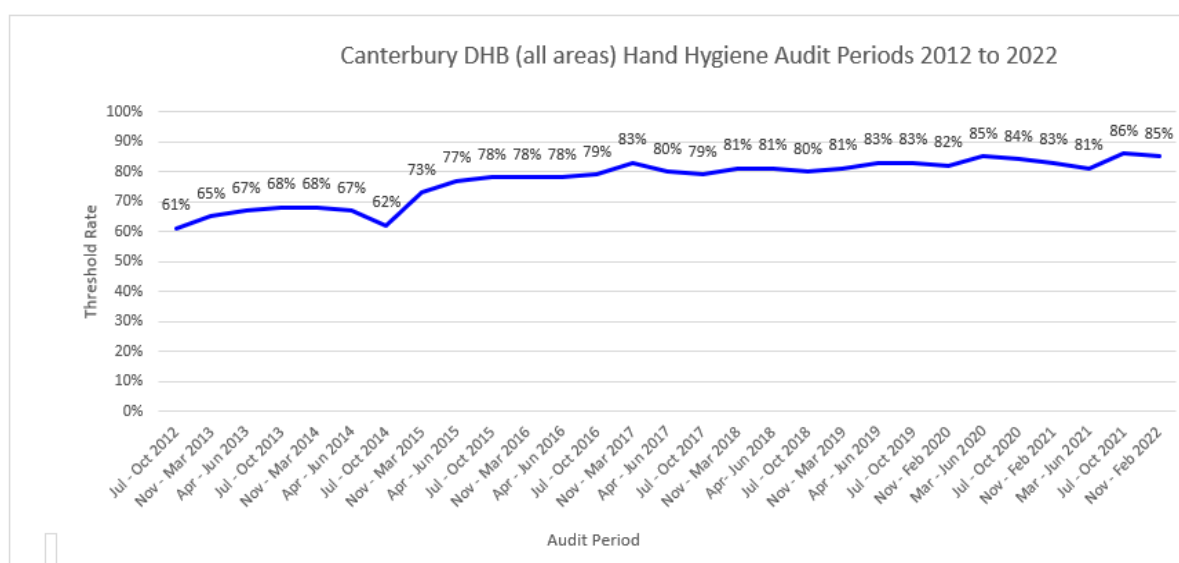


CDHB Hand Hygiene results, goals attained and sustained

CDHB has come a long way in the last 10 years, from the early 60% result to first reaching the threshold of 80% during the 1 November 2016 – 31 March 2017 audit period, continuing the standard while spreading across the organisation. The overall result of >80% has continued to be sustained over the past 13 audit periods. Canterbury DHB Hand Hygiene aim is to achieve 100% for Moments 2, 3 & 4, with greater than 90% for all moments.



The CDHB Hygiene programme is supported by a multidisciplinary Hand Hygiene Steering Improvement Group inclusive of consumer representatives, medical, nursing, Allied Health, education, Quality and IPC. Gold auditors are supported by the nurse coordinator in the CDHB Quality and Patient Safety Team who holds the hand hygiene coordinator portfolio. IPC Nurses conduct the Gold Auditor Training.

What have we done in the last 10 years? Some key Hand Hygiene Improvements:

Spread

The programme is in place in 81 inpatient areas and outpatients' clinics. It continues spread across mental health environments and Residential Care. Following on from the mandatory areas as they were known in the early days,

additional areas were onboarded, a few at the time, with a supporting toolkit and hands on support for the local service leaders.

Data visibility on the intranet for all staff

- *An interactive Hand Hygiene Dashboard was developed which allows staff in near time to drill down to their local observational data collected by Gold Auditors. It provides visibility slicing and dicing of different healthcare worker groups, locations, glove use and the different moments of hand hygiene. This interactive Hand Hygiene Dashboard assists teams in targeting local improvement.*
- *Included in the 2 weekly Patient Experience Feedback are results in relation to how well our consumers thought staff cleaned their hands and how we enabled them to clean their hands if they were unable to walk to the washbasin.*

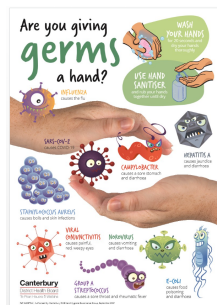
This has resulted in several improvement initiatives. To name a few:

- ***Enabling Our Patients with Hand Hygiene.*** *Some patients told us they were not offered hand hygiene when they were unable to access hand basins or product to independently clean their hands when needed at (i.e. after toileting and/or before and after meals). With the aim of having the alcohol based hand rub (ABHR) product available within arm's reach of the patient's bed an improvement project was initiated. Following multiple PDSAs with wipes and ABHR, a successful trial using table top holders for 500ml bottles of ABHR was completed at Burwood Hospital. The decision was made to make available table top holders across services for use, particularly in high entry areas.*
- ***Hand Hygiene moments as part of specific routines*** *or for health care staff groups: Focus on specific procedures such as medication administration or radiation oncology specific processes; rearrangement of workflow by venepuncture staff to reduce waste (unnecessary moments because of the way the work was organised) and make hand hygiene possible; development of support workers hand hygiene education with role play.*
- ***Development of additional supporting hand hygiene resources*** *Wearing gloves is not a substitute for Hand Hygiene. Are You Glove Aware? Pamphlets were developed, showcasing:*

- *Glove awareness – assessing when appropriate to use gloves, and what type of gloves to use*
- *When to put gloves on – gloves are single use items, they are to be removed, between patients or care tasks*
- *Effective hand hygiene to be performed before and after every glove change*
- *Skin awareness*



- **Canterbury DHB re-development of 'Are you giving Germs a Hand', with permission granted from HHNZ/HQSC for Canterbury DHB to make our own and to be inclusive Covid-19 bug**



[Article written by CDHB hand hygiene team – 2nd May 2022]