

Taken in entirety on 22nd June 2016 from the Infection Prevention Society at <http://www.ips.uk.net/professional-practice/quality-improvement-tools/quality-improvement-tools/>

Rapid Improvement Tools

Rapid improvement tools (RITs) cover clinical areas (e.g. ward, outpatient dept, operating theatre etc) and clinical practices (e.g. hand hygiene, insertion and care of peripheral vascular devices etc).

These tools are shorter and intended to be used on a frequent basis. They are an effective means of identifying infection risks and areas for improvement and to assess whether planned changes have been implemented successfully to achieve improvement. Guidance is provided against the criteria in each standard to ensure objective assessment. They will identify the extent of overall compliance with evidence based criteria required to prevent/reduce the risk of infection.

In care settings where there is a specialist Infection Prevention and Control Team, these tools may be used by the team but the guidance allows use by others without specialist knowledge, e.g. matrons, ward managers, home managers and link practitioners. The tools are very detailed and therefore simultaneous use is not advised.

Each criterion should be marked Yes/No or Not applicable (N/A). Some criteria cannot be marked as N/A because these criteria reflect national evidence based standards and are considered to be always applicable. The person using the improvement tools should provide verbal feedback immediately.

Then:

- Plans should be made to achieve the improvement required,
- Realistic time frames should be set to achieve the improvement
- Regular assessment should be made to determine whether improvement work is successful.

Such improvement work may be undertaken using quality improvement tools and techniques such as the PDSA cycle (see methodology menu item).

It is recommended that if practice is persistently poor as measured by the RIT, despite improvement efforts, that a more detailed assessment using the PIT is undertaken.

Specific Guidance for the Hand Hygiene RIT Observation Tool

The hand hygiene observation tools directly reflect the World Health Organisation (WHO) 'My 5 Moments for Hand Hygiene' (WHO 2009) and focus on ensuring observations in practice reflect hand hygiene performed at the right times to improve patient safety.

The WHO 'My 5 Moments for Hand Hygiene' (2009) state that hand hygiene should occur:

1. Before touching a patient
2. Before a clean/aseptic procedure

3. After body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings.

This WHO concept and the associated tools have been tried and tested globally and represent a robust, validated and reliable approach to hand hygiene monitoring. They have been developed through discussions between IPS, researchers at the Royal Free and University College London Medical School who led and published on the Hand Hygiene Observation Tool research in England and Wales (McAteer et al 2009), and the National Patient Safety Agency 'cleanyourhands' team. The outline of the tools also draws on tools produced by Health Protection Scotland which are also based on WHO recommendations.

Monitoring of the 5 Moments is presented as a Rapid Improvement Tool and it is recommended that it is undertaken on a regular basis.

The RIT can also be used to monitor an individual 'moment'. Monitoring of individual moments is only recommended when the 5 Moments have been reported against and it is known that specific rapid improvement is required, for example in an intensive care unit when it is clear that Moment 2 (before clean/aseptic procedure) is consistently not being adhered to prior to central line insertion.