



INFECTION PREVENTION AND CONTROL



CLEAN HANDS SAVE LIVES

Ringa Mā, Hunga Ora

www.handhygiene.org.nz



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Hand Hygiene New Zealand Newsletter

Introduction

Hand Hygiene New Zealand (HHNZ) is one of three infection prevention and control projects undertaken as part of the National Quality Improvement Programme (NQIP). For more information on HHNZ please visit our website www.handhygiene.org.nz.

HHNZ newsletters are sent to the lead hand hygiene contact person in each district health board (DHB) and DHB hand hygiene coordinators whose appointment has been notified to HHNZ. Recipients of this newsletter are asked to circulate it widely to others within their DHB who may be interested in the information it contains.

A list of DHB lead contacts was published in the December 2008 HHNZ newsletter which can be found on the HHNZ website. Please advise the HHNZ Project Manager, Henry Dowler, if the DHB lead contact or coordinator details change by sending an email with the new details to henry.dowler@hankstar.co.nz.

Topics covered in this newsletter

Specific topics covered in this edition of the HHNZ newsletter are:

- **progress made by the three DHBs participating in stage 1 of the HHNZ rollout**
- **plans for hand hygiene coordinator 'networks'**
- **the need for DHBs participating in stage 2 of the HHNZ rollout to formally confirm their participation and necessary resource commitments**
- **the appointment of five 'platinum' (national) hand hygiene auditors, their role and the nominal DHB portfolios they have been allocated**

- training and validation of 'gold' (local) hand hygiene auditors in February 2009, the role of gold auditor and [information about how to register for the next auditor training event in Wellington on 27-28 May 2009](#)
- HHNZ data and progress reporting requirements, key dates and electronic options for data collection and management
- advice from the Office of the Health and Disability Commissioner on taking account of the Code of Rights while undertaking hand hygiene compliance audits in hospitals
- interesting international links, including:
 - the World Health Organization (WHO) 'Save Lives: Clean *Your* Hands' initiative
 - the launch of Hand Hygiene Australia's on-line learning package.

Progress with the stage 1 rollout

Stage 1 of the HHNZ rollout involves the Auckland, Waikato and Tairāwhiti DHBs. During 2008, all three DHBs formally committed to providing the resources necessary to implement the HHNZ adaptation of the WHO '5 Moments' programme in their hospitals.

All three DHBs are making good progress with initial steps on the 10 month implementation timeline. Hand hygiene coordinators have been appointed (albeit an acting one in Tairāwhiti at present); and they have a good number of validated 'gold' hand hygiene auditors ready to carry out compliance auditing. They are on track to submit to HHNZ, before the end of April 2009, their baseline data on hand hygiene compliance and *Staphylococcus aureus* infection rates.

Activities one or more of the stage 1 DHBs have found challenging and worthy of note include:

- Completing early the vital process of recruiting a coordinator, or allocating sufficient staff time to carry out the coordination role. This has proven to be relatively time consuming and difficult given the skill mix required. While a health sector background may be an advantage it is not necessarily a requirement for programme coordinators. Project management, training, marketing and other leadership skills and knowledge are likely to be important considerations when selecting and appointing your coordinator.
- Timely completion of the procurement and product 'acceptance testing' processes where a decision has been taken to introduce a new alcohol-based hand product as part of the implementation process.
- Even if hand products already in use in hospitals are suitable, there may be difficulties in obtaining suitable fittings (eg, brackets) to ensure the products are properly placed to enable healthcare workers to easily comply with hand hygiene requirements.
- Identifying and engaging early with all DHB personnel who are essential to the success of the rollout. This includes senior clinicians and managers; and information

technology personnel who must be involved in the local set up and testing of the electronic data collection and reporting tools.

Plans for hand hygiene coordinator networks

To help to ensure that hand hygiene knowledge created by DHBs is shared nationally; HHNZ is planning to facilitate coordinator networks.

Detailed proposals for the networks remain to be developed, but we expect that they will include both regional and national arrangements. Initially, the networks may simply operate on the basis of a regular telephone conference facilitated by HHNZ.

We see the networks, most likely to start formally in May 2009, as an opportunity for coordinators to learn from each other and to identify information that needs to be made widely available. Such information could, for example, be shared by adding material to the HHNZ website and/or developing future items for HHNZ newsletters.

We also expect that network conversations will help to identify collaboration opportunities. Sharing time and resources to develop hand hygiene education, promotional or training materials for DHB staff would be a good example of such an opportunity.

For now we encourage full-time hand hygiene coordinators and others who are taking on the coordination role to make and maintain contact with hand hygiene colleagues in other DHBs.

Formal commitment from stage 2 DHBs required

On 22 February 2009 HHNZ emailed a letter to all DHB lead hand hygiene contacts in stage 2 DHBs seeking a formal commitment to participate in the HHNZ rollout. Accompanying this letter was a spreadsheet setting out estimates of key implementation costs and potential costs avoided by reducing the number of healthcare-acquired infections; and a commitment form for signing by the DHB Chief Executive.

Submission of the signed commitment form will enable HHNZ to proceed with providing and applying national project resources to support local implementation activities. For example, we anticipate HHNZ 'platinum' auditors visiting stage 2 DHBs in June 2009 as a follow up to the May 2009 gold auditor training event (see below for more information on the training event).

By June 2009, stage 2 DHBs that have formally committed to participate will also be provided with an electronic data collection device (PDA); and validated hand hygiene auditors will be supported in becoming proficient in its use and with other preparations for baseline compliance audits.

The actual DHB expenditure for the hand hygiene project will vary from DHB to DHB depending on the level to which current hand hygiene and infection control practices are currently in place. Costings in the HHNZ spreadsheets are for full implementation within each DHB. We would, however, expect that initial implementation (eg, in a few, selected hospital wards) is likely to represent only a marginal cost over current practices.

Platinum auditor appointments and portfolios

HHNZ was delighted with the response from DHBs to our December 2008 request for platinum auditor nominations. The training and validation of five platinum auditors was completed in February 2009. The name and location of each platinum auditor and their nominal DHB portfolios are set out in the table below.

Platinum Auditor	DHBs in the auditor's nominal portfolio
Jo Stodart (Otago)	Southland, Otago, West Coast, South Canterbury, and Canterbury
Viv McEnnis (Capital and Coast)	Nelson-Marlborough, Capital and Coast, Hutt Valley, Wairarapa, Mid-Central, and Whanganui
Robyn Boyne (Bay of Plenty)	Lakes, Bay of Plenty, Tairāwhiti, and Hawkes Bay
Lin Marriott (Waikato)	Waikato, Taranaki, and Counties Manukau
Christine Sieczkowski (Auckland)	Auckland, Waitemata, and Northland

Platinum auditors 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 are 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.

Platinum auditors are in regular contact with each other to discuss issues and to ensure consistency of auditing practice nationally. The platinum auditor role may involve site visits to other DHBs to train and support gold auditors undertaking local compliance audits. Airfares, accommodation and other actual and reasonable expenses incurred by platinum auditors in undertaking such visits are reimbursed by HHNZ.

Platinum auditors are available for email and telephone inquiries from hand hygiene coordinators and validated gold auditors, for example in relation to data collection and entry. As the platinum auditors have other fulltime jobs with their DHBs we ask that, before making an inquiry, you check the HHNZ draft guidelines to find the information you seek (ie, to keep the inquiry workload at a reasonable level).

As indicated in the HHNZ draft guidelines numbers of platinum auditors will always be few compared to gold auditors as this helps to ensure:

- the maintenance of consistent and high auditing and training standards nationally, through improved inter-auditor reliability and validation
- adequate geographical coverage.

Stage 2 gold auditor training: Wellington, 27-28 May 2009

In February 2009, 33 people from 9 DHBs attended the gold auditor training event for stage 1 DHBs held at the Auckland City Hospital. To date 28 of those people have been validated by HHNZ as gold auditors. We expect that others who attended the training will also shortly be validated.

Validated gold auditors, who undertake hand hygiene compliance audits within their own DHB, are 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.

Please note that gold auditor status does not enable the auditor to train or validate other gold auditors; only HHNZ platinum auditors are authorised to do that. Gold auditors may also be required, in future, to be re-validated to ensure that national auditing consistency is maintained.

Arrangements are now being made for the next gold auditor training event which is to be held at the Wellington Hospital on 27-28 May 2009. The timing of this training, close to the time that stage 2 DHBs undertake their baseline compliance monitoring, will help to ensure that newly trained auditors remember and apply all they have learned in the early stages of their role. The training itself 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.

We therefore invite DHB lead contact people from Stage 2 DHBs to **send the names and contact details of candidates for gold auditor training** by emailing those details to henry.dowler@hankstar.co.nz **as soon as possible and no later than 20 April 2009**.

Please note that places on the Wellington training course will be limited to a maximum of 20 people. 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 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 May 2009.

Data and progress reporting requirements

General information

HHNZ data requirements are explained in the HHNZ draft guidelines (pages 31-41 refer). In summary, HHNZ will be collating the following data:

- on a four monthly basis (from April 2009 for stage 1 DHBs and from August 2009 for stage 2 DHBs): the total number of hand hygiene moments observed during a specified monitoring period by HHNZ validated auditors; the total number of

appropriately performed hand hygiene moments; and the corresponding rate/percentage of compliance.

- on a monthly basis two measures of *Staphylococcus aureus* (*S. aureus*) disease, namely: the number of patients with *S. aureus* clinical isolates per 100 discharges; and the number of patients with healthcare-associated *S. aureus* bacteraemia per 100 discharges. Consultation with all the laboratories working for DHBs has confirmed that this data is readily available.

Electronic data collection and management

Hand hygiene compliance data will be collected by DHB staff trained and validated by HHNZ as gold auditors using a PDA-based electronic data collection tool. The submission of audit information will be by download from the PDAs via the Health Intranet to a central HHNZ database hosted, for the time being, by the lead, Auckland, DHB. The submission of the *S. aureus* data will be achieved via a web form and DHBs having 'log on' access to enable them to complete the form.

HHNZ will report aggregated national data to DHBs showing the national situation and where the individual DHB sits without identifying other individual DHB results. Individual DHBs will have direct access to their own data and a set of standard reports that enable them to examine the detail of their results to inform the ongoing implementation and continuous improvement of their particular hand hygiene programme.

Testing of the PDA-based electronic data collection tool, data management and reporting is nearly complete. 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 wishes to purchase additional PDAs that cost (approximately \$700 per PDA) would need to be met by the DHB.

As noted in the December 2008 newsletter, if you are seriously considering an alternative to the HHNZ PDA-based data collection solution, we suggest that you do not proceed until the development of the HHNZ solution is complete and available for comparison. It is also essential that you ensure that the alternative solution is fully compatible with the central database and reporting facility established by the HHNZ project. A 'third-party' data specification is now available, on request, from HHNZ.

Questions and answers about the required infection rate data

The following are the HHNZ answers to some frequently asked questions about the infection rate data.

What data are you collecting on S. aureus isolates?

We are collecting data on all clinical *S. aureus* isolates from all sites. The only data that would be excluded are MRSA screening swabs because this is not collected for clinical reasons.

Will we need to exclude clinical isolates of S. aureus that are community-acquired?

No. This would require intensive review of individual patients' notes and is not required. For the purpose of this project, we are collecting the number of **all** *S. aureus* clinical isolates.

Will including community-acquired S. aureus clinical isolates skew the data?

No. We are looking for 'rate of change' of *S. aureus* clinical isolates and not 'actual rate' for the purpose of this project. It is expected that the number of community acquired isolates will stay the same during the entire period of this project, but we will expect to see some change in the rate of hospital-acquired isolates. Since we are collecting the **total** number of *S. aureus* clinical isolates, a decrease in the rate of hospital-acquired isolates will be reflected in this total.

Will we need to exclude duplicate isolates from the same patient?

No. We are looking for 'rate of change' of *S. aureus* clinical isolates and not 'actual rate' for the purpose of this project. It is expected that the proportion of duplicates will remain a constant variable (pre- and post-initiation of hand hygiene measures) and should balance out over time.

Should we be looking for multi-resistant organism rates (eg, MRSA, ESBL, and VRE)?

Given the low numbers of multi-resistant organisms outside of Auckland, we will not get meaningful data to compare change before and after initiation of the hand hygiene project if we looked at these data across the country.

Should we collect some data on hospital-acquired infection rates?

Our second outcome measure is the number of hospital-acquired *S. aureus* bacteraemia. The Ministry of Health is currently collecting the same data for benchmarking. All we would require is the same raw figure that each hospital is supplying to the Ministry.

Other progress reporting requirements

DHBs participating in the HHNZ rollout will, from time to time, be asked to submit a short, tabular report on progress with implementation activities. This will enable HHNZ to collate progress information and report to the IPC and NQIP Steering Groups.

In the interests of keeping reporting demands to a minimum we have developed a simple spreadsheet-based reporting form. A copy of the format of the report is attached to this newsletter for your information.

The first progress report request of stage 2 DHBs will most likely be made in early May 2009.

Taking account of the Code of Rights

The Code of Health and Disability Services Consumers' Rights (the Code) became law on 1 July 1996 as a regulation under the Health and Disability Commissioner Act 1994. A summary of the Code may be seen at <http://www.hdc.org.nz/theact/theact-thecodesummary>.

The Code confers a number of rights on all consumers of health and disability services in New Zealand and places corresponding obligations on providers of those services. The Code has been reviewed twice and one change was made in June 2004, to substitute a new version of Right 7(10).

The obligation under the Code is to take *'reasonable actions in the circumstances to give effect to the rights, and comply with the duties'* in the Code. The onus is on providers to show that such action has been taken. The Code does not override other legislation.

In training DHB staff who will undertake the audits questions have been raised about how to take account of the Code in the course of the auditing process, particularly in relation to privacy and informed consent aspects of the Code. That is because the hand hygiene auditors must be present in the patient's immediate environment and be able to readily observe healthcare workers as they interact with and carry out procedures on hospital patients.

HHNZ has consulted with the Office of the Health and Disability Commissioner (HDC) about these issues. Senior HDC advisors have confirmed that, given the importance of auditing in terms of quality assurance and patient safety, a 'common sense' approach should be all that will be necessary to meet Code requirements.

For example, by providing auditors with suitable identification badges, explaining the auditors' presence where necessary, and auditors simply moving on if the patient raises any concerns at the time. DHBs might also consider providing written information about the programme to patients and ward staff immediately prior to each auditing round.

International links and information

World Health Organization

WHO has recently circulated advice that, on 5 May 2009, WHO is launching a new initiative: 'Save Lives: Clean *Your Hands*'.

For more information please go to www.who.int/gpsc/5may/en/index.html.

Australia

Hand Hygiene Australia has recently launched an online hand hygiene learning package.

You can access the Australian learning package at www.hha.org.au by clicking on the tab in the top right hand corner of that webpage.

BBC Video Resource

A number of people have asked us for information on how to obtain a copy of the episode of a BBC documentary that includes a section on Dr Semmelweis and his historical efforts to convince fellow surgeons of the merits of hand hygiene.

A DVD of 'Blood and Guts: A History of Surgery - Episode 5: Bloody Beginnings' may be obtained via Roadshow Entertainment (NZ) Limited (Roadshow). The price of \$325 plus GST includes an education and training rights licence.

To order the DVD please contact Elizabeth Fordham at the Roadshow Auckland office:

- email: Liz_Fordham@roadshow.co.nz
- telephone: 09 820 8875
- fax: 09 820 8877

Attachment: Implementation Progress Reporting Template

Initial Preparation	Percent complete	Date Completed	Comments
Identify key individuals and groups			
Identify hand hygiene project coordinator/officer			
STEP 1: Roll-out and facility preparation			
Undertake DHB situation analysis			
Evaluate lab IS capability			
Confirm hand product requirements and complete placement planning			
Ward structure survey			
STEP 2: Baseline evaluation			
Complete alcohol hand product review; and procure as appropriate			
Staff knowledge assessment			
Develop launch strategy and finalise project implementation plan			
Develop DHB specific resources			
STEP 3: Implementation			
Undertake auditor and data entry training			
Baseline hand hygiene observations			
Implement launch strategy			
Placement of alcohol hand product			
Distribute resource materials			
Facility staff education and practical training			
Monitor hand product tolerance			
Feedback baseline data			
low-up evaluation			
Project progress analysis			
Staff campaign evaluation survey			
Data entry analysis			
Ongoing hand hygiene compliance observations			
STEP 5: Develop ongoing action plan and review			
Study and analyse results			
Feedback on follow-up data			
Develop 5-year sustainability plan			
Commence scale-up as per the 5-year action plan			