



# HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

*Kupu Taurangi Hauora o Aotearoa*

## **Are we comparing apples with apples?**

**HHNZ workshop (IPCNC conference)**

**15 October 2017**





- We need to ensure we have a consistent and robust monitoring programme so we can trust our data
  - Believe trends over time
  - Believe differences between departments/wards and HCW type so we know where to focus improvement plans

# Multiple validation methods



# Validation methods



- *Already in place:*
  - Initial and annual review for gold auditors and gold auditor trainers (GATs)
- *Additional approaches in revised manual:*
  - Internal HHC data review (with checklist)
  - HHNZ data review
  - Annual paired (inter-auditor) gold auditor sessions
  - Cross-area auditing sessions each audit period to ensure intra-auditor consistency

# HHCs: Internal data review

- HHCs submit compliance data to national programme at end of each audit period
- Before submission:
  - Ensure right number of moments collected for the facility and high & standard risk clinical areas
  - Ensure data is entered correctly (national vs local audits) and detect any anomalies
  - Consider compliance rate by individual auditors (review outliers)
  - Review compliance rate by moment



## Appendix 7: Audit data validation checklist for the hand hygiene coordinator

HHNZ recommends that the hand hygiene coordinator of each facility uses this checklist at the end of each national hand hygiene audit period before they finalise their data submission.

TASK	COMPLETED?	
	Yes	No
<b>Minimum moments review</b>	Yes	No
Check auditors have collected the correct number of moments for your facility (see Table 2)		
<b>Required ward moments review</b>	Yes	No
Confirm auditors have collected the minimum number of moments required for each area (see Table 2)		
<b>Submitted data category review</b>	Yes	No
Verify data is entered correctly:		
1. Ensure inpatient beds are correct for your organisation		
2. User details: transition users and organise a transition to one personalised login if:		
▪ any logins are generic (eg, no specific name for the login?)		
▪ any users are listed more than once		
▪ the Org Admin has no separate auditor login		
3. Department details - make updates needed if:		
▪ any departments with the 'type' is listed as 'other'		
▪ any departments with a name that includes 'do not use' or 'ZZ' that have not been marked as 'inactive'		
▪ national vs local audit data is entered incorrectly		
- The areas to include as local data only are:		
▪ operating theatre		
▪ mental health inpatient areas		
<b>Data plausibility review</b>	Yes	No
Areas of review for anomalies (the reports below are on the hand hygiene database homepage)		
1. Compliance rate by department report:		
▪ Do any wards have significantly higher hand hygiene compliance than other departments?		
2. Combined compliance rate by moment and HCW type report:		
▪ Does the 'Combined Compliance Rate by Moment and HCW Type' report follow the 'normal pattern' (there are usually more moments 3 and 4 are than the other three moments)		
▪ Are all 5 moments included in auditing?		
▪ Do any HCW groups have unexpectedly high or low hand hygiene compliance?		
3. Auditor and sessions report (verify all auditors have met the annual auditor validation requirements):		
▪ Have any auditors recorded hygiene compliance that is significantly higher or lower than the majority of auditors?		
▪ Have any auditors recorded hand hygiene compliance of 95% or above?		



Page 55 of HHNZ  
auditing manual

# HHNZ data review



- At the end of each audit period:
  - a member of the Commission's IPC team will review the data submitted by individual DHBs to detect any anomalies as a supplementary validation at the national level
  - the team will contact the HHC to discuss any potential issues and to provide support for validation approaches following future audits

# Paired gold auditor sessions



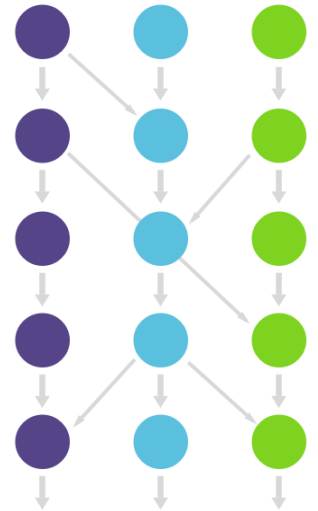
- Two gold auditors conduct observations in the same clinical area
- Each completes an observation form separately while observing the same HCW and the same care sequence
- Results are then compared and any differing results discussed for lessons learned





# Cross-area auditing

- This method is recommended as a means of addressing potential bias when auditors are regularly auditing their own clinical area and are well-known to clinical staff
- Cross-area auditing may involve at least one but preferably two or more auditing sessions during an audit period
- Anecdotally, auditors often appear to be 'tougher' on their own areas



**Q&A**

