

Background of CBCHS

- Network of 6 hospitals, 29 health centers and over 50 primary health centers
- Covers over 6 million people in six of ten regions of Cameroon, W. Africa
- Infection Prevention (IP) Program set up in 2002 in two of six hospitals :
 - IP nurse
 - IP committee



The Problem



Hand washing prior to introduction of hand gel

Hand hygiene compliance remains very low in the CBCHS due to:

- Ignorance
- Limited hand washing points; staff had to move a distance to reach the nearest sink
- Limited staff commitment
- Lack of motivation
- Lack of periodic reminders



Initiating Point-of-Care Hand Hygiene in the Cameroon Baptist Convention Health Services (CBCHS): an Innovative Approach to Promote Hand Hygiene Compliance



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Objectives

- To sensitize at least 500 staff on hand hygiene
- To conduct hand hygiene/infection prevention seminars in at least 5 major health facilities of the CBCHS
- To promote hand hygiene compliance with the introduction of point-of-care alcohol hand gel

External Resources

- Refillable bottles were donated by GOJO Industries Inc.



- Partnership between CBCHS and CHICA-EO



Methods and Materials

The project included education, alcohol gel production, distribution, and monitoring of use:

- Production and distribution of hand gel (WHO formulation) to pilot sites by the Central Pharmacy (CP) - hand gel was mixed in 50-liter buckets and dispensed manually into 500 ml containers using a hand held dropper

Making hand gel in the pharmacy



- Dispensing of hand gel to staff by pharmacy staff in each pilot site - 1800 staff members were provided with 100ml hand gel in refillable bottles. Staff dropped empty containers at each hospital pharmacy, and received full ones.
- Training and sensitization of staff in main health facilities - taught hand hygiene/Infection Prevention consistently in all training programmes at the CBC Training School
- Monitoring and evaluation of hand gel use by the IP Nurse and Pharmacy Technician in each pilot site - compliance was measured by unannounced checking of staff to determine who had their gel bottles in their pockets and keeping pharmacy records of all refills to track frequency and regularity of refills by staff
- Adverse effects information was kept for all staff
- Quarterly evaluation meetings were held by the Hand Hygiene project committee.

Results

- 1800 staff participated in the project in four health facilities
- A total of over 1000 liters of hand gel was produced and has been dispensed to date
- Frequency of refills was determined to be 14-19 days
- Compliance with hand gel use increased from 50% initially to 70% in all pilot sites (staff who refilled every 14-19 days or had hand gel in their pockets during visits)
- No major adverse effect was reported or observed, but follow up revealed that cleaning and refilling of hand gel containers was not consistent in some facilities and some physicians complained that the 100ml hand gel containers were too big for their pockets.
- Manual production of hand gel is labour intensive.

Conclusions

A multi-faceted hand hygiene program consisting of education and on-site production and distribution of alcohol hand gel to enable point-of-care hand hygiene is feasible in resource-limited settings like the CBCHS. Hand hygiene compliance increased from 50% to 70% in all pilot sites.

Mechanized hand gel production will be needed before upscaling this project.