

A quality improvement approach to reduce infections in neonatal intensive care

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The aim is to reduce infection in unit by relearning infection control policies. Outcomes in neonatology have improved dramatically in the last three decades. Improved survival- associated with increasing short-term and long-term morbidity. Infections are important cause of morbidity and mortality. Majority of infections are potentially preventable. Early onset sepsis related to maternal and perinatal factors on which NICU professionals have little control. Late onset usually Healthcare-Associated Infections (HAI) and linked to infection control measures and are controllable and potentially preventable. Reported incidence of sepsis is 15-50% depending on location and gestation, 25% of VLBW in the NICHD network were having LOS. Incidence falling in developed economies, e.g. 15% in Canada (2010/11) and drop from 38/1000 admissions to 20/1000 admissions in the UK (2006-2014) and Gulf region (2013-15) it is 56/1000 admissions. Seasonal variations have been described to reduce the infection; we need to have policies in place. Some of which are hand hygiene policy, central line policy and bundles, isolation policies, antibiotic policies, cleaning and waste. We might have disjointed between policy and care delivery. The metrics being used were not accurate/ fit for purpose. If we look at hand hygiene policy, it may happen that there may be policy in place, IC team audits showing high compliance but fly on the wall observation revealed a different story, non-compliance widespread, accessibility of hand gel at bedside was an issue, Turnover of new staff e.g. residents who were poorly oriented. So, we need to work on the missing gap and improve the compliance. Similarly, for central line bundle it may have issues in any of the following: Bundles in place, IC team reporting high compliance, wrong metric being used was a tick box exercise with no empowerment of nurses, no standardization, application of antiseptic and adherence to aseptic technique suspect, type of antiseptic used, multiple breaks in to the line and indefinite line duration. When we do quality improvement then we can have infection free NICU.

Biography

Monika Kaushal has pursued MBBS, MD Pediatrics and DM Neonatology at All India Institute of Medical Sciences. She is currently pursuing MSC Neonatology from Southampton University, UK. She is working as a Consultant at Emirates Hospital Group.

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