



INFECTION PREVENTION AND CONTROL

HHNZ DHB Coordinator Workshop

Local Implementation Resources

Is this 'business as usual'?

Henry Dowler: National Project Manager



CLEAN HANDS SAVE LIVES

Ringa Mā, Hunga Ora

www.handhygiene.org.nz



INFECTION PREVENTION & CONTROL



Commitment #1: Alcohol-based hand product

- operating an alcohol-based hand hygiene programme
- securing and maintaining an adequate supply of suitable alcohol-based hand hygiene products for the wards in which the hand hygiene campaign will be operating



Commitment #2: Senior management involvement and leadership

- ensuring strong senior management commitment to the programme, including from the Chief Medical Officer, Director of Nursing and the hospital manager(s) responsible for infection prevention and control
- establishing a DHB hand hygiene programme steering group with a membership appropriate for its task of overseeing, guiding and directing effective implementation of the programme



Commitment #3: Appoint a dedicated programme coordinator

- appoint programme coordinator(s), who will also be a 'gold auditor', for a minimum period of 18 months
- coordinator capacity to be equal to or greater than the minimum full time equivalent (FTE) capacity indicated by HHNZ (ie, between 0.5 and 1.0 FTE depending on the total number of acute hospital beds)

Note: The draft HHNZ guidelines include a summary of the coordinator role (Appendix 11)



Commitment #4: Funding for promotion, education and training

- funding to support meaningful 'in house' promotional and educational activities
- funding and supporting attendance by all appropriate personnel (eg, DHB auditors, quality and infection control personnel and the Chair and/or other members of the DHB Steering Group) at HHNZ workshops and training events



Commitment #5: Monitoring and reporting

- auditing compliance with the five hand hygiene 'moments' as per published HHNZ guidelines using HHNZ validated auditors
- collecting and submitting at regular intervals to HHNZ hand hygiene compliance and infection rate data that is required for national monitoring and reporting.



Early HHNZ estimates of the cost of first year implementation in 950 and (200) bed hospitals were around \$450k and (\$135k), including:

- Project Coordinator salary and overheads: \$100k (\$60k)
- Gold Auditor training time: \$3.6k (\$1.2k)
- Gold Auditor compliance monitoring: \$54k (9.6k)
- Travel and expenses to attend training workshops: \$6k (\$3k)
- Promotion and education: \$47.5k (\$10k)
- Alcohol-based hand rub: \$190k (\$40k)
- Costs for new rub dispensers and removal of old: \$28.5k (\$6k)
- Data analysis and reporting: \$2.5k (\$2.5k)



INFECTION PREVENTION AND CONTROL

HAND HYGIENE NEW ZEALAND

So, what do you think...what are the advantages and disadvantages of a 'business as usual' approach to implementing the hand hygiene campaign?