American Journal of Infection Control ■■ (2017) ■■-■■

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Major Article

The efficacy of infection prevention and control committees in Lesotho: A qualitative study

Eltony Mugomeri MTech *

Department of Pharmacy, Faculty of Health Sciences, National University of Lesotho, Maseru, Lesotho

Key Words:
Barriers to infection control practice
Infection prevention and control committees
Infection prevention and control governance

Background: The implementation of the core components of infection prevention and control (IPC) recommended by the World Health Organization faces severe challenges, particularly in developing countries. Given that hospital IPC committees in these countries are the key implementers of IPC, there is a need to evaluate their effectiveness. This study qualitatively evaluated the effectiveness of IPC committees in the southern African country of Lesotho with the aim of identifying themes for policy discourse on improving IPC practice in the country.

Methods: Data gathering was conducted through open interviews with purposefully selected key informant IPC committee members and relevant officials at the Ministry of Health, whereas data analysis was based on grounded theory.

Results: Despite their commitment, IPC committees were largely ineffective because of 5 major barriers, namely poor sense of competence, administrative constraints, inadequate financial support, role uncertainty, and negative staff attitudes. Poor IPC governance was found to be a central barrier to the effectiveness of IPC committees in Lesotho.

Conclusions: The import of this study is that effective IPC governance is key to improving the IPC program in Lesotho. Effective leadership with the necessary competencies is needed to steer the IPC program in the country.

Despite efforts to ensure patient safety, the acquisition of health care–associated infections (HAIs) by patients is strikingly common globally.[1] The World Health Organization (WHO) estimates that at least 2 million patients worldwide are affected by HAIs annually.[2] Between 6% and 27% of inpatients from developing countries are affected by HAIs with mortality rates ranging between 18% and 22%.[2] To address this problem, the 57th WHO Congress endorsed the global alliance initiative on infection prevention and control (IPC) in 2004, ratifying the role of hospital IPC committees.[3] However, these committees remain largely ineffective, more so in developing countries.[4]

By definition, hospital IPC committees are advisory boards mandated by hospital authorities to proactively and reactively deal with infection issues. Proactively, the IPC committees establish evidence-based guidelines for preventing and treating infections and remind health care workers to take infection control measures such as effective handwashing.[5] Reactively, the committees respond to outbreaks, find the cause, and prevent further spread. Capacity to proactively deal with issues in IPC, the more challenging of the 2 in developing countries,[6] is a good measure of the strength of IPC committees and may need to be assessed from time to time to uncover latent threats to safety and identify possible solutions.

The wide spectrum of challenges facing IPC programs in developing countries, which include dysfunctional HAI surveillance systems, inappropriate health care infrastructure, and erratic supply of antiseptics, safe water, and personal protective equipment, threatens health care systems.[7] Pittet et al[8] note that national and local health care authorities are not doing enough to implement the 8 core components of the WHO.[9] Despite the acknowledgement by the WHO[9] that most referral and district hospitals in developing countries have complied with the call to establish multidisciplinary hospital IPC committees, the effectiveness of IPC committees remains unknown because of lack of data.[2]

The scarcity of data on the effectiveness of hospital IPC committees in implementing IPC guidelines is an important research gap in developing countries.[1] This study evaluated the effectiveness of IPC committees in Lesotho, one of the least developed countries in southern Africa,[10] with the aim of identifying barriers to effective IPC practice in the country.

* Address correspondence to Eltony Mugomeri, MTech, Department of Pharmacy, Faculty of Health Sciences, National University of Lesotho, Roma Campus, Maseru 180, Lesotho.
E-mail address: emugomeri@yahoo.com (E. Mugomeri).
Conflicts of interest: None to report.

0196-6553/
https://doi.org/10.1016/j.ajic.2017.11.028

METHODS

Study setting

Lesotho, which is located within the border of South Africa, has 10 administrative districts. The country has 1 tertiary hospital located in the capital city, Maseru, and at least 1 district hospital in each district in addition to a network of primary health care centers or clinics. The study population included relevant Ministry of Health (MoH) officials in Maseru City, and IPC members from Lesotho's only tertiary hospital and from 5 district hospitals out of 11 such hospitals in the country.

The IPC program in Lesotho is steered by the Quality Assurance Office in the MoH, through terms of reference which mostly focus on surgical site infections, antimicrobial stewardship, HAIs, and tuberculosis (TB) IPC. Of note, the IPC committee at the national referral hospital consists of unit managers, and is headed by the operations director and a full-time IPC nurse with IPC training. This differs from the IPC committees at district hospitals, which consist of representatives from all the major hospital departments and are mostly headed by IPC nurses who have other nursing duties and hold no special IPC qualifications.

Study design

This study was an exploratory qualitative investigation based on key informant (KI) interviews purposively selected for their roles on IPC practice in Lesotho.

Data collection and interview guide

A total of 16 participants, who were members of hospital IPC committees, hospital administrators, or MoH officials responsible for IPC, were included in the study. The KIs were purposively selected through the technique of snowballing.[11]

All interviews, which lasted 15-30 minutes, were conducted in person by 3 interviewers, and these excluded the author. The interviews were guided by a semi-structured interview guide, which was developed with input from 2 individuals with expert knowledge on IPC practice in the country. The interview guide was pilot tested with 5 purposively selected IPC committee members whose responses were not included in the final analysis.

Questions for MoH officials sought to understand the components of the IPC program in Lesotho, including policies and guidelines and potential barriers to their successful implementation. To IPC committee members, the questions explored IPC committee organizational structure, skills, and competencies of IPC members; policies and guidelines; surveillance indicators for IPC; and barriers to the effectiveness of the IPC program.

Data analysis

Interview data were manually transcribed and coded using a constant comparative method[12] to identify themes related to the 2 main research questions set for study: (1) What are the main factors influencing the effectiveness of IPC committees in implementing the national IPC program?; and (2) What is the single most influential factor thereof? The emerging themes on the effectiveness of hospital IPC committees and the barriers to their effectiveness were summarized through open coding by breaking down data into distinct parts to allow a comparison of similarities. Axial coding was then applied to find connections in the themes. Further, the single most influential factor to the effectiveness of IPC committees was determined, making recourse to the principles of grounded theory analysis.[12] Of note, IPC governance emerged as the most influential factor that underpins the efficacy of IPC committees in Lesotho. Figure 1 is a framework depicting how the associations between IPC governance and the other influential factors were finally conceptualized.

Ethical considerations

This study was approved by the Institutional Ethical Review Board of the Faculty of Health Sciences at the National University of Lesotho

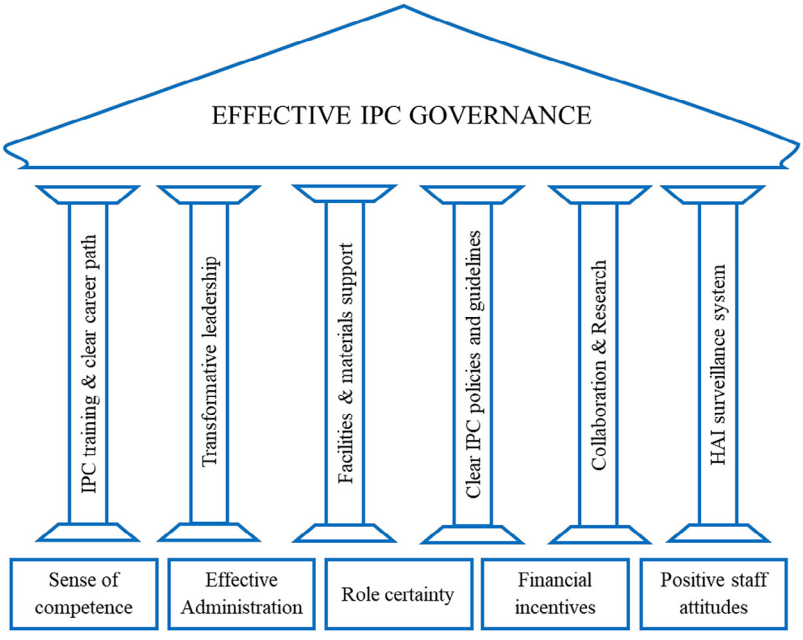

Fig 1. An IPC governance–centered conceptual framework for an effective national IPC program.
The foundational items in the bottom represent major elements of IPC in Lesotho, whereas the pillars represent critical subelements. *HAI*, health care–associated infection; *IPC*, infection prevention and control.