

Objectives: This study aimed to systematically review the literature on the patient safety practices at health facilities in Indonesia.

Methods: The PubMed, Google Scholar, DOAJ databases search was set to find recently published papers within the last ten years (between 2010 and 2019). The authors also searched and selected all studies related to patient safety practices at health facilities from Indonesian journals that indexed by IPI or SINTA1-4. The articles were assessed and analyzed in term of coordination in patient safety program, safety culture, and association between patient safety and quality of healthcare.

Results: The type of coordination between units at health facilities in Indonesia that is most identified is pooled interdependence, safety-related perception of health care providers was the most important thing to promote safety culture at health facilities, and patient safety practice has a potential to improve the patients' perceptions of the healthcare quality.

Conclusion: In conclusion, the results of this study highlight the need for good coordination among units at health facilities in implementing patient safety program. The results also suggest the need for designing strategies to effectively implement culture of safety, which can consequently influence the healthcare quality.

Disclosure of Interest: None declared

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MAPPING THE HEALTHCARE STRUCTURES AND THE PRACTICE OF GUIDELINES FOR INFECTION PREVENTION AND CONTROL STAFF IN THE DUTCH-GERMAN BORDER REGION IN 2016

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Antimicrobial Resistance and Infection Control 2019, **8**(Suppl 1):P477

Introduction: Since 2011, EU patients have a right to seek healthcare anywhere in the EU. Little is known on the influence of differences in acute healthcare structures on infection prevention. Moreover, guidelines and realization of those for infection prevention and control (IPC) staff differ and might impact the quality of healthcare.

Objectives: We performed an analysis of those parameters in the Dutch-German border region in order to indicate differences and similarities.

Methods: For the German border region hospitals (GBH) we extracted annual quality records of hospitals from the Federal Joint Committee. For the Dutch border region hospitals (DBH) the data was requested at press offices of hospitals. We used population statistics and survey data in fulltime equivalents on staff in GBH in 2015.

Results: There are more than 4 times more hospitals, hospital beds and inpatient cases per inhabitants in the German than in the Dutch region. Both guidelines recommend similar number of IPC staff. Twenty out of 29 DBH (76.9%) fulfill the Dutch IPC staff guideline for infection control doctors (ICD), 23 (88.5%) for infection control nurse (ICN). Nine out of 35 GBH (25.7%) adhere to the German IPC staff guideline for ICD. All GBH have at least one ICD as an external consultant; 21 (60.0%) have enough ICN. Estimating the actual numbers of IPC staff in DBH with the German guideline, 21 DBH (80.8%) fulfil them for ICD and 19 (73.1%) for ICN. If the Dutch IPC staff guideline would be valid in GBH, 14.5% for ICD and 40.0% for ICN would fulfil it.

Conclusion: The observed large differences in acute healthcare structures in the Dutch-German border region cannot be explained by the different population density. There are more and smaller hospitals in Germany hampering the employment of sufficient IPC staff. The fourfold more inpatient cases per inhabitants in the German

region enhance the exposure to healthcare, antibiotics and MDRO. Co-operation in education of IPC staff and recognition of degrees could facilitate closing the gap of supply and demand in IPC staff at both sides.

Disclosure of Interest: None declared

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WEBQUEST AS INNOVATIVE EDUCATION TOOL FOR INFECTION PREVENTION: BRAZILIAN EXPERIENCE ON IMPLEMENTATION

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Antimicrobial Resistance and Infection Control 2019, **8**(Suppl 1):P478

Introduction: Implementation science is helpful to overcome the challenge of translating scientific evidence into clinical practice. This study presents preliminary data from a Webquest (WQ) implementation project aiming to enhance knowledge on infection prevention in primary health care (PHC). WQ is an innovative, inquiry-oriented lesson format in which most information comes from the web, but we have adapted it for use off-line since in PHC internet access is frequently poor.

Objectives: To evaluate the feasibility of the WQ strategy and analyze the local health managers opinion about viability of this strategy in PHC.

Methods: Settings: PHC units in a countryside city of Brazil. Design: Mixed method. A quantitative approach assessed the feasibility of the WQ strategy with 50 members of PHC nursing teams. A qualitative approach assessed the perception of three local health managers through interviews and content analysis.

Results: The mean time spent to perform the WQ was 32.5min. Most of participants (96%; 48/50) considered the activity easy and pleasant. Managers thought infection prevention was an important issue, but it was not a priority for them. They pointed out potentially positive influential stakeholders, such as the nursing supervisor and the municipal continuing education staff. The enablers of the implementation process were the feasibility of performing WQ during journeys to work and the low technology requirement. The barriers were the lack of effective continuing education on infection prevention; a perception of devaluation and demotivation of personnel; understaffing; previous experience with research that had not changed clinical practice.

Conclusion: The WQ has potential as an effective and innovative tool for infection prevention in PHC. There is a need for strategies to raise the priority of infection prevention on the PHC agenda. The identification of potential positive influential stakeholders, enablers and facilitators will support the next step of the implementation process, increasing the chance of success in the transfers of scientific evidence to clinical practice.

Disclosure of Interest: None declared

Poster session: Disinfection / sterilization / environment 2

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EVALUATION OF THE EFFECTIVENESS OF LIQUID HYDROGEN PEROXIDE ON SURFACE CONTAMINATION

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Antimicrobial Resistance and Infection Control 2019, **8**(Suppl 1):P479