

HICMR INFORMATION SHEET: OCTOBER 2008

NATIONAL HAND HYGIENE INITIATIVE (NHHI)

1. Hand Hygiene

Australia (HHA)

- HHA is coordinated by the National Hand Hygiene Advisory Committee as part of the National Hand Hygiene Initiative (NHHI), Australian Commission on Safety and Quality in Healthcare (ACSQHC).
- The HHA Project and User Manual have been developed by the HHA co-coordinating Centre at Austin Health, lead by Prof. L Grayson.
- The NHHI is the first step in implementing nation-wide Hand Hygiene (HH) culture change, and the User Manual outlines a clear and systemic approach to culture-change in Australia, building on the highly successful programs conducted in several states in Australia, and the World Health Organisation, (WHO).
- For further information:
<http://www.safetyandquality.org/>.
HHA website coming soon.



Hand Hygiene Australia

2. The Problem

- ❖ Poor Hand Hygiene (HH) among healthcare workers (HCWs) is strongly associated with healthcare acquired infection (HAI) transmission, and is a major factor in the spread of antibiotic-resistant organisms within healthcare facilities.
- ❖ Current hand hygiene compliance in Australia is very poor - ~20-30%.
- ❖ To date, efforts to improve the rate of HH compliance have been generally ineffective, and/or sustainability difficult.
- ❖ Numerous barriers to appropriate HH have been reported, eg. HH agents can cause skin irritation and dryness; patient needs perceived to be greater than HH; handwashing sinks inconveniently located; glove use negates the need for HH; insufficient time due to high workload/ understaffing; lack of role models, and forgetfulness.

3. The Solution

- The use of alcohol-based hand rub (ABHR), coupled with changes in the recommended indications for HH, and a change in HH culture of HCWs (ie. attitudes and behavior) is recognized as the best approach to improving compliance, and minimising infection transmission.
- The HHA Project will be launched in Feb 2009. All Australian healthcare facilities are expected to participate.
- Funding will not be provided, but it is estimated HAIs cost \$100s millions/yr, therefore it is suggested savings will ultimately fund the Project.
- Concepts predominantly based on Vic QC Project 2006-07, which increased HH compliance amongst participating hospitals from 20% to 53% - current HH compliance rate is now 67%. Also resulted in ~ 50% decrease in MRSA over the 2 yrs.
- Has been the single most effective initiative in Australia to decrease HAIs for 40-50yrs.
- There will be a standardised HH procedure, ie. the *WHO 5 Moments*, and auditing system to measure compliance and assist reporting.
- The time for excuses are over!

THE WHO 5 Moments of Hand Hygiene

- Moment 1: Before touching a patient.
- Moment 2: Before a procedure.
- Moment 3: After a procedure or body fluid exposure risk.
- Moment 4: After touching a patient.
- Moment 5: After touching a patient's surrounding.

4. Key Features of the HHI

- ✓ Use of ABHR - located at point of care.
- ✓ Executive endorsement of HHA compulsory, standardised electronic HH Education Program for all staff on commencement of employment. HHA Education Program to be available at end of this month! Posters also available.
- ✓ Monitoring Outcome measures - rates of HH compliance as recorded by validated assessors, and rates of Staph Aureus Bacteraemias (SABs).
- ✓ Standardised auditing and data collection tools to be provided by HHA.

5. Program Model and Outcomes

- ✚ Infection Control team, designated Program Leader and support "champions", including Medical staff. HICMR support as required.
- ✚ Introduction of ABHR and WHO 5 Moments of HH practices in selected Pilot Wards, and auditing and evaluation of compliance.
- ✚ Then facility-wide introduction of ABHR and WHO 5 Moments of HH practices, and ongoing auditing and evaluation of facility-wide compliance, to ensure improvement in practice and sustainability.
- ✚ Monitoring the two key outcome measures - HH compliance and rates of SABs. This should include baseline assessment of HH compliance and collection of previous 2 yrs data on SABs.

