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Unite Against Antimicrobial Resistance (AMR): Fight Resistance with Evidence

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Baseline Hand Hygiene Self-Assessment Framework analysis of a new teaching hospital and its external comparison to national, regional and global surveys for benchmarking

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Introduction: Hand Hygiene Self-Assessment Framework (HHSAF) is a tool to analyse hand hygiene promotion and practices as outlined in WHO Multimodal Hand Hygiene Improvement Strategies, in effort to curb healthcare associated infection and antimicrobial resistance. Since its inception in 2009, a few HHSAF surveys at national, regional and global level have been done.

Objective: We aimed to establish the baseline HHSAF score of a new hospital, to analyse and to externally compare with national, regional and global data for benchmarking purposes

Method: HASA's first analysis was done in February 2024. Published HHSAF data in the past 5 years involving Malaysia, Southeast Asia as well as worldwide were reviewed and analysed.

Result: The HHSAF total score was 410, categorising HASA into the Advanced Hand Hygiene level (376-500). Individual scores for the five components were System Change (100/100), Training and Education (85/100), Evaluation and Feedback (80/100), Reminders in the Workplace (90/100) and Institutional Safety Climate (55/100). HASA did not attain the minimum score for Hand Hygiene Leadership level. Among the HHSAF's five components, the lowest score concerned 'Institutional Safety Climate', a trend also seen at national, regional and global level (range 30-85). System Change component scored highest, similar to that seen at regional and global level (range 80-85).

Discussion: HASA's baseline HHSAF score is at advanced level, about three years since its operation. This means that hand hygiene promotion and optimal hand hygiene practices exist, thus helping to embed a culture of safety around hand hygiene. However, there are still room for improvement in certain strategies especially that of the 'Institutional Safety Climate' component.



What is its purpose?

While providing an opportunity to reflect on existing resources and achievements, fre Hand Heigiene/Self-Assessment Printework also helps to focus on future plans and challenges. In particular, it acts as a diagnostic tool, identifying key lesses requiring attention and improvement. The results can be used to facilitate development of an action plan for the facility's hand hypiene promotion programme. Repeated use of the Hand Hygens Self-Autocoment Planetown will also allow documentation of progress with time.

improved, it is now crucial to develop long-term plans to ansure that improvement to sustained and progresses.

Advanced: hast trygene promotion and optimal hand byginne practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

Leadership ontena have also been identified to recognice location that are considered a reference centre and contribute to the promotion of hand tyg ene through research, innovation and information sharing. The assessment according to leadership criteria should only the undertailien by facelities having reacted the Advanced level.

	Global (Worldwide)	Regional (SE Asia)	National (Malaysia)	Institutional (HASA)
Year of survey	2019	2019	2019	2024
Total score	350	350	450	410
HH level	Intermediate	Intermediate	Advanced	Advanced
System Change	85	80	85	100

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Overall, this tool should be a catalyst for implementing and sustaining a comprehensive hand hygiene programme within a health-cave facility.

Who should use the Hand Hygiene Self-Assessment Framework?

This tool should be used by professionals in charge of implementing a strategy to improve hand hypiene within a healthcare laciity. I no strategy is being implemented set, then it canalso be aned by professionals in sharge of infestion control. or senior managers at the facility directorate. The framework can be used globally, by health-care facilities at any level of . progress as far as havel hypere promotion is concerned.

How is it structured?

The Fland Hypote Bell Assessment Promovert, is divided in to five components and 27 indicators. The two serapements reflect the five elements of the WHO Multimodal Heral Hyg ever improve Herri-Changy (http://www.who.int/gpac/Smatripola/en/indea.html) and the indicators have been selected to represent the key elementaof each component. These indicators are based on evidence and experi consersus and have been framed as questions with defined assurers (either "Yes/No" or stultiple options) to facilitate selfassessment. Raced on the score achieved for the five components. the facility is assigned to one of four levels of hand hypiene promotion and practice: Inadequate. Basic. Intermediate and Advanced,

> Inadequate: hand hypierie practices and hand hypierie promotion are deficient. Significant improvement is required.

Basic: como measures are in place, trut not to a solisfactory standard. Further improvement is required.

How does it work?

While completing each component of the Hand Hygens Ball-Assassment Pranework, you should sincle an highlight the prower appropriate to your facility for each question. Each answer is associated with a score. After completing a component, acclup the oppres for the answers you have selected to give a subtolal for that component. During the interpretation process these subtotals are then added up to calculate the twe-all score to identify the has a legione level to which your results core locitly is assigned.

The assessment should not take more than 30 minutes. provided that the information is costly available.

Within the Planeed's you will find a column called "WHO implementation tools" listing the tools made available from the WHC First Blobal Patient Salety Challenge to Nacifiate Inc. implementation of the WHO Mutercielal Hond Hypothe Hepothesismit Harrison Differ/Annoweeds/and/gene/Annis/Table/An/Index.html); These tools are listed in relation to the relevant indicators included in the Premotorik and may be useful when developing an action plan to address areas identified as reading improvament.

Is the Hand Hygiene Self-Assessment Framework suitable for inter-facility comparison?

Health-care facilities or national bodies may consider adopting this. tool for external comparison or benchmarking. However, this was real a primary aim during the development of this tool. In purficular, vie would draw attention to the risks interent in using a self-reported. evaluation tool for external benchmarking and also advise the use of saution if comparing facilities of different sizes and complexity, in different sourcecomme settings. It would be essential to oversider these limitations if inter-facility comparison is to be undertaken.

System Change OU **O**J **U**J **Training and** 85 74 63 90 **Education Evaluation and** 70 60 95 80 Feedback **Reminders in the** 70 63 95 90 Workplace Institutional 55 55 30 85 Safety Climate