

Implementing Infection Control Through a Patient Safety Partnership Approach in Africa

Julie Storr, WHO Patient Safety
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Implementing infection control through a patient safety partnership approach in Africa

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Hosted by Dr. Benedetta Allegranzi
World Health Organization

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Clean Care is Safer Care

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WHO Patient Safety Programme

- Raised awareness
- Advocated and inspired passion – made things happen
- Secured political commitment
- Provided standards, evidence based guidance, & practical tools – *African Partnerships for Patient Safety – one programme that brings all of this together*



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African Partnerships for Patient Safety (APPS)

– focusing on Implementing infection control through a patient safety partnership approach in Africa

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Three core objectives

Evaluation spans the 3 objectives

- Objective 1: PARTNERSHIP STRENGTH
- Objective 2: HOSPITAL PATIENT SAFETY IMPROVEMENTS (Africa)
- Objective 3: NATIONAL PATIENT SAFETY SPREAD (Africa)

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12 Patient safety Action Areas

1. Develop and implement national policy for patient safety
2. Improve knowledge and learning in patient safety
3. Raise awareness
4. Address the context in which health services & systems developed
5. Minimize healthcare-associated infection
6. Protect health-care workers
7. Ensure health-care waste management
8. Ensure safe surgical care
9. Appropriate use, quality and safety of medicines
10. Partnerships between patients, family, staff and policy makers
11. Provide adequate funding
12. Strengthen surveillance and capacity for research

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Added value through partnerships

- Infection prevention & control solutions exist
- Many are simple, low cost & practical
- An institutional culture of safe health care practices is key to the prevention and control of HAI
- (WHO Core Components for Infection Prevention and Control Programmes 2008)
- **APPS Approach**
- “the development of a **model of joint planning, joint implementation, and joint evaluation** between individuals or organizations”
- (El Ansari & Phillips, 2001)

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A 6-step improvement cycle

1. Partnership development
2. Needs assessment – *Situational Analysis*
3. Gap analysis
4. Action Planning
5. Action
6. Evaluation and review

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How:

- Situational Analysis – provides data to guide implementation plans

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Action Area 5

		Yes	No	NA
1.	Structures and mechanisms for infection prevention and control (IPC) leadership in the hospital			
a	Is there a person responsible for leading/coordinating IPC activities?			
b	Is there a functioning multidisciplinary IPC team/ committee?			
c	Are the responsibilities of the team/committee clearly defined?			
d	Are the strategies and goals of IPC defined?			
e	Is the IPC team represented on relevant hospital wide bodies/committees?			
2.	Human Resources			
a	Is there a full time doctor/nurse designated to carry out hospital IPC activities?			
b	Are job descriptions for each individual clearly documented?			
c	Is there a clear chain of command for IPC activities?			

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Action Area 5: Health Care-associated Infections

- Lobby for policies**
 - Work with APPS team, WHO experts and national focal points to lobby for national policies – build on any previous work undertaken by NGOs. Develop local policies
- Undertake 2 key assessments**
 - Undertake WHO Core Components for Infection Control Assessment and WHO Hand Hygiene Self Assessment Framework
- Identify leaders**
 - Identify a leader and deputy for infection prevention and control
- Procure alcohol based handrub**
 - Introduce alcohol-based handrub into the hospital as the first step in adopting the WHO Multimodal Hand Hygiene Improvement Strategy
- Introduce simple surveillance**
 - Consider introducing simple surveillance systems for recording health care-associated infections

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“of the utmost importance, being basic, indispensable and necessary for any IPC programme to meet its objectives”.

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WHO Core Components

- Organization of IPC programmes
- Technical guidelines
- Human resources
- Surveillance of infections and assessment of compliance with IPC practices
- Microbiology laboratory
- Environment
- Monitor and evaluation of programmes
- Links with public health or other services

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2008-2013

**THE INFECTION CONTROL
STORY SO FAR**

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14 hospital-hospital partnerships

First wave, 2009 Second wave 2011

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How is it working?

- 1. Focus groups:**
 - target: healthcare workers, healthcare waste management staff/porters, medical residents
- 2. Semi-structured Interview:**
 - target: APPS leads, on site hospital leads
- 3. Observational Survey:**
 - target: operating theatre, surgical team, medical ward, healthcare workers

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Summary findings

- **Significant progress**
 - Knowledge (through training)
 - Awareness (through advocacy)
 - Patient safety systems
- **Gaps**
 - structural determinants; human resource limitations & infrastructure
 - patient safety culture

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General examples - 1

- **Capacity building:**
 - > 2500 workers trained on patient safety (cascade)
 - Bidirectional transfer of expertise and co-development of solutions
 - Preliminary surveillance systems
- **Infrastructure:**
 - Catalyst for structural changes (e.g. incinerator)
 - ABHR – empowerment
 - Mobile hand wash stations

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General examples - 2

- **Spread and sustainability**
 - Patient bill of rights, Healthcare worker bill of rights displayed in clinic areas
 - South-South partnerships
 - Patient safety spread
 - Shared understanding of patient safety issues

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2009 & 2011

Specifics - 1

- Knowledge and Training:**
 - Mali:** Infection control nurse trained in UK and supported remotely.
 - Uganda:** 100% of staff trained on hand hygiene using morning chapel.
 - Senegal:** A long distance hand hygiene class offered weekly through RAFT. Core implementation group trained in use of Safe Surgery Checklist

Specifics - 2

- Availability of supplies:**
 - Mali:** Adequate supply of ABHR in 100% wards
 - Uganda:** Adequate supply of ABHR through local production using bananas as a source of alcohol

Specifics - 3

- Culture:**
 - Using the driver of infection prevention and control, patient safety is now on the agenda:**
 - Mali:** Patient safety principles now part of hospital planning to improve services
 - Uganda:** Safe surgery checklist has been adapted for local use through including the question: "Have you prayed for the patient?" in an effort to promote use through local contextual refinement
 - Senegal:** Patient safety incorporated into annual hospital activities plan
 - Malawi:** Hospital management now uses patient safety as an integrated way of stimulating health service improvement
 - Ethiopia:** Patient safety principles integrated into professional training.

Specifics - 4

- National Policy:**
 - Mali:** Integration of patient safety into national policy.
 - Uganda:** Evaluation reports have been shared with the Ugandan Protestant Medical Bureau, providing mechanism to catalyze national thinking on patient safety
 - Senegal:** Close coordination with national organization with a focus on patient safety and infection control (PRONALIN)
 - Cameroon:** Increased awareness of national policy making mechanisms and dialogue with other large hospitals in Yaoundé.
 - Malawi:** Policy level dialogue on patient safety with national authorities in Malawi using the experience of partnership as entry point
 - Ethiopia:** Engagement with MoH on patient safety initiatives across Ethiopian hospitals and development of a national patient safety pilot program

Moving forward – overcoming implementation challenges through partnership

- APPS - catalysing action to address challenges in implementing infection control
- Surveillance systems are starting to be developed
- Working with WHO Private Organizations for Patient Safety to maintain the focus on HAI prevention globally and establish small-scale projects to address immediate needs:
 - E.g. "bottle-Bank" project

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Summary

- Infection prevention and control implementation can be strengthened through a structured but adaptable partnership approach



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Partnerships – seeing with a fresh pair of eyes

- "Has made us realize patient safety is not about costing a lot of money – its about investment in other things as well, not necessarily financial"
- "A fresh pair of eyes has given us some pointers on implementation"
- "Some of the approaches taken in our partner hospital in Africa, influenced by constraints, make you see things through fresh eyes – and be more imaginative".

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Finally

"When we talk about spreading innovation, we have to be careful about how we define the word 'innovation.' Although we recognize that people often need to reinvent locally, we don't want people to invent locally when in fact solutions are already out there that they can copy."

(Sarah Fraser)

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- **JOIN APPS**
- Web based registration
- Expanding the network with a focus on co-development, and two way learning and knowledge flow to improve patient safety



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For more information

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- **Web site(s)** www.who.int/patientsafety
- www.who.int/patientsafety/implementation/apps/en/index.html

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2013

WHO Teleclass Schedule

Clean Care is Safer Care

February 6

Improving the Patient Safety Culture as a Successful Component of Infection Control Strategies, Dr. B. Allegranzi

March 6

Patient Participation in Hand Hygiene Promotion and Improvement, Dr. Y. Longtin & Dr. M. McGuckin

April 9

Innovation and New Indicators in Hand Hygiene Monitoring, Prof. J. Boyce

May 6

Special Lecture for 5 May, Prof. D. Pittet

July 10

Risk Assessment and Priority Setting in Infection Control in Low to Middle Income Countries, Prof. N. Damani,

August 7

Decontamination of High-Touch Environmental Surfaces in Healthcare: A Critical Look at Current Practices and Newer Approaches, Prof. S. Sattar

September 3

Preventing Central Line-Associated Bloodstream Infections: The Matching Michigan Approach Applied in the USA and Other Countries, Prof. P. Pronovost

October 9

Implementing Infection Control Through a Patient Safety Partnership Approach in Africa, J. Storr

November 11

Antimicrobial Resistance Issues Worldwide and the WHO Approach to Combat it, Dr. C. Pessoa da Silva

December 4

Control of Multi-Drug Resistant Organisms in the Nursing Home Setting, Prof. A. Voss

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