HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Hand Hygiene New Zealand (HHNZ) Survey 2016

Introduction

In August 2016 we surveyed district health boards (DHBs) to gain a better understanding of how they undertake hand hygiene audits.

The survey focused on the approach of delivering the HHNZ programme within DHBs rather than how the results are used to drive quality improvement activities.

Questions and high-level results from the 2016 survey are given below, followed by a summary of our conclusions.

We would like to thank all the DHBs for participating. We now have a much clearer picture of auditing practice, which helps us to identify areas where we can lend further support.

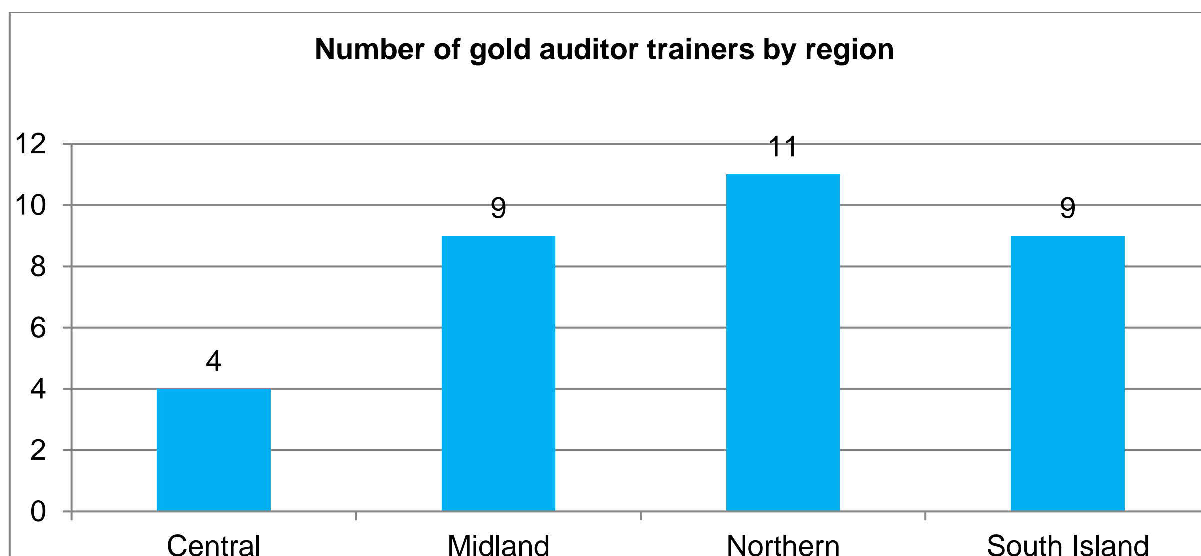
High-level results from the 2016 survey

How many validated gold auditors are there in your DHB?

DHBs reported there are 641 validated gold auditors (Central n=106; Midland n=55; Northern n=357, South Island n=123). There were discrepancies between the number of reported validated gold auditors (who were active in the October audit period), the numbers in the HHNZ database and the numbers provided by DHBs in the survey.

How many gold auditor trainers are there at your DHB?

DHBs reported there are 33 gold auditor trainers across New Zealand. Four DHBs reported they do not have any, but they receive their training from a neighbouring DHB in their region.



How frequently do you use the audit option(s)?

The hand hygiene auditing manual provides three options for auditing in DHB hospitals:

a) high risk wards with rotation of standard risk wards
b) high risk wards in addition to all standard risk wards
c) intensive care unit with auditing of all other wards in the hospital.

The results reflect individual variation in DHB hand hygiene auditing practices that has occurred over time. The methods, in order of most used, are: option C (n=15); option B (n=13); option A (n=12); and other (n=6). Some DHBs switch between auditing options to try and capture all acute clinical areas at least once a year.

What is your approach to auditing?

	Number responded
Continually throughout the audit period	7
From the start of the period until the required number of moments have been collected	6
On an ad hoc basis and more frequently towards the end of the audit period	5
On an ad hoc basis when time permits	2
Total	**20**

Over the last 12 months have you changed your approach to auditing?

We know that DHBs have been changing their auditing practices over time but wanted to get a sense of how the programme has evolved over the last year. Eleven DHBs have changed their auditing approach in the last year.

If you have changed your approach to auditing, answer the following yes/no questions.

The table below represents the eleven DHBs who changed their auditing approach in the last year. Some DHBs responded to more than one question.

	Number responded
Have you increased the number of wards audited?	10
Have you increased the wards that you audit but not increased the number of moments submitted?	5
Have you increased the wards that you audit and increased the number of moments submitted?	5
Are you auditing across your entire DHB?	6
If yes, do you submit all moments?	3
Total	**29**

Do your gold auditors always audit the same clinical area each audit period or do they audit across all clinical areas that you report on?

	Number responded
Auditors regularly audit different clinical areas	9
Same clinical areas most audit periods	6
Same clinical areas every audit period	5
Total	**20**

Conclusions

- All DHBs have maintained an adequate number of gold auditors. DHBs that are increasing the level of auditing have an increased number of gold auditors.
- DHBs that do not have gold auditor trainers receive their training from a neighbouring DHB. This is a great sustainable model.
- Increasing the level of auditing should be embedded into routine day-to-day activities, and requires frontline ownership. Only one-third (35 percent) of DHBs continually audited throughout the audit period.
- Fifty-five percent of DHBs have changed their auditing approach in the last 12 months.
- Analysis from the HHNZ database shows:
  a) 12 DHBs are collecting more than the required number of moments (five of which are collecting well above the requirement)
  b) four DHBs are collecting at or just more than the required number of moments
  c) four DHBs are collecting fewer than the required number of moments (two of which are collecting much fewer).
- We know spread is occurring across DHBs because there is an:
  a) increase in the number of wards audited (11 DHBs)
  b) increase in the number of moments submitted (three DHBs).

Quality improvement action

Lynette Drew, quality improvement advisor for the Health Quality & Safety Commission's infection prevention and control programme, will be visiting DHBs over the next 12 months and looking at ways to build further on quality improvement.