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Cross-Sectional Survey of Compliance of Doctors with Infection

Dr. Ahmed Abu Tayeh
Medical Education Officer
IMET2000-Pal

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Introduction

Hospital Acquired (Nosocomial) Infections

- Infections that are acquired in hospitals and other healthcare facilities.

- To be classified as a nosocomial infection:

✓ The patient must have been admitted for reasons other than the infection.

✓ The patient must also have shown no signs of active or incubating infection.

✓ These infections occur: up to 48 hours after hospital admission, up to 3 days after discharge, up to 30 days after an operation.

Centers for Disease Control and Prevention (CDC)

- At any given time 1 in 25 hospital patients has at least one healthcare-associated infection.
- There were an estimated 722,000 cases in U.S acute care hospitals in 2011.
- About 75,000 of them died during their hospitalizations.

In Palestine

- No clear data
- Expected to be high.
- A study about nosocomial infection in patients admitted to an intensive care unit at Al-Shifa Hospital in the Gaza, 2012 :

✓ 24% of patients had nosocomial infections
✓ 56% pneumonia, seven (14%) wound infections
✓ = indicate the need for additional preventive and control measures

Infection Control

- Includes all of the practices used to prevent the spread of microorganisms that could cause disease in a person.

- Infection control practices help to protect clients and healthcare providers from disease by reducing and/or eliminating sources of infection.

- nosocomial infections lead to increased healthcare costs, extended hospital stays and prolonged recovery time.

Objectives

1. To explore Palestinian doctors' knowledge of and compliance with IC standards in the governmental hospitals.

2. Identify the IC trainings of healthcare workers.

3. To assess the attitudes and practice regarding IC measures among physicians working in the governmental hospitals.

Methodology

Questionnaire

- A structured, self-administered
- Cross-sectional, descriptive study , 33 items , was pre-tested and used as the data collection instrument.
- Printed in English
- Was conducted in October-November 2013

- The questionnaire was divided into three sections:

- Section one : personal information and educational background + questions about the infection control training received

- Section two : knowledge and practice of various ways to prevent nosocomial infections

- section three: questions on the attitude of physicians in the context of taking particular steps to prevent nosocomial infections.

- Participants' knowledge and compliance regarding specific IC policies were examined using a scale of 0-9; 9 is the maximum score.

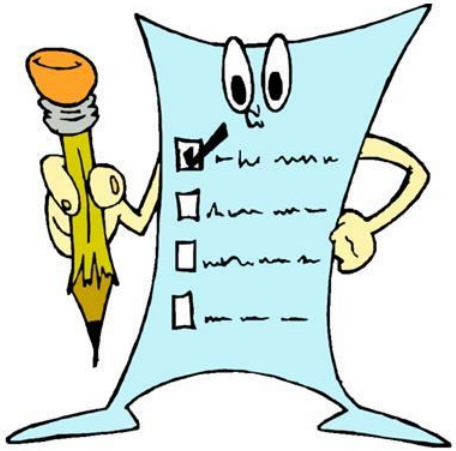
Study Population

- Physicians working in the governmental hospitals in West Bank
- All specialties, residents, interns and consultants were included
- Permission was taken from the MoH to conduct the research
- The participants were approached in the hospitals

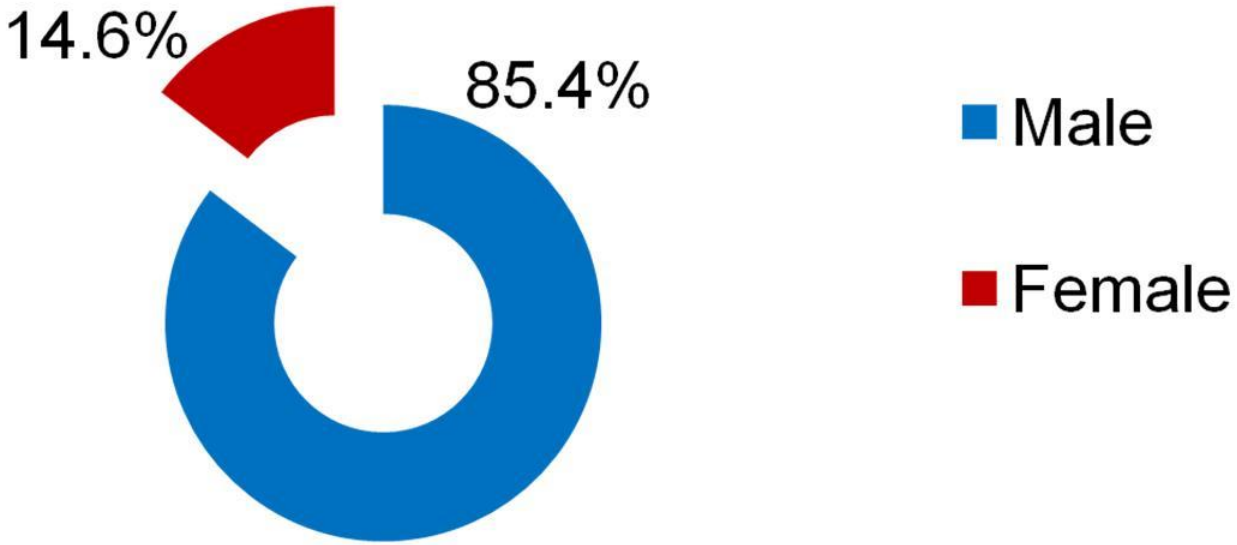
Data Collection and Analysis

- Data was collected by a self-administered questionnaire
- Statistical Package for Social Sciences (SPSS) was used for data analysis.

Findings

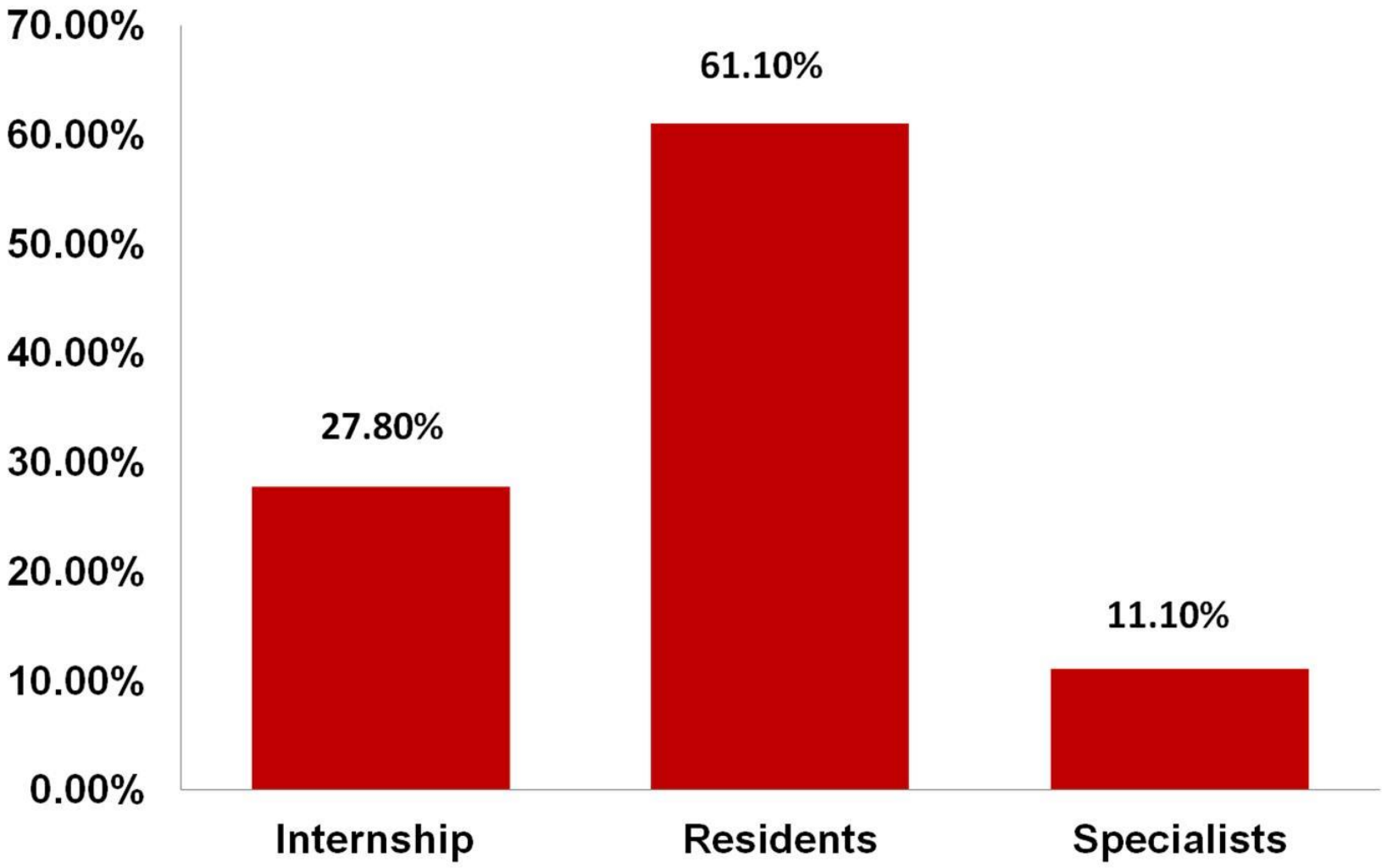


Participants' Demographics

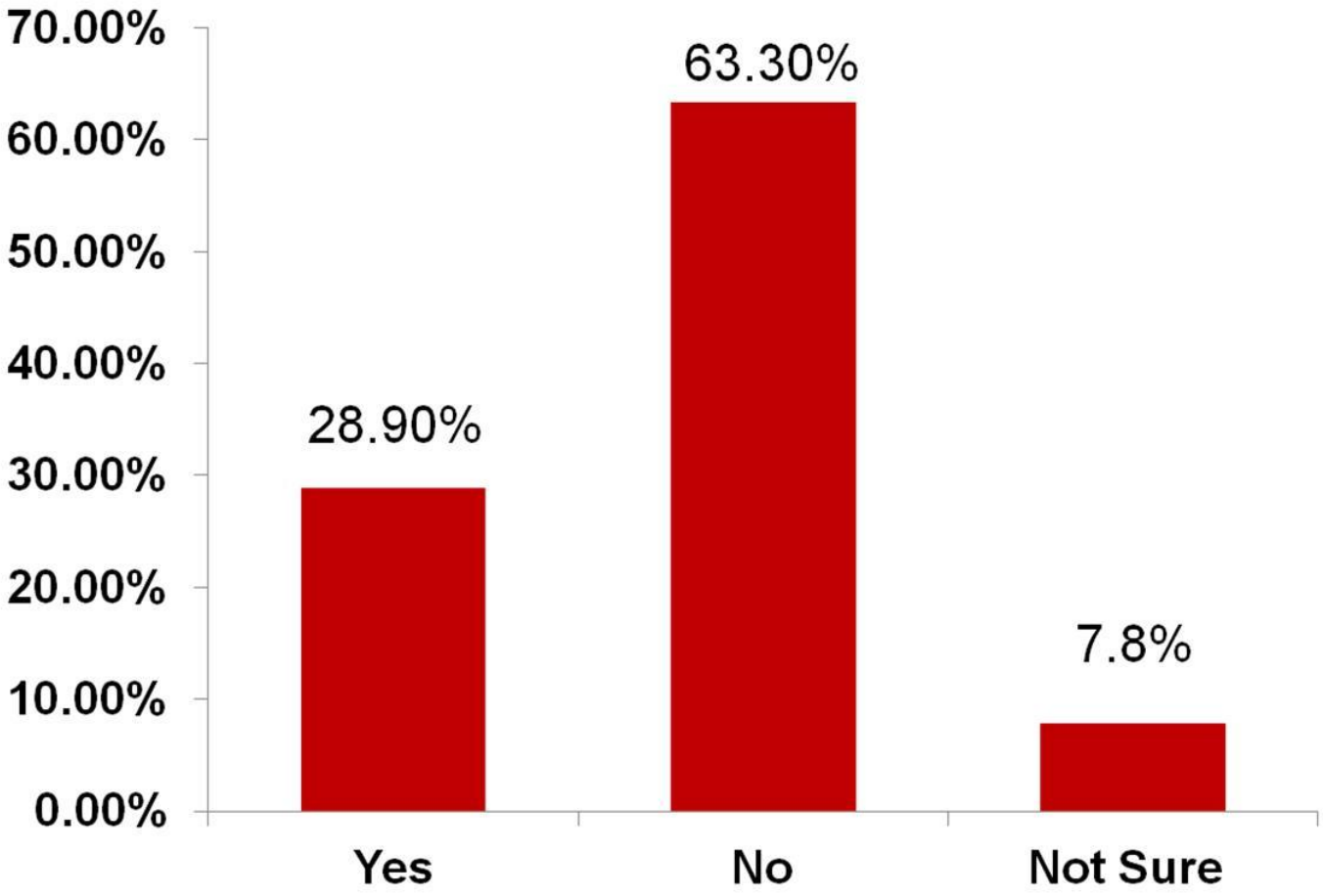


Gender Distribution

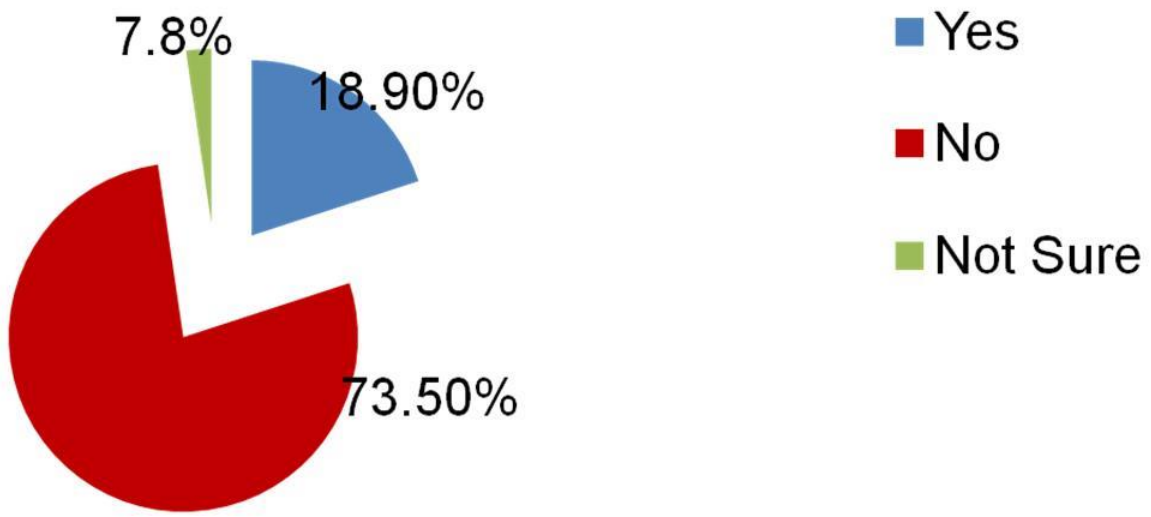
Clinical Training Level



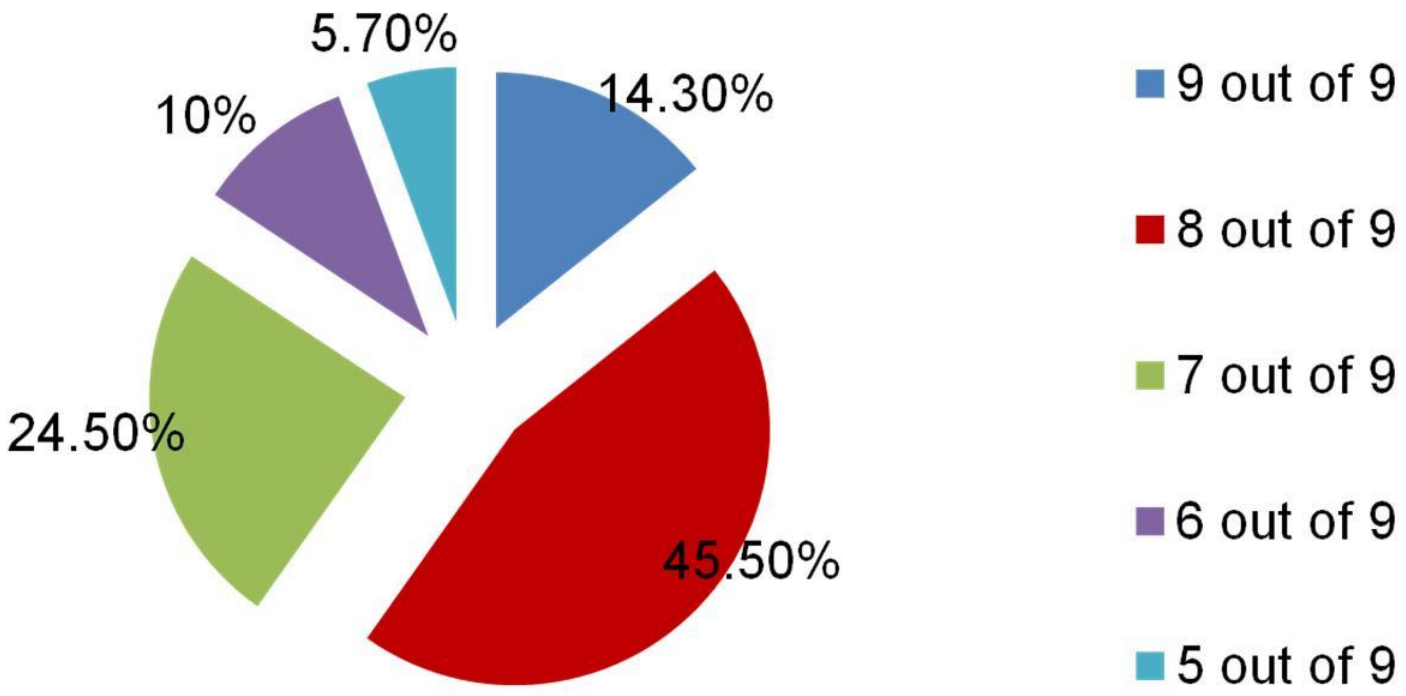
Received Infection Control Training Inside Hospital



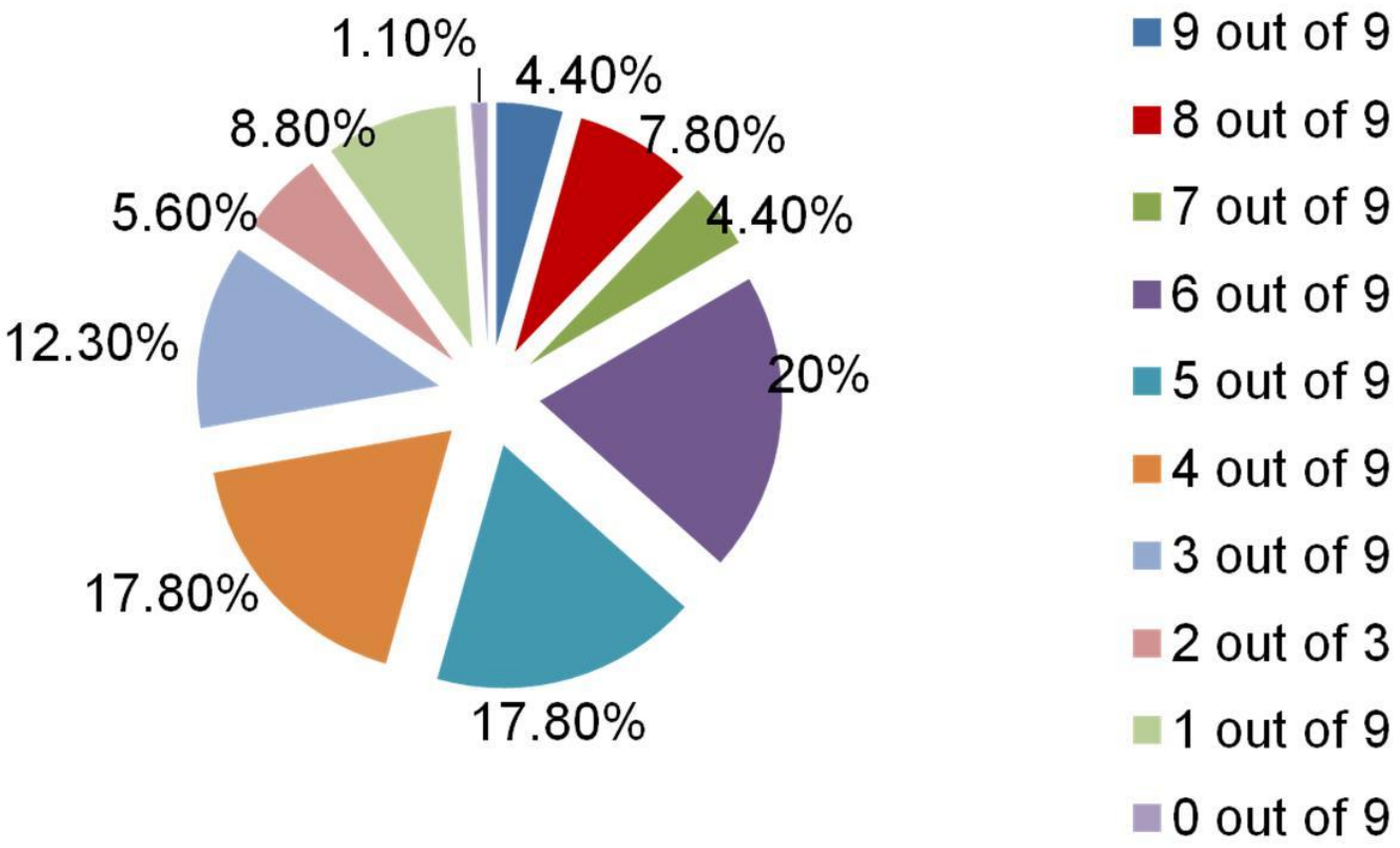
Received Infection Control Training Outside Hospital



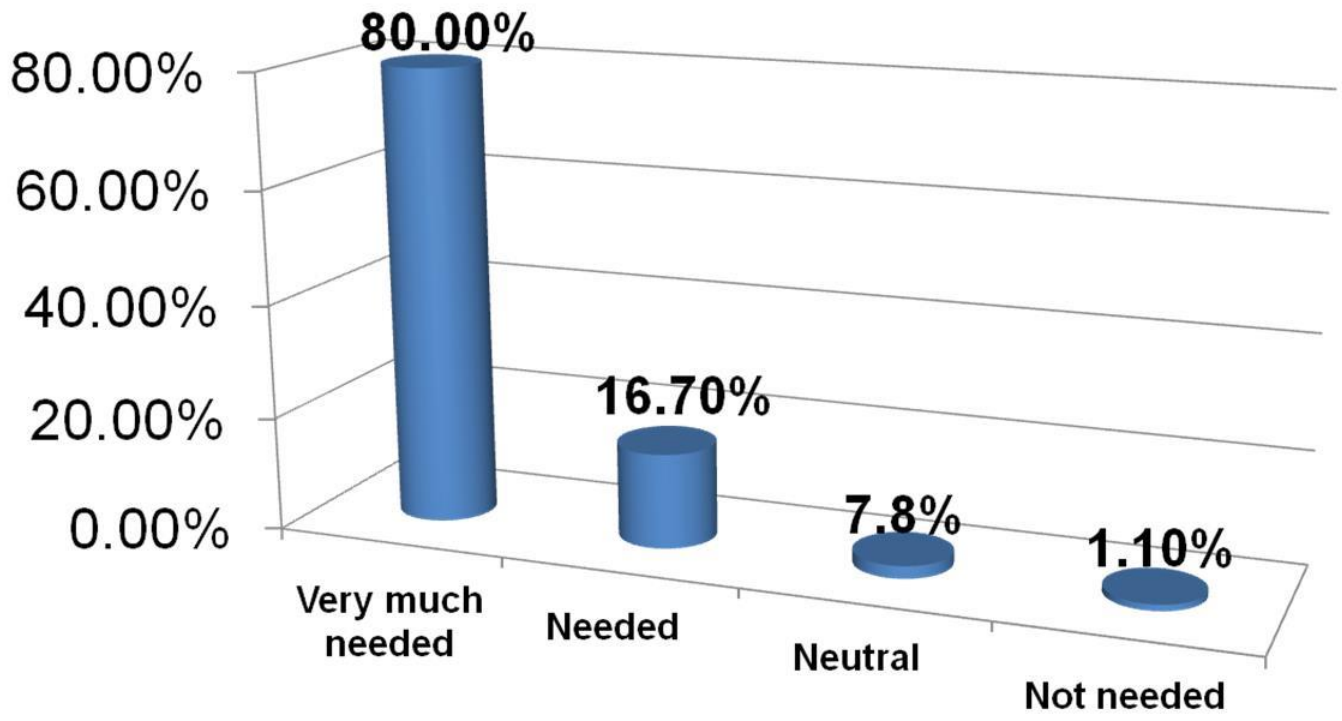
Doctors Knowledge Score



Compliance Score



The Need for Infection Control Training



Conclusions

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- Doctors in the study have an acceptable knowledge of IC standards , but the practice of these measures was found to be poor.
- Continuing education programs and short-time courses about infection control measures are needed to improve the knowledge of doctors.
- Adopt local appropriate policies and guidelines is urgently required.

Thank you !