

The T.R.Y. Project : The Sutherland Hospital Emergency Department

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AIM

We attempted to produce a rapid, easy to understand and effective method for increasing compliance with the 5 moments of hand hygiene. We used an innovative approach to increasing knowledge, education and awareness surrounding the effectiveness of hand hygiene within the organization as well as individuals with a focus on patient safety as the primary goal.

INTRODUCTION

Consistently poor results in hand hygiene at The Sutherland Hospital Emergency Department was resistant to proven routine methods for increasing compliance with hand hygiene. A new approach was necessary to address the issue. A card based system, similar to mechanisms utilised by referees in soccer games, was established to recognise when a health care worker had deviated from the rules of the game such as the 5 moments.

Thus the T.R.Y Project was created. The cards are used by Hand Hygiene Auditors to support health care worker when observed excellent hand hygiene and when a missed opportunity was observed.

METHODS

The T.R.Y. (Teal, Red, Yellow) Project uses a card based system to give feedback to health care workers across the organisation regardless of rank.

Teal (or green) cards are used to acknowledge excellence in hand hygiene and are awarded to health care workers who have shown outstanding compliance with the 5 moments of hand hygiene during an audited period.

Red cards are given to staff who consistently show poor compliance or breach the NSW Health code of conduct when being audited.

Staff that have been given 3 yellow card over the year are issued with a red card. A red card results in staff being managed by formal education or by the code of conduct.

The Red card also provides auditors with a degree of protection against negative backlash from staff around hand hygiene practices.

Yellow cards are issued to staff observed to miss moments of hand hygiene during auditing.

This opportunity providing auditors the ability to give on the spot education, let staff reflection on clinical practice, seek clarification on what was missed and provide constructive feedback on how the staff member can rectify this in the future practice.

This interaction between the hand hygiene auditors and the staff member is conducted as close as possible after to the time of auditing.

Auditors are given education and skills on how to “have difficult conversations” with staff that are not performing up to standard and the potential risks this provides our patients.

RESULTS AND DISCUSSION

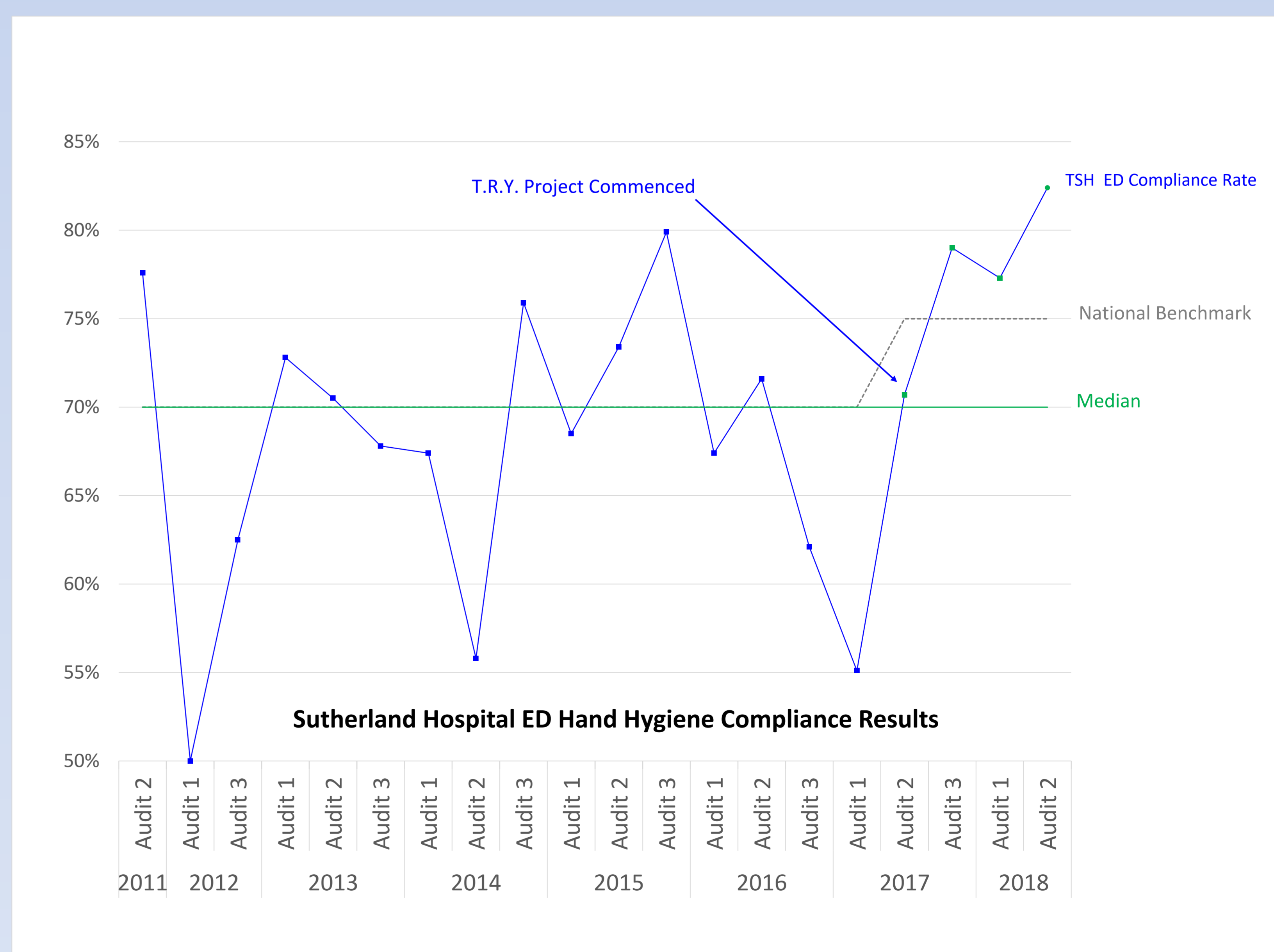
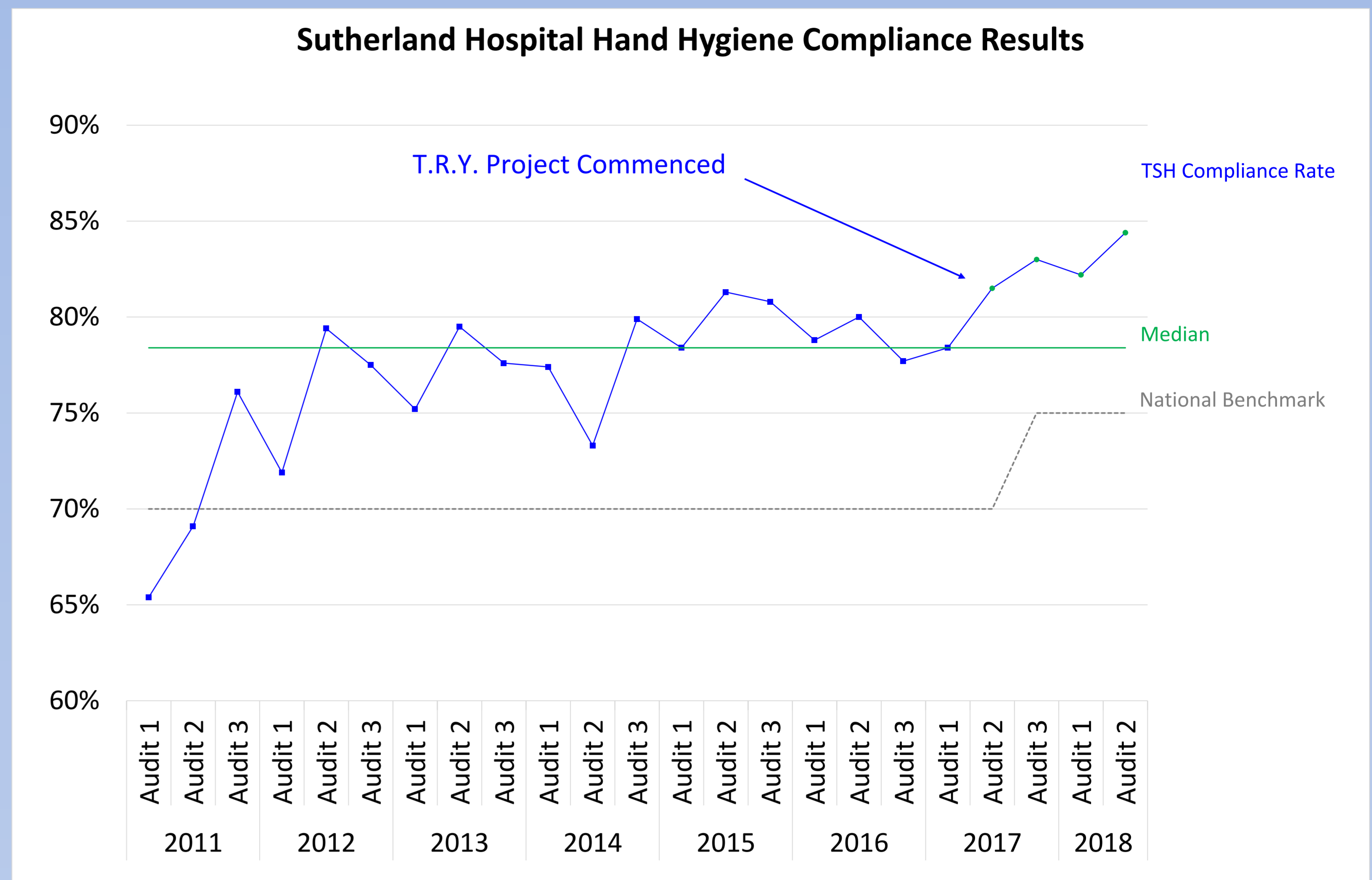
In their first audit period post implementation we seen a 7.2% increase in compliance with the Emergency Department maintaining results greater than 82% for the past 3 audit periods (Audit 2, 2017 to Audit 2, 2018). The improved compliance with hand hygiene standards is reflected in hospital wide audit data with the median rate increasing from 78% to nearly 85%.

The T.R.Y program's success in Emergency Department has been acknowledged and in an effort to see an increase in compliance across the hospital, will be rolled out in stages to all units.

CONCLUSION

The results clearly demonstrate the impact of this strategy. Since implementation the ED has maintained results greater than 82% for the past 3 audit periods showing the effectiveness of the intervention.

The improved compliance with hand hygiene standards is reflected in hospital wide audit data showing an increase from 78% to 84.4% (median rate). It is thought that this is as a result of the heightened activity and energy generated by the T.R.Y project.



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