Accessible transcript: Waitaha Canterbury Hand Hygiene Programme Improvements

Link: <https://www.youtube.com/watch?v=9N_obZQYKmM&list=PLqL5-6uWOmWdwAxUnhnCpny5NJT4fNwSa&index=3>

 **[Visual] The Te Tāhū Hauora logo appears in white against a blue background. It then disappears and is replaced by the words ‘World Hand Hygiene Day 2023 webinar, highlighting quality improvement in the hand hygiene programme, 27 April 2023’ in white. These words stay on the screen for several seconds and then are replaced by the words ‘Waitaha | Canterbury Hand Hygiene Programme Improvements, Susan Wood, Director Quality & Patient Safety, Irena DeRooy, Quality & Patient Safety Manager, Carmel Hurley-Watts, Waitaha | Canterbury Hand Hygiene Co-ordinator’. An image of a slide then appears with the words, ‘Waitaha | Canterbury Hand Hygiene Programme Improvements, Susan Wood, Director Quality & Patient Safety, Irena DeRooy, Quality & Patient Safety Manager, Carmel Hurley-Watts, Waitaha | Canterbury Hand Hygiene Co-ordinator’.**

[Audio] Ruth: So, our next presentation is from the Canterbury team, the Canterbury Hand Hygiene Programme, and we've got three speakers today. We've got Susan Wood, Irena DeRooy and Carmel Hurley-Watts, and I'm going to hand over to them. So just say ‘Next slide, please,’ ladies, when you want me to change.

**[Visual] The slide changes to show one with the Te Whatu Ora – Health New Zealand logo in the top left corner. Below this are the same words as on the previous slide.**

[Audio] Irina: Thank you, Ruth. I'm Irina DeRooy. I'm Quality and Patient Safety Manager here at Waitaha Canterbury. We've got Carmel in the room.

Carmel: Hi, all. Carmel Hurley-Watts. Hand Hygiene Coordinator. I will have met many of you and not all of you.

Irina: And I'm not sure if Sue is online or she is coming.

Sue: I'm online.

Irina: Oh, lovely. Thanks. And I'm sure we've got some other Canterbury IPC nurses online as well. So, Carmel asked me to kick off the presentation. So, thank you very much. So, we've been asked to talk about, a little bit about our programme, how we have our monitoring data, our interactive reports. Can you go to the next slide please, Sue? Ruth?

**[Visual] The slide changes to one with a dark blue background with a Māori pattern in the upper right corner. On the slide are the words, ‘Accelerate Action Together’, ‘Save Lives – Clean Your Hands’, and ‘World Hand Hygiene Day 2023 webinar, 27 April 2023’. In the lower left-hand corner is an image of a person using hand sanitiser. The slide changes again to a new slide with the same Māori pattern as the previous slide, but on the left-hand side. On the right-hand side are the phrases, ‘Hand Hygiene Programme’, ‘Interactive Report’ and ‘Enabling Patients’.**

[Audio] Irina: Yeah. So those are the topics we will be covering and then talk a little bit about how we have enabled our own patients to own hand hygiene, which was an initiative that commenced during — in March 2020 during our first COVID outbreak.

**[Visual] The slide changes to one with the same Māori pattern and the words ‘Hand Hygiene Programme’.**

[Audio] Irina: So, Carmel and Sue, please jump in, or our Canterbury colleagues as well. So, our process for improvement is the next slide. We have adapted it for our hand hygiene programme.

**[Visual] The slide changes to one titled ‘Process for Improvement’. It has an image of a diagram showing the process for improvement.**

[Audio] Irina: So, it is really, you know, if you look at how we do improvement around here, we have put a mark for hand hygiene in here. I sort of also want to acknowledge that our hand hygiene programme is — I can't remember, but it must be 2014, 2015 that we started with this. And it was also while Ruth was working with us here at Canterbury when we initially started the programme and the partnership between quality and IPC as well. So just to refocus, that is the model for improvement that we are using for all our programmes and also for our hand hygiene. So that has got a supportive — next slide —

**[Visual] The slide changes to show the Hand Hygiene Programme driver diagram.**

[Audio] Irina: …has got a supportive driver diagram on, you know, how do all the pieces of the puzzle basically come together? As most of you will know, Canterbury is a big organisation. It's got several hospitals, from acute care facility to mental health to rehabilitation, but also our rural hospital. So, it is a larger organisation. So, there are four drivers, and they have to stand the test of time. And you know, accolades go back to — Sue did, you know, initially started this driver diagram and we have not changed much over the years, like it's, you know, it is really, it really has been really contemporary. So, we need a local leadership. We need the hand hygiene to be the social norm. We need staff knowledgeable. And then we need to have our work processes support. And those actions are there and it is a good reminder of what needs to be in place to achieve that we do hand hygiene the right time every time. Next slide.

**[Visual] The slide changes to one titled, ‘Target – Canterbury Hand Hygiene Moments’. Below this is text outlining the five moments for hand hygiene.**

[Audio] Irina: So Canterbury has set high their target of having the 90% overall, but that we're really focusing on 100% for Moment 2, 3 and 4. And we know 100% is really our golden aim. But you know, it is what our patients would expect. Before a procedure, after a procedure, after patient contact, it's always done. Yes. So that is our aspirational goal.

**[Visual] The slide changes to show an organisational diagram that shows how the hand hygiene work interacts with other parts of the organisation.**

[Audio] Irina: So, then the last thing for the hand hygiene programme is just, you know, to give you a really high-level picture, you know how we work together with — you know, across. So it is a real team sport across the organisation, which involves both our clinical professional groups, but also our support services, such as working closely with the orderlies, our cleaning, you know, meal delivery services. So, to support the hand hygiene programme, over the years — we go to the next slide, Ruth.

**[Visual] The slide changes to one with the recurring Māori pattern and the words ‘Interactive Hand Hygiene Report’.**

[Audio] Irina: We have really developed somesupporting dashboards…

**[Visual] The slide changes to one titled ‘Single sign on observational data & patient experience data’. Below the title are two screen shots of the dashboards.**

[Audio] Irina: …or interactive reports as we call them, are twofold. One is our observational data, which is collected by the gold auditors. And the other one is what were patients telling us, how well they think that our staff are cleaning their hands or how well they are being provided or enabled for them to have access to hand hygiene. Which was a particular topic when — you know, during March 2020 when we had our first COVID lockdown, and it was directly related to them being feel safe in the hospital because they, if they were unable to move or did not have the access to hand hygiene, it had a real impact on them. So, as you can see at the top, it is single sign-on for staff, these reports. So, it is continuous data. It is updated every day, refreshed so staff can filter and see their own results for their areas, and are encouraged to take that to their local governance groups, steering groups, team meetings, and so forth. So, on the next slide…

**[Visual] The slide changes to one titled, ‘Hand Hygiene Observational data Interactive Report’. Below this is an image of the interactive report which has several graphs showing hand hygiene data from March to June 2023.**

[Audio] Irina: …you will see an overview of the — we call this our Power BI data. So, this is the data that comes directly from HHNZ, which is being, goes into the Power BI dashboard. So, this is displayed per audit period, and as you can see, this is for March-June. So, this is our current audit period. So, this is accurate as of today. So, at this slide, we can see the different health care workers. We can see our period over times. We can see the moments in the left-hand corner and we can see the gloves. You can also see the different colour green relates to the different targets. And on the left here, you can see the different pages in which you can drill down further. So, this report enables the facility and the ward to have their own data and they can also print it off and, you know, display it within their area. So on the next slide…

**[Visual] The slide content changes from the interactive report to an image of a table containing the results of the last six audit periods for hand hygiene at Te Whatu Ora Waitaha | Canterbury.**

[Audio] Irina: …you can see what we call the page, which has got a little bit of a league table. So, the league table is, you know, how the different wards areas compare to each other. And this is the data that is displayed per audit period. We've put a formula in the back that gives some actions to the different areas depending on their results or they need to consolidate the data, or they need to revisit the plan, or they actually need to develop a targeted action plan, you know, is there anything else that we should be doing differently? Yeah, so that is the gold audited data. So just in response to the previous presentation, also I'd like to say when the collecting up with the gold auditors, our multidisciplinary hand hygiene steering group — which we also have got like, for example, a surgeon and you know, nursing, IPC, different representative across the organisations, as well as educators — they are also great advocates to actually have the feedback in the moment so that people can learn. So, while the data is collected up, there is a — the auditors are encouraged to have the courageous conversation basically at the time that if things are not necessarily done as they were expected to go. Yeah.

**[Visual] The slide changes to one with the recurring Māori pattern and the words ‘Enabling Patients’.**

The next part is about enabling patients on their hand hygiene. So, as I said before, it was, this was introduced…

**[Visual] The slide changes to one titled ‘Inpatients patient experience hand hygiene feedback’. It has a bar graph showing the responses to the question ‘Did staff use hand sanitiser or wash their hands before they touched or examined you?’.**

[Audio] Irina: …in March–April 2020 when, at the start of COVID, in which we put some specific questions into our Canterbury patient experience survey. So, all our inpatients are receiving a survey or an invite to provide feedback on the service. So, it's aligned to our national questions, but we've also got some specific questions in there, hand hygiene being one of them. So, this is just, the first question is, ‘Did staff use hand sanitiser or wash their hands before they touched or examined you?’ Which is your Moment 2 and 3. And the next slide…

**[Visual] The slide changes to one titled ‘Inpatients patient experience hand hygiene feedback’. It has a bar graph showing the responses to the question ‘If unable to walk unattended to the hand basin, when you needed to clean your hands, were you provided with a suitable alternative?’.**

[Audio] Irina: …it says, ‘If they were unable to attend to the hand basins, were they provided with a suitable alternative?’ And as you can see there, the — it is variable. It's not as high as we expect it to be. We've got the same data for outpatients, which is on the next slide. The interesting part is what the patients are providing is — on feedback, how well did staff use or clean their hands, it's quite comparable to what the gold auditor observational data is telling us. So, it's similar most of the time. There's very little variance in there, so what the patients are telling us and what the staff are collecting up. So one of the — Yeah, it's the next slide.

**[Visual] The slide changes to one titled ‘Enabling Patients Hand Hygiene Improvement Project’. Underneath this are the words ‘Aim: To enable in-patients to clean their hands when not able to walk independently to the hand basin. 7 PDSA cycles undertaken to determine the best option in two Canterbury Hospitals’. Below this is a light blue arrow with seven dark blue boxes spaced out along it. They each detail the steps of the PDSA cycles.**

[Audio] Irina: So, which we've been really focused on for the last little while is, you know, how can we improve our patient access for patients to clean their hands when they're not able to walk independently to the basin based on the results we've got? We did an improvement cycle. We used seven PDSAs, you know, from a simple as providing a bowl with water and soap to having a warm hand towel, to having, you know, small bottles available, you know, different types of ways that the alcohol-based hand rub was fastened to the, in the bedside space, until we landed on an alcohol-based hand rub, the 500 mil bottle, which is on the next slide.

**[Visual] The slide changes to one with the same title as the previous slide. Below the title are three bullet points. The first says, ‘Introduction table top holder 500 ml ABHR at bedside’. The second says, ‘Scope to all inpatients’. And the third says, ‘What now? Spread’. Beside the bullet points is an image of a driver diagram titled ‘Enabling Hand Hygiene for Patients’ and on the far right-hand side is an image of a woman in a hospital bed using a bottle of hand sanitiser that is on her bedside table.**

[Audio] Irina: So, we undertook the trial in two hospitals with the support of IPC and the nursing director in those two sites. And now the trial is being completed. We — the agreement was that we — and based on the feedback, that it is actually not just for inpatients that cannot move, but that actually all patients would like to have easy access in the bed space to alcohol-based hand rub. So, the scope has been increased. And now we're at the stage on how we can spread it across all our organisations. So, we're starting a different driver diagram as you can see there again on how we do that, because the solution offered there in some acute areas is maybe needs to be revisited. That's it in a nutshell. Yeah.

**[Visual] The slide changes to one with the Te Whatu Ora – Health New Zealand logo in the top left. Below this on the right is the recurring Māori pattern and on the left are the words, ‘Ngā mihi nui. Questions?’.**

[Audio] Irina: Sue and Kamal, anything to add?

Carmel: Just wanted to say that the — enabling patients is really popular and the idea, part of the idea around spreading it further to all patients is that all patients need to be able to clean their hands when they want to easily. So, it makes good sense to have it for everyone, but also to make it easy for the staff. That it's part of the process. It's not something special. That they have to be aware that that patient is dependent on them to clean their hands. But if it's available for all patients, then it should be easily accessed by those patients that cannot get up out of bed by themselves as well.

Sue: And I just wanted to mention that this started from a serious adverse event where someone got up to use the product at the end of the bed and broke their leg. And fell, yeah.

Ruth: So, we have got time for questions. Has anyone — sorry. So, someone's asked a question. I think it's Jane from Southern Cross: ‘I'm interested in how you got your gold auditor data from the hand hygiene site into your dashboard and then updated daily’. So, yep. Does anyone want to comment on that?

Irina: Yeah. So, we worked with our ISG and decision support department to — you know, with HHNZ on getting that data feed. And then we built the dashboard.

Carmel: Yeah, so it comes through from Hand Hygiene Australia, an email on a daily basis and is updated.

Ruth: So, you worked with them directly to get that [inaudible]

Carmel: We worked through yourselves, Ruth, to get that access. But think ISG had the conversations, didn't they?

Irina: Yeah.

Carmel: Decision support directly with Hand Hygiene Australia.

Irina: Yeah. [inaudible] security impact assessment and all that. Yeah, but we worked through HHNZ. And HQSC in the first instance.

Carmel: Yeah.

Unknown: So just to confirm, there's no duplicate data entry, you've just automated that.

Irina: Yes.

Carmel: Yes, it is the data that's entered into Hand Hygiene New Zealand as we all use and see. And so that data is sent through to our dashboard and populates that dashboard that you just saw which provides all the information on one page.

Unknown: Right, okay.

Carmel: In one view.

Marie: Just to butt in there, so, just so people know, so Canterbury, there was somebody there who designed a sort of script that automatically runs the reports on a daily basis and sends them to particular email address. And they're happy for that to be shared with others. There is the opportunity of getting this done through Hand Hygiene Australia, through the system, the owners of the system, but that would, there would be a charge for that. So that is another option. Just so that you know what the background to that one is.

Unknown: Thanks, Marie.

Unknown: Thanks, [inaudible]

Ruth: Thanks, Marie. Yeah. And Sandy Gammon would like to see the script. Any questions about the patient side of things? I find that fascinating. I was very interested in that. Has anyone got any questions from the Canterbury team about their patient initiative? Sing out if you have.

Unknown: Ruth, I've got a comment. I'm not sure. Can you hear me?

Ruth: Yes. Yes, we can. Go [inaudible]

Unknown: Yes. It's [inaudible] from Te Whatu Ora Southern. And as part of my brief, I cover the ARC facilities. And it's an area that in the residential care facilities I'm really interested in focusing on. So, thank you for highlighting the patient experience promotion because it's something I'm thinking about a lot. So, I'm really interested. We've got a study day coming up and talking with the participants and hearing from them, from the residential care, how they facilitate and promote hand hygiene with residents. So, I welcome any other comments on that.

Ruth: So, Henrietta from Wellington has just asked, and she’s just asking about the problems with the actual wipes that you trialled. You did say there were issues with opening the packs. Was there — were there any other problems that you identified, why you moved away from them?

Carmel: So, re the packs, because that trial was with patients that were dependent on staff providing them with hand hygiene, or in other words, those patients that couldn't get out of bed and walk to the hand basin or a gel dispenser easily, they often also had other issues. So, dexterity, finger movement, eyesight came into their ability to open those small — we trialled with relatively small packs of hand wipes. And there was — they weren't that easy to see where the tab was, to lift the tab to take the wipes out, and for some of the patients to actually be able to lift that tab and remove the wipes was an issue.

Ruth: Right.

Carmel: And it might be something we have to revisit, you know, for other — for some areas, it might be more suitable than having the 500 mil bottles.

Ruth: Yeah. Good. No, that's great. I think unless there's any other pressing questions, we'll move on. But thank you very much, Canterbury.

**[Visual] The video finishes and is replaced by the Te Tāhū Hauora Health Quality & Safety Commission logo in white, followed by the New Zealand Government logo.**

[Video ends]