

Preliminary Exploration of Water Sanitation and Hygiene in Kenyan Hospitals

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Background

- Proper WASH structures are an integral part of infection prevention and control (IPC) in hospitals.
- Improving WASH linked to specific benefits;
 - Reductions in hospital associated infections;
 - Reduction in antimicrobial resistance;
 - Reduction in health care costs.
- WASH global report 2019 show that 1 in 4 health facilities do not have basic water services.



WASH FIT -Water, Sanitation and Hygiene in Healthcare Facilities (HCFs) Improvement Tool

- Developed in 2015. Has been piloted in a number of different countries and contexts;
- Covers four broad domains: water, sanitation, hygiene and management;
- Each domain includes indicators and targets for achieving minimum standards for maintaining a safe and clean environment ;



Objectives

- Develop a survey tool that can be applied at national or sub-national level to monitor IPC service performance in hospitals.
- To evaluate the IPC arrangements in Kenyan county hospitals and explore how these may vary within a single public health system.

Methods

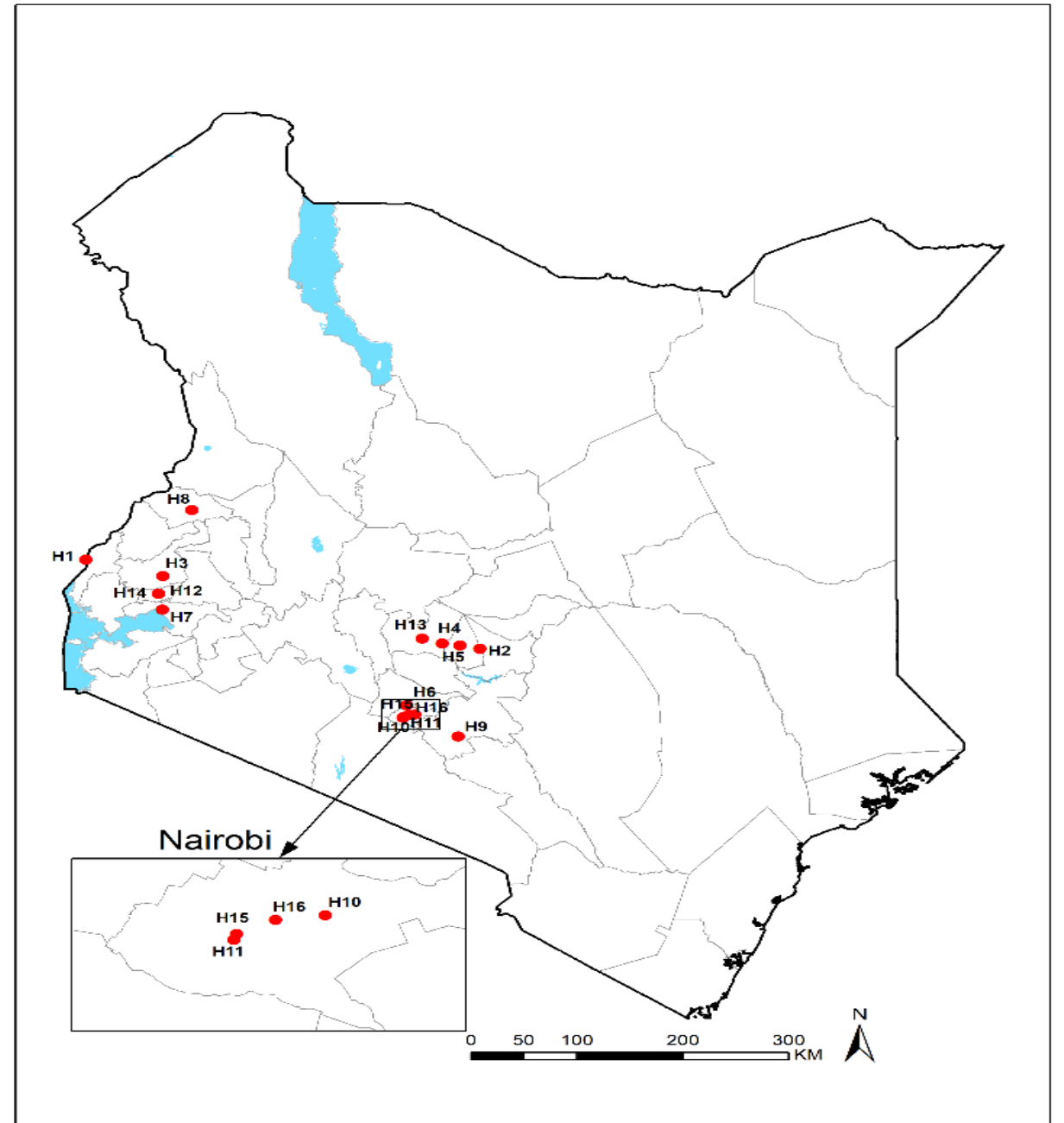
Modification of WASH FIT

Facility Improvement tool to a survey tool

1. Modified tool for ward and facility assessments.
2. Rearrange the indicators into new groups by level of health system accountability.
3. Develop a meaningful aggregate score grouped into different levels
By hospital; by specialty; by accountability; by domain; and by indicator

Data collection

- Data collected in 14 public hospitals in Kenya
- The data collection team - nurses, medical officers, pharmacists.
- Actual data collection included hospital representatives – IPC leads, Public health officers, nursing officers.
- Interviews with hospital managers, frontline health workers.

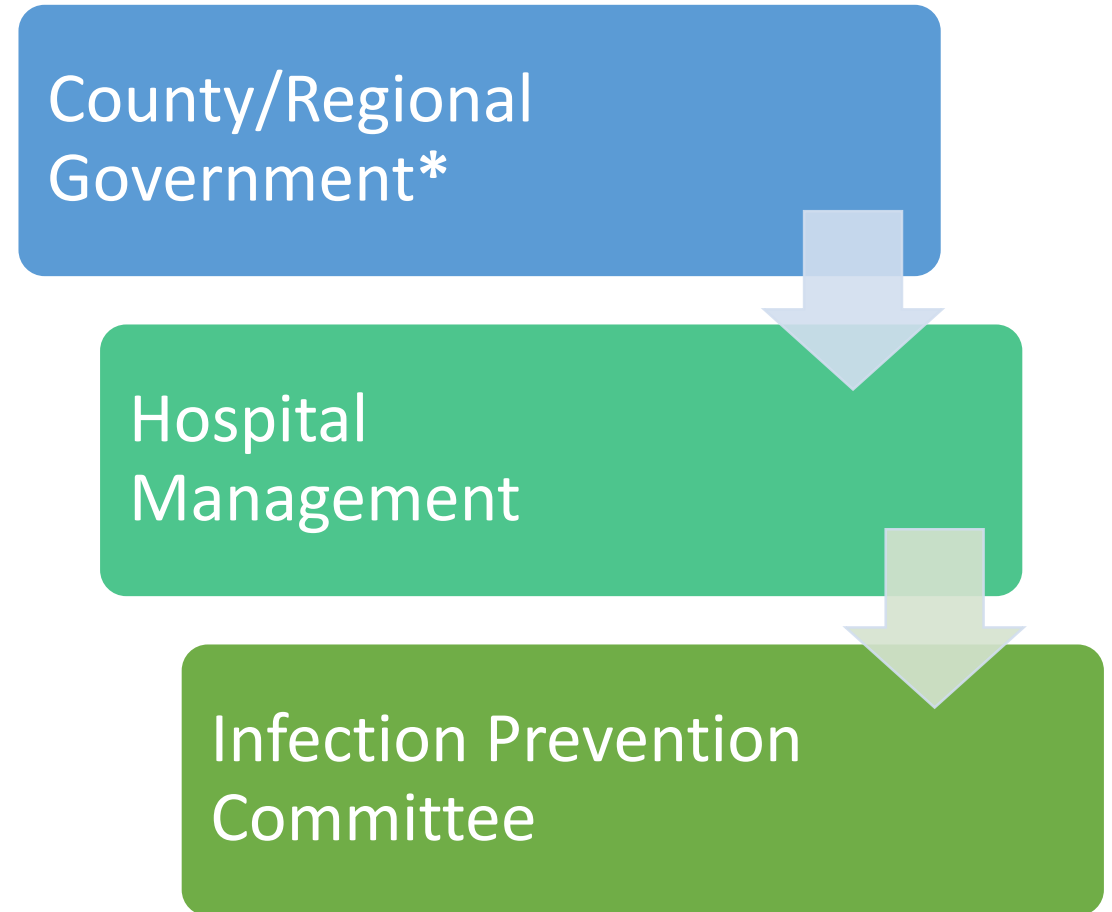


Results

Proposed WASH Categories Based on Responsibility

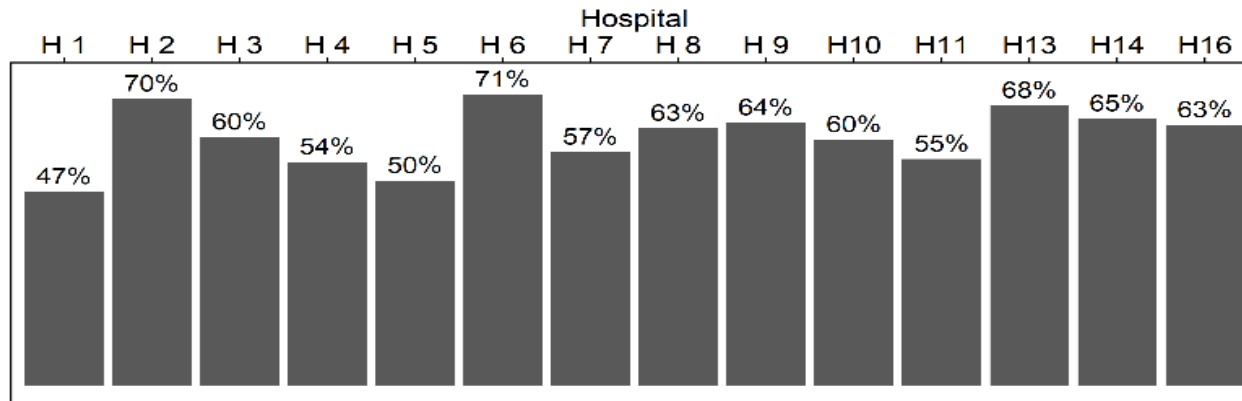
Responsibility	FACILITY BASED INDICATORS
County Government*	9
Hospital Management**	31
Infection Prevention and control Committee	25
	65

***Medical director, Nursing officer in charge, chief administrative officer, hospital management board*

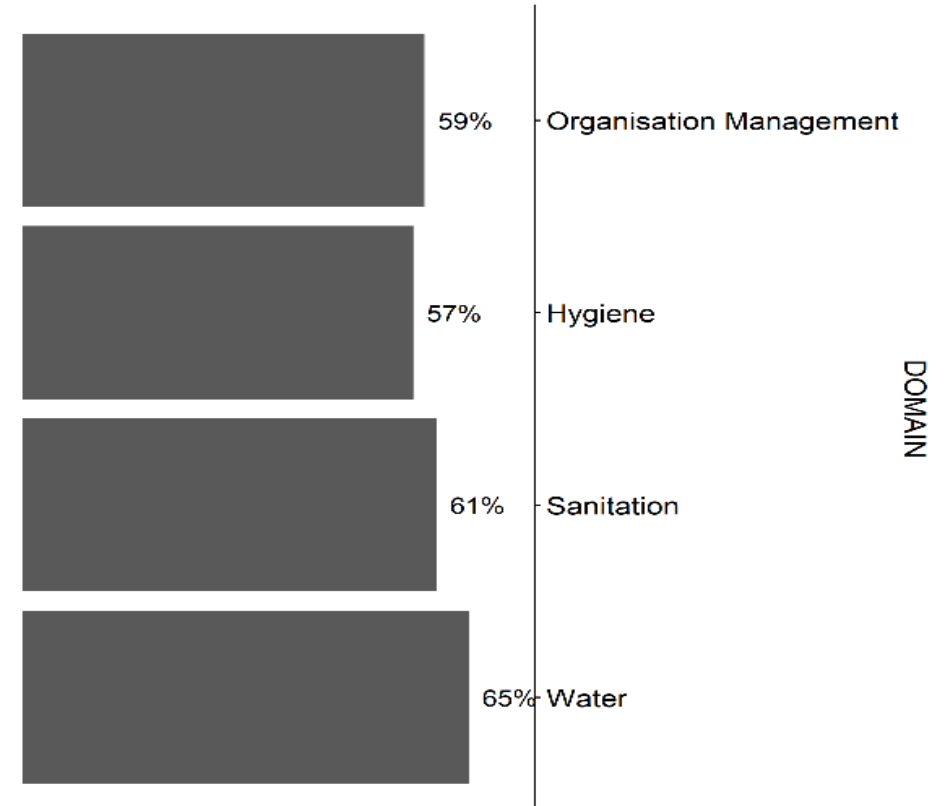
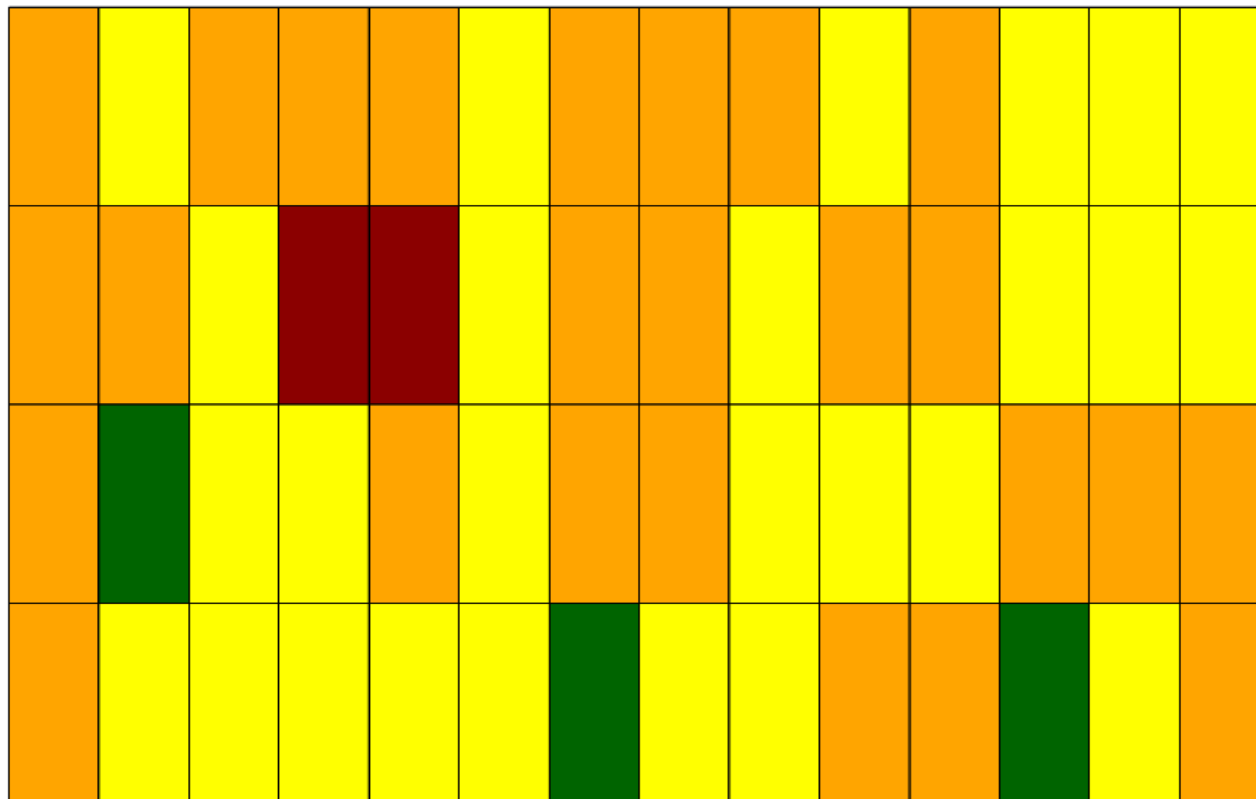


**This level may be different in other countries depending on governance structure*

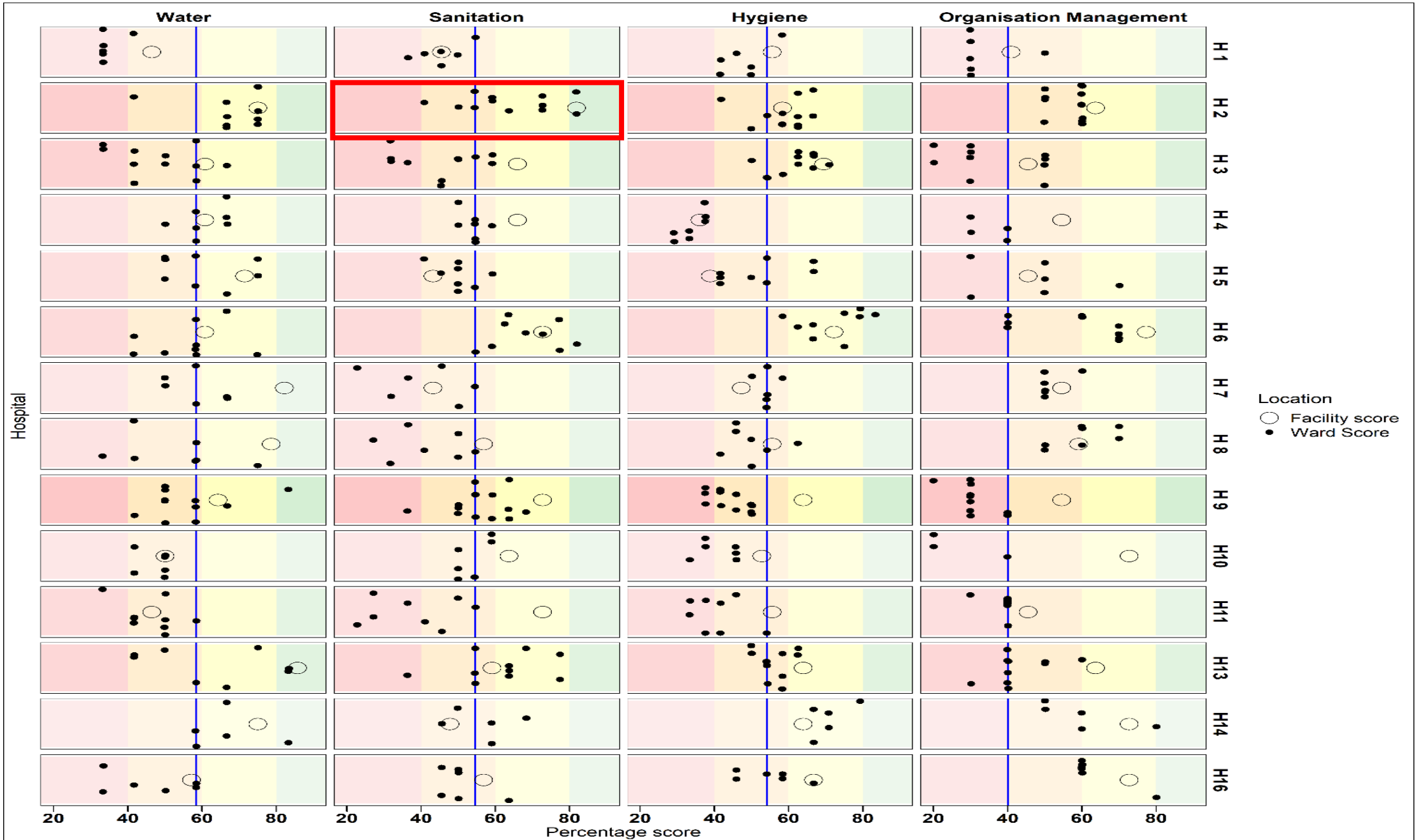
Hospital Level Performance



scores ■ <40% ■ 40-60% ■ 60-80% ■ 80-100%



Ward Level Performance



Thematic areas from Interviews

- Challenges with the built environment
- Resource availability and allocation
- Leadership at hospital and ward level

- **IMPROVING WASH – INSIGHTS FROM THE FIELD**
 - Outsourcing – a solution for general cleanliness?
 - Improving personal and professional attitudes towards WASH and IPC
 - Training and orientation of all cadres of staff on WASH
 - Partnerships to improve WASH offer partial improvement in the sector

Conclusion

- WASH is a Key pillar in improving infection prevention and control in hospitals
- Significant differences and challenges exist in the state of WASH within and across hospitals.
- Enhance accountability (leadership) and resources allocation to improve WASH

Acknowledgments



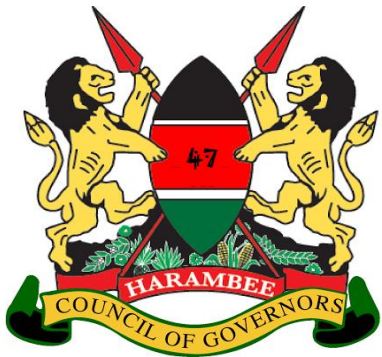
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Key drivers and challenges in improvement of quality of care, A case of Nyeri County Referral Hospital

Dr. Pauline Kamau

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Objectives

- To highlight the best Infection Prevention and Control (IPC) practices at Nyeri County Referral Hospital (NCRH) in improvement of quality of care.
- Highlight the challenges at NCRH that hinder optimal delivery of patient care.

Background: Nyeri County Referral Hospital

- Formerly known as Nyeri Provincial General Hospital
- Started in 1930- Military Hospital
- Regional hospital level 5 Hospital
- Bed capacity- 270 and 50 cots
- Average bed occupancy-130% (Congestion)
- Average daily Outpatient attendance-582 patients
- Average daily In-patient admission-116 patients



Core issues in Improving Infection Prevention and Control and WASH

- Leadership and governance structure
- Accountability
- Shared responsibilities and roles
- Education and capacity building
- Monitoring and Evaluation

Leadership and governance structure

- Multidisciplinary constituted IPC Committee
- Comprehensive Terms of reference
- Formal appointment of the committee members
- Dedicated and committed IPC focal person
- Team of link persons from all departments



Accountability

- Progress reports to the Hospital Management Team (HMT)
- Collaboration with the Medicine and Therapeutics Committee (MTC)
- Involvement in county forums e.g. County Antimicrobial Stewardship Interagency Committee

Shared Responsibilities and Roles

- Development of an action plan
- Prioritization of activities based on situational analysis
- Development of chart on Hand Hygiene
- Development of customized Health Care Waste Management policy

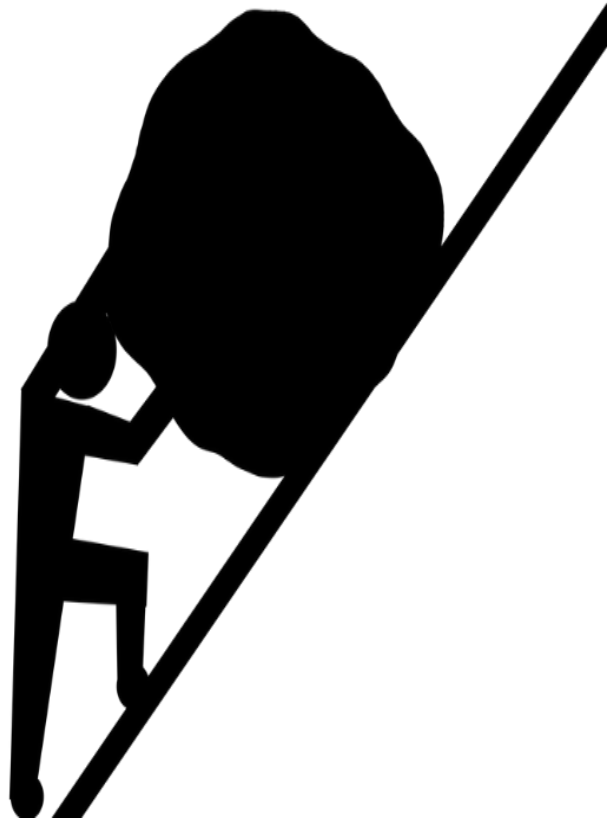
Monitoring and Surveillance

- Hand Hygiene Compliance Audits
- Weekly commodity audit
- Ward infrastructure audit
- Healthcare Associated Infection(HAI) surveillance audits

Awareness, Training and Education

- Routine On-job training of health workers and support staff.
- Availability of the IECs materials in the clinical areas e.g. Hand Hygiene and Waste segregation posters
- Sensitization of Health Care Workers on emerging issues e.g. Continuing Medical Education.

Challenges



- Congested wards
- Strained sanitary facilities for the patients
- IPC activities are not part of performance appraisal of most of the staff
- No action or recognition of performance in WASH/IPC activities
- Lack of HAIs surveillance system

Recommendations

- Budgetary allocation for WASH/IPC activities
- Establishment of HAIs surveillance system
- Continuous training on IPC

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