

Implementing Infection Control Measures in Neonatology at Muhima Hospital

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Background

Neonatal infection is a primary cause of morbidity and mortality globally.

Objective

The project's objective is to facilitate quality improvement by reduction of hospital-acquired infection (HAI) in hospitalized neonates.

Methods

Current infection control practices were surveyed and three main areas were identified for quality improvement: hand hygiene, parental compliance with infection control and reducing non-clinical visitors to the unit. Over 3 months, several initiatives were implemented to reduce risk of HAI.

1. Hand Hygiene: The unit manager established a consistent source for liquid hand soap and hand sanitizer manufactured by the pharmacy. Broken bottles were replaced and a continued supply of these planned for. Additionally, a staff person was assigned to assure liquid hand soap and hand sanitizers were always available.
2. Parental Compliance with Infection Control: Two gowns per patient bed were procured, labelled and hung on corresponding hooks on the wall for parent use. Twice weekly parent educational sessions were implemented. Infection control measures discussed included the use of gowns, hand washing and proper cleaning as well as questions solicited. This teaching role rotated between staff over the course of the month.
3. Reduction of non-clinical visitors: Non-clinical staff visited for social reasons frequently and used the neonatology unit as a hallway during bad weather. Neonatal staff discouraged non-clinical visiting and use of the unit as a hallway.

Lessons Learned

The unit initially struggled to find the resources needed. In working with the hospital-wide infection control initiative, neonatal staff, and parents, the resources were available for a sustainable improvement project. The unit manager sought consensus that these interventions were possible and important as well as soliciting staff ideas. Soap and hand sanitizer were consistently available, parents reminded each other of infection control measures, and non-clinical staff in the unit has decreased significantly.

Conclusions

In resource-poor settings, assuring sustainability is critical as waste and infection risk have a larger impact than in resource-rich settings. The development and implementation of quality assurance measures and evidence based interventions included gathering administrative support for reduction of waste and infection risk staff and parents who supported infection control measures within the Neonatal Intensive Care Unit at Muhima Hospital.

Key words: hospital-acquired infection, hand hygiene, hand sanitizer, quality assurance, infection control initiative, parent education