

Hand hygiene sustainability

Results from the Victorian Quality Council Hand Hygiene Sustainability Forum

Victorian Quality Council
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The Victorian Quality Council (VQC) Statewide Hand Hygiene Project

In early 2004 the Victorian Quality Council (VQC) identified a hand hygiene project as a key strategic goal. The VQC subsequently established a 24-month pilot project to implement a practical model for sustained improvement in hand hygiene practices in Victorian hospitals. In February 2006 a two-stage rollout commenced in 76 hospitals across the state, with stage one concluding at the end of March 2007 and stage two at the end of June 2007.

Hospitals with 48 or more beds were provided with funding for a project officer and resources to initiate the project. Regional and rural health services that did not receive funding were supported with time and resources by the project officers at the funded hospitals. Each hospital determined executive sponsors and funded hospitals nominated pilot wards for data collection prior to commencing. A hospital-wide launch and rollout was completed once the pilot areas had taken part in education and were established in the project process.

The approach incorporated introducing an alcohol-chlorhexidine hand hygiene product, educating healthcare workers regarding hand hygiene practices, promoting hand hygiene practices via a range of communication tools and collecting and reviewing three outcome indicators:

- hand hygiene product usage in litres/1000 bed days/month
- rates of nosocomial infection
- rates of hand hygiene compliance.

Hand hygiene sustainability

Ideas for sustaining hand hygiene practices were incorporated into the education tools and resources provided to health services on commencement. These ideas recognise the behaviour and culture change program that would be required to sustain improved hand hygiene.

Consolidating the gains made during the statewide hand hygiene project is a major consideration for all health services as the VQC project concludes. Whilst the hand hygiene project has been successfully implemented in health services, the ongoing success of the program requires developing long-term change strategies in organisations.

VQC Hand Hygiene Sustainability Forum

In March 2007, VQC held the Hand Hygiene Sustainability Forum. The aim of the forum was to assist health services to develop and collate practical ideas that could be formulated into strategies for hand hygiene sustainability prior to the completion of the project.

The forum involved 113 participants from metropolitan, regional and rural health services and included chief executives, infection control consultants, nursing staff, quality staff, hand hygiene project officers and senior medical staff. Participants used interactive group work to develop ideas based on a number of discussion points related to short, medium and long-term strategies to sustain hand hygiene practice.

Discussion points

Discussion point 1:

What strategies can we employ to influence individual behaviour change now and in the medium term? (6–18 months).

Discussion point 2:

What are the strategies for policy/organisational structure change that will work now and in the medium term? (6–18 months).

Discussion point 3:

What strategies must be developed to influence individual behaviour change in the long term? (beyond 18 months).

Discussion point 4:

What strategies must be developed for policy/organisational change in the long term? (beyond 18 months).

A final discussion point was considered at the conclusion of the forum to assess the top priorities for sustaining hand hygiene in Victoria.

Discussion point 5:

What are the top priorities for sustainability of effective hand hygiene practice in Victoria?

Hand hygiene sustainability group work outcomes

The group work results have been collated under the major themes that emerged in each discussion point. The ideas collected during group work under each discussion point can be found in the appendix.

Major themes

The ideas that were most frequently suggested by the forum participants represent the elements considered essential for developing sustainable hand hygiene culture and include ideas about leadership, education, policy development, individual accountability and the role of consumers in promoting hand hygiene.

The themes are organised under the headings developed in the VOC *Safety and Quality Framework* that are applicable across all aspects of service provision and care. The headings represent four key organisational elements necessary for the effective improvement of the quality of health care and include:

- governance, leadership and culture
- consumer and community involvement
- competence and education
- information management and reporting.

Governance, leadership and culture

- Walk the talk – lead by example and have visible executive leadership
- Ensure management is accountable
- Build competencies in staff
- Understand responsibility to patients/consumers
- Provide positive reinforcement to staff
- Encourage peer pressure
- Generalise hand hygiene from an infection control to organisational responsibility
- Incorporate into quality plans and patient safety agendas – embed into quality and risk programs
- Develop clear hand hygiene policy and guidelines
- Develop clear organisational expectations and conditions of employment in relation to hand hygiene
- Develop Key Performance Indicators (KPIs) for local area managers and feed into KPIs for boards – board accountability
- Financial rewards for meeting hand hygiene KPIs (such as for continued compliance greater than 60 per cent)
- Performance tied to funding
- Set organisational benchmarks for hand hygiene compliance

Major themes cont:

- Incorporate into the strategic plan and business plans at each level of the organisation
- Develop internal benchmarking between units/areas in organisations
- Zero tolerance of infections communicated to all staff

External relationships

- The Department of Human Services to assist with the development of KPIs to ensure ongoing compliance
- External benchmarking with like organisations
- The Department of Human Services to assist with state wide policy development
- Incorporate into departmental funding and policy guidelines and annual reporting
- Use the media effectively, such as using talk-back radio
- Involve accrediting bodies and make hand hygiene a mandatory criteria for accreditation
- Legislative change
- Engage universities – implement in undergraduate education/post-graduate programs

Consumer and community involvement

- Accessible hand hygiene facilities
- Build into consumer participation plans
- Continue developing consumer empowerment
- Community Advisory Committee involvement
- Develop a patient speak-up campaign
- Public education through reporting of hospital infection rate data
- Wider community hand hygiene education

Competence and education

- Ongoing credentialing of all staff
- Appropriate education to all levels of staff – presentations at forums and orientation sessions
- No identification badge until credentialing package completed
- Ongoing competencies for all staff – minimal agreed standard of training and compliance
- Develop ward champions
- Education for board members
- Hand hygiene into staff position description reviews
- Developing more medical champions
- Culture of individual responsibility/accountability and appropriate feedback of data to individuals
- Discuss hand hygiene at staff interviews
- Professional colleges to have education included in all programs

Major themes cont:

Information management and reporting

- Audits and feedback of data
- Advertise data results – publish results in organisational newsletters, reports or quality of care reports
- Available and visible products
- Ongoing compliance measurement with an appropriate compliance tool
- Ongoing monitoring and reporting to hospital boards
- Ongoing feedback at board and local levels
- Measurement and feedback – benchmarking internally and developing external benchmarking
- Develop data to be part of a national dataset

Suggested sustainability approaches

The information gathered at the forum and provided in this report has application across a range of settings including health services and associated organisations, educational institutions and professional bodies, and other governing authorities such as funding, accrediting and regulatory bodies. This requires a targeted approach and VQC will develop responses for three areas to enable the widest application of suggested strategies for ongoing hand hygiene promotion. These include health services and organisations, educational institutions and professional bodies and governing bodies/other funding authorities.

This work will be completed and distributed by VQC prior to the conclusion of the state wide hand hygiene project in June 2007.

1. Health services and organisations:

VQC will develop a sustainability readiness checklist for health services that can be used as a guide when developing strategies for hand hygiene sustainability. The checklist will also include key elements of sustainability.

2. Educational institutions and professional bodies:

VQC will correspond with educational institutions and professional bodies to reiterate the importance of training in hand hygiene principles, encourage them to promote hand hygiene and incorporate hand hygiene education into curriculum development.

3. Governing bodies/other authorities:

VQC will develop a summary document for distribution to other governing bodies such as funding bodies, government health departments, accrediting bodies and regulatory bodies for their possible consideration and action.

Appendix

VQC Hand Hygiene Sustainability Forum Group Work

* The most commonly repeated points are highlighted

Discussion point 1: What strategies can we employ to influence individual behaviour change now and in the medium term? (6-18 months).

Education

- **Credentialing**
- **Peer pressure**
- **Provide education to consumers – Community Advisory Committee involvement**
- **Patient speak-up campaign**
- **Zero tolerance of infections communicated to all staff**
- **Appropriate education to all levels of staff – presentations at all forums**
- Integration into all education practice
- Get members of the public and patients' relatives involved
- Speak to different committees and spread the word
- Show the *Their health in your hands* DVD
- Consistent messages
- Repetition of messages
- The plan, do, check, act cycle
- Simulation education
- Educate hospital boards
- Target students
- Educate the public
- Involve contracted services
- Acknowledge areas for improvement
- Vary campaigns, such as 'don't take bugs home to your family'
- Nurses doing doctor rounds takes a bottle and makes sure it is shared between all medical staff on round

Leadership

- **Walk the talk – lead by example**
- **Build competencies**
- **Make management accountable**
- Rewards for good hand hygiene compliance
- Clinical leadership
- Leaders as role models
- Overt executive support
- Public recognition of good results
- Board responsibility
- Develop sanctions
- Establish culture change early

- Develop leaders at a departmental level
- Middle management support and encouragement in individual areas
- Senior medical champions

Data

- **Audits and feedback of data**
- **Advertise data results**
- **Publish results in organisational newsletters, reports or quality of care reports**
- **Make data available for consumers**
- Continue to measure isolate rates
- Provide evidence of reduced infection rates
- Celebrate increases in compliance

Product/tool

- **Available and visible products**
- **Compliance measurement**
- Promotional merchandise available
- Trial products
- Personalise product availability
- Develop simple compliance audit/measurement tool
- 'Bum bags' for product accessibility, especially in aged care settings

Feedback

- **Appropriate and immediate feedback to individuals**
- **Timely, targeted, in real time data feedback**
- **Positive reinforcement**
- Acknowledgement
- Rewarding good hand hygiene practice
- Ongoing staff surveys to tailor information appropriately

Individuals

- **Accountability**
- **Peer pressure**
- **Ward champions**
- Accountability in relation to organisational goals (such as high quality care)
- Empowerment through encouragement
- Three strikes and you're out or a warning system
- Build into performance and position descriptions
- Promote personal benefits for change
- Apply the grandmother test – how would you want your grandmother treated?
- Punitive measures for those who don't comply
- Random swabs of healthcare workers
- Zero tolerance of poor behaviour
- Have a 'what's in it for me' attitude for staff

Funding/time

- Ongoing funding for hand hygiene
- Fund more staff for infection control

Discussion point 2: What are the strategies for policy/organisational structure change that will work now and in the medium term? (6–18 months).

Staff

- **Ongoing competencies**
- **Ongoing credentialing program**
- **Develop KPIs for all managers – for compliance levels and education of staff**
- Mentoring programs
- Buddy programs
- Include hand hygiene in induction programs – mandate education on hand hygiene
- Add to position descriptions and performance development reviews (PDRs) and employee agreements
- Included in performance appraisals
- Target delivery of hand hygiene messages to specific groups
- Same hand hygiene message for all staff – uniform approach for everyone
- Set clear examples of what is expected of staff
- Create a role for ward champions and link to unit KPIs
- Provide rewards from an organisational level such as hospital reward and recognition programs

Organisational/operational

- **Generalise hand hygiene from an infection control to organisational responsibility**
- **Develop ongoing KPIs for all departments**
- **Engage universities**
- **Incorporate into quality plans and patient safety agendas – embed into quality and risk programs**
- **Incorporate hand hygiene into business plans**
- **Ongoing reporting to hospital boards and feedback**
- **Ongoing monitoring and feedback both up to board and at a local level**
- **No identification badge until credentialing package completed**
- **Benchmark internally**
- **Understand responsibility to patients/consumers**
- **Accessible hand hygiene facilities**

External relationships

- **The Department of Human Services to develop KPIs to ensure ongoing compliance**
- **Develop external benchmarking**
- Top-down modelling
- Peer-to-peer education
- Correspond with other organisations, such as the AMA and divisions of GPs
- Highlight cost of infections at all levels of the organisation – quantify costs and benefits

- Provide financial backing for an ongoing hand hygiene program
- Ongoing random audits
- Develop marketing tools for ongoing support
- The Department of Human Services to provide hospitals with a hand hygiene cost centre
- Publish unit comparative data on hospital intranet
- Include data in quality of care reports
- Incorporate lessons from other programs into the program, such as the 'no lift' program
- Add to hospital risk registers
- Provide adequate time for hand hygiene in orientation programs, especially medical staff orientation
- Hand hygiene EFT
- Benchmark between clinical units
- Hand hygiene messages on hospital computer screen savers
- Include in rights and responsibilities brochures
- Involve consumers and volunteers – enable consumers to drive change
- Provide general public education to make the issue relevant for all
- Add onto patient TV system in hospitals
- Provide in patient pre-admission information
- Public awareness campaign

Policy

- **Develop clear hand hygiene guidelines**
- **Policy framework – develop specific hand hygiene policies**
- **Clear policy statements regarding organisational expectations and conditions of employment**

Discussion point 3: What strategies must be developed to influence individual behaviour change in the long term? (beyond 18 months).

Education

- **Undergraduate education**
- **Public education through hospital data reporting**
- **Wider community hand hygiene education**
- **Education for board members**
- Consistent messages to staff
- Orientation messages
- Infection control training for all undergraduate courses
- Include in TAFE education system
- Include in school education programs
- GP advocates and GP training
- Raise public expectations
- Research into training and tools and sustainability
- Review new literature to inform current practice

- Embed practice in all clinical processes
- Education sessions by patients who have experienced infections
- Include education in allied health areas
- Engage community nurses in areas they work in – just as with universal precautions for sexual health
- Include in student assessment in all practical exams

Individuals

- **Minimal agreed standard of training and compliance**
- **Hand hygiene into staff position description reviews**
- **Develop more medical champions**
- **Culture of responsibility and feed back individual data to individuals**
- **Discuss at staff interviews**
- Develop strategy of appealing to staff as the advocate for patients
- Follow up poor performers

Consumers

- **Build into consumer participation plans**
- **Continue developing consumer empowerment**
- Make part of patient orientation
- Develop public campaigns (like SunSmart campaigns)

Discussion point 4: What strategies must be developed for policy/organisational change in the long term? (beyond 18 months).

Organisational/operational

- **Executives to walk the talk**
- **Benchmarking externally**
- **Board accountability**
- **Financial rewards for meeting hand hygiene KPIs (such as for continued compliance greater than 60 per cent)**
- **Performance tied to funding**
- **Legislation change**
- **Involve ACHS (accreditation standards) mandatory criteria for accreditation**
- **Organisation sets and aims for agreed internal benchmark**
- **Incorporate into strategic plans and business plans at each level of the organisation**
- Public reporting of compliance levels – public data available
- Involve unions
- Hand hygiene EFT
- Create a hand hygiene brand name
- Money for hand hygiene audits annually
- Publish in reports and internally
- Continue down the patient empowerment road
- Include in OH&S Act

External

- **Department of Human Services Key Performance Indicators**
- **Mandate through the department**
- **Department-driven policy**
- **Incorporate into departmental funding and policy guidelines and annual reporting**
- **Use the media effectively, such as using talk-back radio**
- Storylines in popular TV programs such as *RPA* and *All Saints*
- Incorporate into 10 tips for safer care
- Incorporate with external infection control group promotional weeks and forums
- Build into insurance premiums
- Look at aged care facilities
- Bed manufacturers to provide design for hand hygiene compliance
- Develop a national hand hygiene awareness day

Staff

- **Education – emphasis on undergraduate programs**
- **Standardise in all education programs for all levels of staff**
- **Professional colleges to have education included in all programs**
- Ensure rewards for hand hygiene compliance remain
- Change the message on a regular basis
- Beds designed to hold hand rub
- Continue financial support for hand hygiene activities
- Hand hygiene understood as the responsibility of all health care workers
- Colleagues able to remind each other – cultural development of support
- Continue with promotional material including in Infection Control Week
- Strategies to deal with overseas-trained staff
- Address credentialing and education of agency staff

Discussion point 5: What are the top priorities for sustainability of effective hand hygiene practice in Victoria?

- **Visible executive leadership**
- **Product availability and placement**
- **Measurement and feedback – benchmarking internally and externally**
- **Develop data to be part of a national dataset**
- **Effective compliance tool**
- **Incorporate into ACHS Equip 4 and link with accreditation**
- **KPIs for local areas and feeding into KPIs for boards**
- **Individual and executive accountability**
- **Policy and guideline development**
- **Education at all levels from orientation to ongoing yearly credentialing**
- **Consumers – development of empowerment abilities**
- Advertise about hand hygiene externally (to the community)
- Provide education at all levels and start early (with parents, schools, then undergraduates)
- Sanctions for non-compliance
- Part of employment agreements Individual compliance

- Credentialing
- Provide EFT
- Provide ongoing resources
- Develop and sustain leadership through executive support
- Part of good governance – reporting internally and externally
- Target consumers as users of the product