

# Effective engagement across organisations

## Hand Hygiene NZ - workshop

**Jenny Parr**

Director of Patient Care, Chief Nurse and  
Allied Health Professions Officer

# The roadmap!

**Kind** | **Excellent** | **Valuing everyone** | **Together**  
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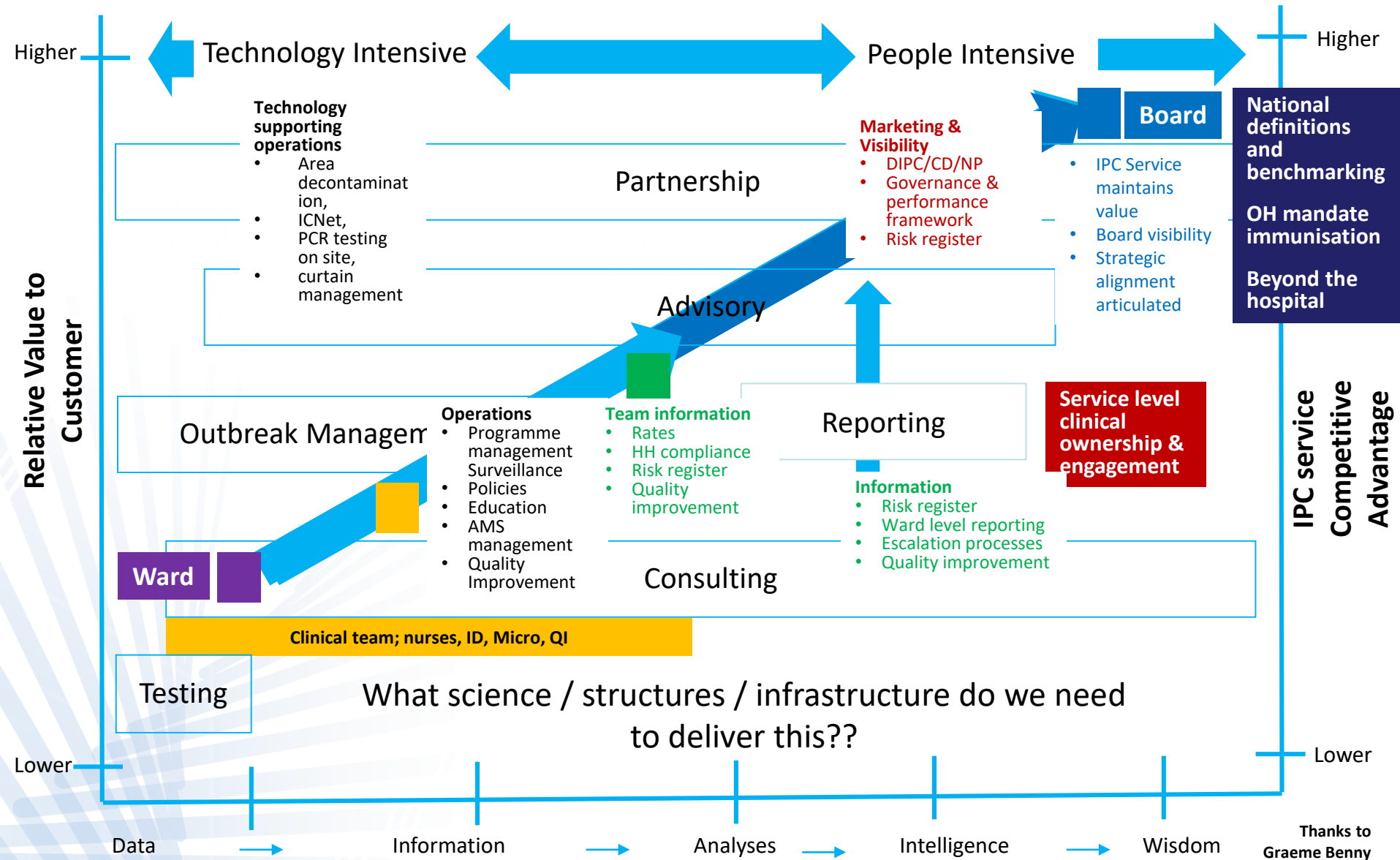
- Raising the profile of IPC
- How to engage across organisations?
- Case study

# How does the IDC MDT raise the



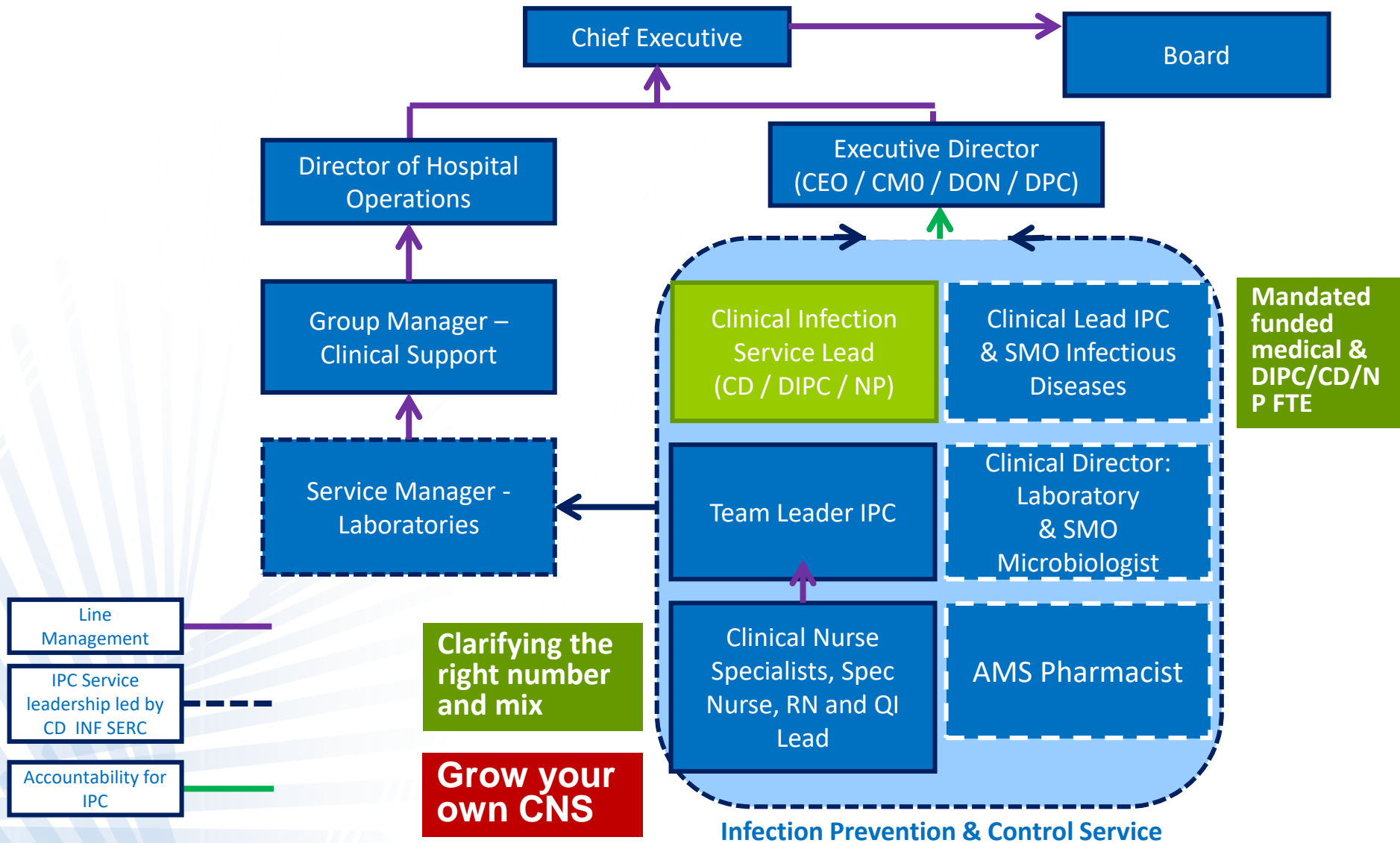
## Delivering the DHB's objectives

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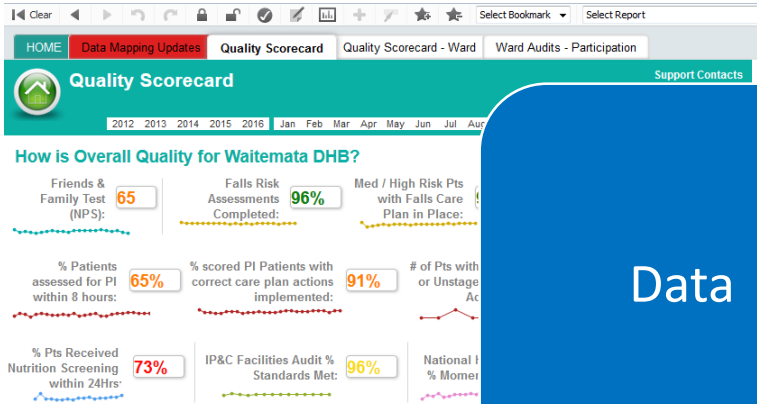
# Who is the IPC MDT?

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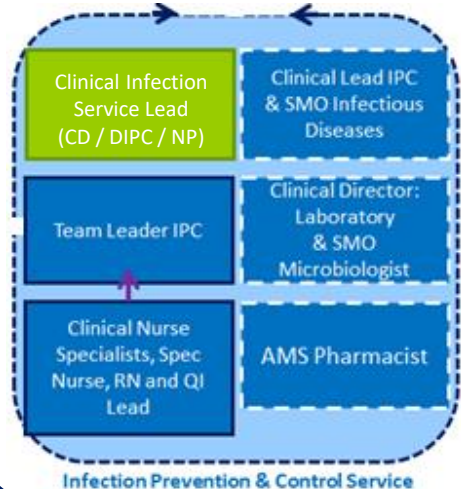
# You have the mandate

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**Data**

**Accountability & authority**



Add New Risk

ID	Division	Service	Risk Owner	Risk Title
142	Infection, Prevention & Control	Infection, Prevention & Control		Inability to proactively pr MDROS and HAIs impact
144	Infection, Prevention & Control	Infection, Prevention & Control		Ward closures due to our compliance with infection
145	Infection, Prevention & Control	Infection, Prevention & Control		Risk of influenza transmis non-compliance with the
146	Infection, Prevention & Control	Infection, Prevention & Control		Transmission of airborne patients due to lack of ne W ...
149	Infection, Prevention & Control	Infection, Prevention & Control		Lack of assurance across the are undertaking mandatory infe
494	Infection, Prevention & Control	Infection, Prevention & Control		Advent of emerging infection(s) resulting in significant pressure on Business as Usual, ED acute run ...

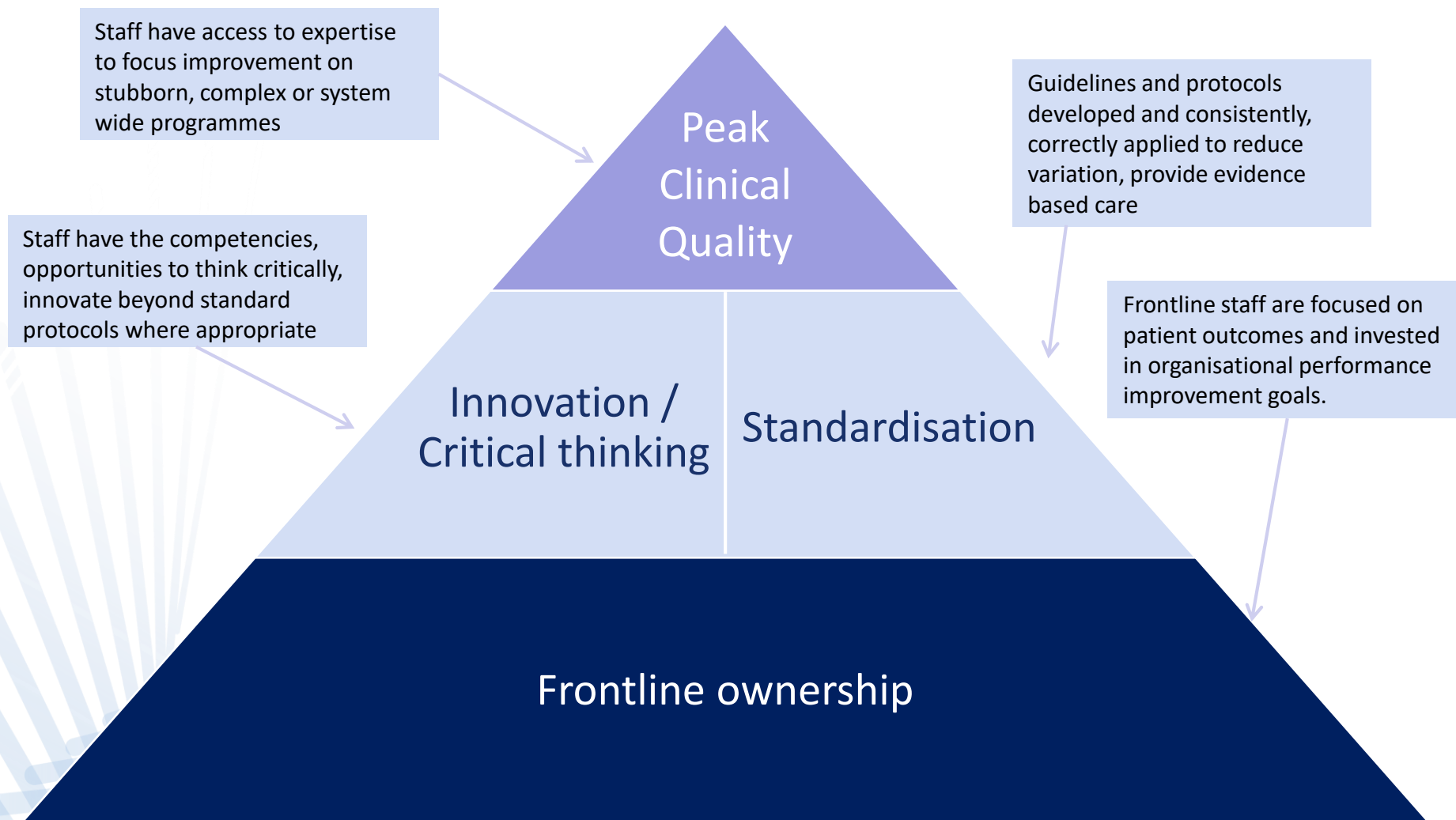
**Systems & processes**

**Leader & follower development**



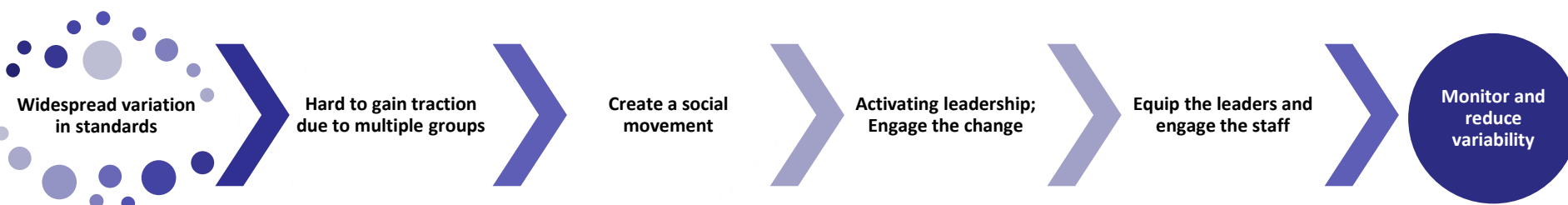
# Improvement strategy hierarchy

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# A culture of frontline ownership

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**Standards**

**Examples:**  
 Equipment cleaning  
 Discharge bed cleans  
 Hand hygiene gold auditing  
 Auditing IPC precautions  
 Service led IPC champions  
 Food fridges  
 Clean/dirty management  
 PIV line management  
 Dress code  
 ESBL screening

**Current comms**

CNDs meet fortnightly with DON, but DOM not always able to attend  
 CNMs meet within Divisions but not as a group  
 Educators  
 IPC Champions  
Stakeholders  
 Infection Control, Facilities and Cleaning, AHS&T  
 Leadership walkabouts 2 wards / month

**The power of one, the power of many**

**Activate networks**  
 Informal gathering with CNMs and stakeholders  
 All sites (VC)  
 Quarerly IPC champion meetings together

**The Why! Patient Care**

**Establish priorities**  
 Plan, Do Study Act  
 Communicate  
 Improve communication  
 Troubleshoot issues in real time

**Tools**

**Leadership development:**  
 Emerging Leaders, Leading Quality Care  
**Policies** clarify expected standards eg: dress code, hand hygiene, ESBL screening, auditing, quality improvement

**Reporting**

Maximise opportunities (HAC and SMT reports, integrate into auditing of other aspects of care  
 Meaningful granular integrated reporting  
 Ward to board



# Alignment model

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Vision

Strategy

Outcome



# A case study

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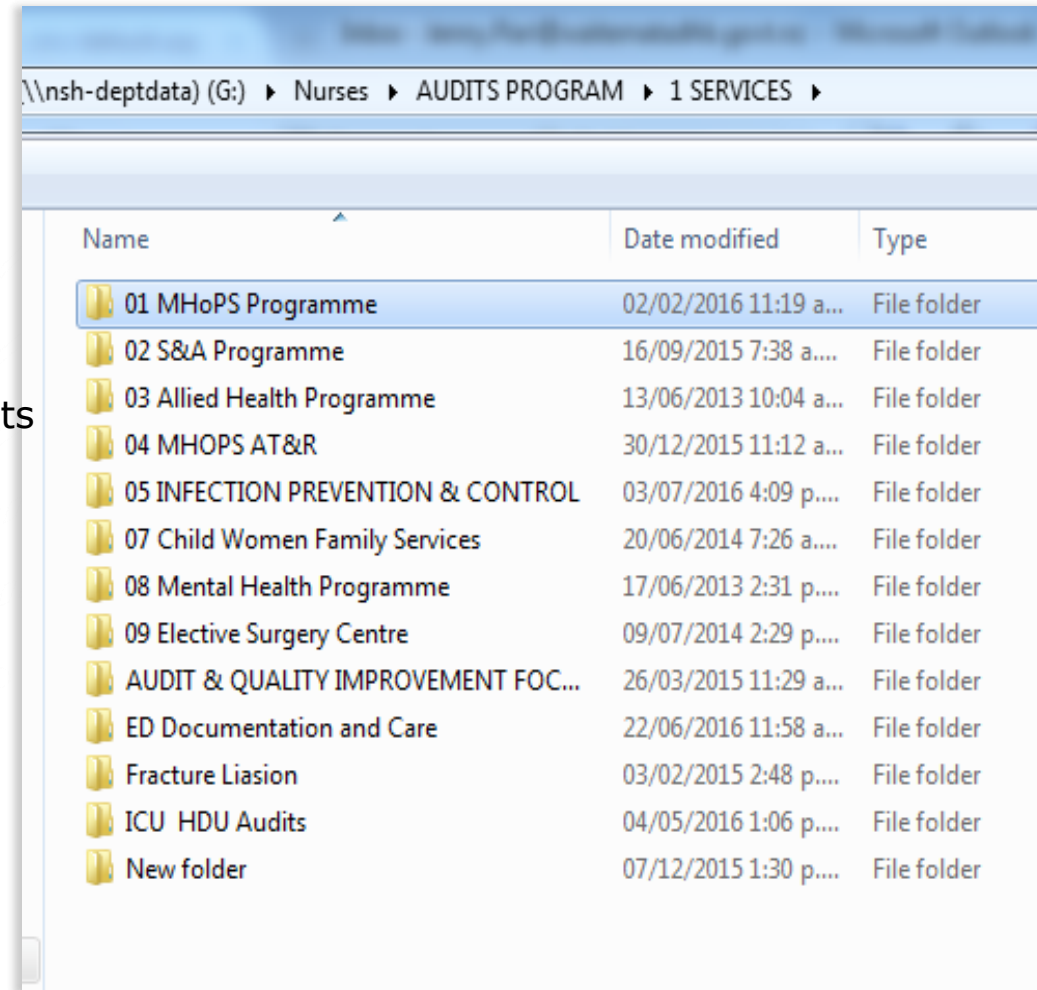
- Largest NZ DHB by population 597,510 people
  - Fastest growing population of 20 DHBs
  - Life expectancy highest in NZ at 83.7 years and second largest over-65 population
  - Annual budget of \$1.4 billion
- 7000 employees
  - 2688 Nurses, 698 Medical, 1496 Allied Health staff
  - 1050 beds
  - 4 main sites



# Background

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- Variability in feedback from patients, families, staff and auditing
  - Safe monitoring
  - Adequate nutrition
  - Well managed pain
  - Consistently clean environments
- Limited visibility
- No co-ordinated or systematic measurement



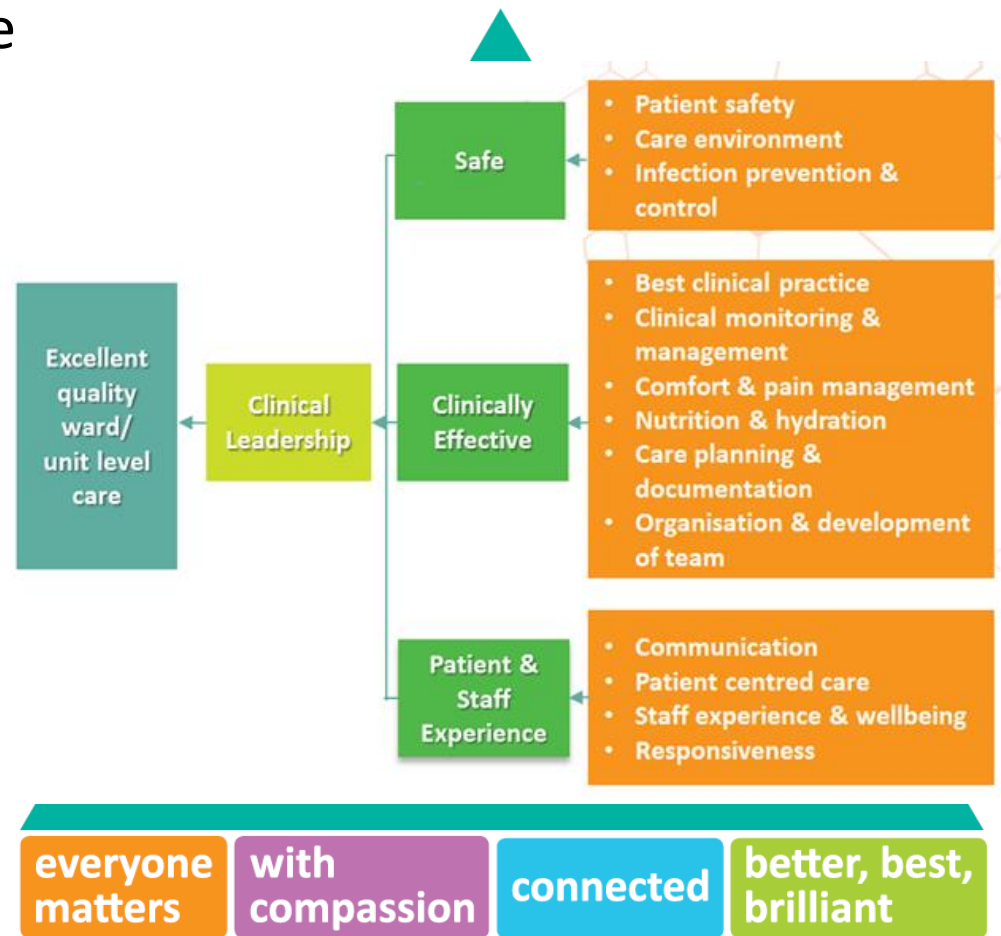
The screenshot shows a Windows File Explorer window with the address bar displaying the path: \\nsh-deptdata) (G:) > Nurses > AUDITS PROGRAM > 1 SERVICES >. The main area shows a list of folders with columns for Name, Date modified, and Type. The folders are listed as follows:

Name	Date modified	Type
01 MHoPS Programme	02/02/2016 11:19 a...	File folder
02 S&A Programme	16/09/2015 7:38 a....	File folder
03 Allied Health Programme	13/06/2013 10:04 a...	File folder
04 MHOPS AT&R	30/12/2015 11:12 a...	File folder
05 INFECTION PREVENTION & CONTROL	03/07/2016 4:09 p....	File folder
07 Child Women Family Services	20/06/2014 7:26 a....	File folder
08 Mental Health Programme	17/06/2013 2:31 p....	File folder
09 Elective Surgery Centre	09/07/2014 2:29 p....	File folder
AUDIT & QUALITY IMPROVEMENT FOC...	26/03/2015 11:29 a...	File folder
ED Documentation and Care	22/06/2016 11:58 a...	File folder
Fracture Liasion	03/02/2015 2:48 p....	File folder
ICU HDU Audits	04/05/2016 1:06 p....	File folder
New folder	07/12/2015 1:30 p....	File folder

# Aim

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- To develop an evidence base organisation wide care evaluation and improvement framework
- Visible, consistent, safe, and high quality care
- Front line ownership, leadership and engagement



# Developing the programme

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1. Multidisciplinary steering group – consumer representative
2. Defined the fundamentals of care (EBP)
3. Overarching framework developed
4. Systematic evaluation framework
5. Graded results and recognition



# Measuring the Patient and Whānau Centred Care Standards

Pre-Review Questionnaire

Part A: Patient Questionnaire

Part B: Ward Observation

Part C: Ward Management

Part D: Nursing audit results

Reviewer comments

Results & Post review meeting  
  
Reward & Celebration

**Patient and Whānau Centred Care Standards Review tool June 2016**

**Pre-Review Ward Questionnaire**

To be completed by Charge Nurse/Whānau Manager prior to review

The purpose of this questionnaire is to assist the ward team to prepare for the review and provide an overview of the ward for the reviewer. Please read the reviewer guidelines in your reviewer plan for the review date. The questionnaire will be discussed at the beginning of the Ward Management Meeting between the CMO/AMM and Reviewer.

Ward: \_\_\_\_\_ Questions completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Discussed with Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**FWCC Reviewer - Progress update from previous review**

From the Care Standards Review in Dec. 2015:

Describe 3 key areas you identified for celebration:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Outline how you shared this success with staff and maintained these standards:

From the Care Standards Review in Dec. 2015:

Describe 3 key areas agreed for improvement at the Post-Review meeting:

For maternity, mental health and ED describe 3 key areas agreed for improvement by your ward:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Outline your improvement plan and progress/changes made on these areas:



**Part B: Ward Observation**

Ward	Date	Time	Observer	Comments
Ward Observation - General Observation				
Ward Observation - Patient Engagement and Well-being				
Ward Observation - Staff Engagement and Well-being				
Ward Observation - Ward Management				
Ward Observation - Infection Prevention and Control				
Ward Observation - Safety				
Ward Observation - Patient and Whānau Engagement				
Ward Observation - Staff Engagement and Well-being				
Ward Observation - Ward Management				
Ward Observation - Infection Prevention and Control				
Ward Observation - Safety				
Ward Observation - Patient and Whānau Engagement				

**Nursing and Midwifery Quality Portal**

- Quality Scorecard
- Ward PDF Reports
- Care Standards
- NEWS North Zone Early Warning System
- STOP Pressure Sores
- Infection Prevention & Control
- Nutrition Champions
- Protected MealTimes

**Part E: Reviewer comments**

Reviewer of this review is a professional reviewer from patient and whānau centred care standards and will be available with the ward for the duration of the review or return from the same location. There can be no other reviewers.

Ward: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Part E: Reviewer comments

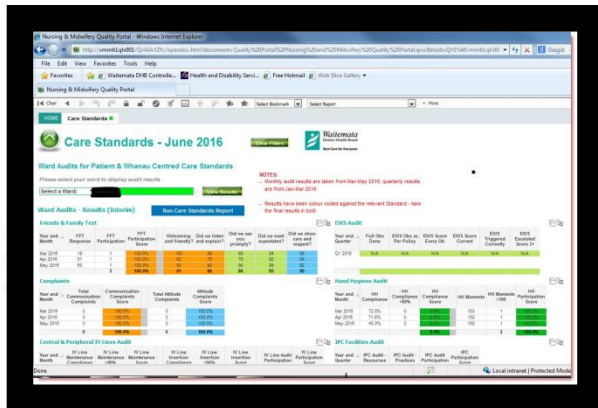
Part F: Reviewer comments



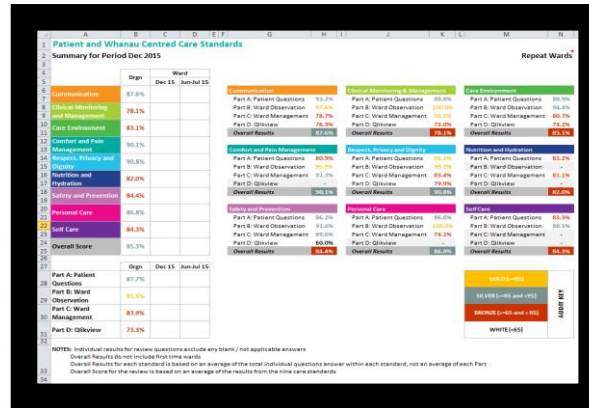
# Making care visible

Kind Manaakitanga | Excellent Rangatiratanga | Valuing everyone Whakawhanaungatanga | Together Kotahitanga

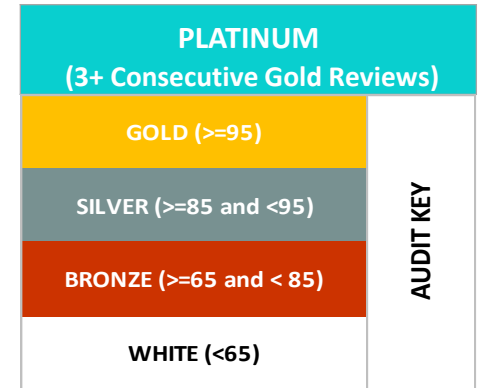
Ward results reporting using Qlikview



Ward and organisational results report



Results grading system



# Improving care – June 15 – June 16

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	Jun-16	Dec-15	Jul-15	% Change		Sig.
Communication	89.1%	87.6%	83.1%	↑	6.0%	*
Clinical Monitoring and Management	69.9%	78.1%	81.0%	↓	-11.1%	*
Care Environment	89.2%	83.1%	86.0%	↑	3.2%	*
<b>Part A: Comfort and Pain Management</b>	88.2%	80.2%	83.5%	↑	4.7%	*
<b>Part B: Respect, Privacy and Dignity</b>	92.8%	90.8%	84.3%	↑	8.5%	*
<b>Part C: Nutrition and Hydration</b>	84.0%	82.0%	84.8%	↓	-0.8%	.000
<b>Part D: Safety and Prevention</b>	84.0%	84.4%	76.1%	↑	7.9%	*
Personal Care	84.1%	87.6%	77.8%	↑	6.3%	*
Self Care	83.4%	84.3%	68.2%	↑	15.2%	*
Overall Score	85.0%	85.4%	80.5%	↑	4.5%	*

and differences

Std. Deviation  
t  
df

Sig. (2-tailed)



# Hardwiring improving IPC care

## 3. Care environment

Tidiness, cleanliness,  
and maintenance of environment;  
infection prevention and  
control, culture

Repeat wards (excl MH)	Jun 16	Dec 15	Jun 15
Part A: Patient questions	91.5%	91.6%	92.4%
Part B: Ward observations	85.9%	88.9%	62.5%
Part C: Ward management	89.1%	71.6%	25.0%
Part D: Nursing Audit	87.4%	76.9%	68.7%
<b>Total</b>	<b>88.4%</b>	<b>84.0%</b>	<b>68.2%</b>

## Areas for celebration

- hand hygiene audit participation **83.9%** (was **45.3%**) and compliance **74.7%** (was **54.7%**)
- compliance with monthly commode auditing **91.4%** (was **62.3%**)
- participation in the IPC practices and resources audits **95.4%** (was **65.4%**)
- Active IPC link nurse on ward **96.9%** (was **92.6%**)
- Local cleaning and maintenance in place **81.3%** (was **40.7%**)

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### Areas for improvement

- IV/CVL compliance with insertion and maintenance standards, participation in audits **17.9%**
- Toilets and bathrooms clean at review **75.0%**
- Cleaning audit passed previous month **83.1%**
- Hand hygiene compliance and participation **74.7%**
- Participation in IPC resources and practices audits **84.4%**

## 2. Clinical monitoring and management

Assessment and management of physical status, monitoring vital signs, monitoring the deteriorating patient, timeliness of care, clinical care

## 7. Safety & prevention

Risk assessment, safe environment, medication safety, staff skills

## 8. Personal care

Hygiene cares, elimination, mobility

Repeat wards (excl MH) Jun 16

Part A: Patient questions 87.2%

Part B: Ward observations -

Part C: Ward management -

Part D: Nursing Audit 60.8%

**Total 66.1%**

## Areas for celebration

- Offered hand cleaning facilities **87.2%**

## Areas for improvement

- Peripheral and central line management
  - compliance with insertion **46.9%**
  - maintenance **17.9%** s
  - participation in audits **80.0%**

# Questions for you

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## Accountability

- Who could be your Executive sponsor and champion?

## Alignment

- How are you making your work indispensable to your organisation?
- Is the organisation ready for this?

## Data

- How far up the organisation does IPC performance (ward, unit level detail) go?

## Systems and processes

- What systems are available for you to capitalise on?

## Frontline ownership

- How economic are you with your time?

