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NHS
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National Hand Hygiene Campaign

*Instruction on the use of the national
minimum audit dataset tool*

Learning Outcomes

Delegates will be able to demonstrate an understanding of:

- The audit tool software and tablet PC
- Entering audit data
- Exporting audit data
- Transferring audit data
- Generating reports
- Further support



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Section 1

Understanding the audit tool software
and tablet PC

Using your Tablet PC

- Security and passwords
 - Encryption, Windows, Audit Tool and Memory Stick
- The tablet PC uses a Windows platform so interface is similar to that of your desktop computer
- Full instructions on how to use the audit tool software are included in the protocol and resource pack



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End of Section 1

Any questions?



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Section 2

Understanding how to enter audit data

Starting An Audit

- Set yourself up as an auditor
 - Starting your first audit
 - Scoring your first opportunity
 - Progressing and completing the audit
- Instructions on the above can be found on pages **14-30** of the protocol and resource pack



Starting an Audit

Staff group observed	5 moments for hand hygiene observed	Opportunity to perform hand hygiene taken	Performed correctly	Reason for failure
<p>The choices are:</p> <p>Nurse Medical AHP Ancillary/other</p>	<p>The choices are:</p> <ul style="list-style-type: none"> •Before touching a patient •Before clean/aseptic task •After body fluid exposure risk •After touching a patient •After touching patient surroundings 	<p>The choices are:</p> <p>Yes No</p>	<p>The choices are:</p> <p>Yes No</p>	<p>The choices are:</p> <ul style="list-style-type: none"> •Attention failure •Memory failure •Error •Knowledge •Violation 1 •Violation 2

- Enter the staff group (and sub-group if appropriate)
- Select which of the WHO 5 moments for hand hygiene was observed
- Was the opportunity taken (Yes or No)?
- There is also the option to record correct technique (both mechanical and product use) and reason for failure
 - This information is not reported on at a national level but may be of use at a local level

- For each opportunity within an audit you complete the following dialogue box:

Opportunity 13/20

Staff Group:	<input type="text" value="Not Defined"/>	Nurse	<input type="checkbox"/>
Subgroup :	<input type="text" value="Not Defined"/>	Medical	<input type="checkbox"/>
Key Moment:	<input type="text" value="Before Patient Contact"/>	AHP	<input type="checkbox"/>
Opportunity Taken:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	Ancil/Other	<input type="checkbox"/>
Performed Correctly:	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Positive Comment	<input type="text"/>	BPC	<input type="checkbox"/>
Negative Comment	<input type="text"/>	BAT	<input type="checkbox"/>
		ABFER	<input type="checkbox"/>
		APC	<input type="checkbox"/>
		ACPS	<input type="checkbox"/>

Completing an Audit

- When you have entered all 20 opportunities, the ‘**next**’ button in the dialogue box is replaced this by a ‘**finish**’ button
 - The ‘**finish**’ button must be clicked to mark the audit as being completed
- Please note once the audit is complete none of the opportunities can be amended
 - Only select ‘**finish**’ once you are sure all of your entries are correct
- Should you wish to check your entries before finishing click on the ‘**back**’ and ‘**next**’ buttons



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End of Section 2

Any questions?



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Section 3

Understanding how to export data

Exporting Data

1. Select 'export' from **audit** menu in the tool
2. Select the date frame (e.g. 11th -22nd May 2009)
3. The data is automatically saved in the folder:
C:\HPSHand\ExportFiles
4. File name will be: NHS Board_22052009_01
5. Save export file to USB stick
6. Email export file to HPS at:
NSS.Washyourhandsofthem@nhs.net



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End of Section 3

Any questions?



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Section 4

Understanding how to transfer data

Data Transfer

- Send data collected during the defined periods to HPS
- Should be sent via email to NSS.washyourhandsofthem@nhs.net
- The whole export and transfer process is described in the protocol and resource pack (4th edition) pages **33-34**
- “IT support” is available as described in the Audit Tool Protocol and Resource Pack and in the audit tool help files



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End of Section 4

Any questions?



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Section 5

Understanding how to generate reports

Generating Reports

- Generating reports is a useful tool for providing feedback to staff
- Several reports are generated within the audit tool software
 - *Incomplete audits*
 - *Single ward*
 - *Multi report*
 - *Compliance report*
 - *Coverage report*
 - These can be exported for use in a spreadsheet such as Excel

Generating Reports

- The reports below are generated as Word documents and can be saved, edited and printed

Audit Summary	Compliance Summary
Single Audit Document	Ward Summary
Feedback Document	Hospital Summary
Reasons for Failure Summary	Compliance Overview Document
Clinical Setting Summary	Correct Technique
Staff Subgroup	Score Trends

Example Reports Audit Summary

- The Audit Summary contains information on:
 - *Board, hospital, ward and clinical setting*
 - *Staff group*
 - *Key moment*
 - *Opportunity taken?*
 - *Opportunity performed correctly?*
 - *Free text for additional comments*

AUDIT OF HAND HYGIENE STANDARDS
Audit Summary Report

Date 06/09/2007		NHS Board: Board2		Hospital1	
Clinical Setting: general medical		Ward: Ward 1			
Achieving National Target of at least 90% with hand hygiene opportunities		No	Hand Hygiene	Score 60 %	
Staff Member	Key Moment	Opportunity Taken?	Performed Correctly?	Positive Comment	Negative Comment
Nurse/Not Defined	After Body Fluid Exposure Risk	Yes	No		
Nurse/Not Defined	After Body Fluid Exposure Risk	Yes	No		
Nurse/Not Defined	Before Patient Contact	Yes	Yes		
Nurse/Not Defined	After Contact with Patient's Surroundings	No	N/A		
Nurse/Not Defined	After Contact with Patient's Surroundings	Yes	No		
Nurse/Not Defined	After Contact with Patient's Surroundings	Yes	Yes		

Example Reports Feedback Document

- The Feedback Document contains information on:
 - *Board, hospital, ward and clinical setting*
 - *Staff group*
 - *Key moment*
 - *Opportunity taken?*
 - *Opportunity performed correctly?*
 - *Free text for additional comments e.g. action to be taken and target date for review*

**AUDIT OF HAND HYGIENE STANDARDS
Feedback Report to Departmental Staff**

Board: Board2	Hospital: Hospital1	Clinical Setting: general medical		
Date 06/09/2007	Ward: Ward1	Achieving National Target of at least 90% with hand hygiene opportunities	No	
Areas of non-compliance. The following key moments were observed where the opportunity was not taken or where the hand hygiene technique was not performed correctly	Action to be taken	Target date for review	Signed	
Staff group Nurse, subgroup Not Defined, key moment After Body Fluid Exposure Risk. Opportunity taken but not performed correctly.				
Staff group Nurse, subgroup Not Defined, key moment After Body Fluid Exposure Risk. Opportunity taken but not performed correctly.				
Staff group Nurse, subgroup Not Defined, key moment After Contact with Patient's Surroundings. Opportunity not taken.				
Staff group Nurse, subgroup Not Defined, key moment After Contact with Patient's Surroundings. Opportunity taken but not performed correctly.				
Staff group Nurse, subgroup Not Defined, key moment After Patient Contact. Opportunity not taken.				
Staff group Nurse, subgroup Not Defined, key moment After Patient Contact. Opportunity not taken.				
Staff group Nurse, subgroup Not Defined, key moment After Contact with Patient's Surroundings. Opportunity taken but not performed correctly.				
Staff group Medical, subgroup Not Defined, key moment After Body Fluid Exposure Risk. Opportunity taken but not performed correctly.				
Staff group Medical, subgroup Not Defined, key moment Before Aseptic Task. Opportunity not taken.				
Staff group Medical, subgroup Not Defined, key moment After Body Fluid Exposure Risk. Opportunity not taken.				
Staff group AHP, subgroup Not Defined, key moment After Contact with Patient's Surroundings. Opportunity not taken.				

Example Reports

Correct Technique

- The Correct Technique report contains information on:
 - *Board and hospital level*
 - *Compliance with opportunities for each staff group*
 - *Correct technique for each staff group*
 - *Data provided as percentages and in a graphical format*



Example Report Correct Technique

AUDIT OF HAND HYGIENE STANDARDS Summary of Correct Technique

Audits for board "NHS Board1" including all clinical settings from 07/10/2007 to 07/04/2009

Board: NHS Board2

Hospital: Hospital1

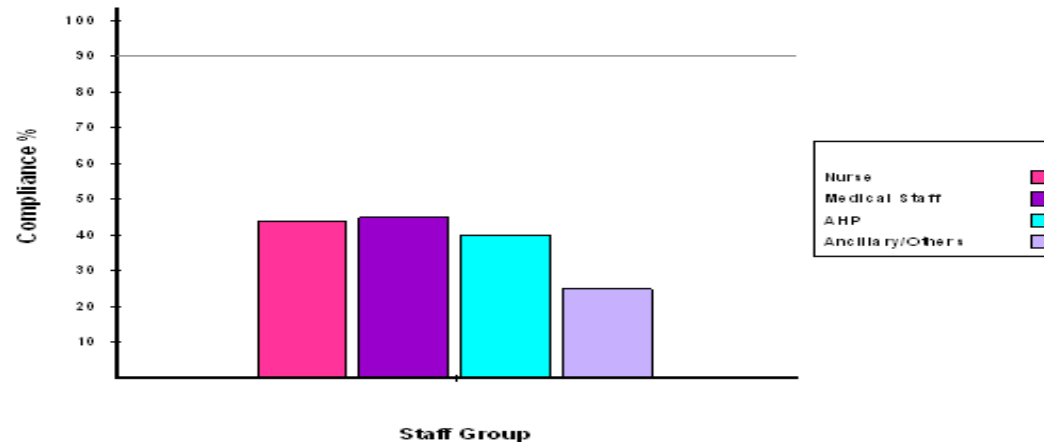
Nurse: 16 opportunities were taken of which 7 (44%) were performed correctly

Medical: 11 opportunities were taken of which 5 (45%) were performed correctly

AHP: 5 opportunities were taken of which 2 (40%) were performed correctly

Ancillary/Others: 4 opportunities were taken of which 1 (25%) were performed correctly

GLASGOW ROYAL INFIRMARY - Summary of Correct Hand Hygiene Technique



Example Reports Compliance Overview

- The Compliance Overview report contains information on:
 - *Board, hospital and ward level*
 - *Summary of compliance by staff group*
 - *Summary of compliance by key moment*
 - *Summary of correct technique by staff group*
 - *Summary of compliance with key moments and correct technique*
 - *Data provided as percentages in a table format*

Example Report Compliance Overview

AUDIT OF HAND HYGIENE STANDARDS Compliance Overview Document

This report was generated with the following boards
Board2

The date range for the report is from 11/05/2009 to 22/05/2009

Summary of Compliance by Staff Group

The table below shows the percentage scores for "opportunity taken" together with the total number of opportunities observed for each staff group.

	<i>Nurse</i>	<i>Medical</i>	<i>AHP</i>	<i>Ancillary/Other</i>
NHS Greater Glasgow & Clyde	94% (162)	85% (55)	100% (46)	95% (37)

Summary of Compliance by Key Moment

The table below shows the percentage scores for "opportunity taken" together with the total number of opportunities observed for each key moment.

	<i>Before Patient Contact</i>	<i>Before Aseptic Task</i>	<i>After Body Fluid Exposure Risk</i>	<i>After Patient Contact</i>	<i>After Contact with Patient's Surroundings</i>
NHS Greater Glasgow & Clyde	95% (78)	89% (19)	93% (42)	97% (97)	88% (64)

Summary of Correct Technique by Staff Group

The table below shows the percentage scores for "correct technique" together with the total number of opportunities taken for each staff group.

Example Reports

Hospital Summary

- The Hospital Summary report contains information on:
 - *Board and hospital level*
 - *Summary of compliance by staff group*
 - *Summary of compliance with key moments by staff group*
 - *Summary of correct technique by staff group*
 - *Data provided as percentages in a table and in a graphical format*



Example Report Hospital Summary

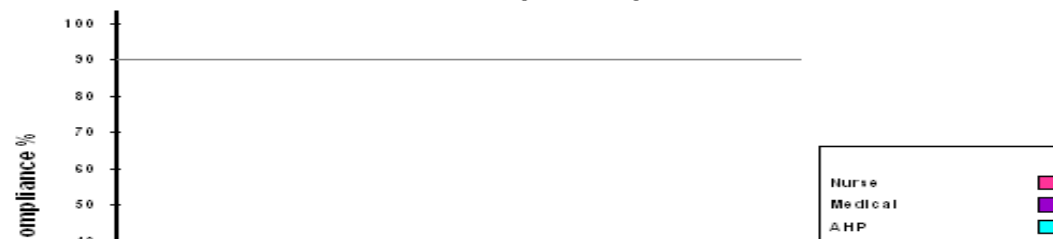
AUDIT OF HAND HYGIENE STANDARDS Hospital Summary Document

Board: Board2
Hospital: Hospital1
Start Date: 07/04/2008
End Date: 07/04/2009
Overall Compliance Score: 0%

Staff Group Compliance

<i>Staff Member</i>	<i>Score</i>
Nurse	Of the 0 observed, 0% took the opportunity to perform hand hygiene
Medical	Of the 0 observed, 0% took the opportunity to perform hand hygiene
AHP	Of the 0 observed, 0% took the opportunity to perform hand hygiene
Ancillary/Others	Of the 0 observed, 0% took the opportunity to perform hand hygiene

Staff Group Compliance



Example Reports

Clinical Setting Summary

- The Clinical Setting Summary report contains information on:
 - *Clinical setting level*
 - *Overall compliance*
 - *Summary of compliance by staff group*
 - *Summary of compliance with key moments*
 - *Summary of correct technique by staff group*
 - *Data provided as percentages in a table and in a graphical format*

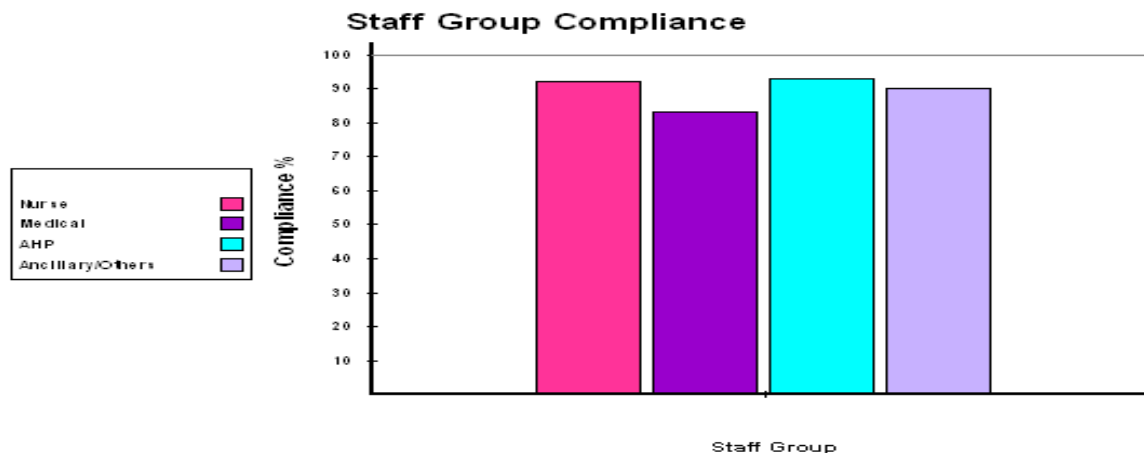


Example Report Clinical Setting Summary

AUDIT OF HAND HYGIENE STANDARDS Clinical Setting Audit Summary Document

Clinical Setting: General Medicine (acute)
Start Date: 07/03/2008
End Date: 07/04/2009

A total of 3320 key moments were observed
The overall compliance was 90%
The graph below represents the percentage of staff who took the opportunity to perform hand hygiene.



Staff Group	Compliance Score (%)
Nurse	92
Medical	83
AHP	92
Ancillary/Other	90

Example Reports

Ward Summary

- The Ward Summary report contains information on:
 - *Board, hospital and ward level Overall compliance*
 - *Summary of compliance by staff group*
 - *Summary of compliance with key moments*
 - *Summary of correct technique by staff group*
 - *Compliance trends over time*
 - *Data provided as percentages in a table and in a graphical format*

Example Report

Ward Summary

AUDIT OF HAND HYGIENE STANDARDS Ward Summary Document

Board.: Board2
Hospital.: Hospital1
Ward.: Ward1
Start Date: 02/04/2007
End Date: 07/04/2009

A total of 40 key moments were observed
The overall compliance was 78%
The graph below represents the percentage of staff who took the opportunity to perform hand hygiene.



Staff Group	Compliance Score (%)
Nurse	81



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End of Section 5

Any questions?

Further information

- Audit Tool Contact details:
 - Emma McFarlane (0141 282 2948)
 - Email: NSS.Washyourhandsofthem@nhs.net
- Technical IT issues:
 - Information is provided in the Audit Tool Protocol and Resource Pack
- www.washyourhandsofthem.com