

# Pacific Infection Prevention and Control Network Meeting

SPC/Health/PICNet1 (2023)

Information Paper N°14  
ORIGINAL: ENGLISH

2023 PACIFIC INFECTION PREVENTION AND CONTROL NETWORK MEETING  
24 – 26 May 2023, Nadi, Fiji

Agenda Item N° 4.2

## **HAND HYGIENE PROGRAM IMPLEMENTATION IN THE FEDERATED STATES OF MICRONESIA**

(Paper presented by Ms Amanda Abello, Infection Control Officer, Pohnpei State)

The Pacific Community in collaboration with the Doherty Institute and with technical support from Hand Hygiene Australia (HHA) program, trained Pacific Island Countries Infection Prevention and Control (IPC) focal points with skills and knowledge to strengthen hand hygiene compliance.

IPC focal points successfully completed a 10-hour hand hygiene Gold standard auditors training program and are now recognised as Gold Standard Auditors and able to train general auditors, making the program more sustainable at country level.

Additionally, we now have access to hand hygiene auditing standard operating procedures and audit tools, that was adapted with permission from the HHA 5 Moments for hand hygiene manual to make it more appropriate for a Pacific Island context.

### **1. BACKGROUND**

1. Hand hygiene (HH) remains the cornerstone of infection prevention activities and is a critical means of preventing healthcare-associated infections, addressing antibiotic resistance, preventing emerging infectious diseases, and improving patient outcomes [1]. Despite, evidence that improving hand hygiene reduces the risk of infection and improves patient outcomes, compliance with hand hygiene remains low. A key responsibility of the infection preventionist (IP) is to develop, implement, and monitor hand hygiene programs as a critical piece of broader infection prevention programs in healthcare settings. [1]

2. The World Health Organization (WHO) recommends using '5 Moments for Hand Hygiene' at the point of care in acute healthcare settings, and the use of multi-modal strategies to improve hand-hygiene practices, which include monitoring and feedback.

3. The Pohnpei hospital is composed of 99 beds in total, comprised of all the wards and the Emergency department. In 2021, 2 IPC staff participated in HH training facilitated by the SPC Infection Prevention and Control (IPC) Advisor and training delivered by Hand Hygiene Australia program manager to become certified as Gold Standard Hand-Hygiene Auditors.

## **2. PROGRESS AND ACHIEVEMENTS**

4. Following the training, a baseline HH audit was conducted in all the areas of the hospital (200 HH audits from each department), We then developed an action plan using the world Health organization multimodal strategy to improve hand hygiene compliance.

5. Our baseline audit results highlighted poor HH practices across each of the '5 moments' including misuse of gloves (same set of gloves for multiple patients) and only performing hand hygiene upon leaving and returning to the nursing station.

7. The multimodal action plan consisted of the following measures:

- Procured and installed dispensers for soap and ABHR in all the wards and hallways of the hospital.
- Education sessions with the staff on the importance of HH and the application of the 5 moments for HH.
- Provided signages and posters to remind staff to Hand hygiene, the posters included graphics on 5 moments of HH.

8. Follow up audits showed improvement on HH compliance and appropriate glove use.

9. Another big achievement is the establishment of the IPC committee with assistance from SPC advisor. The committee is composed of health care leaders that play a specific role in IPC activities in the facility.

## **3. CHALLENGES**

- Lack of access to HH resources at the point of care and in areas that may be easily accessed by staff and patients.
- Not all of the medical staff have routine education on IPC as a whole and lack re-enforcement of the IPC activities and practices.
- Creating a culture of responsibility and accountability amongst staff, including leaders to continuously work together in enforcing the practices.

#### 4. FUTURE DIRECTIONS

- There is a need for hand hygiene database to support hand hygiene data input and analysis.
- That hand hygiene compliance be made a national indicator including WASH in healthcare facilities.
- Support for surveillance of healthcare associated infections.
- Improve resource availability and build infrastructure required to improve IPC practices.
- Political commitment to implement the core components/minimum requirements of infection prevention and control program.
- Building capacity IPC capacity building through IPC training and career pathways for IPC professionals.

[1] World Health Organization. Report on the burden of endemic health-care associated infection worldwide. 2011. [Online]. Available: <https://apps.who.int/iris/handle/10665/80135>

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