

R2701

Abstract (publication only)

A junior doctor's change management and leadership project: hand-hygiene compliance audit programme at a teaching hospital in northwestern England

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Background: According to CDC, people don't wash their hands as often they say they do or as often as they should". Hand washing is the single most effective way to prevent spread of infections. We present a summary from a junior doctor's change management and leadership project - hand hygiene[HH] audit programme at Blackpool Teaching Hospitals. Methods: Review of conventional HH audit rates when conducted by clipboard bearing dedicated nurses; Review of results of HH audit [2009] and re-audit [2010] conducted by JDs using identical HH audit tool as nurses, but large number of observations and un-disclosed observational audit. Presentation of results to trust executive directors, hospital infection control committee and CEO. Results: Conventional dedicated nurse conducted HHA results above 90% compliance, JDs conducted HHAs included 3060 minutes[2009] and 1840 minutes[2010] of observations with compliance rates of 37% and 35% [p>0.05] respectively. Introduction of new secret shopper style HHA programme [based on Royal Devon and Exeter risk based criteria]. Refer attached picture. Details to be presented. Conclusions: Poor HH compliance can potentially undermine trust HAI programme. The value of findings from a conventional dedicated nurse led HHA may be limited by bias, Hawthorne effect and complacent behaviour from high (>90%) HHA rates. The JD led HHA, supervised by microbiologist, was part of a change management and leadership project. This involved studying the conventional HHA system, planning the project, leading and supervising a group of JDs; analyzing and presenting findings at hospital committees and to CEO; discussing validity of findings amidst resistance; leading up to CEO led decision to change the HHA programme from the conventional dedicated nurse led HHA system to a secret shopper style HHA conducted by a variety of trained healthcare professionals visiting the clinical areas. This study has revealed a detailed picture regarding hand hygiene compliance and auditing methods. Unbiased compliance results are needed for an effective infection control programme.

VTE Assessment:

Blackpool Teaching Hospitals **NHS** NHS Foundation Trust

Have you risk assessed your patient for Venous Thromboembolism (VTE)?

- Up to 32,000 people die every year in the UK due to a preventable blood clot in hospital
- Approximately one person dies in a typical UK hospital every other day due to a preventable blood clot
- Preventable blood clots in UK hospitals cause more deaths per year than MRSA, AIDS, breast cancer and road traffic accidents combined

Click the image above to download a poster for display in your ward / area.

Click the image above to access lectures and multimedia resources for VTE.

Hand Hygiene:

Five Moments of Hand Hygiene:

When?

YOUR 5 MOMENTS FOR HAND HYGIENE

- 1 BEFORE TOUCHING A PATIENT
- 2 BEFORE AHAZING PROCEDURE
- 3 AFTER TOUCHING A PATIENT
- 4 AFTER TOUCHING A PATIENT
- 5 AFTER TOUCHING PATIENT SURROUNDINGS

CLEAN HANDS SAVE LIVES

Blackpool Teaching Hospitals **NHS**

Watch our Awareness DVD.

The Antimicrobial Formulary has been reviewed and updated.

Key changes:

- Co-amoxiclav and Ciprofloxacin restricted to Consultant Microbiologist approval.
- Meropenem restricted to Consultant or Consultant Microbiologist approval.

Latest Hand Hygiene Audits:

How is your area performing?

Theatres 6-12:	0%
Cardiac DSU:	60%
Ward 14:	62%
Ward 15b:	69%
CAU:	69%
Ward 37:	78%
Ward 34:	78%
Cardiac ITU:	79%
Ward 24:	80%
Ward 39:	83%
Ward 38:	86%

The consequences: Clostridium Difficile.

So you think you know about Hand Hygiene?

Test your knowledge now!
Test your skills on Wi-Five?