Hand Hygiene New Zealand: the value of a national program in achieving and sustaining hand hygiene performance

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Background
- Hand Hygiene New Zealand (HHNZ) is a multi-modal program based on the WHO ‘5 moments for hand hygiene’ approach.
- In 2011 the newly established Health Quality & Safety Commission (HQSC) reinvigorated HHNZ by providing funding to support a project team to deliver the program to all 20 District Health Boards (DHB).
- In 2014 a national workshop introduced the ‘Front-Line Ownership’ QI methodology
- Annual situational surveys are held to inform the program

Implementation and program delivery

Leadership
- Funding supported a national clinical lead, a HHNZ coordinator, project management and coordination support, infection prevention and control expertise and a communications advisor
- The clinical lead engaged with key stakeholders at the DHB level – the Chief Executive Officers, Chief Medical Officer and Directors of Nursing and Quality.
- National networks were set up across the country to support the regional delivery of the Commission’s IPC program

Quality Improvement
- Quality and Safety Markers (QSM) were developed in 2013. Annual performance targets were set and results were publically reported.
- The principles of Front-Line Ownership (FLO) were promoted to support quality improvement activities.

Measurement and evaluation
- The programme recorded improvement against a process measure and an outcome measure.
- Process measure – total number of appropriately performed hand hygiene moments
- Outcome marker – the rate of healthcare-associated Staphylococcus aureus bacteraemia (HA-SAB)
- Auditing was undertaken by trained auditors (called ‘Gold Auditors’) - three audits per year. The number of ‘moments’ to be audited is determined by the number of beds in the hospital.
- There were a number of options for choosing the wards/clinical areas (the ‘reporting wards’) to audit
- The data was collected on a smart phone using the Hand Hygiene Australia (HHA) electronic application.

Communication

Progress
- As of June 2016 the national rate of compliance for hand hygiene was 82.5%, (95%CI, 82.1-82.8), figure 1
- There has been a significant improvement since the start of the program, March 2013 (66.6%, 95%CI, 66.1-67.2), p=<0.0001
- There has been improvement across all moments, all healthcare worker groups and ward type, figures 2, 3 and 4
- The outcome measure, HA-SAB, has remained stable
- The most recent situational survey showed spread beyond the reporting wards (data not shown)

Discussion
- There has been a significant and sustained improvement in hand hygiene practices nationally
- QSM and performance targets helped to motivate senior DHB leaders to give greater priority to the program and to provide increased support and resourcing
- The principles of FLO helped teams to overcome local barriers
- The development of regional networks across NZ is helping to sustain hand hygiene improvements

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