Healthcare Organization Commitment

Contact Details

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Position
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Organization Name
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Commitment Details

Commitment Name
Healthcare Associated Infections

Participants
Dr. Ma. de Lourdes Vega Vega
Dr. Gabriela Escamilla Asiain
Dr. Tanya Diaz Cadena

What Patient Safety Challenge does your Commitment address?
Challenge 2A - Hand Hygiene
Commitment Start Date
12/12/2013

How Many Hospitals Will This Commitment Represent
1

Commitment Summary
Hospital Associated Infections (HAI) represent a huge problem in hospitals, where more than 30% of the infections are associated with hands hygiene. The WHO appoints that less than 40% of hospital staff complies with proper hands hygiene. Therefore, at Hospital Infantil Teleton de Oncologia (HITO) we have proposed to reduce the HAI by the adoption of the WHO guidelines on hand hygiene by the health care providers (HCPs).

Commitment Description & Detail
Our strategy based on WHO guidelines considers five actionable axes: 1.- A multidisciplinary approach for the improvement of our hands hygiene supply network. 2.- Multi and interdisciplinary evaluation of the Hospital’s environment related to hands hygiene. 3.- Developing an integral Hands Hygiene Program, considering not only the healthcare professionals but also, administrative staff, patient’s families and/or caregivers and any visitors or providers present within our facilities. 4.- Continuous feedback and education to the hospital staff, patients, family, and visitors to enhance the adherence to the HAI prevention program. 5.- Reinforcing a Patient's Safety Culture in our Hospital.

Action Plan
Our goal is to reach at least 80% of Hands Hygiene Program adherence from patients, families and/or caregivers, hospital staff, and visitors in order to reduce HAI that might threaten our patients life. 1.- Evaluation of the Hands Hygiene Program adherence through direct observation of the WHO's hands hygiene technique (five moments) 2.- Improving the supply network to ensure the opportunity and sufficiency considering not only the acquisition but the controls to safeguard, request, distribution management, responsible consumption and the economic losses associated to the underutilization or waste of supplies. 3.- Presenting the results of the previous points into committee sessions every three months to analyze and adjust our strategy. 4.- Strengthen our opportunity areas with continuous training, implementation of KPI and immediate in situ feedback when detected. 5.- Annual outcomes comparison for the Hands Hygiene Program adjustment.

Commitment Timeline
Our timeline goes annually and considers four committee sessions. So far, we have worked in the development of this strategy from Dec. 2013 ‘till present.