



Activities summary from HHNZ workshop (15 Oct 2017)

Workshop participants were split into groups and asked to brainstorm the answers to the two questions below. The activities enabled private and public hospitals to share their knowledge and experience to cross-fertilise ideas into both sectors.

1. What are you going to do differently to spread and ultimately embed hand hygiene practice across your hospital?

Auditing

- Set targets for all auditors e.g. collect 50 moments per month
- auditing out of your own area
- non registered nurse auditors
- continuous auditing, to raise the awareness of the importance of good hand hygiene practice
 - immediate feedback on practice
 - be more vocal and visible
 - increased frequency of collecting moments rather than leaving them until the end of an auditing period, suggestions included:
 - three moments per shift
 - two moments per day
 - weekly auditing
- dedicated auditor time
- set dates and times to audit
- use independent auditor
- identify consistency
- focus on before and after glove use
- use gloves with consideration
- self-checks.

Effective engagement

- Empower patients to ask staff if they have washed their hands
- display visible posters to make people (staff and visitors) aware of hand hygiene
- giving feedback to all health care workers immediately after auditing
- improve frontline ownership
- celebrate/organise a hand hygiene awareness day event in the year, suggestions included: aligning it with the WHO world hand hygiene day, run it for a week or a month
- role modelling/positive feedback
- stickers praising HCWs that do well
- improve the culture
- engaging medical staff and encourage more medical champions
- daily intranet updates
- refresh hand hygiene in the organisation
- develop effective meetings, suggestions included:
 - hold ward meetings

- invite doctors to join IPC group re goals and outcome expectations
- refresh existing groups e.g. extend the remit, time or membership
- attend doctors meeting
- quarterly doctors HH seminar

Spread

- Embed hand hygiene as integrated practice rather than an extra task (sequencing)
- spread to other areas e.g. x-ray/specialty centre
- frontline ownership.

Education and training

- Compulsory education and training on the 5 hand hygiene moments
- organise a study day
- annual refresher for staff using the e-learning package
- experienced HH staff mentoring new staff
- Safety II
 - create a safe culture
 - ask curious questions
 - resilience engineering
- tailor the learning to the specific needs of a department
- annual infection control updates
- explore sequencing opportunities
- constantly educate new groups e.g. students, other staff members
- explore/introduce ANTT (Aseptic Non Touch Technique). ANTT and HH inextricably linked
- improve compliance of all staff completing online modules
- Charge Nurse Manager education in new areas.

2. What three things could you do immediately?

Auditing

- Increase frequency of auditing, collecting moments in bite sized chunks (2 per day), small amounts but more often, targeted set of moments (50 per month)
- consequences of audit
- enter moments online earlier
- mock auditing.

Spread

- audit hospice and community practices
- Have a gold auditor/s per area
- get auditors together more frequently
- Gold auditors to audit other areas
- increase the number of auditors.

Effective engagement

- Real time, positive feedback e.g. re-phrasing messages “I’ve just audited you. Are you able to tell me what hand hygiene moments you should have done?”

- provide progress reports more frequently e.g. monthly
- lead by example
- clinical champions, eg find a doctor from a medical specialty to champion frontline ownership
- effectively engage clinicians across the board, especially anaesthetists
- develop posters targeting different auditing areas
- celebrate and acknowledge good practice, suggestions included most improved ward/clinical area monthly or annually, rewards of cake, badges for those who have demonstrated good hand hygiene practice
- celebrate 5 May which is WHO world hand hygiene day and look for opportunities to reinforce the importance of hand hygiene e.g. quizzes, making a week or month long event
- topic of hand hygiene to be included in handover and weekly team meeting
- use auditing as direct feedback for missed moments
 - reminders e.g. display posters
 - talk about it at handovers
 - ask people what the 5 moments of hand hygiene are, and friendly reminders to people in teams
- culture change
- identify opportunities for spreading the message of the importance of good hand hygiene practice e.g. hand hygiene talks, talking to all staff
- reminders/posters in the department
- encourage teams by sending friendly reminders about hand hygiene auditing progress
- hold ward meetings (CNM/clinicians/HCA/nurses/technicians)
 - mentoring weekly
 - explore strategies
 - look at rates
 - new staff ongoing education
- implement an automated dashboard (site specific)
- ward poster area highlights
- Gold auditors should meet annually to share resources and information.

Education and training

- Ongoing education on the 5 moments, especially with new staff
- explore sequencing more
- study day
- education on wound care for patients and carers
- support for gold auditors.

Product placement and misc.

- Placing alcohol gel/rub in appropriate places:
 - in the toilets and bathrooms so patients that are using crutches or a frame can sanitise their hands before using the equipment again
 - with patients prior to eating
- healthcare assistants to check daily that alcohol rub dispensers are full
- ensure all staff are immunised against chicken pox due to contact with patients that have shingles
- MRSA swabs prior to admissions
check if we need to supply hand hygiene posters to other areas e.g. x-ray, speciality care.