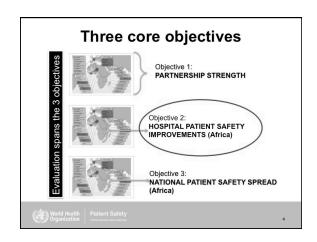
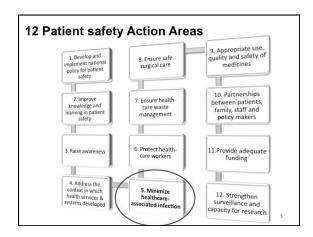
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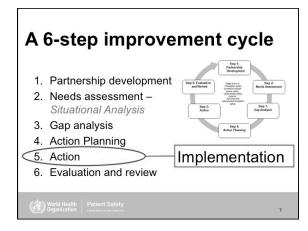


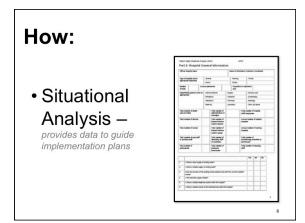


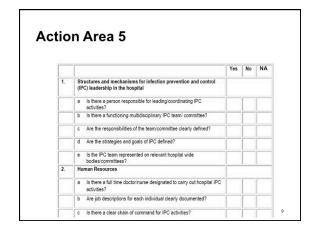


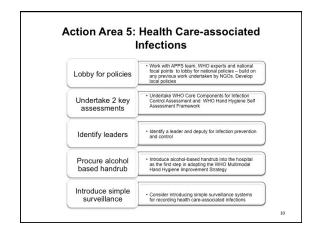
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"of the utmost importance, being basic, indispensable and necessary for any IPC programme to meet its objectives".

#### **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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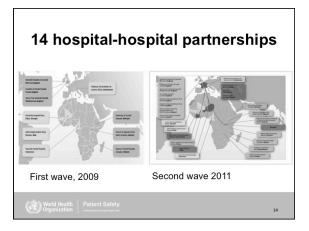
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2008-2013

### THE INFECTION CONTROL STORY SO FAR

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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
- Gar
  - 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



General examples - 2

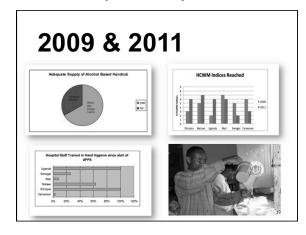
- · Spread and sustainability
  - Patient bill of rights, Healthcare worker bill of rights displayed in clinic areas
  - · South-South partnerships
  - · Patient safety spread
  - Shared understanding of patient safety issues





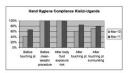
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#### Specifics - 1

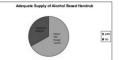
- Knowledge and Training:
  - Mali: Infection control nurse trained in UK and supported remotely.
  - Uganda: 100% of staff trained on hand hygiene using morning chapel.
  - Senegal: A long distance hand hygiene class offered weekly through RAFT. Core implementation group trained in use of Safe Surgery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

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### 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



Private Organizations for Patient Safety

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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 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".

#### **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



# For more information

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APPS AFR

Web site(s)www.who.int/ patientsafety

www.who.int/patientsafety/ implementation/apps/en/index.html

**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 October 9 & Dr. M. McGuckin April 9 Innovation and New Indicators in Hand Hygiene Monitoring, Prof. J. Boyce November 11 May 6 Special Lecture for 5 May, Prof. D. Pittet Risk Assessment and Priority Setting in December 4 Infection Control in Low to Middle

Income Countries, Prof. N. Damani,

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

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

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

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

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

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# 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

