IMPROVING PATIENT SAFETY THROUGH THE INTRODUCTION OF AN INFECTION CONTROL : INITIATIVE IN RSU ZAINOEL ABIDIN BANDA ACEH - NAD POST-TSUNAMI

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§ DEFINITION PATIENT SAFETY: AS A PROGRAM TO PROVIDE ASSURANCE THAT PATIENTS, VISITORS AND PERSONNEL WILL NEVER SUFFER ACCIDENTAL INJURIES

§ NEW DEFINITION:

PATIENT SAFETY HAS BEEN INTEGRALLY LINKED WITH PATIENTS NOT CONTRACTING INFECTIONS WHILE IN HOSPITAL

INTRODUCTION:

HOLZMAN D -1988-INSIGHT, APRIL 18,1988,PP48-49,

- § QUOTED :
- § THAT HOSPITAL INFECTIONS ADDS 4 DAYS TO ALOS AND \$1,800 IN COSTS USUALLY BORNE BY THE HOSPITAL AND NOT BY THE PATIENT

JOINT COMMISSION: GUIDE TO QUALITY ASSURANCE 88 – 82244 - PAGE 126,1988 QUOTED : 2.1 MILLION (6%) HOSPITAL PATIENTS CONTRACTED

NOSOCOMIAL INFECTIONS

-> 20,000-80,000 OF THE ABOVE DIE ANNUALLY MAKING IT AMONG THE TOP TEN CAUSES OF DEATH IN USA

ZA HOSPITAL WIDE INFECTION CONTROL PROGRAM

IS AN ORGANIZATION WIDE PROGRAM THAT USES

EFFECTIVE MEASURES TO:

IDENTIFY, PREVENT, TREAT AND, CONTROL

HOSPITAL INFECTIONS.

§ CAN BE ADDED ACHIEVED THROUGH :

- INTRODUCTION OF ACCEPTABLE AND APPROPRIATE PROTOCOLS,

- THE TRAINING OF IDENTIFIED STAFF WHO COULD IMPLEMENT AND MONITOR THE PROGRAM



INFECTION CONTROL

QUALITY ASSURANCE



PROPERTIES OF THE INFECTION CONTROL PROGRAM (1):

- 1. SENIOR LEVEL SPONSORSHIP
- 2. INFECTION CONTROL COMMITTEE INTEGRAL PART OF THE QUALITY ASSURANCE PROGRAM
- 3. THE ABOVE COMMITTEE HAS MEMBERS FROM VARIOUS DEPARTMENTS ON A ROTATION BASIS
- 4. A MANUAL OF NOSOCOMIAL INFECTIONS OUTLINING: DEFINITIONS, EARLY UNIFORM DIAGNOSIS, REPORTING AND BENCHMARKING

PROPERTIES OF THE INFECTION CONTROL PROGRAM (2)

- 5. ON-GOING REVIEW AND EVALUATION OF ASEPTIC, ISOLATION AND SANITATION TECHNIQUES
- 6. WRITTEN POLICIES DEFINING SPECIFIC INDICATIONS FOR ISOLATION WHICH INCLUDES NURSING CARE

7. PREVENTIVE, SURVEILLANCE AND CONTROL PROCEDURES THAT INCLUDE: STERILIZATION, DISINFECTION PRACTICES, HOUSEKEEPING, LAUNDRY, ENGINEERING, FOOD SANITATION AND WASTE MANAGEMENT

PROPERTIES OF THE INFECTION CONTROL PROGRAM (3):

8. ORIENTATION OF EMPLOYEES ESPECIALLY NEW PERSONNEL ON THE INFECTION CONTROL PROGRAM

9. COORDINATION OF MEDICAL STAFF TO REGULARLY EVALUATE THE CLINICAL USE OF DRUGS

10. GENERAL CLEANLINESS AND WASHING OF HANDS AND THE PROPER DISPOSAL OF MEDICAL AND RELATED WASTE

PROPERTIES OF THE INFECTION CONTROL PROGRAM (4): 11. REWARD AND RECOGNITION PROGRAM FOR BEST PERFORMING DEPARTMENTS

12. IMPLEMENTATION OF A CONTINUOUSLY IMPROVING QUALITY PROGRAM TO SUSTAIN INFECTION CONTROL ACTIVITIES

13. IDENTIFICATION AND SCHEDULING OF RECURRENT COSTS FOR THE PROGRAM

INFECTION CONTROL COMMITTEE: MEMBERS:

§ MEDICAL STAFF/ADMINISTRATION, NURSING, MICROBIOLOGY DEPARTMENT

RESPONSIBILITIES:

- **§ SURVEILLENCE/ANALYSIS, REPORTING/PROVIDING RULES-REGULATIONS AND RECOMMENDATIONS**
- **§** DEVELOPMENT OF POLICIES, PROCEDURES AND GUIDELINES AGREED BY THE MEDICAL COMMITTEE
- **§** SOCIALIZE AND CIRCULATE THE ABOVE DECISION TO ALL DEPARTMENTS OF THE HOSPITAL

 INFECTION CONTROL COMMITTEE RESPONSIBILITIES :
DEVELOP AND IMPLEMENT A GOOD MARKETING STRATEGY TO LAUNCH THE INITIATIVE

§ PROMOTE AND GUARANTEE COMPLETE COMPLIANCE

§ SENIOR LEVEL ENFORCEMENT OF PUNISHMENTS FOR ERRING DEPARTMENTS OR INDIVIDUALS

Second Results Circulated For Comments and IMPROVEMENT RECOMMENDATIONS

CONCLUSIONS:

- **§** INFECTION CONTROL CAN ONLY BE SUCCESFUL THROUGH A **CHANGE IN MIND SET**
- § INFECTION CONTROL SHOULD BE MEASURED BECAUSE SUCCESS IS MEASURED THROUGH MEASUREMENT AND BENCHMARKING
- SUCCESS COMES IN SMALL PACKETS, THUS INFECTION CONTROL WILL BE IMPLEMENTED IN A FEW SELECTED DEPARTMENTS TO GUARANTEE SUCCESS
- **§** HOSPITAL STAFF SHOULD BE MOTIVATED TO PARTICIPATE



SUMMARY: "THINK BIG/ ACT SMALL / ACT NOW "

HOSPITAL MOTTO: " PATIENT SAFETY IS THE PRIMARY CONCERN OF RSUZA TO GUARANTEE PATIENT'S RIGHTS "

