**Supplementary material -** Description of the questionnaire used in this study in comparison with the Infection Prevention and Control Assessment Framework (IPCAF) of the World Health Organization (WHO).

| WHO IPCAF (core components) | Current study questions that correlate with indicators in each WHO IPCAF core component |
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| Core component 1. IPC program (10 indicators) | 1. IPC program has been implemented 2. Regular meetings with the ICC 3. Records of the minutes of ICC meetings 4. Members of the ICC team (doctors, nurses, etc.) |
| Core component 2. IPC guidelines (8 indicators) | 1. Standard precautions 2. Antimicrobial control (stewardship) 3. Prevention of surgical site infections 4. Prevention of bloodstream infections 5. Prevention of ventilator-associated pneumonia 6. Prevention of catheter-associated urinary tract infections 7. Prevention of transmission of multidrug-resistant (MDR) pathogens 8. Basic guideline written by ICC for cleaning services 9. Basic guideline written by ICC for laundry services 10. Disinfection, surface cleaning and sterilization 11. Hand hygiene 12. Waste management |
| Core component 3. IPC education and training (10 indicators) | 1. ICC establishes continuing education measures for the medical team in relation to the prescription of antimicrobials 2. ICC promotes debates with the hospital community about IPC 3. Orientation program for professionals entering the institution 4. Specific, systematic and periodic IPC training for hospital staff 5. Periodicity of IPC training for hospital health professionals 6. Specific training for hygiene professionals by the ICC 7. Specific training for laundry professionals by the ICC |
| Core component 4. Healthcare-associated infection surveillance (15 indicators) | 1. Surveillance conducted for infections 2. Epidemiological surveillance to detect outbreaks in a timely manner 3. Active prospective surveillance 4. Passive prospective surveillance (notification form/medical) 5. Reports of catheter-associated bloodstream infections 6. Reports of catheter-associated urinary tract infections 7. Reports of skin and soft tissue infections 8. Reports of pneumonia 9. Reports of infections in employees |
| Core component 5. Multimodal strategies for implementation of IPC interventions (5 indicators) | 1. ICC participates in the technical committee for specification of products and related products to be acquired |
| Core component 6. Monitoring/audit of IPC practices and feedback (8 indicators) | 1. Monitoring the rate of healthcare-associated infections 2. Monitoring the case fatality rate of healthcare-associated infections 3. Monitoring antimicrobial use per patient-day 4. Monitoring the coefficient of sensitivity/resistance of microorganisms to antimicrobials 5. Monitoring the records of puncture-cutting accidents in employees 6. ICC reports informational data on IPC indicators 7. ICC shares the hospital infection control indicators with the hospital management |
| Core component 7. Workload, staffing and bed occupancy (8 indicators) | 1. Weekly workload of professionals in the ICC (doctors, nurses, etc.) |
| Core component 8. Built environment, materials and equipment for IPC at the facility level (17 indicators) | 1. Own cleaning service 2. Own laundry service 3. All hospital units or wards have washbasins with running water, soap or antiseptic and paper towels for hand hygiene 4. Personal protective equipment available for all professionals 5. Routine bacteriological control of the water that supplies the hospital 6. Routine cleaning of the water tank that supplies the hospital 7. Routine control of air quality management 8. Specific containers for disposal of hospital waste |

IPC = Infection Prevention and Control; ICC = Infection Control Committee.