Many Hands Make Light Work:

A year of hand hygiene campaigns
(and how you can use them)

Helen Evans, Communications Officer
Provincial Infection Control Network of British Columbia (PICNet)

Presentation for IPAC-Canada Annual Conference, June 2017
Hand Hygiene in BC

- Following auditor general’s report in 2007, Provincial Hand Hygiene Working Group (PHHWG) created in 2010
- Membership from all HA’s plus BC Ministry of Health
- Provincial hand hygiene compliance auditing (acute care) began 2011 – long-term care added 2016
- Provincial online HH education module

PHHWG had several sub-committees; CoG is remaining one
  – Used to be Communications Sub Working Group, but we went rogue and rebranded
  – I mean really, the PHHWG CSWG?
- Communications support to provincial group
- Monthly teleconference
- Hand hygiene promotion, campaigns
Hand hygiene programs

- Health authorities develop their own programs
  - and communications/promotional materials
- BCHH CoG works on provincial initiatives
  - Example: Clean Shots photo contest

Hand hygiene promotion

- How can we make it sustainable?
  - Keep it going for longer
  - Without creating (lots of) additional workload
  - Without boring our audience
  - If you keep repeating the same message, you’re just nagging!
How can we sustain HH promotion?

- Divide and conquer!
- HH sub-topics:

<table>
<thead>
<tr>
<th>Date</th>
<th>Theme</th>
<th>Health Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan–Feb 2016</td>
<td>4 Moments of hand hygiene</td>
<td>Northern Health</td>
</tr>
<tr>
<td>Mar–Apr 2016</td>
<td>The “before” moment</td>
<td>Interior Health</td>
</tr>
<tr>
<td>May–June 2016</td>
<td>Gloves</td>
<td>Vancouver Coastal Health</td>
</tr>
<tr>
<td>July–Aug 2016</td>
<td>Patient Hand Hygiene</td>
<td>Providence Health</td>
</tr>
<tr>
<td>Sept–Oct 2016</td>
<td>ICPs/Staff profiles</td>
<td>PHSA</td>
</tr>
<tr>
<td>Nov–Dec 2016</td>
<td>Hand Care</td>
<td>Island Health</td>
</tr>
<tr>
<td>Jan–Feb 2017</td>
<td>Soap vs. ABHR</td>
<td>Fraser Health</td>
</tr>
</tbody>
</table>

How it worked

- Each health authority decided what kind of campaign they wanted to create
- Ideas: posters, newsletters, blog posts, social media, contests
- What works best for the topic/theme
- What they have the resources for
  - Time /workload
  - Staff
  - Prizes
Tailoring

- We could edit text/photos to suit each HA’s needs
- We had “wiggle room” in scheduling

The Campaigns
The 4 Moments

Northern Health
January 2016

Your 4 Moments for Hand Hygiene
The Four Moments

Hand Hygiene e-newsletter
Every Patient, Every Time
November 2013

We are committed to health promotion and disease prevention and to creating and sustain a culture of safety that equally values the safety of our staff and patients.

Quality Care begins with a touch - with clean hands! Hand hygiene is the cornerstone of Infection Prevention and Control strategies. It is the easiest and simplest way to ensure positive client outcomes.

You will touch someone’s life today - Do it with clean hands. It’s our Northern way of caring.

Your 4 Moments for Hand Hygiene
How to Hand Rub and Hand Wash

The Four Moments

Poll by Interior Health:

1. Which is NOT one of the four key moments for hand hygiene in health-care settings:

- BEFORE initial patient/patient environment contact
- BEFORE aseptic procedure
- BEFORE using the washroom
- AFTER body fluid exposure risk
- AFTER patient/patient environment contact

Total: 1191
The Four Moments

Ambulatory care:

The “before” moment

Interior Health
March 2016
The “before” moment

- Hand hygiene auditing shows that staff do not clean their hands before patient contact as much as they do after:

![Graph showing hand cleaning compliance by moment of contact](image)

**Get Focused on the 1st Moment**

Interpretation:

- First moment - the before moment

**Top News - Mar. 7, 2016**

**Before Initial Patient/Environment Contact**

**Before Initial Patient/Environment Contact**

- Why is it important to follow the first moment of hand hygiene?
  - To protect yourself from harmful germs
  - To protect the patient / patient environment from harmful germs carried on your hands

**We want to know...**

Thoughts and ideas to improve hand hygiene?

**Before Initial Patient/Environment Contact**

- Before initial patient contact, ensure hands are clean and free of harmful germs.

**Interior Health**

*Every person matters*
News article and contest

• **Share your thoughts, enter to win**
  There’s an interesting statistical trend when it comes to the “before” moment. In provincial hand cleaning compliance audits (conducted every quarter since 2011/12), compliance rates before contact are consistently lower than after contact.

• **Why do you think this is happening?** Share your thoughts on this, and/or provide ideas for how we might change behaviour so that hand cleaning “before contact” is as high a priority as “after contact” – and you could win a $25 Starbucks gift card!

Good feedback!

• I think people may only think of cleaning their hands when entering the room when they plan on being in contact with the patient. **Many of us do not plan on touching the patient or equipment** until this time comes and then forget that hand-washing is crucial at this point. As most of us carry or consult patients’ charts before visiting patients in their rooms, we could add a **sticker at the front of each patient’s chart to remind people to wash their hands**. The same sticker could be applied on all patients’ rooms’ doors.

• Stickers on examination room or office doors is a good idea. Because my workplace uses electronic charting and I often review information on my computer, **a reminder on my computer screen would be effective too**.
...and useful!

I believe the lower compliance for the before moment is due to both physical and psychological factors.
First, I agree with the above comments that most of us probably didn't plan to physically touch the patients or interact with the environment/furniture to begin with. When the occasion comes, people intrinsically want to rush to helping with the patient instead of pausing and washing their hands first.
Second, we all know it's difficult to put on gloves after just washing your hands, so people may see that as an additional barrier.
In terms of psychological barrier, a small portion of us may even think that it's not as important to keep patients free of the germs by washing before because people might prioritize about protecting themselves (from the patients) than the other way around (which is achieved by washing hands after).
Or, they simply assume the environment is already dirty. Therefore, the best way to tackle is probably to emphasize more about the importance of protecting patients via the before moment - in additional the traditional message of preventing the spread by washing hands after.

Glove use

Vancouver Coastal Health
May 2016
Glove Use

What’s wrong with this picture?

Take a guess for a chance to win. New picture each week in May!
• Adaptability

Winners

• Prizes varied by Health Authority
• Contest winners announcement included an article that explained “why” for each photo
• There was also a red herring in there: one “right” photo
Patient hand hygiene

Providence Health Care
July 2016

Patient Hand Hygiene

Support your patient’s hand hygiene!
Providing hand wipes before meals helps to decrease the risk of infection.
Did you know?

You can reduce your patient’s risk of getting an infection by supporting their hand hygiene.

Help decrease patients’ transmission of AROs by providing hand wipes before meals.

When should patients clean their hands?

1. Before eating food
2. Before touching your eyes, nose or mouth
3. After using the restroom
4. After blowing your nose, coughing or sneezing
5. After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls or the phone

5 EASY STEPS TO IMPLEMENTING A PATIENT HAND HYGIENE PILOT PROGRAM ON YOUR UNIT

So you’re interested in supporting your patients in their pursuit of better hand hygiene, but not sure where to begin? Here is a breakdown of how to implement a program or a pilot in your area.

1. Pick a Spot

Determine an area within your hospital or residential care facility where it makes sense to implement a patient hand hygiene program.
Interview Questions

1. What is your education/training/work background?
2. What got you interested in infection control? (or epidemiology, reprocessing, auditing, etc.)
3. What does your current job involve?
4. What do you like best about your job?
5. Why is your job important?
6. What infection control message/wish would you like to share with other staff?
7. What are your hobbies?
Meet PHSA’s Infection Prevention and Control (IPAC) Team

Infection Control Officers

- Jovana Bogdanovic, Director, Infection Prevention and Control, PHSA
- Vivian Goldfarb, Medical Microbiologist, Pediatric Infectious Diseases Physician, BC Children’s and Women’s
- Peter Tiley, Director, Microbiology, Virology & Infection Control, BC Children’s and Women’s
- Susan Dobner, Infection Control Officer, BC Children’s and Women’s
- Ghada Al-Kadhi, Medical Microbiologist, BC Children’s and Women’s

Infection Control Practitioners

- Nicole Chan, Infection Control Practitioner, BC Children’s and Women’s
- Helen Chan, Infection Control Practitioner, BC Cancer Agency, Vancouver
- Adrian Angeles, Infection Control Practitioner, BC Children’s and Women’s
- Erin Harding, Infection Control Practitioner, BC Cancer Agency, Victoria
- Nancy Hard, Infection Control Practitioner, BC Children’s and Women’s

Support staff:

- On maternity leave
  - Sheri Badeaux, Infection Control Practitioner, BC Cancer Agency, Abbotsford
  - Kimberly Halliday, Infection Control Practitioner, BC Cancer Agency
  - Ron Threlkeld, Leader, Infection Prevention and Control, BC Emergency Health Services
  - Charlene Rivas, Infection Control Practitioner, Renfrew-Peace River Hospitals
  - Michelle Voudrey, Infection Control Practitioner, BC Children’s and Women’s

- Julie Smalldon, Infection Control Practitioner, PHSA
- Carina Moloney, Clinical Project Lead, Infection Control, CIHR Innovation Platform
- Sonya Haueter, Infection Prevention and Control Coordinator, PHSA
- Anjali Verma, Hand Hygiene Auditor, BC Children’s and Women’s
- Danielle Rempel, Hand Hygiene Auditor, BC Cancer Agency

- Jeanne Chan, Clinical Lead, Medical Device Sterile Processing
  - Karen Campbell, Infection Prevention Specialist, Sterile Processing
  - Belinda Nicholson, Infection Prevention Specialist, Auditing

- Helen Evans, helen.evans@phsa.ca
"Working as a nurse with severely immunocompromised patients really brought home the importance of infection control. It literally meant the difference between life and death."

What is your education and work background?
I have a degree in Microbiology and a degree in Nursing. I worked as a critical care nurse on the Leukemia/BMT unit at VGH before becoming an ICP in 1996. I became the provincial Infection Control Consultant at BCCDC in 2000, and PICNNet Manager in 2006.

What got you interested in infection control?
My combined background in both microbiology and nursing was a natural fit for a career in infection control. Working as a nurse with severely immunocompromised patients really brought home the importance of infection control. It literally meant the difference between life and death for these patients, and infection control was integral to my everyday practice.

What does your current job involve?
I am responsible for steering our provincial program. I work with our team to ensure our program is effective and productive.

What do you like best about your job?
I love the energy and passion of the people I work with. I also really enjoy liaising and networking with other ICPs locally, provincially and nationally. Bringing all the shared wisdom and knowledge of my colleagues together helps us all be more effective in improving patient care.
Hand Care

Island Health
Nov 2016

Clean Hands Care – But Don’t Forget to Care for your Hands

Health care providers clean their hands many times a day to prevent transmission of germs – but did you know that the risk of spreading infections increases if the skin on your hands becomes damaged?

Here are a few tips to help take good care of your hands:

- Less drying (doesn’t wash away skin oils)
- Time saving (clean your hands while you walk or talk to your patient)
- Less skin damage from hot water and rubbing with paper towel
- Contains protective emollients.

If you do need to use soap and water to meet Infection Control guidelines, there are ways to protect your hands:

- Use warm water – hot water increases dryness and is not more effective for cleaning hands
- Wet your hands before applying soap – liquid soap can also be used applied to dry hands
Did you know that the risk of spreading infections increases if the skin on your hands is dry and cracked?

You can protect your hands with a few simple tips:

1. Choose Alcohol Based Hand Rub (ABHR) when appropriate – the one used in Northern Health contains moisturizers, and doesn’t wash away skin oils.

2. When using soap, wet hands before applying soap, and avoid hot water. Pat dry with paper towel instead of rubbing, and dry completely.

3. Make sure hands are not wet before putting on gloves, and remove gloves as soon as the task is finished.

4. Use hand lotion if skin feels dry, and let it sink in before washing your hands again.

Take care of your hands so that they can take care of you, your loved ones, and your patients.

---

Soap vs ABHR

Fraser Health
Jan 2017
Soap vs ABHR: Mythbusting

**Myth:** ABHR makes germs more resistant.
**Fact:** Germs do not develop resistance to alcohol. While some germs can develop ways of avoiding the effects of antibiotics and some chemicals, they cannot develop ways of avoiding the kill effect of alcohol.

**Myth:** ABHR has negative long-term health effects.
**Fact:** There is no evidence of negative health effects from using sanitizer. Alcohol has been used as a disinfectant for centuries.

**Myth:** Alcohol is absorbed into the bloodstream.
**Fact:** There is no absorption of alcohol into the bloodstream from using ABHR.

**Myth:** ABHR dries out hands.
**Fact:** Most ABHRs contain an emollient that helps maintain hand health.

Comparing the Campaigns
The “returns” data

- Pageviews, click-through
- Comments, replies
- Contest entries
- Shares, likes re-tweets
- Newsletter readership
### Apples and oranges?

<table>
<thead>
<tr>
<th></th>
<th>Fraser</th>
<th>Interior</th>
<th>Island</th>
<th>Northern</th>
<th>VCH</th>
<th>PHC</th>
<th>PHSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intranet</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><em>from home</em></td>
<td>✔</td>
<td>m</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
<td>×</td>
<td>m</td>
</tr>
<tr>
<td>Newsletter</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Polls</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Posters</td>
<td>m</td>
<td>m</td>
<td>m</td>
<td>✔</td>
<td>m</td>
<td>✔</td>
<td>m</td>
</tr>
<tr>
<td>Twitter</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>m</td>
</tr>
<tr>
<td>Facebook</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>Instagram</td>
<td>✔</td>
<td>×</td>
<td>×</td>
<td>✔</td>
<td>×</td>
<td>✔</td>
<td>×</td>
</tr>
<tr>
<td>Blog</td>
<td>✔</td>
<td>×</td>
<td>×</td>
<td>✔</td>
<td>✔</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Screensaver</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>✔</td>
<td>×</td>
<td>m</td>
<td>×</td>
</tr>
</tbody>
</table>
The winner?

The winner!

What’s wrong with this picture?
**Bang for buck**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Tools</th>
<th>Workload</th>
<th>Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 4 Moments</td>
<td>Article + images</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The “Before” Moment</td>
<td>Article, images, request staff input (for prize draw)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td>Contest <em>(involved photo shoot)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Hand Hygiene</td>
<td>Articles, posters, images</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Profiles</td>
<td>Online staff profiles, some HAs made posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Care</td>
<td>Article + images</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soap vs. ABHR</td>
<td>Article, list of myths/facts, images</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*no data yet*

**How often trumps what**
What works?

- Contests
- Quizzes, polls
- Input (solicit!)
- Catchy photos
- Catchy wording
- Real people
- Short n sweet
- Variety
- Fun!

We believe in sharing!

- You can download the materials for all 7 campaigns from Dropsend!

http://s.picnet.ca/hhcampaigns
More lessons to share

YOUR workload depends on:

- Do you have additional staff for admin, graphics, web editing, poster ing, etc?
- Have you/they done something like this before? (= learning curve)
- Availability of your IPAC staff (if you need their input/involvement)
- How many total staff you have (= possible number of responses, e.g. comments, contest entries, retweets, etc.)
YOUR workload depends on:

• Software and web platforms
  – Do you have the right tools?
  – How easy are they to use?
  – How many do you want to use?
• Your plans for “after”
  – Do you need to download/analyze data? (comments, entries, etc.)
  – Is this possible, easy, difficult?
• How do you plan on announcing results?
  – Website, email, poster, staff meeting

<table>
<thead>
<tr>
<th>Theme</th>
<th>Tools</th>
<th>Estimated Workload</th>
<th>Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 4 Moments</td>
<td>Article + images</td>
<td></td>
<td>?</td>
</tr>
<tr>
<td>The “Before” Moment</td>
<td>Article, images, request staff input (for prize draw)</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td>Contest</td>
<td></td>
<td>?</td>
</tr>
<tr>
<td>Patient Hand Hygiene</td>
<td>Articles, posters, images</td>
<td></td>
<td>?</td>
</tr>
<tr>
<td>Staff Profiles</td>
<td>Online staff profiles, posters</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Hand Care</td>
<td>Article + images</td>
<td></td>
<td>?</td>
</tr>
<tr>
<td>Soap vs. ABHR</td>
<td>Article, list of myths/facts, images</td>
<td></td>
<td>?</td>
</tr>
</tbody>
</table>
Questions, comments

Download campaign materials: http://s.picnet.ca/hhcampaigns

Contact: helen.evans@phsa.ca