access and use of oral care supplies, more reported patient assistance and education, as well as knowledge of independent patient's oral care habits during hospitalization. Oral care has become a higher priority for nursing staff.
Disclosure of Interest: None declared.

Poster session: infection prevention and control: Implementation and patient safety

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What will infection prevention look like in 2030—results of the first round of a global crystal ball exercise

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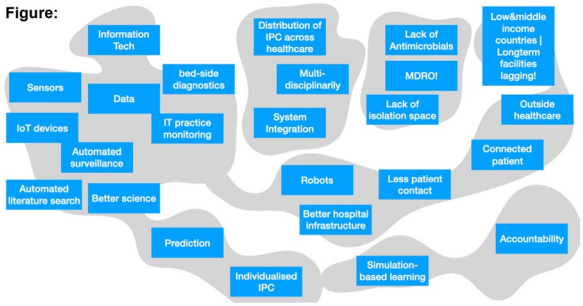
Introduction: Healthcare delivery is currently undergoing radical changes and so will the demands for effective Infection prevention in healthcare (IPC).
Objectives: We initiated a global collaboration among IPC professionals to imagine the status of IPC in 2030 to inform the present.
Methods: In JAN 2019, a purposive sample of 44 IPC professionals around the globe were invited to answer a 10-item online questionnaire, including 2 demographics, 4 housekeeping and 4 open-ended core questions: (Q1) "status of IPC in 2030", (Q2) "position & people in charge of IPC", (Q3) "necessary skills", and (Q4) "open questions". The latter were each submitted to inductive content analysis and displayed by semi-quantitative network mapping, the remainder reported descriptively.
Results: Overall, 18 of 44 (41%) invited responded JAN-MAR 2019 (6 US, 2 CA, 2 CH, 1 FR, DE, MX, NL, SG, UK, each; 15 with physician, 3 with nurse, and 1 with management background; all in senior positions). The main emerging themes for Q1 were "multidrug-resistant organisms"; "automatisation of data collection, processing & feedback" with the sub-themes 'robotics', 'monitoring', 'surveillance', 'short-circuit feedback'; "system integration & broadening of IPC" with 'patient participation'; "global perspective" with 'low/middle income country challenges', 'outpatient'; "behaviour"; and "implementation" (Figure). The views were predominantly positively (66%) oriented. Q2 and Q3 yielded a broad range of professional profiles, ranging from data, behaviour, implementation, communication know-how and skills, positioning IPC highly in healthcare institutions and beyond. Similarly, Q4 covered a large area including medicine, life-science, data science, social science, organisational and political questions.

Figure:



Conclusion: The first round of the Future IPC project produced a mainly positive picture of ICP in 2030. The project will continue with further rounds of multi-method inquiry with evolving participation (including an assessment of changes attributable to insights gained during the SARS-CoV-2 pandemic) to serve as a roadmap for developing this critical field of medicine.
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Strategies to improve infection control link nurse programs

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Introduction: Infection control link nurses (ICLN) experience various barriers in daily practice. Identification of strategies to address these barriers can improve current ICLN programs and guide their future implementation.
Objectives: To identify strategies for effective implementation of ICLN programs using the Consolidated Framework for Implementation Research (CFIR)-Expert Recommendations for Implementing Change (ERIC) Implementation Strategy Matching tool.
Methods: We conducted a Delphi study. A panel of eight experts mapped 19 barriers, found in our previous studies, to the most fitting CFIR constructs. Subsequently, (dis)agreements were discussed and barriers were further clarified. The CFIR- ERIC Matching Tool generated a list of strategies to address these barriers. Outcomes were discussed with the panel and with end-users of these programs (e.g. ICLN and infection control practitioners).
Results: Seven main barriers for the implementation of a link nurse program were identified (table 1). These barriers corresponded with CFIR constructs, predominantly from the domains 'inner setting' (characteristics of the implementing organization) and 'process (stages of implementation). With the ERIC tool strategies were identified to overcome these barriers; they are listed in order of priority in Table 2.

Table 1. Barriers
Infection control has no priority at the hospital level
The role of link nurses is not defined
ICLN are not accepted by medical staff
ICLN programs are initiated, developed and implemented solely by infection control practitioners
Responsibility to educate link nurses lies with infection control practitioners
Interconnecting link nurses from various departments to exchange experiences and best practices is challenging
Only half of link nurse programs are evaluated