Accessible transcript: ‘Take a moment’ – a different approach to hand hygiene strategies

Link: <https://www.youtube.com/watch?v=zRX8dxgh0cI&list=PLqL5-6uWOmWdwAxUnhnCpny5NJT4fNwSa&index=2>

**[Visual] The Te Tāhū Hauora logo appears in white against a blue background. It then disappears and is replaced by the words ‘World Hand Hygiene Day 2023 webinar, highlighting quality improvement in the hand hygiene programme, 27 April 2023’ in white. These words stay on the screen for several seconds and then are replaced by the words ‘"Take a moment" – a different approach to hand hygiene strategies, Vicki McKenzie, Infection Prevention & Control Nurse, Bidwell Trust Hospital’, in white writing. These words stay on the screen for several seconds and then are replaced by a slide titled ‘Take a Moment – a different approach to hand hygiene strategies, Vicki McKenzie, Infection Prevention & Control Nurse, Bidwell Trust Hospital’.**

[Audio] Ruth: Moving right along, I'm now to going to hand over to Vicki McKenzie, who's going to talk about what she did at Bidwill Trust Hospital. Vicki McKenzie is an infection prevention control nurse. She's got a 0.4 IPC position at Bidwill Hospital, but she also does 0.5 FTE as a registered nurse on the ward as well. Vicki, would you like to take it away?

**[Visual] The slide changes to an image of Bidwell Hospital.**

[Audio] Ruth: Vicki, we can't hear you. Are you able to unmute your button?

[Audio] Vicki: Thank you, Ruth. Kia ora. I work at Bidwill Hospital, which is spelt B I D W I L L Hospital. It's run as a charitable trust with 13 single rooms and one double room, all with en suites. They — we have 14 day stay beds, and they're all in separate cubicles. Our surgeries we perform is orthopaedic, general and endoscopy, ear, nose and throat, [—] ophthalmology, dental. And we perform contracts for ACC and Te Whatu Ora, South Canterbury and Southern. Next slide, please.

**[Visual] The slide changes to one titled ‘Reasons why hand hygiene auditing did not always work at BTH’. Below the title are six icons beside short descriptions of each reason.**

[Audio] Vicki: So, the reasons why hand hygiene auditing did not always work at Bidwill was because we had so many single rooms and a small number of staff and the Hawthorne effect where you were always getting quite good results because definitely in that room the people knew they were being audited. Because we are such a small staff, in our ward, we only had 12 nurses and there was little time to achieve. We had a constant change of auditors also because they would — some of the young ones would say they'd love to be an auditor. It would be good for their PDRP and then they'd go overseas about six months later. Also others would carry on and leave to progress their future. And at one stage we had about four that as soon as they went, became an auditor, they got pregnant. So, the other thing that was really hard was, the other ones that were left, there was a real reluctance to become auditors. Next slide, please.

**[Visual] The slide changes to one titled ‘IPCNC Conference Napier 2015’. On the left-hand side is an image of paper cut-outs of people. On the right-hand side are three bullet points. The first reads, ‘The HQSC hosted Frontline ownership workshop given by Dr Michael Gardum’. The second reads, 'I felt empowered by this and became very enthusiastic’. The third reads, ‘Resulting in…’.**

[Audio] Vicki: So, in 2015, we went to this most wonderful conference in Napier. And just, I would just like to say that I've constantly been thinking of you in that beautiful area of Hawke's Bay and since Cyclone Gabriel and my heart goes out to all of those who are affected. Anyway, Health Quality & Safety Commission put on a frontline workshop with Dr Michael Gardum and I felt really empowered by this and became very enthusiastic, resulting in — next slide, please.

**[Visual] The slide changes to one titled, ‘Talking to the workshop about issues relating to hand hygiene’. Below this is an image of two people standing talking on a stage. On the left is a man in a grey suit and on the left is a woman with a pink top.**

[Audio] Vicki: I put myself forward and I got out of, broke out of my comfort zone and talked about the problems we had with hand hygiene at Bidwill. It was mainly through our medical staff and mainly anaesthetists. The forum was a great way for me to start the conference and I found that the initial workshop got me really enthused and looking forward to learning more. Next slide, please.

**[Visual] The slide changes to one titled, ‘Napier IPCNC Conference Napier 2015’. Below the title are three bullet-points and two images. The first bullet point says, ‘Professor Mary-Louise McLaws (of epidemiology Australia described:’. Beside this on the right is an image of a woman with shoulder-length brown hair and glasses. The second bullet point says, ‘HH auditing as hard to achieve due to single rooms and HCW are not always receptive to being audited’. The third bullet-point says, ‘They will however perform HH if they know they are being observed (referred to as the Hawthorne effect).’ Beside this on the right is an image of a smiley face with a light bulb beside its head.**

[Audio] Vicki: So the standout speaker for me was Professor Mary-Louise McLaws. She seemed to understand the bit about the single rooms that we had problems with. And she also mentioned the Hawthorne effect that we also found. And I thought, my word, here's a light bulb moment. She gets what I'm talking about. Next slide, please.

**[Visual] The slide changes to one with two bullet points and an image of a close-up on someone using hand sanitiser. The first bullet point says, ‘Professor McLaws said a solution to this effect would be to encourage all HCW to remind each other to practise HH by saying “take a moment.” If a moment was missed.’ The second bullet point says, ‘It reminds a colleague you when are in front of the patient without them knowing you had missed a moment of the five moments for Hand Hygiene’.**

[Audio] Vicki: So she talked about how a really good way was to just say, ‘take a moment.’ If a hand hygiene, if a moment of hand hygiene was missed and you just say it quietly and it would remind your colleague to just go and perform hand hygiene without your patient even knowing. So next slide, please.

**[Visual] Th slide changes to one titled, ‘Implementation’. Below the title are four bullet-points which Vicki speaks to.**

[Audio] Vicki: So at 2016, at the first staff meeting, we discuss this and I decided to introduce this ‘take a moment’ concept, just for the ward clinical staff. We all decided it would be better for them than auditing, because we're single rooms. We're always sharing. We're constantly checking, so there's usually two of us going in, and we really did a lot of team nursing. It was a simple reminder, yet it wasn't threatening. You’d just say, ‘Hey, Sue, would you like to take —' just, ‘Hey, Sue, shall we take a moment?’ or something like that. And it was easy to stop what you're doing and perform the hand hygiene. So, I put posters around the wards and we also put lots more hand hygiene, lots more gel around the wards in strategic places. So, at every orientation I discussed ‘take a moment’ with the new clinical staff members. Next slide, please.

**[Visual] The slide changes to one titled ‘Measure our success’. Beside the title are five boxes with icons and text beside them. The icons are a toothbrush, a person, a speech bubble, a stethoscope and a hand sanitiser bottle. Vicki speaks to the points in each of the boxes.**

[Audio] So since 2016, everybody on the — all the clinical staff have become far more aware of the five moments for hand hygiene. And in 2017, we introduced the health learned online education for Bidwill. And the five moments for hand hygiene became a core competency annually. This just helped reinforce the moments for the staff. The use of hand gels have significantly increased, and although the medical staff have definitely improved their hand hygiene, I don't know if I could put this down to the ‘take a moment’, because I think we're all quite reserved to say that to the consultant. Staff continue to use this method as well as the gold hand hygiene auditing. Next slide, please.

**[Visual] The slide changes to one titled ‘Outcome’. Below the title are two bullet-points. The first says, ‘Our biggest challenge at Bidwill was maintaining auditors, especially over Covid.’ The second bullet-points says, ‘”Take a moment” is an easy way to audit each other. It is best used in the ward situation’.**

[Audio] Vicki: So, our outcome. We still find it hard retaining gold auditors, and it was bad over COVID because we couldn't get them trained because everyone was so busy. Also, we know our infection rate's quite low and we know that this must be working because we do wound surveillance and that's how we know how our evidence — how our infection rate is low. And also, ‘take a moment,’ it's an easy way to audit each other and it's best used in a ward situation.

**[Visual] The video finishes and is replaced by the Te Tāhū Hauora Health Quality & Safety Commission logo in white, followed by the New Zealand Government logo.**

[Video ends]