

Draft Quality Statement

Trusts should demonstrate compliance with all aspects of hand hygiene covered by the Code of practice and ensure, through the clinical governance framework, correct practice of hand hygiene by all healthcare workers.

Structure

- There is an evidence based hand hygiene policy
- There are adequate hand hygiene facilities in all clinical areas
- There is a dress code supporting hand hygiene including action to be taken when this is breached.
- There is a rolling programme of audit of hand hygiene compliance and monitoring of procurement data for soap and alcohol hand rub (AHR)
- There is evidence that HCW's accountability for correct hand hygiene is embedded in the trust's clinical governance framework.
- There is a training programme that educates and reminds healthcare workers of correct hand hygiene practice, the need for skin health surveillance and provides training in observational audit.
- There is evidence of patient involvement in ensuring good hand hygiene compliance by healthcare workers.

Process

- Demonstrate that there is an evidence based hand hygiene policy available to all HCWs in all areas

Numerator: number of areas with access to an updated on line or hard copy policy

Denominator: total number of clinical and non clinical areas

- Demonstrate that there is AHR or other antibacterial hand rub at each patient's bed space or at the agreed point of clinical care and that this is audited in all clinical areas at least monthly

Numerator: Number of Alcohol or other antibacterial HR containers available in clinical unit

Denominator: Number of agreed points of care per clinical unit

Numerator/denominator : number of audits per year for each clinical area

- Demonstrate that there is a sink, soap and towel dispenser in every 4-6 patient bedded bay, side room or, in wards without bays, a sink with soap and towel dispensers for every 6 beds and that this is audited at least monthly in all clinical areas

Numerator: Number of dedicated sinks, soap and towel dispensers in a bay, side room or ward

Denominator: Number of beds in bay, number of side rooms, or in wards without bays, number of beds

Numerator/denominator for audit: number of audits per year for each clinical area

- Demonstrate that there is a record of breaches of dress code at the point of care and the actions taken to correct

Numerator/denominator: number of breaches and actions per year.

- Demonstrate that there is monitoring of hand hygiene compliance by audit of hand hygiene compliance by direct observation of healthcare workers carried out at least monthly in all clinical areas

Numerator/denominator: number of observational audits in each clinical unit per year

- Demonstrate that the frequency of such audits are reviewed and increased or decreased depending on compliance levels
- Demonstrate that observational audit is undertaken by using a formally standardized reliable tool with clear standard operating procedures such as that included in the Infection Prevention Society's (IPS) national infection control audit tool and that each observational audit in a clinical area meets required technical specifications for representative sampling (observation of at least 15 opportunities or moments for hand hygiene over 20-30 minutes)

Numerator: number of compliant hand hygiene behaviours during observation period

Denominator: number of clinical opportunities or moments for hand hygiene

- Demonstrate that observational audit results are fed back to individual health care workers and teams, specialty groups, clinical directorates, and the board.

Numerator: Number of times observational audits are undertaken

Denominator: Number of times documented feedback is given to healthcare workers, teams, specialty groups, directorates and boards respectively

- Demonstrate that yearly external assessment of trust wide hand hygiene compliance is carried out by appropriately trained external assessors such as infection control, clinical audit or inspection personnel

Numerator/denominator: number of compliant hand hygiene behaviours over at least 200 observed opportunities or moments for hand hygiene across at least 12 clinical areas in the trust

- Demonstrate that routine observational audit is triangulated by comparison with data on hand hygiene compliance with the hand hygiene elements of care bundle assessment (for example of insertion of urinary catheters or of peripheral or central venous lines) and that it is included in documented feedback (see above)

Numerator: number of hand hygiene elements correctly performed during care bundle assessment in a clinical unit each month

Denominator: total number of hand hygiene elements in care bundle assessments performed that month

- Demonstrate that there is monitoring of monthly procurement data for AHR and soap at trust, hospital, clinical area, specialty and directorate level which is feedback in the same way as audit of directly observed compliance

Numerator: mls or litres of soap and AHR (separately and combined) per month

Denominator: monthly occupied bed days

- Demonstrate that there is a training programme for educating all health care workers in correct hand hygiene on both induction and mandatory clinical training courses and that this includes the need to practice skin health surveillance

Numerator: number of staff attending induction courses per year

Denominator: number of new staff with clinical contact per year

Numerator: number of staff attending clinical mandatory training update per year

Denominator: number of staff required to attend clinical update training per year

- Demonstrate that each clinical areas has visible reminders to reinforce the correct performance of hand hygiene taught on the clinical training programme and that their distribution is audited at least two monthly and included in feedback to clinical areas, specialties, divisions and the board as above

Numerator: number of visible reminders to clean hands in a clinical area (such as posters, computer screen fillers, cards detailing moments and techniques for hand hygiene)

Denominator: number of clinical areas

Numerator: number of times a year distribution of reminders audited in clinical areas

Denominator: number of clinical areas

Numerator/denominator: frequency of documented feedback to clinical areas, specialties, divisions and the board

- Demonstrate that skin health surveillance is monitored monthly in each clinical area by a link nurse or equivalent from occupational health

Numerator: number of clinical areas where skin surveillance is monitored each month

Denominator: number of clinical areas in the trust

- Demonstrate that effective hand hygiene audit training in use of a standardised audit tool is provided by the Trust for all hand hygiene auditors (e.g. through on-line materials, videos or workshops) and that auditors are appraised at regular intervals

Numerator: number of hand hygiene auditors receiving training and or reappraisal each year

Denominator: number of recognised hand hygiene auditors in the trust

- Demonstrate that patients or their representatives are involved in involvement of patients in ensuring good hand hygiene compliance by healthcare workers through for example routine feedback to governors of Foundation Trusts of hand hygiene compliance, monitoring complaints concerning hand hygiene, and inclusion of hand hygiene in patient satisfaction surveys

Numerator/denominator: number of complaints (PALS and formal complaints) related to hand hygiene are monitored in DIPC reports each year

Numerator/denominator: proportion of patients satisfied with standards of hand hygiene in questionnaire surveys

Numerator/denominator: numbers of reports to governors per year of hand hygiene compliance and procurement data

- Demonstrate, in the events of the trust being registered with the World Health Organisation's SAVE LIVES: clean hands initiative, use of the WHO self assessment framework to provide data on the availability of hand hygiene facilities, on distribution of reminders, on audit and feedback of compliance and procurement across the trust, the level of institutional engagement with hand hygiene, and on training needs

2.1.3

Description of what the statement means for each audience

Service providers ensure that there are policies and procedures facilitating training in hand hygiene, easy access to hand hygiene materials at the point of care, audit and feedback of compliance with policies across all levels of the trust.

Cleaning staff ensure there are adequate hand-hygiene facilities available at the point of care.

Healthcare professionals are aware of and comply with dress and uniform codes, are trained in hand hygiene, and receive regular audit and feedback on compliance with hand hygiene standards.

Infection Control Staff and Link personnel are aware of need for training in standard methods of auditing hand hygiene facilities and compliance and implementing these in accordance with technical specifications.

Patients and the public expect secondary care settings to have hand hygiene materials available at the point of care and to practice a high standard of hand hygiene in accordance with internationally accepted standards and to provide them with information on hand hygiene compliance .

2.1.4

Relevant existing indicators

1. WHO Hand Hygiene Self-Assessment Framework http://www.who.int/gpsc/5may/hhsa_framework/en/index.html
2. Infection Prevention Society Tool www.idrn.org/nosec.php and <http://www.npsa.nhs.uk/cleanyourhands/resource-area/audit/>

2.11.5 Source Document

Source Document References

1. McAteer J, Stone S, Fuller C et al. Development of an observational measure of healthcare worker hand-hygiene behaviour: the hand-hygiene observation tool (HHOT). J Hosp Infect 2008;68:222-9.
2. Joint Commission 2009. Measuring Hand Hygiene Adherence: overcoming the challenges. Joint Commission, Illinois, USA
3. WHO 2009|Patient Safety: A world alliance for safer health care SAVE LIVES: Clean your hands. Hand hygiene technical reference: to be used by health-care workers, trainers and observers of hand hygiene practices. ISBN 978 92 159860
4. WHO 2009. Appendix 4 Monitoring hand hygiene by direct methods. WHO Guidelines on Hand Hygiene in Health Care. ISBN 978 92 4 159790

5. Magiorakos A P, Leens E, Drouvot V, May-Michelangelis L, Reichardt C, Gastmeier P et al Pathways to clean hands: highlights of successful hand hygiene implementation strategies in Europe. Eurosurveillance 2010;15(18) Article 4 6 May www.eurosurveillance.org
6. Sax H, Allegranzi B, Chraiti M-N, Boyce J, Larson E, Pittet D The World Health Organisation hand hygiene observation method. Am. J Infect Control 2009;37:827-34.
7. WHO Hand Hygiene Self Assessment Framework (2010) http://www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf
8. Health and Safety Executive (2009) Managing Risks from Skin Exposure at Work. HSE Books: Sudbury