

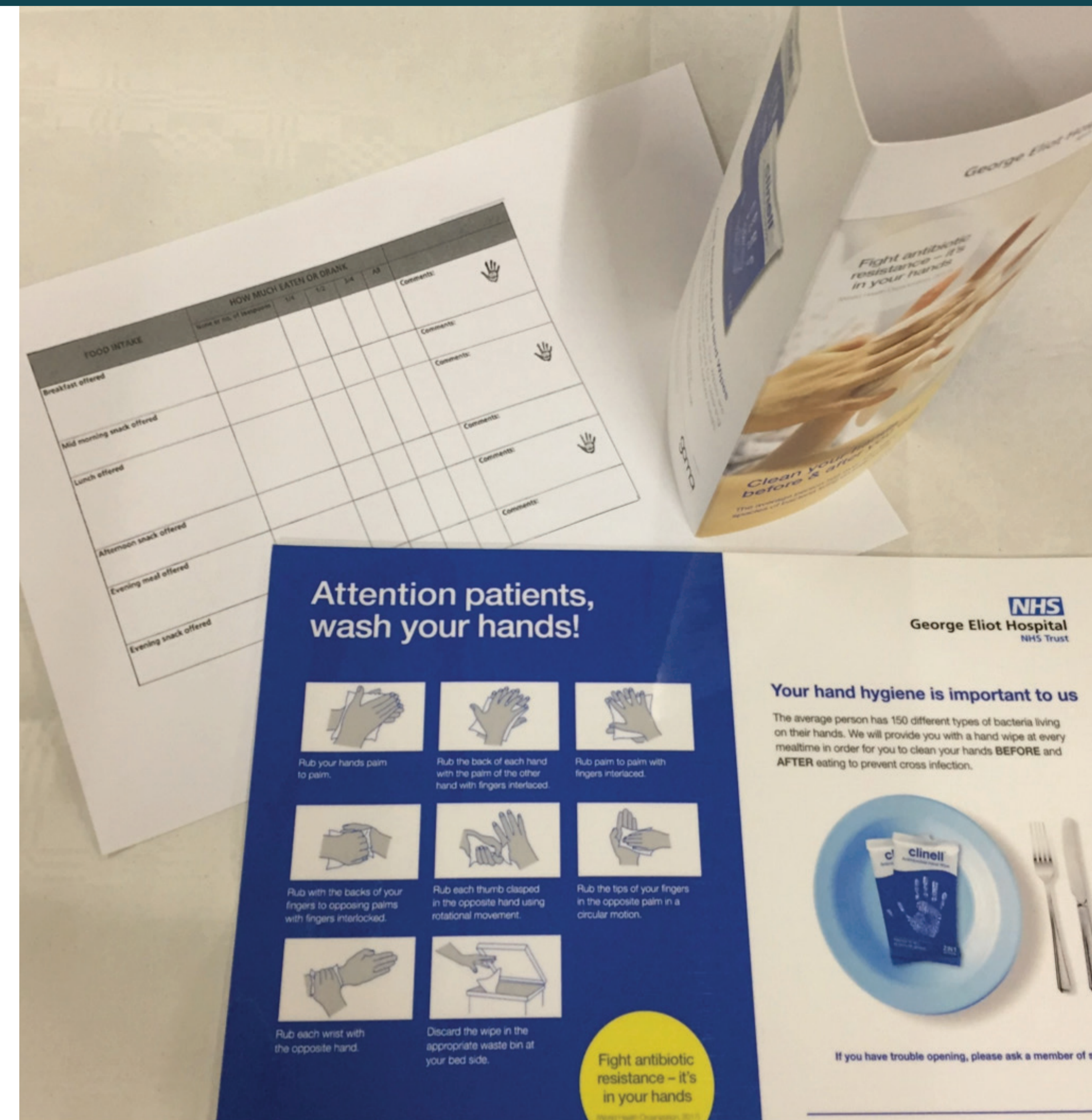
Improving pre-meal patient hand hygiene compliance; a quality improvement programme

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YEARS OF
NICE
1999-2019

Patients at George Eliot Hospital NHS Trust identified that patient compliance with pre-meal hand hygiene (PMHH) was poor at just 13%. A health economy quality improvement (QI) programme was undertaken to improve PMHH compliance. This work supported: NICE PH36, CG139 and the NICE quick guide for managers and staff in care homes on infection prevention.

“Seeing the care you provide through your patients eyes is the way to design your QI.”

Dr Debra Adams, Senior Infection Prevention Advisor, NHS Improvement (Midlands and East)



What we did and why

The methodology chosen to deliver the 120 day quality improvement programme was based on The Model for Improvement (MFI. Langley et al; 2009) which is a framework to guide improvement work.

We asked 3 questions in the process:

1. What are we trying to accomplish?
2. How will we know a change is an improvement?
3. What changes will result in improvement?

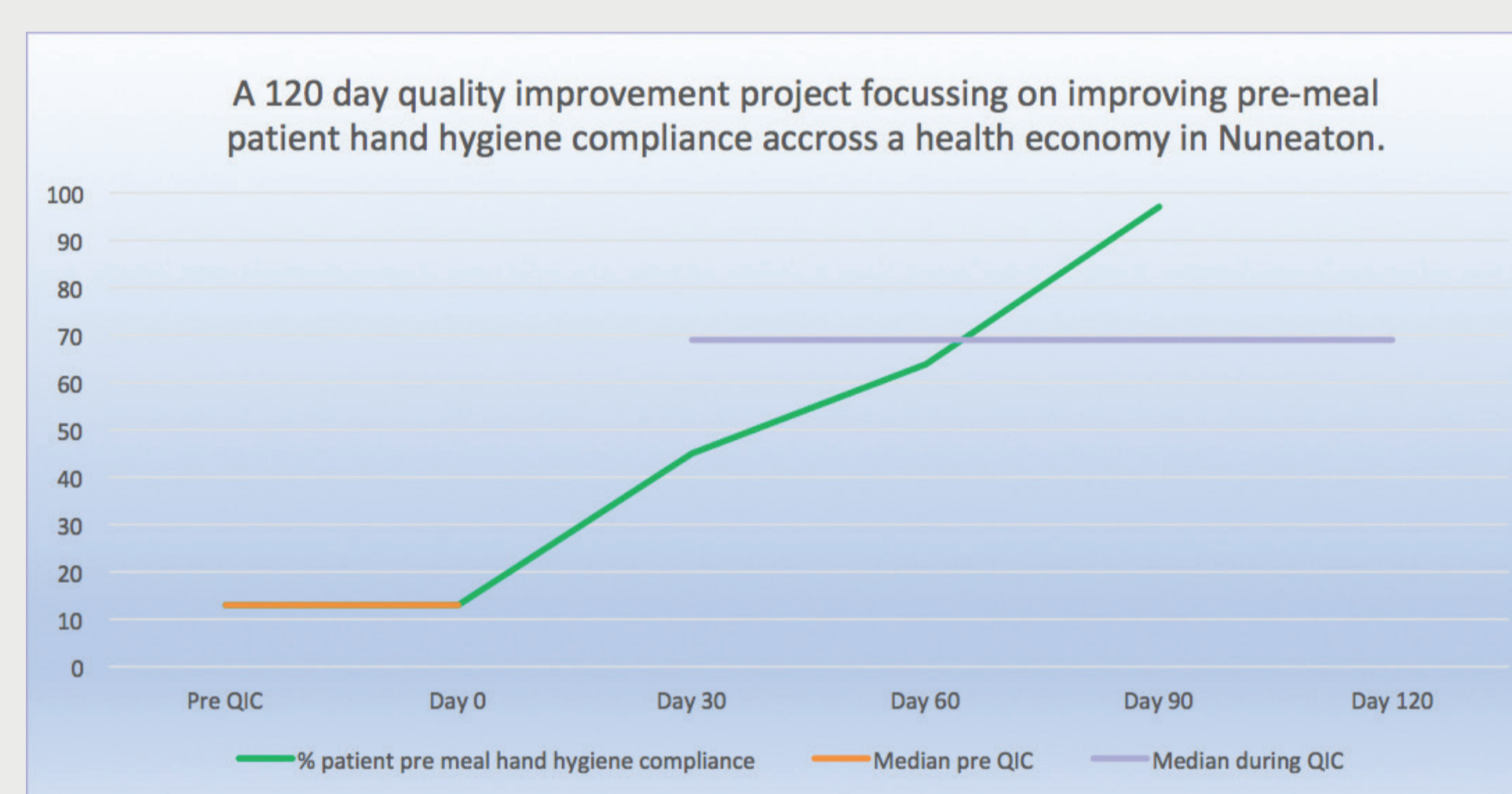
Plan-Do-Study-Act (PDSA) cycles then guide the tests of change to determine if there was an improvement in the system or not.

Patient involvement was pivotal in the roll out of our programme. The Patient Forum undertook the baseline assessment and weekly audits and were key advisors at each of the QI monthly meetings.

The programme started small; three wards, a care home and a residential home. At the end of the project we gathered what had been learnt. We identified successful interventions which had the greatest impact and these were further developed and scaled-up across the organisation. As one of the team was a NICE Fellow, we also had support from NICE to deliver the QI process.

Outcomes and impact

Improve patient knowledge and understanding of PMHH: patient PMHH compliance increased from 13% to 97%.



Facilitate the right environment: staff altered their practices to facilitate PMHH e.g. where meal trays were laid up, whether to use individual hand wipes or tubs of wipes, designing meal tray information, placement of gel dispensers and the future placement of handwash basins. Staff also developed patient newsletters and amended patient food chart documentation to record PMHH.

Health economy approach and patient involvement: this broadened staff awareness of PMHH issues. Generic products/tools were developed and the programme developed networks which have garnered shared learning for not only this project but are facilitating future projects.

What we learnt

Patient and social care involvement ensured that the patient journey was covered across the health economy. This raised awareness of other perspectives and challenges and not those just faced in an acute NHS Trust.

Due to the limited timescale of the intervention, it was not possible to identify an impact on the Gram-negative ambition on the four areas chosen. However, this will be monitored over the next 12 months to identify whether any improvement has been identified to which this, and the other interventions also being introduced could be attributed to.

The MFI rapid improvement methodology facilitated innovative ideas and ownership. We are now rolling this approach out to other Trusts in our region. It has demonstrated a positive impact in garnering the use of NICE guidelines and novel approaches to improving infection prevention.