What are we trying to accomplish?

Project goals

1) Establish smooth flow of Interventions by end 2015
2) Increase hand hygiene compliance in wad 49 by 10-20% by March 2016
The journey
The journey

- Ward 49 is one of 4 wards in the hospital that has dedicated cubicles to lodge MRSA patients

- For non-MRSA patients in these wards, MRSA acquisition rates are checked for at the time of discharge
Kick start - July 2014

• Exploratory meeting; Dr Vijo, ward 49 nurses, Infection control team

• Measures to reduce MRSA acquisition rates

• Ideas - improve hand hygiene (HH), signage, audits, fines, stickers, education
SHINE conference - October 2014

- A formal team was formed including people from more disciplines

- Clinician + Nurses + Radiographer + Physiotherapists + Porter + housekeeping + Infection control nurse + Clinical Service
Who are involved?

Clinician  
Wards 49 Nurses  
Radiographer  
Housekeeping, Porters  
Physiotherapist  
Clinical Services  
Infection Control Team
What have we done?

Pre SHINe

Baseline Data Collection
Baseline data

• Ask 5 & take 5 method

• Ask 5 – ask 5 members from each of the different disciplines about the 5 moments of HH

• Take 5 – audit 5 members from each of the different disciplines about the 5 moments of HH
5 moments of hand hygiene

1. Before patient contact
2. After patient contact
3. After touching patient surroundings
4. Before clean/invasive procedure
5. After body fluid exposure risk
Knowledge of 5 Moments (By Profession Group in Ward 49)

<table>
<thead>
<tr>
<th>Profession Group</th>
<th>No</th>
<th>Yes</th>
<th>% of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Keeper</td>
<td>32%</td>
<td>68%</td>
<td>100%</td>
</tr>
<tr>
<td>Porter</td>
<td>28%</td>
<td>72%</td>
<td>100%</td>
</tr>
<tr>
<td>Nurses</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AH</td>
<td>40%</td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>Clinicians</td>
<td></td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Radiographers</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

n = 115
pax = 22

Baseline data
Baseline data

Compliance to 5 Moments Hand Hygiene practise
(By Profession Group in Ward 49)

<table>
<thead>
<tr>
<th>Profession Group</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Keeper</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Porter</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Nurses</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>AH</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>Clinicans</td>
<td>67%</td>
<td>33%</td>
</tr>
</tbody>
</table>

n = 50
**What have we done?**

**Hand Hygiene Knowledge**

(ASK 5, TAKE 5)

**Findings**

- Most of the Porters and Housekeepers are not aware of Hand Hygiene related information.
- 80% of ward based staff are aware of different cleaning agents.
- Most staff attended briefing/training session.
- 1st and 5th Moments are identified as more challenging to perform Hand Hygiene consistently.
- 4th Moment is identified as most easy to perform Hand Hygiene consistently.

(Sep) Oct 2014
5 moments of hand hygiene

1. Before patient contact
2. After patient contact
3. After touching patient surroundings
4. Before clean/invasive procedure
5. After body fluid exposure risk
What have we done?

- Prepare interventions

- Oct 2014
- Nov
- Dec
- Jan 2015
Interventions

• i) Education of porters & housekeepers

• ii) Twice monthly Audit & feedback process for all disciplines

• iii) Materials
Education of porters & housekeepers

• Started December 2014

• Small group sessions

• Educational material decided based on feedback from the trainers and the staff themselves (factoring in the dialects, educational levels etc.)

• Target - to complete by end June 2015
Example of Pictorial Workflows

Housekeeper performing cleaning tasks

START
1. Housekeeper prepare cleaning tools (For MRSA Areas)
2. Housekeeper wear protective kit
3. Housekeeper perform cleaning tasks
4. Housekeeper remove gloves and perform hand rub
5. Housekeeper remove protective gown

END
6. Housekeeper perform hand wash & return tools

(MRSA Patient Areas)
Example of Pictorial Workflows

Health Attendant clearing after patient meal
(Non-MRSA Patient)

START

Health Attendant clearing up at patient bedside

Return used utensils

Clean the cleaning cloth with cleaning agent

END

Perform Hand wash
Audit & feedback process

• All disciplines

• Buy-in from all HOD (dept. KPI) – Medical, Allied health, Nursing etc.

• CMB, CEO support

• Audit process started in January 2015 with the 3 major disciplines working in wd 49; Resp Medicine, Gastroenterology & Endocrinology

• Nurses and Allied Health audits to start in April 2015

• Porters & housekeepers – start in August 2015
Audit & feedback process - physicians

- Twice monthly audits

- 3 audits done (Jan 2\textsuperscript{nd} and 4\textsuperscript{th} week, Feb 2\textsuperscript{nd} week)

- Senior and Junior doctors

- Audit data sent to the doctors involved, their supervisors and the HOD
Materials

• No case notes allowed on any table

• Every bed has bottle of alcohol hand rub

• Signage on every table about HH and ‘no case notes’ – already in place

• Mobile workstations (computer + table + trolley) – by end March 2015
Materials

MRSA cubicles/bed
• Floor signs

• Yellow sign at the bed

• Individual stethoscopes

• ‘MRSA’ specific COWS

• Case notes are yellow & have separate trolley
USE HAND RUB!!

NO CASE NOTES
The future beckons
What have we done?

Prepare interventions
- Customized 5 Moments training for support professions (housekeepers, porters)
- Optimize support professions’ workflows with 5 Moments

Situation Assessment
- Ask 5, Take 53
- Collect Baseline
- Discuss with subject expert

Test interventions
- Conduct trial of customized 5 Moments training (For Housekeepers only)
- Trial Hand Hygiene reminder signage on every patient cardiac table

More interventions
- Start feedback & consult intervention
  1) Bi-weekly audit of clinicians
  2) Provide non-compliance cases to respective HOD for counseling
- Start sticker type reminder signage

Feedback on non-compliance staff

Reminder signage (sticker type)
Next Steps

Our Project Focus:

**AREAS OF IMPROVEMENT**

1) Extend customized training to all supporting profession groups (June 2015)

2) Reminder signages at Patient’s Cardic table (Feb 2015)

To enable optimum availability of cleaning agents to staff

**PRACTISE of Hand Hygiene**

**COMPLIANCE of Hand Hygiene**

Enable policies:
1) Handling of non-compliance cases
   - Official champions
   - Include Hand Hygiene compliance as part of Appraisal effort (Jan 2015)

2) Extend audit and report for different professions (Nursing, Allied Health, Support Services) (Apr 2015)