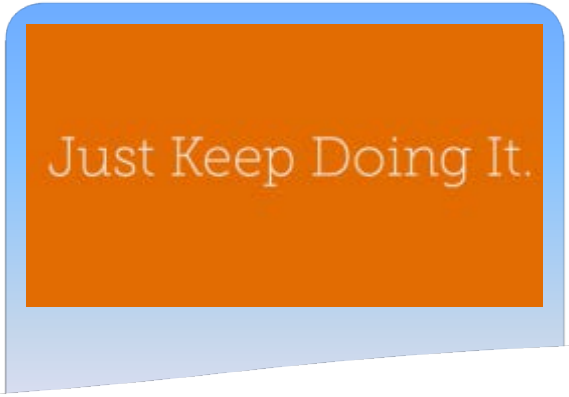
Hand Hygiene Program

Strategies to Promote HH

October 2018

Rachel Thomson



TASMANIAN HEALTH SERVICE

Tasmanian Government

Learning Objectives

- Review key strategies in the promotion of hand hygiene
- Consider strategies used in a teaching hospital in Australia
- Review the effectiveness of the strategies utilised

Strategies to promote HH

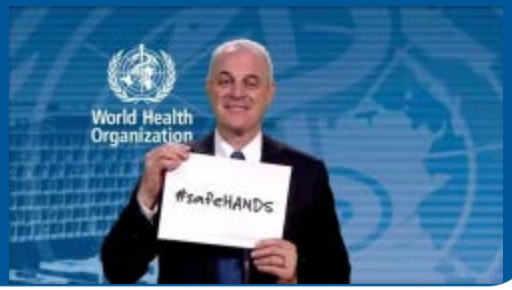
- 1800's - Ignaz Semmelweis, mandates hand hygiene with chlorinated lime solution in a maternal unit
- 1980's – First HH guidelines published in the USA
- 2000 - Didier Pittet et al publish a landmark study proving the positive association between Hand Hygiene ('Culture Change Program' involving alcohol-based handrub, education and hand hygiene promotion) and significantly improved hand hygiene of healthcare workers, and in turn reduced healthcare associated infections (HAI).
- 2002 - Alcohol-based handrub is defined as the gold standard of care for hand hygiene practices in healthcare settings, whereas hand washing is reserved for particular situations only

Source: HHA Manual (online)
https://www.hha.org.au/component/jdownloads/send/5-implementation/191-hha-manual?option=com_jdownloads

TASMANIAN HEALTH SERVICE

Tasmanian Government

Strategies to promote HH



- 2005 - WHO release Advance Draft Guidelines on Hand Hygiene in Health Care providing guidelines based on a the most extensive review of literature on hand hygiene in healthcare to date.
- 2009 – finalised WHO Guidelines released
- 2008 - The Commission appointed Hand Hygiene Australia to implement the National Hand Hygiene Initiative following endorsement by all Australian health ministers.
- 2012 – The National Safety and Quality Health Service (NSQHS) Standards were released by The Commission. Standard 3 section 3.5 requires the development, implementation and auditing of a hand hygiene program consistent with the National Hand Hygiene Initiative

Source: HHA Manual (online)
https://www.hha.org.au/component/jdownloads/send/5-implementation/191-hha-manual?option=com_jdownloads

TASMANIAN HEALTH SERVICE

Tasmanian Government

Strategies to promote HH

- Linked directly to the National Hand Hygiene Initiative (NHHI) in Australia
- 2 primary broad activities
  - Multi-modal, broad healthcare worker education
    - Direct education
    - On-line learning management system
    - Use of local data as part of education
  - Promotion
    - Talking walls
    - Awards
    - Awareness activities
    - Competitions

TASMANIAN HEALTH SERVICE

Tasmanian Government

Who are we – where are we?

- The primary tertiary referral centre within Tasmania (412 beds)
- 22 Bed Critical Care unit, including a Cardiothoracic Surgical Unit (Level 3)
- 11 bed NPICU
- Satellite dialysis service (>5000 procedures/annum)

My hospital – **Royal Hobart Hospital**

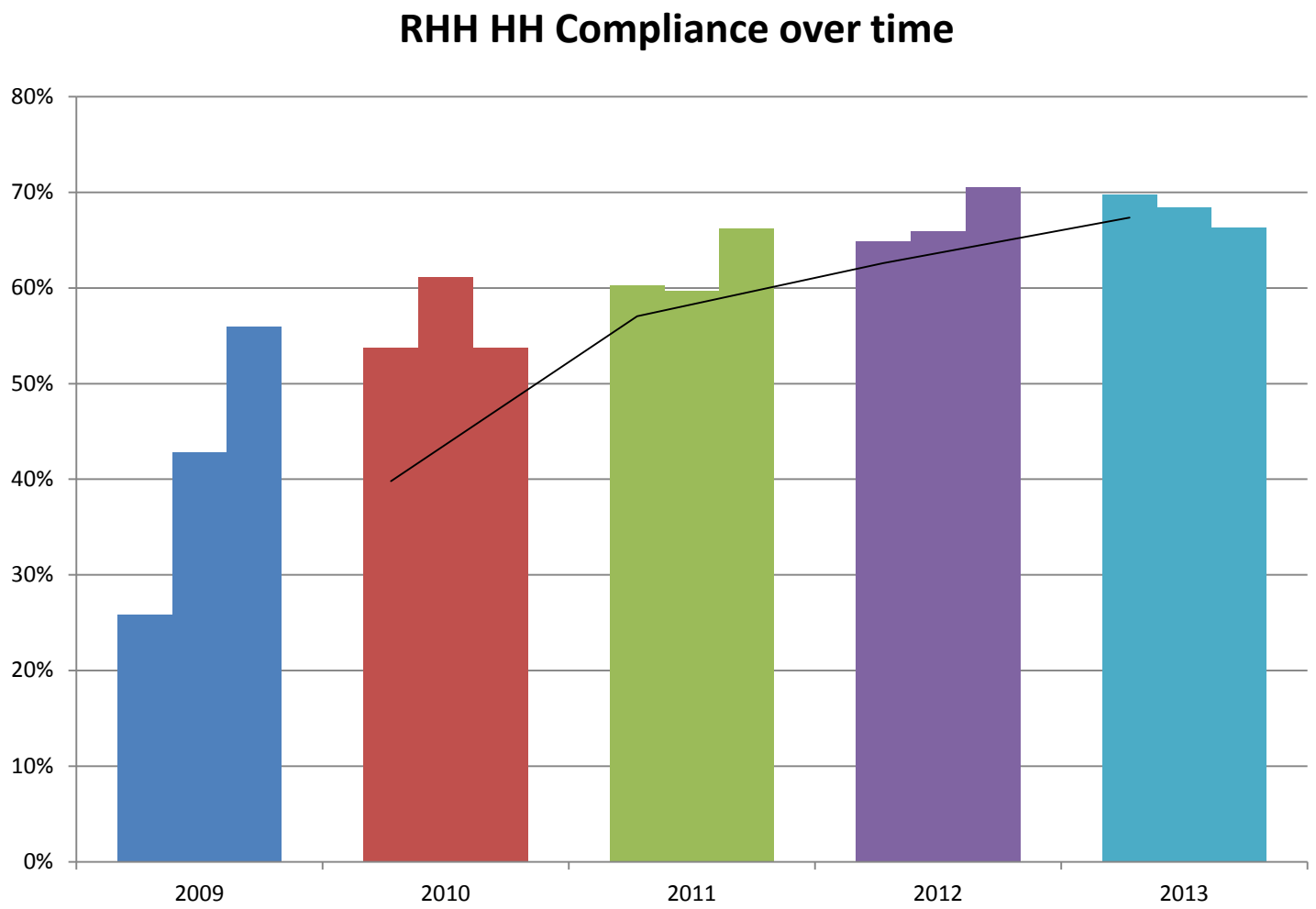
Strategies to promote HH – a personal experience

- May 2009 the RHH introduced a formal HH program
  - Project position HH Coordinator
  - Executive engagement
  - New HH product
  - Broad mandatory education
  - Targeted HH auditing
  - HH 'Champions'
- December 2011 HH returns to IPCU with 0.5FTE additional resource

TASMANIAN HEALTH SERVICE

Tasmanian Government

Strategies to promote HH – a personal experience



Strategies to promote HH – a personal experience

- One key strategy built into the frameworks was Clinical Simulation using clinical scenarios
  - Generic
  - Unit specific
- HCWs were unable to translate the 5 Moments of HH into clinical practice
- Confusion still existed in identifying the Moments

Clinical Scenario 7 – Giving an IV antibiotic

Action	Hand Hygiene Moment
Enter bedspace with antibiotic prepared and stop IV pump.	**Moment 1** – Perform Hand Hygiene before touching a patient.
Check patient's armband	**NA** – Moment 1 continues, pump counts as part of the patient.
Administer antibiotic, either via burette, piggyback line, or slow push etc.	**Moment 2** – Perform hand hygiene immediately before a procedure. Ensure nothing else in the environment is touched prior to giving the antibiotic
Re-programme IV pump.	**Moment 3** – Hand hygiene should be performed after the procedure and before re-setting the pump.
Leave bedspace and document appropriately.	**Moment 4** – After touching a patient and leaving the surroundings.

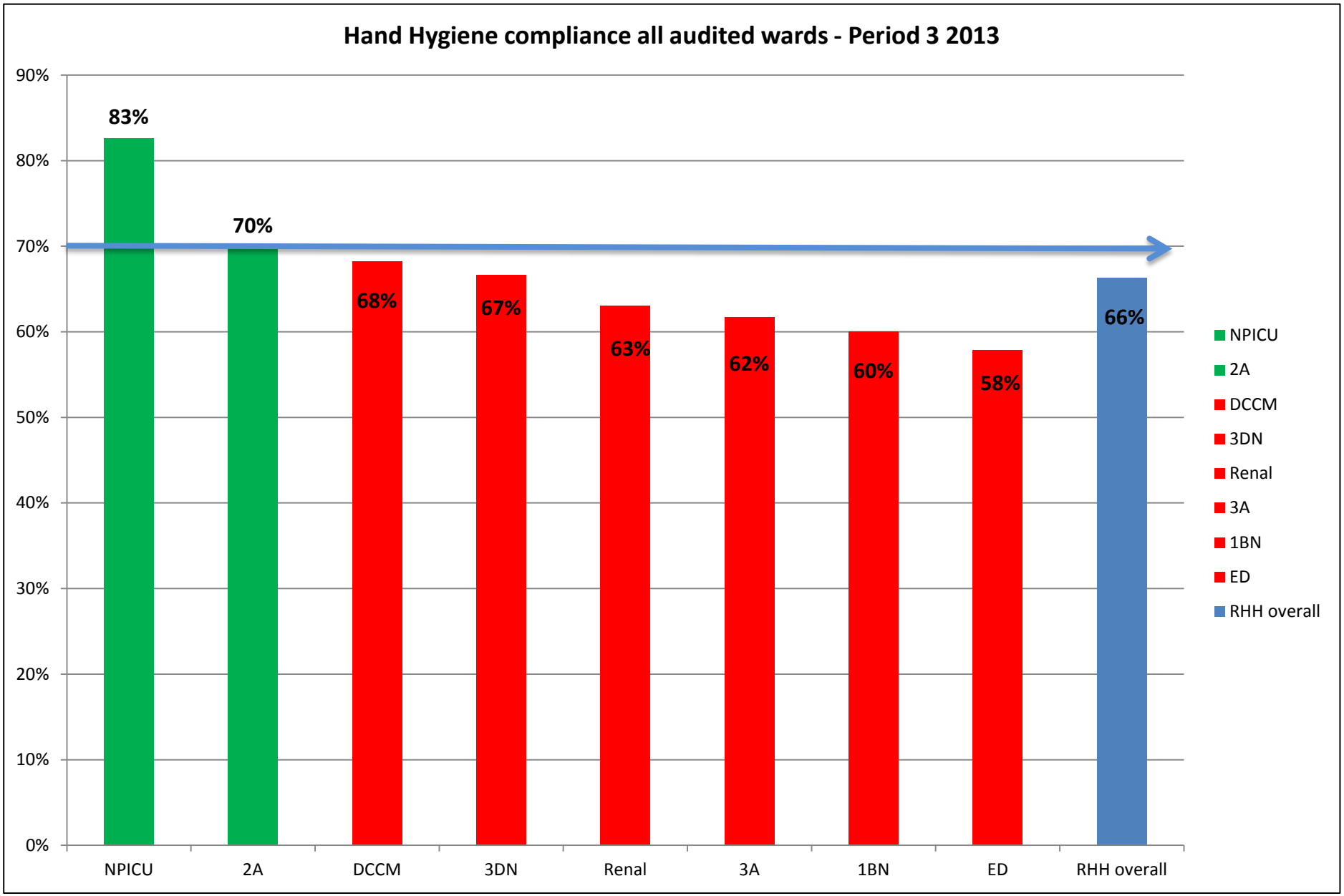
Action	Hand Hygiene Moment
Enter bedspace with antibiotic prepared and stop IV pump.	
Check patient's armband	
Administer antibiotic, either via burette, piggyback line, or slow push etc.	
Re-programme IV pump.	
Leave bedspace and document appropriately.	

Clinical Scenario 7 – Giving an IV antibiotic

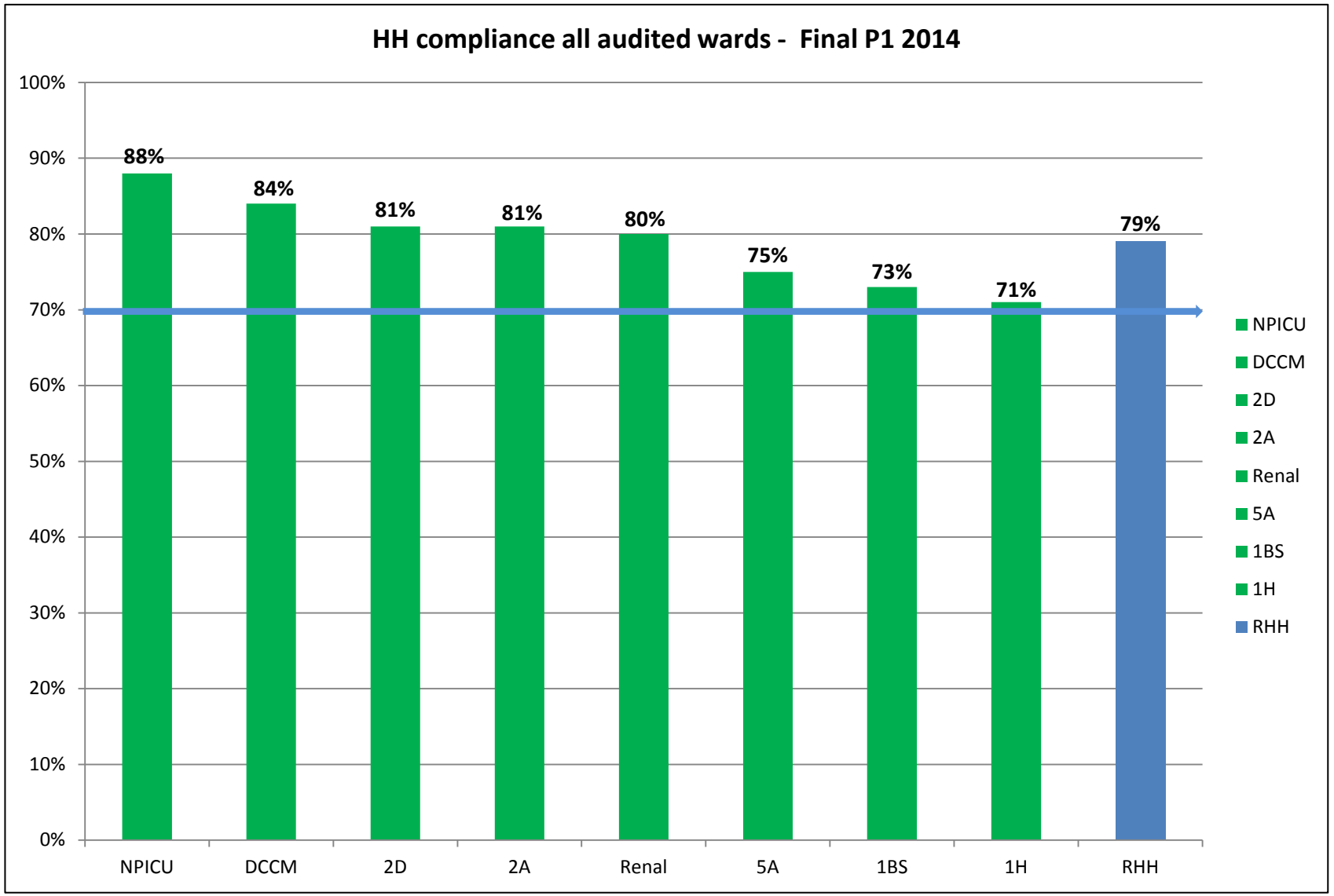
Action	Hand Hygiene Moment
Enter bedspace with antibiotic prepared and stop IV pump.	**Moment 1** – Perform Hand Hygiene before touching a patient.
Check patient's armband	**NA** – Moment 1 continues, pump counts as part of the patient.
Administer antibiotic, either via burette, piggyback line, or slow push etc.	**Moment 2** – Perform hand hygiene immediately before a procedure. Ensure nothing else in the environment is touched prior to giving the antibiotic
Re-programme IV pump.	**Moment 3** – Hand hygiene should be performed after the procedure and before re-setting the pump.
Leave bedspace and document appropriately.	**Moment 4** – After touching a patient and leaving the surroundings.

Action	Hand Hygiene Moment
Enter bedspace with antibiotic prepared and stop IV pump.	**Yes** – Before touching a patient
Check patient's armband	**No** – Moment continues
Administer antibiotic, either via burette, piggyback line, or slow push etc.	**Yes** – Before a procedure CRITICAL
Re-programme IV pump.	**Yes** – After the procedure
Leave bedspace and document appropriately.	**Yes** – After touching a patient

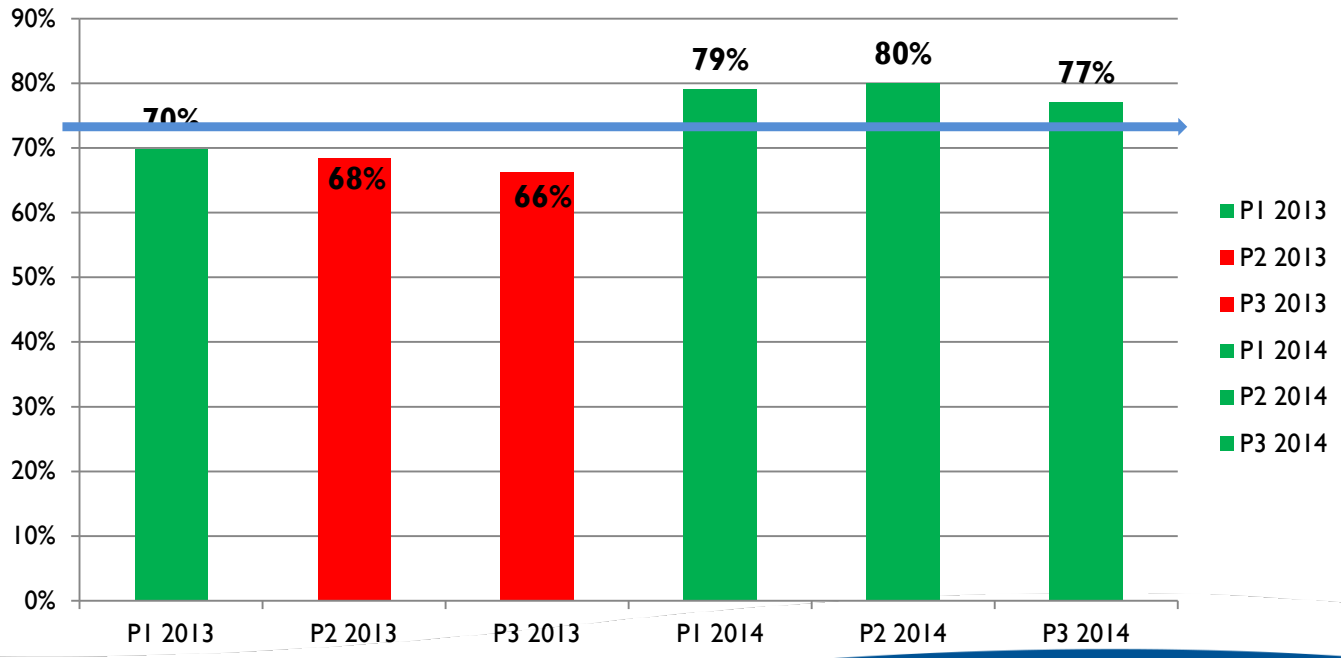
Graph of compliance of wards in an audit period *before* frameworks were introduced



Graph of compliance of wards in an audit period *after* frameworks introduced



HH Compliance RHH



TASMANIAN HEALTH SERVICE

Tasmanian Government

Strategies to promote HH – a personal experience

Strategies to promote HH – a personal experience

- When the HH program was returned to RHH IPCU in 2011, it was envisaged that units would take ownership of their HH compliance
- 'Action Plans' were provided
- In hindsight these were unsophisticated
- HH compliance rates were evidence that this initiative wasn't working well for most wards

HAND HYGIENE ACTION PLAN

Unit: 5A/HVSSU **Date of action plan: October 2013**

Action to be implemented	By when	Person responsible	Outcome measure
Organise Information Board	Ongoing and update regularly	Link Nurses	Ongoing
Posters for the ward and each patient room	Started in July 2012 completed by Early August 2012	Link Nurses	Information at each room wash area – to consolidate knowledge on 5 moments of hand hygiene. Increased staff awareness of ward culture change to embrace HH ideals. Outcome completed.
Discussion of Hand Hygiene Audit periods and Data collected	Continuing	Link Nurses and NUM	Achieved Information released at each ward meeting with view to raising compliance and audit results.
Discussion of Hand Hygiene expectation with each new staff rotation (Medical and nursing staff)	Continuing	Link Nurses, NUM, educators, all ward staff	Higher compliance at each audit periods – Focus for 2013 -2014 Medical staff.
Information Folder	Complete by February 2014 then to maintain up to date information	Link Nurses	To house copies of articles, past audit data, power-point presentation hard copies. To facilitate self learning (CPD).

Strategies to promote HH – a personal experience

Frameworks were developed;

- These included the main strategic elements
  - Key stakeholders
  - Education
  - Promotion
  - Product
  - Compliance
  - Resources

TASMANIAN HEALTH SERVICE

Tasmanian Government

Hand Hygiene Compliance Improvement Framework

Please note:

- *This framework includes minimum suggestions to build clinician capacity relating to hand hygiene – it may be amended to suit individual departments. Links to resources and documents are embedded on the final page of this framework.*
- *If assistance is required to develop an action plan for hand hygiene please contact your Infection Prevention & Control staff*

Unit/ Department:
Date created:

Contact Person/s:
Date last updated:

Strategy	Actions	Timeline		Responsibility	Performance Measure/ Progress	Progress Flag
		Start	Finish			
High level action or tactic	*Steps to achieve the strategy*	*Expected start and completion times*		*Who will be responsible for the action?*	*How will you know that the strategy has worked? How will you measure this?*	
Identify key stakeholders	Involve NUM, Medical HODs, CNE/s & Standard 3 Portfolio holder/s (+/- Infection Control staff)					
Develop stakeholder group	Plan follow-up meeting schedule • Identify gaps in and barriers to hand hygiene • Plan an approach to hand hygiene capacity development • Develop a communication strategy amongst this group and for staff					
Delegate areas of responsibility for tailoring to unit specific requirements	Staff education • e-learning (THEO) • in-service/s (5 Moments + Bare-below-the-elbows) Promotion • signage • recognition of compliance/ improvement • communication in team and externally (other teams)					

Progress flag: (colour the Progress Flag box)
■ Not yet started ■ Implemented – on track ■ Completed
■ In progress ■ Removed

Hand Hygiene Compliance Improvement Framework

Resources:

Staff Education

Links:

Link to THEO

HHA

Documents:

Clinical scenarios: Instruction sheet

How to conduct Hand Hygiene Clinical

Clinical Scenarios – question and answer sheets (examples only more available from IPCU)

Clinical Scenario 1 - routine medication ad

Clinical Scenario 1 - routine medication ad

Clinical Scenario 2 mobilising a patient ar

Clinical Scenario 2 mobilising a patient.d

Clinical scenario 4 venepuncture answe

Clinical scenario 4 venepuncture.docx

Bare Below the Elbows Compliance Implementation Framework.

Bare Below the Elbows Compliance In

Promotion

Links:

Tasmanian HH posters

(Contact IPCU for support with printing)

HH posters

Documents:

BBTE RHH Poster FINAL.pdf

Product

Documents:

Recommendations re placement of product

9_RecomendationsforABHRPlacement[1].p

Alternate product access (D/W IPCU)

Spirigel memo June 2012 final.pdf

Compliance

Links:

DHHS HH Policy

RHH Dress Code protocol

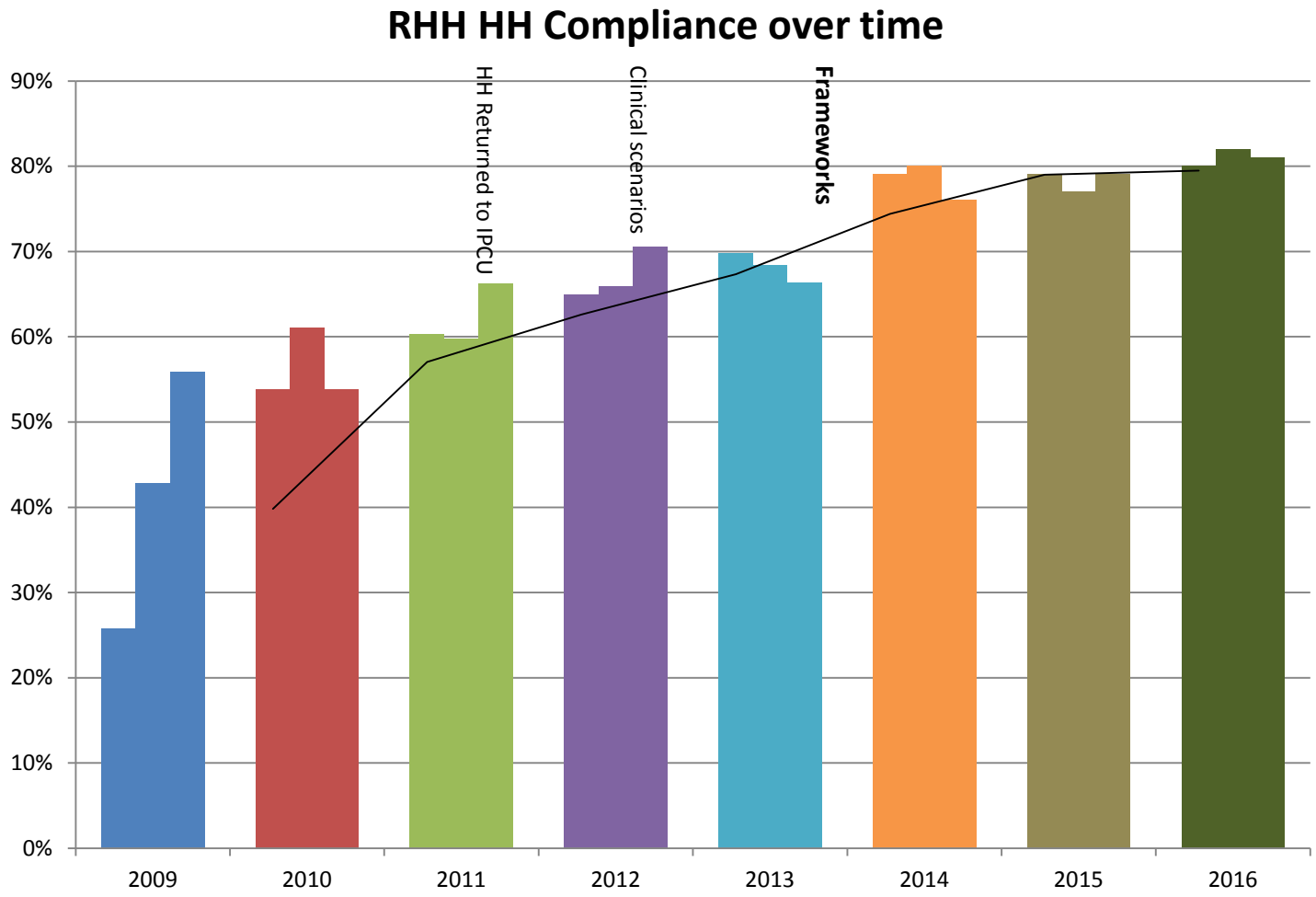
Other:

Compliance report (contact Infection Prevention & Control staff)

Progress flag: (colour the Progress Flag box)

Not yet started | In progress | Implemented – on track | Removed | Completed

Strategies to promote HH – a personal experience



Summary

- The most successful hand hygiene compliance improvement has been demonstrated by those wards who have taken over full ownership of improving their compliance.

"Don't tell people how to do things, tell them what to do and let them surprise you with their results"

Gen. George S Patton, Jr.

Questions

TASMANIAN HEALTH SERVICE

Tasmanian Government