The National Patient Safety Agency’s cleanyourhands campaign

Julie Storr
Assistant Director, Infection Control

Hosted by Paul Webber
paul@webbertraining.com
Sponsored by Deb Medical Hand Hygiene
www.deb.co.uk

NPSA - overview

• 850,000 adverse incidents annually
• 50% of which are thought to be preventable
• NPSA is a special Health Authority established 2001 to gather information on the types and causes of error and ensure learning and future risk reduction
• UK is the first country in the world to set up a national reporting and learning system
• Hand hygiene highlighted as a core patient safety issue

What can be done?

a) Further research?
b) Punitive approach?
c) Simple approach?
d) Creative approach?


Think “outside of the box”

**Background to the cleanyourhands campaign**

- At the outset of the project 77% of Infection Control Teams in England & Wales stated that there was a **definite** need for a national improvement campaign.

---

**Internal Motivation**

- Performance of hand hygiene is dependant on internal motivation of staff and the resources available to carry out the task (O’Boyle et al 2001).
- Multifaceted approaches provide us with the best hope of positively changing hand hygiene behaviour.

---

**The cleanyourhands campaign - 1**

- The campaign has been developed by the communication and design team at NPSA based on research and in consultation with clinical staff.
- The campaign is multifaceted.
- It aims to improve the attitudes, behaviours and personal responsibility of health care workers in observing hand hygiene standards.

---

**The cleanyourhands campaign - 2**

- The core message is simple: clean your hands.
- The tone of the message has been deliberately designed not to patronise or scaremonger, but to be honest and straightforward – clean hands will save your time, your money and patients’ lives – objectively placing the onus of positive action clearly on the reader.
Objectives of the pilot

- To develop a campaign and toolkit for the NHS.
- & to test the toolkit and campaign
- & to test perceptions of staff in relation to the campaign.
- & to establish the patient perspective
- 6 (+ 3) pilot sites
- 2 wards in each site
- 7 month test period
- Local lead & local project worker

Evaluation of the pilot

Realistic

(Pawson & Tilley)

To find out
What approaches are most likely to work in a constantly changing NHS?
- Can we determine why a change works or not?
- Contextual & process factors were important.
  - who benefits from the campaign?
  - How did the campaign change in each of the Trusts as they implemented it locally?
- What facilitated or constrained the campaign?

How we evaluated

1. Staff surveys: before and after
   - Visual impact of the campaign
   - Staff perceptions of alcohol rubs
   - Impact of patient involvement on staff
2. Patient interview/survey: one off
3. Staff interview: beginning & end
4. Staff diary: continuous throughout
5. Staff observations: over time
6. Usage of hand rubs: before & after
Staff survey

Questions asked:
- Have you noticed the campaign posters
- Have the posters made you think about your own hand cleaning?
- Due to the alcohol do you clean your hands more frequently?
- Have any patients asked you about hand washing?
  - By survey 2, high numbers of respondents were reporting favourable comments about the campaign and its impact.
  - Staff were being asked by patients.

Patient interview/ survey

- Two & a half times increase in compliance
- Two and a half times increase in product usage

Staff observations & product usage

- Staff observations:
  - Used modified Geneva (Lewisham) tool
  - 20 minute periods
  - Observers logged high; medium and low risk hand hygiene opportunities.
  - Feedback given to wards.
- Product usage
  - Before and at end of pilot
  - All hand rub monitored for a 2 week period

Sponsored by Deb Medical Hand Hygiene  www.deb.co.uk
Bedside Hand Hygiene Project
Julie Storr, National Patient Safety Agency
Sponsored by Deb Medical Hand Hygiene  www.deb.co.uk

Diary/ Meetings log
- Analysis of contextual & process information:
  - The 3 campaign elements
  - Barriers/ constraints
  - What makes it work
  - Communications
  - Launch events
  - Local working group
  - Spin-offs & benefits
  - Role of Modern Matron
  - Role of ward housekeeper
  - Time issues

Interviews
- Internal learning for NPSA

What now?

Critical success factors
- Winning the hearts & minds of staff, the public and patients is key to successful implementation of the campaign
- The “people issues” (Fraser 2002)
Ownership is crucial

• Managers need to be convinced how the opportunities and impacts of the campaign affect their Trust (Communications Strategy).
• How will the campaign impact on:
  – National Standards
  – Patient confidence
  – Performance Indicators (PI’s)
  – Clinical governance
  – Trust objectives

Next steps

• Interested Trusts will be invited to become early implementers
• (cleanyourhands hospitals)
• Implementer sites will receive a toolkit containing a range of hard copy & electronic tools to aid local implementation

Summary

• cleanyourhands has been designed as an evidence-based integrated campaign aimed to have maximum impact in tackling a previously intransient problem.
• As such the sum of the various elements of the campaign is greater than its constituent parts.
• National implementation and subsequent evaluation at a relatively modest cost compared to costs of HCAI will deliver significant benefits to Trusts in England and Wales, as seen in the pilot.