
- 4- Have a plan and methods to reduce the obtained SSIs national rate per types of surgery to become below the international benchmark.
- 5- Increase the compliance rate by adhering to the SSI preventive bundles and measures.
- 6- Put different methods, processes, and ways of intervention to reduce the national SSIs rate.
- 7- To establish a digital monitoring system for post-discharge, follow up of SSI in all KSA hospitals.
- 8- Monitor and evaluate the national SSI rate.

4.1.5 Dialysis Event Rate Reduction

Strategic Objective:

To reduce and maintain the national DE rate below the international benchmark of dialysis event surveillance.

Main activities:

- 1- Increase the coverage of surveillance to include ALL dialysis centers in KSA.
- 2- Establish the national dialysis event rate in the dialysis centers according to the type of access and type of events.
- 3- Establish a national benchmark and compare it to the international benchmark according to the type of access and type of events.
- 4- Reduce the national DE rate below the international benchmark according to the type of access and type of events.
- 5- Increase bundle compliance rate by adhering to the DE preventive bundles and measures.
- 6- Monitor and evaluate the national DE rate.

4.1.6 Surveillance MDROs module:

Strategic Objective:

To reduce the national HAI MDROs by 25%.

Main activities:

- 1- Evaluate the MDROs surveillance module in order to have a national HAI MDROs baseline.
- 2- Train the assigned people for managing and operating the module.
- 3- Improve the electronic tools and forms for MDROs data collection, data analysis and reports.
- 4- Establish a national MDROs rate.
- 5- Have a plan and methods to reduce the obtained national HAI MDROs rates.
- 6- Write plans and update policies for the needed infection prevention and control interventions to reduce the national MDROs rate.
- 7- Put different methods, processes, and ways of intervention to decrease the national MDROs rate.
- 8- Monitor and evaluate the national MDROs rate.

4.1.7 Electronic Surveillance System

Strategic Objective:

To implement Electronic Surveillance System at a national wise.

Main activities:

- 1- Determine all non-MOH hospitals in the regions that fulfill the surveillance criteria.
- 2- Introduce E-Surveillance System, communicate, coordinate, and collaborate with the defined non- MOH hospitals.
- 3- Train on E- Surveillance System.
- 4- Activate the E- Surveillance System.
- 5- Continuous improvement of Surveillance modules in E- Surveillance System.
- 6- Monitor strictly, validate, and regularly evaluate the data quality of E-Surveillance System.

4.2. HAIs Outbreak Management

Strategic Objective (1):

To ensure that well - established programs of the outbreak's management are existing in all KSA hospitals.

Main activities:

- 1- Create an official notification platform to report HAIs outbreaks.
- 2- Develop a tracking system to engage all hospitals in the official notification platform.
- 3- Build up a benchmark for the notification process according to available data.
- 4- Cooperate with the GDIPC surveillance program to detect missed and unreported outbreaks.
- 5- Conduct continuous training and education (HAIOS and other educational platform).
- 6- Follow up the regional coordinators in terms of training and capacity building.
- 7- Update the outbreak coordinators' roles and responsibilities.
- 8- Improve the validation system in the regions.
- 9- Engage the private hospitals in the HAIs outbreak management program.

Strategic Objective (2):

To raise the level of preparedness, readiness, and response to the HAIs outbreaks in all KSA hospitals, up to 100%.

Main activities:

- 1- Launch a project of emergency preparedness, readiness, and response to HAIs outbreaks.
- 2- Set plans, policies and procedures for the emergency preparedness, readiness and response to HAIs outbreaks.
- 3- Provide toolkits and assessment tools to facilitate the process of the emergency preparedness, readiness, and response to HAIs outbreaks.
- 4- Activate the RRT members in each region for responding to emerging and re-emerging infectious diseases.
- 5- Train on emergency preparedness, readiness, and response to HAIs outbreaks.

Strategic Objective (3):

To improve the processes of early detection, intervention, and management for the HAIs outbreaks in all KSA hospitals.

Main activities:

- 1- Ensure that 90% of emerging and re-emerging diseases/ HAIs outbreaks (class A and B) are documented through the GDIPC outbreak platform.
- 2- Reach 90% notification for the level c outbreaks and ensure that the hospitals are able to contain the outbreaks.
- 3- Provide reports of HAI outbreaks including Instructions, unified forms, interventions and management.
- 4- Update policies for intervention and management of the common HAIs outbreaks.
- 5- Update and improve the GDIPC outbreak platform.

4.3. Infection Prevention & Control (IPC) Programs

Strategic Objective (1):

To incorporate all advisory auditing specialized programs (ICA-DICA-HD ICA- CSSD) under one main auditing unit to ensure and validate healthcare facilities conformance' to the national approved IPC standards & regulations.

Main activities:

- 1- Update continuously the auditing tools.
- 2- Create national guidelines and protocols related to the best IPC practices to prevent and minimize HAIs.
- 3- Establish training courses and workshop related to all updated guidelines and regulations.
- 4- Improve national GDIPC auditors through educational and training programs, monitor their auditing visits, report commitment with the proposed protocols and provide them with feedback.
- 5- Enhance auditor's role in improving auditing programs and its outcomes by encouraging their participation in all auditing programs development activities (educational, guidelines, and tools).
- 6- Study, analyze and demonstrate the IPC domains and related elements compliance rates for all auditing programs at national level.
- 7- Construct national IPC projects that focusing on improving IPC practices and measures based on the best available evidence and to correct most common noted defects that observed from the auditing activities.

Strategic Objective (2):

To incorporate all self-auditing specialized programs (RPP-IPCCC-HH-PHC ICA) under one main auditing unit to ensure and validate healthcare facilities conformance' to the national approved IPC standards & regulations.

Main activities:

- 1- Update continuously the auditing tools.
- 2- Improve healthcare facilities preparedness to the emerging or re-emerging infectious diseases through implementing self-auditing specialized programs.
- 3- Ensure IPC programs users ability to access to all IPC programs electronic platforms by creating to them accounts to implement IPC programs effectively.
- 4- Facilitate accessibility to the required IPC standards in order to implement the best IPC practices in all healthcare facility departments.

Strategic Objective (3):

To construct an IPC technical unit that focuses on establishing IPC guidelines and related documents based on the most updated international references.

Main activities :

- 1- Create national guidelines and protocol related to the best IPC practices in to prevent and reduce HAIs.
- 2- Establish training courses and workshop related to all updated guidelines and regulations.
- 3- Promote IPC practitioners' knowledge, skills, and practices in through frequent comprehensive courses, workshops, and educational electronic platforms.
- 4- Contribute in the national technical committees related to IPC supplies and machines to ensure the best required descriptions of these supplies & machines.

CHAPTER 5 PLANNING, MONITORING AND EVALUATION

5.1 Planning

Strategic Objective:

To write down, revise, document and keep track of GDIPC strategies, plans, projects and initiatives.

Main activities :

- 1- Break down the GDIPC's strategy (2023-2026) into four action plans (one annual plan for each year).
- 2- Follow meticulously the action plans with the monitoring and evaluation department of GDIPC.
- 3- Provide the required proposals of projects for the General Health Deputy and follow them accordingly.
- 4- Innovate initiatives that support the goals and objectives of GDIPC.
- 5- Share the plans and initiatives with the RHD, according to the transformational direction.

5.2 Monitoring and Evaluation

Strategic Objective:

To monitor and evaluate the KPIs of the GDIPC (2023-2026) strategy. and initiatives.

Main activities :

- 1- Monitor KPIs of GDIPC's strategies, action plans, projects and initiatives.
- 2- Analyze and interpret GDIPC's data.
- 3- Run an annual evaluation of the programs' action plans.
- 4- Report GDIPC's achievements and successes to the relevant bodies.
- 5- Monitor and evaluate performance indicators of the RHDs through a shared official dashboard/report.

CHAPTER 6 RELATIONS AND PARTNERSHIPS

Strategic Objective :

To develop and widen the network of relations and partners to elevate GDIPC's position and capacities in the kingdom, and internationally at all levels related to IPC.

Main activities :

- 1- Revise and analyze the current situation of GDIPC network of relations and partners.
- 2- Identify the possible partners, relations, supporters, and stakeholders with GDIPC.
- 3- Provide a clear policy to deal with the IPC national and international organizations and institute like WHO, CDC etc...
- 4- Hold international IPC conferences.
- 5- Share research and scientific papers etc... with the IPC national and international society.
- 6- Coordinate and communicate with the experts in the international organizations.
- 7- Actively contribute to the IC global strategies.