

Pre and Post Workshop Evaluation on Hospital Acquired Infection at Al-Tibri Medical College

Pre and Post
Workshop
Evaluation on
Hospital
Acquired
Infection

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ABSTRACT

Objective: To find out the awareness and knowledge regarding the prevention of HAI's.

Study Design: Descriptive Study

Place and Duration of Study: This study was conducted at the Al-Tibri Medical College, Isra University Karachi from November 2020 to January 2021 for a period of three months.

Materials and Methods: The Workshop was conducted for one day; Pre and Post evaluation questioner were filled by the participants. Participants were 50 faculty members from Clinical Sciences. After taking proper informed consents from the participants and willing to participate in the survey were included. Mobility and Immobility time was taken to identify the Depressive behavior of mice.

Results: Among the 50 participants only 22% participants were aware to correctly use the PPEs, and remaining 78% know partially to use the PPEs. That 82% of the participants does not know about containment. The remaining 18% were aware about containment. Statistical analysis chi-Squares test was applied and P value 0.001 was significant.

Conclusion: This study showed that awareness regarding the prevention of hazardous materials is very low among clinical faculty members.

Key Words: HAIs, prevention, Personal protective equipment, contaminant level

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INTRODUCTION

Infection which is being caught after getting interaction with the hospital are known as Hospital acquired infections (HAI's)⁽¹⁾. The term HAI's at first implied those defilements associated with admission to a serious thought facility (formerly called nosocomial pollutions), but the term at present fuses defilements made in several surroundings where patients attain clinical benefits (e.g., long stretch consideration, family drug focuses, home thought, and strolling care). HAIs are pollutions that at first appear to be 2 Days or more after hospitalization or inside a month resulting to having gotten prosperity care⁽²⁾.

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Numerous assessments show that the most notable sorts of hostile events impacting hospitalized patients are ominous medicinal events, and HAIs⁽³⁻⁶⁾. The US Community for Infectious prevention and Anticipation perceives that practically 1.7 million hospitalized patients consistently secure HAIs while being treated for other clinical problems and that more than 98 thousand of these patients (one out of 17) fail miserably due to HAIs⁽⁷⁾. The Organization for Medical care Exploration and Quality declared that HAIs are the most notable disarrays of crisis center consideration and one of the super 10 driving purposes behind death in the United States of America⁽⁸⁾. Study reported that the 7% of the hospitalized patients in the developed countries and 10% in under developing countries suffers HAIs⁽⁹⁾. Different examinations drove in high level compensation countries found that 5 to 15 percent of the hospitalized patients get HAIs which effects from 9 to 37 percent of those borne thought ICUs units⁽¹⁰⁾. Various investigation focuses on report that in Europe clinical facility complete inescapability speeds of HAIs range from 4.6 to 9.3 percent⁽¹¹⁻¹⁹⁾. The WHO reports in any case that HAIs ordinarily get public thought exactly when there are epidemics.⁽²⁰⁾ HCAIs moreover influence essentially wiped out patients with 0.5 million cases of HAIs occur alone in ICUs every year.^(7,14) Those patients are regularly in an in a general sense wiped out, immuno-compromised position which constructs their weakness to HAIs^(21,23).

MATERIALS AND METHODS

A cross sectional analytical study was lead at Al-Tibri Medical College and Hospital, Isra University Karachi Campus. Total 50 numbers of participants were participated in the study on the basis of convenient sampling technique. After taken an ethical approval, the data was collected through workshop that was conducted on October 2020. The hand-on workshop was based on Hospital Acquired Infections and its Preventions and all faculty members and postgraduate candidates of both genders form the basic and clinical sciences were included from the same institute. Pre and Post Workshop questioner was filled by the participants. The Data set was statically analyzed by SPSS v20.

RESULTS

Among the 50 participants only 22% participants were aware to correctly use the PPEs, and remaining 78% know partially to use the PPEs. That 82% of the participants does not know about containment. The remaining 18% were aware about containment. Statistical analysis chi-Squares test was applied and P value 0.001 was significant.

Table I: Shows Gender distribution

Table II: Shows the frequency of Pre and Post Workshop Responses of the participants regarding HAIs Questioner

Figure I: Shows Frequency of Participants according to the designation.

Table No.1: Gender distribution

Male	48(96.0%)
Female	2(4.0%)

Frequency of Participants accoding to the designation

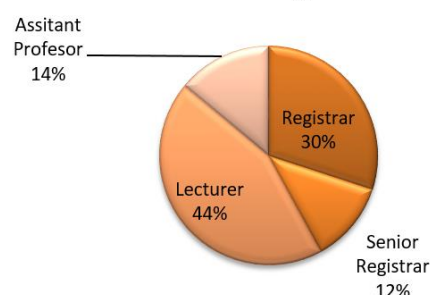


Figure No.1: Shows Frequency of Participants according to the designation

Table No.2: Shows the frequency of Pre and Post Workshop Responses of the participants regarding HAIs Questioner

		Pre-Workshop	Post-Workshop	*P-value
What are HAIs?	Yes	22(44.0%)	44(88.0%)	≤0.001
	No	28(56.0%)	06(12.0%)	
Cleaning, sanitization and Disinfectant are three different techniques or not?	Yes	28(56.0%)	48(96.0%)	≤0.001
	No	22(44.0%)	02(4.0%)	
Microbes and entry through skin, eyes and ears?	Yes	28(56.0%)	46(92.0%)	≤0.001
	No	22(44.0%)	4(8.0%)	
Waiting are, Sampling area, diagnostics lab, and operation theaters area lies in which containment level respectively?	Yes	24(48.0%)	49(98.0%)	≤0.001
	No	26(52.0%)	1(2.0%)	
While wearing gloves can you get infection?	Yes	24(48.0%)	50(100.0%)	≤0.001
	No	26(52.0%)	0(0.0%)	
Are you responsible for the environment safety?	Yes	25(50.0%)	59(98.0%)	≤0.001
	No	25(50.0%)	1(2.0%)	
Correct order of donning of PPEs?	Yes	30(60.0%)	42(84.0%)	≤0.001
	No	20(40.0%)	8(16.0%)	
Correct order of doffing of PPEs?	Yes	28(56.0%)	45(90.0%)	≤0.001
	No	22(44.0%)	5(10.0%)	

*Chi-Square Tests was Applied

DISCUSSION

The study revealed that the participants of the study were not very much aware with the preventions of hospital acquired infections. It was observed through pre and post evaluation almost 50% of the participants did not know about the Hospital acquired infection and only 30% knows the correct order of donning and

doffing of PPEs. The pre and post responses were statistical significant at $p < 0.001$.

The results of distributed expressed that larger piece of staff orderlies had ordinary data scores (51.25%), self-definite practice scores (58.75%) and saw practice scores (68.75%) while larger part (72.50%) of staff clinical guardians had inspiring standpoint scores (51.25%) concerning illness expectation and control.

The revelations of this review are near with the delayed consequences of various examinations wherein staff clinical specialists had ordinary data and practice^(12,24, 25). Various examinations showed that staff clinical specialists had powerless data^(26,27). Where as in various examinations, staff clinical chaperons had a for the most part magnificent data and extraordinary demonstration of infectious prevention⁽²⁸⁻³¹⁾. In the current audit there was a straight relationship among data and demeanor ($r = 0.161$, $p < 0.05$), and data and practice scores ($r = 0.146$, $p < 0.05$). All things considered, there was no association among disposition and practice scores of individuals concerning pollution contravention and control. The survey revelations are not dependable with disclosures of various assessments where there was a strong association among data and attitude concerning standard and detachment wellbeing measures and basic association among data and practice^(12, 32-35). The finding of straight association among data and practice suggests data doesn't by and large change over into extraordinary practice. Nonattendance of resources, bounty obligation and time limit has been represented as essential issue affecting the powerless demonstration of pollution control in clinical consideration workplaces.

This may be the way that those haven't at any point taken preparing would be less inclined to get refreshed data, which frustrates refreshing their insight on contamination avoidance.

CONCLUSION

As per the outcomes, larger part members had normal information and practice, uplifting outlook about contamination control and biosafety rehearses. Consequently, it is important that clinical staff and experts ought to be prepared with regards to the avoidance of emergency clinic gained contamination dependent on fruitful instructive models.

Author's Contribution:

Concept & Design of Study: Muneer Sadiq
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 Revisiting Critically: Muneer Sadiq, Shabnam Rani
 Final Approval of version: Muneer Sadiq

Conflict of Interest: The study has no conflict of interest to declare by any author.

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