Implementing Infection Control Through a Patient Safety Partnership Approach in Africa

Julie Storr, WHO Patient Safety
Sponsored by the World Health Organization Patient Safety Agency

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

African Partnerships for Patient Safety (APPS)
- focusing on implementing infection control through a patient safety partnership approach in Africa

Three core objectives

Objective 1: PARTNERSHIP STRENGTH
- Evaluation signs the 3 objectives

Objective 2: HOSPITAL PATIENT SAFETY IMPROVEMENTS (Africa)

Objective 3: NATIONAL PATIENT SAFETY SPREAD (Africa)

12 Patient safety Action Areas

6. Address the context in which health services & patients developed
7. Ensure health care workers
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

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

- 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 – Implementation
6. Evaluation and review

How:

• Situational Analysis – provides data to guide implementation plans

Action Area 5

<table>
<thead>
<tr>
<th>1. Structure and mechanisms for infection prevention and control (IPC) leadership in the hospital</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is there a person responsible for leading coordinating IPC activities?</td>
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<tr>
<td>b. Is there a multidisciplinary IPC team?</td>
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<tr>
<td>c. Are the responsibilities of the team clearly defined?</td>
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<tr>
<td>d. Are the strategies and goals of IPC defined?</td>
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<tr>
<td>e. Is the IPC team represented on relevant hospital-wide committees?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Human Resources</td>
<td></td>
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<tr>
<td>a. Is there a full-time IPC nurse designated to carry out hospital IPC activities?</td>
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<td></td>
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<tr>
<td>b. Are all IPC policies clearly documented?</td>
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<tr>
<td>c. Is there a clear chain of command for IPC activities?</td>
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</tbody>
</table>

Action Area 5: Health Care-associated Infections

- Lobby for policies
- Undertake 2 key assessments
- Identify leaders
- Procure alcohol-based handrub
- Introduce simple surveillance

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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THE INFECTION CONTROL STORY SO FAR

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

Summary findings

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

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

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 sees 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 Yaounde.
  – 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.

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 financially”
- “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.”

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)

For more information
Contact information
WHO HQ
Shems Syed, syed@who.int
APPS England
Julie Storr, storrj@who.int
APPS AFR
Joyce Hightower, hightowerj@who.int

Web sites:
- www.who.int/patientsafety

2013 WHO Teleclass Schedule

- Clean Care is Safer Care
  - February 5
  - 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,
  - With Dr. M. McGuigan

- April 9
  - Innovation and New Indicators in Hand Hygiene Monitoring, Prof. J. Koye

- 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. Garsin,
  - August 7

- September 3
  - Preventing Central Line-Associated Bloodstream Infections: The Matching Michigan Approach Applied in the USA and Other Countries, Prof. R. Proner

- October 9
  - Implementing Infection Control Through a Patient Safety Partnership Approach in Africa, Dr. Storr

- November 11
  - Antimicrobial Resistance Issues Worldwide and the WHO Approach to Combat It, Dr. C. Perello da Silva

- December 4
  - Control of Multi-Drug Resistant Organisms in the Nursing Home Setting, Prof. A. Uson

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