INFECTION PREVENTION: The Malawi Experience

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Outline of Presentation

- Introduction
- Rationale for infection prevention control initiative
- National level efforts
- Performance Quality Improvement Standards
- Recognition process
- Successes
- Challenges
- Conclusion
Introduction

- MoH requested TA on Quality Assurance from Jhpiego in 2001; financial support from USAID

- Implementing Performance and Quality Improvement (PQI) in Infection Prevention (IP) following the Standard Based Management and Recognition (SBM-R) approach started in 2002.

- Process introduced in a phased up approach; as of 2011 35 out of 53 hospitals implementing PQI/IP

- 32 out of 56 health centers in 4 districts also implementing the initiative

- IP initiative fully established in 16 hospitals
The Standards-Based Management and Recognition (SMB-R) is a practical management approach for improving the quality of health services through implementations, measurement and reporting of performance standards and comprised of four basic steps.

What is SBM-R?

Set Standards
Implement Standards
4 Reward Achievements
3 Measure Progress
Underlying Issues

- Nosocomial (Hospital-acquired) Infections a major cause of preventable morbidity and mortality in developing countries worldwide including Malawi

- Prevalence of HIV/AIDS:
  - 15% (Adult) and 16.9% (Pregnant women)

- New students reluctant to join medical and nursing profession due to fears of nosocomial infections

- Nosocomial infections increase the cost of healthcare:
  - Increase length of hospitalization
  - Require treatment with expensive, broad-spectrum agents
  - Increase use of other interventions (laboratory, surgery, etc)
Purpose of IP

- Process aims at:
  - Reducing the risk of transmitting nosocomial infections to healthcare providers, support staff, patients and communities
  - Improving IP practices
  - Protecting healthcare workers at all levels (technical and support/domestic) from acquiring infection while discharging their duties
  - Improving the quality of health services
IP Efforts – National Level

- National Quality Assurance Secretariat set in MoH with a full-time Desk Officer
- National Quality Assurance TWG, a health sector multi-sectoral group to coordinate QA implementation
- Quarterly meetings - chaired by MoH SWAP Director
- Comprehensive IP standards developed by Jhpiego in collaboration with MoH covering 14 areas
- Stakeholders meeting to gain consensus on the standards
- Development of External Verification guidelines
- Development of IP Policy
- Development of QA Policy
- Training of pool of National Trainers and External Assessors
Infection Prevention and Control Standards

14 Departments covered in IP:

- **Service Areas**
  - CSSD
  - Operating Theater
  - Isolation Systems
  - Labor & Delivery Areas
  - Casualty, Surgical And Medical Wards
  - MCH/FP Clinics
  - Dental Department
  - Laboratory
  - Post Mortem Care/Last Offices

- **Support Functions**
  - Administrative Functions
  - Patient-client Education
  - Food Preparation
  - Laundry
  - Waste Disposal
Standards for Waste Disposal

- Keeping health facility surroundings clean
- Proper handling of waste to avoid injuries and contamination
- A system in place for interim waste storage
- Final disposal process is performed properly
  - Incinerated
  - Buried in a pit
  - Burned
WASTE DISPOSAL BEFORE IP Zomba Mental Hospital
INCINERATOR AND INTERIM STORAGE AREA
Process of Recognition

- Once implementing sites have reached 80% in each area, they call for external verification.
- External verification team visits health facility unannounced and submits results to MoH.
- MoH and implementing hospital arrange for recognition ceremony.
- MoH organizes annual re-verification visit.
Success Stories

- Institutionalization of IPC practices in hospitals where managers take IPC as foundation for health services
- Improvements in waste management including construction of incinerators
- Sustained health outcomes in maternal health in recognized hospitals
- Community participation in identifying outstanding health workers through exit interviews
- Community participation in maintaining cleanliness of hospitals
IP AT ITS BEST
SAFE HANDLING OF INSTRUMENTS

Dedza Hospital

Before

After
MAINTAINING CLEANLINESS OF HOSPITALS

Nkhata Bay Hospital

Before

After
Challenges

- Rapid turn over of champions in IPC (managers, supervisors)
- Waste not segregated at point of production
- Lack of incinerators/poorly constructed incinerators
- Inconsistent supply of IPC supplies
Conclusion

- Improvements in quality of care through IP and control practices contribute to:
  - Improved health outcomes
  - Provider work satisfaction and increased motivation
  - Client satisfaction with health services
  - Positive image of health sector