Hand Hygiene Program Challenges

Working with Difficult to Engage Groups

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Learning Objectives

Review healthcare worker groups that are commonly regarded as challenging when it comes to engaging with Hand Hygiene program and discuss approaches to support stakeholder buy-in and improvements;

- **Consider barriers** to effective engagement for medical staff and Emergency Departments
- **Review strategies** to engaging medical staff and Emergency Departments in HH outcomes
- **Review an effective engagement program…but was it?**

Medical engagement in HH

Ignaz Semmelwiess circa 1851

- "After more than 150 years of prodding, cajoling, educating, observing and surveying physicians, hand hygiene adherence rates remain disgracefully low"

  Weinstein RA. Hand hygiene: of reason and ritual [editorial]. Ann Intern Med 2004;141:65-6.

- This leads to the question today; **Why are medical staff less likely to clean their hands in accordance with the 5 Moments and how can we lead sustained improvements in HH with medical staff?**

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Medical engagement in HH

Why don't doctors wash their hands? A correlational study of thinking styles and hand hygiene

Ruth M. Sladek, MPH,[a] Malcolm J. Bond, PhD,[a] and Paddy A. Phillips, MD, PhD, FRACP, FACP[b]
Adelaide, Australia

- This paper from Sladek et al. examines the role of the '**experiential**' mode of practice versus the '**rational**' mode of practice.

Experiential systems of working are defined by being;

- Slower to change
- Holistic
- Self-evidently valid 'seeing is believing

Rational systems of working are defined by being

- Logical
- Change more rapidly
- Process oriented

AJIC August 2008;Vol. 36 No.6

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Medical engagement in HH

- Sladek et al. concluded that traditional approaches of **logic** and **reasoning** alone are unlikely to be successful alone.
- They speculated that where hand hygiene had become more '**habitualised**', and requiring little deliberate thought, that compliance was likely to be higher.

- This leads to another question; **How do we support medical staff to develop good HH habits?**

Medical engagement in HH

Hand hygiene compliance: the elephant in the room

Stella Stevens[1,3] PhD
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Craig White[2] MBBS, MBus
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- This paper supports the premise that improvements can only happen if medical leadership are actively engaged, infection control nurses may not be the most appropriate people to secure medical engagement

- The publication from Stevens et al. examined the role of leadership in improving medical compliance. They concluded that medical consultants were seen as more influential than infection control staff.

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Medical engagement in HH

Letters to the Editor / Journal of Hospital Infection 76 (2010) 84–95

Physicians and hand hygiene practice: a focus group study

- A study published as a letter to Editor in the Journal of Hospital Infection explored behavioural determinants as factors relating to HH compliance.
- They identified 4 physician specific themes
  - **Over estimation of knowledge**
  - Physicians are **concerned about patient perceptions** of HH (interfering with relationships)
  - **Funding** for HAI activities is seen as important (single rooms/ bathrooms should be funded)
  - **Medical hierarchy** is a critical factor in HH behaviour

Medical engagement in HH

- Confounders to good practice have been examined in numerous publications.
- The following paper undertook narrative interviews with medical students and doctors at various points in training including medical educators
- 4 main themes were identified during this research

Open Access Research

BMJ Open

'And you'll suddenly realise 'I've not washed my hands': medical students', junior doctors' and medical educators' narratives of hygiene behaviours

Penelope Cresswell,[1] Lynn V Monrouxe[2]

Medical engagement in HH

- The themes were
  - Knowledge;
    - Imposed knowledge "driven into us" and
    - Origins of knowledge "I like to see the evidence before I make my own decisions"
  - Constraints
    - Glove use
    - Skin complaints
    - Lack of equipment/ lack of time
  - Role models/ cultural reinforcement
    - If the senior doctor doesn't, why would I?
  - Hygiene as an added extra
    - Emergency care is more important
    - When trying to impress/ being watched

Medical engagement in HH

- Key recommendations from Cresswell and Monrouxe included;
  - Trainee medical staff should be **encouraged to consider why** certain behaviours are recommended (embedded in training)
  - Hygiene practices should be **reinforced as intrinsic behaviours**
  - Senior physicians should be reminded of their '**role-model' status**
  - Staff should '**speak-up**' advocating expected behaviours
  - **Reporting** should be encouraged (UK 'whistle-blowers' clause)
  - Hygiene behaviours should be promoted as **integral part of clinical practice**

Medical engagement in HH

Summary

- HH and other hygiene measures need to be reinforced and developed during training
- Medical leadership is essential and is needed to help drive Infection Prevention and Control agendas
- Culture change is needed to make behaviours intrinsic
- Barriers must be resolved (access, glove use, skin issues etc.)

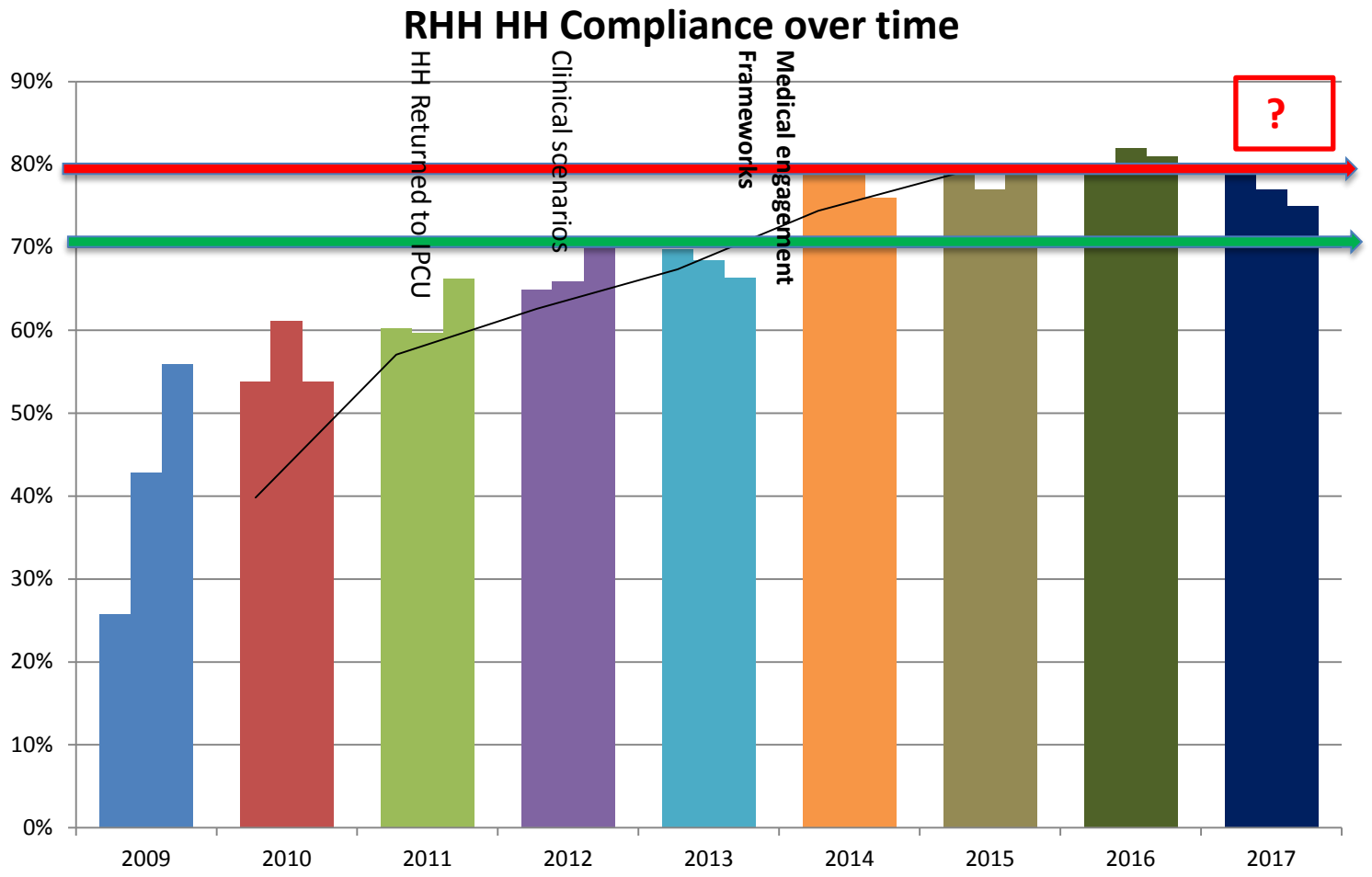
- And…now to a personal experience

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**

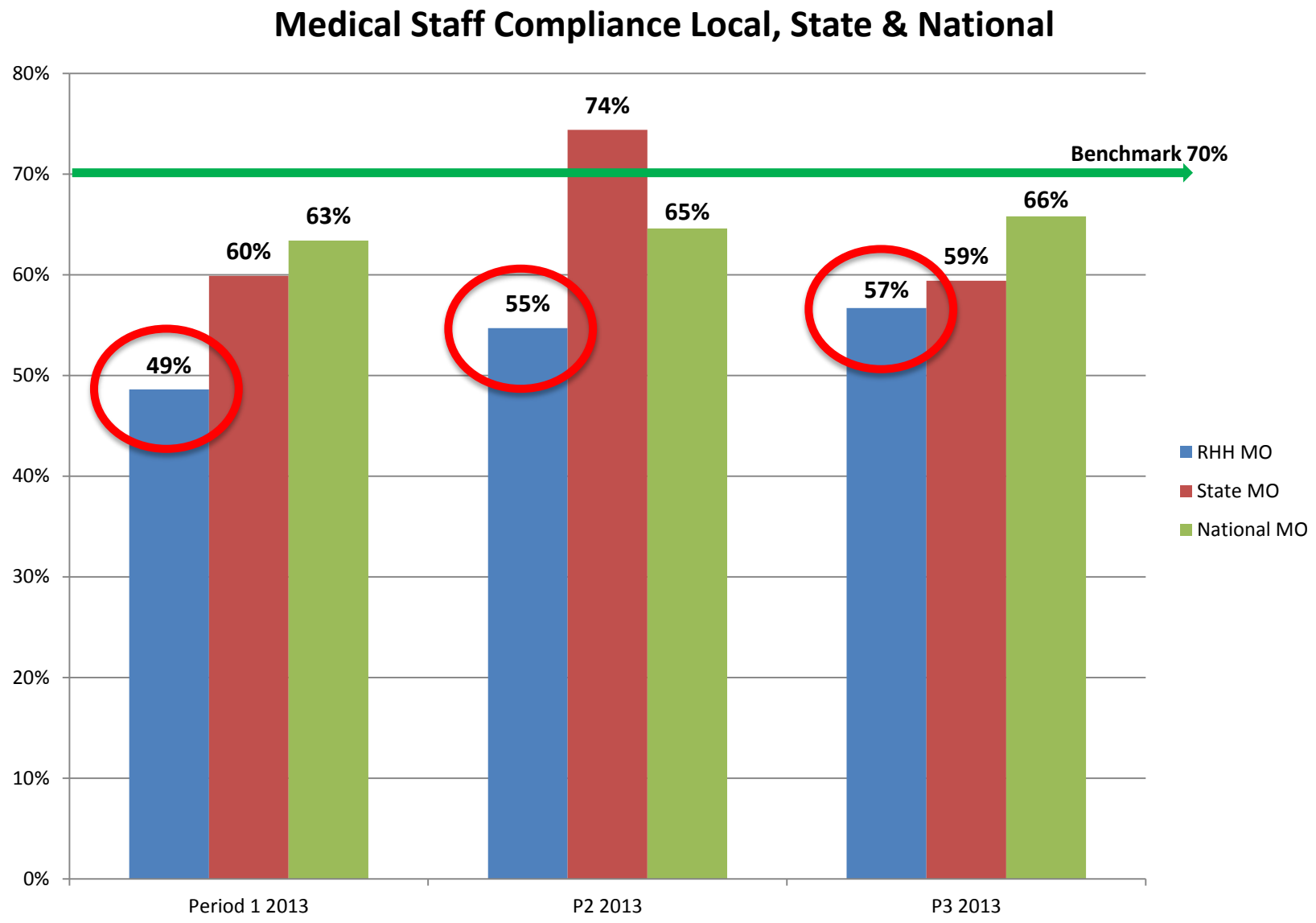
Hand Hygiene Compliance over time



Improvement in 'difficult to engage' groups – Medical Staff

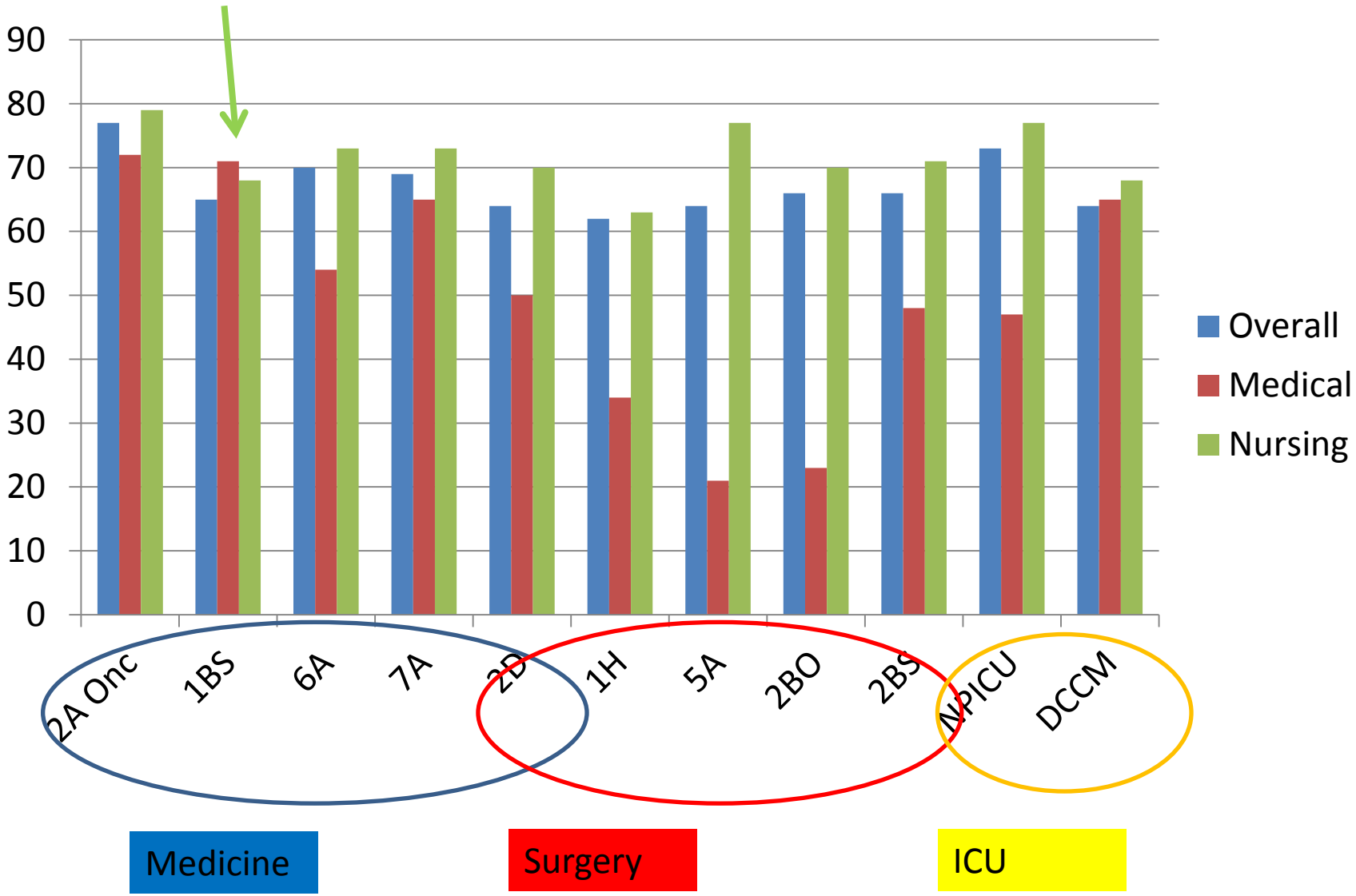
- 'Invited' to present at Executive Committee
- Follow-on invitation to present to Medical Leadership Advisory Committee
- December 2013 presentation
  - Lack of understanding of HH and how to engage with the program
  - Concern re 'whose problem is it'
  - Genuine interest in receiving timely meaningful information

Graph showing Medical Staff compliance *before* intervention



Audit data period 1&2 2013

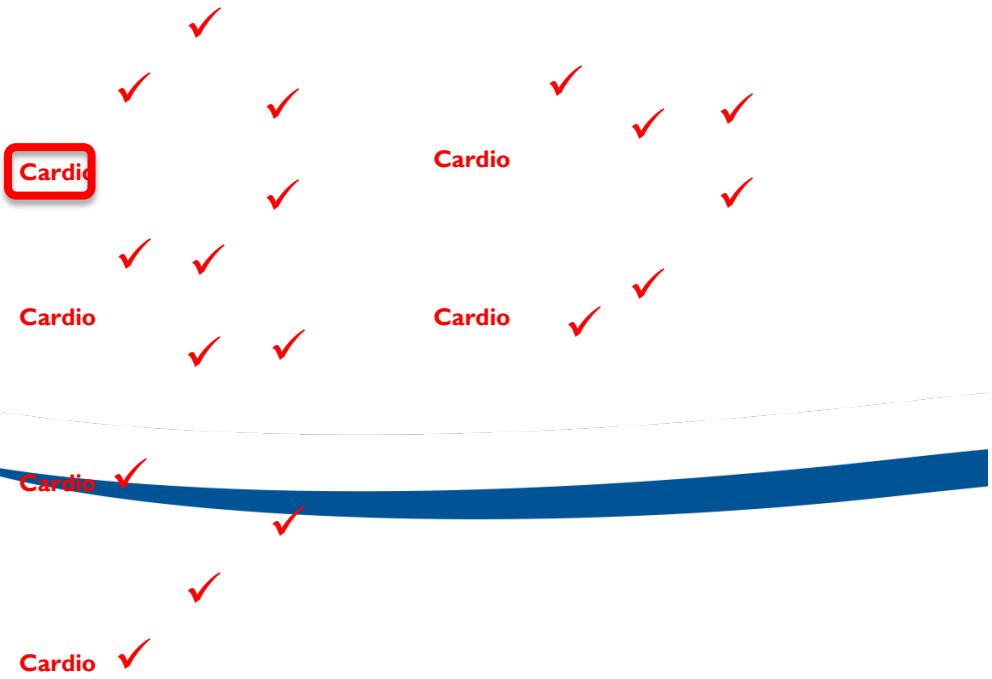
Compliance according to ward/unit



Medical engagement in HH

- Introduced a range of strategies;
  - Enhanced data collection
    - Adapted the HHA audit tool
    - Education to HH Auditors
    - Medical HoDs informed services of strategy
  - Direct and immediate feedback to HoDs
    - Email communication
    - Avoided focusing on 'Moments'
    - Emphasise positive as well as inform of issues
    - No name and shame
    - Onus on the HoD to communicate with Team/ Service

Enhanced HHA Audit Tool



Example of email communication

Hi Paul,

Further to recent discussions with both the THO-South Executive Committee and MLAC I am contacting you in your role within Cardiology to provide some direct feedback on medical staff hand hygiene (HH) compliance observed today 10/12/13. This will occur regularly from this time to facilitate improved feedback and ownership of HH compliance.

Ward 2D
Cardiology team
6 moments observed

- Cardiology Resident was observed undertaking 3 Moments and missed 2/3 of the following opportunities for appropriate hand hygiene
  - MISSED Before touching a patient - This moment is deemed as very important to minimise the risk of infection to a patient
  - MISSED After touching a patient's surroundings without touching the patient – This moment is important to protect the healthcare worker and the healthcare surroundings from contamination

- Cardiology Registrar was observed undertaking 3 moments and complied with all opportunities for appropriate hand hygiene – this is a good example of leadership

As HOD I would appreciate if this limited direct feedback could be provided to the appropriate person/s

Please feel free to contact me if you require clarification or further information

Kind regards
Rachel

Rachel Thomson

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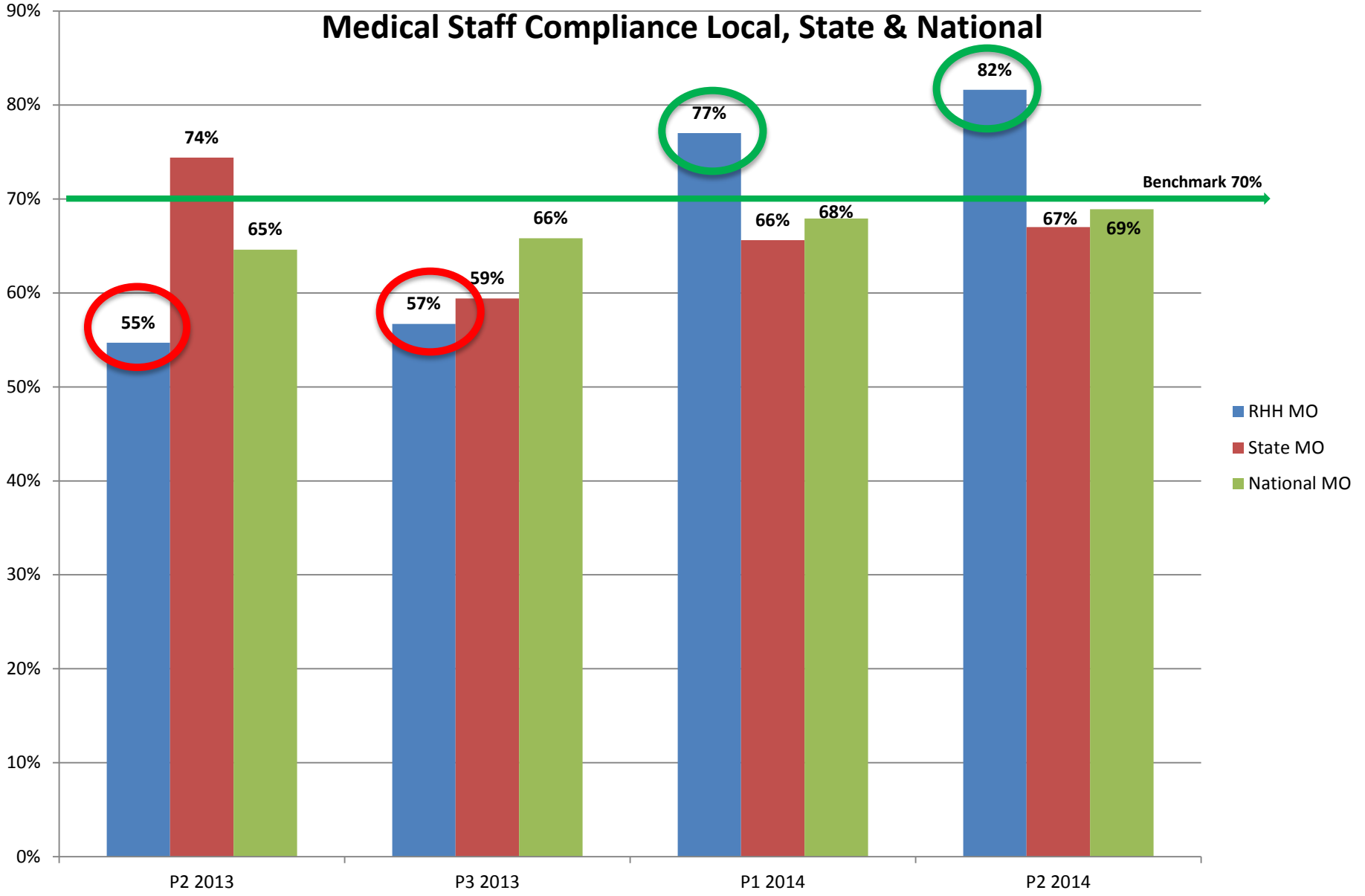
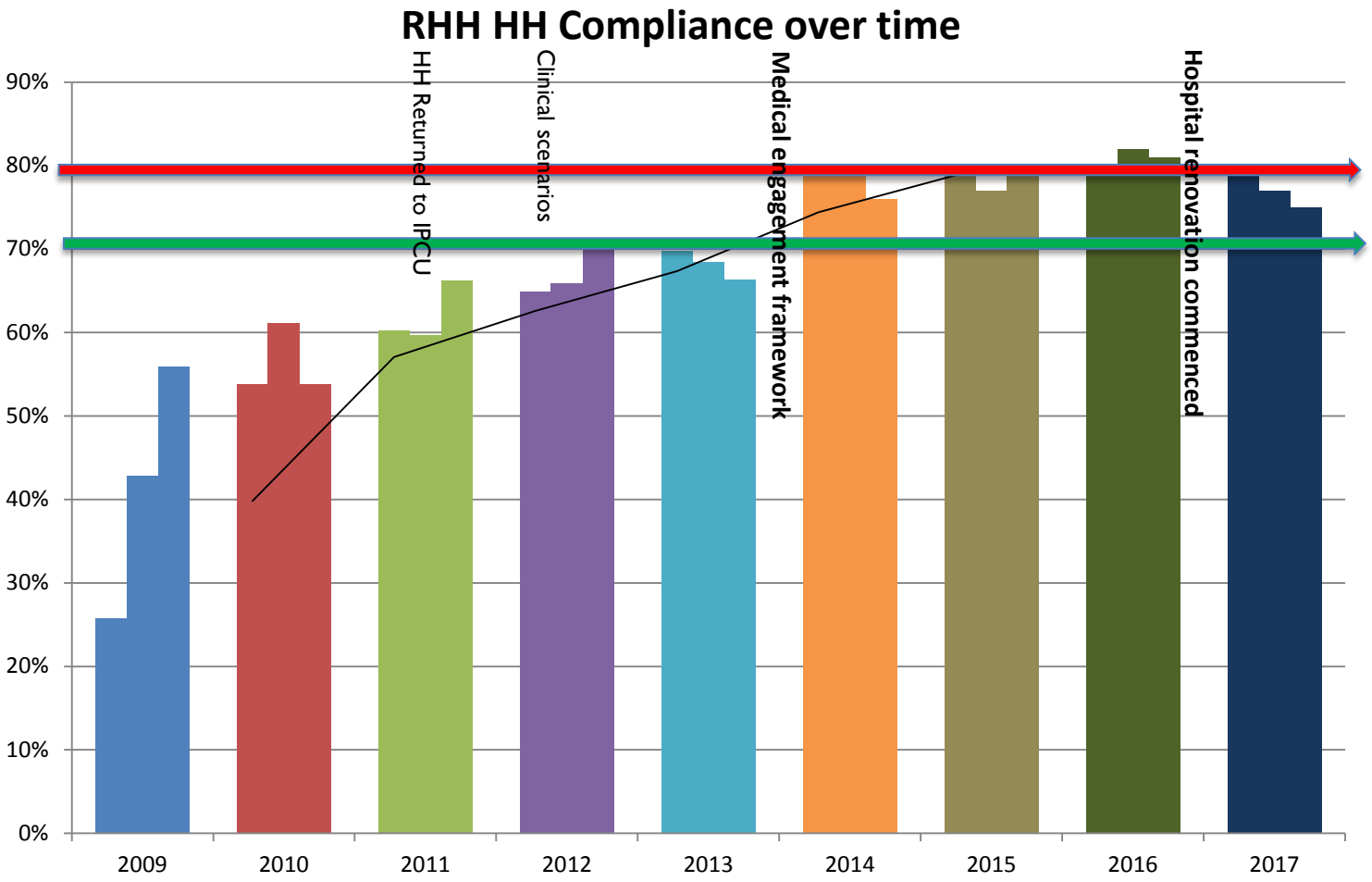

Medical Staff Compliance Local, State & National
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
74%
65%
55%
59%
57%
66%
77%
66%
68%
82%
67%
69%
Benchmark 70%
P2 2013
P3 2013
P1 2014
P2 2014
RHH MO
State MO
National MO

Hand Hygiene Compliance over time



Medical engagement in HH

- Lessons learnt
  - Ongoing engagement is essential
  - Keep your leaders focussed
  - Be ready to respond to new barriers/ challenges
  - Try new things to keep up momentum
  - Major disruption/ organisational stress can result in poor performance

Engaging Emergency Departments

- Emergency departments (EDs) have been recognised as having lower HH compliance than inpatient units
- Factors affecting compliance are not fully understood, but it is recognised that the context in which care is provided in EDs are different to inpatient care and may include
  - Crowding
  - Higher representation of Medical staff in care episodes
  - Non-standardised workflows
  - Non-traditional care conditions

Engaging Emergency Departments

ORIGINAL RESEARCH

Environmental factors and their association with emergency department hand hygiene compliance: an observational study

Eileen J Carter,[1] Peter Wyer,[2] James Giglio,[2] Haomiao Jia,[1,3] Germaine Nelson,[4] Vepuka E Kauari,[4] Elaine L Larson[1,3]

- Strong association with <u>reduced</u> HH compliance when ED overcrowding was at its highest
- Poorest HH in '<u>hallway</u>' care

*BMJ Quality and Safety 2016;**25**:372-378.*

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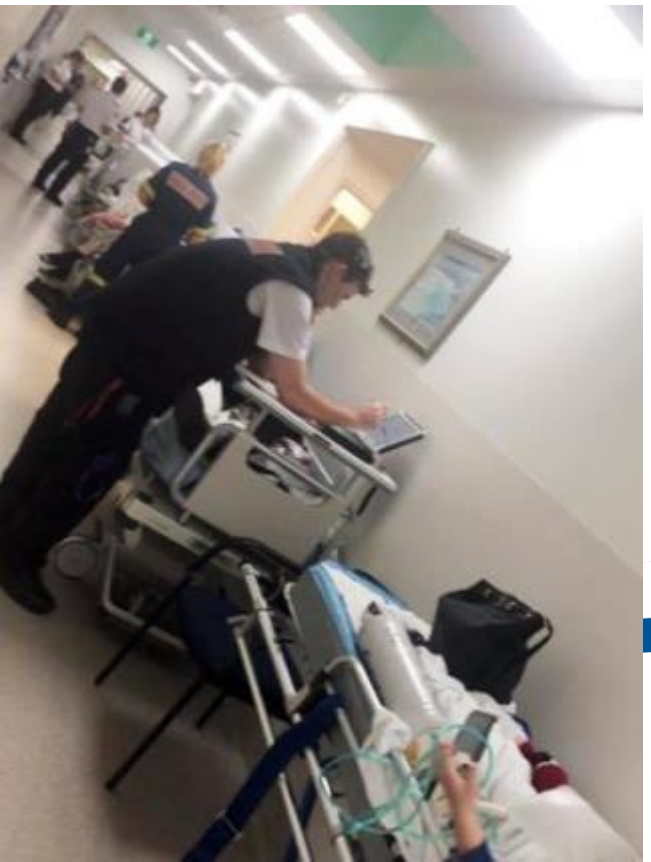
Engaging Emergency Departments

- http://www.abc.net.au/news/2018-03-16/video-reveals-extent-of-ambulance-ramping-problems-in-tasmania/9556872



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Engaging Emergency Departments

- In a letter to the Editor, published in ICHE a meta-analysis of ED HH data from Australia was presented.
- This revealed a number of findings including;
  - HH was lower in EDs when compared to all other wards (acute-care and high-risk)
  - Doctors represented more HH moments in ED than in others wards
  - Doctors had significantly lower HH in ED than in other wards
- But…
  - After adjusting for a number of variables, HH compliance remained significantly lower in EDs, thus suggesting other factors may be at play

Infection Control & Hospital Epidemiology, April 2017, vol. 38, No. 4

More Doctor–Patient Contact Is Not the Only Explanation For Lower Hand-Hygiene Compliance in Australian Emergency Departments

Engaging Emergency Departments

- Engaging with EDs is complex and subject to contextual influences which may be difficult to control.
- To build improvements in EDs the 'traditional' considerations of product placement are unlikely to be successful
- Each ED should be supported to consider their needs and target improvements based on these findings
- Audit in EDs
- Utilise tools
  - Hand Hygiene Australia_local-implementation_specific-settings_emergency
  - Hand Hygiene Australia _Emergency Department self-assessment-framework
- Improvement in EDs is an area for further research

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Summary

- Success in maintaining HH compliance requires sustained effort
- Capacity building for ‘difficult to engage’ groups requires senior leadership action and engagement
- Barriers to HH must be evaluated in individual settings to ensure optimum opportunity for compliance
- Engagement with, and formal adoption of, Infection Prevention strategies must be embedded into education and training
- Be prepared for new road blocks and barriers during times of change in an organisation

Questions

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