

National Hand Hygiene NHS Campaign

Compliance with Hand Hygiene - Audit Report Your Questions Answered



**It takes just
15 seconds
to clean
your hands.**

Hand hygiene is vitally important in the prevention and control of healthcare associated infections. Please visit www.washyourhandsofthem.com for more information.

GermS. Wash your hands of them.



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GermS. Wash your hands of them

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

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National Hand Hygiene NHS Campaign Compliance with Hand Hygiene - Audit Report

Why a zero tolerance approach to non-compliance with hand hygiene?

To ensure that NHS boards do not become complacent about the importance of hand hygiene, and to ensure good hand hygiene practice becomes embedded, the Cabinet Secretary for Health and Wellbeing announced on the 26 January 2009 that all NHS boards must adopt a zero tolerance approach to non-compliance with hand hygiene. In addition, the Healthcare Associated Infection Action Plan published by the Scottish Government Health Directorate in August 2008 stipulated that Health Protection Scotland (HPS) must produce bi-monthly National Hand Hygiene Audit Reports.

What was studied for this 17th bi-monthly report?

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

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

The report reveals how trained observers recorded healthcare workers' hand hygiene compliance. 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 staff 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 the 17th bi-monthly audit period (21 Nov – 2 Dec 2011) was 95%. Hand hygiene compliance at NHS board level for the 17th bi-monthly audit period ranged from 92% to 100% (mean 95%). Overall results for compliance with hand hygiene opportunities between staff groups ranged from 88% to 97%. For full details please see the report at: <http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

What do the compliance figures actually mean?

The figures published in this latest report show that hand hygiene compliance across NHSScotland is at a high level. The figures, however, prove that there is still room for improvement and NHS staff across Scotland are working hard to achieve this.

Does the number of hand washing opportunities audited in each NHS board differ?

All NHS boards are required to audit the same number of hand washing opportunities during each national audit period.

How were the results in the report calculated?

The results for each individual NHS board and for Scotland were calculated by entering all of the audit data compiled from the defined period (21 Nov – 2 Dec 2011) 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 NHS board, and also by the number of staff within 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 NHS 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 are there differences in NHS boards' compliance rates?

A number of factors will influence this including composition of NHS boards. The National Waiting Times Centre and the Scottish Ambulance Service are categorised as special NHS boards as their circumstances are exceptionally different to other NHS boards. The overall aim of presenting these results is to give an indication of hand hygiene compliance for NHSScotland as a whole, by NHS board and also by staff group. Local activities to improve compliance are many and will differ based on local assessment of need. The exact combination of activities that will have the greatest impact is not currently known. Facilitating the sharing of innovative and proven measures to improve compliance will continue to take place between NHS boards.

Are there limitations to audit?

Limitations include that audit is not as scientific as other types of data collection, for example surveillance, but results still provide valuable information about hand hygiene practices. Further information can be found in the 1st bi-monthly National Hand Hygiene Audit Report which was published in May 2009 and contains a full description of the methodology and limitations associated with this current audit report. All of the bi-monthly National Hand Hygiene Audit Reports including the January 2012 report are available at: <http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

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 based hand rub solution.

Why is hand hygiene important?

Hand hygiene is considered to be one of the most important ways 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 flu, colds and tummy bugs, including the winter vomiting virus.

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?

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 supports 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 one of the most effective measures to help prevent the spread of bacteria such as MRSA or Clostridium difficile, alongside other measures that help control these infections.

What else can I do to help prevent the spread of infection e.g. colds and flu?

To help prevent the spread of infection:

- Cover your nose and mouth with a disposable single-use tissue when sneezing, coughing, wiping and blowing your nose.
- Dispose of used tissues in the nearest waste bin.
- Wash your hands with soap and water after coughing, sneezing or using tissues.

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 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.

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.

Further Information

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

From the Scottish National Hand Hygiene Campaign website: <http://www.washyourhandsofthem.com>

The Health Protection Scotland website: <http://www.hps.scot.nhs.uk/haic/ic/index.aspx>

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?

In 2004 the Chief Medical Officer issued 'five top tips' for people visiting hospitals which were updated in 2010.

If you are visiting a member of the family or a friend either in hospital or another place of care such as a care home, there are a number of things you can do to help prevent the spread of any infection, including MRSA. Some infections such as the winter vomiting virus (also called norovirus) may be brought in from the community and can spread rapidly between patients and staff. Remember - hospitals, healthcare facilities and care homes have many vulnerable patients - your behaviour can affect their outcome.

Don't visit if you are feeling unwell

- Don't visit a patient in hospital if you are feeling unwell or have an infection such as flu or a heavy cold, or if you or a member of your household are suffering from diarrhoea or vomiting. If you aren't well enough to visit then you are welcome to phone the ward and leave a message.
- If you have vomiting or diarrhoea you should not visit a patient in hospital until 48 hours after your symptoms have stopped.

Make sure your hands are clean

- Making sure your hands are clean is one of the most important ways to stop infections spreading. Wash your hands regularly with soap and water, especially after going to the toilet. Use the hand hygiene facilities (hand washing or alcohol hand rub) before entering the ward and after visiting.

Be careful when bringing in fresh food or gifts

- Check what kind of gifts or food it is OK to bring in. Some wards, for example ICU, won't allow flowers and some may prefer you not to bring in food.
- Please limit the amount of items brought into hospital as they can cause clutter and make cleaning of the ward difficult.

Watch what you are touching and where you are sitting

- Don't touch dressings, wounds, drips, catheters or any other equipment round the bed.
- Don't use the patients' toilets.
- Please adhere to visiting times and to the number of visitors allowed.

Speak to the team on the ward if you have any concerns

- You should feel free to speak to any staff member about whether they have cleaned their hands.
- Talk to the nurse in charge if you have any concerns about hygiene on the ward or if you are worried or unsure about any infection control issues.



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