

Title:

Hand Hygiene Journey

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Session Title:

Evidence-Based Practice Posters Session 2

Keywords:

Hand Hygiene Compliance, Patient Safety and Staff Motivation and compliance

References:

Chassin, Mark R, Klaus, Nether, Mayer, Carrie, Dickerson, Melody (2015). Beyond the collaborative:spreading effective improvement in hand hygiene compliance. The Joint Commission Journal on Quality and Patient Safety 41(1), 13-25.

Gluyas, H. (2015). Understanding non-compliance with hand hygiene practices. Nursing Standard, 29(35), 40-46. doi:10.7748/ns.29.35.40.e9929

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Abstract Summary:

Hand hygiene practice is considered to be the most effective strategy for patient safety. Engagement strategies involving all hospital staff are necessary to increase hand hygiene compliance for patient safety. It is imperative to keep hand hygiene at top of mind for everyone, make it fun and hold staff accountable.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify strategies to increase hand hygiene compliance	Formation of multidisciplinary team. Scripting important hand hygiene information and sharing with the staff. Illustrating proper hand hygiene and its impact on patient safety through the development of videos and poster. Dedicated boards showcasing hand hygiene information.
The learner will be able to explain one method of monitoring hand hygiene compliance	Observational design

Abstract Text:

Hand hygiene practice is considered to be the most effective strategy to patient safety. However, healthcare workers' compliance has been lower than expectations (Gluyas, 2015).

The purpose of this study was to develop an effective strategy to educate staff on the importance of hand hygiene in a 175 bed hospital that had an Infection Prevention observation study score of 51 percent. The outcome was to increase hand hygiene compliance among healthcare workers.

The design for this study is an observational study that analyzes hand hygiene compliance among healthcare workers.

In order to achieve this outcome, the study involved a methodology of collaboration amongst the disciplines in the hospital. The team utilized information and tools from the Infection Prevention Department, and the Center for Disease Control. It is anticipated that the compliance rate will have a statistically significant increase when quarterly observational studies occur based on staff empowerment and education. Data was collected in the form of an Infection Prevention observational study. In order to maintain enthusiasm and momentum, the team instituted weekly huddle messages; quarterly champion (team) meetings, and the making of department hand hygiene videos. These tools and holding staff accountable have been instrumental in making this study a success.

In October 2013, the 175 bed hospital achieved a hand hygiene score of 51% from a system wide Infection Prevention observational study. After major efforts from the multidisciplinary team, there was an increase in hand hygiene compliance. In June 2016, the Infection Prevention observational study showed that the hospital score increased to 91%. This 40% increase in hand hygiene compliance occurred over a period of 3 years. This ongoing initiative has heightened awareness of performing proper hand hygiene procedures and demonstrates sustained outcomes.

With increased energy and hard work, the staff had created an environment that in fact protects and supports the patients that we care for on a daily basis.

In moving forward, the Hand Hygiene Campaign will continue to investigate different ways to approach staff motivation and compliance with hand hygiene activities.