IMPROVING HAND HYGIENE COMPLIANCE USING EVIDENCE-BASED PRACTICE

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PROBLEM IDENTIFICATION

• The Centers for Disease Control and Prevention (CDC) (2016) estimates that there are 722,000 healthcare-associated infections (HAIs) annually in the United States. Of that number, 75,000 people die.
• The CDC (2016) states that the most effective way to fight infection is to practice hand hygiene.
• Noncompliance with hand hygiene is a patient safety issue that affects every healthcare organization.
• The compliance rate is below the 90% goal set by the facility at present.

EVIDENCE SUMMARY

• Direct observation is the gold standard for measuring compliance, coupled with immediate feedback. (Ellingson et al., 2014; Arise, Nishizaki, Morita, Yagi, & Takeuchi, 2016).
• Barriers must be identified and addressed to improve compliance. Using a targeted approach to address the barriers results in more improvement than using a one-size-fits-all approach (Chassin, Mayer, & Nether, 2015).
• Accountability needs to start with senior leaders making hand hygiene an organizational priority in the reduction of HAIs. Leadership can show its support by providing adequate resources, including the use of a tool like the Joint Commission Transforming Healthcare’s Targeted Solutions Tool (Ellingson et al., 2014).

PROJECT IMPLEMENTATION

• Conducted literature search for sources regarding hand hygiene published between 2012 and 2017
  • peer-reviewed
  • terms searched: hand hygiene, compliance, barriers, observations, improvement, alcohol, soap, recommendations, and Joint Commission.
• Developed a plan using the Joint Commission’s Transforming Healthcare Targeted Solutions Tool (TST) and other supporting evidence for hand hygiene improvement
  • Showed that TST uses direct observation and immediate feedback
  • Discussed how TST aids in the identification of barriers and provides approaches to mitigate the barriers
  • Demonstrated benefits of the tool such as automatic generation of charts showing rates of compliance vs noncompliance
• Developed a PowerPoint presentation of the steps involved in implementing the plan which included
  • identifying unit champions
  • education of the champions
  • information on how to overcome barriers to performing hand hygiene
• Presented the PowerPoint to the Infection Control Practitioner and the Quality Manager at the facility who chose to implement the plan

FUTURE IMPLICATIONS

• To reduce HAIs, nurses must improve hand hygiene compliance
• To improve hand hygiene compliance, barriers that exist at each individual facility must be identified and addressed
• The Joint Commission Center for Transforming Healthcare’s Targeted Solutions Tool provides a platform for collecting data regarding compliance and barriers, as well as tools to overcome barriers that are specific for each facility
• The tool can be accessed online at the Center for Transforming Healthcare at http://www.centerfortransforminghealthcare.org/tst_hhy.aspx

REFERENCES


COMMON THEMES REGARDING NONCOMPLIANCE

• Intrapersonal such as distraction, busyness, and forgetfulness
• System problems such as broken equipment, inadequate supplies, lack of accountability, inadequate safety culture, and lack of a hand hygiene monitoring program. (Chassin et al., 2015)