

National Hand Hygiene NHS Campaign

Compliance with Hand Hygiene - Audit Report Your Questions Answered



Flu?
Diarrhoea?
Colds?
Tummy bugs?
MRSA?
Food poisoning?

If you could see the germs, you'd wash your hands.

Many germs can be spread by hand contact. Just wash your hands regularly with soap and warm water, and you're more likely to stay healthy. For more information visit www.washyourhandsofthem.com

Germs. Wash your hands of them.



Germs. Wash your hands of them

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

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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 compliance 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. It is necessary to understand any variation in order to target interventions at relevant groups to improve compliance with hand hygiene.

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 NHSScotland during this 2nd Quarter audit period 2008 was 90% (5th to 16th August). Compliance percentages within NHS Boards ranged from 85%-98%. Overall results for compliance with hand hygiene opportunities between staff groups ranged from 80%-94%. For full details please see the report.

How do the results compare to other published audit results?

The results over time, established from the 1st (68%), 2nd (79%), and 3rd (87%), audit periods of 2007, and first Quarter (88%) and this latest report for 2008 (90%), suggest that compliance in Scotland compares favourably to rates from hospitals / single areas of 5% to 92% within the published literature.

Results for each NHS Board over the 5 audit periods ranged from 50%-94% (1st audit period), 59%-94% (2nd), 75%-97% (3rd), 79%-100% (4th), and 85%-98% in this latest audit report, and these compare favourably to the published literature. Further comparisons are hampered by the absence of any other published reports of hand hygiene compliance on a country wide level.

The results featured in this report also indicate that staff groups' compliance have improved, albeit to concur with evidence found within the published literature, which states that overall certain groups are consistently associated with low compliance.

It should be noted however, that any small changes presented, showing either minimal increase or decrease in compliance percentages should be interpreted with caution as these are unlikely to be statistically significant, however two NHS Boards did increase their compliance significantly during this 2nd Quarter (2008) audit period.

What do the compliance figures actually mean?

The figures in the report show a continued improvement in hand hygiene compliance from each audit period to the next across the Scottish NHS. They also show that for NHS Boards over time the range from the lowest to the highest compliance has narrowed, which implies that there may be less variation in hand hygiene practice across NHS Scotland. But the figures prove that there is still room for improvement and NHS staff across Scotland are working hard to achieve this.

Will all NHS Boards meet the targets of 'at least 90%' by November 2008

The results for the NHS Boards over time show that the range from the lowest to the highest compliance has narrowed. Although such comparisons should be interpreted with caution this implies that there is now less variations in hand hygiene practice across NHS Scotland. The difference between the 1st report in December 2007 and this report clearly demonstrates a statistically significant increase ($p < .001$). The target could be achieved if this level of continued improvement is at least maintained.

Nevertheless the results for each NHS Board reflect the diverse range of challenges they face in achieving, surpassing and sustaining a compliance level of 'at least 90%'

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 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 NHSScotland.

There are a number of other programmes that 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.

The Cabinet Secretary for Health and Wellbeing has also set a target of at least 90% compliance with hand hygiene opportunities by November 2008.

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.

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 the defined period into a computer database. The method for establishing the Scotland-wide compliance percentage and staff group compliance results involved weighting NHS Board compliance results by the total number of staff in each Board, and also by the number of staff they have for the four defined staff groups. The confidence intervals for each NHS Board's compliance rate were calculated taking into account the overall number of hand hygiene opportunities observed

By adding 95% confidence intervals around the NHS Board results, it was possible to assess the accuracy of the observed results (which are an estimate of the true overall compliance obtained through observation of a sample), as we can be 95% confident that the true compliance figures can be found within these intervals.

Although these ranges and confidence intervals are presented within the 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 within NHS Boards. Any small changes presented that show either minimal increase or decrease in compliance percentages within NHS Boards should be interpreted with caution as these are unlikely to be statistically significant.

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 the Golden Jubilee National Hospital National Waiting Times Centre is categorised as a Special Board as their circumstances are exceptionally different to other NHS Boards (for example there are not multiple sites within this Board).

The overall aim of presenting these results is to allow monitoring within Boards and to give an indication of hand hygiene compliance amongst staff.

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 SGHD HAI Task Force Delivery Plan (2008-2011), NHS Boards are responsible for carrying out auditing. The next audit period is;

- 3rd Quarter – 3 – 14 November 2008

Are any further reports planned?

Yes. Reports will be published following each auditing period with the aim of tracking progress towards the target of 'at least 90%' compliance with hand hygiene opportunities by November 2008 as set by the Cabinet Secretary for Health and Wellbeing.

What will happen following November 2008?

It has been proposed by the SGHD that national hand hygiene auditing and reporting is undertaken on a more frequent basis i.e. 2 monthly. Plans for this are being progressed, and data may be presented differently.

A range of ongoing national and local activities to enhance compliance are planned and should support the SGHD current view of "zero tolerance" to non-compliance.

Collaborative work with those leading on the Scottish Patient Safety Programme is also in progress.

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, the Health Protection Scotland website www.hps.scot.nhs.uk/haic/ic/index.aspx or from your Local NHS Board. Two information leaflets are available from the Scottish National Hand Hygiene Campaign 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>