

National Hand Hygiene NHS Campaign

Compliance with Hand Hygiene - 2nd Audit Report Your Questions Answered



Germs. Wash your hands of them

Prepared for the Scottish Government Health Directorate HAI Task Force
by Health Protection Scotland

Contents

General Information	1
What is hand hygiene?	1
Why is hand hygiene important?	1
Why do people need to be told to wash their hands?	1
How are germs spread?	1
What germs cause infections?	1
Are certain people more likely to pick up infections than others?	1
What is being done to improve hand hygiene?	1
Will good hand hygiene help to reduce MRSA and Clostridium difficile rates in hospitals?	1
The Scottish Hand Hygiene Audit Report	2
Who was studied for this report?	2
Does the report mean that some staff are better at washing their hands than others?	2
Why has this Scottish audit been carried out?	2
What are the headline figures?	2
How do the results compare to other published audit results?	2
What do the compliance figures actually mean?	2
How were the results in the report calculated?	3
Why is there a difference in Boards' compliance rates?	3
Are there limitations to the audit results?	3
Are any further audits planned?	3
Are any further reports planned?	3
Definitions	4
What does the term "audit" mean?	4
What do the terms "monitoring" and "compliance" mean?	4
What does "Allied Health Professional" mean?	4
Who are ancillary staff and others?	4
Further Information	5
Where can I get further information about the Scottish Campaign and about hand hygiene?	5
What can visitors do?	5

General Information

What is hand hygiene?

Hand hygiene is a term used to describe cleaning hands by using soap and warm water or by using an alcohol hand rub solution.

Why is hand hygiene important?

Hand hygiene is considered to be the single most important way to stop the spread of germs. If the hands of those caring for a patient, as well as the hands of the patient and their family/visitors, are kept clean then the risk of the patient getting an infection will be far less.

Why do people need to be told to wash their hands?

From studies that have been done throughout the world it has been shown that people do not always wash their hands as often as they should and Scotland is no exception. It is especially important that everyone (healthcare workers, patients and visitors) is aware that they need to regularly wash their hands in order to reduce the risk of spreading infection. This is especially important for healthcare workers who care for those of us who are sick and vulnerable.

How are germs spread?

Germs can live harmlessly on people and in the environment. If spread from person to person by hand contact, however, these germs can sometimes cause infection in the sick and vulnerable.

What germs cause infections?

Infections are most often caused by bacteria and sometimes viruses that live naturally all around us. Bacteria that can cause infection particularly in healthcare are *Staphylococcus aureus* and the antibiotic resistant strain of *Staphylococcus aureus* (MRSA). There are also viruses that cause tummy bugs, including the winter vomiting virus, and colds and flu.

Are certain people more likely to pick up infections than others?

Those who are already sick and vulnerable are considered to be most prone to picking up infections, particularly those who have undergone surgery or are receiving drug treatments for serious diseases.

What is being done to improve hand hygiene?

All healthcare workers are being educated about the importance of hand hygiene and many of the strategies being put into place are aimed at ensuring that there is improvement across all staff groups in Scotland.

There are a number of other programmes underway in Scotland to support NHS staff, including on-going local audits. Many staff are working hard towards trying to achieve the best possible standards to reduce the spread of infections. HPS also support local areas in understanding the correct hand hygiene procedures.

Will good hand hygiene help to reduce MRSA and Clostridium difficile rates in hospitals?

Yes. Good hand hygiene is considered to be the single most important way to stop the spread of germs and help prevent the spread of bacteria such as MRSA or *Clostridium difficile*, alongside other measures that help control these infections.

The Scottish Hand Hygiene Audit Report

Who was studied for this report?

The hand hygiene practices of healthcare workers throughout NHSScotland were observed to inform this report.

Does the report mean that some staff are better at washing their hands than others?

The report reveals how trained observers recorded healthcare workers hand hygiene during patient care activities.

Hand hygiene performed, using soap and water or by using alcohol hand rub solutions, is a simple task but clearly some staff still need to do it more often. Most hospitals provide easy access to hand hygiene resources and everyone must use these to ensure that the risk of spreading infection is reduced but improving attitudes toward hand hygiene is also important. Many factors influence hand hygiene and there are also historical differences in the amount of emphasis given to the importance of hand hygiene in the training of different groups of healthcare workers.

Why has this Scottish audit been carried out?

Studies carried out around the world have shown that those caring for patients do not wash their hands as often as they should. The Scottish Government therefore wanted robust data on how often hands are washed by those caring for patients. Monitoring in this way will help NHSScotland understand what further action is needed to ensure that everyone working in the Health Service in Scotland regularly washes their hands.

What are the headline figures?

The overall result for hand hygiene compliance in Scotland during the 1st audit period (15-28 February 2007) was 68%. The overall result for Scotland from the 2nd period (3-14 September 2007) was 79%. The overall result for Scotland from the 3rd period (18-19 February 2008) was 87%. These figures show a continued improvement in compliance from each audit period to the next. For full details please see the report.

How do the results compare to other published audit results?

The initial audit results for Scotland established in the 1st audit period (68%), and the subsequent result from the 2nd audit period (79%) suggest that compliance in Scotland compares favourably to rates from hospitals / single clinical areas of 5% to 92% within the published literature.

Results for each NHS Board, which ranged from 50%-94% in the 1st audit period and 59%-94% in the 2nd audit period, also compare favourably to the published literature and show that considerable achievements have been made at Board level. Although these ranges are presented by Board within the full report, caution should be taken when attempting to make any comparison between Boards as they can differ in their composition. Audit results are primarily aimed at monitoring and comparing trends within Boards.

The results featured for the staff groupings in the 1st and 2nd audit periods also concur with the evidence found within the published literature, which states that overall certain staff groups are consistently associated with low compliance. The 3rd audit period demonstrates improvements across all professional groups. It is necessary to understand variation in order to target interventions at relevant groups to improve compliance with hand hygiene.

What do the compliance figures actually mean?

The figures in the report show a continued, significant improvement in hand hygiene compliance from each audit period to the next across the Scottish NHS. They also show that hand hygiene results in Scotland compare favourably with those found in other countries. But the figures prove that there is still room for improvement and NHS staff across Scotland are working hard to achieve this.

How were the results in the report calculated?

The results for each NHS Board and for Scotland were calculated by entering all of the audit reports compiled from three defined periods in 2007/08 into a computer database. These were then added up to give percentage compliance.

Why is there a difference in Boards' compliance rates?

This is not truly known and a number of factors will influence this. Boards can differ in their composition for example both The State Hospital, along with the Golden Jubilee National Hospital National Waiting Times Centre, are categorised as Special Boards as their circumstances are exceptionally different to other NHS Boards (for example there are not multiple sites within these Boards).

The overall aim of presenting these audit results is to give an indication of hand hygiene compliance amongst staff and for information to allow Boards to compare their data with others. Audit results however are primarily aimed at monitoring and comparing trends within Boards as such caution should be taken when comparing Boards' results.

Local activities to improve compliance are many and will differ on local assessment of need, the exact combination of these that will have the greatest impact is not currently known. Facilitating the sharing of innovative and proven measures to improve compliance will continue to place between NHS Boards.

Are there limitations to the audit results?

Yes, these have been detailed in the report and include that audit is not as scientific as other types of data collection, for example surveillance. But results still provide valuable information about practices.

Are any further audits planned?

Yes. As part of the Scottish Government's national hand hygiene campaign, NHS Boards will be required to carry out further hand hygiene audits and report the results to us. The next audit is planned for February 2008. The Scottish Government also want more regular auditing within NHS Boards and we are examining how this can be achieved.

Are any further reports planned?

Yes. As part of the Scottish Government's national hand hygiene campaign, NHS Boards will be required to carry out further hand hygiene audits and report the results to us. Quarterly auditing is now planned with reports published afterwards with the aim of tracking progress towards the stated objective of at least 90% hand hygiene compliance by November 2008 as announced by the Scottish Government in November 2007.

Definitions

What does the term “audit” mean?

“Audit” is the term used to describe the process that trained healthcare staff (auditors) undertake to check whether hand hygiene is being performed adequately or not, noting the results on a record sheet and then producing a report to show how many staff did or did not perform hand hygiene when required.

What do the terms “monitoring” and “compliance” mean?

“Monitoring” means that hand washing practices are observed while staff care for patients. This includes touching patients during care delivery and touching their surroundings such as their bed or any surfaces around the bed e.g. tables. The monitoring allows for scoring against whether they wash their hands or not at defined times. Whether the staff wash their hands or not at these times is called “compliance”. This observation is done by healthcare staff who have been specifically trained to do this (auditors).

What does “Allied Health Professional” mean?

Allied Health Professionals are healthcare workers, other than doctors or nurses who help to treat and care for patients. Examples include physiotherapists, radiographers and podiatrists. (A full list is provided in the report).

Who are ancillary staff and others?

These are support staff such as porters and cleaning staff and other healthcare professionals with patient contact such as cardiac, respiratory and audiology technicians. (A full list is provided in the report).

Further Information

Where can I get further information about the Scottish Campaign and about hand hygiene?

From the Scottish National Hand Hygiene Campaign website – www.washyourhandsofthem.com or from your Local NHS Board. Two information leaflets are available on the website – one for members of the public and one for healthcare workers.

What can visitors do?

The Chief Medical Officer and Chief Nursing Officer have previously issued 'five top tips' for people visiting hospitals, which are widely displayed across NHSScotland. These common-sense tips are:

- Think about keeping patients safe before you visit someone in hospital. If you, or someone you live with has a cold or diarrhoea, or if you feel unwell, try to stay away until you're better.
- Wash and dry your hands before visiting a hospital ward, particularly after going to the toilet. If there is alcohol hand gel provided at the ward door or at the bedside, use it.
- Ask ward staff for advice before you bring in food or drink for someone you are visiting in hospital.
- If you visit someone in hospital, don't sit on their bed and keep the number of visitors to a minimum at any one time. Never touch dressings, drips, or other equipment around the bed.
- If you think NHS premises are not as clean as they should be, let the Sister/Charge Nurse know. If you think a healthcare worker has forgotten to wash their hands, remind them about this.



<http://www.hps.scot.nhs.uk>