

Strengthening IPC for Effective Epidemic Preparedness

Gombe State IPC Policy Review Meeting

Topic: Implementation of the multi-modal strategy in the Hospital IPC program

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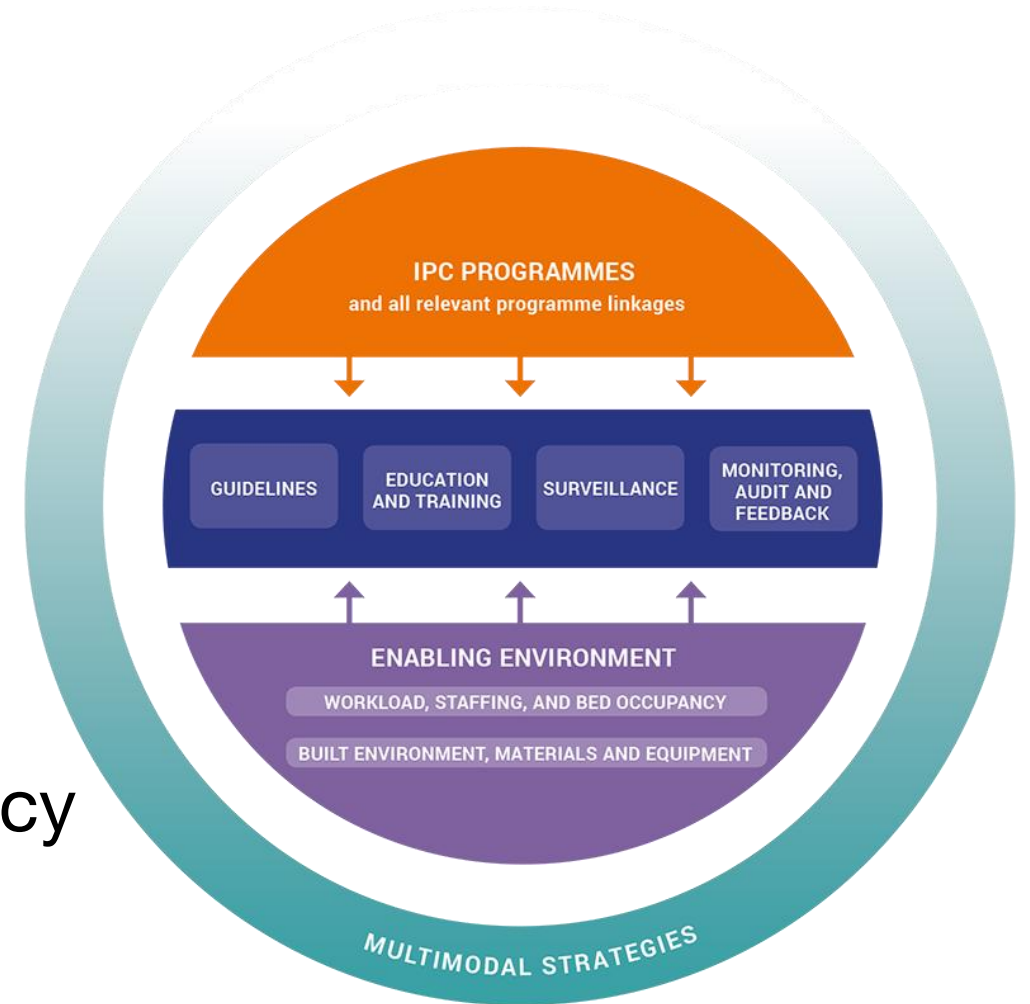


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Outline

- ✓ IPC Programs
- ✓ IPC Guidelines
- ✓ Education and training
- ✓ Surveillance
- ✓ Monitoring, audit and feedback
- ✓ Workload, staffing and bed occupancy
- ✓ Built environment, materials and equipment



Built It

1. Build it (system change)



What infrastructure, equipment, supplies, and other resources (including human) are required to implement the intervention?

Does the physical environment influence health care worker behaviour? How can ergonomics and human factor approaches facilitate adoption of the intervention?

Which types of health care workers are needed to implement the intervention?

Practical Example: when implementing hand hygiene interventions, ease of access to handrubs at the point of care and the availability of WASH infrastructures (including water and soap) are important considerations. Are these available, affordable, and easily accessible in the workplace? If not action is needed.



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Teach it

2. Teach it (training & education)



Who needs to be trained? What type of training should be used to ensure that the intervention will be implemented in line with evidence-based policies and how frequently will training sessions occur? Does the facility have trainers, training aids, and the necessary equipment?

Practical Example: when implementing injection safety interventions, timely training of those responsible for administering injections, including carers and community workers, are important considerations, as well as adequate disposal methods.



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Check it

3. Check it (monitoring & feedback)



How can you identify the gaps in IPC practices or other indicators in your setting to allow you to prioritize your intervention?

How can you be sure that the intervention is being implemented correctly and safely, including at the bedside? Are there methods in place to observe or track practices? How and when will feedback be given to the target audience and managers? How can patients also be informed?

Practical Example: when implementing surgical site infection interventions, the use of key tools are important considerations, such as surveillance data collection forms and the WHO checklist (adapted to local conditions).



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Sell It

4. Sell it

(reminders & communications)



How are you promoting an intervention to ensure that there are cues to action at the point of care and messages are reinforced to health care workers and patients?

Do you have capacity/funding to develop promotional and advocacy messages and materials?

Practical Example: when implementing interventions to reduce catheter-associated bloodstream infection, the use of visual cues to action, promotional/reinforcing messages using bundles checklists, and planning for periodic campaigns are useful approaches.



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Live it

5. Live it (culture change)



Is there demonstrable support for the intervention at every level of the health system? For example, do senior managers provide funding for equipment and other necessary resources? Are they willing to be champions and role models for IPC improvement? Are teams involved in co-developing or adapting the intervention? Are they empowered and do they feel ownership and the need for accountability?

Practical Example: when implementing hand hygiene interventions, the way that a health facility approaches this as part of safety and quality improvement and the value placed on hand hygiene improvement as part of the clinical workflow are important considerations.



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