

Outbreak Management and Hand Hygiene

Vancouver Island Health Authority
Residential Services

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Our VIHA Vision and Values

Excellent care – for everyone, everywhere, everytime

Our Values

- Courage:** to do the right thing, to change, innovate and grow.
- Aspire:** to the highest degree of quality and safety.
- Respect:** to value each individual and bring trust to every relationship.
- Empathy:** to give the kind of care we would want for our loved ones.



Residential Services: Who we are

- Complex continuing care to seniors and younger individuals with disabilities
- 17 owned and operated sites across Vancouver Island
- 1,577 beds
- 838 staff and 1,000 casual staff



Outbreak Management

The way it was:

- > Lead and owned by Infection Prevention & Control
- > Contact lists not always current
- > Not always the right people on the phone to make decisions
- > Teleconferences time consuming



Time for a Change

- > 2009 System Wide Initiative started
 - Required to improve awareness and compliance to Infection Prevention & Control principles
 - 5 Areas of focus
 - Outbreak management
 - Hand Hygiene
 - Surveillance
 - Antimicrobial stewardship
 - Housekeeping



Time for a Change cont'd

- > 2011 Outbreak Management responsibility and structure changed
 - Outbreak Management Structure (OMS) – clear, reliable, integrated, and timely response to the outbreak
 - Communication provided to Senior Administration, staff, patients/residents and public



Hand Hygiene

- > The way it was:
- > 2008 baseline audit performed at the 3 largest hospital sites – compliance below 30%
- > 2009 adaptive audit tool developed from the Canadian Patient Safety Institute with slight improvement from previous year – compliance below 40%



Time for a Change

"Near perfect scores in hand hygiene are, quite simply, something our patients, clients and the public have a right to expect."

*Howard Waldner,
President & CEO*



Key Elements:

- > The VIHA Board approved Hand Hygiene policy
 - Expectations for 90% compliance
 - Action for non-compliance
- > Unit owned audit structure
- > Designated unit staff received training to complete Hand Hygiene audits
- > Electronic Audit form
- > Changed hand sanitizer product and provide alcohol based hand rub at point of care



Kiosks – Entrance



Kiosks – Hallway



Steps Taken:

- Audits completed monthly with results posted at each Residential site
- Audit results reviewed monthly at Residential Services and Continuing Health Services Quality Councils
- Posters on hand hygiene placed strategically in all Residential facilities



Steps Taken cont'd

- Staff Huddles
 - Training and education provided
- Just-in-time education provided during audit if non compliance or poor technique is observed.
- Failure to comply with hand hygiene policy addressed by the manager
- Hand hygiene compliance is included in performance appraisals



Frequency of Audits

- > Dependent on number of beds on units:
 - units with ≤ 24 beds, minimum of 15 observations per audit
 - units with > 24 beds, minimum of 30 observations per audit



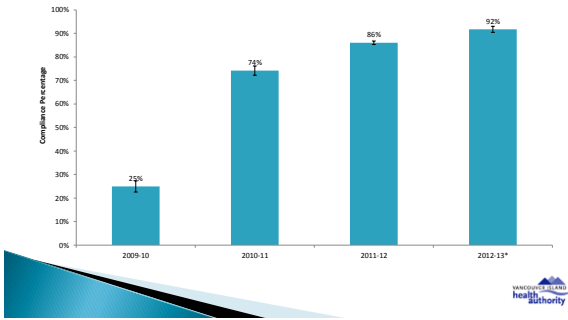
Audit Results

- > Entered electronically and available immediately to manager
- > Audit results posted in a public area on the unit



Hand Hygiene Compliance

Hand Hygiene Compliance Percentage, VIHA Residential Care Facilities, Fiscal Years 2009-10 to 2011-12 & Quarter 1 2012-13*



Learnings

- > Clear direction from CEO
- > Expectation of 90% compliance
- > Auditing procedure timeline monthly for all Acute Care and Residential sites
- > Just -in-time education effective
- > monthly audit and posting of results
- > Clinical Manager responsible for ensuring compliance



Questions



Thank you

I would like to take this time to thank you for allowing us to present our information and share our successes within VIHA Residential Services.

