



STRENGTHENING INFECTION PREVENTION AND CONTROL AS THE FOUNDATION OF PATIENT SAFETY AND RESILIENT HEALTH SYSTEMS.

Transforming IPC at Meru Doctors Plaza Hospital, Kenya

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BACKGROUND

Healthcare-associated infections (HAIs) remain a significant threat to patient safety, particularly where IPC systems are inconsistently implemented.

In 2025, Meru Doctors Plaza Hospital identified gaps in IPC governance, surveillance, hand hygiene, environmental cleanliness, waste management and adherence to standard precautions.

A hospital-wide IPC quality improvement programme was implemented to strengthen IPC systems and patient safety.

OBJECTIVE

To strengthen IPC systems through a structured quality improvement programme and improve patient safety at Meru Doctors Plaza Hospital.

METHODS

STUDY DESIGN

Hospital-wide Quality Improvement (QI) project

SETTING

Meru Doctors Plaza Hospital, Meru County, Kenya

PERIOD

January–December 2025

TOOLS & INDICATORS

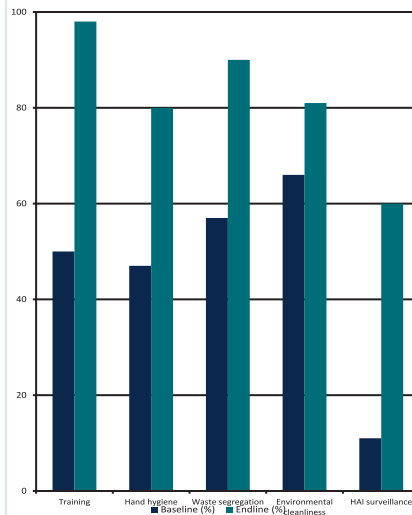
- WHO IPCAF
- Hand hygiene observation
- Environmental cleaning audits
- Waste segregation audits
- HAI surveillance

INTERVENTIONS

- IPC governance & SOPs
- Staff training
- Hand hygiene promotion
- HAI surveillance
- Waste/environmental controls
- Routine audits
- Antimicrobial stewardship

RESULTS

IPC PERFORMANCE: BASELINE VS ENDLINE



50% → 98%
Training coverage
+48 pp

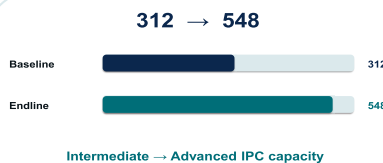
47% → 80%
Hand hygiene
+33 pp

57% → 90%
Waste segregation
+33 pp

66% → 81%
Environmental cleanliness
+15 pp

11% → 60%
HAI surveillance
+49 pp

WHO IPCAF SCORE



DISCUSSION

Structured IPC interventions were associated with marked improvements across key patient-safety indicators.

Leadership commitment, multidisciplinary collaboration, continuous staff education, surveillance and routine monitoring strengthened institutional IPC capacity.

Visualising performance indicators enabled feedback and targeted corrective action.

IPC STRENGTHENING MODEL



RECOMMENDATIONS

1. Sustain routine IPC audits and HAI surveillance.
2. Maintain periodic staff competency training.
3. Strengthen antimicrobial stewardship.
4. Share scalable IPC practices with similar facilities.
5. Integrate IPC indicators into routine quality improvement.

KEY MESSAGE

STRONG IPC SYSTEMS
↓
SAFER CARE
↓
RESILIENT HEALTH SYSTEMS

ACKNOWLEDGEMENTS

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