



CLEAN HANDS SAVE LIVES

Ringa Mā, Hunga Ora

www.handhygiene.org.nz



December 2008

Hand Hygiene New Zealand Newsletter: Update and Invitations

INTRODUCTION

This Hand Hygiene New Zealand (HHNZ) project is one of three infection prevention and control projects being undertaken as part of the National Quality Improvement Programme (NQIP). The HHNZ project involves the implementation, throughout New Zealand, of the World Health Organization (WHO) Advanced Draft 'WHO Guidelines on Hand Hygiene in Health Care' (April 2006) and the WHO '5 moments' approach illustrated in the poster in Appendix 1 to this newsletter.

Following an expression of interest process earlier this year, three District Health Boards (DHBs) are participating in stage one of the project roll-out. The stage one DHBs are Auckland, Waikato and Tairāwhiti. Stage two of the roll-out should be underway with other DHBs in mid-February 2009.

This newsletter has been sent to the hand hygiene contact person in each DHB as originally nominated by the DHB Chief Executive or in accordance with subsequent advice from the DHB. We would be very grateful if recipients would check the list of contact people in Appendix 2 and, **if you are no longer the most appropriate contact person, please email the name and contact details of your replacement to the Infection Prevention and Control Projects Manager**, Henry Dowler: henry.dowler@hankstar.co.nz.

This newsletter provides information on progress with the HHNZ project, important training events and the opportunity for DHB lead contact people to nominate DHB staff for training and national project roles. Recipients are asked to circulate this newsletter to others within their DHB who may be interested in the information it contains.

Specific topics covered in this newsletter are:

- the introductory HHNZ seminar held in Auckland on 17 October 2008
- feedback on the draft HHNZ guidelines, consequent changes to the draft guidelines and adjustments to the 2009 DHB implementation activity timetable
- hand hygiene auditor training in Auckland 10-13 February 2009 and a call for 'platinum auditor' nominations
- electronic options for hand hygiene compliance data collection and management

For more information on the national hand hygiene project please visit the HHNZ website www.handhygiene.org.nz.

REVIEW: 17 OCTOBER 2008 INTRODUCTORY SEMINAR

The introductory seminar held, in Auckland, on 17 October 2008 was attended by around 40 people from 14 DHBs. While originally intended for the 3 DHBs participating in the stage 1 roll out, the seminar was an opportunity for many more lead contacts and DHB hand hygiene coordinators from to find out more about the project and what is involved. The HHNZ project team was delighted with the turnout and the active participation of all who attended.

Seminar presentations mostly covered information in the draft HHNZ draft guidelines. A summary of key points from all the presentations has been developed and is available in the 'Resources' section of the HHNZ website.

REVISED HHNZ DRAFT GUIDELINES NOW AVAILABLE ON THE WEB

The HHNZ draft guidelines are under constant review as the stage one rollout proceeds. Valuable feedback was obtained during the 17 October seminar participants and from DHBs responding to an invitation to comment on the September 2008 version of the draft guidelines after the seminar. That feedback has been considered and incorporated, as appropriate, in an updated version of the draft guidelines.

The updated, December 2008, version of the guidelines is now available on the HHNZ website. Key changes to the draft guidelines are:

- a new DHB implementation activity timeline in the foreword (page 7) to align with changes in the overall project schedule, progress to date and auditor training scheduled to proceed in February 2009 (for easy reference, the updated timeline is also attached as Appendix 3 to this newsletter)
- a substantial rewrite of the section on alcohol hand products (pages 23-24) and adjustments to Appendix 5 so the draft guidelines are consistent with advice given at the 17 October seminar that:
 - there are several alcohol hand product formulations available on the market that are suitable for use in New Zealand hospitals
 - the choice of alcohol hand product, with or without chlorhexidine, is for each DHB and/or hospital to determine as it sees fit according to its particular circumstances
 - there is no intention to favour any particular product formulation or brand
 - in determining which alcohol hand product(s) to use, it is recommended that DHBs refer directly to other documents and evidence referred to in the draft guidelines
- adding in the section on alcohol hand products a note that British Standard: BS EN 1500:1997 *Chemical disinfectants and antiseptics. Hygienic handrub. Test method and requirements (phase 2/step 2)* is regarded internationally as an appropriate minimum standard for alcohol hand products
- adjustments to the section on *Staphylococcus aureus* infection rate reporting (pages 40-41) to clarify that data requirements relate to *hospital-associated* infections and are consistent with similar Ministry of Health data requirements
- inserted a new Appendix 11 summarising the role of the DHB Hand Hygiene Programme Coordinator (and deleted the previous Appendix 11 relating to 'other useful interventions').

Further comments on the draft guidelines are very welcome. Please email any comments you might wish to make on the draft to the Infection Prevention and Control Projects Manager, Henry Dowler: henry.dowler@hankstar.co.nz.

HAND HYGIENE AUDITOR TRAINING: 10-13 FEBRUARY 2009

Arrangements are now being made for platinum auditor training and subsequent training for the stage one DHB gold auditors. The platinum auditor training will take place at the Auckland City Hospital on Tuesday 10 and Wednesday 11 February 2009. The platinum auditors will then assist with training gold auditors at the same venue on Thursday 12 and Friday 13 February 2009. Experienced Australian trainers and auditors will be supporting the HHNZ project team during the February training events.

Training in February is slightly later in the rollout process than originally planned. The timing change has been made as recent Australian experience indicates that the best time for training is immediately before DHBs undertake their baseline compliance monitoring. This helps to ensure that newly trained auditors remember and apply all they have learned in the early stages of their role.

Invitation #1: DHB lead contact people are invited to send platinum auditor nominations by 20 January 2009

As explained in the HHNZ draft guidelines, the term 'platinum auditor' is used to describe lead personnel who perform a critical role in the development and maintenance of an ongoing, high quality, national audit of hand hygiene compliance.

To fulfil this role, platinum auditors will be trained, among other things, to:

- accurately measure hand hygiene compliance through the use of a hand hygiene compliance assessment tool
- undertake compliance assessment data collection, entry and analysis
- effectively present and disseminate the results of data analyses.
- train the 'gold auditors' that will undertake compliance monitoring for each DHB.

It is difficult to assess exactly what time commitment will be required of platinum auditors outside work for their own DHB. Any commitment during a year, however, would most likely be measured in days or weeks rather than months.

In some cases the platinum auditor role may involve site visits to other DHBs (eg, to train and interact with a hand hygiene observation team, known as 'gold auditors', to be established by each DHB). Platinum auditors may also need to be available for email and telephone enquiries from gold auditors, for example in relation to data collection and entry.

The draft guidelines indicate that the number of platinum auditors in New Zealand should, ideally, be no more than four to help to ensure:

- reasonable training costs and the most cost-effective use of limited resources
- the maintenance of consistent and high auditing and training standards nationally (ie, through improved inter-observer reliability and validation)
- adequate geographical coverage (eg, by having two platinum auditors in the North Island and two in the South Island).

The initial platinum auditor training event in February 2009 will, however, be open to up to eight platinum auditor candidates – preferably from eight different DHBs. Airfares, accommodation and other actual and reasonable expenses for attending the platinum auditor training (eg, meals and airport transfers) will be reimbursed by HHNZ subject to completion and submission of a claim form and supporting GST receipts.

We therefore invite DHB lead contact people (listed in Appendix 2), if they wish to do so, to **nominate candidates for platinum auditor training** by submitting the candidate's CV and any other relevant supporting information. Please send the nominations, by email, to the Infection Prevention and Control Projects Manager, Henry Dowler: henry.dowler@hankstar.co.nz **as soon as possible and no later than 20 January 2009.**

Nominees must be available to attend both the platinum and gold auditor training events in Auckland (ie, 10-13 February 2009 inclusive). Places at the training event are limited and acceptance of any nomination is not guaranteed. In the event that more nominations are received than there are available places, the Project Manager will determine which nominees should attend (or not) in consultation with relevant DHB contacts.

The Infection Prevention and Control Steering Group also intends to invite at least two of the new platinum auditors to join the national HHNZ Project Team. This is to fill vacancies that have recently arisen and to ensure that the Project Team maintains the capacity and capabilities required throughout the implementation and sustainability phases of the HHNZ project.

Invitation # 2: DHB lead contact people are invited to nominate DHB staff for gold auditor training by 20 January 2009

Implementation of the HHNZ project includes each DHB establishing a hand hygiene observation team, known as 'gold auditors' who, like platinum auditors, will be trained to:

- accurately measure hand hygiene compliance through the use of a hand hygiene compliance assessment tool
- undertake compliance assessment data collection, entry and analysis
- effectively present and disseminate the results of data analyses.

Detailed information about hand hygiene compliance assessment and data management is provided in the HHNZ draft guidelines.

As indicated above, gold auditor training for the Stage one DHBs will take place at the Auckland City Hospital on Thursday 12 and Friday 13 February 2009. Gold auditor training will be provided free of charge, but all expenses incurred by the DHB in sending their staff member to the training event must be met by the relevant DHB.

As with the October introductory seminar, people from all DHBs will be welcome to attend the gold auditor training, however, places on the training course will be limited.

We therefore invite the lead contact people (listed in Appendix2) from all DHBs to **send the names and contact details of candidates for gold auditor training** by emailing those details to the Infection Prevention and Control Projects Manager, Henry Dowler: henry.dowler@hankstar.co.nz **as soon as possible and no later than 20 January 2009.**

In the event that more nominations are received than there are available places, the Project Manager will determine which nominees should attend (or not) in consultation with relevant DHB contacts.

There will be other training opportunities for gold auditors during 2009. Further information about the February training and other opportunities will be posted on the HHNZ website in late January 2009. The information will also be sent directly to each DHB hand hygiene lead contact person and to the DHB staff who will undertake gold auditor training during February 2009.

ELECTRONIC HAND HYGIENE COMPLIANCE DATA MANAGEMENT

Internationally, hand hygiene compliance monitoring typically involves paper-based data collection followed by a time-consuming and labour-intensive process of manually entering data into an electronic database.

The HHNZ project is working to provide DHBs with the option of using inexpensive electronic data collection and management tools that reduce the time and cost of compliance monitoring, data storage and reporting. This has involved investigating various solutions and measuring possible solutions against feasibility criteria (ie, implementation costs, operational cost and advantages versus disadvantages).

It became evident, early in the assessment phase, that all possible options would benefit most from a central data storage solution offering reporting services to all the DHBs and the national HHNZ project via the internet.

Technical advisors to the HHNZ project have communicated with DHB Chief Information Officers to ensure that electronic solutions are practicable and appropriate. The result is the development of an electronic data collection and management option for all DHBs.

The preferred option, under development and due for delivery prior to the auditor training in mid-February 2009, involves:

- auditors using a hand-held personal data assistant (PDA) for data collection during compliance observations
- transferring observation data from the PDA via a computer and a secure network connection to a central database hosted by the lead DHB
- integrating into the solution the collection and management of monthly *Staphylococcus aureus* infection rate data
- creating master data at every DHB and on a national level via a web application (a 'user interface' solution) to enable easy updating of reference data such as auditor and ward identifiers
- a national HHNZ coordinator creating and publishing on the HHNZ website national compliance reports and benchmarking (ie, reporting at an aggregate level)
- DHBs having the ability to review and access their own data and to create their own reports.

All the development costs are being met by the HHNZ project. HHNZ will also provide each DHB one PDA free of charge and give DHBs free access to the software developed by HHNZ. If a DHB wished to purchase additional PDAs that cost (approximately \$700 per PDA) would need to be met by the DHB.

Large numbers of PDAs should not be required; however, each DHB will be able to determine its own needs depending on the number of gold auditors it uses and how its auditing schedules are operated.

The HHNZ Project team is aware that some DHBs might already be considering alternative PDA-based data collection solutions. We suggest that, if serious consideration is being given to an alternative, that you do not proceed until the development of the HHNZ solution is complete and available for comparison. That will enable you to ensure that the alternative solution is fully compatible with the central database and reporting facility established by the HHNZ project.

HHNZ will develop and issue, in early 2009, a specification or checklist to assist DHBs that wish to make such compatibility checks.

APPENDIX 1: 5 MOMENTS FOR HAND HYGIENE POSTER

YOUR 5 MOMENTS FOR HAND HYGIENE

1 Before Patient Contact	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2 Before Procedure	WHEN? Clean your hands immediately before any procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 After Procedure or Body Fluid Exposure Risk	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4 After Patient Contact	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5 After Contact with Patient Surroundings	WHEN? Clean your hands after touching any object of furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.



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APPENDIX 2: DHB LEAD CONTACT PEOPLE FOR THE HHNZ PROJECT

The following people were nominated earlier this year (2008), by DHB Chief Executives, as the lead contact person for their respective DHBs. That is, the person who is to be the primary point of contact for the HHNZ Project Team.

While the HHNZ Project Team is responsive to communications and enquiries from other DHB staff, the intention is to channel most of the project information to DHBs through their nominated contact person.

DHB	Contact Name	Title
Northland	Mo Atkinson	Infection Control Nurse
Waitemata	Jocelyn Peach	Director of Nursing and Midwifery
Auckland	Taima Campbell	Director of Nursing and Midwifery
Counties Manukau	Pat Meade	Team Leader Infection Prevention and Control Quality Improvement Unit
Waikato	Sue Hayward	Director of Nursing and Midwifery
Bay of Plenty	Fiona Burns	Hospital Coordinator/Clinical Nurse Specialist - Infection Control
Lakes	Lesley Yule	Quality and Risk Manager
Tairāwhiti	Sandi Gamon	Infection Control Coordinator
Taranaki	Anne Kemp	Quality and Risk Manager
Hawkes Bay	Kaye Lafferty	Quality and Risk Manager
Whanganui	Phyl van den Broek	Clinical Nurse Specialist - Infection Control Quality Risk Management
MidCentral	Lorraine Rees	Nurse Manager Infection Control
Wairarapa	Julie Roots	Clinical Nurse Specialist - Infection Control/Health and Safety Coordinator
Hutt Valley	Helen Smith	Service Manager - Quality
Capital and Coast	Cheyne Chalmers	Director of Nursing and Midwifery
Nelson Marlborough	Denise Hutchins	General Manager Organisational Development
Canterbury	Jan Nicholson	Corporate Quality and Risk Manager
West Coast	Mark Bowen	Risk and Quality Manager
South Canterbury	Carol Murphy	General Manager Quality and Risk
Otago	Catherine Rae	Quality and Risk Manager
Southland	Jenny Humphries	Director of Nursing and Midwifery (Interim)

APPENDIX 3: UPDATED DHB IMPLEMENTATION ACTIVITY TIMETABLE

The updated (December 2008) table below summarises activities to be undertaken by DHBs and the timeline for the initial implementation of the national hand hygiene campaign. Further information on the activities and deliverables summarised in the table above can be found in the draft HHNZ guidelines published in the 'Resources' section of the HHNZ website.

	Months 1-2	Months 3-4	Months 5-6	Months 7-8	Months 9-10
Initial preparation	Step 1 Roll-out and facility preparation	Step 2 Baseline evaluation	Step 3 Implementation	Step 4 Follow-up evaluation	Step 5 Developing ongoing action plan and review cycle
Identify key individuals and groups	Undertake DHB situation analysis	Complete alcohol hand product review; and procure as appropriate	Undertake auditor and data entry training	Project progress analysis	Study and analyse results
Identify hand hygiene project coordinator	Evaluate lab IS capability	Staff knowledge assessment	Baseline hand hygiene observations	Staff campaign evaluation survey	Feedback on follow-up data
	Confirm hand product requirements and complete placement planning	Develop launch strategy and finalise project implementation plan	Implement launch strategy	Data entry analysis	Develop 5-year sustainability plan
	Ward structure survey	Develop DHB specific resources	Placement of alcohol hand product	Ongoing hand hygiene compliance observations	Commence scale-up as per the 5-year action plan
			Distribute resource materials		
			Facility staff education and practical training		
			Monitor hand product tolerance		
			Feedback baseline data		
Preliminary deliverables	Step 1 deliverables	Step 2 deliverables	Step 3 deliverables	Step 4 deliverables	Step 5 deliverables
Written confirmation of support and commitment from key senior managers Hand hygiene project coordinator appointed	Alcohol hand product requirements confirmed Budget analysis undertaken Written confirmation of lab IS capacity to retrieve data for outcome measures Decisions made relating to placement of alcohol hand product Key staff and wards identified	Appropriate alcohol hand product is available Staff knowledge assessed to assist with identifying training needs and resource requirements DHB specific resources developed Launch strategy and project implementation plan in place	Auditor and data entry training complete Baseline data collected and reported Successful launch indicated by healthcare workers engagement and understanding of roles and the 5 'moment' programme	Post implementation compliance assessment completed Project progress assessment completed Key learning's and outcomes communicated	Sustainability plan formulated with ongoing feedback and education An action plan and scale for the next 5 years is developed following implementation, evaluation and analysis The findings are presented to staff in a formal manner