November 21st 2014

HOSPITAL ACQUIRED INFECTIONS:
The Ebola Perspective

….. sharing healthcare best practices

SQHN / WEST AFRICA HEALTH CONFERENCE

34 RAYMOND NJOKU STREET, IKOYI LAGOS

SQHN/ WEST AFRICA HEALTH CONFRENCE 2014 PROGRAMME	
Meeting Name:	**SQHN / WEST AFRICA HEALTH EXPO CONFERENCE**
Theme:	**HOSPITAL ACQUIRED INFECTIONS (HAI)**
Date & Time:	**21 November, 2014 Time: 9:00 am -4:00 pm**
Location:	**EKO Hotel & Exhibition Centre, Lagos**
Conference Objectives:	**1. Define and explain Hospital Acquired Infection –with a view of the prevailing health challenges for all levels of healthcare workers** **2. Provide tools and examples of safety improvement initiatives** **3. Inspire participants to engage in infection control and quality improvement techniques within their current roles and facilities**

Time	Topic	Facilitator
8:30 – 9:00	**Registration and Administration**	**Charles Chika Okah**
9:00 – 9:30	**Welcome and Introduction** • **Ground Rules and Expectations** • **Agenda for Conference** • **SQHN Information** • **Speakers Information**	**Njide Ndili** **Secretary -SQHN**
9:30 – 10:20	**Opening Remarks/Address**	**Prof. Ade Elebute-** **Chairman SQHN**
10:20 -11:10	**Hospital Acquired Infections: The Ebola Perspective**	**Dr. Abayomi Fadeyi** **Dept. of Microbiology** **University of Ilorin** **Teaching hospital, Ilorin**
11:10 - 11:40	**Tea Break**	
11:40 – 12:40	**Hospital Facility Management: with a view of infection control Technique**	
12:40 – 1:00	**The Science of Patient Safety**	**Ehimare Iden** **CEO-OHSM**
1:30 – 2:30	**Surgical Safety: with a view on hospital acquired infection**	**Dr. Olujimi Coker** **Chief of Surgery & Group Clinical Adviser-Lagoon**
2:30 –3:40	**Question & Answer Session**	**Charles Chika Okah** **Training Manager**
3:40 – 4:00	**Wrap up/LUNCH**	

OVERVIEW:

This report covers the **Society for Quality in Healthcare in Nigeria / West African Health Conference** held at Eko Hotel & Exhibition Centre, Lagos on 21st November 2014.

It must be noted that several other workshop took place within the West Africa Health Expo Exhibition. Some of the workshop includes:

- Obstetrics and Gynecology CME
- Oncology CME
- Pediatrics CME
- Ultrasound CME
- Medical Lab Workshop
- E-Health Workshop
- Nursing Workshop

These various workshops really affected the attendance to the SQHN workshop due to the fact that it was all targeted at the same health care practitioners; who were split into different workshops.

That notwithstanding; we took the initiative of coming up with a theme that is of great concern to the healthcare practitioners –"**Hospital Acquired Infections: The Ebola perspective**".

Topics like "**Hospital Acquired Infection (HAI): The Ebola perspective**" delivered by Dr. Abayomi Fadeyi-Microbiology Dept. –University of Ilorin, "**Hospital Facility Management-** with a view of Infection control management" delivered by Abisola Aworinde-Executive Director –May Clinics Group, "**The Science of Patient Safety** " presented by Ehimare Iden, CEO –Occupational Health & safety Managers, Lagos, and Finally **"Surgical Safety: with a view on Hospital Acquired Infection"** by Dr. Olujimi Coker-Chief of Surgery-Lagoon Hospitals ; were all well delivered.

From the evaluation and feedback that we got from the workshop, participants were very satisfied and appreciated SQHN for coming up with a topic that have been affecting various hospitals in Nigeria.

The conference was successful moderated and anchored by Charles Chika Okah- Training Manager of SQHN.

INTRODUCTION

The conference registration process started by 8:30, while the conference finally kicked off by 10:00 am by the Secretary of SQHN –Mrs. Njide Ndili. She took the audience through SQHN journey, what SQHN have achieved thus far and strategic plans going forward.

According to Mrs. Njide Ndili, some SQHN milestones include:

- 6 annual conferences and over 18 workshops/ seminars organized since programme commencement in 2009
- Recognition of SQHN by Federal Ministry of Health as a strategic stakeholder, hence support and participation of Federal Minister of Health and the regulator of National Health Insurance Scheme in SQHN activities from inception
- Abstract on "Changing the Quality Mindset in Nigeria" accepted at ISQua's Geneva Conference in 2012
- Certified as a CPD provider by Medical and Dental Council of Nigeria (MDCN) in 2013
- Participation of ISQua in SQHN's 2013 annual conference, and support of its activities towards becoming an accrediting body
- Invited to participate during the Joint Learning Network Bangkok Conference on Universal Coverage in 2013
- Awarded a grant by HANSHEP in 2013 towards institutionalizing SQHN quality activities
- Invited as a key stakeholder at the Presidential Summit on Universal Coverage in 2014

She also laid out SQHN strategic plans, describing activities being developed for capacity building, Standards development, integration of standards into existing programmes, technical assistance services and accreditation systems which are being developed.

Mrs. Njide Ndili –SQHN Secretary making her presentation

Session 1:

HOSPITAL ACQUIRED INFECTIONS: Dr. Abayomi Fadeyi

Dr. Abayomi Fadeyi started his presentation by talking about infections originating in a hospital/health-care facility, he listing the classification of hospital acquired infections as:

1. Occupational or Non-occupational
2. Procedure or Non-procedure specific
3. Localized or Systemic
4. Toxigenic or Non-toxigenic
5. Opportunistic or Non-opportunistic

He went further to state that the risk group includes Patients, Patients Relatives, Hospital Staff-Clinical/Administrative and Visitors and cautioned that healthcare practitioners should be weary of the indirect route of transmission of agents of HCAI which are:

- Hospital Environment, Common Hospital Surfaces
- Doctors' white coats, Ties
- Nurses' uniforms
- Hospital garments
- Privacy drapes
- Stethoscopes
- Thermometer
- Bed rails
- Patient care devices, Equipment
- Trolleys

Learning outcomes:

- Basic Measures for Infection Control
- Standard precautions
- Additional precautions (airborne, droplet and contact)
- Education and Training of Health Care Workers
- Protection of Health Care Workers, e.g. Immunization
- Identification of Hazards & Minimizing Risks
- Basic Measures for Infection Control
- Standard precautions
- Additional precautions (airborne, droplet and contact)
- Education and Training of Health Care Workers
- Protection of Health Care Workers, e.g. Immunization
- Identification of Hazards & Minimizing Risks

According to Dr. Abayomi; Poor infrastructure, insufficient equipment; understaffing; Overcrowding; Poor knowledge and application of basic infection control measures; Lack of procedure; Lack of knowledge of injection and blood transfusion safety; Absence of local and national guidelines and policies has been the major reasons why HAI rate is high. He also gave some statistics to buttress these facts.

Session 2:

HOPITAL FACILITY MANAGEMENT: Focus on infection control –Abisola Aworinde

Abisola Aworinde -The Executive Director of May Clinics Group presentation focused on hospital facility management and the loss that accrues to a hospital as a result of HAI, using May Clinic as a case sturdy. According to him, many physicians and other caregivers break the most fundamental rule of hygiene by failing to clean their hands before treating patients. He further said that caregivers often think that putting on glove without cleaning their hands firs is sufficient, but pulling on gloves with unclean hands simply contaminates the gloves.

Abisola Aworinde recounted his experience while standing in an emergency room, and watched caregivers clean their hands, put on gloves, and then reach up and pull open the privacy curtain to see the next

Patient. That curtain is seldom changed, and it is frequently full of bacteria. The result was that the caregivers' gloves are soiled and pointed out that caregiver's gloves are contaminated 42% of the time when leaving the hospital facility/ward.

He further went on to quote researchers at the Johns Hopkins Armstrong Institute for Patient Safety and Quality that showed that hospitals benefit financially when patients' hospital stays are complicated by preventable bloodstream infections.

Abisola Aworinde also went further to state the financial management: Quality and Costs of HAI; which backed up with statistics from the US. Enumerating 3 broad components of cost comprising the socio-economic costs of HAI:

- Direct medical costs,
- The indirect costs related to productivity and non-medical costs, and
- Intangible costs related to diminished quality of life

Learning Outcomes:

- Continuous monitoring of the autoclave
- Instruments where increased and packed individually for use.
- Constant re-educating of staff on infection control and standard operating procedures.
- Wash has basins were put in all consulting rooms and patient contact areas.
- The theatre was reconstructed
- Alcohol hand sanitizers were place around the facility
- Visiting times is strictly adhered to.
- Management/Training

Session 3:

THE SCIENCE OF PATIENT SAFETY- Ehimare Iden

He started by defining Patient Safety. He said that WHO defined patient safety as the prevention of errors and adverse effects to patients associated with health care. He went on the state the Institute of Medicine publication reveals in the U.S healthcare system the rational of Patient safety as the following:

- 7% of patients suffer a medical error
- Every patient admitted to an ICU suffers an adverse event
- 44,000 – 98,000 deaths per year can be attributed to medical error
- This has a 50 billion USD as total cost
- Similar results exist also in UK and Australia
- This has been argued as underestimated. A strong contributor is the under reporting or also a recognition that an event of safety concern has occurred

He further pointed out why these errors happen. He said that

- We must recognize that everyone is fallible
- We must design systems that arrest the mistakes before they get to the patients
- We must recognize that every system is perfectly designed to achieve the results it gets, properly designed systems can offer safer choices

Mr. Ehimare Iden was of the view that without leadership commitment, patient safety is only a dream. He went on to say that -

- Institutional and cultural factors are the strongest drivers of patient safety in healthcare
- No system survives outside governing policies
- Standards are created out of policies
- Responsibility naturally comes to play where a standard is in existence
- This brings about system's accountability
- We must be trained to work as a team
- Be mindful that when you are changing things as system improvements, you might also be introducing new risks
- We must understand that every improvement requires change and every change is definitely not an improvement

Learning Outcomes:

- You clearly define goals and measures from the board to the bedside (everyone focusing on zero infection or errors)
- Create a supporting infrastructure (core group to support the work)
- Engage frontline connections and create culture for peer learning
- Transparently report results and create accountability structure
- Do not only report on what we are doing right, we should also report what we are doing wrong
- The need to take responsibility of the kind of care given in our institution is crucial
- We must create a culture where people must believe it is safe to report (I will be protected)
- It is not about the reports, it is what we do with the reports
- Focus is on patient centered care (comprises of the principal patients and their family members)
- We must be trained to work as a team
- We must also be mindful that when we are changing or improving our systems, we might also be introducing new sets of risks
- "Every improvement requires change and every change is definitely not an improvement"
- Standardization
- Eliminate steps (the ATM philosophy)
- Create check lists (the pharmacy example)
- Create a clear communication protocol
- Learn when things go wrong. What happened? Why? What to do to reduce the risk, review of controls etc.
- Training and education
- Effective supervision
- Create mutual support
- No blame game Learning from defects (LFD)
- Disclosing adverse effects
- Available disclosure policies
- Translating Evidence Into Practice (TRIP) model
- Metaphors to leading change
- Business case for safety in healthcare
- The need for improvement in science

SURGICAL SAFETY: WITH A VIEW ON HOSPITAL ACQUIRED INFECTION – Dr. Olujimi Coker-Chief of Surgery & Group Clinical Adviser, Lagoon Hospital

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Ehimare Iden & Dr. Olujimi Coker at the conference

Dr. Olujimi Coker`s presentation centered on Surgical safety, with a view of HAI. He started definition of hospital Acquired Infection like- Nosocomial infection-Infections occurring more than 48 hours after hospital admission.

He also discussed in detail Hospital Acquired Infections relating to surgery. Which he listed as -

- Surgical site infections
- Urinary Tract Infection (CAUTI)
- Indwelling Catheter/cannula Infection
- Ventilated Associated Pneumonia

Dr. Coker also drilled the audience on Host Risk Factors of HAI -like- Diabetes mellitus, Hypoxemia, Hypothermia, Leukopenia, Nicotine (tobacco smoking), Immunosuppression, Malnutrition, Poor skin hygiene and also on Perioperative Risk Factors, which are Operative site shaving, Breaks in operative sterile technique Improper antimicrobial prophylaxis, prolonged hypotension, Contaminated operating room, Poor wound care postoperatively, Hyperglycemia, Wound closure technique committee.

According to Dr. Coker the care bundle is a grouping of best practices that individually improve care, but when applied together result in substantially greater improvement. He said that Science behind the bundle elements is well established – the standard of care. And further pointed that the bundle element compliance can be measured as “yes/no” for audit. He also gave details of the care bundle components that got the audience so engrossed. Dr. Coker summarized by talking about the Surgical Safety Checklist in detail.

Learning outcomes:

- SSI is a major problem in surgical patients
- Significant morbidity/mortality and expense
- Prophylactic antibiotics, ASA grade and timely surgery important risk factors
- WHO Safety checklist proven all over the world – highly recommended

- Importance of SSI surveillance in hospitals and safe surgery saves lives!

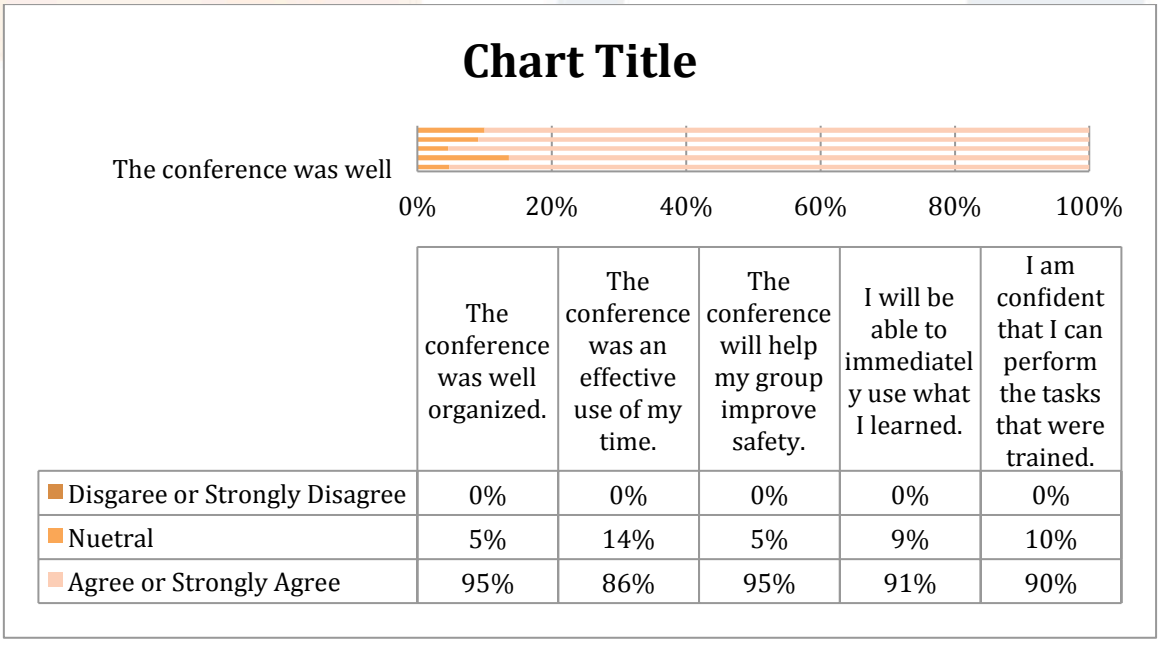
Evaluation of the Conference

The evaluation forms were given to participants as they registered for the conference and were collected at the end of the conference. The essence of the evaluation form is to evaluate the conference. One interesting thing of note is that in this evaluation form, participants were asked to suggest topics that they would want SQHN discuss in 2015 and the response was simply overwhelming.

The evaluation report outlines are:

- Reactions to the Conference
- Change in Participant Confidence
- Participants Use of Knowledge
- Improvement Recommendations
- General Comments
- Suggested topics
- Conclusions

Reactions to the Conference:

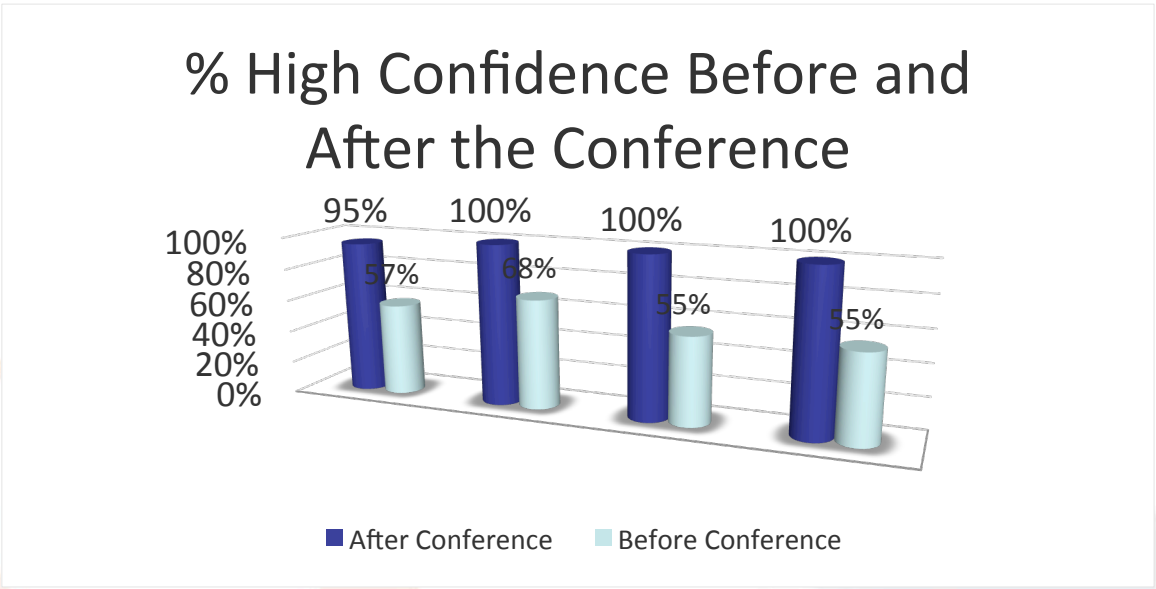


	The conference was well organized.	The conference was an effective use of my time.	The conference will help my group improve safety.	I will be able to immediatel y use what I learned.	I am confident that I can perform the tasks that were trained.
Disgaree or Strongly Disagree	0%	0%	0%	0%	0%
Nuetral	5%	14%	5%	9%	10%
Agree or Strongly Agree	95%	86%	95%	91%	90%

Keys: (Showing the complete questions to the table above)

- I will be able to immediately **use what I learned**
- The conference was well organized
- I am confident that I can **perform the task that I learnt from the conference**
- The conference will help **my group improve safety**
- The conference was an **effective use of my time**

Change in Participant Confidence



Keys: (Showing the complete questions to the table above)

- My understanding of Hospital Acquired Infections improved
- My understanding of Hospital Facility Management –with a view of management hospital acquired infection improved.
- My ability to utilize the learning from Science of Patient Safety
- My understanding of Surgical Safety Improved

What will you do to improve and manage hospital acquired infections based on the information provided during the workshop

The various responses from participants are:

- Advocate for frequent cleaning of surfaces.
- I will drive my team and my organization more towards the achievement of a hospital acquired infection free hospital and furthermore.
- Improve on teamwork as regard patient safety
- To health educate the health care personnel on infections control, hospital management and surgical safety improvement
- Hand hygiene and environmental hygiene
- I will maintain infection control precaution at all time.
- Recommend the set-up of an infection control committee.
- Frequent hand washing and advocating for same with co-worker.
- Set up infection control committee, lectures /workshop to be organized –i.e. capacity building, Sops, from the exhibition hall-Disposable hospital wear
- Ensure to follow and improve on the existing infection control Protocol
- Health education for Health for workers

- Set up Quality control
- Practice what I have learnt (put into use immediately)
- Use of operative checklist for improved safe surgical care
- Re-adjust policies & Practice in my facility
- To improve/ managing/control hospital acquired infection
- Training and retraining the hospital staff
- Use the WHO surgical checklist/Training and re-evaluation of health workers
- Implement new information received immediately
- I will practice hand washing regularly and advocate that my hospital make use of S.O.Ps
- I would disseminate the information I have learnt to my subordinate
- To improve on infection control processes and procedure
- Proper hand hygiene
- Restructuring of theatre environment, Isolation banner pre-caution
- Decontamination of environment
- To work as a team with the infection control committee and the management board of my institution
- Create consistency in standard obtained and teach others by disseminating information
- Develop protocols for procedures and management of HAI
- Advise on staff training and surveillance
- Imbibe the culture of hand washing and sanitizing medical equipment's used and educating fellow colleagues on injection control
- To improve on the system and process already in use in my facility and ensure that the management strongly buy into the culture of patient safety
- Disseminate information to members of staff at my workplace and ensure compliance of infection control.
- Set up antibiotics stewardship team

What could make this conference/ training more effective?

The collated responses from participants are:

- More Awareness
- Involve more private and public hospital in Lagos State to start with
- Distribution of handout
- To be organized periodically at least 3 times in a year and the need to involve the government hospitals management board and infection control committee of various institution.
- Give out printout and hand-outs
- Break into smaller groups for one or two activity sessions
- Allocate more time to presentations
- Interactive sessions
- Interaction with case study and introduction of e-learning
- The CDs or materials for the conference should be made available –Pre-test/Post Test
- Early information sharing /Awareness to draw in more participants
- Nice program. Looking forward to more quality conferences like this.
- Satisfactory
- Videos and discussion of real scenarios would make it better and give more learning opportunities
- Reduce number of Topic discussion.
- Adherence to time allotted to each facilitator.

Let us Know the topics that you would want SQHN to discuss in the next conference

- Critical Incident Reporting & management of complaints
- Effective safe medication management in hospital setting
- Public Health Issues / Health Insurance in Nigeria
- Bipolar Disorder, Asthma Management & COPD
- Safety and Surveillance / Fire Fighting in Hospitals
- Emergency Management, Quality and Cost

- Drug Abuse
- Antibiotic Resistance, Care Bundles & Standards of Care
- The relevance of health informatics in the Nigerian health sector
- Facility Assessment & Research opportunities
- Health Resource Management
- Clinical Governance, HMOs & Healthcare Institutions
- Waste Management within Hospitals, community Industrial Waste management
- Influence of HMOs on the standards of providers
- Neonatal Care
- Total quality management in healthcare
- To Improve HAI in the aspect of paediatric care
- Essential Skills needed by the health worker in NNOU
- Medical Facilities rating: working with health purchasers/ finances –HMO& corporate bodies
- Effect of attitude and perception of health care workers towards quality care
- Management of common Paediatric emergencies
- Infection control in Neonatal intensive care unit
- Neglected Tropical diseases
- Health Management & Administration
- Healthcare quality improvement; with a focus on ways to increase receptiveness of health workers to change
- Human resources management in Healthcare setting
- Team work among health workers
- Health Economics –Demand & Supply of healthcare services

Participants at the conference listening

CONCLUSION

From the collated evaluations of various responses from the conference participants appreciated the conference.

IDEAS FOR 2015 IMPLEMENTATION:

Idea	Department
Publicity to Start from about 2 months in advance to the programme. This is to create adequate awareness. Budget should adequately be mapped out for publicity.	Board and Programme committee approval needed
Partner with Public and Private healthcare institutions- Periodical on site visit.	Programme Committee and Board approval
More frequent conferences /workshop-monthly to ensure more membership drive and visibility as well as financial	Board approval

About SQHN and Future Opportunities

The Society for Quality in healthcare in Nigeria is a not for profit registered organization for the purpose of promoting and facilitating a culture of quality improvement excellence and leadership in the most efficient and effective manner in the area of healthcare. SQHN has close to 200 members across all classifications. Manager members run more than 20 Healthcare facilities. The objectives of the society are to promote and advance principles and practice of quality improvement and risk management in healthcare by providing a national voice on quality improvement and risk management initiatives in Nigeria.