NHS Lanarkshire: Hand Hygiene Improvement Project

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Teams involved: University Hospital Monklands (MAU, wards 6, 10, 12 & 20), University Hospital Hairmyres (ED, wards 1, 4, 6 & 8), University Hospital Wishaw (MAU, wards 4, 9 16 & 17)

Aim: By July 2024, 15 acute wards within NHS Lanarkshire will achieve 95% compliance with Hand Hygiene practice using the SICP's audit tool

Introduction

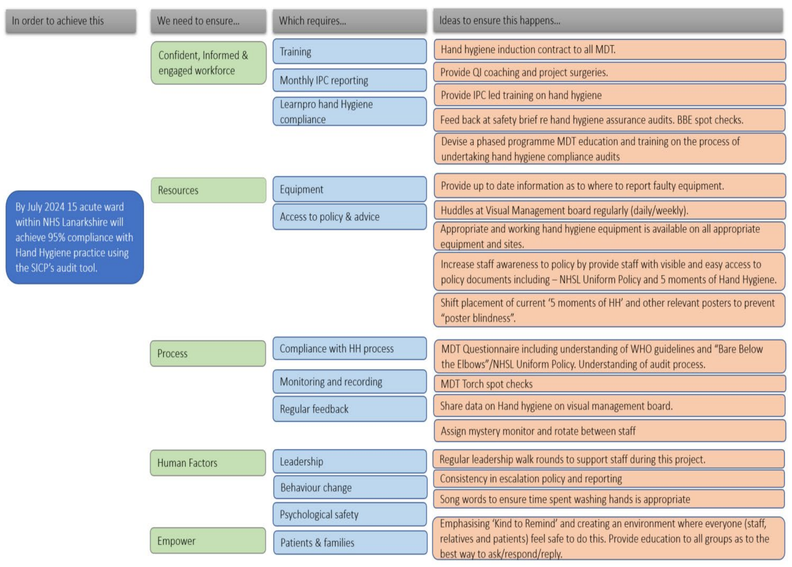
Hand Hygiene compliance rates in NHS Lanarkshire (NHSL) have been under scrutiny. There was significant variation identified in Hand Hygiene compliance data from the Standard Infection Prevention and Control (SICPs) audits undertaken by nursing staff and the Quality Assurance audits undertaken by the Infection Prevention and Control Team (IPCT), including variation in the processes for monitoring, recording and reporting Hand Hygiene compliance. There was also a requirement to improve Hand Hygiene practice. In order to address these issues, a Hand Hygiene Improvement Project was commissioned by NHSL's Executive Director for Nursing. It was agreed 5 inpatient areas from each acute hospital site would undertake this focussed improvement work on Hand Hygiene. This improvement project commenced in February 2024 until the end of July 2024.

Method

The Quality Improvement journey was used as the framework and approach for the project. In terms of creating the conditions, to build engagement and ensure staff within the wards felt listened to as key stakeholders, a short questionnaire to help understand the system from staff's perspective on challenges or barriers that prevented them from carrying out Hand Hygiene practice effectively was developed. This included questions on training and awareness of Hand Hygiene monitoring within the ward. Initial baseline data collected from ward auditors highlighted that many staff had not received training on how to observe and record hand hygiene practice accurately and did not always feel competent and confident in undertaking this process. This feedback from staff generated a number of change ideas which are included in the Driver Diagram that was developed (pictured below). There were 5 Primary Drivers identified:

- Confident, informed & engaged workforce
- Resources
- Processes
- Human Factors
- Empowerment

The change ideas aligned to these Primary Drivers were tested, with change ideas leading to improvement noted in the next section.



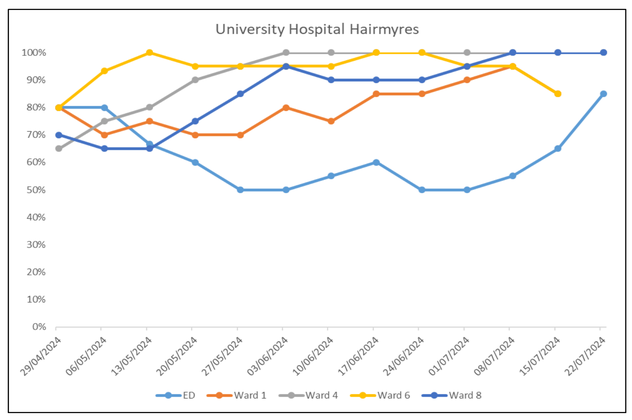
N.B not all change ideas were tested across all wards. Different change ideas were selected based on problem areas identified.

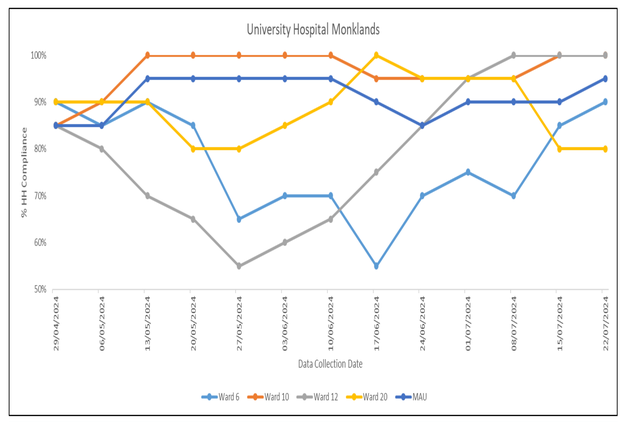
What changes did we test that resulted in improvement?

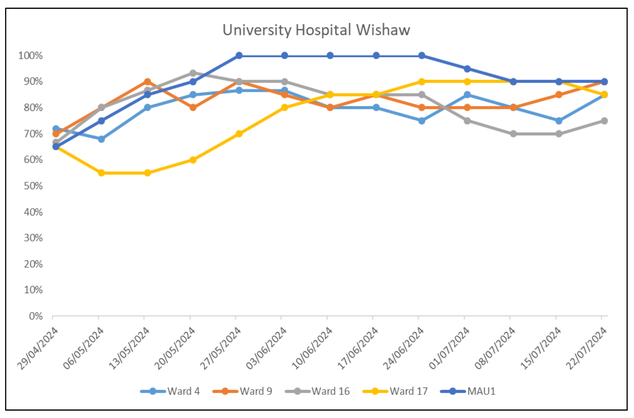
- Education sessions run by IPCT
- Critical friend (a peer who is trusted and offers critique to support better Hand Hygiene)
- Bare Below the Elbow & 5 moments of hand hygiene posters
- Placement of hand gel dispensers reviewed
- Additional Alcohol Based Hand Rub (ABHR) added to beds and trolleys, machines
- Hand Hygiene champions in each ward
- iPad screensavers
- Personal hand gels for staff
- Encouraging staff ownership through kind to remind empowerment
- Hand Hygiene Visual Management Boards on display and used to update progress

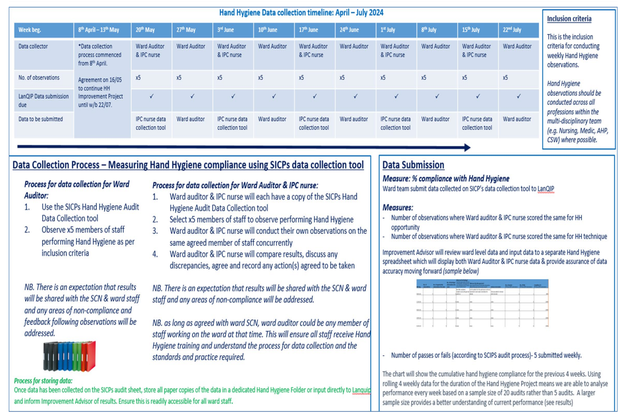
Results

Data was collected cumulatively meaning that every data point was a combined % of the previous 4 weeks worth of 20 audits. The data in the charts below shows Hand Hygiene compliance data for each of the 5 teams on each Acute hospital site and an overview of the data collection process. Of the 15 wards, 9 achieved the aim of 95%, 3 wards improved to ≥90% and the remaining 3 wards improved to 85% by July 2024.









Conclusions

- Teams involved in the improvement project have built a culture based on 'Kind to Remind', 'Role Modelling Behaviour' and a will to maintain a high standard of hand hygiene.
- Relationships within many of the project teams across all staff groups within the hospital were greatly improved through this project which provided excellent opportunities for raising awareness, shared learning and improved outcomes in hand hygiene.
- The importance of Senior Leadership support in creating the conditions to drive improvements in patient care.
- The wards will continue to work on sustaining their efforts, and sharing with others.
- Spread plans are being developed and agreed by the Chiefs of Nursing and Medical on each acute site to spread the improvement work across all inpatient areas by the end of the year.

Further information contact: LQA@Lanarkshire.scot.nhs.uk