

Project Title: Implement TB-related infection control practices at hospital settings

Contract Number: FY2015-G04-7003

Subcontractor: Health Research Union

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Report Submitted by: Maia Kajaia (Project Manager)

1) Introduction and Background

The purpose of the project is to prevent healthcare associated transmission of TB, reduce TB incidence among high-risk patients, HCWs and community through improved infection control and prevention practices at district hospitals. It builds upon a previous project completed by the Health Research Union (HRU) through the funding from Georgia Tuberculosis Prevention Project. The current activities will address the need to further strengthening implementation of Tuberculosis infection control (TB-IC) measures at the selected facilities and will advance TB-IC capabilities at the selected facilities.

Objectives of the project are the following:

- Strengthen capacity of district hospital centers in TB-IC through implementation of targeted and tailored infection control interventions, through:
 - Assisting hospital infection control committees in the development and/or implementation of TB-IC action plans and costing infection control interventions using the excel-based cost tool-kit developed by HRU;
 - Supporting implementation of TB-IC measures, including introduction and implementation of administrative, environmental and personal protective measures;
- Assist the hospital administration in the development and implementation of patient pathways based on FAST and PAL principles and implement patient referral protocols;
- Develop monitoring and evaluation system for TB IC activities, including measurable indicators;
- Elaborate recommendations to support nation-wide implementation and follow-up.

2) Summary of its Activity Objective Achievements

Preliminary start-up activities

Detailed project work plan was developed at the beginning of the project. Project was staffed fully to achieve anticipated results and implement activities. Literature search was undertaken in order to identify key resources for further review and elaboration of assessment methodology. Negotiations were conducted with some of the key beneficiaries. As the result, a list of selected facilities for TB-IC implementation was identified:

Kakheti:

Telavi Referral Hospital (Evex Medical Corporation)

GurjaaniMiltifrofile Healthcare Center (Ltd Geo Hospitals)

KvemoKartli:

MarneuliMiltifrofile Healthcare Center (Ltd Geo Hospitals)

ShidaKartli:

Kaspi Medical Center (Medalfa Hospital Network)

Imereti:

Academician Z. Tskhakaia National Center of Intervention Medicine of Western Georgia (Evex Medical Corporation)

SamtrediaMiltifrofile Healthcare Center (Ltd Geo Hospitals)

Samegrelo-ZemoSvaneti:

Zugdidi Referral Hospital (Evex Medical Corporation)

Adjara:

Batumi Referral Hospital (Evex Medical Corporation)

Guria:

Ozurgeti Medical Center (Medalfa Hospital Network)

Lanchkhuti Medical Center (Medalfa Hospital Network)

Tbilisi:

New Hospital

Gudushauri Referral Center

Inception report

Inception report with detailed implementation plan was prepared and submitted to GTPP.

Baseline assessment

Baseline assessment about current TB IC status, policies and procedures was conducted at the selected healthcare facilities using specific tool developed within the frames of this project. At this stage we assessed TB administrative control at health care facilities by evaluating basic documents

and existence/structure of infection control committee, distribution of responsibilities and competencies, reporting system and regulations of committee and infection control officers.

The following components of TB infection control were evaluated:

- Cough etiquette regulation and implementation, functions and internal communication strategy of cough officers.
- Existence and methods of calculating TB conversion rate to estimate TB transmission risk at the facility, capacity of appropriate tests and statistics of conversion.
- Training of health care workers on TB infection control.
- TB environmental control measures;
- Structure of patient waiting, consulting and diagnostic/procedures' areas of the facility and appropriateness in terms of TB transmission risk;
- Facility conduct to ensure infection control in TB-high risk areas and for TB-high risk procedures (e.g. sputum collection)
- Patient triage and separation capacities;
- Ventilation system performance evaluation;
- Practice of personal protection and existence of respirator program; respirator fit test procedures; conditions of respirator storage and usage.
- TB screening (and HIV screening) practices among healthcare workers;

Findings from baseline assessment were drafted as a separate report and submitted to GTPP.

Development and finalization of action plans for hospital IC committees

Project team worked with epidemiologists and designated IC officers from the selected hospitals to develop and finalize comprehensive TB-IC action plans adapted to local circumstances. The action plans specify administrative, environmental and personal protective measures and policies. In each of the selected hospitals the action plan was presented to hospital IC committees and hospital administration for the concurrence and was approved by a hospital chief executive officer with an internal order.

Assist with implementation of IC action plan activities

a. Training of personnel:

Comprehensive 2-day training was conducted for personnel directly involved in implementing and/or supervising TB IC interventions at the selected hospitals. Totally 18 hospital managers and epidemiologists (or other personnel responsible for infection control) from the selected healthcare facilities were trained. Training participants were provided with terms of reference to support implementation of TB IC measures at hospitals, received practical guidance on FAST strategy, risk assessment, distribution of responsibilities, determination of costs regarding implementation of TB IC measures at healthcare facility using TB IC facility-level costing tool and were provided with specially developed TB patient detection and referral pathways in order to ensure early detection and referral of TB patients and TB suspects for appropriate

treatment or ensuring segregation to protect other patients, visitors and healthcare workers from TB exposition.

b. Develop and assist with implementation of internal procedures and protocols:

Project team assisted the selected facilities with the development and implementation of internal procedures and protocols that specifically describes pathways of a patient with cough or other symptoms suspicious for TB that will be based on FAST strategy.

c. IEC materials:

Informational and educational materials (2 posters and 2 brochures) on TB IC targeted both at hospital personnel as well as patients were developed, printed and disseminated among the selected healthcare facilities.

Development of IC monitoring and evaluation plan with specific indicators

TB-IC monitoring and evaluation plan was developed. Managerial, administrative, environmental control and personal protection equipment evaluation indicators were defined. TB-IC monitoring and evaluation plan was provided to the selected hospitals for further implementation.

Round-table meeting

Round-table meeting was organized at the end of the project with participation of the Ministry of Health, NCDC, donor community and healthcare professionals/managers. Project achievements and developed recommendations for further implementation of TB IC activities were presented and brought-up for discussion at a round-table meeting.

Development of FAST protocol for general medical settings

FAST protocol for general medical settings was developed, submitted to GTPP for approval and printed. The purpose of this guide is to provide a comprehensive introduction to the FAST strategy: a focused approach to stopping TB spread in healthcare facilities. FAST protocol focuses health care workers on the most important administrative TB transmission control interventions. The FAST protocol can be used to reduce TB or DR-TB transmission in outpatient and inpatient healthcare settings contributing to increased case detection.

Training of personnel on FAST strategy

Three training sessions on implementation of FAST strategy at general healthcare settings were conducted for the personnel responsible for TB IC from the selected hospitals – Rustavi Central Hospital and New Hospitals where Xpert MTB/RIF were installed. Totally 75 healthcare workers were trained on the implementation of FAST strategy at general hospital.

Project Progress Against Planned Activities:

Fill out the table below

Table 1: Achievement of performance indicators as reflected in the organizations business/schematic plan

Activity	C	P	N/I	Achievements	Challenges	Supporting data/source documents
	C = Completed; P = In Progress; NI = Not Implemented					
Detailing project work-plan	Y			Detailed project work-plan developed	N/A	Inception report
Identification of key source documents for baseline assessment	Y			Source documents for baseline assessment identified through literature review	N/A	Inception report
Identification of healthcare facilities for TB-IC implementation	Y			Healthcare facilities identified and negotiations made with top management about implementing project activities	N/A	Inception report
Project staffing and administrative set-up	Y			Project fully staffed and responsibilities distributed	N/A	Inception report
Develop Assessment Methodology	Y			Assessment tool developed	N/A	Assessment tool
Conduct Assessment	Y			Baseline assessment conducted at the selected facilities	N/A	Baseline assessment report
Report drafted and submitted	Y			Baseline assessment rafted and submitted to GTPP	N/A	Baseline assessment report
Education and	Y			Educational and	N/A	Education and

Information Materials prepared				informational materials developed, printed and disseminated		Information Materials (Posters, Brochures)
Training of personnel	Y			Training of personnel responsible for TB IC from the selected healthcare facilities conducted	N/A	Signed registration forms
Develop/finalize TB-IC action plan	Y			TB IC action plan was developed and adapted for the selected healthcare facilities	N/A	TB IC action plan
Develop and assist with implementation of internal procedures and protocols	Y			The selected healthcare facilities were provided and assisted with implementation of internal procedures and protocols	N/A	Quarterly and final reports
Develop M&E system for TB IC activities	Y			M&E system for TB IC activities was developed and provided to the selected healthcare facilities	N/A	Quarterly and final reports
Develop project implementation and findings report	Y			Project implementation and findings report was prepared and submitted to GTPP	N/A	Project report
Organize round table meeting with stakeholders	Y			Round table meeting to disseminate evidence from project implementation to stakeholders was organized	N/A	Signed registration forms; Presentations on project achievements.
Develop protocol on FAST strategy for general medical settings	Y			Protocol on FAST strategy for general medical settings was developed		Protocol on FAST strategy for general medical settings
Training of personnel on implementation of	Y			Training of personnel on implementation of FAST		Signed registration

FAST strategy at the selected general medical facilities				strategy at the selected general medical facilities was conducted		forms; Presentations on FAST strategy for general medical settings.
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3) Monitoring and Evaluation

Fill out table below

Table 2: Status of Performance Indicators

Indicators	Final Target	Quarter Target	Actual
Facilities have undergone baseline assessment	12	12	12
Training of IC teams from the selected healthcare facilities	12	12	12
The selected healthcare facilities have functional TB IC action plan	12	12	12
The selected healthcare facilities have Tb IC implementation M&E plan	12	12	12
Training materials developed	1	1	1
IEC materials (including 2 brochures and 2 posters) developed, printed and disseminated among the selected healthcare facilities	1	1	1
Training of personnel from the selected hospitals on FAST strategy	3	3	3
Development of FAST protocol for general medical settings	1	1	1

*** Please report on each indicator as per approved and M&E plan***

4) Financial Management

Provide overall expenditures incurred per activity/budget line item

Table 3:

Budget Line Item	Budget	Expenditure	Variance
Personnel			
Maia Kajaia - Project manager	5000.00	5000.00	0.00
Maia Butshashvili - TB-IC expert	8240.00	8240.00	0.00
George Kamkamidze - TB-IC expert	6400.00	6400.00	0.00
Nona Tadumadze - TB-IC/Biosafety expert	3120.00	3120.00	0.00
Lela Serebryakova - M&E officer	2800.00	2800.00	0.00
Subtotal for personnel	25560.00	25560.00	0.00
Travel and per-diem			
Travel and per-diem	5100.00	7752.39	-2652.39
Subtotal for travel and per-diem	5100.00	7752.39	-2652.39
Contractual			
Project assistant	3750.00	3750.00	0.00
Driver	1200.00	1200.00	0.00
Accountant	1500.00	1500.00	0.00
Subtotal for contractual	6450.00	6450.00	0.00
Other direct costs			
Round table meeting	2100.00	1467.44	632.56
Gasoline	2843.00	2843.00	0.00
Stationery	1200.00	1383.62	-183.62
Printing IEC materials (posters, guidelines, brochures)	5000.00	4131.56	868.44
Communication	1200.00	586.84	613.16
Bank charges	60.00	24.56	35.44
Subtotal for other direct costs	12403.00	10437.02	1965.98
Indirect costs	5590.00	4882.44	707.56
Total	55103.00	55081.85	21.15

5) Challenges

There were no major challenges during the implementation of project activities. The activities were implemented according to the schedule.

Success stories

If you there are particular success stories, please describe those. If there are no success stories, leave out this section.

These stories focus directly on the people that your project is helping. The story can be written in a narrative style, describing the problem or issue and your organization's solution or response. Include direct quotes from the individuals whose story you are documenting, as well as the name(s) and locations of the person(s) who are the central subject to the story. Please provide photos (electronic version), if available.

6) Lessons Learned and Recommendations

As a summary of the project implementation and support to further scale-up of TB IC activities in the country, the following is recommended:

1. Provide regulatory framework for TB IC measures: Establishing formal regulatory framework for TB IC will provide strong stimulus for facilities to implement activities that are evidence-based to reduce TB transmission in the facility and support early identification and diagnosis of TB patients;
2. Ensure access too sufficient funding: TB IC costing tool provided insight that proper implementation of relevant IC measures will require funding. Provision should be made that those activities are properly funded in order to ensure their sustainability;
3. Establish trainings mechanisms: any IC activities require on-going training of HCW. Also single training can be an ice-breaker and yield more results then subsequent trainings, the need is acute. With the consideration that for many of topics training curricula and materials are already in-place, this intervention is relatively low cost;
4. Establish programs for HCW screening: most of the facilities do not have access to proper screening programs, nether are appropriate methods known. Furthermore, establishment of screening programs should be done with precaution to the rights of HCW to keep their medical information confidential and allow safe reallocation to maintain identical salary level, if health status is deemed unsuitable to perform current functions; furthermore, other protection measures for HCW with occupational diseases should be thought.

7) Final Grant Funds Reconciliation

N/A

8) Commodity Inventory

N/A