



ACIPC

Australasian College
for Infection Prevention and Control

STATEMENT

Hand hygiene auditing in Australia

I write on behalf of the ACIPC Board of Directors in response to several recent posts on Infection Connexion concerning the Australia's National Hand Hygiene Initiative. In doing so I re-declare a conflict of interest for myself, President-Elect Dr Phil Russo and Board Director Ms Sally Havers. In my previous role as Director of the National HAI Program with ACSQHC, I was responsible for contracting the implementation of the national hand hygiene program, for several years was the chair of the National Hand Hygiene Advisory Committee and was co-author of a number of conference presentations and published journal articles. Phil was previously national manager of Hand Hygiene Australia, and Sally currently holds that position. Both have also published and presented on related issues.

Hand hygiene has long been acknowledged as perhaps the most important strategy, albeit not the only strategy, for the prevention and control of infection. Up until 2007, each Australian state and territory had hand hygiene programs that varied broadly. There was no standardised approach to education, auditing, data collection or change management strategies for hand hygiene. There was no ability to generate national data, compare across jurisdictions nor to measure the effectiveness of one program against another.

Over the past 10 years, the Australia's National Hand Hygiene Initiative has developed into a world-leading national program which is the envy of many countries. It is perhaps the only truly national program with data collected by trained auditors from both public and private health services, dental practices and other community settings. Based on the WHO Five Moments for Hand Hygiene, the Australian program delivers a standardised, easy-to-follow formula inclusive of point-of-care alcohol rub ensuring access to product where and when it is required.

A number of modifications have been made since its inception. These include, but are not limited to, a benchmark of 70% set by state and territory Health Ministers Advisory Council, a move away from a paper-based auditing system to a time-saving electronic app. There has always been discussion and debate about the burden of auditing, the number of audits required, and the number of audit periods each year. We are cognisant of the resources required to undertake auditing. We do believe there needs to be a balance between resources for auditing and other prevention activities, and we are not averse to further exploring validated and meaningful alternatives to measure compliance. There are many examples of innovative and practical strategies implemented by health services to spread the load of auditing away from the domain of the Infection control practitioner. It should be noted, however, that many health services submit well over the number of audits prescribed.

As the compliance rate rose, questions were asked about the veracity of some high audit results. With the agreement of state and territory departments, a verification process was developed which demonstrated overall reliability of both the data and its collection. Many of the sites with high rates have presented their strategy each year at the ACIPC conferences. As the national rate increased, there was support from state and territory health departments to raise the benchmark from 70% to 75%, and now 80%, despite contrary advice from the National Hand Hygiene Advisory Committee and Hand Hygiene Australia. Currently, national benchmarks are set by meetings of the states and territories. Some states have set even higher benchmarks than the national rate.



The National Hand Hygiene Initiative is, like others, not without its limitations. To suggest otherwise would be irrational. However, the Initiative has served, and continues to serve, our needs well, and has positioned Australia very well internationally. There have been no other national programs that have demonstrated the same outcomes. Moreover, a recent analysis of *Staphylococcus aureus* bacteraemia data collected through AIHW is soon to be published showing a relationship between increased hospital hand hygiene rates and the hospital cases of SAB (Grayson Stewardson, Russo et al. In press).

The Australian College for Infection Prevention and Control, together with our peer professional colleges, have long supported the Australia's National Hand Hygiene Program and Hand Hygiene Australia. We acknowledge and value the benefits of a standardised national program. In fact, there are calls for the program to be extended.

The National Hand Hygiene Initiative serves as a model for true national cooperation and coordination for the prevention of HAI. It is a credit to the hundreds and thousands of infection prevention and control professionals, hospital executives and support staff, jurisdictional representatives and other key stakeholders who have worked tirelessly to ensure its successful implementation and maintenance. More importantly, it has served Australia and millions of patients over more than a decade very well in our shared goal to prevent and control healthcare-associated infection.

The ACIPC Board of Directors unequivocally supports Australia's National Hand Hygiene Initiative and the work of Hand Hygiene Australia. We continue to foster and encourage efforts to grow and strengthen this landmark national initiative through ongoing collaboration between practitioners, facilities and jurisdictions, as we work together to serve our patients and the community and protect them from healthcare-associated infection.

Professor Marilyn Cruickshank

President

on behalf of the ACIPC Board of Directors

4 July 2018

DOCUMENT MANAGEMENT: Version 1.0

Date 4/7/2018
Authorised By: ACIPC Board of Directors