

The relationship between Structure, process and outcome of infection prevention and control systems for health facilities in Kenya using modern technology for data collection

4TH INFECTION PREVENTION NETWORK OF KENYA (IPNET-KENYA) CONFERENCE | Naivasha, November 18th, 2015

Emmanuel Milimo



Layout

- Introduction to SafeCare Methodology
- The Donabedian model
- Findings
- Conclusions
- Q and A session





PHARMACCESSGROUP THE PHARMACCESS GROUP











Health nsurance

Fund

PHARMACCESSGROUP

Pharm Access

Health Plans

Health insurance programs in Nigeria, Tanzania, Kenya, Mozambique, and Namibia for low-income groups (<USD 1.50/day)

Loans

Affordable loans to private medical providers via local banks, combined with technical assistance and business training

Investments

Private Equity fund focused on healthcare in Africa: insurance, pharma distribution, and healthcare facilities

Quality

Collaboration with COHSASA, and JCI. Stepwise improvements through recognized standards for health facilities in resourcerestricted settings

Research

Impact evaluation, research, training, and policy for improving programs and measuring outcomes.

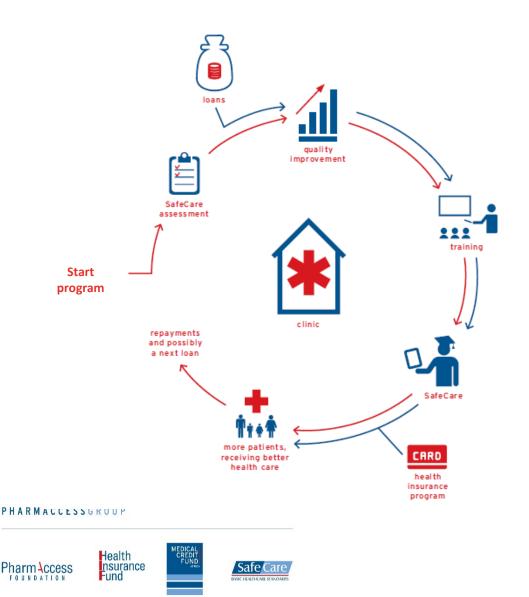
New Initiatives

- Mobile Health
- Global Health
 Membership





SafeCare; How does it work in practice



- <image><section-header><section-header><section-header><section-header><section-header><section-header>
- 1. SafeCare entry assessment
- 2. Quality improvement plan
- 3. Business plan
- 4. Loan appraisal, disbursement and monitoring
- 5. Business and quality training
- 6. Analyses of healthcare and business parameters biannually
- 7. Repeat SafeCare assessments annually



Donabedian Model

Structure

Organizational Structure HR attributes Material stuff (equipment & facilities) **Process**

Approaches and means of IPC

Outcome

Results and impact IPC measures to health outcomes



Scoring; SafeCare Methodology

- Fully Compliant-FC
- Partially Compliant-PC
- Non-Compliant-NC
- Not Applicable-NA





The tool

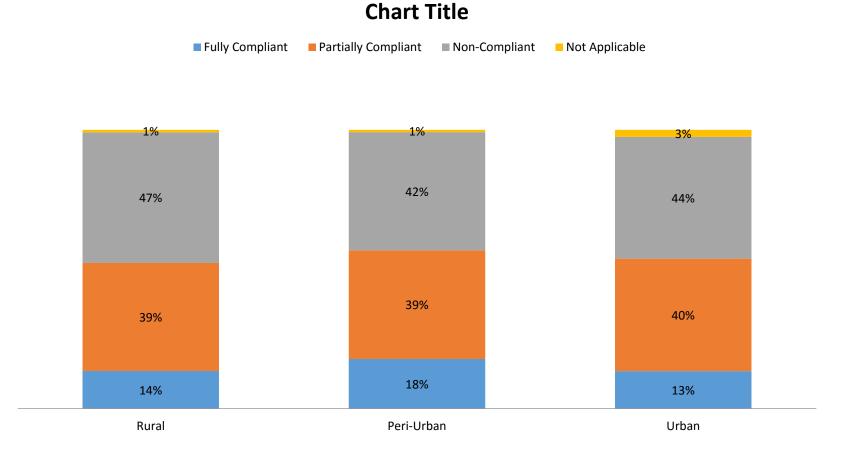
- Staff allocated (structural)
- Reporting (out come)
- IPC program (structural)
- IPC policies (structural)
- Training on IPC (process)
- Audits IPC program (out come)
- Hand Washing Facilities (structural)
- Hand Washing Posters (process)

• Use of Information to Reduce Infections (out





Findings; Rural Vs Urbanized setup n=R-112, PU-154, U-153, NA-35





Findings for facility Ownership n=(NGO/FB-53, Other-30, Private-349, Pub/Govt.-18)

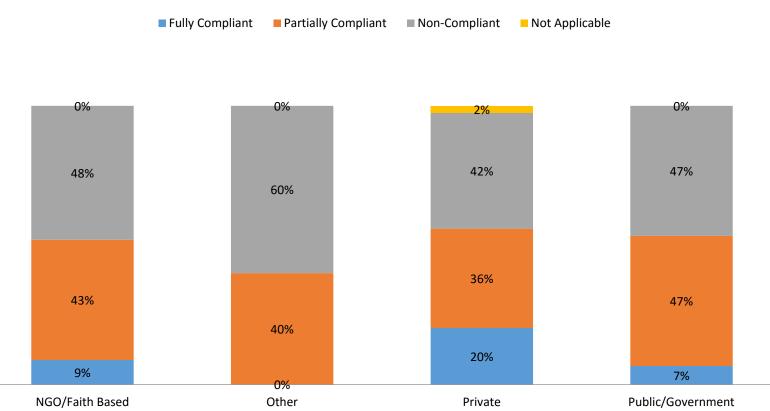


Chart Title



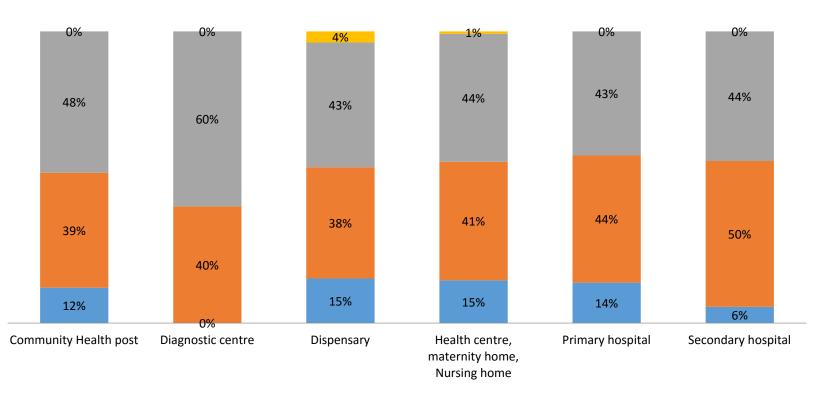
Findings per category of facilities n=(CHP-11, DC-1, Disp-209, HC-171, PH-47, SH-6)

Partially Compliant

Fully Compliant

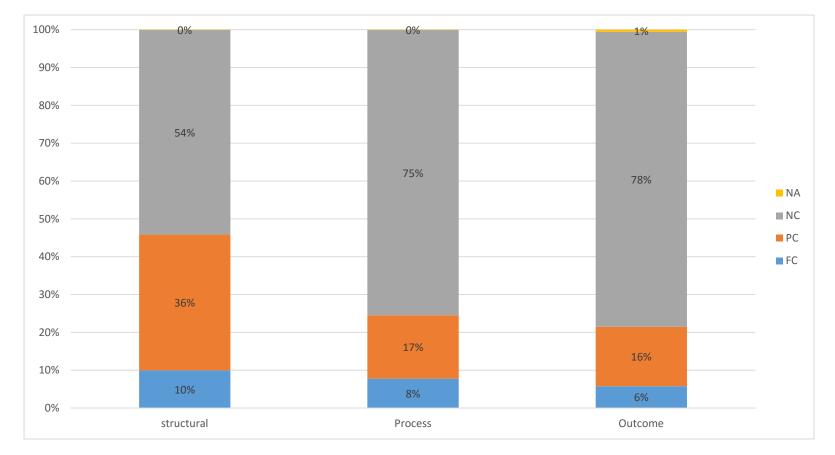
Chart Title

Non-Compliant Not Applicable



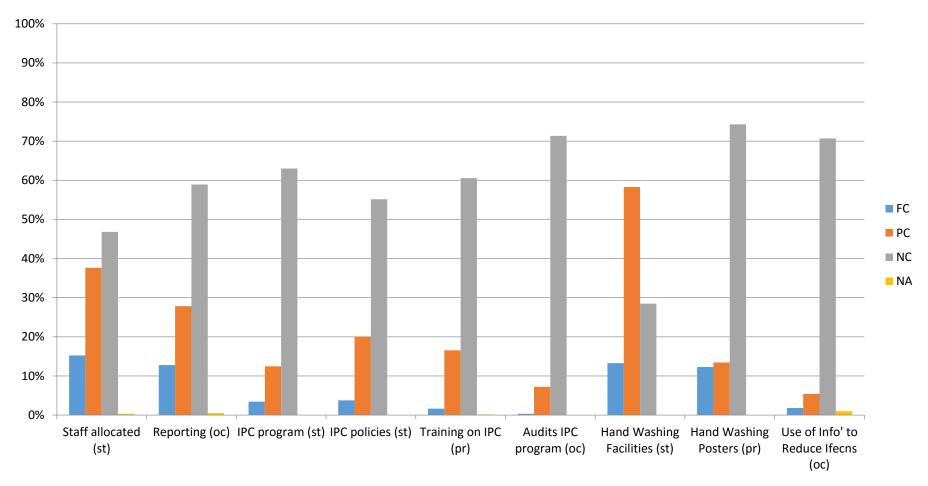


Findings; Focus on Donabedian components



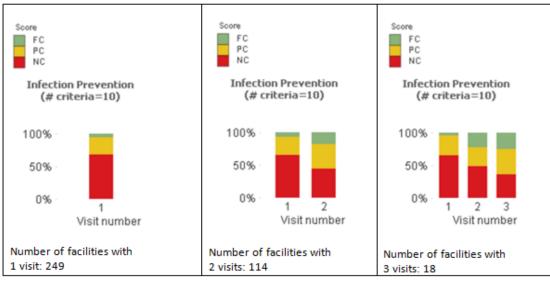


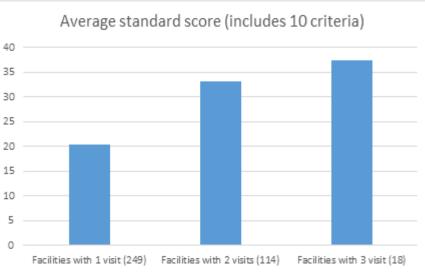
Findings; All the criteria





Interventions by SafeCare program for IPC (Jan 2013 to October 2015)







Conclusion

- Most facilities scored poorly across the Donabedian components (less than 20% FC)
- Hand washing and staff allocation for IPC had a better score and this
- Clinical audits were mostly not done; generation & management information on IPC is limited and there is no evidence of active use too.
- Most of the components for infection prevention and control are addressed in isolation and this explains the poor score across board.
- There is need for Quality Management systems to be set up for IPC at all levels.



MACCESSGROUP

Thank you

