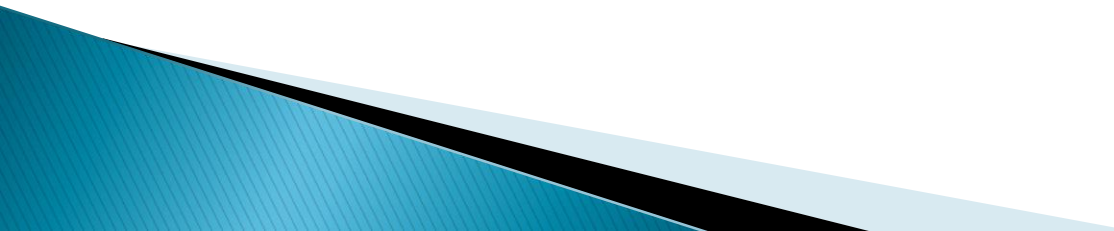


Strengthening IPC practices in a low resource setting Liberia – Experience

Global Ministerial Summit on Patient Safety
Bonn, Germany
March 29 – 30, 2017

Outline

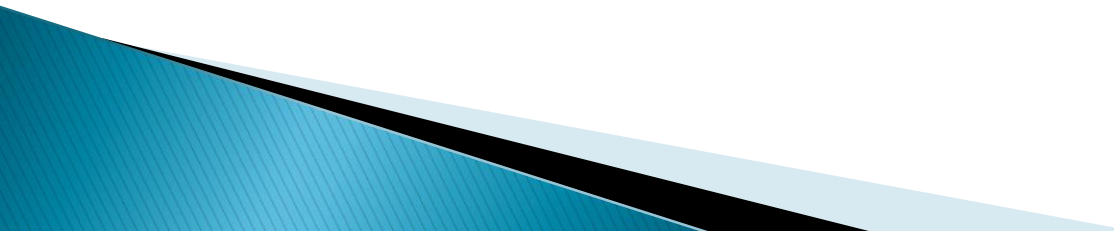
- ▶ Country profile
 - ▶ Background
 - ▶ Interim Assessment Tool
 - ▶ IAT Indicators
 - ▶ Methodology
 - ▶ Results
 - ▶ Conclusion
- 

Country Profile




- Liberia is located in West Africa bordering Sierra Leone, Guinea and Ivory Coast
- Has an estimated population of 4.2 million people.
- It is divided into 15 administrative and health regions (counties).

Background

- Liberia was at the center of an Ebola virus outbreak that occurred in West Africa in 2014 and 2015.
 - By the end of the outbreak there were 10, 885 suspected, probably, and confirmed EVD cases; 4,841: cumulative deaths.
 - 378 confirmed cases among health workers with 192 deaths.
 - EVD outbreak highlighted weaknesses in the health system; particularly IPC and gaps in quality health service delivery.
 - Through a National IPC Task force, the country introduced strategies to strengthen IPC at all levels of the health system.
 - Introducing data monitoring tools was one approach to improve IPC compliance.
- 

Background

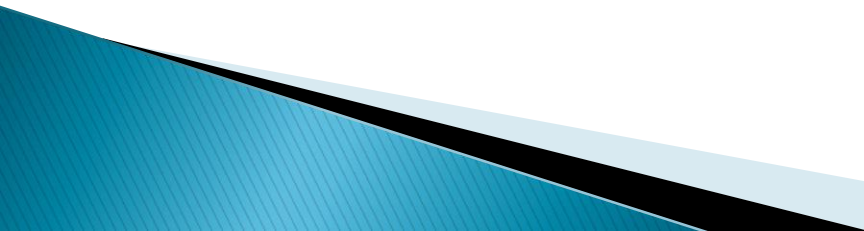
- ▶ The IPC Interim Assessment Tool (IAT) was designed as a tool to evaluate health facilities adherence to standardized infection, prevention and control practices.
 - ▶ The IAT indicators were extrapolated from a list of 25 IPC indicators that was been agreed to be prioritized by the 3 countries affected by Ebola (Sierra Leone, Guinea, Liberia) in collaboration with MOH and WHO
 - ▶ Prior to IAT the Minimum Standards Tool (MST) was used which focused more on EVD, guideline/SOP availability & infrastructure
 - ▶ The IAT emphasizes IPC processes and practices.
 - ▶ These assessments were conducted to provide a baseline data on post EVD IPC practices and for decision making.
- 

IPC/WASH common indicators compared with MST results

Indicators number	Indicators	MST question # on slide 22	MST Reassessment Score		MST Average score	Final Score based on IPC/WASH common indicators
			Clinics	HCS & Hosp		
1a	% of HCFs with dedicated IPC focal person in place	1	86%	98%	92%	
2a	% of HCFs with a functional IPC committee	2	NA	84%	84%	
3a	% of HCFs that have national IPC standards and guidelines	3	71%	90%	81%	
3b	% of HCFs that have national WASH standards and guidelines	30	65%	73%	69%	
4	Proportion of existing health care personnel trained on IPC/WASH within the previous year	20	74%	98%	86%	
6	% of HCFs that have at least one clinician trained and active in an IPC/WASH role	21	92%	99%	96%	
7	% of HCFs with improved water supply facilities located on premises and from which water is available	34	79%	94%	87%	
10	% of HCFs with improved sanitation facilities which are located on premises and are usable	32	86%	98%	92%	
17	% of HCFs with leak-proof, covered and labeled waste bins for infectious & general waste in close proximity to all points of care	33	79%	87%	83%	
18	% of HCFs with impermeable sharps containers available in close proximity to all points of care	15	95%	98%	97%	
22	% of HCFs with zero stock-outs of the following items in the previous 3 months: Examination gloves; Face shields/goggles; Face masks; Gowns; Environmental detergents and disinfectants; Soap; Alcohol-based handrub	13 but only one month	92%	95%	94%	
23	% of HCFs undertaking screening of patients according to MoH mandated protocols	25	84%	85%	85%	
24	% of HCFs with isolation capacity that meets national minimum standards according to HCF type i.e. the facilities have the capacity to isolate patients with transmissible diseases	40	47%	77%	62%	
25	% of HCFs with occupational health and safety standards and guidelines present within the facility	8	52%	67%	60%	

IPC/WASH common indicators scoring Criteria	Score
score >85%	
≥70% but ≤85%	
<70%	

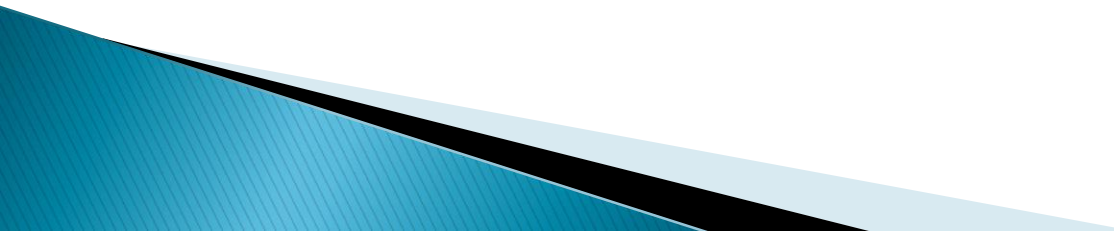
Interim Assessment Tool (IAT)

- ▶ In July 2016 the Interim Assessment Tool (IAT) was introduced to replace the Minimum standard tool (MST) in order to align with the regional monitoring mechanism.
 - ▶ Additionally there was a need to:
 - Shift the focus of measurement (e.g. from infrastructure to practices)
 - Shift priorities as country transitions (focus away from EVD priorities)
 - Conduct more in depth measurement
- 

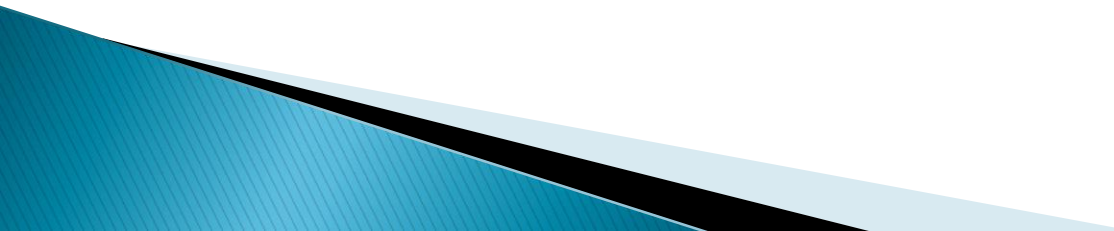
Interim Assessment Tool (IAT)

- ▶ Comparing the MST with the IAT revealed discrepancies in the following areas:
 - Isolation capacity: MST 62 % vs IAT ranging between 24 – 64%
 - Zero stock outs: MST 94 % vs IAT 48%
 - Waste management: MST 83 % vs IAT 55 %
- ▶ The new tool includes 11 indicators and 64 criterion which must be met.

IAT Indicators

1. Responsible person for IPC and WASH
 2. Existence of IPC Committee/Quality Management Team
 3. Annual in service training plan with IPC component
 4. Availability of water supply
 5. Safe use of water tanks
 6. Adequate, accessible and appropriate sanitation for patients, staff and care givers
 7. Hand Hygiene
 8. Waste Management (segregation and disposal)
 9. Mechanism to track IPC supplies
 10. Screening and isolation
 11. Health workers exposure
- 

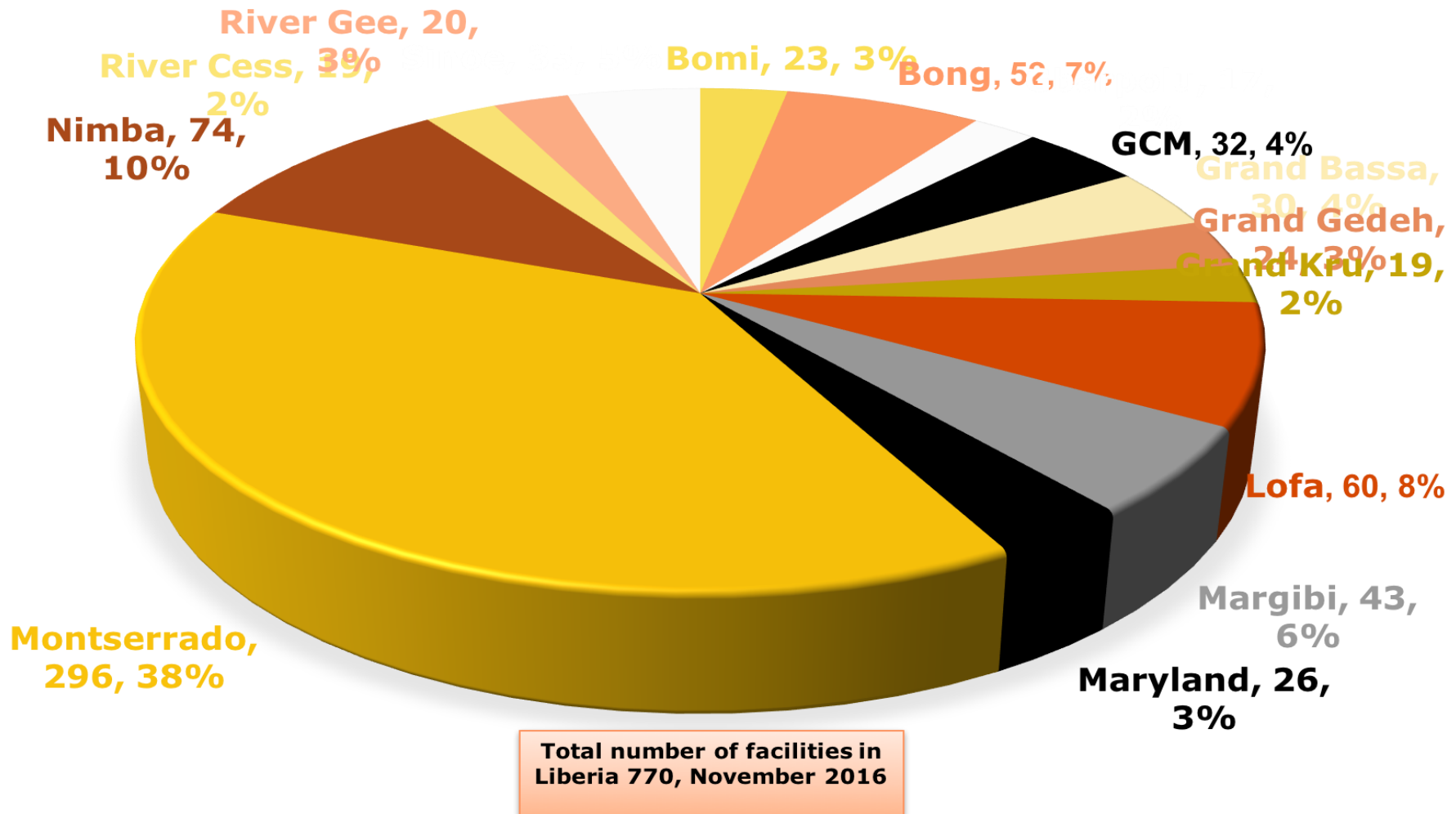
Methodology

- ▶ The IAT is used as a monthly assessment tool at health facilities in the counties.
 - ▶ The assessment team included the facility staff, the district health team and (WHO) IPC focal persons.
 - ▶ The IAT assessment was an onsite assessment conducted through direct observation and record review.
 - ▶ At the end of the assessment, feedback was given to the staff on gaps identified.
 - ▶ The health facility with guidance from the district team and the WHO IPC focal person developed plans to address the gaps.
 - ▶ The data was then collated and submitted into a national data base for analysis.
- 

Results

- ▶ Liberia had 770 healthcare facilities (HCFs) in its HMIS as of 2016.
 - Facility type:
 - Hospitals: 5% (41 / 770)
 - Health Centers: 8% (59 / 770)
 - Clinics: 87% (670 / 770)
 - Health facility ownership:
 - Public: 57% (438 / 770)
 - Private: 43% (332 / 770)
- ▶ The greatest proportion of health facilities is in the capital city, Montserrado 38% (296).

PROPORTION OF FACILITIES PER COUNTY, LIBERIA, NOVEMBER 2016

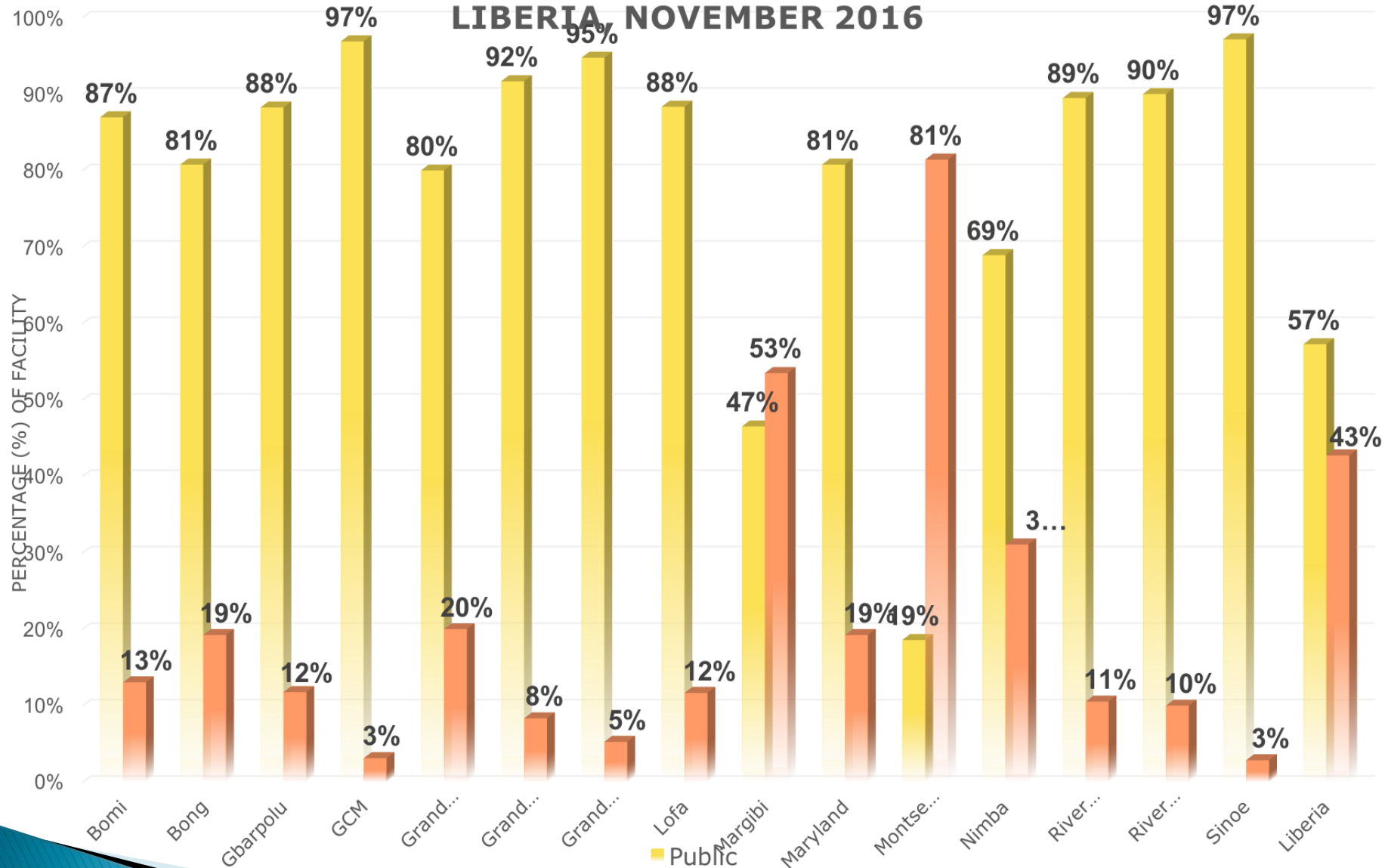


HCFs per county:

Highest proportion in Montserrado: 38% (296/770)

Lowest proportion in Grand Kru & Rivercess: 2% (19/770)

PROPORTION OF PUBLIC VS PRIVATE FACILITIES PER COUNTY, LIBERIA, NOVEMBER 2016



HCFs ownership: Public: 57% (438/770), Private: 43% (332/770)

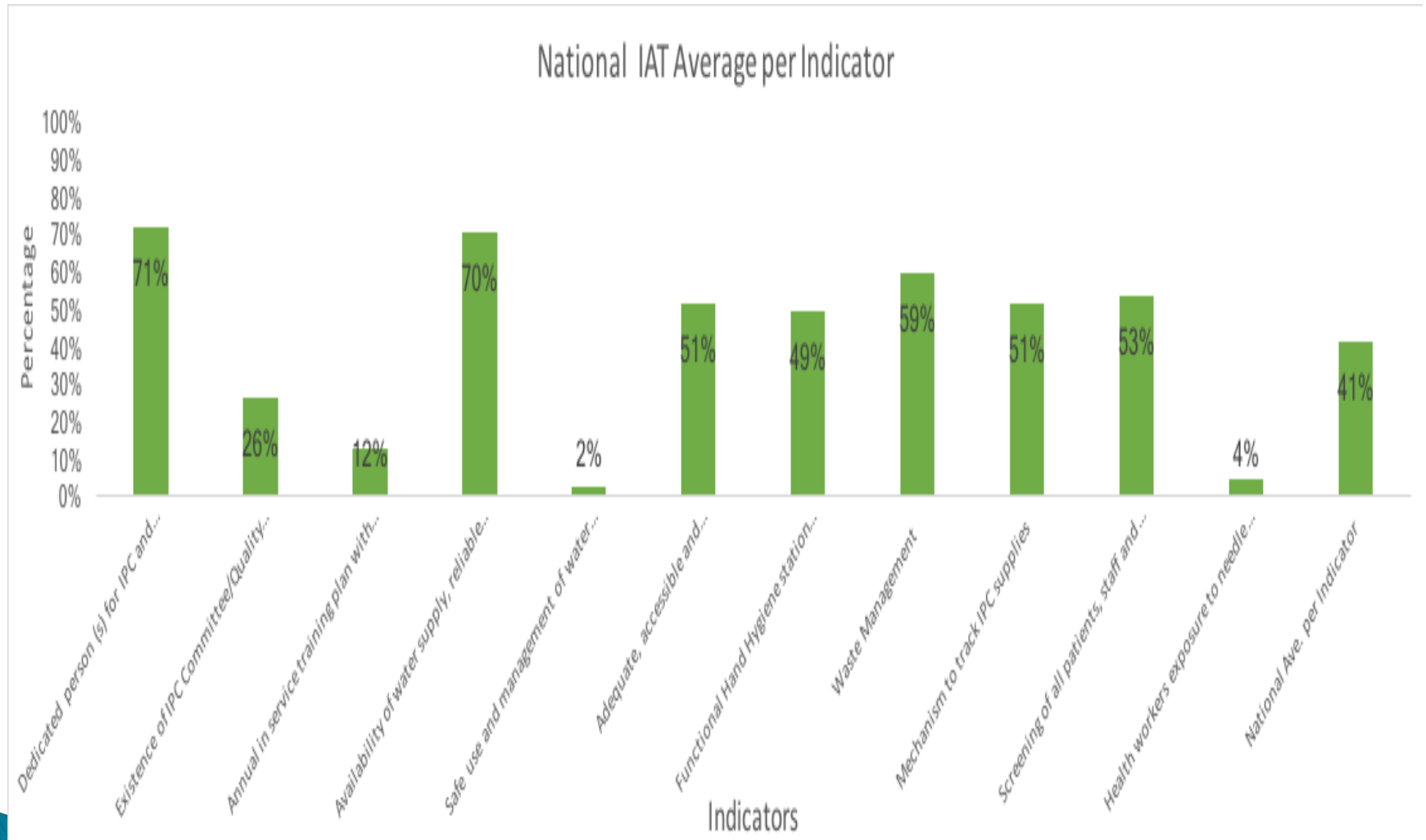
Results

- ▶ The total number of facilities assessed during this period (September – December 2016) was 761 out of 770 (99%);
 - 1% (9/770) of the facilities were not assessed due to bad roads condition, hard to reach facilities
- ▶ Per Indicator:
 - National average IPC compliance = 41%
 - Best performing indicators =
 - Dedicated IPC & WASH person (71 %)
 - Water supply availability (70%)
 - Worst performing indicators =
 - Water storage, safe use of water tank (2%)
 - Occupational health (4%)
 - In-service training (12%)

Indicator compliance (%) per county

County	Responsible WASH personnel at facility (IPC-1)	IPC Quality Team Committee (IPC-2)	Annual in-service training/updates (IPC-3)	Water supply availability (IPC-4)	Safe use and management of water supply (IPC-5)	Sanitation (IPC-6)	Hand Hygiene (IPC-7)	Waste management (IPC-8)	IPC Supplies availability (IPC-9)	Screening and Isolation (IPC-10)	Occupational Health (IPC-11)	Nat. Average
Sinoe	50%	3%	0%	20%	0%	37%	20%	30%	44%	47%	0%	23%
Bomi	52%	27%	5%	100%	0%	23%	29%	42%	50%	57%	0%	35%
Bong	100%	52%	0%	94%	2%	92%	68%	74%	95%	57%	1%	58%
Gbarpolu	71%	0%	0%	64%	0%	57%	29%	60%	82%	54%	0%	38%
GCM	100%	13%	0%	80%	0%	70%	60%	66%	95%	53%	0%	49%
Grand Bassa	81%	38%	0%	69%	0%	3%	63%	54%	45%	78%		39%
G. Gedeh	56%	33%	4%	75%	0%	54%	67%	68%	42%	52%	2%	41%
Montserrado	51%	1%	1%	21%	1%	33%	22%	40%	34%	28%	2%	21%
G. Kru	63%	37%	0%	74%	0%	16%	42%	53%	63%	63%	5%	38%
Lofa	91%	10%	98%	78%	0%	70%	36%	70%	50%	23%	0%	48%
Margibi	98%	56%	30%	65%	9%	65%	60%	43%	21%	69%	30%	50%
Maryland	50%	27%	4%	85%	4%	42%	60%	60%	40%	48%	0%	38%
Nimba	95%	47%	31%	73%	15%	82%	65%	91%	50%	67%	11%	57%
River Cess	58%	42%	0%	68%	0%	63%	67%	72%	42%	50%	0%	42%
River Gee	50%	10%	0%	90%	0%	60%	52%	67%	18%	55%	5%	37%
Nat. Average per County	71%	26%	12%	70%	2%	51%	49%	59%	51%	53%	4%	41%

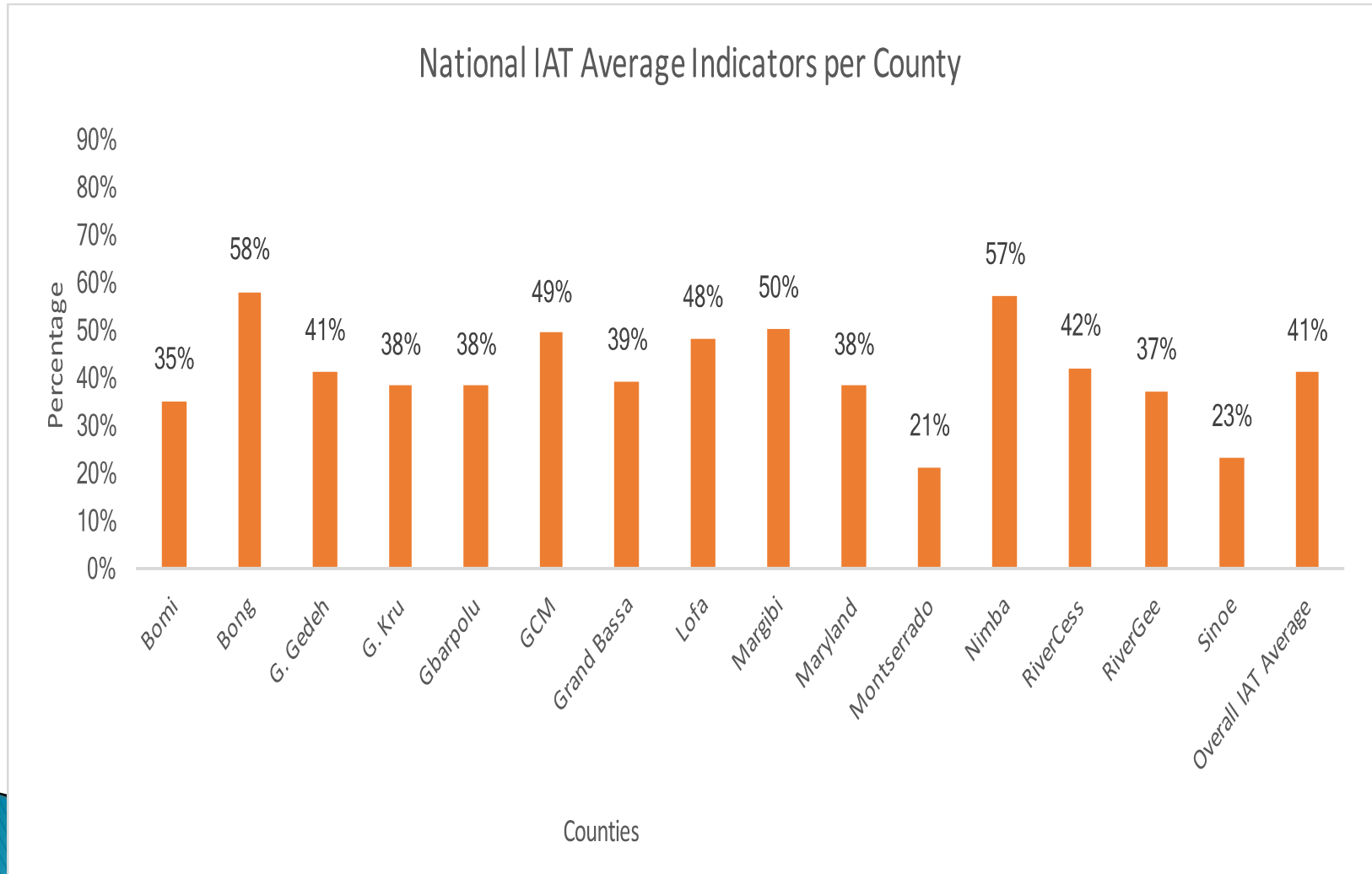
Indicator compliance (%) at national



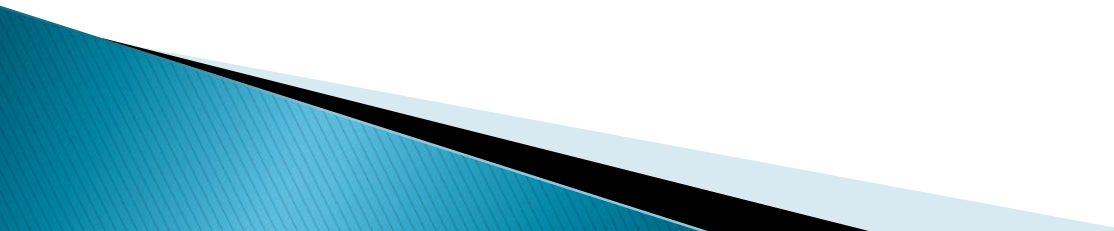
Results

- ▶ Per county:
 - Best performing counties
 - Bong (58%)
 - Nimba (57%)
 - Worst performing counties
 - Montserrado (21 %)
 - Sinoe (23%)
- ▶ Per ownership (private vs public):
 - Best performing: Public (55 %)
 - Worst performing: Private (45 %)

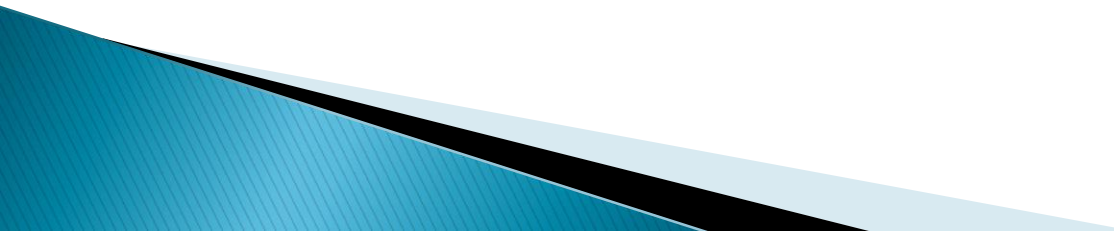
Indicator compliance (%) per county and national



Conclusion

- ▶ Monitoring the IPC indicators is assisting the MOH in identifying the gaps in IPC implementation and developing a plan to address the gaps.
 - ▶ Despite the low national compliance of 41% , the MOH see a potential for improvement through working with the health facilities and the partners to find resources to improve the compliance.
- 

Conclusion

- ▶ The MOH believes that keeping a visible focus on the IPC practices and processes through a monitoring mechanism will ensure that IPC continues to be a priority in the health system.
 - ▶ In a low resource setting a system of tracking progress can assist the health sector in setting its priorities and aligning its resources to those defined priorities.
 - ▶ This monitoring system has contributed significantly to ensuring that patient safety and quality improvement continues to be a priority in the Liberia health system.
- 

Thank you.