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GE3 Hand Hygiene Technology

Scheme Name	GE3 Hand Hygiene Technology
Eligible Providers	All acute providers for whom this is a good value and appropriate mechanism for reducing Health Care Associated Infections.
Duration	April 2016 to March 2017, extendable if more beds are covered.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] should achieve payment of c. £2,000 for each bed to be included in the scheme. Target Value: Add locally CQUIN %: Add locally

Scheme Description

Introduction of routine use of monitoring technology so as to achieve consistently high levels of hand hygiene and lower levels of healthcare acquired infections (HCAI).

Intervention sought:

- Sensors by sanitation points and by each bed
- Staff wear a badge as part of their ID
- If staff go from one bed to another without the sensor registering their badge turns red and buzzes to alert them
- Patient and staff can be assured of hygiene
- Daily report for staff of personal achievement
- Reporting for leaders of aggregate ward/specialty/provider to measure and to incentivise change, and pinpoint hotspots

Whether this is an appropriate CQUIN for a provider depends upon the overall HCAI strategy. Whereas this technology is not the only mechanism for reducing HCAIs, nor is CQUIN the only means to its introduction, it does have a strong evidence base.

For some providers, this CQUIN scheme may, where it can be implemented with sensitivity as a mechanism to enable nurses to monitor their own compliance with best hygiene practice, give the funding boost needed to introduce the technology.

Measures & Payment Triggers

Baseline assessment. Prior to contract signature.

Completion of a baseline assessment, including HCAI rates by service lines, and provider estimates of compliance figures for hand hygiene policy to ascertain a realistic trajectory for improvement and the role of Hand Hygiene Technology in improving outcomes.

On this basis, a plan can be agreed covering: the appropriate scope of services (number of beds and service areas in which hand hygiene technology will be used) and identity of staff in roles that will use the tool, and timeframe and extent of reduction in HCAI to be achieved.

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Triggers:

1. Implementation. (Quarters 1 and 2)
   a. Provider can demonstrate a signed contract of 12 months duration or above, with a recognised hand hygiene technology provider;
   b. Appropriate information flows and governance, software and interfaces are completed and have been live tested
   c. Reporting mechanisms, datasets and performance dashboards for hospital staff and commissioners are fully established
   d. Staff training in areas of roll-out – 95% of staff have completed training
   e. Hand hygiene technology is being used in all agreed areas – 95% compliance is achieved, with monthly reporting to indicate progress against trajectory, including a review of the proportion of non-compliance levels.

2. Achievement. (Quarters 3 and 4). Two thirds reduction in levels of HCAI in the selected service areas relative to baseline.

Commissioners and providers should undertake a joint financial benefit assessment that informs 17/18 quality plans & expansion across other key service lines.

Monitoring information: HCAI outturns.

Definitions

Baseline: HCAI numbers in Quarters 3 and 4 2015/16

Partial achievement rules

Payment triggers as above. 20% of payment should be contingent upon successful reduction in HCAI, against an aspiration of a two thirds reduction relative to baseline. (I.e. upon trigger 2.)

In Year Payment Phasing and Profiling

Local determination, bearing in mind the need for initial investment (Non Recurrent start-up costs £1350-1650 per bed).

Rationale for inclusion

Low levels of infection from good hand hygiene is a shared goal of clinicians, leaders, commissioners and patients

- Some studies quote typically extra 8 days in hospital as a result of healthcare infection: major costs to both hospitals and commissioners
- Despite this, sustaining high levels of hand hygiene compliance is a well-documented challenge, with median rates of 40-60%
- Existing interventions (e.g. campaigns, observation) are positive but do not sustain lasting high levels of compliance
- Automated hand hygiene monitoring systems in use internationally provide a major step change in results
- They can be implemented in a way that is empowering to staff, to patients, and to leaders and the public.

Data Sources, Frequency and responsibility for collection and reporting

System provides its own dataflow

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Baseline period/date & Value	HCAI information for trigger 2.
Final indicator period/date (on which payment is based)	
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract
CQUIN Exit Route *How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?*	Financial benefit to providers and commissioners from reducing current costs of HCAI failure should mean that technology is sustained in use without further incentives beyond the initial set up period

Supporting Guidance and References

Published Results demonstrate impact upon infection rates, clearly demonstrating VFM – examples:

- Hygiene compliance to 95% (Biovigil)
- Reduction in HCAI of 22% (nGage)
- Miami Children's hospital 2012 study (Hygreen)
    - Initial pilot results on haematology/oncology ward with low baseline
    - Hand hygiene compliance maintained consistently above 90% all shifts
    - In reviewing three years' infection data, urinary tract infections and blood stream infections decreased 100% and CLBI decreased 84.4%
    - Healthcare associated infections decreased by 67% during the time period when this approach was the only change in practice

From reference site, planning estimates for implementation cost have been validated:

- Non Recurrent start-up costs £1350-1650 per bed
- Running costs described as a small fraction of the start-up costs.

Evidence suggests a two thirds reduction in infection rates can be achieved.

Further information www.infectioncontroltoday.com "Hand Hygiene monitoring goes hi-tech"

The 'SafeHands' programme in Wolverhampton using this technology is also included as an exemplar in the Carter report on productivity in English Hospitals 2016 showing wider benefits for using the information from the system to tailor staffing to patient acuity.