Addressing PS in Kenya

Veronica Kamau
Patient and health worker safety unit
MOH
Kenya

HEALTH SCARE | Expert fears expired drugs or injury to nerves caused by needle could be to blame

24 children paralysed after injection

Parents protest at office of governor, saying all affected were attended to in one dispensary

BY GODFREY OUNDOH
newsdesk@ke.nationmedia.com

Nearly 30 children have become paralysed, or their limbs weakened, after treatment in a dispensary run by the Busia County Government.

In a case that demonstrates the shocking decline in medical and health services, the 24 children developed the complications after getting an injection at Akichelesit Dispensary in Teso North district, Busia county.

An expert said the condition could be caused by an injury inflicted on a nerve by a needle or the use of expired drugs.

The parents demonstrated at the office of Governor Sospeter Ojaamong where the accused the dispensary of harming their children.

In one particularly serious case, parents said a seven-year-old boy's foot started rotting away after receiving an injection at the dispensary. The Daily Nation took pictures of the wound though it was impossible to independently establish its cause.

"My seven-year-old son had malaria and was injected with some medicine and minutes later, he could not walk. The condition has worsened and he cannot move his limbs now," said Mrs Annette Osiya at the county headquarters.

She said staff at the dispensary claimed the condition was a hereditary problem.

Mr Abel Okiror, the father of a six-year-old girl who had a fever when she was taken to the dispensary in April and given an injection, said her case was similar.

"She has been crying in pain since then. My daughter's feet are now wobbly and she cannot support herself," said Mr Okiror.

The parents are rural folk with little knowledge of medicine but they said they suspected their children's illness was not properly diagnosed.

County Health Executive Maurice Simiyu yesterday said a team of doctors had been sent to the dispensary last week to investigate the cases but had to flee for their lives after residents threatened to lynch them.

"We took the children who had been treated there to Busia Referral Hospital for further investigations. We have set up a special clinic to examine the 18 cases we have," said Dr Simiyu.

Dr Simiyu said all the children were undergoing daily physiotherapy and he was optimistic that they would be well again and able to walk in two months.

Asked what went wrong with the treatment the children had received, he said they may have been injected with the wrong or expired drugs. It is also possible that they may have been injected in the wrong place.

According to Dr Simiyu, the paralysis may have been caused by injury to nerves used in the movement of the limbs, which he said might be caused by an injection in the wrong place, particularly the buttocks.

"The condition could also be cau by use of expired drugs," he said

Dr Simiyu said that he had s moned the nurse in charge of dispensary and set up a tean investigate the matter.

He insisted it was national p for medical practitioners to admin oral medication at all times.

The policy allows injections o cases where oral medication ca be administered. The county o also said samples of the drugs a istered for malaria, fever, vomitin pain killers will be taken for fu analysis.

Health Cabinet Secretary Macharia and the Director of M Services, Dr Nicholas Muragori not be reached for comment. were said to be in a meeting.

There has a tug-of-war be the national and county govern over how to manage health se equipment and personnel, inc doctors and nurses.

On June 9, governors sai would accept the Sh38 equipment provided by the n government. Although they s equipment would improve del health services, they still de answers on how the programm be financed.

A recent spot check by a *Nation* reporters found th health centres in counties we equipped and understaffed.

GODFREY OUNDOH | NATION

Mr Abel Okiror, whose six-year-old daughter was taken to the Akichelesit dispensary and was given an injection that left her in pain and unable to walk.

> "My seven-year-old son had malaria and was injected with some medicine and minutes later, he could not walk. The condition has worsened and he cannot move his limbs"
> Annette Osiya, parent

Senators tell State to solve order rows

ATION REPORTER

e Senate has criticized the nment for fa

Counties 'should let go some hospitals'

BY NATION REPORTER

Medical workers' lobby groups have backed the proposal to

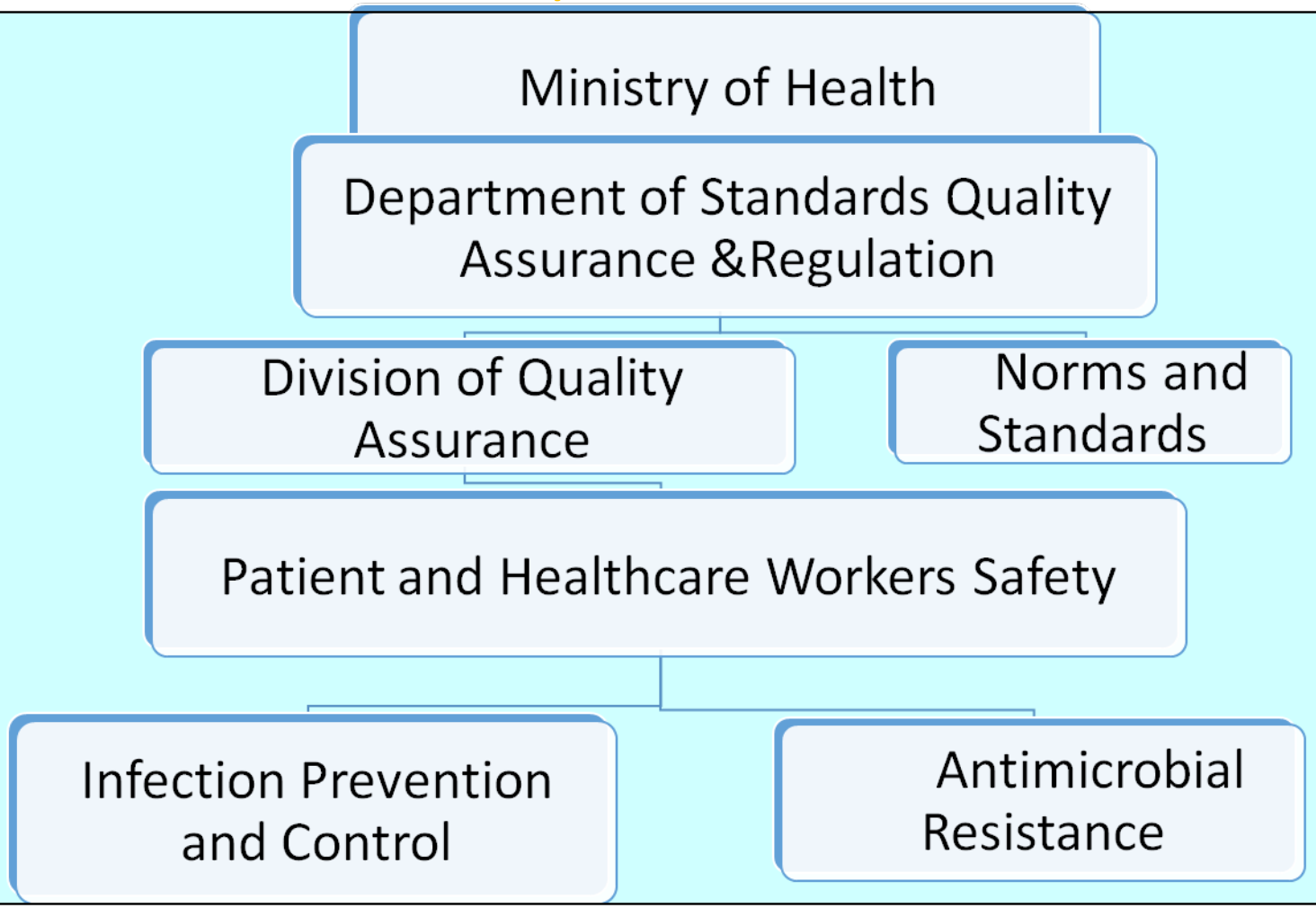
Mr Obuya Obengo, the secretary of the National Nurses Association of Kenya, said: "On the issue

Ramton
Ideas for easy livi

National Context

Pop: 45M
GDP: 60.94 billon USD(2014), 0.10% of the world economy
Health expenditure: 4.5% of GDP
Health literacy: 72.2% (adult)
No. of healthcare facilities : 10,690 HCF, 4799 MOH

Organization of the Ministry of Health-Patient Safety Unit



Situation of patient safety in Kenya

- The Constitution of Kenya, confers the right to health for every citizen in the context of devolved governance for health.
- In 2013 a patient safety assessment was carried out in 493 public and private healthcare facilities
- The assessment covered five risk areas of leadership and accountability; competent workforce; safety of environment for staff and patients; clinical care of patients; and improvement of Quality and Safety.

Results

- Less than 20% of all facilities had an average score of equal or greater than 1in any of the five risk areas
- The fairest performance was reported for the ‘Leadership process and accountability risk area.
- The poorest performance was reported in the ‘Safe environment for staff and patients’
- Both public and private facilities performed poorly overall BUT, of the 13(N=493) with an average score >1, eleven were private
- Facility size and location were associated with performance
  - Larger facilities outperformed smaller ones overall
  - Urban facilities outperformed more rural ones in some criteria

Recommendations

- Improving environment safety for patients/staff
  - Inspecting infrastructure, waste management
- Patient focus
  - Informed consent, patient rights, complaints process
  - Patients educated to participate in their care
- Staff management
  - Orientation to jobs, training on emergency procedures
  - Personnel files and job descriptions for all staff
- Infrastructure and utilities
- Infection prevention and control

Achievement in 2015

- Patient safety unit was established in 2015
- The unit had – 4 staff
- Established the National AMR program and appointment AMR focal point
- Established a National Antimicrobial Stewardship Advisory Committee
- Revised National IPC policy and guidelines 2015
- Developed IPC training modules
- Celebrated the AMR and HBV week- Education to health institutions and vaccination of HBV

Achievement in 2016

- Disseminated the revised IPC Policy and Guidelines to county health teams
  - Supported County health teams to develop IPC action plans
- Trained TOTs from 15 counties on basic IPC
- Updated the AMR situation analysis for Kenya
- Conducted needs assessment for 2 IPC/AMR model sites
- Conducted public engagement for the development of the National AMR Policy and National Action Plan
- Presented papers in the ICID, AIPC and ICAN conferences
- Trained 2 hospital IPC committees
- Celebrated the AMR week- Education to health institutions

Achievement 2017

- Developed the AMR Policy, National Action Plan and Surveillance Strategy
- Trained IPC committees in 10 hospitals
- Conducted support supervision to 5 hospital
- Mobilised resources for IPC and AMR activities- written proposals
- Participated in the development of AMR communication strategy
- Participated in international conferences
- Developed draft training modules on AMR surveillance

Challenges

- Inadequate knowledge of PS
- Inadequate resources for scale up unit activities

(July 2017 to June 2018) activities

- Develop the patient safety policy and strategy
- Develop injection safety policy and strategy
- Celebrated the AMR week- Education to health institutions
- Implement the surveillance strategy – 2 pilot sites
- Conduct an evaluation of IPC/AMR model sites
- Mentor HIPC from the 2 model sites and 5 other sites
- Mentor 1 model site for HH
- Train counties TOTs on IPC
- Participate in IPC and AMR conference

Other MOH programs with PS activities

- Unit of quality assurance- Training on Kenya Quality Model for Health
- Unit of health standards- Developing health standards and disseminating them to the counties
- Unit of health Legislation- developed joined inspection checklist for health facilities and supporting health inspectors
- The Pharmacy and poisons board- Carrying out pharmacovigiliance

Acknowledgment

- CDC
- WHO
- FAO
- University of Maryland
- NASAC
- NIPCAC