



Hand Hygiene Compliance and Accountability

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The Bigger Picture

- October 2004 - launch of the World Alliance for Patient Safety (WHO)
- 1st Global Patient Safety Challenge: Clean Care is Safer Care
- Road map for co-ordinated strategies/campaigns
- Evidence based methodologies for hand hygiene improvement - as a starting point
- To ensure clean, safe care of patients all of the time, everywhere.

Scottish Campaign

- 2005 Scottish Ministerial pledge to WHO
- ‘Germs: Wash your hands of them’
- www.washyourhandsofthem.com
- Launched January 2007
- Aim of reducing avoidable illness in staff, patients and visitors
- Led by HPS, overseen by a steering group and number of sub-groups
- Heavily supported by SGHD HAI Task Force

Why is hand hygiene so important?

Hand hygiene is the single most important factor in reducing and preventing avoidable illnesses e.g. Healthcare Associated Infections (HAI)

Who needs to practice effective hand hygiene?

- Healthcare Staff
- Patients and visitors
- General Public

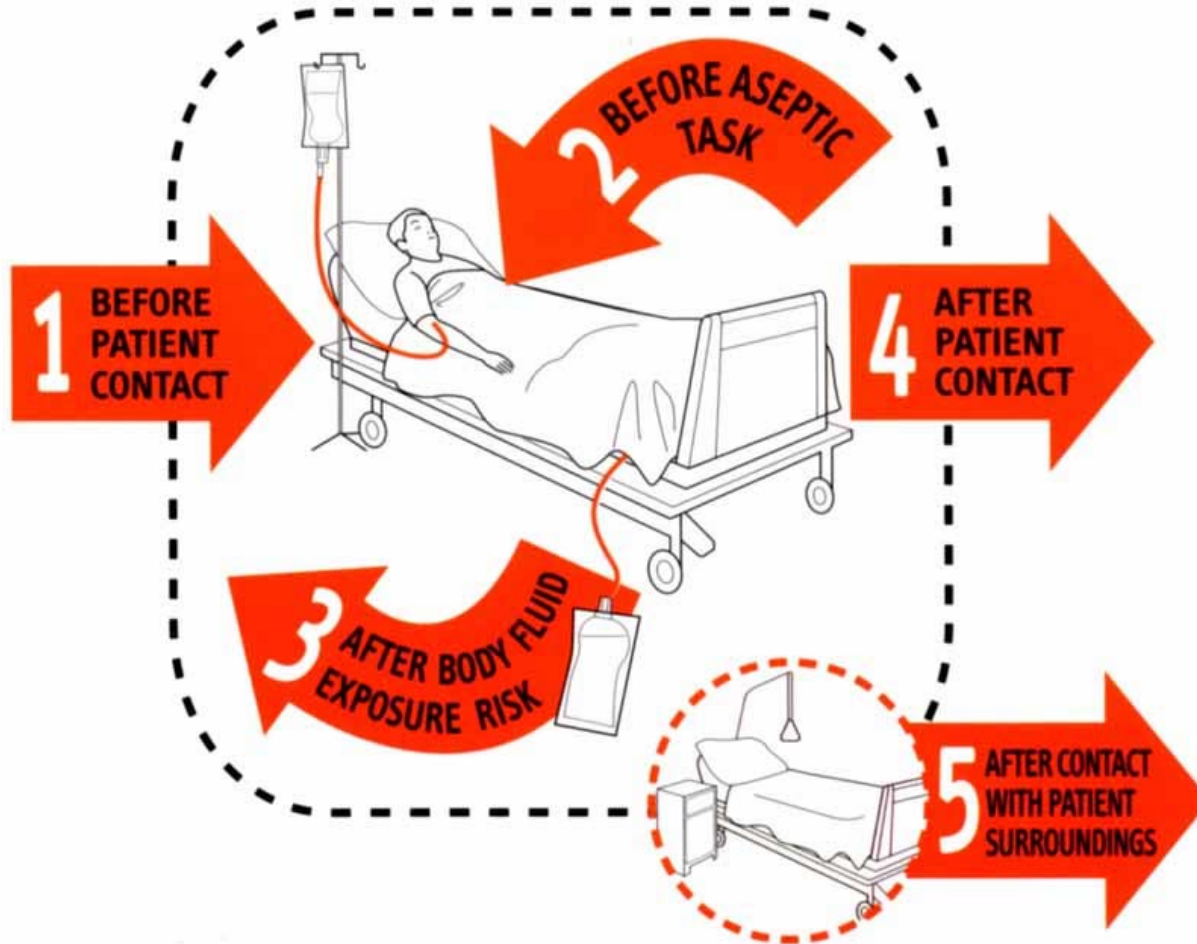
When do healthcare staff require to carry out hand hygiene?

Audit Tool (WHO, IPS)

5 key moments

- Before patient contact
- before aseptic task
- after body fluid exposure risk
- after patient contact
- after contact with patient surroundings

WHEN? Your 5 moments for hand hygiene



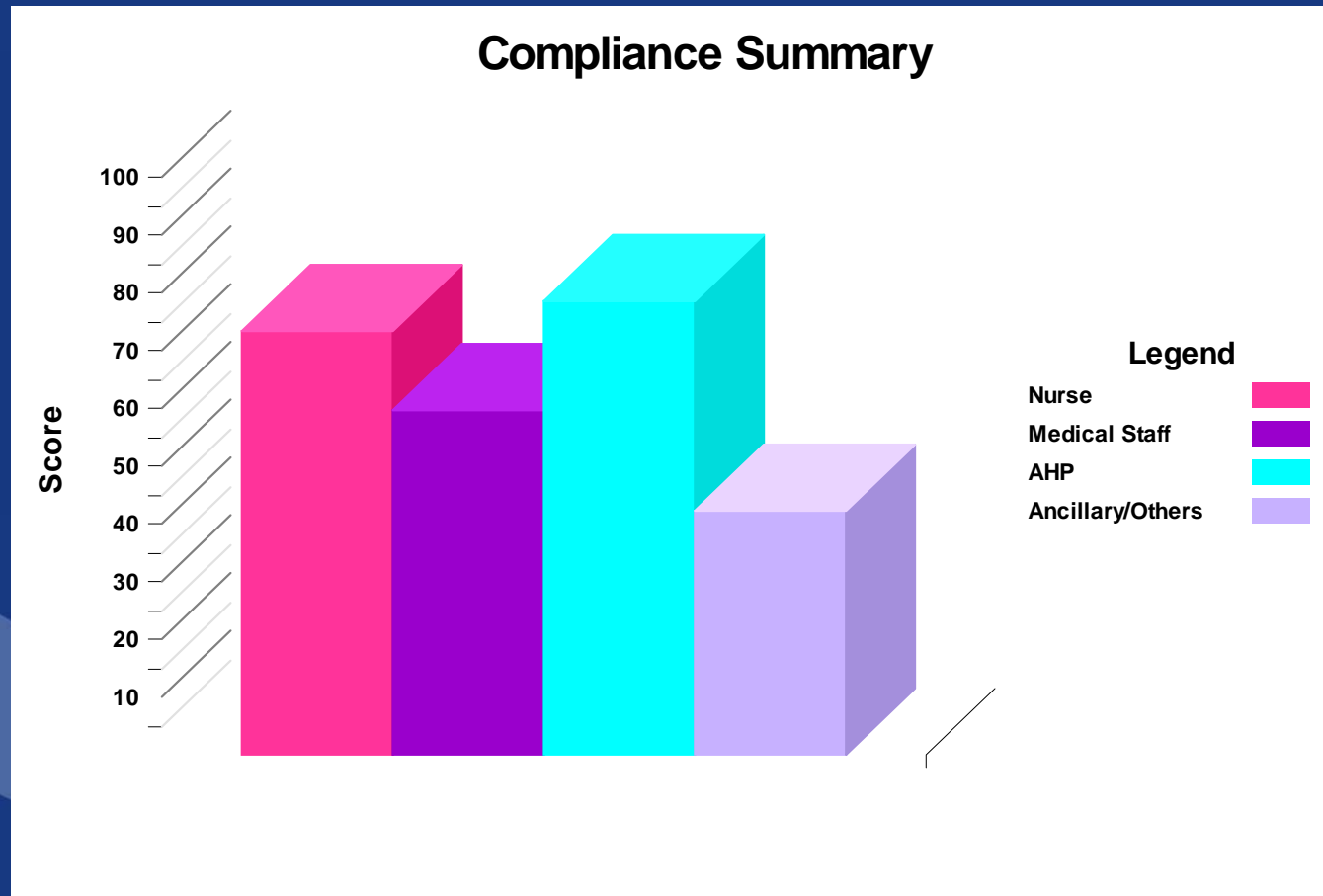
Staff groups being audited

- Nursing
- Medical
- Allied Health Professionals (AHP's)
- Ancillary

Clinical Settings being audited

- ICU/HDU
- General Surgical
- General Medical
- Orthopaedics
- Haematology
- Care of Elderly

1st phase audit results NHS Lothian (Feb. '07)



Recommended Strategies to improve HH compliance

- Multimodal
- Multifaceted
- Multidisciplinary (Pittet, 2000)

Development and Implementation of Local Audit Tool

- Charge Nurses to undertake HH audits
- Encouraging all staff groups to observe practice
- Performance feedback
- Local action plans
- Reinforce HH education/training

Infection Control Audit Tools:

Hand Hygiene Audit - Data Collection Sheet

Ward Site Start Date End Date Auditor

	Type of contact observed	Designation	Hand Hygiene Performed	Correct technique	Watch / ring / false nails worn	Overall	Comments
1	Before patient contact	Nursing	Yes	Yes	No	Yes	
2	Before patient contact	Nursing	Yes	Yes	No	Yes	
3	After patient contact	Nursing	Yes	Yes	No	Yes	
4	After patient contact	Nursing	Yes	Yes	No	Yes	
5	Before putting on gloves	Nursing	Yes	Yes	No	Yes	
6	After removing gloves	Nursing	Yes	Yes	Yes	No	Watch worn
7	After patient contact	Nursing	Yes	Yes	Yes	No	False nails worn - removed after this shift!
8	After patient contact	Nursing	Yes	Yes	No	Yes	
9	Before patient contact	Nursing	Yes	Yes	No	Yes	
10	After environment contact	Nursing	Yes	No	No	No	Did not wash hands after closing curtains
11	After environment contact	Nursing	No		No	No	Did not wash hands after wiping table
12	Before patient contact	Medical	Yes	Yes	No	Yes	
13	Before patient contact	Medical	No		No	No	Did not wash hands before patient examination
14	Before patient contact	Other	Yes	Yes	No	Yes	
15	After patient contact	Other	Yes	Yes	No	Yes	
16	After removing gloves	Nursing	Yes	No	No	No	Soap applied to dry hands
17	After patient contact	Nursing	Yes	Yes	No	Yes	
18	After environment contact	Nursing	Yes	Yes	No	Yes	
19	After environment contact	Nursing	No		No	No	Did not wash hands after moving chairs
20	Before patient contact	Other	Yes	Yes	No	Yes	
21	After patient contact	Nursing	Yes	Yes	No	Yes	
22	After patient contact	Nursing	Yes	Yes	No	Yes	
23	Before putting on gloves	Nursing	Yes	Yes	No	Yes	
24	Before putting on gloves	Nursing	No		No	No	
25	After patient contact	Nursing	Yes	No	Yes	No	Soap applied to dry hands
26	Before patient contact	Nursing	Yes	Yes	No	Yes	
27	After removing gloves	Nursing	Yes	No	No	No	Used clean hands to lift bin lid instead of foot pedal
28	After patient contact	Nursing	Yes	Yes	No	Yes	
29	After removing gloves	Nursing	Yes	Yes	No	Yes	
30	After patient contact	Nursing	Yes	Yes	Yes	No	2 rings worn

Infection Control Audit Tools:

Hand Hygiene Audit - Results & Actions

Ward Site Start Date End Date Auditor

Results will not be displayed until all 30 observations are complete.

	Alert Status
87 % of opportunities for hand hygiene were taken	GREEN
85 % of opportunities taken were performed correctly	AMBER
63 % of opportunities for hand hygiene were taken and completed correctly overall	RED

Overall compliance by type of contact and staff group: To be used to target training interventions

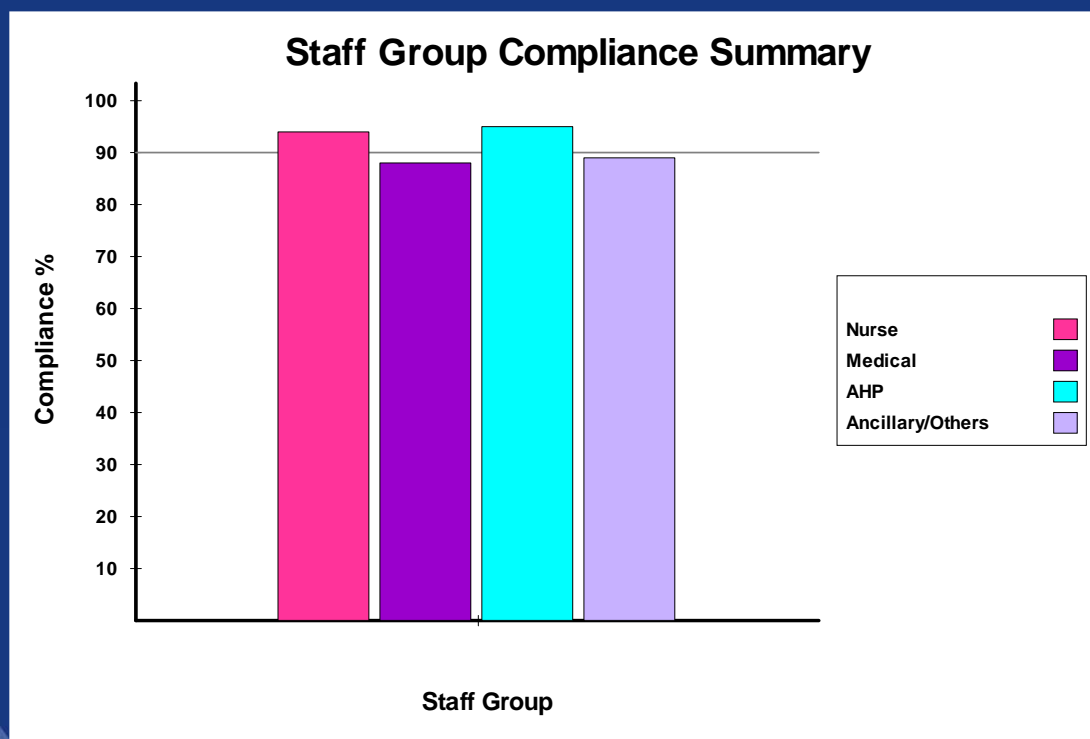
Type of contact		
After environment contact	25 %	RED
Before patient contact	88 %	GREEN
After patient contact	73 %	RED
Before putting on gloves	67 %	RED
After removing gloves	25 %	RED

Staff group		
Medical	50 %	RED
Nursing	60 %	RED
AHP	N/A %	N/A
Other	100 %	GREEN

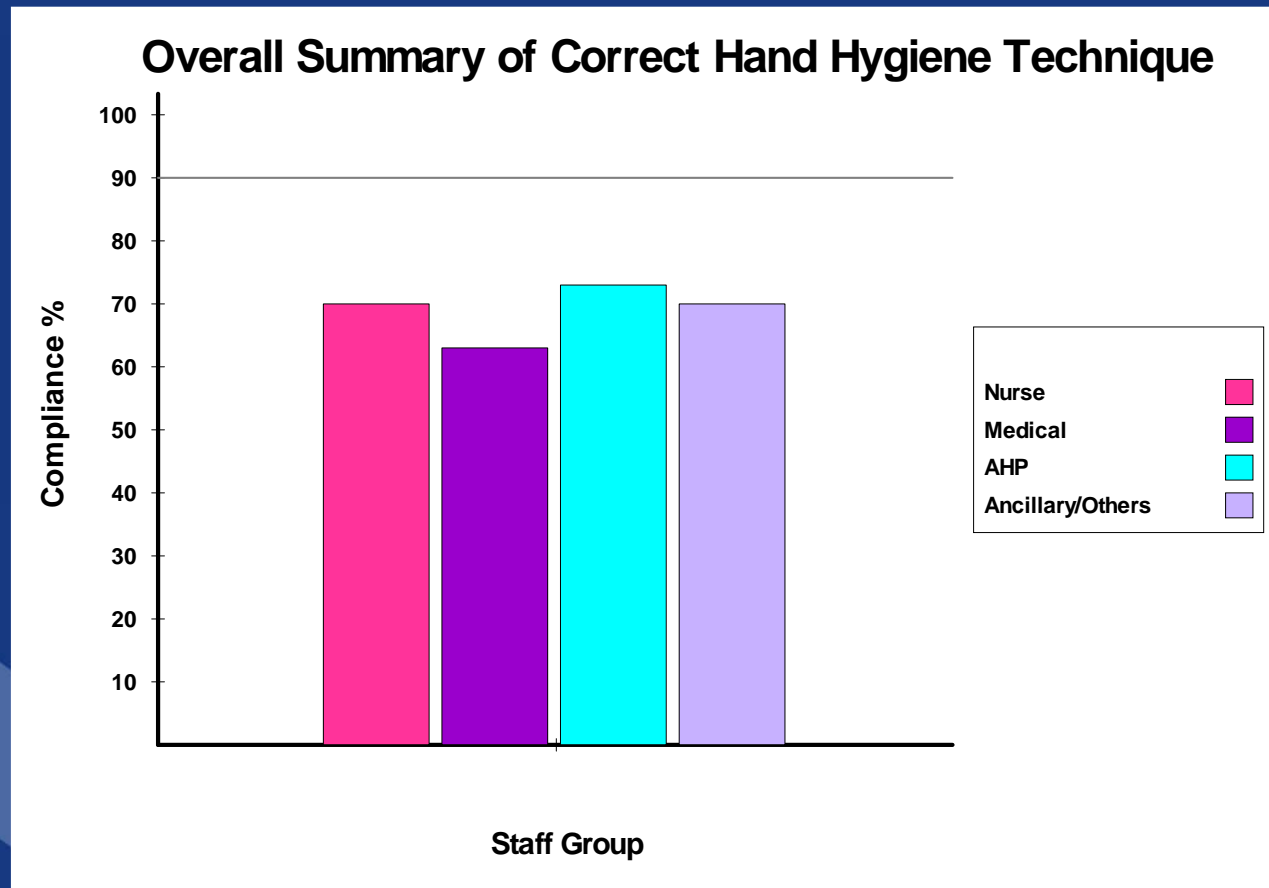
Wearing jewellery etc.		
Medical	0 %	GREEN
Nursing	16 %	AMBER
AHP	N/A %	N/A
Other	0 %	GREEN

Action that is to be taken	Date Completed	Name and Designation
Feedback result to team		
Arrange local training		
Register red alert as an incident on DATIX		
Inform Infection Control Team		

Hand Hygiene Audits (November '08)



HH Technique (November 2008)





Certificate of Hand Hygiene Compliance

Congratulations to:
ward.....

On achieving a **platinum** award
for hand hygiene compliance.

Date of Hand Hygiene audit.....

Signed.....

Ann McQueen
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NHS Lothian

bronze	=	65-70%
silver	=	75-80%
gold	=	85-90%
platinum	=	95-100%

Key Success Factors to Improve HH Compliance & Accountability

- Support from Senior Executive and Management Teams
- Engaging with all staff groups
- Regular HH audit with performance feedback
- Local action plans
- Provision of HH education/training
- Availability and accessibility of hand hygiene facilities
- Ensuring all staff groups motivated to change
- Effective LEADERSHIP

