

WHO multimodal improvement strategy

Multimodal implementation strategies are a core component of effective infection prevention and control (IPC) programmes according to the WHO Guidelines on Core Components of IPC programmes at the National and Acute Health Care Facility Level.

The guidelines' recommendation 5 states that IPC activities using multimodal strategies should be implemented to improve practices and reduce HAI and AMR. In practice, this means the use of multiple approaches that in combination will contribute to influencing the behaviour of the target audience (usually health care workers) towards the necessary improvements that will impact on patient outcome and contribute to organizational culture change. Implementation of IPC multimodal strategies needs to be linked with the aims and initiatives of quality improvement programmes and accreditation bodies both at the national and facility levels.

Five key elements to focus on when improving IPC

The multimodal strategy consists of several elements (3 or more; usually 5) implemented in an integrated way to guide action and provide a clear focus for the implementer.

Targeting only ONE area (i.e. unimodal), is highly likely to result in failure. All five areas should be considered. and necessary action taken, based on the local context and situation informed by periodic assessments.

WHO identifies five elements for IPC multimodal strategies in a health care context:

- the system change needed to enable IPC practices, including infrastructure. equipment, supplies and other resources;
- training and education to improve health worker knowledge;
- 3 monitoring and feedback to assess the problem, drive appropriate change and document practice improvement;

- reminders and communications to promote the desired actions, at the right time, including campaigns;
 - a culture of safety to facilitate an organizational climate that values the intervention, with a focus on involvement of senior managers, champions or role models.

In other words, the WHO multimodal improvement strategy addresses these five areas:

2. Teach it



- Who needs to be trained? What type of training should be used to ensure that the intervention will be implemented in line with evidence-based policies and how frequently?
- Does the facility have trainers, training aids, and the necessary equipment?
- Practical example: when implementing injection safety interventions, timely training of those responsible for administering safe injections, including carers and community workers, are important considerations, as well as adequate disposal methods.

4. Sell it



- How are you promoting an intervention to ensure that there are cues to action at the point of care and messages are reinforced to health workers and patients?
- Do you have capacity/funding to develop promotional messages and materials?
- Practical example: when implementing interventions to reduce catheter-associated bloodstream infection, the use of visual cues to action, promotional/reinforcing messages, and planning for periodic campaigns are important considerations.

1. Build it



(system change)

- What infrastructures, equipment, supplies and other resources (including human) are required to implement the
- Does the physical environment influence health worker behaviour? How can ergonomics and human factors approaches facilitate adoption of the intervention?
- Are certain types of health workers needed to implement the intervention?
- Practical example: when implementing hand hygiene interventions, ease of access to handrubs at the point of care and the availability of WASH infrastructures (including water and soap) are important considerations. Are these available, affordable and easily accessible in the workplace? If not, action

3. Check it



(monitoring & feedback)

- How can you identify the gaps in IPC practices or other indicators in your setting to allow you to prioritize your
- How can you be sure that the intervention is being implemented correctly and safely, including at the bedside? For example, are there methods in place to observe or track
- How and when will feedback be given to the target audience and managers? How can patients also be informed?
- Practical example: when implementing surgical site infection interventions, the use of key tools are important considerations, such as surveillance data collection forms and the WHO checklist (adapted to local conditions).

5. Live it



(culture change)

- Is there demonstrable support for the intervention at every level of the health system? For example, do senior managers provide funding for equipment and other resources? Are they willing to be champions and role models for IPC improvement?
- Are teams involved in co-developing or adapting the intervention? Are they empowered and do they feel ownership and the need for accountability?
- Practical example: when implementing hand hygiene interventions, the way that a health facility approaches this as part of safety and quality improvement and the value placed on hand hygiené improvement as part of the clinical workflow are important considerations.