

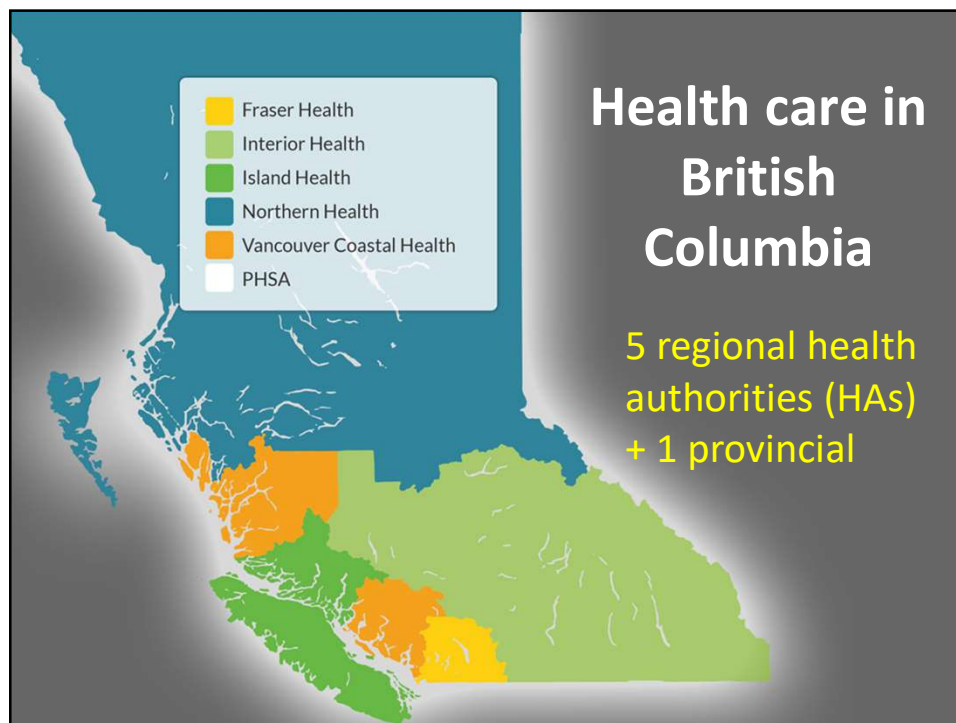


## Many Hands Make Light Work:

### 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



**British Columbia  
Hand Hygiene  
Communications  
Group**

- 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:

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

## 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



## The Four Moments

### Hand Hygiene e-newsletter

*Every Patient, Every Time*

November 2015

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

24 (2%)

BEFORE aseptic procedure

26 (2%)

BEFORE using the washroom

1094 (92%)

AFTER body fluid exposure risk

25 (2%)

AFTER patient / patient environment contact

22 (2%)

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**:



Get Focused on the **1st Moment**

**1 BEFORE INITIAL PATIENT/PATIENT ENVIRONMENT CONTACT**

**WHEN?** Clean your hands when entering:  
 • before touching patient or  
 • before touching any object in the patient's environment  
**WHY?** To protect the patient/patient environment from harmful germs carried on your hands

Interior Health  
Every person matters

Get Focused on the **FIRST Moment**

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

**First moment – the before moment**

In January, we focus on infections in the month of hand hygiene.

**We want to know...**

**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  
☐ Because it is nice to do

Submit Clear Results

**Poll Hint:** Learn more about the first moment of the Four Moments for Hand Hygiene.

**BEFORE initial patient / patient environment contact ... (read more)**

Kelly Dillon, Infection Prevention & Control Practitioner at Cariboo Memorial Hospital in Williams Lake, demonstrates the first moment for hand hygiene – when entering a room and before touching her “patient”, co-worker Anna Meyers, Medical Admin Assistant.

## 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.

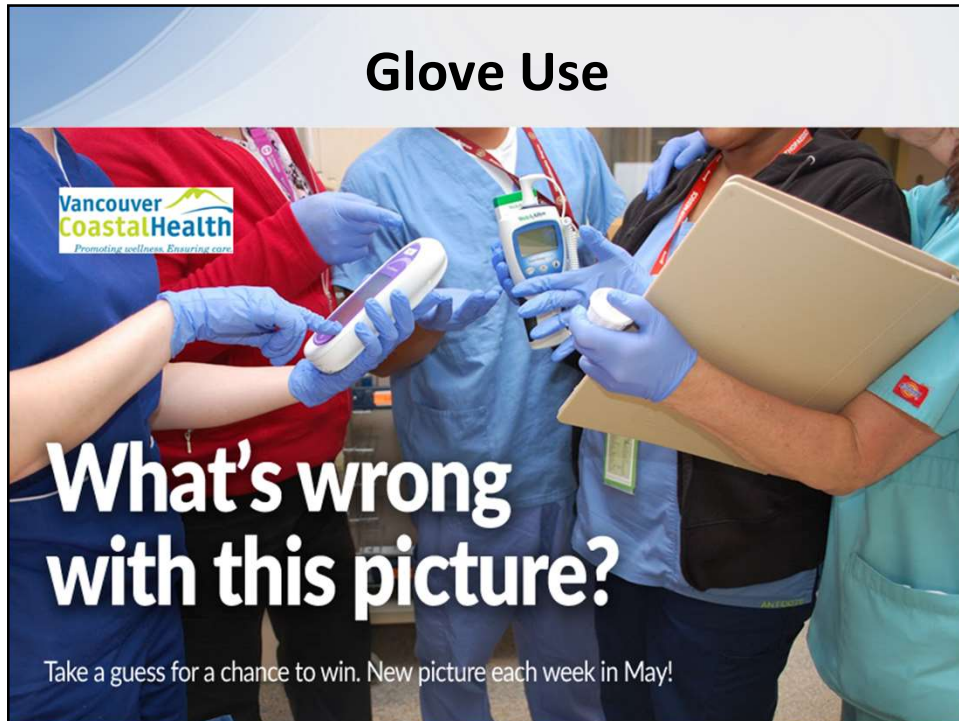
Second, **we all know it's difficult to put on gloves after just washing your hands, so people may see that as an additional barrier**.

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 addition the traditional message of preventing the spread by washing hands after.

## Glove use

Vancouver Coastal Health  
May 2016







## 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



SAVE LIVES:  CLEAN YOUR HANDS



INFECTION PREVENTION  
AND CONTROL

**Support your patient's  
hand hygiene!**

**Providing hand wipes  
before meals helps to  
decrease the risk  
of infection.**

**Did you know?**



SAVE LIVES: CLEAN YOUR HANDS

**INFECTION PREVENTION AND CONTROL**

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



SAVE LIVES: CLEAN YOUR HANDS






**INFECTION PREVENTION AND CONTROL**

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

SAVE LIVES: CLEAN YOUR HANDS

**INFECTION PREVENTION AND CONTROL**

**When should patients clean their hands?**

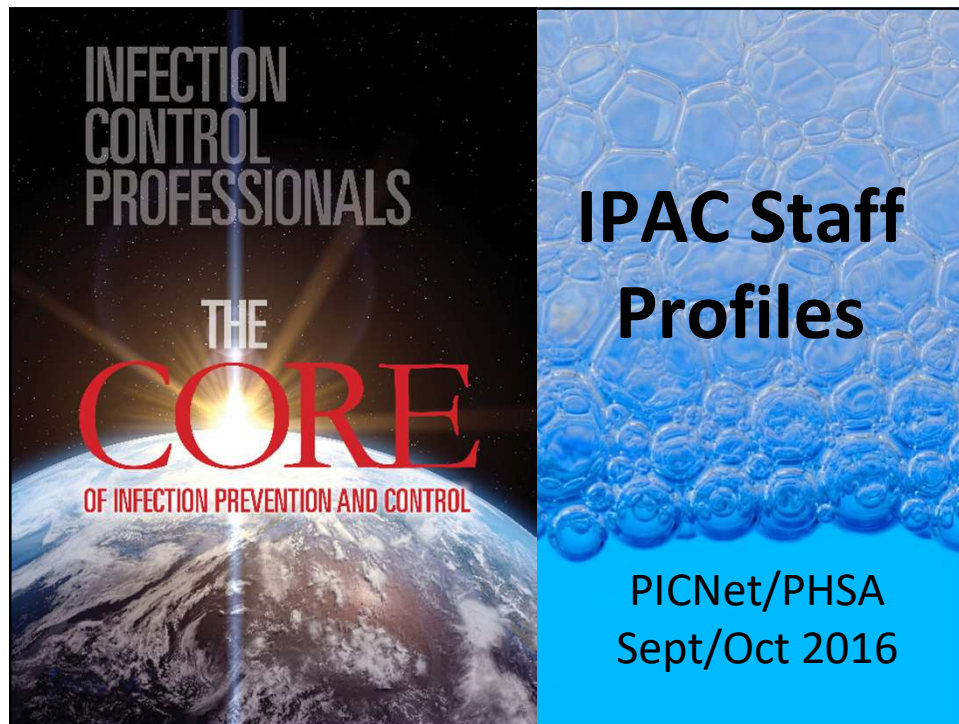
<p><b>1</b></p>  <p><b>Before eating food</b></p>	<p><b>2</b></p>  <p><b>Before touching your eyes, nose or mouth</b></p>	<p><b>3</b></p>  <p><b>After using the restroom</b></p>	<p><b>4</b></p>  <p><b>After blowing your nose, coughing or sneezing</b></p>	<p><b>5</b></p>  <p><b>After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls or the phone</b></p>
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**5 EASY STEPS TO IMPLEMENTING A PATIENT HAND HYGIENE PILOT PROGRAM ON YOUR UNIT**

So you're interesting 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?



**pod**  
PHSA ON DEMAND

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## Meet PHSA's Infection Prevention and Control (IPAC) Team















You can click on each person's photo to read their profile.

### Infection Control Officers

				
<b>Jocelyn Srigley</b> Director, Infection Prevention and Control; Medical Microbiologist PHSA	<b>David Goldfarb</b> Medical Microbiologist, Pediatric Infectious Disease Physician BC Children's and Women's	<b>Peter Tilley</b> Division Head, Microbiology, Virology & Infection Control BC Children's and Women's	<b>Simon Dobson</b> Infection Control Officer BC Children's and Women's	<b>Ghada Al-Rawahi</b> Medical Microbiologist, BC Children's and Women's; Medical Lead, Infection Prevention & Control, BCCA

### Infection Control Practitioners

				
<b>Michelle Chang</b> Infection Control Practitioner BC Children's and Women's	<b>Alison Chant</b> Infection Control Practitioner BC Cancer Agency, Vancouver	<b>Adriana Ezelyk</b> Infection Control Practitioner BC Cancer Agency, Centre for the North & Fraser Valley Centre	<b>Kristie Harding</b> Infection Control Practitioner BC Cancer Agency, Victoria	<b>Marney Hunt</b> Infection Control Practitioner BC Children's and Women's

	<b>On maternity leave</b>			
<b>Sheetal Kaith</b> Infection Control Practitioner BC Cancer Agency, Abbotsford	<b>Kimberly Mallory</b> Infection Control Practitioner BC Cancer Agency	<b>Ron Morley</b> Infection Control Practitioner Forensic Psychiatric Hospital	<b>Charina Rivas</b> Infection Control Practitioner BC Children's and Women's	<b>Julita Sienkiewicz</b> Infection Control Practitioner BC Children's and Women's
			<b>Support staff:</b>	
	<b>Judy Tearoe</b> Infection Control Practitioner BC Cancer Agency	<b>Lisa Young</b> Leader, Infection Prevention and Control BC Emergency Health Services		
				
<b>Jun Chen Collet</b> Epidemiologist PHSA	<b>Louise Holmes</b> Clinical Project Lead, Infection Control C&W Redevelopment	<b>Robyn Hunter</b> Infection Prevention and Control Coordinator PHSA		
				
	<b>Viola Tang</b> Clinical Lead, Medical Device Reprocessing C&W Redevelopment	<b>Bai Sidhu</b> Infection Prevention Specialist, Sterile Processing Practices and Auditing PHSA	<b>Camille Minard</b> Administrative Assistant PHSA	

**Bruce Gamage, RN, BScN, CIC**

Network Director



*"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 PICNet Manager in 2008.

**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.

**National Infection Control Week 2016****Meet Your Infection Prevention and Control (IPAC) Team****Messages from the team:**

Thank you for all that you do to control the spread of infection.

Washing your hands is the single most important intervention to prevent infections: in hospital, in the kitchen, at the gym, everywhere!

My job ensures the safety of healthcare workers, and keeps sick people from getting sicker.

Ask yourself: How did I stop an infection today? Because everyone can prevent infections!

Medicine works best when we know what we're treating.

My job helps protect and prevent staff, patients, and visitors from acquiring and spreading infections.

Everyone has a role to play in the prevention of infections.

We know that all staff want to prevent patients from getting infections, and we're here to help them figure out how to best do that.

Being a part of infection control was the ideal opportunity to get involved in a health care environment that works toward preventative measures.

You can read more about the team, and find their contact information, on the POD: <http://pod/hcq/infectioncontrol>



**Andrea Worthington**  
Clinical Infection Control  
Infection Specialist/Manager



**Michelle Chong**  
Infection Specialist/Manager



**Jane Green**  
Infection Specialist/Manager



**Simon O'Connell**  
Infection Specialist/Manager



**David Gresham**  
Infection Specialist/Manager



**Louise Williams**  
Infection Specialist/Manager



**Monney Hunt**  
Infection Specialist/Manager



**Robyn Hunter**  
Infection Specialist/Manager



**Kathryn Muz**  
Infection Specialist/Manager



**Jennifer Davis**  
Infection Specialist/Manager



**Christine Danks**  
Infection Specialist/Manager



**Julia Garraway**  
Infection Specialist/Manager



**Deborah Smyth**  
Infection Specialist/Manager



**Krista Torg**  
Infection Specialist/Manager



**Peter Torg**  
Infection Specialist/Manager



**Sarah Webb**  
Infection Specialist/Manager

**Match the quote to the person, and enter to win prizes!**

Opportunities to improve our patients' health and our own health are everywhere, once we start looking!

Patient safety should be the priority of everyone's daily work.

IPAC's mission is "Empowering everyone to prevent infections". I am proud to be part of IPAC team on carrying this mission and delivering the best services to our clients.

My infection control wish is for hand hygiene compliance to continue increasing!

In medicine, we're taught that our primary objective is "first, do no harm" (Primum non nocere). We can all try to realize this by following evidence-based infection control practices.


Infection Control is everyone's business.

Diligent hand hygiene is the simplest and best way to prevent transmission, but it also isn't everything that infection control encompasses.

You can guess the answers, or look them up on the POD: [pod/hcq/infectioncontrol](http://pod/hcq/infectioncontrol)

Write your answers on one of the ballot sheets, then put it in the ballot box! Winners will be announced Oct 31.





Did you know that the risk of spreading infection increases if the skin on your hands is dry and cracked?

[Learn more >>](#)

**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:

The **Alcohol Based Hand Rubs** (ABHR) used at {organization} contain moisturizers and help maintain better skin condition than soap and water. Advantages include:

- 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 clog pores when applied to dry hands

## Clean Hands Care

### Care for your 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



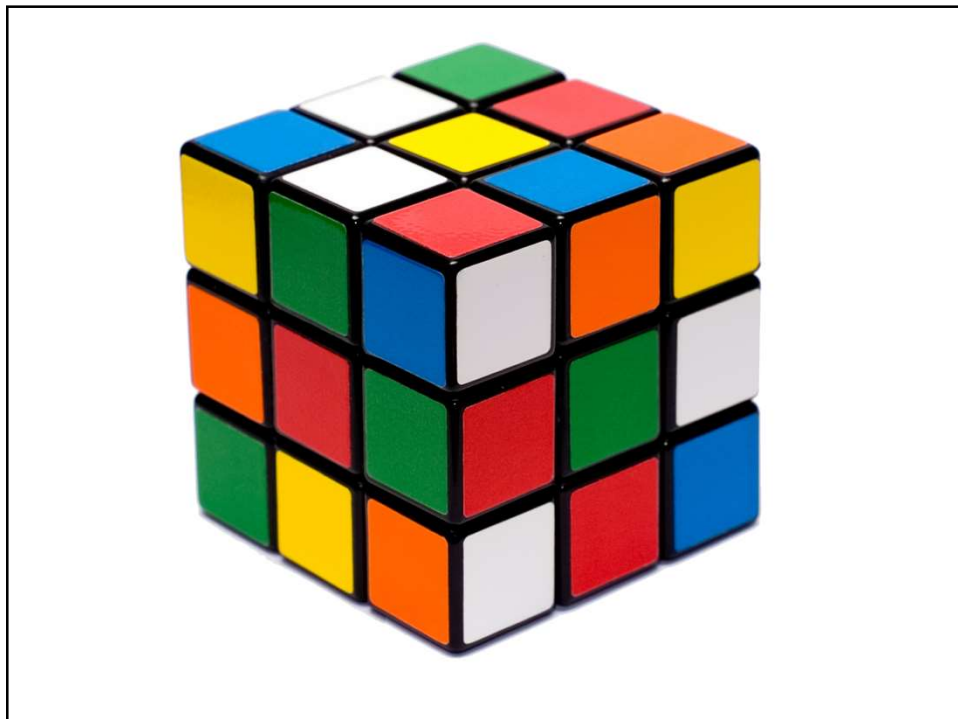




### **The “returns” data**















- Pageviews, click-through
- Comments, replies
- Contest entries
- Shares, likes re-tweets
- Newsletter readership

Apples and oranges?							
	Fraser	Interior	Island	Northern	VCH	PHC	PHSA
Intranet	✓	✓	✓	✓	✓	✓	✓
<i>from home</i>	✓	m	✓	m	✗	✗	m
Newsletter	✓	✓	✓	✓	✓	✓	✓
Polls	✓	✓	✗	✓	✓	✗	✗
Posters	m	m	m	✓	m	✓	m
Twitter	✓	✓	✓	✓	✓	✓	m
Facebook	✓	✓	✓	✓	✓	✓	✗
Instagram	✓	✗	✗	✗	✗	✓	✗
Blog	✓	✗	✗	✓	✓	✗	✗
Screensaver	✗	✗	✗	✓	✗	m	✗







Bang for buck			
Theme	Tools	Workload	Return
The 4 Moments	Article + images		
The "Before" Moment	Article, images, request staff input (for prize draw)		
Gloves	Contest (involved photo shoot)		
Patient Hand Hygiene	Articles, posters, images		
Staff Profiles	Online staff profiles, some HAs made posters		?  
Hand Care	Article + images		
Soap vs. ABHR	Article, list of myths/facts, images		<i>no data yet</i>





Matthew Fladmark, registered nurse on unit T10 at VGH, cleans his hands before contact.

**The mystery of the missing moment: comment to win!**

In January, we promoted the **4 Moments for Hand Hygiene** – a simple and effective way to ensure safe, quality care and prevent infections in health-care settings. Beginning in March, we're focusing on the **first moment** – **BEFORE** initial patient/patient environment contact.

There's an interesting statistical trend when it comes to the first moment. On average throughout VCH hand hygiene compliance is **29% lower in the before moment** than the after moment (see graph below). We would like to hear from you why you think this is?

## What works?

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

## We believe in sharing!

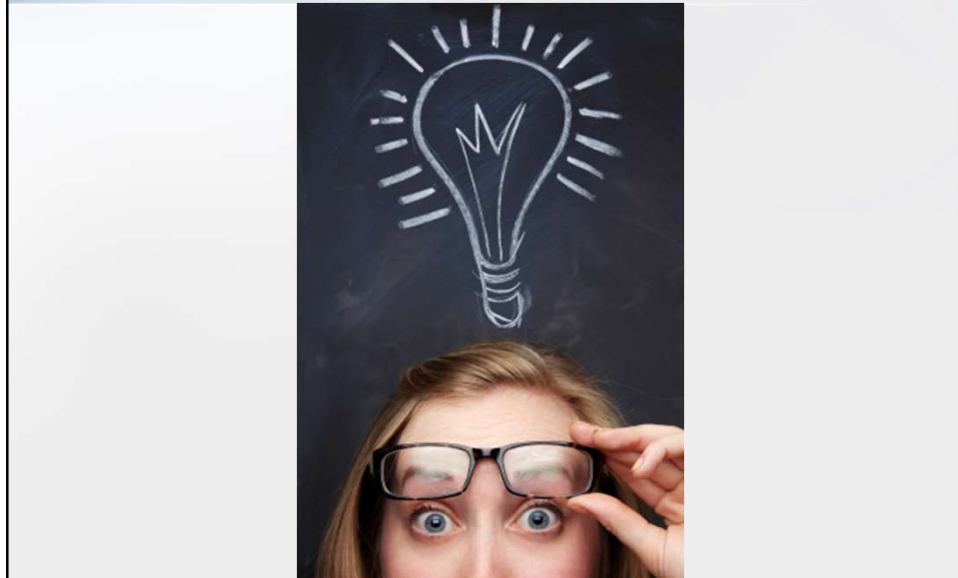
- You can download the materials for all 7 campaigns from Dropsend!

<http://s.picnet.ca/hhcampaigns>





## More lessons to share



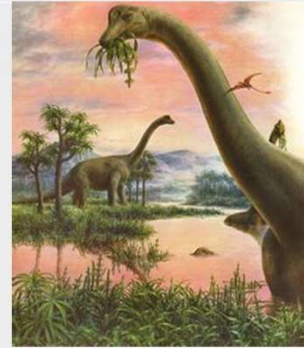
## YOUR workload depends on:

- Do you have additional staff for admin, graphics, web editing, postering, 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



## Your workload will depend on choices + resources

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



	<b>British Columbia Hand Hygiene Communications Group</b>	
Diane Wild	Fraser Health Authority	
Amanda Fisher	Interior Health Authority	
Wendy Norman	Island Health	
Benjamin Shaw		
Roxanne Fitzsimmons	Northern Health	
Tamara Reichert		
Deanna Hembroff		
Baljinder Sidhu	PHSA	
Helen Evans	PICNet / PHSA	
Bonnie Lantz	Providence Health Care	
Jessica Hainstock		
Danielle Richards		
Rennie Brown	Vancouver Coastal Health	

**Questions, comments**

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

Contact: [helen.evans@phsa.ca](mailto:helen.evans@phsa.ca)

