

# Hand Hygiene: An Educational Program to Improve Practice



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## Background

- Hand hygiene is the easiest and most fundamental way to prevent infection
- World Health Organization (WHO) outlines five moments in which hand hygiene is essential
- Education and improvement of hand hygiene practices reduces incidences of infection, reduces morbidity and mortality rates, and generates cost savings for patients

## Practice Change

To improve hand hygiene practices by providing education to ICU staff and implementing an observational tool to measure hand hygiene compliance in the ICU setting.

## Methods

- Design informational/education materials based on WHO 5 Moments for Hand Hygiene and distribute to staff via e-mail, posters, and huddles
- Survey ICU for hand washing/Purell stations to evaluate for ease of access and visibility
- Obtain materials needed for educational materials from EMMC Infection Control
- Meet with department head and clinical educators to discuss plan
- Present ICU staff with information
- Obtain ICU staff hand hygiene occurrence rates results by comparing information gathered from observational tool before and after education is provided

## Measures and Results

### Observational Tool

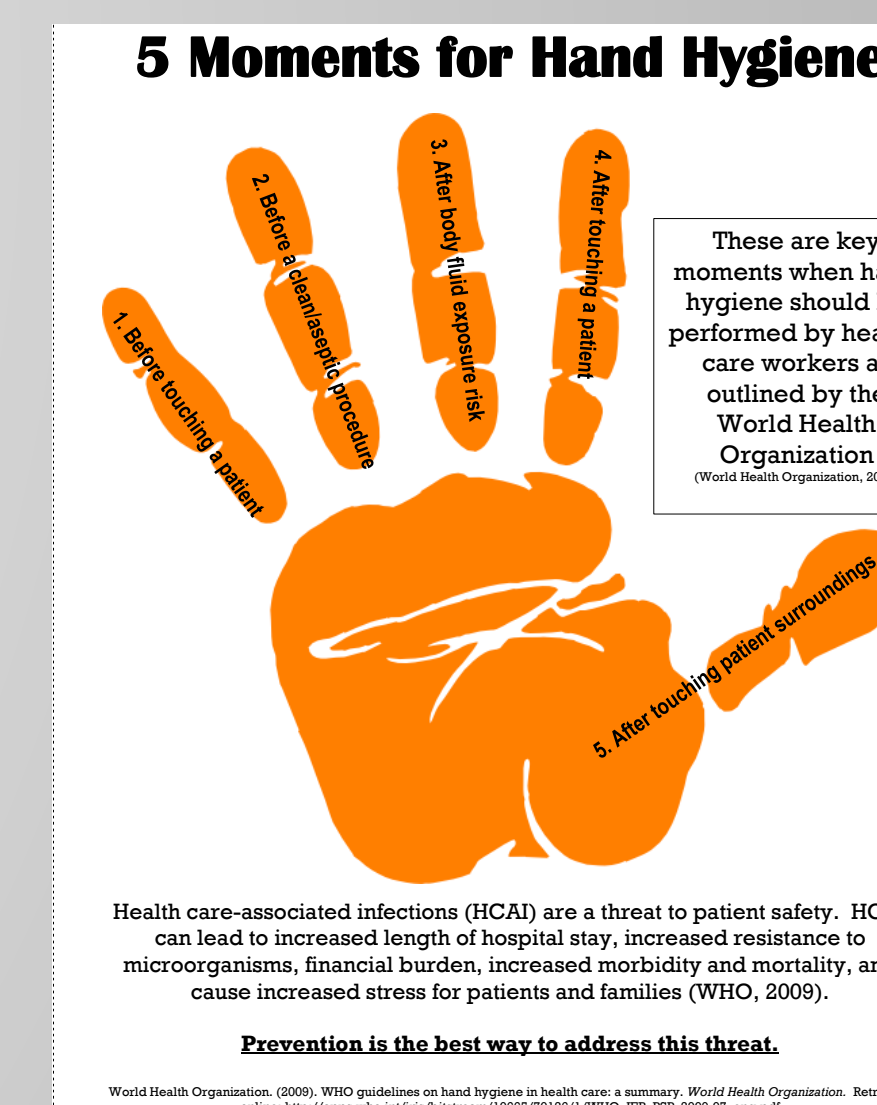
	Hand Hygiene Opportunities
Unit/Date	
Staff Title -RN, NT/CAN, RT, MD, CN, PA/NP, PHLEB, PT, OT, SW, XRT	
Observer Initials	
Before Pt Contact	
Before Aseptic Procedure	
After Bodily Fluid Contact	
After Pt Contact	
After Contact with Pt Environment	
Action Complete	
Opportunity	
** Occurrence Rates (%) = (action complete /opportunity)/100	

### Results

Pre Education July 9-15	Opp	Observ	Occur	Post Education July 23-30	Opp	Observ	Occur
<b>RN</b>				<b>RN</b>			
B. Pt	350	307	87.7%	B. Pt	350	326	93.1%
B. Aseptic	43	40	93%	B. Aseptic	27	25	92.5%
A. BF	72	71	98.6%	A. BF	75	73	97.3%
A. Pt	350	321	91.7%	A. Pt	350	323	92.2%
A. Pt Surr	350	321	91.7%	A. Pt Surr	350	326	93.1%
<b>MD</b>				<b>MD</b>			
B. Pt	28	17	60.7%	B. Pt	20	17	85%
B. Aseptic	5	5	100%	B. Aseptic	3	3	100%
A. BF	5	5	100%	A. BF	3	3	100%
A. Pt	28	20	71.4%	A. Pt	20	17	85%
A. Pt Surr	28	20	71.4%	A. Pt Surr	20	17	85%
<b>RT</b>				<b>RT</b>			
B. Pt	76	69	90.7%	B. Pt	72	69	96%
B. Aseptic	10	10	100%	B. Aseptic	8	8	100%
A. BF	10	10	100%	A. BF	8	8	100%
A. Pt	76	72	94.7%	A. Pt	72	70	97%
A. Pt Surr	76	72	94.7%	A. Pt Surr	72	68	94%
<b>Phleb</b>				<b>Phleb</b>			
B. Pt	52	50	96.1%	B. Pt	49	48	98%
B. Aseptic	20	20	100%	B. Aseptic	27	27	100%
A. BF	20	20	100%	A. BF	27	27	100%
A. Pt	52	51	98%	A. Pt	49	48	97%
A. Pt Surr	52	51	98%	A. Pt Surr	49	48	97%

## Summary/Discussion

- Institutional policy changes take time and several committee reviews may be necessary before full implementation is possible
- UMH Policy Approval Process:  
*Formatting → Forms Committee → P&T (Pharmacy) Committee → PIC → MEC → Board of Governors → Website*
- OSA compromises patient care
- Measures that raise awareness and increase quality and safety should be initiated
- OSA screening tools are quick and effective



## Conclusion

- Increase in staff recognition of importance of hand hygiene
- Increase in hand hygiene practices among staff
- With continuation of data collection there will be more conclusive results of whether infection rates decrease or not

### References

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