

Core Components of Infection Prevention and Control Programs at the Facility Level in Georgia

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Background

- Healthcare associated infections (HAI) are one of the most common and preventable adverse events in healthcare delivery
- Infection prevention and control (IPC) practices can significantly reduce the number of HAI, and are a part of WHO's approach to combat antimicrobial resistance (AMR)
 - Improvements in IPC can reduce healthcare transmission of hepatitis C
- In 2018, the Ministry of Labor, Health and Social Affairs, CDC and ICAP conducted an assessment of IPC practices in healthcare facilities across Georgia.

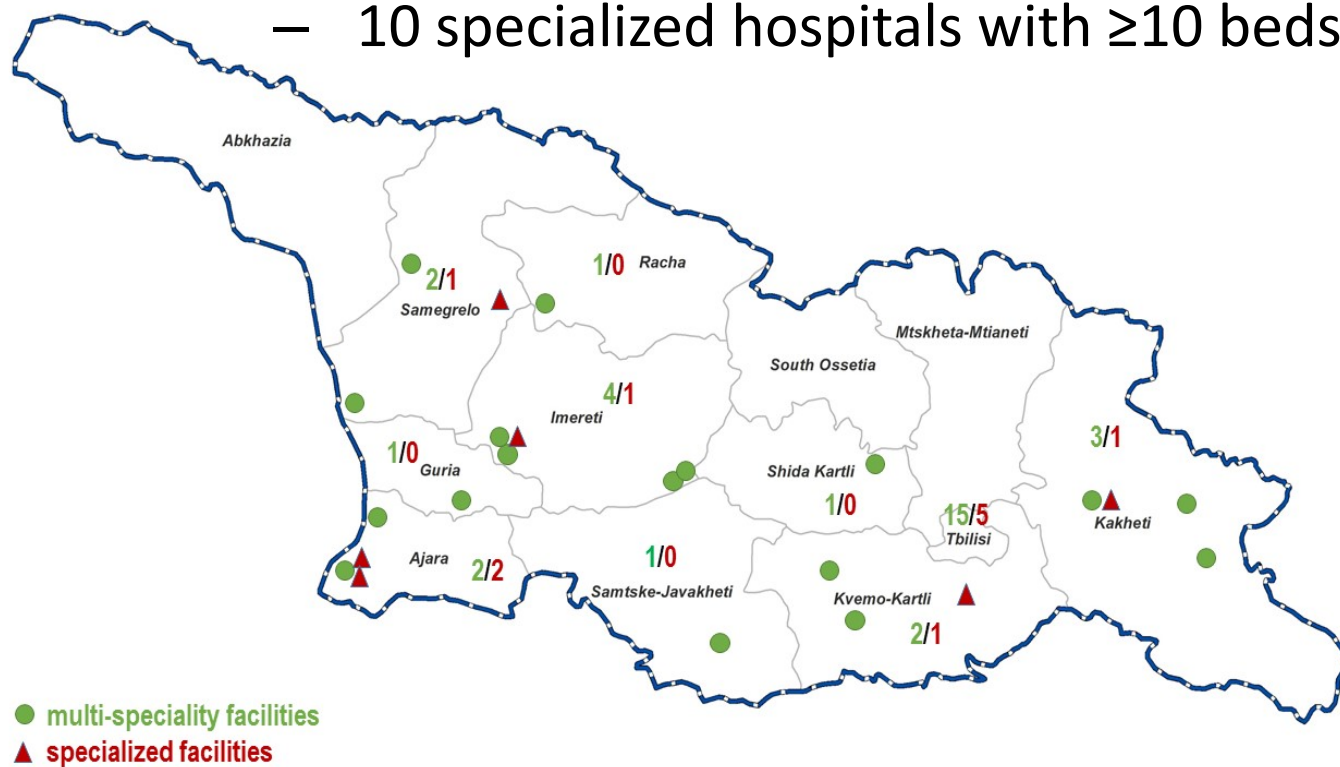
Study Aims & Objectives

- To assess WHO Core Components of IPC at healthcare facilities across Georgia
- Identify common gaps and challenges faced by health facilities in implementing IPC practices
- Use the results to guide future IPC policies and improvements

Dates & Settings

During March 2018, data was collected from 41 randomly sampled hospitals

- 31 multispecialty hospitals with ≥ 20 beds
- 10 specialized hospitals with ≥ 10 beds



Methods



Interviewed **110** facility staff, including **51** facility managers and **58** IPC focal persons



Individual and small group, structured interviews

Analysis of IPC-related documents

Observation of key IPC practices

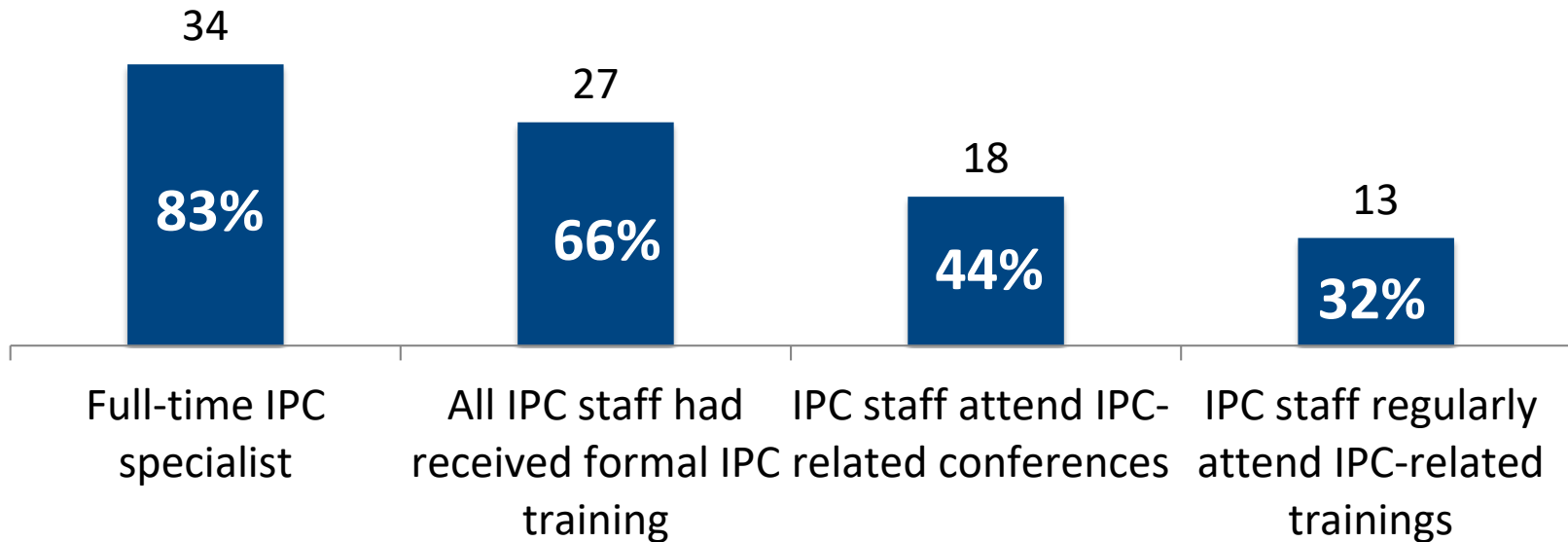


Interview guides based on WHO's IPC Assessment Tool

Organization of IPC Program

IPC Program Components	Number (%) of facilities reporting having the component in place
Clearly defined responsibilities	21 (51%)
Annual work plan	18 (44%)
Clearly defined objectives	16 (39%)
Measurable outcomes	2 (5%)
Specifically allocated budget	4 (10%)

IPC Team



‘It would be good if there was a requirement to build the capacity and increase responsibility [for IPC] of nurses, because nurses and sanitary assistants have more contacts with patient and these positions are the main infection carriers’.- IPC focal person.

IPC Trainings

“And certain [IPC] trainings shall be compulsory at least twice a year... it [IPC training] has to have some systemic character to make people understand that it is necessary”.- IPC focal person.

“Periodically, even once a year, to have a serious training in infection control and ensure that participants are provided with training certificates confirming that they have undergone the training.” - IPC focal person.

Conducted IPC trainings for:

clinical staff	90%
non-clinical staff having contact with patients/wards	78%
all personnel and family members having contact with patients/wards	2%

Frequency of IPC trainings for clinical staff

As part of new employee orientation	34%
As part of new employee orientation AND ongoing mandatory training at least annually	22%

Monitoring & Audit

“I go to the department every day, I know who washes hands well and who does not, but I cannot show you [any proof of my audits].”

– IPC focal person

- **80%** conducted an internal IPC audit within the past 6 months, but only **61%** of these facilities documented the results
- **83%** did not have any monitoring/audit plan
- **20%** reported always using IPC monitoring results to guide their IPC improvements

IPC Guidelines & SOPs

Components	Number (%) of facilities reporting having the component in place
IPC guidelines	32 (78%)
Facility-specific SOPs which outline steps for implementing IPC Guidelines	18 (44%)

“We need all written documents - decrees, orders and instructions from NCDC – to be the same. Currently, the instructions are not compatible with the existing orders... I always ask, where it is written? We need clear guidelines that cover everything.”

– Facility manager

Multimodal Strategies

Element	Definition	Hand Hygiene	Injection Safety
System change	Ensure the necessary infrastructure, continuous availability of supplies	80%	93%
Education & Training	Written information, and/or oral instruction/e-learning	68%	76%
Monitoring & Feedback	Audits conducted	29%	12%
	Audit results are shared and discussed	12%	5%
Communication & Reminders	Reminders, posters, or other tools to raise awareness	100%	29%
Safety Climate & Culture change	Facility staff are empowered to participate in improvement activities	24%	24%

Key Gaps

IPC Component	Key facility-level IPC gaps
IPC Program	<ul style="list-style-type: none">• Clearly defined objectives & annual IPC workplans• Adequate IPC improvement measures and targets
	<ul style="list-style-type: none">• Dedicated funding for IPC staff and supplies• Certified and regular IPC training for IPC team
IPC Guidelines	<ul style="list-style-type: none">• IPC guidelines with facility-specific SOPs which outline steps for implementation of IPC guidelines
IPC Education & Training	<ul style="list-style-type: none">• Appropriate IPC training system for all facility staff

Key Gaps (2)

IPC Component	Key facility-level IPC gaps
HAI Surveillance	<ul style="list-style-type: none">• Key elements of an effective HAI surveillance system (case definitions, list of priority HAIs, data collection tools, staff roles and responsibilities, etc.)• Quality microbiological and laboratory capacity• Dissemination of surveillance data and use of results
Multimodal Strategies	<ul style="list-style-type: none">• Interventions to promote/raise awareness of IPC• Interventions to ensure optimal use and accessibility of IPC supplies and prevent human error• Broad facility staff engagement in IPC improvement activities

Key Gaps

IPC Component	Key facility-level IPC gaps
Monitoring & Audit	<ul style="list-style-type: none">• Standardized protocols and tools, including electronic tools, to support IPC monitoring• More active involvement of nurses in IPC monitoring• Use of monitoring data for IPC improvements
Bed Occupancy	<ul style="list-style-type: none">• No major gaps identified
Infrastructure & Supplies	<ul style="list-style-type: none">• Sufficient funding to improve infrastructure for rural hospitals

Strengths & Opportunities

- Existing infrastructure, staffing, workload and supplies of most facilities allow for implementation of effective IPC
- Facility managers and IPC focal persons are motivated to improve IPC practices

“Willingness of staff and support is important [to IPC improvement]. Everything depends on self-consciousness of staff.” – IPC focal person.

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