

Hand hygiene improvement strategy at Mater Dei Hospital - Malta

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AIMS

Healthcare facilities aim at reducing HAI by introducing strategies that ensure quality of care and safeguard patient safety. At Mater Dei Hospital, Malta an official campaign focusing on hand hygiene BEFORE patient contact 'It's as easy as ABC' was launched in 2017.

BACKGROUND

At Mater Dei Hospital, Malta an official hand hygiene campaign named 'STOP, RUB and GO' was launched in 2010. This campaign was inspired by the WHO multimodal strategy for improving hand hygiene,¹ based on the work of Pittet et al 2000.² Overall hand hygiene compliance improved from 35% to 63% within 1 year in 2010 and this improvement was generally sustained in the following years. Yet in spite of this improvement the compliance before patient contact was significantly lower than overall compliance. We decided to adopt the hazard analysis and critical control points (HACCP) approach by identifying the critical moments as the BEFORE and AFTER patient contact and focusing our campaign on these moments.

HAND HYGIENE INITIATIVES 2016-2017

Hand hygiene initiatives 2016

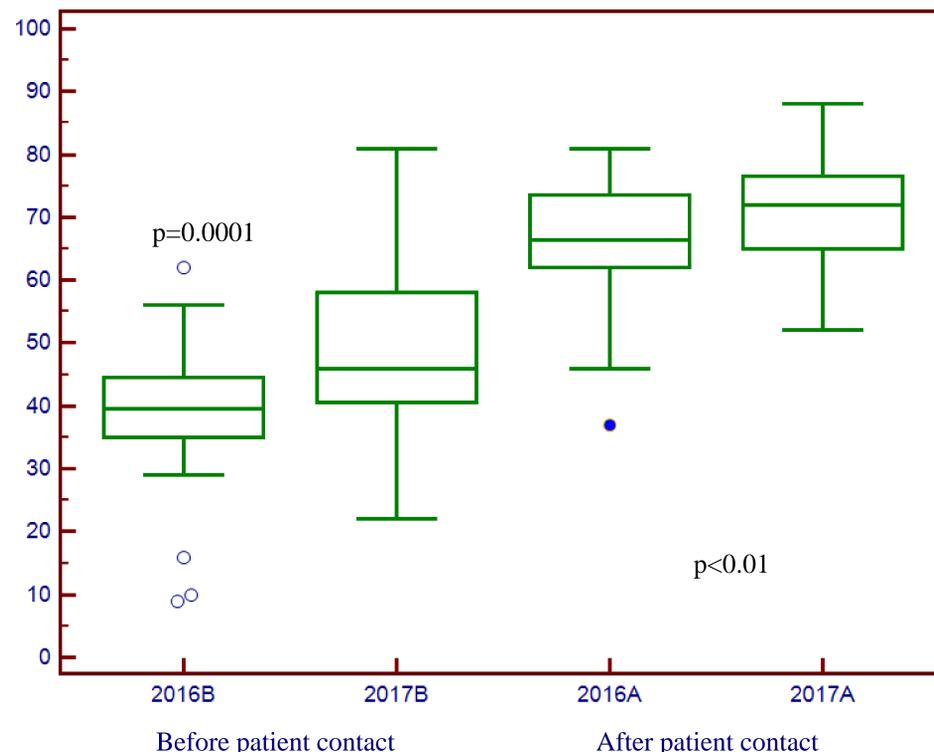
- ❖ Facility audits - Check availability of AHR / soap / paper towels
- ❖ Employment of dedicated HH observer in 2016 - 20 hours per week
- ❖ 2 cycles per year
 - Each ward assessed at least every six months
 - Audits of 15 – 20 minute duration to reduce Hawthorne effect
 - Not found to make a difference in practice, except in small wards
 - Minimum 100 observations per ward per cycle
- ❖ Feedback sent to all ward charge nurses and to the Senior Nurse Manager after each cycle
- ❖ Meetings held with charge nurses of:
 - Wards with HH <30% before patient contact in the presence of the hospital nursing manager and departmental nursing managers
 - Action plan agreed:
 - Follow up audits performed and meetings repeated if no improvement noted
 - Hand hygiene rates often directly proportional to the leadership qualities of charge nurse responsible for the ward
 - Celebration & congratulations for the best 5 performing wards
 - Awards also given at our annual Infection Control Conference to:
 - Ward with best hand hygiene rates
 - Ward with most improved hand hygiene rates

Hand hygiene initiatives 2017

- ❖ Contract with local marketing company
- ❖ New branding Logo & posters
- ❖ Focus on hand hygiene '*before patient contact*'
- ❖ Hospital mission statement
- ❖ Surveys with Charge Nurses one to one interviews
- ❖ 5th May 2017
 - Large Posters attached in each lift
 - Small flyers on car windscreens
 - Educational leaflets

RESULTS

Impact of 2017 strategy



CONCLUSIONS

- ❖ Greatest success achieved among nurses.
 - ❖ Directorate of Nursing set objectives related to Infection Prevention in wards followed up with meetings chaired by Director of Nursing.
 - ❖ Unable to get the same commitment among doctors which undermines initiatives aimed at nurses.
 - ❖ Appointment of previous CEO having quality management background was continued with support from the current CEO.
 - ❖ Workload and bed occupancy undoubtedly create a major challenge with Medical and surgical wards consistently at 100% occupancy, often with spill over in temporary units.
 - ❖ Low nurse to patient ratios which unfortunately provides a "justification" for sub-optimal compliance, even when not relevant.
- However the biggest challenge is the culture...
- ❖ Achieving ownership and accountability is not easy particularly with doctors
 - ❖ Initiatives need to be constantly driven & sustained centrally by IPC team

References:

1. WHO. Guide to implementation of the WHO multimodal hand hygiene improvement strategy. 2009. http://www.who.int/gpsc/5may/Guide_to_Implementation.pdf
2. Pittet D, Hugonnet S, Harbarth S, et al. Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. Lancet 2000; 356:1307-12.