



## INFECTION PREVENTION AND CONTROL



**CLEAN HANDS SAVE LIVES**

Ringa Mā, Hunga Ora

[www.handhygiene.org.nz](http://www.handhygiene.org.nz)



October 2009

# 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](http://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.

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](mailto:henry.dowler@hankstar.co.nz).

## Topics covered in this newsletter

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

- **how to register interest in November gold auditor training in Christchurch**
- **some findings from the August 2009 progress evaluation survey of DHBs**
- **HHNZ sustainability issues**
- **infection rate reporting and the definition of 'discharges'**
- **PDA users guide on the website and changes to the standard report**
- **new HHNZ DVD resource and links to the NHS National Patient Safety 'Wi-Five' hand hygiene game and the WHO Save Lives: Clean YOUR Hands site**
- **purchasing HHNZ merchandise directly from suppliers**

## **How to register for November 2009 gold auditor training**

So far during 2009, over 60 people from 19 DHBs have attended HHNZ gold auditor training events. HHNZ validated auditors are trained to accurately measure hand hygiene compliance through the use of a hand hygiene compliance assessment tool. Those who attend the training leave with a clear appreciation of the 5 moments approach and how to go about auditing for compliance.

Due to continuing demand for auditor training, we plan to run two more auditor training events for DHB employees before the end of 2009. Dates remain to be confirmed, but one event should proceed in Christchurch during early November and another will likely be held in the Bay of Plenty (possibly Rotorua) later in the year.

We encourage all DHBs that do not yet have at least two trained and/or validated gold auditors to send staff members to the training event. 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.

Registrations of interest are now being accepted from DHBs who wish to send staff to auditor training in Christchurch during November 2009. Please therefore send the names and contact details of DHB nominees for gold auditor training by email to [henry.dowler@hankstar.co.nz](mailto:henry.dowler@hankstar.co.nz) as soon as possible and no later than Friday 30 October 2009.

Places on the Christchurch training course will likely be limited to a maximum of 12-16 people, depending on the availability of our Platinum Auditors, who lead the training. 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.

Further information will be sent directly to each DHB staff member who will undertake the gold auditor training.

## **Some findings from the DHB progress evaluation survey**

During August 2009 HHNZ Platinum Auditors completed a survey of Hand Hygiene Coordinators and/or lead contacts nominated by DHB Chief Executives to evaluate the progress being made nationally against the HHNZ implementation timeline. The survey (conducted by telephone or face-to-face interviews) sought responses to a set of questions that were circulated to all DHBs prior to the interview.

Overall, the survey responses indicate that all 21 DHBs are committed 'in principle' to learning more about the 5 moments approach and to improving hand hygiene practice and compliance in their hospitals. However, for most DHBs, this commitment does not yet appear to have resulted in the substantial resource commitments or particularly timely activities needed to ensure effective implementation.

For example, only 3 DHBs indicated that they had appointed a fulltime hand hygiene coordinator. Most other DHBs have simply asked existing (usually infection control) staff to take on hand hygiene coordination activities on top of their other duties.

It was nevertheless encouraging to find that DHBs were positive about 'seeding resources' (pamphlets, posters etc) developed and distributed nationally; and that there has been some baseline information gathering and planning activity in many of the DHBs. High levels of interest and engagement are also reflected in the number of auditors that have been trained and the indication that all 21 DHBs should have trained auditors by the end of 2009. We are also extremely grateful to the 5 DHBs who continue to support their employees who are participating as members of the national HHNZ Project Team and as Platinum Auditors.

Most DHBs have not yet developed, or have only partly developed, their own DHB specific resources – although those that have specific resources are generally very willing to share with other DHBs. A number of suggestions for the development of additional national resources were also made with a strong emphasis on training materials for healthcare workers – with a number of requests for video material. The latter request had been anticipated and a DVD was sent to DHBs in September 2009. The DVD includes video illustrations of the 5 moments for different healthcare worker groups.

Most of the DHBs with trained auditors have requested their free PDA and at least 6 DHBs are already using the PDAs to collect and download baseline compliance data. Some DHBs are not yet using the PDAs, but this appears to be due mainly to HHNZ information not being passed on by lead DHB contacts and/or infection control staff awaiting support from local IT resources (ie, as opposed to any particular issues with the PDAs or the software developed by HHNZ).

Indications are that most, if not all, DHBs will have collected and submitted baseline hand hygiene compliance and infection rate data by December 2009, with many expecting to submit their data well before then.

## **HHNZ sustainability issues**

During the August survey, HHNZ also sought DHB suggestions to assist us with planning for the longer-term sustainability of the national hand hygiene campaign. Those suggestions have been noted and, as appropriate, incorporated in advice that has been developed for the National NQIP Steering Group.

The following bullet list summarises the HHNZ sustainability issues that were raised by DHBs, some of which were also discussed at the HHNZ workshop for DHB Coordinators that was held in Wellington on 30 September 2009. Copies of presentations made at the September workshop are also now available in the 'news' section of the HHNZ website.

DHB respondents to the August survey considered that:

- Hand hygiene must be embedded in health culture and mandatory training programmes, rather than viewed simply as an infection prevention and control project.
- There must be strong clinical governance, DHB funding commitments and Ministry support.
- Compliance results should be published to create a competitive environment amongst DHBs.
- An online forum is required to share resources and to discuss issues and ideas.

- Audits should be carried out more frequently at first to maintain awareness and leverage off the high awareness created by H1N1.
- There is a need to think about the impact of the report of the Ministerial Review Group around centralised patient safety.
- Implementation needs to be 'right first time' to avoid creating negative perceptions.
- More training and support is needed for the PDA-based data solution and associated IT issues.
- There is a need to maintain national resources, direction and clear expectations for participating DHBs.
- Information should be regularly published to show the advantages of the campaign and 'where we are at' with comparison to international data.
- Key DHB personnel need to be consulted to develop a clear long term sustainability plan.
- Increase future the focus of HHNZ newsletters on education, success stories and tips for success.

## **Infection rate reporting and the definition of 'discharges'**

We have been asked, for the purposes of reporting infection rates to HHNZ, whether well babies and mental health patients should be excluded from 'discharges' as the hospitals may not be excluding them automatically. HHNZ is aware that many infection control departments around New Zealand already exclude in this way during their routine analysis.

To help reduce the risk of data inconsistencies, we concluded that HHNZ Guidelines should be clear that mental health patients and well babies in postnatal wards should be excluded when determining the number of 'discharges'. When the Guidelines are updated later this year, the definition of 'discharges' will be amended to read something like the following:

*'Discharges' are defined as all hospital discharges (including those from an Emergency Department over 3 hours from time of registration) and outpatient day dialysis, plus the number of inpatient deaths for any given time period. Mental health patients and well babies in postnatal wards should, however, be excluded for the purpose of this project.*

## **PDA users' guide, service level agreement and report change**

The HHNZ PDA-based audit data collection and management solution is now available to all stage DHBs that have trained and validated gold and/or platinum auditors. As you will be aware, HHNZ provides each DHB with one PDA free of charge and gives DHBs free access to the software developed by HHNZ. If a DHB wishes to purchase additional PDAs, that cost would need to be met by the DHB (ie, approximately \$700 per PDA).

Indications are that the PDA-based solution takes roughly half the time of paper-based observation recording. Also, downloading from the PDA takes only a few minutes and completely eliminates the time required for manual data entry and cross-checking between paper and electronic information.

It has recently come to our attention that the PDA users' guide and service level agreement information may not have been passed on to everyone that needs that information at a local level. To help overcome that problem, copies of the guide and service level agreement have now been posted on the resources page of the HHNZ website [www.handhygine.org.nz](http://www.handhygine.org.nz).

We recommend that local PDA users and IT support people have access to and are familiar with both these documents.

Please also note that we are currently arranging for a change to the standard 'performance' report. Reasons for the change are summarised below.

The current web application enables HHNZ to set-up, at the DHB level, the number of observations to be completed for that DHB as per the HHNZ guidelines. This number is then used in the performance report to calculate 'Required', 'Outstanding' and 'Completed %' observations. This was originally intended to assist DHBs to track and monitor observation data collection progress.

With the solution now in use by an increasing number of DHBs, it is evident that the number of observations to be completed no longer restricts to DHB level, but also extends to ward level.

Therefore, the current report format no longer meets the needs of the users and the columns 'Required', 'Outstanding' and 'Completed %' may no longer present true values. Those columns will shortly be removed and the new report layout will simply be as illustrated below. Each DHB can still easily determine the progress made for both national and local monitoring purposes (ie, by comparing the number of moments completed from the report with the relevant target value set either by the HHNZ Guidelines for national monitoring or by the DHB itself for local monitoring).

<b>Moments per Ward</b>		
<b>Ward</b>	<b>Sessions</b>	<b>Moments Completed</b>
IMTS	6	22
Mother	3	4
Ward 1	1	2
Ward 2	1	12
Ward 3	1	1
Ward 63	1	1
		42

## **New HHNZ DVD resource and international web links**

Last month we sent to every DHB a copy of a new HHNZ DVD. The package was addressed to nominated Hand Hygiene Coordinators or to DHB lead contacts where no Coordinator has been nominated. The DVD includes video material that we expect will be helpful to DHBs as they proceed to develop training material for various staff groupings.

We expect that you will also find a lot of useful material on other international websites, some of which are included on the links page of the HHNZ website. The WHO website <http://www.who.int/gpsc/5may/en/index.html> comes highly recommended and new material is being added to that site on a regular basis.

The UK National Health Service, National Public Safety Agency has produced an on-line game to help with 5 moments training. The game can be seen and played at the following link:

<http://www.npsa.nhs.uk/cleanyourhands/resource-area/wi-five-game/>

## **Purchasing HHNZ merchandise**

High resolution pdf copies of all the printed HHNZ may be downloaded free of charge from the HHNZ website [www.handhygiene.org.nz](http://www.handhygiene.org.nz). While most of our stocks of printed materials and merchandise have been exhausted some of the printed resources are still available (eg, we still have plenty of A3 size posters). Please do not hesitate to contact us if you would like further copies of these posters.

DHBs are also very welcome to go directly to the suppliers of HHNZ resources and the merchandise we sent out to DHBs earlier this year in the HHNZ starter pack (ie, to purchase additional items or to arrange for the production of your own local variations of our resources).

In the DHB resources section of the HHNZ website you can see an example of a new T-shirt design developed by the Auckland DHB for the launch of its local hand hygiene campaign. The T-shirt design and the initial 'theme' of the Auckland campaign is a very effective adaptation of the HHNZ 'All Hands to the Pump' poster.

The contact details you require for direct orders are:

Lisa Scurrah  
MH New Zealand Limited  
Phone: 09 375 6133  
Mobile: 021 190 3339  
Email: [lisas@mhnz.co.nz](mailto:lisas@mhnz.co.nz)

On the following page are details of the unit prices for HHNZ merchandise for orders of various volumes. These were correct at 15 September 2009. An indication is also given of a minimum order, but unit prices for minimum orders are likely to be relatively high.

## **T SHIRTS (White)**

Printed in 2 colour chest only. Minimum order of 10.

Qty of 100 = \$1395  
Unit cost = \$13.95

Qty of 50 = \$1017  
Unit cost = \$20.34

Printed 2 colour on chest and 2 colour on sleeve

Qty of 100 = \$1625  
Unit cost = \$16.30

Qty of 50 = \$1165  
Unit cost = \$23.30

We also understand that T-Shirt samples may be available if you would like to check the quality.

**BADGES (55mm):** Printed in 2 colours, no minimum order.

Qty of 100 = \$320  
Unit cost = \$3.20

Qty of 200 = \$470  
Unit cost = \$2.35

## **PENS**

Push action mechanism, available with blue or green spiral design, printed 1 colour on the barrel. Minimum order is 250.

Qty of 400 = \$848  
Unit cost = \$2.12

Qty of 500 = \$975  
Unit cost = \$1.95

Qty of 1,000 = \$1,630  
Unit cost = \$1.63