

He said, she said, they said

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Nil disclosure or conflicts of interest

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He said, she said , they said

Background :

Whilst hand hygiene (HH) is core business for Infection Prevention (IP) and as health care workers (HCWs) it's an essential part of our daily activities, our patients knowledge of HH and how they perceive our HH practices is largely unknown.

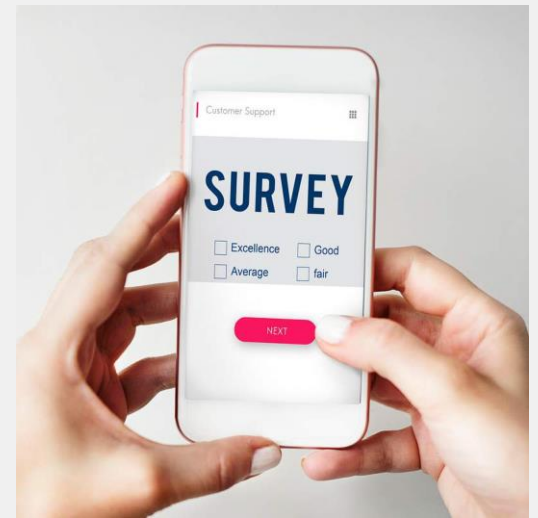


He said, she said, they said

Method:

An electronic survey was emailed to Nurse Manager's (NMs) and HH auditors (HAs) .

Concurrently, patients on selected wards were invited to voluntarily participate in a brief, anonymous paper-based survey on how they perceive our HH practices.



Keep It Simple Survey

Patient packs:

- 1 page double sided survey
- 1 page information sheet
- 1 pencil

Each ward :

- 1 collection box
- extra patient packs

Minimal impact on clinical staff.

Survey was open for 1 week, across 9 wards



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The electronic surveys were open for 3 weeks. The NMs survey took approximately 5 minutes (16 questions) and the HAs survey was under 10 minutes (23 questions)

Responses were received from :

- 24 Nurse Managers (41%)
- 27 HH auditors (12%)
- 57 Patients/families



They said (the patients)....lots

Created opportunities for patients to ask about IP.
Many talked about HH in general
e.g. what their school does or how bad it
is public spaces.

Others chatted about coughs/colds and
another told me about a rash their grandkids had.

One lady me she was an “old” nurse and she is please we
are openly talking about HH nowadays....



Alfred 1901-1918

They said.....

How did they feel about their HCWs HH practices:

- Excellent, always performed HH in front of them 75.4%
- Fairly good, usually performed HH in front of them 17.5%
- **Did not need to as they wore gloves**

Did anyone speak to them about HH during their treatment ?

- **Patients: 18.5% yes**

NMs/ HAs were asked if they routinely talk to their patients about the importance of HH ?

- **HAs : 41% yes**
- **NMs: 17% yes**

They said.....

Majority did not feel the need to ask their HCWs to do HH
HCWs that were asked to perform HH :

- 33% did it straight away
- 33% said they had performed just HH before coming to patient
- **“HH was not needed as I have a new pair gloves on”**

Did not to ask not due to:

- **Fear of being disrespectful**
- Cultural and /or language barriers
- **“I would have felt uncomfortable asking”**
- **“Trust they knew what they doing”**

He said, she said ...

NM: Are your auditors allocated protected time to audit?

HA: Are you allocated protected time to audit?

NM: Yes 71%

HA: **Yes 30%**

NM/HA: Has your ward conducted local feedback sessions post audits?

NM: Yes 58%

HA: **Yes 22%**

Close but no bananas

Do you remind staff /colleagues to perform HH ?

NM: Yes 100%

HA: Yes **67%**

No 7%

Sometimes 26%

Do you remind students to perform HH ?

NM: Yes 100%

HA: Yes **74%**

No 4%

Usually 22%

He said, she said.....

What do you feel are the barriers for staff not performing appropriate HH ?		
	NMs	HAs
Lack of time	45%	61.5%
HH product selection	0.00%	7.7%
HH product placement	4.2%	19.2%
Skin condition	8.3%	23.1%
Glove usage	16.7%	30.8%
Not a high priority	12.5%	15.4%
High staff turnover	12.5%	0.00.%
Other:	58.3% <ul style="list-style-type: none"> • Forgetfulness • Education-Drs • Complacency 	30.8% <ul style="list-style-type: none"> • Forgetfulness • Not a priority • Not understanding 5Ms

Who knows what.....

NMs:

Both clinical surveys plus if their patients responded.
Feedback and develop local action plans.

HAs:

Only auditor results.

The IP committee were sent results for all 3 surveys.



What we have done

- New “did you know “information sheet
- New “key placement” information sheet
- Promote patient education
- Resent internal self assessment tool
- Ongoing work with medical staff



2025: align the questions for more meaningful comparison.

Limitation:

Patient survey were anonymous.

Clinical surveys was optional to leave any demographics.

The results can only be read as general.

It would be beneficial to be able to see if the wards that are allocated dedicated time to audit and feedback have better compliance rates.

