Problem Statement

Several estimates suggest that 90% of the global 11.4 million newborn deaths occur in low-income and middle-income countries. India alone contributes a quarter of the world's total. The event where India in 2019 increased access to facility-based neonatal care has been a commendable success, but there is still much work to be done. A recent survey of institutional neonatal care with benchmarks associated with neonatal mortality in the developing world calls for urgent and cost-effective neonatal care control initiatives, especially in resource-constrained settings.

Background

The NICU in Chandigarh had a consistent improvement in hand hygiene compliance before and after the project. The NICU in Chandigarh is a public hospital with a high workload, and the staff was motivated to improve their hand hygiene practices. The objective of the project was to implement an intervention to improve hand hygiene compliance in the NICU.

Key Activities (Timeline: 1st January 2013 to 31st December 2013)

- Initial baseline survey and data collection
- Identification of key areas for improvement
- Development of action plan
- Implementation of interventions
- Data collection and analysis
- Evaluation of results
- Ongoing monitoring and feedback

Actions carried out in Action Period

1. Before changing anything, we spent time understanding the culture, attitude, and the work behavior as we set the task, prevented microorganisms contributing to local errors and infection pathways.

2. Standardization to improve learning and patient safety in the NICU. Electronic Data System created in main centres, with Ganga River Hospital (GHR) taking the lead.

3. Key Pharmacists updated with multi-disciplinary, health care teams and provider systems of care. The quality of medicines was increased.

4. Standardization of practice in the neonatal unit, for the delivery of care, and the introduction of guidelines for the prevention of infections.

5. Priority was given to areas:
   a) To improve compliance with some key interventions and to develop a system that would remain sustainable.
   b) To implement a system that would contribute to the development of a new culture for hand hygiene.
   c) To increase awareness and understanding of infection control measures.

6. Different methods of hand hygiene adapted – Nurse to nurse and doctor to nurse.

7. Facilitators for all the hospitals – GHR, Ganga River Hospital, and the other participating hospitals.

8. Different methods of hand hygiene introduced – different measures for different groups, as a whole group, different groups on different shifts, different roles of the hands on the hands, different roles in the group. The type of hygiene was varied, as well.

9. The implementation of the plan for a 30% increase in Hand Hygiene Rates was achieved.

Examples of Early Reports of Success

PGIMER Chandigarh

A consistent improvement in hand hygiene compliance before and after implementing the project. The project was implemented in the PGIMER, Chandigarh, a public hospital with a high workload, and the staff was motivated to improve their hand hygiene practices.

NICE Hospital, Hyderabad

A 24% improvement in hand hygiene compliance before and after the project. The project was implemented in the NICE Hospital, a public hospital with a high workload, and the staff was motivated to improve their hand hygiene practices.

Way Forward – Plans for scale up and implementation

The next phase of the project plans to scale up the gains made in the pilot study and implement them in other hospitals and healthcare settings. The project will also aim to standardize practices and guidelines for hand hygiene, infection control, and other critical areas of care.