



# HAND HYGIENE COMPLIANCE

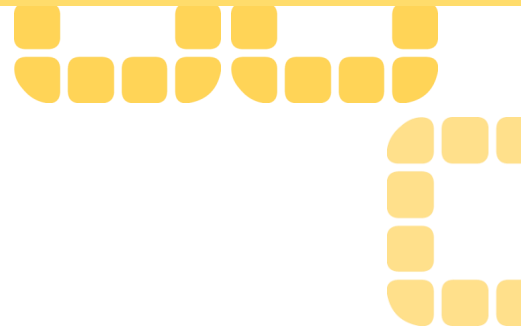
## The evolution






### Rockingham Peel Group



**Ann Whitfield**  
Clinical Nurse Specialist - Infection Control



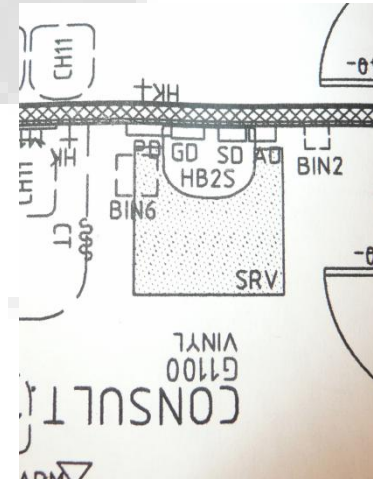
# In our hands: How we started...

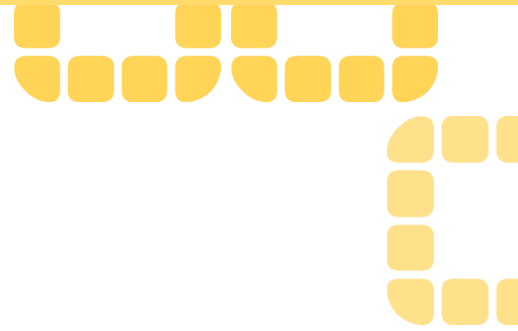
-  2006 Safety and Quality Investment for Reform (SQulRe)
-  8 Initiatives mandated for implementation
-  2007 Hand Hygiene rolled out at RPG
  - Coordinator full time for 3 months
  - Partnership with Infection Control
  - Products
  - Audits by link staff
  - Baseline compliance of 22%
  - Aim for compliance of 60% over 2 years



# Major Redevelopment

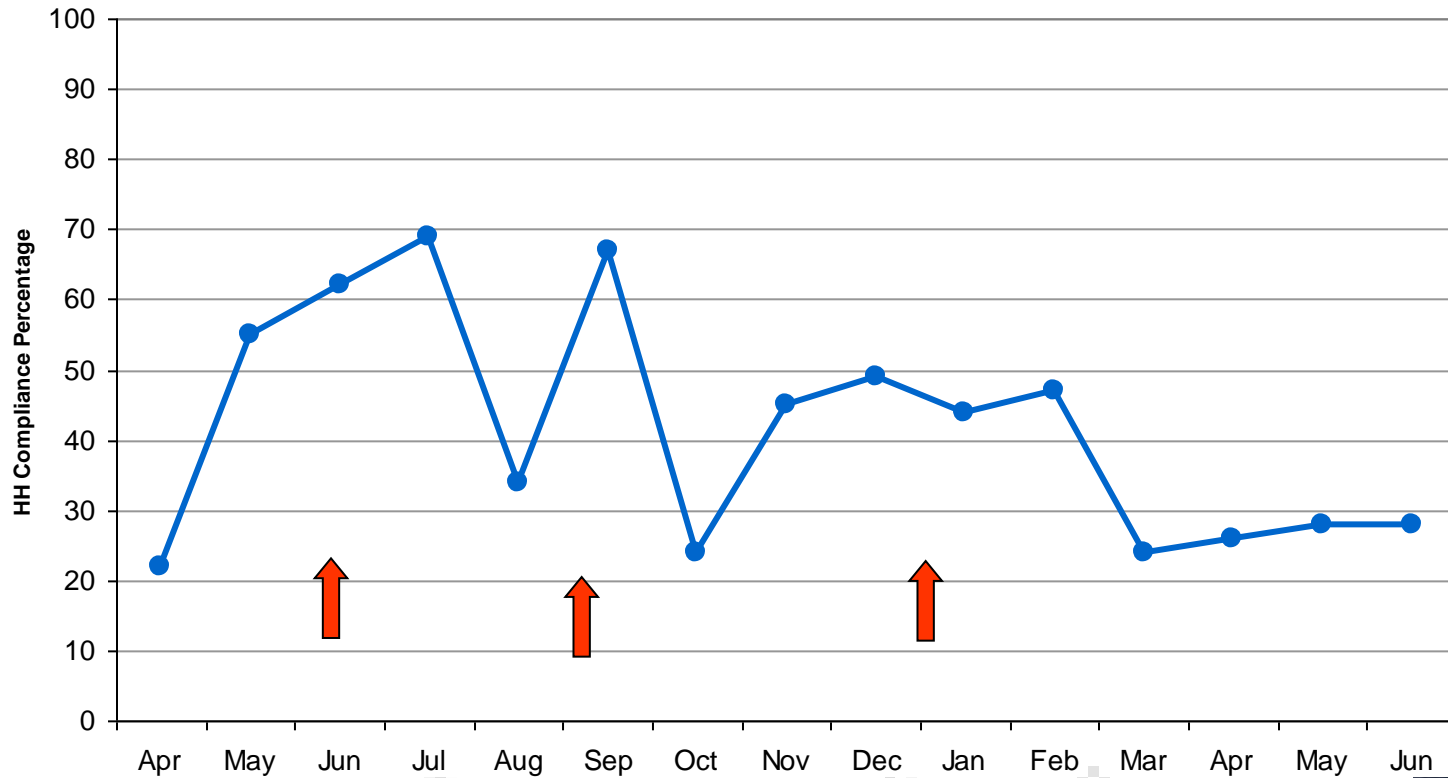
- Units/wards moving areas
- Reverting to old style sinks
- Products not always available
- Normal services continued





# A year later...

Hand Hygiene Compliance April 2007 - June 2008

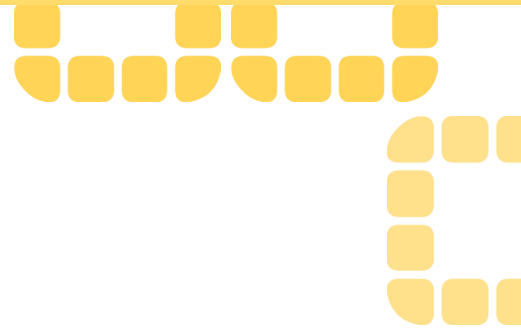




# Why won't it gel?: Barriers and Solutions

- 👤 HH perceived as external
- 👤 Staff did not like the product
- 👤 Lack of ownership
- 👤 Resistance to product placement
- 👤 Disappearing product

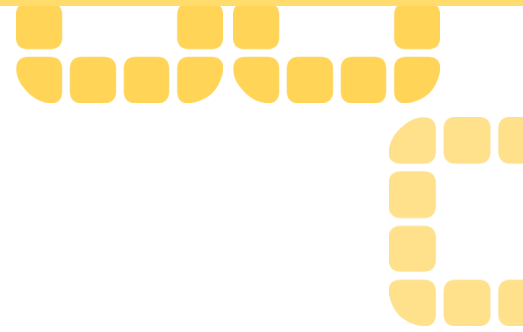




# Increasing general awareness

- 👉 HH Education incorporated in annual mandatory study days
- 👉 WHO's "5 Moments for Hand Hygiene" screen saver
- 👉 Two large promotions during IC week and HH Day
- 👉 Harvey the Glow Lamp
- 👉 Visual reminders





# It's gelling



Compliance rates consistent > 65% over last 2 years

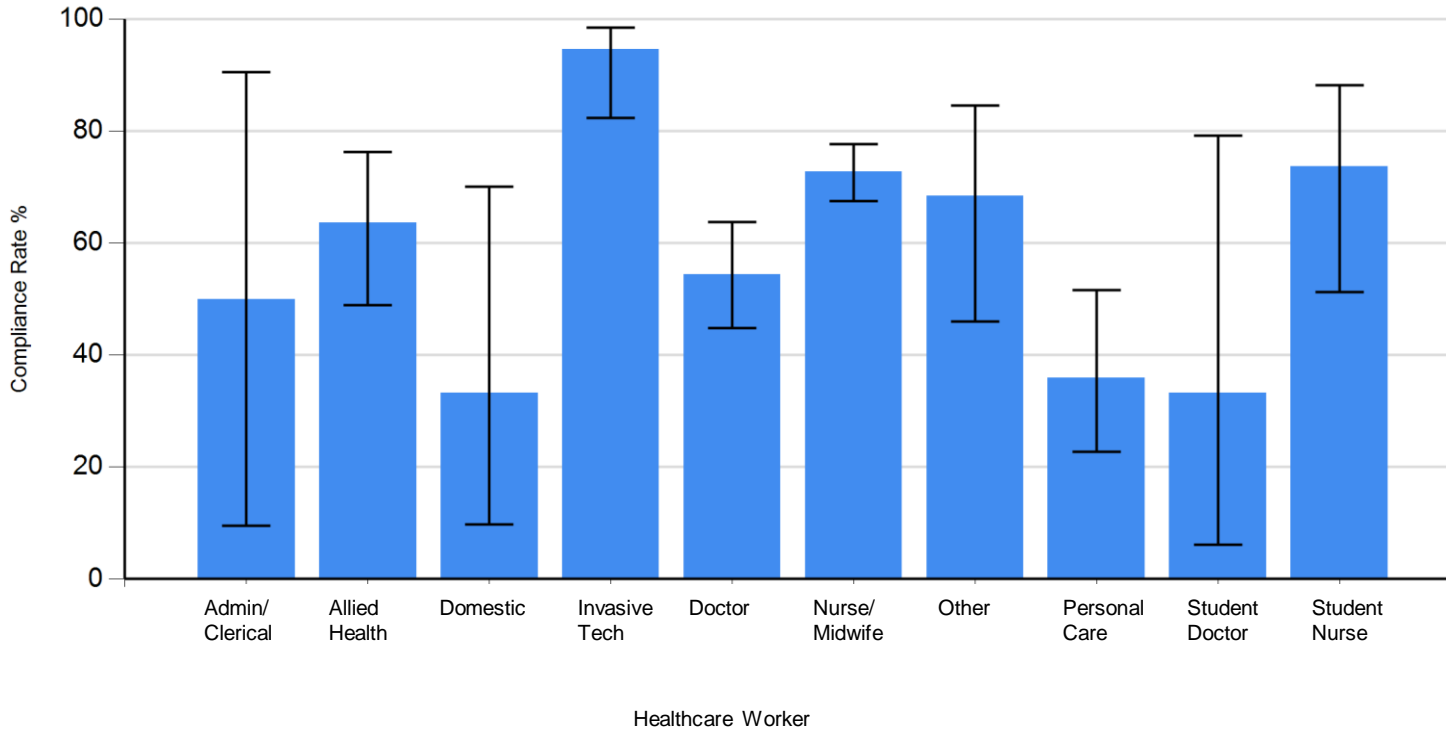


Hand Hygiene Day 5/5/2010





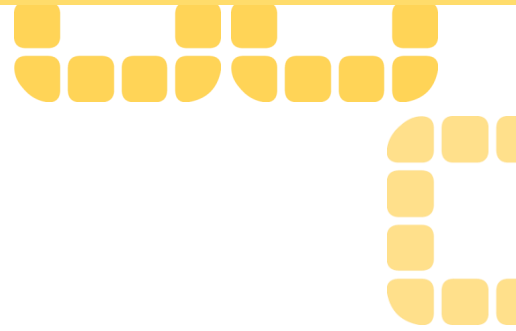
# Compliance rate by healthcare worker





# I'm in your hands: What the future holds

- 👤 Targeted approached to engage all HCWs
- 👤 Ownership to the individual
- 👤 Listening to staff and patients
- 👤 Mandatory and e-learning education
- 👤 Bare below elbow
- 👤 Public display of HH results
- 👤 Consumer involvement

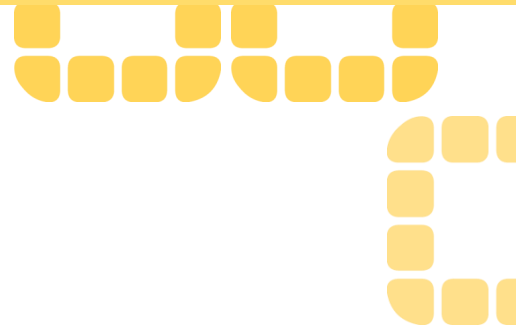




# Acknowledgements

-  *The Government of Western Australia, Department of Health, SQulRe Program*
-  *The Executive Team and Staff of Rockingham Peel Group*





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