

## Results from ASEAHHC workshop evaluation survey

Ninety six invitations were sent out to key stakeholders to attend the ASEAHHC workshop (including 12 HHA staff).

Fifty five registrations and 11 declinations were received. Excluding the 12 HHA staff, 43 key stakeholders attended.

Participants were requested to go to a website to complete the workshop evaluation. Thirty seven responses were received (67%)



## **General comments from about the workshop:**

### ***Positive***

Thought the Colourgrid thing would be a waste of time, but actually it was really useful the dinner was awesome.

It was a stimulating and highly enjoyable workshop but missed a valuable opportunity to develop the "Cairns Manifesto" defining the way forward for improvement in hand hygiene.

Good workshop

Informative. Good discussions. Interesting.

A wonderful gathering of some eclectic minds. Fantastic opportunity to hear from Fiji and PNG

There was a variety of exceptional speakers who provided unique insights into the challenges and issues relating to Hand Hygiene.

Palm Cove was a good climate and location for the workshop.

The workshop far exceeded my expectations.

Valuable and enjoyable

Prior to the meeting I did not know what we would discuss over the day and half but it far exceeded my expectations and I have a few new ideas for innovative ways of keeping hand hygiene in the forefront of HCW's minds and for dealing with the bureaucrats.

This was an excellent idea to be updated. One felt refreshed and able to come away with great ideas

An excellent networking opportunity

The transfer from the airport to the hotel was a little delayed as the driver was expecting me to arrive in the International Terminal. I was greatly assisted by the Tourism volunteer who located the driver.

In PNG there is lack of hand hygiene overall in the hospitals, this workshop was an eye opener. We have a long way to go

I had learnt a lot of lessons from the 2 days presentation. especially giving me ideas on how to improve and strengthen HH in Fiji. Listening to all the presentations and how much commitment and passion each one has on the safety of patients through HH has given me an encouragement to improve HH within the health facilities in Fiji.

### ***Negative***

Lunches and teas were terrible

Difficulties with hotel arrangements, transfers & having to move from Mercure to Novotel made it hard to be organised on the Friday. Also, not having appropriate transfer for participant in a wheelchair was not satisfactory.

Nothing wrong with accommodation, however I can not rate as "excellent" as generally there was a lack of attention to detail from both venues on many occasions.

5 accommodation, 1.5 star service. Poor choice of food provided at the conference.

Difficulty reaching the venue, 2 plane flights and lengthy waits.

Transfer from airport was disorganised and office of the conference organiser was not helpful. Once transport was sorted it was fine. Transfer was most appreciated.

The hotel room was satisfactory as far as the facilities but the room was very musty and there was mould in the room on the air conditioner and in the Information folders, Hotel management were informed.

Hotel room issues invaded when I was on my bed

Air-conditioning too cold

## **What was the most valuable session of the workshop? (most commonly indicated)**

Regional Updates

Politicians and bureaucrats - why are they different - Paddy Phillips

How Best to Sell Your Message - Charles Xuereb

## **What topics would you like covered in a potential 2011 workshop?**

Innovative strategies. World standards. Intervention controversies

Brainstorming session and agreement on future collaborative agenda

Communication strategies

Progress nationally

Progress globally

Successful strategies that push beyond 70%  
HAI v HH compliance- have we seen an impact  
Where to from here and how best to achieve it, which direction we should expand into  
Program Sustainability & Outcomes  
Data collection reliability methods  
Strategies for inspiring auditors?  
An update of where everyone is up to. Showing what has been successful and what / why some things have not. SAB updates.  
Accountability for those not participating in NHHI  
Update on regions  
New research relating to hand hygiene, implementation and behaviour change  
Clinical Governance research  
Policy making insights  
Epidemiology & research methods  
Managing change  
methods of teaching clinicians, implemented programs for sustainability, achieving more than 80% compliance  
Regional updates again and an update on SAB Bacteraemia Surveillance, Future direction for HH auditing without funding for health services, Issues with maintaining auditor validity.  
Update on Medical/University Curriculum  
Progress from around the region  
Outcome measures  
Cost effectiveness  
Blood Stream Infections - Hand Hygiene  
What recent research has been done supporting HH and outcomes. Uni curriculum's; other international efforts; progress in PNG and Fiji, a more co-ordinated effort in how we can help developing countries, possibly tie it in with international health perspectives.  
A presentation of every States/Territories would have been most useful especially if they were allowed to speak candidly about problems of data collection, engaging clinical or admin staff. At this stage of the national intervention the focus of the workshops should be on measuring and improving secondary outcomes that are strongly associated with the HH success (e.g. supply of AHR, control to undertake HH, perception, administration support etc) before focusing on the reduction of incidence of HAI/SAB. My rationale is (1) intervention first focus on the validity of the exposure (ie to HH initiatives - is AHR supplied, are the staff able to access AHR etc), (2) HAI/SAB outcome will be poor early on in the intervention due to a delay in response (3) SAB are also reactive to other interventions (4) the problem of proving the reduction is statistically important.  
More on selling new ideas  
Exchange of what each state and territory are doing with their program to highlight the good and bad and what has worked and what has not  
Ideas to bring sustainability  
Retaining auditors  
Engaging managers that are not interested  
How to deal with staff skin issues  
Updates  
Maintaining the momentum with reducing resources  
Innovations  
Products - update on research  
examples of countries or facilities that have sustained >75% compliance and how it was achieved  
Progress in PNG, especially in the Highlands provinces and Port Moresby  
As compliance has been a big focus as it should be one, other issues surrounding hand hygiene that are perhaps a little less obvious.  
I was wondering whether there would be any possibility of having clinical attachments on HH especially in the areas of auditing. Otherwise the same topics would be interesting, especially learning from other countries what has worked best with them.

**Do you have any suggestions regarding any changes we should consider for a potential 2011 workshop?**

Keep the quality of speakers high

Ensure high standard of data

Keep high profiled doctors core

Linking with other groups

Final part should be discussion/work to decide on actions that would happen subsequent to workshop by HHA and individual with reporting lines and timeframe.

Casual format and questioning was invaluable- we ran over time frequently but that format needs to allow for this - so add time to each presentation slot to allow for this -

Keep numbers limited (may be a few more than 2010) so as to have the ability for all attendees to feel they can interact with presenters

Time and funding permitted a separate session perhaps run concurrently (so as to utilise some of the same speakers) for GS auditors

Only longer sessions.

Workshops brainstorming difficult issues

Format was good

A venue in a capital city to reduce the time required to travel.

Don't use the Novotel

Having a HH workshop as an adjunct to another workshop or function seemed to work well

Increase attendance by Quality reps

I believe involvement of the HH Australia to more of the Pacific Island countries esp. Fiji, Papua New Guinea

Opportunities to ask questions, like a speed-dating approach, I had questions for each speaker but no opportunity to ask them. Always time short.

The hotel accommodation was fine however, because it was so sprawling it was not easy to meet and socialise with the attendees. Perhaps a smaller venue for next time would provide better networking/socialising opportunities.

I will like to see a session with hospital executives to win them over and help us spread the message

A session with an expert panel where questions can be raised from the floor and/or submitted prior

possibly run for the full two days some of the sessions were a bit rushed

Shorter second day, ? break out groups to exchange ideas, within and outside regions.

Mentoring resource poor countries

No. Generally very satisfied.

Would it be possible to have the workshop done during the week instead of in the weekends?

**Do you have any other general comments about the National Hand Hygiene Initiative or Hand Hygiene Australia?**

Doing good work

Good venue but a long way away. Maybe somewhere closer to a capital city to aid travel and reduce cost of airfares. There are exciting venues that aren't so distant.

Doing a fantastic job - funding for NHHI and HHA needs to continue as without clear steerage and leadership unlikely to be a sustainable program

This forum provided a valuable opportunity to discuss current and future challenges in HH. Very worthwhile.

Thankyou so much for giving everyone the opportunity to listen to fantastic speakers. It was a fantastic workshop which has inspired me to continue with hand hygiene education in the NT.

A great initiative

Excellent meeting put together by HHA. The team should be congratulated for this and all their ongoing work.

Thanks for all the support with HHNZ

It was nice to meet staff from HHA

I really enjoyed the 2 days session organised by HH Australia will. Implementation of this objectives in this country in Fiji.

Thanks for organising the forum, very generous of you. It was great to have European experts

rather than the usual USA expertise. UK may also provide Australia with refreshing perspective.

This is a great initiative

The support for the program from HHA is great. It needs to continue to be coordinated from one point other wise again the project will fall over with no one driving it.

We need to have health care reform understand resource implications for sustainability

The HHA auditing is an "extra" for us, we have no dedicated position and no funding from our facility to help the work-load. Whilst it is valuable in so many ways it is also very time consuming. Using palm pilots would help with this (if they end up being used). I have been wondering if auditing twice yearly would give us the same information.

I think it is a very worthwhile initiative, I have always found that the staff of HHA accessible.

I do find the whole SAB reporting a bit of a blur.

Keep on keeping on

well done

It is generally a very good program and deserves to be commended on its efforts and achievements.

I would personally like to thank HHA for accepting colleagues from Fiji to be part of the workshop. Personally I have learnt a lot. Even though it was just for two days, it was two fruitful days for me because I have learnt from my colleagues that make a positive change, I need to be committed and also have the passion to improve and make HH work in Fiji. I hope that I can be given the chance to:

1. Have the opportunity to go on an infection control attachment in one of the hospitals in Australia
2. Be attached to HHA and become a gold standard HH auditor.