Evaluation Of Infection Control Planning And Prevention Program Implementation (IPC) At Royal Prima Hospital In 2022

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Abstract

As of 2018, a new standard was applied, namely the National Standard for Hospital Accreditation (SNARS) Edition I. IPC is included in the group of Hospital management standards so that a good IPC organizing system can improve the quality of hospital services. The purpose of this study was to assess the IPC of SNARS Edition I. This study used qualitative analysis methods. Specifically, it is comparative descriptive research with a case study design. The object of this research is the implementation of the IPC program which is assessed through surveys and direct observations using the reference of SNARS Edition I. Respondents in this study amounted to 12 people. The search results obtained a PC score of 39.8%. The IPC Team Organization has not been socialized and has not established the IPC program so that surveillance records only run as in the previous year without a report being made to the leadership. The trend of incident cases knowing the management and implementation of the Program with SSI infection tends to increase. Of all the members of the IPC Team, only two members (18.18%) received official IPC education and training from outside the hospital. Existing IPC regulations need to be revised and completed, especially related to infection risk management which will have an impact on improving facilities and infrastructure. The implementation of the IPC program at the Royal Prima Hospital in Medan has not yet reached the graduation rate based on SNARS Edition I.

Keywords*:Accreditation, Infection Prevention and Control (IPC), IPC Program Implementation and SNARS Edition I.*

I.   INTRODUCTION

Measurement of the quality of health services in hospitals has begun with the 2007 version of the Hospital Accreditation assessment which is oriented to measurement and problem-solving at the input and process levels. In this activity, the hospital must carry out various standards and procedures that have been set. Hospitals are required to be able to self-assess and provide services in accordance with established provisions. As a continuation to measure the results of this work, it is necessary to have another measuring instrument, namely a hospital service quality instrument that assesses and solves problems in the results (output) (Regulation of the Minister of Health of the Republic of Indonesia, 2020).Patient safety is the main standard indicator of the new accreditation assessment known as the 2012 version of Hospital Accreditation. This accreditation system refers to JCI (Joint Commission International). The goal of JCI is to improve the quality of care and patient safety without increasing costs. The Hospital Accreditation Assessment Instrument uses the 2012 version of the Hospital Accreditation Commission (HAC), which contains the adoption of the JCI version of the Hospital Accreditation Instrument, plus Hospital services, which must be periodically accredited at least once every three years (JCI, 2017).

In 2018, a new standard was applied, namely the National Hospital Accreditation Standard (SNARS) Edition I which was an improvement from KARS 2012. SNARS Edition I contains 16 chapters in which there are additions and revisions to the previous standard. Support for the implementation of hospital accreditation was then reaffirmed through the Circular of the Ministry of Health of the Republic of Indonesia No: HK.02.02/I/3982/2017 regarding Support for Hospital Accreditation Implementation point 3 (three) which stated that on January 1, 2019, all collaborating hospitals with BPJS Health must be accredited in accordance with Permenkes 99 of 2015 concerning Health Services in the National Health Insurance. (KARS, 2017) HAIs (Healthcare-Associated Infections) is the most vulnerable issues that are not only a problem in hospitals but also a global problem. The incidence of HAIs in the world varies between 4-10%. In the United States, the prevalence of HAIs in hospitalized patients is 5-10% and contributes to as many as 100,000 deaths per year. In the UK, it is estimated that 8-9% of patients contract acquired infections from

health care. While in Indonesia the incidence of HAIs obtained is only 0-1% through passive surveillance (Griffiths, Renz, dan Rafferty, 2008; WHO, 2010).In the SNARS Standard Edition I there are infection prevention and control standards. The aim of infection prevention and control programs in hospitals is to identify and reduce the risk of transmission or transmission of infection among patients, staff, health professionals, contract workers, volunteers, students, and visitors.

The most important factor in the success of the IPC program is the commitment of the hospital director to form a competent IPC and Hospital IPC Surveillance Team. In line with this, in hospital planning, the IPC program is an important aspect to be launched so that the provision of Human Resources, budgets, and facilities can be well planned. In accordance with the research of Suwarno et. all (2020), that a good work environment will support and improve the performance of nurses in hospitals, then infection Prevention and Control (IPC) are included in the group of hospital management standards so that a good IPC organizing system can improve the quality of hospital services.Based on the results of the initial survey, RSU Royal Prima has collaborated with the BPJS. The number of patient visits who come to the hospital is increasing. Along with this, the readiness of the IPC team at Royal Prima Hospital is still not optimal, so nosocomial infection rates are still found in the hospital.Based on the above background, it is necessary to evaluate the implementation of the Infection Prevention and Control (IPC) program in hospitals that are assessed based on SNARS, especially in hospitals that are going to carry out accreditation for the first time. This is the basis for consideration for conducting research on "Evaluation of the Implementation of the Infection Prevention and Control Program (IPC) at Royal Prima Hospital in 2022" to determine the hospital's readiness to face SNARS.

II.   LITERATURE REVIEW

2.1. Hospital Accreditation

According to the Regulation of the Ministry of Health of the Republic of Indonesia No. 159a/Menkes/PER/II/1998 concerning hospitals, accreditation is an acknowledgment given by the government to hospital management, because it has met the minimum standards set. Meanwhile, the Decree of the Minister of Health of the Republic of Indonesia No. 012/2012, states that hospital accreditation is an acknowledgment of hospitals provided by an independent institution administering the accreditation set by the minister, both from within and outside the country, both government and private, which are independent in the process of implementing, making decisions, and issuing status certificates. accreditation. The purpose of hospital accreditation is to improve the quality of health services, so it is very much needed by the Indonesian people who are increasingly selective and entitled to quality services. By improving the quality of health services, it is hoped that it will reduce public interest in seeking treatment abroad.The implementation of hospital accreditation is based on the applicable legal basis, namely a) Law (UU) no. 23 of 1992 concerning health, in article 59 emphasizes that improving the quality of health facilities needs to be considered; and b) Law (UU) No.44 of 2009 concerning Hospitals in article 40 states the obligation.

2.2. Hospital Accreditation Commission (HAC)

The Hospital Accreditation Commission (HAC) is an independent domestic institution that implements functional and non-structural hospital accreditation. The vision of HAC is "To become an accreditation body that has high credibility at the national and international levels". Meanwhile, its mission is to a) Guiding and assist hospitals to improve service quality and patient safety through accreditation; and b) Obtain international recognition as an international-class accreditation body by ISQua (International Society Quality in Healthcare) and gain public recognition in both national and international levels.

2.3. Infection Prevention and Control (IPC)

The purpose of organizing the IPC program is to identify and reduce the risk of acquired and transmitted infections among patients, staff, health professionals, contractors, volunteers, students, and visitors. Infection risk and program activities may vary from hospital to hospital, depending on the hospital's clinical activities and services, patient population served, geographic location, number of patients, and number of staff.The program will be effective if it has a defined leadership, good staff training, methods to

identify and be proactive in places at risk of infection, adequate policies and procedures, staff education, and coordination throughout the hospital.

2.4. Leadership and Coordination Program

1. IPC standard.1: One or more individuals oversee all infection prevention and control activities. The individual has qualifications in infection prevention and control practice through education, training, experience, or certification.
2. IPC standard.2: There is a coordination mechanism established for all infection prevention and control activities involving doctors, nurses, and other personnel according to the size and complexity of the hospital organization.
3. Standard IPC.3: Infection prevention and control program based on the latest science, implementation according to accepted and applicable guidelines by applicable laws and regulations, and standards for sanitation and hygiene.
4. Standard IPC.4: Hospital leadership provides sufficient resources to support prevention and control programs

2.5. Focus of the Program

1. IPC standard.5: Organizational structure and comprehensive implementation of the program are to reduce the risk of healthcare-associated infections in patients and healthcare workers.
2. IPC Standard 5.1: All patients, staff, and hospital visitors are included in the Infection Prevention and Control Program.
3. IPC Standard 6: The focus of infection prevention and control programs in hospitals in the prevention and reduction of infections related to health services.
4. IPC Standard 7: The organization identifies procedures and processes associated with infection risk and implements strategies to reduce infection risk.
5. IPC standard 7.1: The organization reduces the risk of infection by ensuring adequate equipment cleanliness and sterilization and adequate management of laundry and linens.
6. IPC Standard 7.1.1: There are policies and procedures in place that identify processes for the management of expired equipment and consumables and establish conditions for the reuse of single-use consumables when laws and regulations permit.
7. IPC standard 7.2: Hospitals reduce the risk of infection with proper waste disposal.
8. IPC standard 7.3: The organization shall have a policy and procedure for the disposal of sharps and needles.
9. IPC standard 7.4: The hospital reduces the risk of infection in facilities associated with food service activities and mechanical and machinery control.

2.5.1. Isolation Procedure

Standard IPC.8: The hospital provides a barrier precaution and isolation procedure that protects patients, visitors, and staff from infectious diseases and protects patients who are susceptible to nosocomial infections.

2.5.2. Safety Techniques and Hand Hygiene

IPC.9 standard: Gloves, masks, eye protection and other protective equipment, soap, and disinfectants are available when needed and used correctly.

2.5.3. Program Integration with Quality Improvement and Patient Safety

1. Standard IPC.10: The infection control and prevention process are fully integrated with the hospital's quality improvement and patient safety program.
2. Standard IPC 10.1: Flow of infection risk in hospital, infection rate and trend of infection in hospital.
3. Standard IPC 10.2: Monitoring includes the use of indicators related to infectious problems that are epidemiologically important to the organization.
4. Standard IPC 10.3: The organization uses risk information, figures, and trend information to develop or modify processes to reduce risk and infection in the organization to the lowest possible level.
5. Standard IPC 10.4: The hospital compares the incidence of infection with other hospitals through comparative baseline data.

6. IPC Standard 10.5: The results of infection monitoring in hospitals, are periodically submitted to management and staff.

7. IPC standard 10.6: The hospital reports information about the infection to outside parties, to the Ministry of Health or the Health Service.

2.5.4. Staff Education About Program

IPC Standard 11: The hospital provides education on infection prevention and control practices to staff, physicians, patients, and families.

III. METHODS

The method used in this study is a qualitative analysis method, which is a method that aims to make a systematic, factual, and accurate description, description of the properties and relationships between the phenomena investigated by comparing analytically from library sources that can assess relevance to the results of observations. In other words, qualitative analytical research takes problems or focuses on actual problems as they were at the time the research was carried out and discusses them by looking at existing data with data from library sources (Sastroasmoro and Ismael, 2008). Specifically, this research is comparative descriptive research with a case study design. The research location was carried out at Royal Prima Hospital with the research time between February - March 2022. The subjects in this study were respondents who came from people who were considered competent in providing information related to IPC which included the Director of Royal Prima Hospital, IPC Committee, and Chair (IPCD/Infection Prevention). and Control Doctor), Secretary (IPCN/Infection Prevention and Control Nurse, IPCLN (Infection Prevention and Control Link Nurse), IPC Committee Member, Head of Inpatient Room, and Head of Section related to supporting facilities and service facilities (supporting system) related to IPC.

The object of this research is the quality assessment of the IPC implementation at RSU Royal Prima which is assessed by direct observation using the SNARS reference and then analyzed with a management approach. Data collection techniques in this study were carried out by direct observation, access to documentation, and interviews. The data processing technique was carried out manually with the process of determining scoring, in-depth interviews, and checking the validity of the data. Data analysis was carried out by triangulation test by finding facts during surveys and observations regarding the implementation of the IPC program at Royal Prima Hospital seen from the system with a management approach and by comparing the assessment elements in the SNARS. Data analysis describes the data obtained in advance in accordance with the findings in the field. By using a matrix of data grouped for the same group and with an assessment according to the SNARS assessment instrument. After that, it is evaluated to see if there is conformity with the conceptual framework that has been made with the actual conditions found in the field.

IV. ANALYZE AND RESULT

Characteristics of respondents are described through the respondent's position in the IPC Team as well as in the organizational structure and governance of RSU Royal Prima with the respondent's code, the respondent's educational background, and the length of service in the IPC Team, as well as infection prevention and control training that has been attended by the respondent, can be seen in the table following.

Table 1. Characteristics of Respondents

No	Characteristic	Amount	Percentage (%)
1	Gender		
	• Woman	12	100
	• Man	0	0
2	Clinical Profession		
	• Doctor	2	16,67
	• Nurse	5	41,67
	• Midwife	3	25
	• Nutritionist	1	8,33
	• Non-Medical	1	8,33
3	Background		
		0	0

No	Characteristic	Amount	Percentage (%)
	• Elementary School	0	0
	• Junior High School	0	0
	• Senior High School	9	75
	• Diploma	3	25
	• S1		
4	Position		
	• IPCD	1	8,33
	• IPCN	1	8,33
	• IPCLN	3	25
	• IPC Team Secretary	1	8,33
	• IPC Team Member	1	8,33
	• Non-IPCPC Team Member	5	41,67
5	Length of work at the hospital		
	• <1 year	0	0
	• 1-5 year	1	8,33
	• >5 year	11	91,67
6	Length of Service on the IPC Team	0	0
	• <6 Months	1	14,29
	• 6 Months– 1 Year	6	85,71
	• >1 Year		

4.1. Observation Research Results

The results of the survey on the implementation of the Infection Prevention and Control Program at RSU Royal Prima based on the National Accreditation Standard (SNARS) Edition I are described in table 2. Based on the search results, the IPC score at RSU Royal Prima Medan is 39.8.

Table 2. IPC Implementation Survey Results

No	Information	Score	%
A.	**Leadership and Governance**		
1.	Standard IPC 1	15	50
2.	Standard IPC 2	15	50
B.	**Human Resource**		
3.	Standard IPC 3	10	50
4.	Standard IPC 4	10	25
C.	**IPC Program Objectives**		
5.	Standard IPC 5	10	25
6.	Standard IPC 6	10	25
7.	Standard IPC 6.1	15	50
8.	Standard IPC 6.2	0	0
D.	**Medical Equipment and Consumable Medical Devices**		
9.	Standard IPC 7	0	0
10.	Standard IPC 7.1	10	16,67
11.	Standard IPC 7.2	15	37,5
13.	Standard IPC 7.2.1	15	75
14.	Standard IPC 7.3	15	75
15.	Standard IPC 7.3.1	20	50
E.	**Infectious Waste**		
16.	Standard IPC 7.4	50	62,5
17.	Standard IPC 7.4.1	TDD	
18.	Standard IPC 7.5	50	83,33
F.	**Food Service**		
19.	Standard IPC 7.6	25	62,5
G.	**Construction Risk**		
20.	Standard IPC 7.7	0	0
21.	Standard IPC 7.7.1	0	0
H.	**Infection Transmission**		
22.	Standard IPC 8	15	50
23.	Standard IPC 8.1	10	20

24.	Standard IPC 8.2	10	16,67
25.	Standard IPC 8.3	0	0
26.	Standard IPC 9	35	87,5
27.	Standard IPC 9.1	30	75
I.	**Quality Improvement and Educational Programs**		
28.	Standard IPC 10	20	50
29.	Standard IPC 11	20	40

Of the overall standards, there are still 5 standards that have a score of "0", namely: IPC Standard 6.2, IPC Standard 7, IPC Standard 7.7, IPC Standard 7.7.1, and IPC Standard 8.3.

4.2 Interview result

The thing that you want to know in the interview is how to implement infection prevention and control at RSU Royal Prima by considering aspects of problems or conflicts from a managerial point of view and member commitment.In this study, to find out the description of management seen from the leadership commitment obtained from interviews and survey results based on the SNARS Edition I assessment instrument. From all interview questions and survey results (search), the management description is grouped into: commitment, leadership, communication, and cooperation in IPC implementation.

1. Leadership Commitment

To implement the infection prevention and control program, management support, especially the director, is the highest leader in the hospital. Initial support is by forming an Infection Prevention and Control Team. This initial support has been in RSU Royal Prima since 2015 when the IPC Team was formed. From in-depth interviews, it was found that in terms of fulfilling IPC facilities and budgeting, leadership support was lacking. Integrated management support, namely budget and human resources in the form of providing budget or funds for education and training activities outside the hospital to form an IPC Team.

Table 3. IPC Implementation Survey Results

No	IPC Certificate	Amount	%
1.	Have	2	18,18
2.	Not have	9	81,82
	Total	11	100

The list of training and education outside the hospital is described in table 4 below.

Table 4. IPC Exhouse Training List

No	Training Name	Amount	Year
1.	Advanced IPC	1	2015
2.	IPCN (from PPNI)	1	2016
3.	Basic IPC	1	2017
	Total	2	

As for the education and training conducted in the hospital (inhouse training) for all employees related to basic IPC, the last time was carried out in 2015. Until now, it has not been found in the IPC program document related to planning for basic IPC inhouse training.

2. Communication and Cooperation in the implementation of IPC Socialization

Regular meetings that have been mutually agreed upon, meetings between leaders and subordinates, and reports containing the activities of the Infection Prevention and Control program are communication activities that can be carried out to support the success of IPC in hospitals. Based on data obtained from IPCN, routine socialization is carried out at regular employee meetings at the end of every month and new employee orientation. However, the researcher has not found any evidence related to the regular meeting reports from the IPC Team to the Director.

Reports are only recorded by IPCN itself and then accumulated but not reported to the IPC Team Leader and Director. The continuity of regular meetings between IPC members can be seen in Table 5.The good cooperation between the Leaders and the IPC Team or between the IPC Teams is still not optimal. It can be seen in the interviews that the IPC Team members did not know how the routine meetings took place and the discussions in these meetings. The responsibility for carrying out the function roles, supervising

officer compliance, availability of facilities, and the need to carry out procedures by the IPC are also only played by the IPC Team.

3. Member commitment

Based on the results of interviews with respondents who are members of the IPC Team, not all members know who sits on the IPC organizational structure and their duties and responsibilities in the IPC Team. The work program that has been made by IPC is not yet fully known and understood by its members. In in-depth interviews, the information to be obtained is the understanding of IPC Team members about their existence in the IPC Team which is needed to connect or communicate between members in their contribution to advancing IPC. Regarding responsibilities, IPC Team members know their respective duties and responsibilities.

4.3. Result

The results of the search carried out by researchers found that the IPC score at RSU Royal Prima Medan was 39.8%. This figure is still below 80% so it can be said that it did not pass according to the SNARS accreditation standards. There are several standards with a score of 0 indicated, namely:

1. IPC standard 6.2: The organization proactively assesses the risk of infection that may occur and develops strategies to reduce the risk of infection.
2. IPC Standard 7: The organization identifies invasive care procedures and processes at risk of infection and implements strategies to reduce the risk of infection.
3. IPC standard 7.7: The hospital reduces the risk of infection in facilities related to mechanical and engineering controls.
4. IPC standard 7.7.1: The hospital reduces the risk of infection during the demolition, construction, and renovation of buildings.
5. IPC standard 8.3: The organization develops and implements a process for dealing with an outbreak of airborne infectious disease.

Based on this it can be said that the shortcomings in the standard are related to infection risk management. Infection prevention and control in hospitals is a program that needs to be supported by hospitals. In identifying the problem of infection, it is necessary to analyze the risk management related to infection in the hospital first. Implementation evaluation is further grouped by sub-chapters in the IPC as follows:

1. Leadership and Governance

RSU Royal Prima Medan formed a new IPC Team in January 2017 which previously took the form of the IPC Committee. The switch in the form of a team was decided with consideration for streamlining the organization given the limited number of human resources.

Functionally the Infection Prevention and Control Team at RSU Royal Prima Medan is under the Director of the Hospital. This shows the Director's commitment to IPC so that an IPC Team was formed at RSU Royal Prima Medan. The current IPC Team Leader is an appointed contract physician and has received education and training on IPC. This team has one IPCN (Infection Prevention and Control Nurse) who is still not fully full-time because he also serves as the Head of the Nursing Division and the Head of the Nursing Team. The IPCN has received education and training on Advanced IPC. Other memberships in the current organizational structure functionally only involve nurses, midwives, and nutrition so that they do not involve other units in the field that are involved in the eleven main components that must be implemented and adhered to in standard precautions such as linen, CSSD, and pharmacy. Based on the search, in the Decree of the IPC Team Organizational Structure, the IPC Team has members who come from other parts besides nurses, midwives, and nutrition. The non-involvement of these members is due to the absence of socialization of appointments and job descriptions so that those who should be members feel they have no responsibility to the IPC Team. Another unit that is not involved in the organizational structure is the operating room. It should be noted that the success of the IPC program in hospitals requires cross-

professional involvement, clinical, nurse, laboratory, K3L, pharmacy, nutrition, IPSRS, sanitation, and housekeeping, so a forum is needed in the form of an IPC committee.

Another shortcoming related to leadership and governance is regarding the organizational regulations of the IPC Team which are not equipped with job descriptions and the appointment of members who have not been socialized as described previously so that during in-depth interviews it was found that members did not understand their duties, especially IPCLN. Of all the respondents who became members of the IPC, only three people (42.86%) could answer the questions completely while the others did not know at all. Respondents who know the organizational structure of the IPC Team at the hospital well stated that the structure already exists but there is no visible coordination or functional relationship with their superiors so the cooperation that exists is not optimal.

2. Human resource

The infection prevention and control team must attend basic and advanced IPC education and training and obtain an IPC certificate and develop themselves so that the criteria as chairman, secretary, a member can be fulfilled as capable resources.The IPC team has been formed at RSU Royal Prima and has been restructured twice. Human resources are one of the most important factors that cannot even be separated from an organization, both institutions, and companies. Of all the members of the IPC Team, only two members (18.18%) received official IPC education and training from outside the hospital (exhouse training). This percentage still does not meet the Hospital Minimum Service Standards (MSS).

The conditions and problems of the IPC Team of Royal Prima Hospital Medan based on the results of interviews with IPC team members are as follows:

a. The IPC team structure already exists, but the tasks of the IPC are not optimal because they do not understand the job descriptions, functions, and responsibilities;
b. The monitoring and evaluation activities of the IPC program have not run optimally because the prepared programs have not been fully agreed upon by all members;
c. Lack of policy socialization on managerial guidelines and IPC implementation to committee members;
d. IPC Team members have not all attended training and education about IPC.

3. Objectives of the Infection Prevention and Control Program

Based on the results of interviews with respondents who are IPCN, they know the work program that has been made by IPC but has not been running because the work program has not been determined and agreed upon by the IPC Team, this is due to the lack of human resources in the IPC Team itself. However, the four respondents who are the head of the room who are also IPCLN do not know correctly what programs the IPC Team has made, this shows that the people who are given the responsibility as IPCLN do not understand their duties and functions or the socialization related to the appointment of the IPC Team is not going well. During the search, it was found that the IPC Work Program file at RSU Royal Prima Medan was still in draft form and had not been ratified. The work program is a guide as well as a reference in which its members must achieve everything contained in the program to assess its success in running the organization.

During the search, it was found that there was an Infection Surveillance Guide at RSU Royal Prima Medan. However, in these guidelines, it has not been found that hospitals in establishing programs use a risk-based approach. Infection prevention and control in hospitals is a program that needs to be supported by hospitals. In identifying the problem of infection, it is necessary to analyze the risk management related to infection in the hospital first. One of the efforts to prevent infection in hospitals is to apply ICRA (Infection Control Risk Assessment).In an interview with IPCN, he stated that the IPC Team had difficulty in making guidelines due to the lack of contributions from members to be invited to work on developing guidelines due to the dual roles assigned to members of the IPC Team. For example, the head of the ER ward doubles as IPCLN, PIC, and is given the responsibility of being the coordinator of the Access to Hospital and Service Continuity (HSC) working group in accreditation.

4. Data on infection surveillance of Royal Prima Hospital Medan

IPC activities have been integrated with the PMKP (Quality Improvement and Patient Safety) program at RSU Royal Prima Medan. The quality indicators of the IPC are the incidence of surgical site infection (IDO) after SC surgery and the use of antibiotics for preoperative prophylaxis for cesarean section. During the search, the measurement of quality indicators carried out was the Incidence of Infection in the Operation Area (IOA) Post Caesar Operation but did not reach the data analysis stage and no evidence of reporting was found. There has never been a regular meeting between the PMKP Committee and the IPC Team. The meeting that ever took place was only at the time of determining hospital quality indicators. Hospitals use indicators as information to improve IPC activities and reduce healthcare-associated infection rates to the lowest possible level. Hospitals can use indicator data and information and compare them with rates and trends in other hospitals. All service departments/units are required to participate in determining priorities that are measured at the hospital level and the IPC program department/service unit level (SNARS Edition I, 2017).

V.   CONCLUSION

Based on the results of the study, the following conclusions can be drawn.

1. Of all the standards, there are still 5 standards that have a score of "0", namely: IPC Standard 6.2, IPC Standard 7, IPC Standard 7.7, IPC Standard 7.7.1, and IPC Standard 8.3.
2. Lack of socialization of policies regarding managerial guidelines and IPC implementation to committee members has caused many members to not carry out their duties and responsibilities.
3. IPC Team members have not all attended training and education on IPC.
4. Some IPC members have difficulty in making guidelines because of the lack of contributions from members to be invited to work on compiling guidelines due to the dual roles assigned to IPC Team members.

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