

Introduction to the Hand Hygiene Audit

Objectives

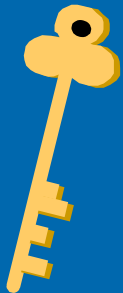
Delegates will :

- Understand the aims and objectives of the hand hygiene audit
- Understand the role of the auditor
- Be aware of factors that may impede the success of the audit project.
- Have a greater awareness of the methodology for data collection

What is Clinical Audit?

A Definition:

- (2002) “clinical audit is a quality improvement process that seeks to improve patient care and outcomes through **systematic** review against explicit criteria and the implementation of **change**.”



Keywords:

SYSTEMATIC

CHANGE

Definitions: what does it mean?

- “Ensuring best practice by reviewing what we are doing, compared with what we should be doing”.

What Audit is Not

- Routine data collection not related to standards.
- Clinical research
- Surveys

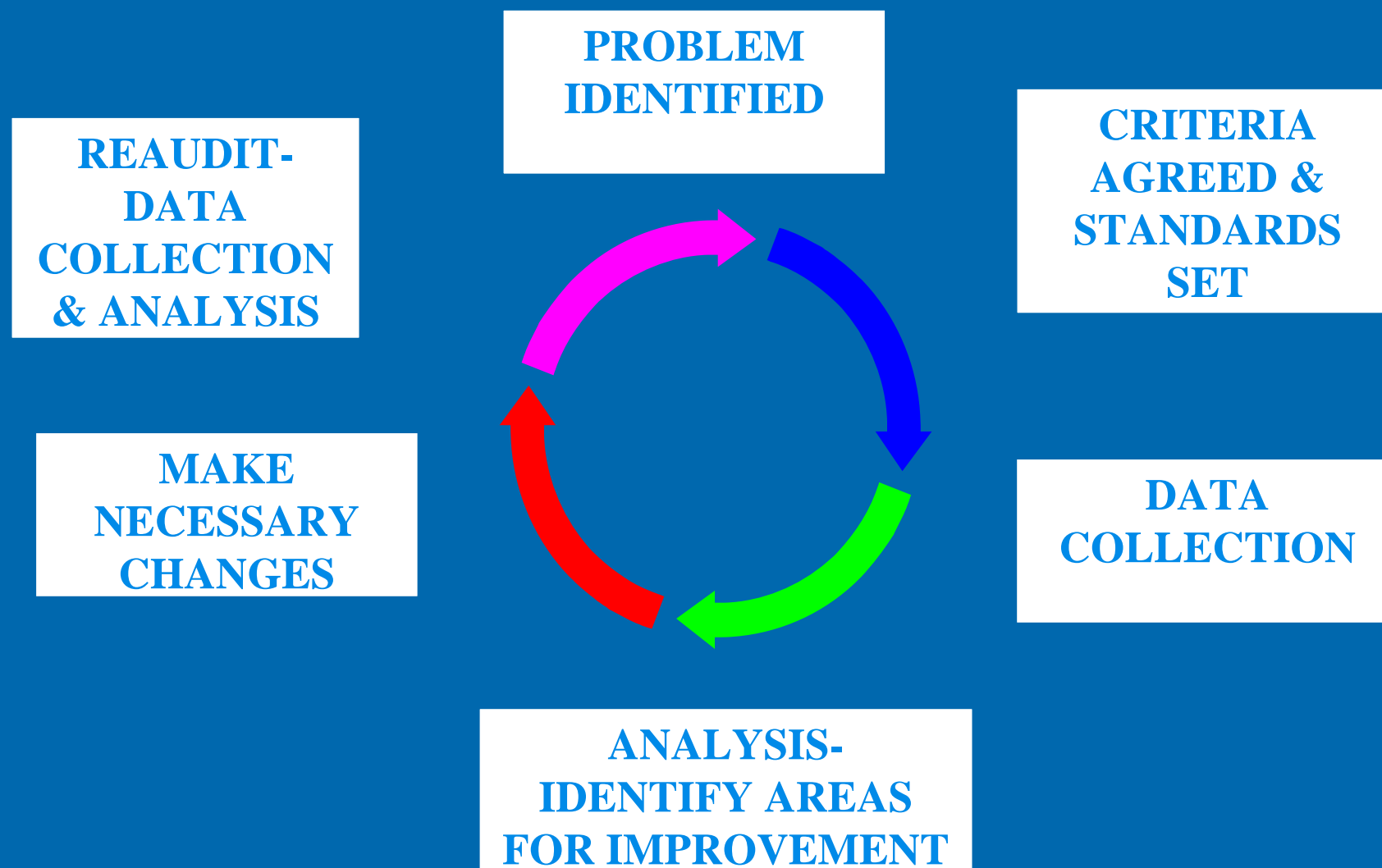
Why Use Clinical Audit?

- Well-established means of promoting the quality of clinical care
- Highlights need for change
- Monitor the effects of change

When To Use Clinical Audit

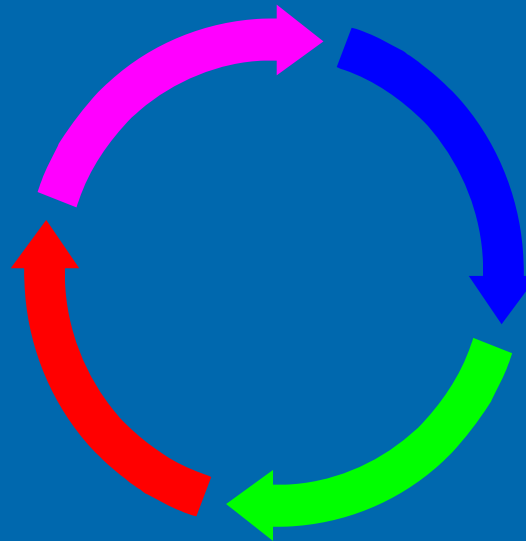
- To compare practice against standards
- To provide a baseline for developing standards
- To identify weaknesses in the process of care
- To identify the extent of a known problem
- To provide ammunition

The Clinical Audit Cycle



The Clinical Audit Cycle

**PROBLEM
IDENTIFIED**



The Problem

- Increasing mortality and morbidity from preventable causes.
- Increasing cost of longer lengths of stay and litigation
- Loss of public confidence in healthcare staff

Problem addressed by

- HAI Task Force
- HAI Policy Team
- HAI action Plan
- HAIRT
- National Hand Hygiene campaign
- National Hand Hygiene audit

Audits that contribute to improving the quality of care...

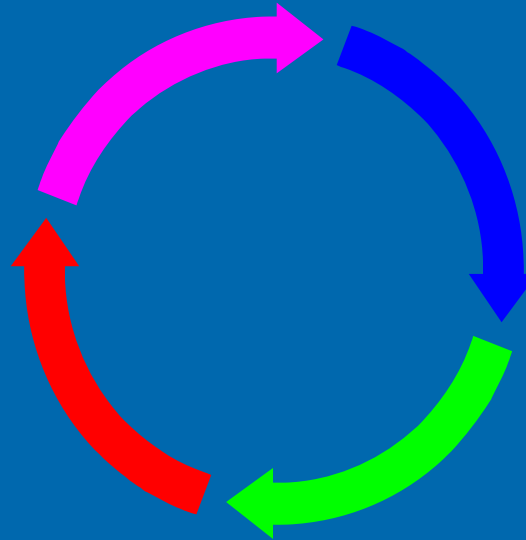
Are about:

- Patient centred care
- Safe care
- Effective practice
- Efficient intervention
- Equal for all
- Timely care

Criteria and Standards

**PROBLEM
IDENTIFIED**

**CRITERIA
AGREED &
STANDARDS
SET**



Setting standards

“A standard is an authoritative statement of essential or desirable practice.”

Standard = criterion + target

“A measurable statement about performance that guarantees the treatment and care a patient can receive.”

Hand Hygiene Standard

- All hospitals to be at least 90 per cent compliant with hand hygiene by November 2008 (Cabinet secretary for health and well being, 26/11/07).

Common Approaches to Standard Setting

- Screening: 100% compliance is expected in all instances. Exceptions will be due to failures, and should be investigated. Compliance is very important as can be critical to patient outcome.

Common Approaches to Standard Setting

- Acceptable standards: benchmarked, acceptable target agreed to take account of exceptions such as infection, complications, other quality indicators. Exceptions are expected and accepted within targets set.

Common Approaches to Standard Setting

- Target: % aimed for, can be adjusted, usually in service delivery such as a threshold below which action must be taken. Usually set nationally, but can be locally. Compliance is not critical to patient outcome, and is useful if trying to improve current level of service.

Which applies to hand hygiene audit

- Screening
- Acceptable
- Target

Criteria

Criteria are the **measurable components** used to determine whether the standard is being met.

- Measure only a few things in one audit.
- Don't overcomplicate criteria
 - e.g. each criteria should measure only one variable

Distinct

Relevant

Evidence based

Achievable

Measurable

Standards & Criteria

Example

➤ **Standard Statements**

- All NHS boards to achieve 90% compliance with hand hygiene opportunity

Criteria.

- Define NHS board
- Define Staff group of person being observed
- Which of 5 moments is observed?
- Was Hand hygiene undertaken?
- Reason for failure (collection of this is optional)

Choosing a Method

- ? What type of information will you need? Quantitative or Qualitative
- ? Data definitions
- ? How much information do you need?
- ? Who is carrying out data collection?
- ? How much time do you have?
- ? Will the data be complete and accurate?

Designs

Retrospective

- Collecting data after the event

Prospective

- Collecting data as events occur.

Who are we going to audit?

Consider:

What would be an appropriate sample size?

The time period from which cases will be selected?

How cases will be identified?

Are there any cases that should be excluded?

Level of difficulty in finding opportunities to audit?

Time available to collect data for the audit?

Populations and Samples



➤ **Population:**

- All, the entire collection of the patients or events in which you are interested.

➤ **Sample:**

- A representative subset of the population



If you decide to “sample”

Consider:

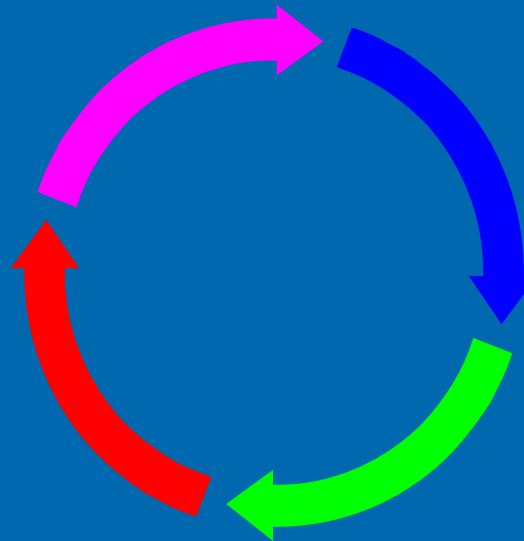
- ★ How many opportunities will the team want to include in order for the group to be **willing to act** on the findings of the audit?
- ★ Will the team want to **generalise** from the findings of an audit on a sample of cases to a population?

Data Collection

**PROBLEM
IDENTIFIED**

**CRITERIA
AGREED &
STANDARDS
SET**

**DATA
COLLECTION**



Role of the data collector

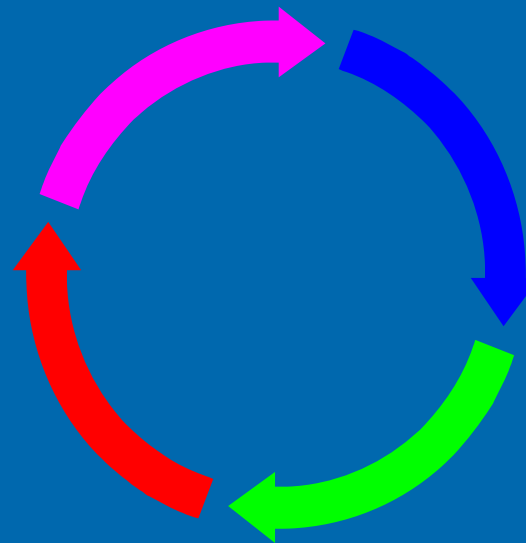
- Healthcare professional
- Expert in interpretation of WHO 5 moments
- Competent in basic audit methodology
- Seek to minimise likelihood of bias
- Seek to minimise Hawthorne Effect
- Unsafe practice
- Feedback to teams
- Export data for national reporting

Analysis

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**DATA
COLLECTION**

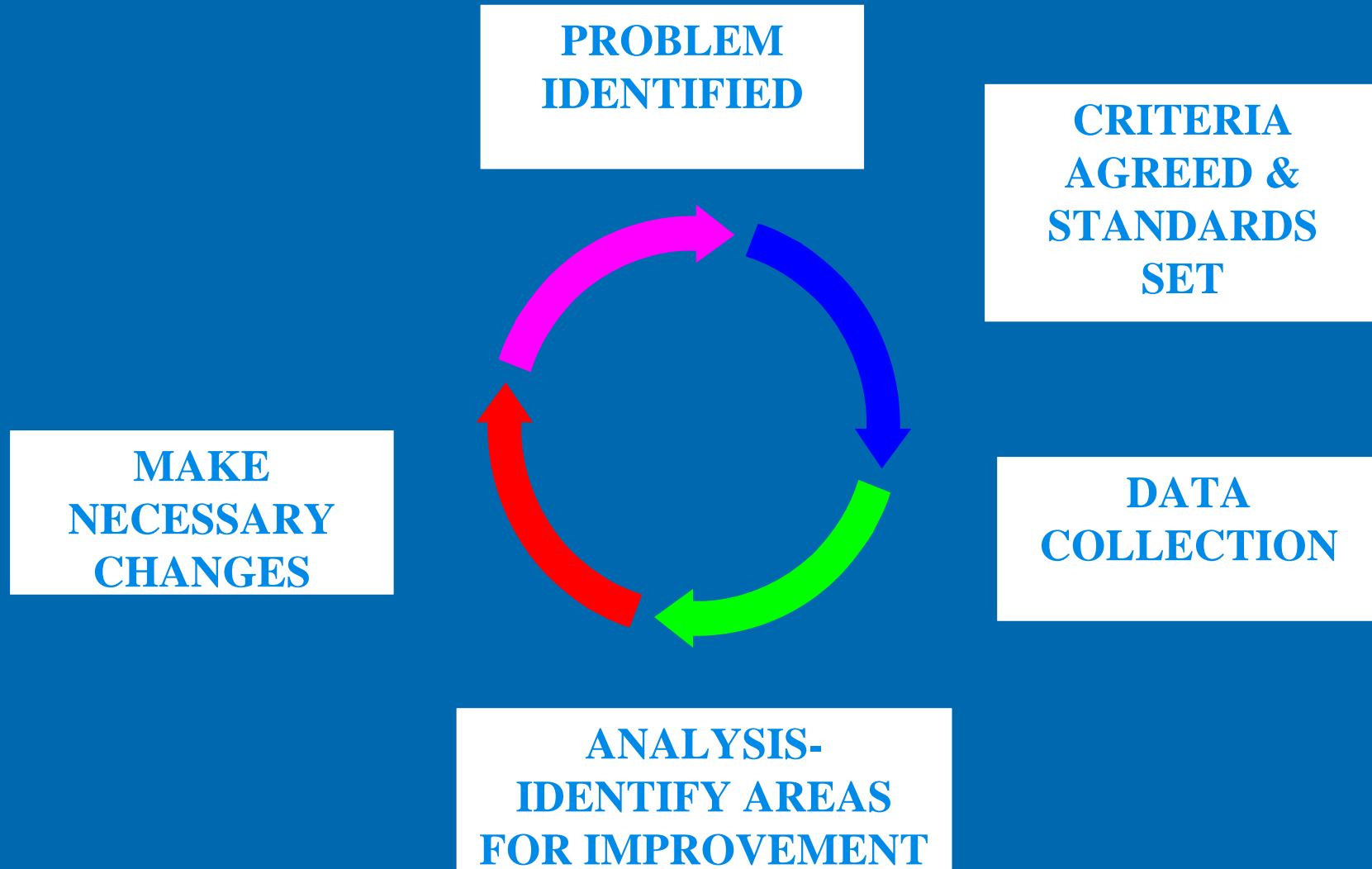


**ANALYSIS-
IDENTIFY AREAS
FOR IMPROVEMENT**

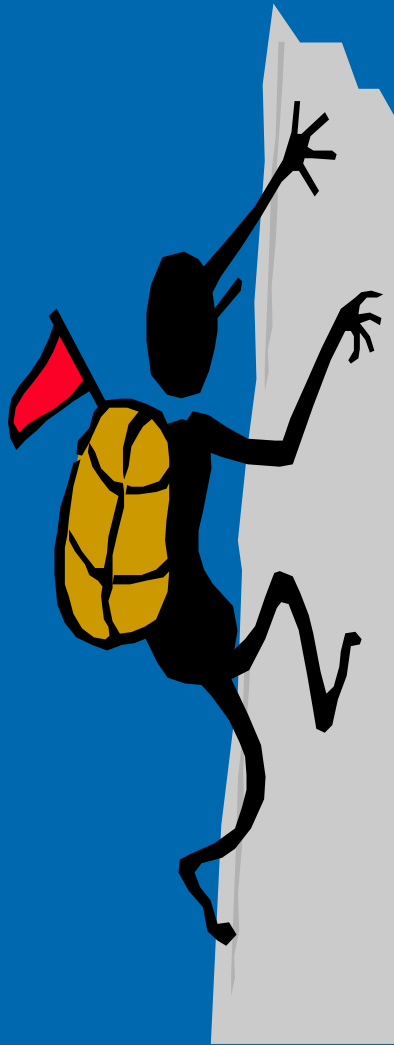
Disseminating Results

- Health Protection Scotland
- Audit Group
- All clinical colleagues affected by the audit (junior and senior)
- Clinical Service Managers
- General Managers
- Other clinical colleagues who could learn from your results.
- Clinical Governance Support Unit (Register)
- Patients
- Public

Make Changes



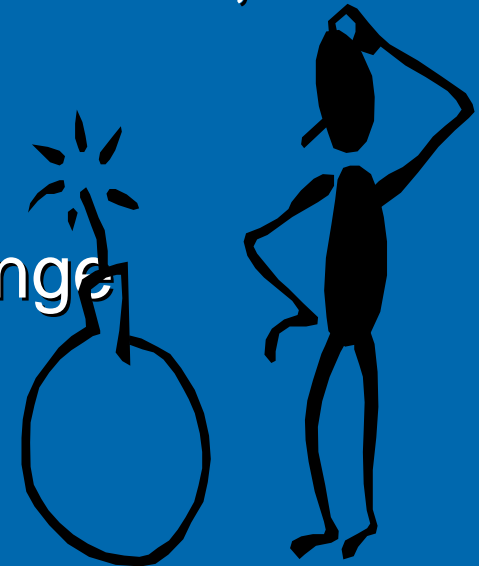
Challenges



- ❌ Exposing substandard practice
- ❌ Information-sharing structures across professions still developing
- ❌ Lack of integrated clinical IT systems
- ❌ Multiple works streams cutting across
- ❌ Develop knowledge skills in audit
- ❌ Change management unsupported by strong evidence

Where Can Things Go Wrong?

- 💣 Planning –ward closures
- 💣 Method and Design-Hawthorne Effect; point prevalence
- 💣 Data- number of opportunities presented; conflicting data
- 💣 IT systems-export process
- 💣 Implementation-resistance to change
- 💣 Resources



Tips for Success

- Team approach works best...
- To maximise chance of changing practice-feedback in near real time
- Manage and sustain effective relationships with senior management
- Ensure high level support for project within your NHS board
- Engage with other hand hygiene work programmes

And finally.....

➤ Any questions?