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Adoption of an infection prevention and control programme (IPCP) in the Republic of Kiribati: a case study in diffusion of innovations theory

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Abstract

Abstract presented at the International Conference on Prevention & Infection Control (ICPIC 2011) Geneva, Switzerland. 29 June - 2 July 2011

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ORAL PRESENTATION

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Adoption of an infection prevention and control programme (IPCP) in the Republic of Kiribati: a case study in diffusion of innovations theory

P-A Zimmerman^{1*}, H Yeatman¹, M Jones², H Murdoch³

From International Conference on Prevention & Infection Control (ICPIC 2011)
Geneva, Switzerland. 29 June – 2 July 2011

Introduction / objectives

This paper presents a study which holistically examined the innovation processes experienced by the Republic of Kiribati in their adoption of a comprehensive IPCP innovation package.

Methods

A case study methodology was used to explore IPCP adoption. Data sources and analysis included: 1) Chronological and thematic analysis of IPCP documentation and assessments performed by local staff and external agencies/consultants, and 2) semi-structured interviews with local key informants and external agencies (using snow-ball sampling) with thematic analysis. Analysis was informed by the Diffusion of Innovations for Organisations framework.

Results

Identification of the two key activities of the innovation process for organisations, initiation and implementation (of the IPCP) was achieved. The initiation activity included two stages: 1) agenda-setting: preparations for severe acute respiratory syndrome (SARS) in 2003 stimulated the identification of organisational IPCP deficits, and 2) matching: IPCP deficits were identified and the decision to adopt an IPCP innovation package was made. Implementation included three stages: a) redefining/restructuring: identification of the components of an IPCP and how they best fit with the local health structure, b) clarifying: integration of IPCP into the health services and defining an infection control role within

the nursing division and, c) routinising: the IPCP became an ongoing element in health service delivery.

Conclusion

The adoption of the IPCP followed the classic Diffusion of Innovations Process for Organisations. This process can serve as an IPCP adoption model in other low- and middle-income healthcare settings.

Disclosure of interest

None declared.

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