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| **Naxaythong District Hospital-IPC practices: Observations report** |

All the information we provided by the district hospital team consisting of 9 people and based on a questionnaire developed by AOI national IPC advisor based on WHO tools for Monitoring and evaluation of IPC standard precautions practices. The questionnaire can be found here:

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**A. General information of the hospital:**

**- Name of the hospital:** NASAYTHONG Community District Hospital**;** Type B

**- Number of sub units**: 8 (internal medicine/emergency, Surgery, OBGYN, Pediatric, Lab, Dental, Pharmacy and Administration.)

- **Health center under hospital supervision:** 4

**- Number of beds:** 30

**- Number of population:** 73,634

- **Number of staff at the hospital** : 48

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| **Type of staffs** | **Number** | **Remarked** |
| General Practioner (GP) | 8 |  |
| Medical Doctor specialist | 3 | Family doctor |
| Public Health medical doctor | 1 | Vice Director |
| Assistance Medical Doctor | 1 |  |
| Bachelor Dentist | 2 |  |
| Assistance dentist | 1 |  |
| Bachelor nurse | 1 |  |
| Higher diploma nurse | 2 |  |
| Diploma nurse | 7 |  |
| Auxiliary nurse | 3 |  |
| Diploma Midwife | 2 |  |
| Diploma laboratory technician | 3 |  |
| Higher diploma laboratory technician | 1 |  |
| Bachelor pharmacist | 2 |  |
| Diploma pharmacist | 6 |  |
| Supporting staffs | 9 |  |
| Hospital cleaner | 2 |  |

**Activities:** Average is to be calculated as the year 2017. Record the number of acts per year

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| Occupation bed rate/ year | 23.40% |
| Outpatient rate/ year | 7831 |
| Antenatal care rate /year | 4483 |
| Birth rate/year | 205 |
| Dentals patients rate/year | 659 |

**B. IPC Structure**

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| **Contents** | **Score** | **Remark** |
| **IPC Structure** | 6/14=43% | -The hospital has no official document defining roles and function of IPC committee members. There is a person responsible for IPC in the hospital and the hospital team conduct regular meetings included in the meeting of 10 requirements which a standard to be met and defined by government.  An specific meeting on IPC happends once a year on 31st December. |
| - No specific action plan for IPC but included in the hospital annual action plan and no specific budget attached to IPC. |
| - 2 staff attended IPC training, the 3 days training in Mitthapaph hospital organized by WHO in 2014. |
| The hospital conduct a evaluation and monitoring of hygiene practices but don’t have guiding documents to lead this actions (evaluation forms,…) |
| cooperation with KOICA 2 years intensive training on NCD and AFD for the MCH unit and MCH is supplied in safety boxes, under a specific Expand Programme Immunisation project from international NGO. |
| **Hospital infrastructure to support IPC measures** | 10/20 =50% | Hospital infrastructure to support IPC measures is not sufficient & incomplete.  The implementation of IPC is not in line with IPC principles eg: weak sterilization system and room not to up standard,  This hospital has 2 isolation rooms but they are not equipped with standard material and the TB room is at the entrance of the new building (not really isolated) |
| Health Care waste is managed by the District health Office that covers funds to pay for the disposal of the household and infectious waste (100.00LAK/month) |
| 6 autoclaves are in use in the hospital (1 at MCH, 2 at dental unit, 2 in a room which is considered as central sterilization room, 1 lab) Sterilization and cleaning of medical equipment is under the sub unit responsibilities. No IPC professional to supervise the practices.  Autoclave are sometimes in inappropriate location (on the ground) or dusty. The maintenance doesn’t seem to be a priority. |
| There is a sceptic tank for infectious liquid waste. |
| The hospital has 1 machine machine with cold water only (capacity of 15kg). |
| Tank for constant water supply is available but not electricity there is a small generator in the special fridge for vaccine and chemicals from lab are stored. |
| **IPC Guidelines** | 3 /11 =27% | There are few IPC guidelines and manuals available at the hospital-only national strategy 2013-2016 and the SOP to accompany the strategy and the guidelines for the isolation unit. |
| Hospital doesn’t have health protection system no policy of sharp injuries for staff and the same for immunization for health staff. |

**C. The Implementation IPC standard precaution at the hospital**

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| **Content** | **Score and Percentage** | **Remark** |
| Hand hygiene | 6/12 = 50 % | Promotion of hand hygiene is quite strong but no covers on the waste bins and only 1 napkin is available for all patients and HC staff to dry hands. |
| Sink with complete condition of hand washing is present in Health care staff room |
| PPE for standard precaution | 5.5/7 = 79 % | Health Care staffs use masks & gloves for routine work but another PPE are absent (eye protection, disposable gown/apron) |
| The hospital is delivered according to the need and have a stock to response to pandemic or emerging diseases and a staff is assigned to manage consumable and PPE. |
| Appropriate handling of patient care equipment cleaning/  disinfection/sterilization) and soiled linen | 11/18 = 61 % | The autoclave for sterilization medical device is with the washing machine and lack of auditing system for the quality of sterilization. visual control available but only outside not inside yes: date of expiration noted on the sticker (visual control). |
| It’s not clear if the HC staff uses the appropriate Ether mix to disinfect. This has to be explained again. |
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| Do not separate dirty from contaminated linen and laundry. Wardrobes are foreseen for keeping clean laundry and equipment (separately). |
| Cleaning of environment | 4/10 =40 % | Develop environment cleaning activities but not on regular basis. |
| Clean the wards once a day in the morning and are following the principle of Hygiene. |
| Prevention of Sharps Injuries | 3/5 = 60 % | There don’t provide Safety boxes for all the units. Only MCH is supplied in safety boxes, under a specific Expand Programme Immunisation project funded by 1 international NGO (vaccination-immunization). Other units use plastic bottles and send to District hospital units. |
| Healthcare Waste Management | 2 /7 = 29% | Do not separate heath care waste correctly. The color codes are not well understood and is different than international standards. |
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| The hospital doesn’t record the quantity of waste and has a hutch to protect the waste and locked. |
| Respiratory Hygiene and Cough etiquette | 3 /5 = 60 % | Patients are provided with cough etiquettes and advice to sit 2m distance when risk of contamination. |
| Prevention of Nosocomial infection | 0% | This is too advanced for a District hospital they have no idea of how to proceed. |

**Conclusion:**

2 items only get a higher score than 50%: PPE for standard precaution and Cleaning of environment. 5 items get less than 50% and will be watched closely when discussing the action plan with the team if AOI decides to work with the hospital team.

**D. General observation:**

Naxaythong Community District Hospital**,** Type B is medium size with quite large

area; There are 5 buildings, one of them is MCH building which has been supported by French cooperation (AFD 2009-2013). Now MCH seem to provide good services and the figures for ante natal care is 4 483/year and birth rate 205 /y proves that the population trust the service provided by HC staff working in MCH area, delivery room are clean, good organized. Furthermore, this hospital also receives financial support from Monk (population donations) to build a new inpatient building. The IPC structure is there but it’s seem not yet complete and could not sufficient support the health care services provided. The implementation the of the 7 standard precautions needs to be improved especially the environment cleaning, disinfection, sterilization, sharp injuries, laundry cleaning. The hospital’s team is interested while discussing with them and cooperate in finding solutions during the interview and also the hospital visit. The hospital team welcome AOI support.

**E. Suggestions for strengthening IPC practices and environment for this District hospital:**

* Organize Study Tour at Maria Teresa Province hospital (Or Bolikhamxay or Khammouane Province hospital all supported by Lao-Lux)
* Revise the IPC committee structure and roles & functionsof each member
* Develop the concrete IPC activity plan and develop a budget
* Conduct monthly IPC meeting & record minutes & report to director and take action
* Provide necessary IPC equipment
* Refresh IPC training for IPC committee members and the health staff
* Improve the implementation of standard precaution in the hospital with special focus on the hand hygiene, sterilization system and sharp injuries policy.
* Improve dental unit and especially treat clean and safe water for patient chair (possible cooperation with Dental faculty)
* Support the supervision & monitoring of IPC (develop monitoring form, guideline for autoclave...)