



ADHB HAND HYGIENE CAMPAIGN

THE PRODUCT

WHAT WE'LL COVER

- Agreeing the What
- Knowing the Who
- Justifying the Why – Getting to Yes
- Defining the How
- Deciding the Where
- Discussions & Tasks

THE WHAT

- Is the DHB happy with the current product and supplier being used?
 - Cost
 - User acceptance
- Is your DHB considering change of product formulation?
- What does your DHB want from the product?
- Does your DHB have a current contract with a supplier for Alcohol Based Hand products?
- Will the incumbent supplier be able to meet your requirements in terms of formulation change (if any) and increased usage?

THE WHO

- Who do you need to involve in your DHB?
 - Sponsor
 - Steering Group
 - Procurement team
 - Frontline staff
 - Occupational Health
 - Everyone you can think of.....and then a few more.
- Understand the dynamics of your organisation – it will help you immensely
- Ask around...and keep asking

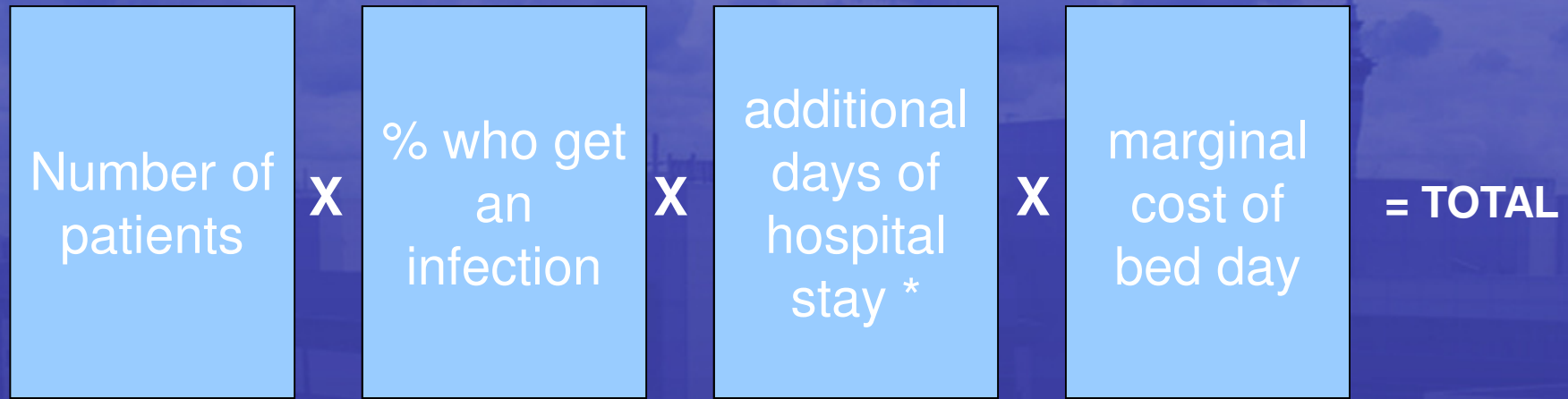
THE WHY – GETTING TO YES

- Create clear and concise requirements
- Justify those requirements to your key stakeholders
- Ensure you have included Clinicians AND the Business in the decision
- What internal processes do you need to adhere to?
- Will the change in practise have financial ramifications that the DHB may not have considered?
 - Extra stock and expenditure due to increased usage
 - Cost of brackets/installation

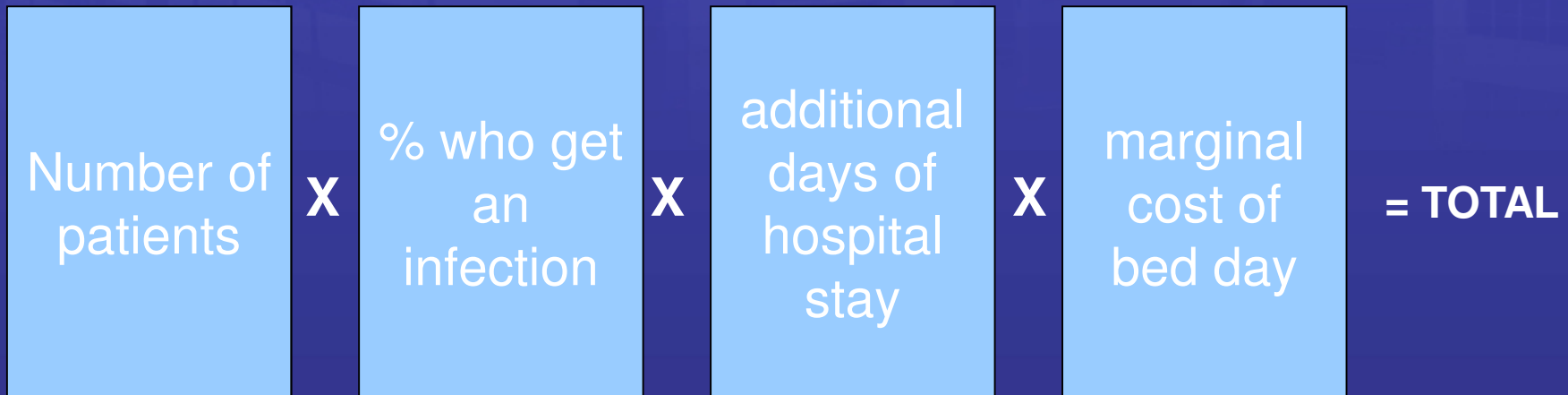
THE WHY – GETTING TO YES

- Does this need to go through an expenditure committee?
- Ensure you build a strong economic case for increased expenditure prior to beginning the implementation. This means:
 - Involving someone from Finance early in the process to help prepare the sensitivity analysis for the project. This will help you justify additional spend relating to the practise
 - Convincing key decision makers in your organisation that the additional cost outlay will have cost benefits associated
 - Sensitivity analysis for reduction in infection rate showing savings achieved when calculated against a range of percentages and lengths of stay.

EXPLAINING THE WHY



Reduce by:



* Direct treatment costs less service billing/bed days

THE WHEN

- Make sure you spend the time to find the key stakeholders in the decision making process and involve them as early as possible
- Identify any potential roadblock areas and work through the issues raised as soon as possible
- Throughout the process, keep working with the potential supplier/s to ensure they can deliver to your implementation plan

THE WHEN

- Have at least a draft timeline to work with which should include:
 - A procurement process timeline - Ask your Procurement team to give you a timeline that they will work to
 - Any committee meetings where sign off is required
 - Time for steering group approval/revision
 - Extra time you can build in anywhere 'just in case'

THE HOW

- Engage influencers and work with them to achieve greater buy-in from staff
- Build good relationships with the procurement team and keep them
- Help the procurement team as much as you can
- Be that squeaking wheel - make sure your project has constant visibility
- Constant communication with your Sponsor regarding any issues as they arise

THE WHERE

- Procurement Considerations
- Where will wards order stock from? Is it changing?
- Is this an opportunity to change current process?
- Rollout Considerations:
 - How many beds are there in the hospital
 - Children's wards – implement with care
 - ICUs – placement in equipment heavy areas
 - High risk patients/areas
 - Exceptions to the rule - Not all beds are created equal
 - Hospital upgrades – how will this affect the rollout

| Activity | Comments |
|---|--|
| Review of RFI – ADHB decided to request information due to formulation change and to see what was on the market. | Not compulsory, DHB dependant – what is the best procurement plan for you? |
| Agreement sought for product specification change | Chlorhexidine addition required Steering Group approval |
| Form Clinical Project Team | Should contain spread of staff across disciplines, areas and specialities plus Infection Control staff. Run by Procurement |
| Draft tender Specification/ Evaluation criteria | Will differ by DHB. CPT and Procurement team developed evaluation criteria for initial and final shortlist and assigned weights to for each criteria |
| Endorsement by Evaluation Team and Steering Group | Weightings adjusted and approved by Steering group |
| RFP packs assembled and approved for publication | Final requirements reviewed |

| Activities cont. | Comments |
|--|--|
| Publish Tender (3 weeks to respond) | Tender placed on GETS |
| Receiving and registration of submissions | |
| Tenders reviewed by Evaluation Team | First review to identify products with correct formulations, request further information if required, score against criteria |
| Tendered product reviewed and scored by CPT | All scores collated to create shortlist |
| Shortlisted products identified | Results given to Senior Management |
| Shortlisted suppliers invited to trial | Engagement of suppliers. Ensure they can deliver for trial |
| Ward trials planned and executed | Engagement of wards involved, product set up, agreements signed |

| Activities cont. | Comments |
|---|---|
| Trial completion and review | Factor in time to gather product reviews |
| Post trial activities | Damage repaired, product removed, existing product replaced |
| Negotiations commence with successful supplier | |
| Contract development | |
| Submission to Expenditure Committee | Increased usage due to '5 moments' practise may be queried |
| Contracts signed | |
| Implementation | |

THE DISCUSSION GROUPS

- Break into 5 groups covering one of the following topics:

- THE WHAT
- THE WHO
- THE WHY – GETTING TO YES
- THE HOW
- THE WHERE

THE DISCUSSION TASKS

- Discuss issues which have affected your organisation already and how you have dealt with them
- Discuss issues which you feel may become your roadblock
- Group Discussion – Funding requirements
 - Has your DHB asked the increased expenditure question? What is your plan of attack?