“Wash-up Doc!”
A peer-based approach to maximise compliance with Hand Hygiene among Senior Medical Officers in the Emergency Department of a tertiary referral Hospital.

A/Prof Spiros Miyakis, Head of Service Infectious Diseases, ISLHD. smiyakis@uow.edu.au 02-42225898 - ECLP Cohort 17

**Aim:** To increase HH compliance rate among SMOs in the ED of TWH to >90% within 1 year.

**Background:**
- Ignaz Semmelweis - 1840: puerperal fever.
  - Mortality from 20% to <1%
- SMOs “lead by example”
- HH among SMOs is often low (many reasons)
- HH compliance rate is lower in ED
- Drs rounding in ED w/o performing HH risk spreading MROs elsewhere in the Hospital

**Reverses to National Standard 3**

**HH in ED (150 observations over 5 months)**

**HH in ED Audit Nov 2015 to Mar 2016 in ISLHD facilities**

**The Problem:**
HH compliance among the SMOs in the ED of TWH is ~50%

**The Solution:**
- **Primary Drivers**
  - Availability of HH resources in ED
  - Raise priority of HH among SMOs
  - Improve current HH culture among SMOs
- **Secondary Drivers**
  - Lack of feasibility for HH
  - Health issues with current HH products
  - Competing demands on time
  - Awareness that HH is everyone’s problem
  - Accountability of poor HH among SMOs
  - Influence from peers

**HCA Transmission risk**

**References**

**Quality Advisor**
Ms Gaye Sykes (Q/A Manager, ISLHD)

**Team members**

**Sponsor:**
Executive DCS ISLHD (Dr Pim Allen, now Dr Vivek Nigam)

**Steering Committee**
Spios Miyakis (Head of Service, Infectious Diseases, ISLHD)
Joanna Harris (Manager, IMACS, ISLHD)
Helen Newman (IC CNC co-ordinator)
Dr Peter Newton (Head of Microbiology, SEALS South)
Kelly Watson (A/DCN, The Wollongong Hospital)
Anna O’Hare (NUM, ED TWH)
Dr Richard Pryor (Director, ED TWH)
Mr Greg Showell (A/Head Engineering TWH)

**On the Grounds:**
6 HH Auditors, 2 IMACS CNCs, Multidisciplinary team of clinicians (Medicine, Surgery, ICU).

**Results**
- HH compliance increasing
  - Preliminary observation
  - Hawthorne effect
  - PDSA in progress
- Auditors pool/availability
- Patient influence on Drs
- Accountability
- Peer influence
- Two peer-discussions (“coffee sessions”) with offenders
- Good acceptance
- No repeat offense so far

**Lessons learned**
Bundle of interventions is essential
Changes in culture are the most rewarding
Importance of persistence
To balance within the complex dynamics and relationships in the Health sector
To value the viewpoints of our patients

**Plans to spread/share change**
To expand to other ED in the Area
To expand to the wards
Geriatric, surgical, medical.