



Left: SJOG's Gerald Chan presents the Golden Hands trophy to nurse manager Helen Rintoul and the caregivers of St Emile's ward.

computers in the hospital to direct caregivers to Hand Hygiene Australia's online learning package. This package provides information on hand hygiene and then tests the caregiver's knowledge on hand hygiene in healthcare. Upon completion of the package, caregivers are presented with a certificate which they would then present to the infection control department to collect a free fob watch. We have been fortunate to have very supportive hospital executives and this has assisted us significantly in the successful push on hand hygiene awareness in the hospital.

**H&A:** Tell me about the 5 Moments of Hand Hygiene – what are they and how do you teach staff to remember them?

**GC:** The 5 Moments of Hand Hygiene have been identified as critical opportunities when hand hygiene should be performed whilst caring for a patient. Improving hand hygiene among caregivers has been identified as the single most effective intervention to reduce the risk of hospital-acquired infections in hospitals. The 5 Moments involve hand hygiene:

- before touching a patient (Moment 1);
- before a procedure (Moment 2);
- after a procedure or body fluid exposure risk (Moment 3);
- after touching a patient (Moment 4);
- after touching a patient's surroundings (Moment 5).

As you can probably tell, the 5 Moments involve limiting the risks to transient contamination of a patient from microorganisms colonised on the skin (or other sites) to other more vulnerable areas to infection such as wounds or IV lines (bloodstream).

Caregivers are introduced to the 5 Moments of Hand Hygiene on induction and annually at competency study days.

Scenarios are incorporated into these education sessions to demonstrate the importance of hand hygiene and how non-compliance contributes to the risk of a patient acquiring an infection as noted in the chain of infection. Caregivers are invited to role-play in these scenarios and the audience is encouraged to participate, correcting their colleagues if they have missed out on a hand hygiene moment. I always keep these sessions informal and as fun, interactive and informative as possible. This hugely facilitates learning as noted in our improvements in hand hygiene compliance results acquired through our ongoing audits.

**H&A:** Bare Below the Elbows – that is a new policy you have instituted? What is the reasoning behind this and what does it involve?  
**GC:** The 'Bare Below the Elbows' policy was a

# Clean hands for Murdoch

St John of God Hospital Murdoch has implemented a range of hand hygiene initiatives and came up with a few of its own. *H&A* spoke to infection control coordinator Gerald Chan.

**HOSPITAL&AGEDCARE:** You have implemented a range of initiatives from the National Hand Hygiene Initiative (NHHI). What prompted you to introduce this program?

**GERALD CHAN:** In the ongoing pursuit for excellence in healthcare, the infection control department constantly seeks ways to improve on clinical practices that would limit and reduce the transmission of pathogenic microorganisms to both our patients and healthcare workers. The WHO Guidelines on Hand Hygiene in Health Care provided a comprehensive review of scientific data on hand hygiene rationale and practices in healthcare which further supported our push to promote a hand hygiene culture change in the hospital.

**H&A:** The program is delivered by Hand Hygiene Australia?

**GC:** Yes, the program is similar and we submit our hand hygiene audit results to Hand Hygiene Australia for benchmarking.

**H&A:** Tell me about the initiative – what exactly is involved?

**GC:** The Hand Hygiene Program involves key elements identified by the WHO for sustainable change in hand hygiene practices. This involves (but is not limited to):

- System wide changes such as the availability and placement of alcohol-based hand rubs (ABHRs);
- Education and training via hospital study days and other available resources to heighten awareness on hand hygiene;
- Regular auditing of performance and timely feedback of results to monitor improvement with compliance;
- Workplace reminders via posters and pamphlets on the '5 Moments of Hand Hygiene' were distributed to the wards on commencement of the program.

**H&A:** Have you instituted the alcohol-based hand rub?

**GC:** ABHRs are available in every patient's room either on brackets mounted on the wall or located on shelves. In 2009, we implemented ABHRs at the point-of-care on the end of every patient's bed. This facilitated compliance with the 5 Moments of Hand Hygiene as it made the ABHRs easily accessible to caregivers whilst caring for their patients.

**H&A:** Your staff did the online learning package – what did this involve?

**GC:** With the introduction of the 'Bare Below the Elbows' policy, a hand hygiene icon was developed for the applications menu on all

group initiative that demonstrates our ongoing commitment to providing excellence in care and ensuring a safe environment for both patients and caregivers. Hand hygiene has been recognised as the single most important procedure to reduce the risk of transmission of infectious agents and plays a key role in reducing the risk of patients and caregivers acquiring healthcare-related infections. Thus an appropriate dress code (short-sleeved clothing) and wearing minimal jewellery would contribute to minimising the risk of the transmission of infectious agents and reduce the risk of patients and caregivers acquiring healthcare-related infections.

**H&A: What has the reaction been from staff to the new program?**

**GC:** Caregivers have been very receptive to the program as they recognise the vital role they play in infection prevention. Caregivers often go about methodically performing hand hygiene when caring for their patients, especially before and after a procedure such as a wound dressing. This program basically emphasises the “when” in conducting hand hygiene and also provides infection control practitioners with an effective tool to audit compliance as well as identify

areas that require following up on. We have been very successful with its implementation and the response by caregivers, as noted by the number of fob watches we have given out, has been very encouraging.

**H&A: Have you been able to measure its effectiveness in terms of hospital-acquired infections at SJOG Murdoch? Has the infection rate improved under this new regime?**

**GC:** SJOG Murdoch has one of the lowest infection rates for surgical site infections for the 2008/2009 period. The hand hygiene program is still in its infancy stages as it is less than a year old since its implementation but we do expect to see a general decline in infection rates over time.

**H&A: What other initiatives does the hospital do to reduce infections?**

**GC:** We conduct ongoing surveillance of MRSA infections, *Clostridium difficile* infections, surgical site infections, bacteraemias, biohazard exposures, amongst others and report the healthcare associated infections to HISWA as well as relevant committees within the hospital. Audits such as hand hygiene audits and environmental cleaning audits are conducted on a monthly or



Medical advisory committee chairman Dr Peter Bremner and clinical nurse Kiran Manik keep their hands clean.

ongoing basis and are also reported to relevant committees through established processes to follow-up and action on the data collected. We have also recently introduced an award for outstanding hand hygiene compliance to recognise the clinical area with the highest hand hygiene compliance rate over a four-month auditing period. The ward identified is presented with a trophy (of a golden hand!) and a certificate in recognition of their outstanding achievement. **HA**



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