Best Practice

HOSPITAL INFECTION CONTROL (HIC) MASTER ROUNDS

OBJECTIVES

The primary objective of conducting master rounds of the hospital annexed to Sree Gokulam Medical College and Research Foundation is to ensure that the policies and protocols documented in the Hospital Infection Control Manual are implemented diligently across all locations. Secondly, this activity helps us to understand the location specific challenges during implementation of these prescribed protocols and amend them without compromising the standards of care. Thirdly, it enables us to evolve and adapt to the current evidence-based infection control practices for providing the best quality of patient care aligned to the institutional mission to serve the community.

CONTEXT

COVID 19 pandemic has exposed the lacunae in the availability of health care resources and the preparedness of our health care personnel in dealing with medical emergencies. Several national and international guidelines were suitably amended to modify the existing hospital infection control protocols. Post-COVID 19, infection control has become an indispensable core component of every hospital's care pathway algorithm for infectious disease management. The idea of systematically conducting HIC master rounds was conceived to ensure that periodic audits of Personal Protective Equipment (PPE), Biomedical Waste Management and Health Care Workers (HCW) immunisation were conducted to

assess the readiness of our health care facility to the WHO and ICMR advisories. A pandemic module was incorporated by National Medical Commission (NMC) in its curriculum, to sensitise the medical students to the nitty-gritty infection control protocols. The HIC master rounds helped us to contextualise both education and training of our health care personnel.

PRACTICE

Nine teams are constituted for conducting the hospital infection control rounds. Each team comprises of an Infectious Disease (ID) specialist/Consultant, Clinical Microbiologist/Quality Assurance Team Member, Infection Control Nurse, one member each representing the Antimicrobial Stewardship Committee, Nursing and Housekeeping Department. Two teams audit one hospital location each with a check list drafted based on the following parameters, in compliance with the 5th Edition standards of National Accreditation Board for Hospitals and Health Care Providers (NABH), a constituent body of Quality Council of India (QCI).

1. PPE availability.

2. Resources for adhering to transmission-based precautions

3. Biomedical waste management

4. HCW competence with infection control protocols and immunization status.

5. Documentations of patient records.

6. Hand Hygiene compliance.

7. Needle stick injury and post-exposure prophylaxis.

8. Overall cleanliness and sanitation.

9. Antibiotic prescription practices.

The following points highlight the uniqueness of HIC rounds:

1. The facility rounds take place over one week, so that the team members opt their convenient date and time to go for rounds. This minimises the loss of time and enhances their availability for patient care services of the hospital.

2. The hospital location is disclosed to the individual team member only on the day of commencement of rounds to ensure an unbiased auditing of the designated hospital location.

3. After the rounds, the team members are encouraged to submit their feedbacks on modifying the check list components, if needed according to the latest practice guidelines. The resulting modifications validates the audit process to the recent advancements in infection control practices.

4. After the rounds, the individual member reports are compiled as a draft document by the infection control officer for correction by the auditor. This serves to double check his/her findings and avoid misrepresentation of observations.

5. This consolidated draft document is shared with the stake holders of the audited hospital location (nurse/doctor in-charge) for authenticating the observations. This helps them to have a more focussed discussions related to adopting the infection control practices during the final meeting.

6. A focussed group discussion between the stakeholders and the medical superintendent of the hospital follows and points arising out of this discussion are reflected, if needed, in the Hospital Infection Control (HIC) manual in compliance with the NABH standards.

7. This whole process is more of a fact-finding than a fault-finding exercise where an inclusive participation of all the HCW in updating the HIC manual is ensured.

PROBLEMS ENCOUNTERED AND RESOURCES REQUIRED

PROBLEMS ENCOUNTERED	RESOURCES REQUIRED
Higher attrition rates of nursing personnel due to overseas migration within two years of employment.	More resources are needed for periodic training and testing of the competencies of the newly recruited nurses.
Increased frequency of training of the "floating" nursing population.	Creation of new video based standard operating procedures for easy accessibility for training the nurses.
Documentation challenges of patient records due to increased patient load.	Recruitment of more paramedical and allied health care staff to tackle the rising patient load.
Reduced hand hygiene compliance after touching the patient surroundings (Moment 5 of hand hygiene) by the health care workers.	Incentivizing the health care workers with the best hand hygiene practices and utilizing them as trainers to propagate good infection control
Long term non adherence to the infection control measures by the students.	Peer training classes and add-on courses to be initiated for the students on hospital infection control measures

EVIDENCE OF SUCCESS

Implementation of this practice in our institution enabled effective administrative involvement to factually discuss the infection control protocols. The audit checklists were revised after receiving feedbacks from the team members. These revisions helped us to prioritize discussions towards outcome-based interventions resulting in improved patient care standards. Personal and closed-door discussions with the beneficiaries reinforced their commitment to the administrative policies. Consequently, even our students were experientially trained during their clinical posting hours in the hospital.

Few of the outcomes achieved are outlined in the table:

ADMINISTRATIVE ACTIONS	DOCTORS AND NURSES ACTIONS	AUXILLARY/PATIENT CARE SERVICES
Recruitment of more nursing staff depending on the felt need of the hospital location	Prescription of generic names of drugs in the drug chart	Updating of maintenance and ensuring optimal utilization of patient care equipment's.
Display of posters on Infection Control Practices	Needle Stick Injury reporting protocols were disseminated through IEC.	Increased frequency of emptying BMW bins
Increased procurement of blood and mercury spill kits	Classes taken on Infection Control Practices for both doctors and nurses	Procurement of Ceftazidime- Avibactam drug discs for Antimicrobial Sensitivity Testing
Provision of Anti-Hbs testing for HCW at subsidized rates		
Storage facility for "High Risk Medicines" with lock facility created		