

# Pacific Infection Prevention and Control Network Meeting

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

## Agenda Item N°5.1

### IMPLEMENTATION OF SURGICAL SITE INFECTION SURVEILLANCE WITHIN THE IPC PROGRAM OF THE REPUBLIC OF THE MARSHALL ISLANDS

(Paper presented by Ms Ann Abija, Infection Prevention & Control Nurse, Majuro Hospital)

#### Summary

In a study done by *Mehtar, .et al, 2022*, states that surgical site infection (SSI) rates in low and middle income countries range from 8 to 30% of procedures, making them the most frequent healthcare-acquired infection (HAI) with substantial morbidity, mortality, and economic impacts (1). In this document, we share our progress on our implementation journey in-country which actually begun on different timeframes and how far we have come.

#### 1. BACKGROUND

1. The Marshall Islands consists of 28 atolls and 5 islands. The main hospital is located in the capital city, Majuro, and the second main hospital in the sub-centre, Ebeye. IPC is not a stand-alone program yet within the healthcare system but work is underway to establish it. The COVID-19 Pandemic not only made our system strengthen IPC-related activities and highlighted that IPC is a key component of our healthcare system and one of the *WHO* (2) pillars of public health emergency preparedness and response.

2. COVID-19 also brought about regional IPC support in terms of in terms of supplies and training, and COVID-19 surge workforce which RMI was glad to be one of the recipient countries. Majuro Hospital with support and help from the PIHOA hired workforce had initiated the implementation of their SSI Surveillance in January of 2022. Ebeye Hospital implemented its SSI Surveillance post SPC virtual jurisdiction training and post-COVID-19 in-country surge on September 21, 2022.

## **2. PROGRESS AND ACHIEVEMENTS**

### **Majuro Hospital**

3. On August 5<sup>th</sup> 2022, 19 staff members from Majuro hospital attended a virtual training hosted by Secretarial of the Pacific Community (SPC) on Surgical Site Infection which was capacity building for the facility. Our former PIHOA hired IPCO surge workforce staff had already introduced SSI surveillance since she started working at the hospital last year. IPC decided to undertake surveillance on Total abdominal hysterectomy and bilayer salpingo-Oophorectomy (TAHBSO), Elective C-Section, Herniorrhaphy, and Colostomy. Since the commencement of SSI surveillance there was only 1 SSI case in June 2022 last year. This case was known Colostomy and the organism found was E.coli. IPC continues to monitor SSI cases and complete follow-up accordingly.

### **Ebeye Hospital**

4. On August 5 2022, Ebeye Hospital had a team of 13 participants that consisted of 2 surgeons, 10 nurses and 1 Epidemiologist join the Majuro Hospital team via zoom for the virtual training facilitated by SPC. The regional IPC Advisor Ms. Leong conducted this one day virtual training on the tools of SSI Surveillance and introducing the SSI Surveillance SOP which we are currently using. Ebeye has decided to do surveillance on Emergency CS or Emergency CS & BTL, Herniorrhaphy, TAHBSO, Appendectomy, and Exploration Laparotomy cases. This was well accepted by our leadership team and the IPC Committee. Our greatest achievement was actually starting and implementing the SSI surveillance on September 21, 2022, post in-country COVID-19 surge to-date. There have been 2 recorded SSI cases during this surveillance period without any microbiology testing for organism identification. Ebeye was able to do an audit of the denominator for the first 6 months since we implemented SSI Surveillance as part of our QA/QI to review the level of completeness and to assist in moving forward based on gaps seen.

### 3. CHALLENGES

5. The challenges encountered have been many, but the main challenges are as listed:
- Understaffing: shortage of staff delays the progress of daily tasks.
  - Limited working space and lack of supplies: IPC relocated three times due to limited space, the IPC supplies are not stocked all the time due to delays/limited budget.
  - Hospital building lacks sufficient isolation and cohorting rooms: IPC worries that the outbreak of HAIs would be more challenging to control because of this.

### 4. FUTURE DIRECTIONS

- We need support with SSI database/software to support data analysis.
- Support to strengthen Antimicrobial stewardship in RMI.
- Follow up training SSI Surveillance training by the Pacific Community.
- Continue with reporting feedback via emails to the leadership team and bulletin board posting to all physicians and the nursing staff;
- A possible need for disease/procedure specific guideline in relation to AMS in RMI;

### 5. Reference

1. Mehtar, Shaheen et al. "Implementation of surgical site infection surveillance in low- and middle-income countries: A position statement for the International Society for Infectious Diseases." *International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases* vol. 100 (2020): 123-131. doi:10.1016/j.ijid.2020.07.021
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