

Purpose

The Victorian Quality Council (VQC) has formed a Steering Group to provide advice and recommendations regarding the roll out of the program across all Victorian hospitals. Specific technical support will be provided from the pilot project conducted in six Victorian health services (four urban, two regional/rural) to hospitals participating in Stage one and two of the project.

Background

In May 2004 The VQC Hand Hygiene project commenced with funding allocated to Austin Health, as coordinating centre and six pilot health services to September 2005. The VQC has further approved funding to support the roll out of the Hand Hygiene project to all Victorian hospitals over a two-year period commencing February 2006. The VQC will manage the program and incorporate the information and experience gained in the pilot project sites to support the design and development of the program in implementing a practical model for sustained improvement in hand hygiene practices in Victorian hospitals.¹ This approach incorporates the:

- Introduction of an alcohol-chlorhexidine hand hygiene product;
- Education of healthcare workers regarding hand hygiene practices
- Ongoing promotion of hand hygiene practices via a range of communication and promotional tools;
- Active participation and feedback at both individual and organisation levels;
- Involvement of institutional leaders; and
- Collection and feedback of three outcome indicators: -
 - Hand Hygiene product usage in litres/1000 bed days/month;
 - Rates of nosocomial infection; and
 - Rates of hand hygiene compliance.

A Reference Group involving representation from clinical staff from Austin Health and the VQC Management Group has been meeting to support the broad planning, implementation and evaluation of the statewide roll out of the program.

The Steering Group has been formed to provide a forum to meet regularly and review the project implementation.

Steering Group Role

- To have input into the development of the roll out of the Hand Hygiene Program across all Victorian hospitals and make recommendations to the VQC Working Group;
- To identify obstacles, limitations and potential solutions relevant to the project operating smoothly and make recommendations to the VQC Working Group;
- To provide practical technical support and assistance to the VQC in Stage one and two of the project;
- To advise the VQC on the results of the baseline and interim measures reported by hospitals; and specifically
- To advise on the routinely collected data elements to examine whether or not the program has changed clinical practice.

¹ Effectiveness of a hospital wide program to improve compliance with hand hygiene. Didier Pittet, Stephanie Hugononet, Stephan Harbarth, Phillippe Morouga, Valerie Sauvan, Sylvie Touveneau, Thomas V Perneger and members of the Infection Control Program. Lancet 2000;**356**:1307-1312.

Steering Group Membership

Professor Anne-Maree Kelly, Victorian Quality Council (Chair)
Dr Mary O'Reilly, Victorian Quality Council
Ms Jennifer Williams, Victorian Quality Council
Professor Lindsay Grayson, Director Infectious Diseases Department Austin Health
Ms Margaret Balla, Director Clinical Governance The Royal Victorian Eye and Ear Hospital
Ms Lesley Lewis, Rural Infection Control Practitioner Group representative
Mr Clinton Dunkley, Victorian Advisory Committee on Infection Control representative
Ms Cindy Grieve, Metropolitan Pilot Hospital Representatives
Ms Jane Hellsten, Regional Pilot hospital representative
Roll out hospital representative (metropolitan) *to be appointed*
Roll out hospital representative (rural) *to be appointed*
Victorian Infection Control Practitioners Association, metropolitan nominee to be advised
Robina Bradley, Victorian Quality Council Management Group
Patricia McGarrity, Victorian Quality Council Management Group

Meeting Schedule

The Group will meet six weekly. A schedule for subsequent meetings will be agreed.

Reporting

The Steering Group will report to the VQC Working Group through the Chair of the Steering Group and meeting minutes will be kept and provided to the VQC Working Group.