FLORENCE NIGHTINGALE FOUNDATION

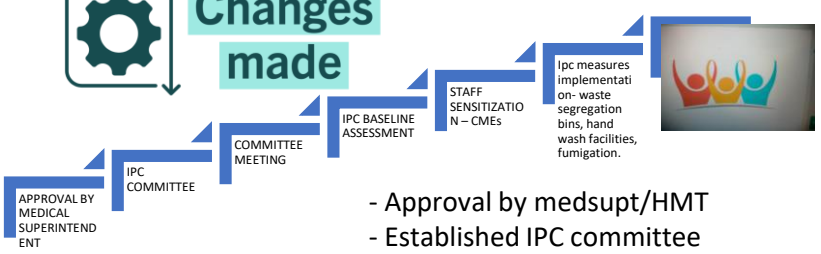
THARAKANITHI COUNTY

COMPLIANCE WITH INFECTION PREVENTION AND CONTROL (IPC) MEASURES IN MARIMANTI SUBCOUNTY HOSPITAL

Problem Identified

Marimanti Hospital hasn't been keen on infection prevention and control (IPC) for 13 years, ignoring its own 2011 amonpolicy. This has led to increased readmissions, increased mortality in under 5 years(0.39% in 5months), post-surgical wound sepsis (0.8% in maternity), and sick leaves among healthcare workers (20.0%), creating an unsafe environment, prolonged hospitalization, and higher healthcare costs.

Changes made



- Approval by medsupt/HMT
- Established IPC committee
- 2 Committee meeting held to continue quartery (IPC comm file)
- Baseline IPC assessment
- 2 CMEs on IPC held (CME register)
- Colour coded bins, SOPs posters, bin liners provided
- hand washing facilities provided
- Fumigation of paeds acute room (18/09/2024)

TEST OF CHANGE (PDSA) ***overall goal:*** To operationalize and maintain compliance to IPC activities in the hospital.

CHANGE IDEA; all HCWs to demonstrate knowledge, skills and attitude towards IPC practices as well as adhere to the hosp IPC policy. **CYCLE 1 OBJECTIVE:** To check the understanding on waste segregation by use of colour coded bins. Participants were to demonstrate knowledge &skills on medical waste segregation. All the nursing students(100%) and 33.3% support staffs demonstrated success in segregation.

Modification of the plan: from the results it was evident that more time Is needed for CME and introduction of on job training to ensure understanding.

Sustainability: Quarterly IPC committee meetings

Key Insights

This QI project has helped me recognize my potential as a transformational and participative leader, aligning with my vision of becoming a successful leader. Leadership development training highlighted the importance of key influencers (e.g., departmental heads, HMT, and medical superintendent) in driving change. It enhanced my ability to lead change by improving my understanding and execution of new ideas. However, overcoming resistance from those who prefer the status quo remains a challenge that requires ongoing effort and time.

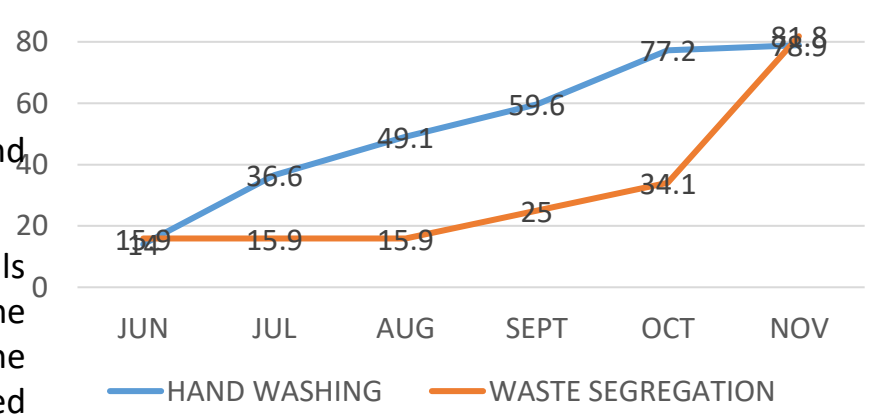
Aim of the project

The project aims to increase compliance to IPC measures from 14% and 15.9% hand washing and waste segregation respectively to 80% within seven months.

- Establish a functional IPC committee within 2weeks that will monitor compliance and future plans (James, departmental incharges, medsupt)
- To develop facility baseline IPC assessment tool within 3weeks (hospital PHO)
- To carry out facility baseline IPC assessment by the end of 4 weeks (IPC committee)
- To sensitize all HCWs on IPC within 6weeks (James, hosp PHO, subcounty PHO)

Measures

Project outcomes on IPC Compliance



I used a run chart to show when interventions were made.
Y axis represents percentage compliance to waste segregation & hand washing while X axis represents time in months of implementation n.
Results:: increased compliance to IPC measures from 14% to 78.9% (hand washing) and 15.9% to 81.8% (waste segregation) respectively.

Lived experience

"we need that IPC committee now than ever" - medsupt

James Mutugi – Deputy nurse manager
Marimanti hospital.TNC-KENYA jimutug@gmail.com
+254710411404

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