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Commission on
Safety and Quality
in Health Care

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Reshaping the National Hand Hygiene Initiative for Improvement: An update

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Acknowledgement of Country

The Australian Commission on Safety and Quality in Health Care pay respect to the Gadigal people as the Traditional Custodians of Country where the Commission's office is located. We extend that respect to all Aboriginal and Torres Strait Islander peoples, and their deep time connections to land, water and sky.

We recognise that knowledge about healthy Country, community and culture has been developed by Aboriginal and Torres Strait Islander peoples over tens of thousands of years and has been shared for generations. We are committed to partnering with and learning from Aboriginal and Torres Strait Islander peoples through the work that we do.



The National Hand Hygiene Initiative

Background

- **Established in 2008**
- **Quality improvement program to promote hand hygiene practices:**
 - Promotion of ABHR at point of care
 - Multimodal approach to improving hand hygiene compliance in HCWs
 - eLearning content
 - Direct observational auditing

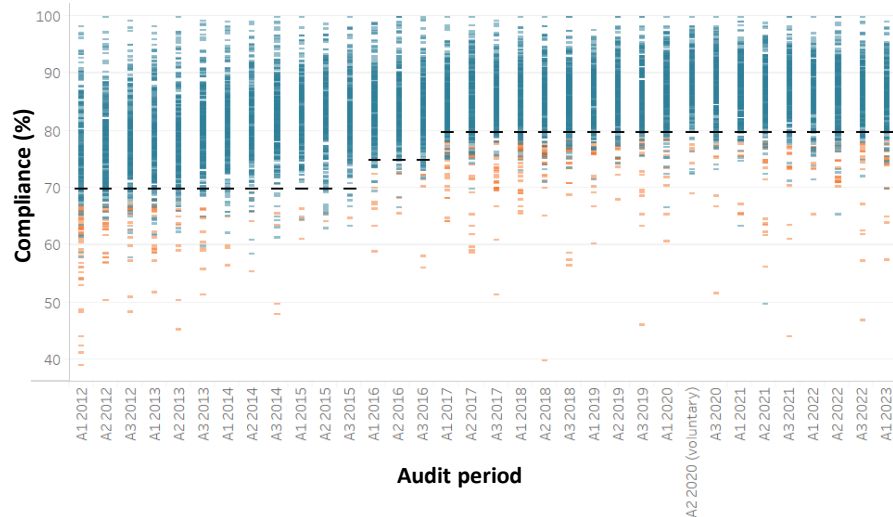


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Levers for success

National benchmark: 80% compliance

National hand hygiene compliance 2012-2023



Source: MyHospitals, Australian Institute of Health and Welfare

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Levers for success

National Safety and Quality Health Service Standards

Accreditation outcome	2019 (n = 296)	2025 (n = 351)
3.10 Hand hygiene program in place	96.2%	96.8%

Also in:

- National Safety and Quality Primary and Community Healthcare Standards
- National Safety and Quality Cosmetic Surgery Standards
- Aged Care Quality Standards

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Room for improvement

Need for a contemporary toolkit

- Maintains multimodal approach
- Promotes and embeds good hand hygiene across workforce and consumers
- Frames hand hygiene within clinical practice
- Competing priorities: IPC and clinical resources are finite
- Keeps flying the IPC flag

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Room for improvement

Opportunities

- National reporting of voluntary audit 2
- Review of minimum data submission requirements for direct observational auditing
- Evaluation and update of auditing training pathways
- Third edition of the National Safety and Quality Health Service Standards

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Public reporting of voluntary national audit 2

- **2023: Audit 2 was made voluntary**
 - More time to respond to Audit 1 and Audit 3 results
 - More time to undertake quality improvement activities
 - National audit was still available for use

- **Participation in audit period 2 decreased**

Participation in national hand hygiene audit periods			
Year	Voluntary audit 2	Mandatory audit 1 (% change compared to voluntary audit in same year)	Mandatory audit 3 (% change compared to voluntary audit in same year)
2023	990	1,055 (↑ 6.2%)	1,067 (↑ 7.2%)
2024	898	1,046 (↑ 14.1%)	1,023 (↑ 12.2%)
2025	883	1,052 (↑ 16.1%)	In progress

- **Hand hygiene compliance rate is still >80%**

National hand hygiene compliance rate (%)			
Year	Voluntary audit 2	Mandatory audit 1	Mandatory audit 3
2023	86.7	86.3	86.7
2024	87.4	86.8	86.8
2025	86.9	86.6	In progress

- **Inter-Jurisdictional and Private Hospital Sectors Committees supported discontinuing public reporting of national audit 2 data**

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Review of current minimum audit data requirements

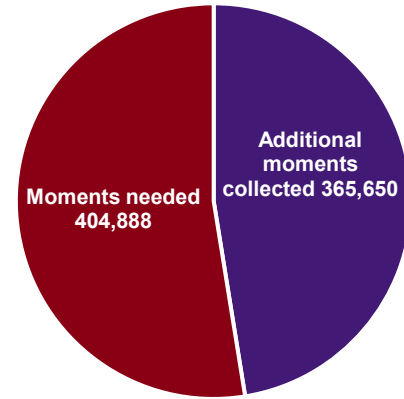
Number of acute inpatient beds in the organisation	Minimum total number hand hygiene moments required per national audit
>400	2,450
301 to 400	2,100
201 to 300	1,750
151 to 200	800
101 to 150	600
51 to 100	200
25 to 50	100
<25*	50

* Not required in some jurisdictions

Source: National Hand Hygiene Initiative - Audit Requirements

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Review of current minimum audit data requirements



■ Additional moments collected ■ Moments needed

Data analysis and feedback:

- Concern about amount of auditing above the minimum requirements
- Difficulties for smaller facilities to meet the auditing requirements
- Work impact of the current auditing requirements and schedules

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Review of current minimum audit data requirements - Methodology



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Review of current minimum audit data requirements – Proposed changes

Proposal 1

- Exclusion of additional moments collected for national reporting.

Proposal 2

- Exclusion of ambulance data towards national reporting.

Proposal 3

- Adjust audit schedule, options:
 - 3a have only one mandatory audit period per year
 - 3b change audit period lengths
 - 3c shift audit schedule to be in line with calendar year
 - 3d implement monthly data submission requirements.

Proposal 4

- Simplify hospital groupings, options:
 - 4a transition the audit requirements groupings from 'number of acute inpatient beds' to the Australian Institute of Health and Welfare (AIHW) hospital peer groups
 - 4b simplify hospital groups from 8 categories to 3 categories.
 - Add new 5,000 moment minimum requirement for principal referral hospitals

Proposal 5

- Reduce total minimum hand hygiene moments required per audit period by 10%, 20%, 30%, 40%, 50%.

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Review of current minimum audit data requirements - Preliminary feedback so far

Proposal 1: Exclude additional moments

- Not widely supported
- Potential to devalue hand hygiene messaging
- Conflicts with ward-based auditing methodology

Proposal 2: Exclusion of ambulance data towards national reporting

- Not widely supported

Proposal 3: Adjust audit schedule

- Some support to adjust the audit schedule to align with calendar or reporting year, and reducing audit length
- 1 annual mandatory audit per year not supported

Proposal 4: Simplify hospital groupings

- Support for simplify hospital groupings to align with AIHW, however need further work to map groupings

Proposal 5: Reduce minimum required moments

- Not supported

Other feedback

- Emphasis on observational auditing in **high risk** clinical areas

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Review of current minimum audit data requirements –
Next steps

- Develop further options and modelling based on round 1 feedback
- Second round consultation

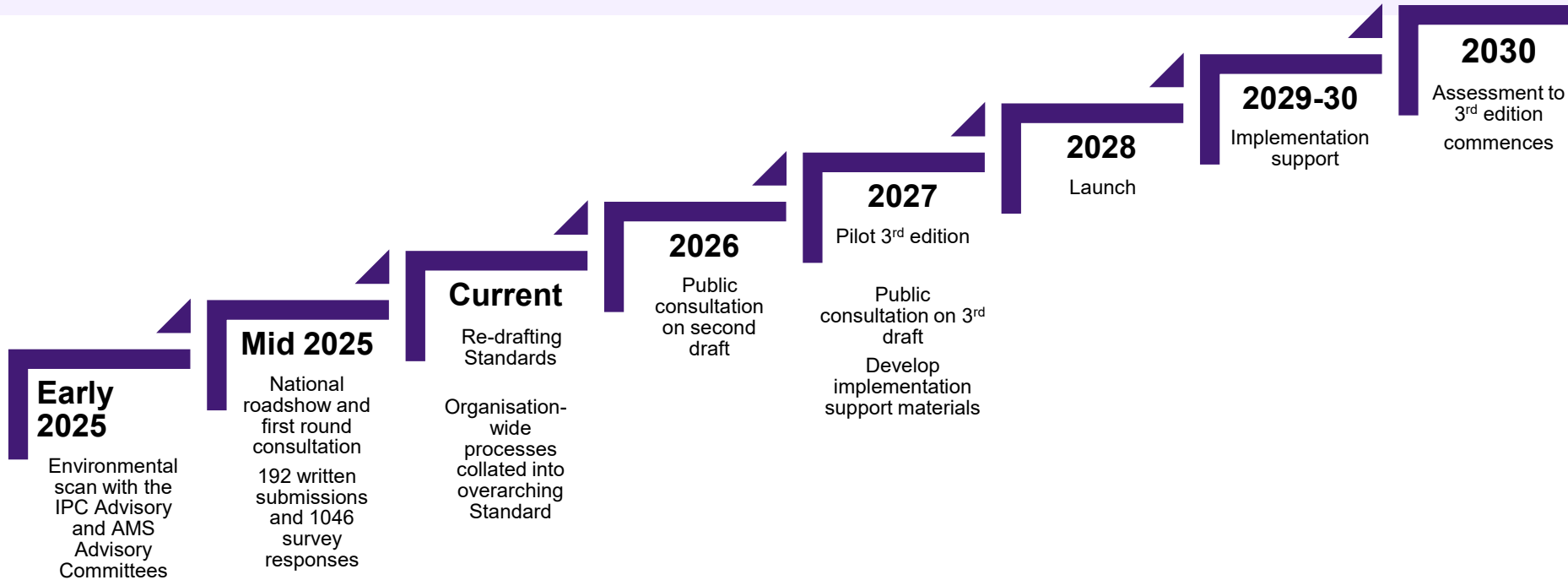
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Evaluation of auditing training pathways

- **2023:** New auditor and auditor educator training pathways implemented
- **2024:** Nous Group engaged to review the effectiveness, accessibility, and usability of the current NHHI auditor training pathways
- **2025:** Evaluation report finalised.
 - Engage a diverse workforce for auditing and auditor training
 - Improve functionality and usability of the **LMS**
 - Review pre-requisite requirements for auditor training and auditor training education pathways
 - Improve adoption of the national training roster
 - Opportunities for setting specific resources.
- **Current:** Developing response plan in consultation with IPC Advisory Committee
- **2026-2027:** Implementation of changes

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Third edition of the National Safety and Quality Health Service Standards





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Thank you

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