

Co-designed and situated consumer engagement: the hand hygiene Instabooth project

Nicole Gavin, Manager, Consumer and Community Engagement
John-Michael Barrie, Consumer Representative

Breakout Room 2, 15/6 1.30pm – 2.00pm

GABRIELLE: Okay. Good afternoon, everybody. We'll just let everyone find their seats. Well, I hope everyone enjoyed their lunch and now we've got the dreaded afternoon, I need to go and have a nap and it's Friday afternoon but I really appreciate the opportunity to be able to host you this afternoon and to share some fantastic presentations. So my name is Gabrielle Quillian. I'm one of the new Board members for the Health Consumer QLD Board and my other role is a Co-Founder of Hummingbird House, a children's hospice in Queensland.

A little bit about the workshops. There are two concurrent presentations. Each about 30 minutes. They will run one after each other. Then we will have 25 minutes, 30 minutes for question and answers. We will have the presenters at the front so we will be able to speak to them directly and quite clearly. As you notice, we are a small group so if you have any challenges with hearing anything, just let us know and we'll try and sort that out for you.

So the two sessions today, we have the co-designed and situated consumer engagement, the hand hygiene Instabooth project from the Royal Brisbane women's hospital, Metro North Hospital and the Queensland Health service. We have Nicole Gavin who is the Manager of consumer and community - they've led me down the garden path.

NICOLE: No, I'm not.

GABRIELLE: And we have the lovely John-Michael Barrie who is a consumer representative. Then the second session is go green for well-being, consumers providing solutions from Metro South Hospital and Health Service and that is Amber Williamson, who I actually haven't met yet. Hi Amber. And Warren Stubbs, thank you so much for joining us. So without further ado, I'll hand it over to Nicole Gavin.

NICOLE: So hands like these save lives every day but did you know they hide invisible killers? So there are bacteria on our hands, up our noses and in our mouths. They are invisible to us but they out number

our cells 10 to 1. If we're healthy it doesn't cause any problems. If the bacteria that live on my hands get into your blood stream, this can lead to serious infection.

So I'm a cancer nurse. I use my hands every day to look after my patients but they can also be a threat to them. Infections can increase patient's stay in hospital, increase complications and in serious cases lead to death. So the connection between hand hygiene and improved patient outcomes has been known for 170 years. So in 1847, a gentleman called Semil Vice in Vienna noticed that if the doctors came out of the autopsy rooms and washed their hands, there were better outcomes for women in childbirth. 170 years, why do we need this project? We know that handwashing is what we should be doing.

I work at the Royal Brisbane and Women's Hospital. A few years ago we had the bad position to be the second worst hospital in the state for staph aureus bacteremia. I think we were the worst in QLD and the second worst in the whole country. I'll hand over to John and ask him if he was surprised by these results with I showed them to him

JOHN-MICHAEL: Yeah. I was shocked the first time when I saw these results. My first experience with at the Royal Brisbane when I got my bone marrow transplant in October 2011 and 2012 and 2013 were the - probably my most vulnerable years from a medical point of view and so to know that we weren't - that the hospital wasn't doing as well as one would expect, a major metropolitan hospital to do, was really quite, quite confronting in a lot of ways.

You know, I remember the first day when we went up to the cancer ward, the cancer coordinator made it really clear to my wife and I, hand hygiene on this ward was high - higher than probably expected throughout other parts of the hospital and she inspected us and scrutinised us, when we washed our hands. We weren't going to get into that ward doing a half-baked job that day. We knew that hand hygiene in the cancer ward was critically an important thing. It wasn't a trivial request.

As someone kind of new to the - well, not new to the hospital system by that stage but new to the Royal, the expectation was the natural assumption was that hand hygiene would be good across the board. It might be a little bit higher in this department, but generally good. So seeing it done was really quite a shock

NICOLE: So you've had cancer for a long time. Infections are a big part of your journey, I guess. I know you've got some really good stories about infections. I just wanted to know whether or not you've ever had to ask a health care worker to wash their hands before and how they reacted to that.

JOHN-MICHAEL: Yeah. We've had a few hand hygiene issues and scares along the way. I remember there was one night in emergency, a nurse came in to change a bag. She didn't wash her hands. She didn't put gloves on. She didn't follow any proper procedures for accessing, for handling patients. When she congratulated herself on her hygiene, my wife lost it, gave her a gobful and ordered her from the room, which I fully supported. I was lying on the bed and really sick and whatever but I was cheering on the inside.

Yeah. About 10 minutes later another nurse came in and she made a real point of washing her hands really well in front of us. She put her gloves on and she followed every step in the procedure to the letter. Yeah. It's one of those things that's - kind of surprised both my wife and I over the years, is that cancer has such a pervasive presence through society and emergency is a major entry point into any hospital and yet the emergency staff aren't always necessarily as conversant in dealing with intravenous patients and cancer in general as they should be, I think. Especially when you've got no immune system. You're susceptible to whatever else might be happening in emergency that night, you know, like the bloke next door who is trying to cough his lung up or this person over here who's throwing up every 10 minutes, you know, you just can't take the risk and there have been plenty of times that I've just not felt safe in emergency and I don't feel safe until I get into the ward.

NICOLE: So as you can hear by John's story then, handwashing is the most effective measure to reduce infections. It's simple to do and it costs next to nothing. So in 2015, the Royal Brisbane and Women's Hospital, we get audited all the time for hand hygiene and in 2015, for moment 2, which is immediately before a procedure, our rates of compliance were 45%. So this means that one in two health care workers were not washing their hands before patient care. So that means that every 1 in 2 people were putting our patients at risk.

So metro north has a strategic objective to put people first and to put values into action and we have a consumer strategy called connecting for health, which supports these goals. The commitment to genuine consumer engagement and partnership is evident through continually

developing a range of new methodologies and approaches and the project we're going to talk to you about today is an example of this.

So the world health organisation recommends engaging consumers in hand hygiene programs but there's very little literature available to support this and they also recommend evaluating every program as well. One study that I found said that 70% of patients were concerned about the risk of infection and then 69% of patients said that the risk of infection was never explained to them and as a cancer nurse, I mean, infections are bread and butter.

So the Australian commission for safety and quality in health care have eight standards, as we heard yesterday in the presentation. This project aligned with two of those standards. Standard 2, partnering with consumers and standard 3, preventing and controlling infections. John, I want to ask you, why it was that you became involved in our project?

JOHN-MICHAEL: Well, initially it was really all my wife's fault to begin with. She's been involved with West Moreton groups for a couple of years now and she was coming home and saying to me that I was the exact sort of long-term patient consumer that research groups like this are looking for.

NICOLE: I can vouch for that.

JOHN-MICHAEL: The sort of long-term patients. Yeah. Like Belinda and so many other professional patients, we've seen the good bits and we've seen the bad bits and we all have our ideas to improve the good and to fix the bad and there are some things that my wife is better equipped to talk about, as a carer, but there are some things that I would be better equipped to talk about, as a patient and when my wife saw this Hand Hygiene Project, she basically put it under her nose and told me to sign up because she could talk about it from the perspective of someone living with someone for whom it's a critical aspect of their life but it would be much better hearing it from me personally and directly, actually living the experience and so I decided that, yes, I have been a patient long enough now. Instead of sitting around and complaining, you know, grumbling at home to anybody that might listen, I'd get up and do something and see if I could help make a positive contribution and help drive, even a small change, which will make the lives of patients coming after me, even just a little bit better.

If any little thing that I can do can make somebody have a slightly better experience than I did, well, that's got to be a good thing

NICOLE: One less infection, one less ICU day.

JOHN-MICHAEL: That's it. After so many nights in hospital, any excuse, any chance to get out of a night in hospital is a bloody good thing.

NICOLE: Our project aimed to improve a sustainable behaviour outside the health sector addressing longstanding problems with noncompliance. This engaged a lot of different sectors. We have three objectives. The first is to improve hand hygiene compliance. The second was to reduce infections. The third was to provide a model for consumer engagement within Cancer Care Services, especially within the department where I work, the nursing research department.

So we were fortunate enough to get some LINK funding through metro north and this initiative then put consumers and health care workers at the heart of the project, enabling us to work together with the research team at every stage to ensure that the hand hygiene solutions developed were accessible and meaningful to consumers and health care workers. We collaborated with the QLD University of Technology creative industries, who they've developed a method for community engagement and consultation, based upon design thinking and they have a - they facilitate an interactive booth called the Instabooth where you can put in lots of different interactive opportunities.

So some of our team are in the audience here with us, Janelle and Caroline. We had three consumers at the workshop. We had some cancer nurses, some representatives from social work, from speech pathology and then the research team from the Royal Brisbane and also from QUT. So this was my first ever experience of doing consumer engagement, a consumer engagement project and I was really, really nervous. Just because it's something you've never done before, but it was like the nervous excitement. I was busy preparing food for everyone because I didn't want everyone to go hungry.

SPEAKER: I must say it was the best food.

NICOLE: I love cooking. It's what I do when I'm stressed. But for me the experience of that first workshop just blew my mind away and I just knew from that moment then, this project was going to be amazing. What about you? Have you been involved in anything before?

JOHN-MICHAEL: No. It was my first project too and I found it fascinating to interact with other professional patients, Janelle and Caroline, because I came to the project from my strict cancer background. So to interact with other consumers who have expertise in other areas of the hospital but to know that we all share the same concern over hand hygiene, a fairly basic issue. I thought that was really quite telling, you know, and one of the most telling things out of that first workshop that I found was that the three of us consumers, all of us, identified emergency as a problem area for hand hygiene, for us as consumers. We were all scared to have to spend more time in emergency than we absolutely needed to because of the risk of infection to us, which was really quite - because I was all gung ho about cancer, cancer, they've got to look after cancer but no, actually they need to look after everybody and that was another one of the key things that came out of that first workshop. That hand hygiene is everybody's responsibility. It's not just the patient. It's not just the nurse or the doctor. It's everybody in the system.

NICOLE: It was very good. From my point of view as well, we've done some research within our department, looking at emergency avoidance and people presented primarily because of infection and so it's what we need to do and we need to do well as a hospital. So this is the Instabooth. So I explain it as a bit of a tardis that you can walk through. We installed it on level 4, our oncology outpatient department. People come from chemotherapy, blood products, any other support. All our appointments are here as well.

Maybe 150 - there's a lot of people that come through that department anyway. It was in two weeks in August in 2017, it just happened to be the spike of the flu season and the ward upstairs was on lock down. Everyone was on contact precautions because there was a respiratory virus and it was difficult because a lot of people we planned to look after the booth got sick. Janelle and Caroline both visited the booth and came and visited. We had some media, something on Facebook. Our executive director of metro north came and I think John, you even had some treatment whilst the booth was there.

So did you go through?

JOHN-MICHAEL: Sarah wasn't going to let me avoid it. It was very good, being able to answer the - like, give the touch screen answers to some of the questions that we'd formulated in the workshop. Then

moving on to the glitter bug section with being able to see the bacteria on your hands after you wash your hands. I remember Sarah was really disappointed when I came back because there was nothing to show on my hands and I had to assure her, you know, I have worked in colour manufacturing. You have to have clean hands. You can't cross contaminate across between the colours. And then I've worked with fresh produce. You can't contaminate your hands.

If there's one thing I've learnt how to do, is wash your hands. So - but yeah, she was really quite disappointed. But she also told me the story, which I thought hilarious, that the day the 5 C nurses came down to go through the Instabooth. They were ultra competitive with each other, over who had the cleanest hands, which was really good.

NICOLE: So -

JOHN-MICHAEL: And just on some of those questions that we had. Is the slide still up?

NICOLE: Yes.

JOHN-MICHAEL: Those questions. They're really - like those two questions that you picked out were really good because like when you become a frequent flyer of a hospital and you're in and out as much as I've been since 2010, any opportunity to keep myself out of hospital is worth its weight in gold, it really is.

NICOLE: It's a bonus.

JOHN-MICHAEL: If by my washing my hands and the people around me washing their hands is just one really simple way to help achieve that goal and it's really important. Yeah. When I read that, that note about shaking hands with the doctor, it was like yeah, actually I've never shook the hand of my specialist because you don't know where he's been, you know. Like especially if he's been up in the ward and a patient is on certain precautions, did he wash his hands properly when he finished with the patient. Did he squirt sanitizer. You just don't do it. You end up getting to the point where you just don't.

NICOLE: So in workshop 2 then, unfortunately John was not able to be with us that day but there were a lot of the things that came up from the Instabooth and the messages that overlap with the very first workshop that we did and because there was no such information that was there,

we actually chose just three areas to work on. So the first was about creating a powerful story. The second was about relationships and then the third was about a supportive environment.

In hospital, as health care workers we all know we're supposed to be washing our hands but we get bombarded with messages so we need to think outside the box and do things differently. So the powerful stories, these were focused around things like saving lives, the quality of health care. The risk posed to patients in diverse health issues and needs, having a weakened immunity. A sense of vulnerability and reliance which was marked as lucky and trust in the hospital of an institution, so the requirement of having fastidious handwashing and I think you identified with a lot of these quotes, didn't you, as well?

JOHN-MICHAEL: Yeah. It's something like a - with the isolation, I think I mentioned, that's something that happens gradually because you don't think about it until you don't have an immune system that shaking somebody's hand when they've got a cough or a slight cold can be enough and has been enough to put you in hospital for a week. You do. You start to withdraw. You don't automatically meet somebody and go to shake their hand like other people do. So that was something that resonated with me quite strongly.

NICOLE: So then the next thing that came up was around - about relationships being integral to the hospital, giving patients the need with reassurance. Someone said, I trust this hospital with my life. There was the element that people felt like they were spying on nurses to make sure they were doing the right thing. Not only was there relationships between people but concepts. People thought about the responsibility of handwashing was the same as the protection provided by handwashing. That was really important.

Was there anything in particular from this section that spoke to you?

JOHN-MICHAEL: Two of the main things that spoke to me were a couple of the comments from the staff's perspective about hand hygiene not being just a requirement but their professional responsibility and it meant more than just a step in a procedure. It meant they were aware - it meant it could mean the difference between life and death of a critically ill patient or the continued health of another patient and so as a patient consumer, seeing that affirmation, I suppose, makes you feel good. Makes you feel comfortable.

NICOLE: Respective.

JOHN-MICHAEL: Yeah. And secure. Safe with the people who are looking after you.

NICOLE: And then the final one was about the environment. So this was a thing - like making sure there was plenty of hand hygiene stuff around. All the pumps, the door handles, things like that, but also around people. Patients assuming a level of cleanliness as well. And people didn't know who to report, if pumps were empty, who to report that to and whose responsibility that was.

I know you've got a good story about cleaning and lifts and things, haven't you?

JOHN-MICHAEL: Yeah. Well, when you become a long-term patient you see all different parts of the hospital at all hours of the day and night and as part of that I've seen people cleaning all areas of the hospital at all different times but I don't think I have ever seen anybody ever cleaning lift buttons at the hospital and you think about the number of sick people who walk in and out of hospitals every day with goodness knows what they've got, touching the buttons.

I come along half a minute later, push the same button, rub my nose and two days later I'm in hospital. So for years now I haven't actually touched any lift buttons at the hospital. I'll use my cane because the cane won't get sick.

NICOLE: No. Thankfully. So - and then as well we prioritised and came up with some ideas. I just wanted to get John to talk about your idea around - you had a great idea for introducing hand hygiene when people have that very first chemotherapy education session.

JOHN-MICHAEL: Yeah. Because I was at a bit of a disadvantage with my chemo preparation because I was actually halfway through my first bag of chemotherapy. While I was going through it, my preparation session, I don't really remember too much of it except for desperately trying not to fall out of my wheelchair and ripping my pick out of my arm but I did think that that session would be a good opportunity with the patient and the carer right at the very beginning, you give them the hand hygiene lecture. It's important and if we could find a partner with industry to be able to get the little sample bottles of hand sanitizer to give them at that time so they've got something physical to take with them.

They then go home. That message gets spread to the family and friends who want to know and then it gets spread out from there. I think it's like throwing a pebble in a lake and the effects ripple outward. I look at it from my own personal experience. They told us about the importance of hand hygiene in the chemo preparation session. My wife told family and friends. When my brother and his wife had children, they've been on the hand sanitizer basically since they started to crawl and they know that they need to be really good with their hand hygiene especially when they're around Uncle John.

I sort of think, well, yeah. They gave the message to Belinda, whose then spread it out to our family group and if you get into the habit immediately of hand hygiene and every time you come into the clinic you start seeing older patients who are doing it automatically as well then you've just created that shield that you want to create and from a personal point of view, those two boys are going to grow up with fantastic hand hygiene habits which is great

NICOLE: Sorry. I just wanted to share with you some of the work that we've done as well as part of this project. Since March we've been doing lots of inservices around everyone in the department, nurses, doctors, Allied Health, board, receptions, we've been doing the glitter bug with everyone. Staff, patients, carers. The results are up on the screen right now. Our moment 2 hand hygiene results.

You can see before March they were a bit patchy but since we've been doing our education, we've received 100 per cent across the board. I think that just demonstrates what we can do, as a service line, when we really come together, but I guess this is a research project and so we need to make sure that this is sustainable into the future and I believe that by having engaged with all of our consumers, that's what's going to be able to take this project forward and we're completely out of time. We've got maybe a minute.

I just wanted to show you to now, this is where we're at now with the staff. We're running at number five or six maybe. Hopefully within the next couple of years, we'll get to the top of that list as well.

JOHN-MICHAEL: Which is where we should be.

NICOLE: Which is where we should be. This is some of the information that came out of the booth that we've turned into - so there's a hand with

the words around it, respect, trust, protect and safe. They were all the words that came out and so we're hoping maybe to have a badge for us all to wear, or even turn it into a T-shirt and that would be something that everyone would recognise.

I promise you this isn't my hand. On my final point, I just wanted to say, we need to make everybody in hospital aware that even that tiniest amount of bacteria that we can't see can divide rapidly and cause serious infection. We all need to be more vigilant about washing hands. So the next time you're in hospital, please make sure you're seeing everyone wash their hands and if you don't see them wash their hands, ask them nicely to wash their hands, please. We don't want these to be invisible killers. So thank you.

GABRIELLE: Thank you so much, Nicole and John-Michael. I'll never look at a lift button the same way again. That's my take away point. You just don't think about it. It's actually a really sobering conversation. Thank you for sharing.