



Back to the Basics: A Hand Hygiene Initiative

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Background

Background and Significance: Hand hygiene (HH) awareness has changed in the wake of COVID-19, and literature suggests that poorer hand hygiene compliance can be directly linked to habits developed during the COVID-19 pandemic. Proper hand hygiene is the primary source for prevention of healthcare-associated infections (HAI's). Direct observation of hand hygiene compliance is the gold standard despite possible limitations, including potential for bias.

- As a result of staff turnover, staffing vacancies, and volume surges the safety coach program at ECU Health Duplin had diminished in productivity/data collection.
- In 2022 Hand Hygiene data was not readily available/not clinically significant, therefore, hand hygiene compliance rates across ECU Health Duplin were unknown.
- Baseline data was collected by the Duplin Quality Team, and HH compliance across ECU Health Duplin was found to be 54%.

Aim: By developing a covert hand hygiene observation program, and publically reporting the data collected, hand hygiene compliance will improve to a minimum of 80% by the end of FY23 (September 2023).



Collaborative Team Members:

- Caroline Rust, CIC- Infection Preventionist
- Julie Teachey, MSN, RN- QNS
- Dana Rousay, CPHQ
- Krista Horne, MSN, RN- Director of Education & Quality

Methods

- Baseline evaluations conducted by QI team:
 - Review of the existing HH collection methods both within ECU Health and within other organizations
 - The statistical significance of pre-existing data at ECU Health Duplin
- Covert hand hygiene (HH) observers trained utilizing an education session with both return demonstration and written testing.
 - **Opportunities audited at ECU Health Duplin:**
 - Before room entry or patient contact
 - After patient contact or upon room exit
- Data collected utilizing: **HH Adherence = (Actions/Opportunities) x 100%**
- HH data collected covertly 24/hrs a day in all patient care areas.
- Interventions introduced throughout the 10- month intervention phase:
 - Staff education
 - poster contests
 - Hand hygiene rounding on all units
 - Public Reporting with HH Scorecard
 - Unit led barrier discussions
 - Ancillary department huddles
 - Physician & leadership presentations.

Project Duration:

- October 2022-November 2023

The study was conducted in 3 data phases:

- Baseline evaluation (2 months- no data)
- Baseline Data Collection (2 months)
- Intervention phase (10 months)
- Post-Intervention Data Collection (2 months)

Results

(Phase 1) PDSA 1: Baseline Data Collection

- Development of HH training/audit materials
- QI Department and Round 2 of Covert HH observers trained
- Baseline Data collected & Assessed
- Interventions Established for Phase 2

(Phase 2) PDSA 2: Intervention Phase

- Leadership Introduced to the QI Project
- Baseline Data Presented Hospital Wide
- Public reporting score card developed
- Staff education developed and implemented
- Poster Contests Held
- HH Rounding on all patient care areas
- QI Team participated in unit led barrier discussions
- QI Team attended Ancillary department huddles
- Physician Leadership shared and championed the project amongst their peers



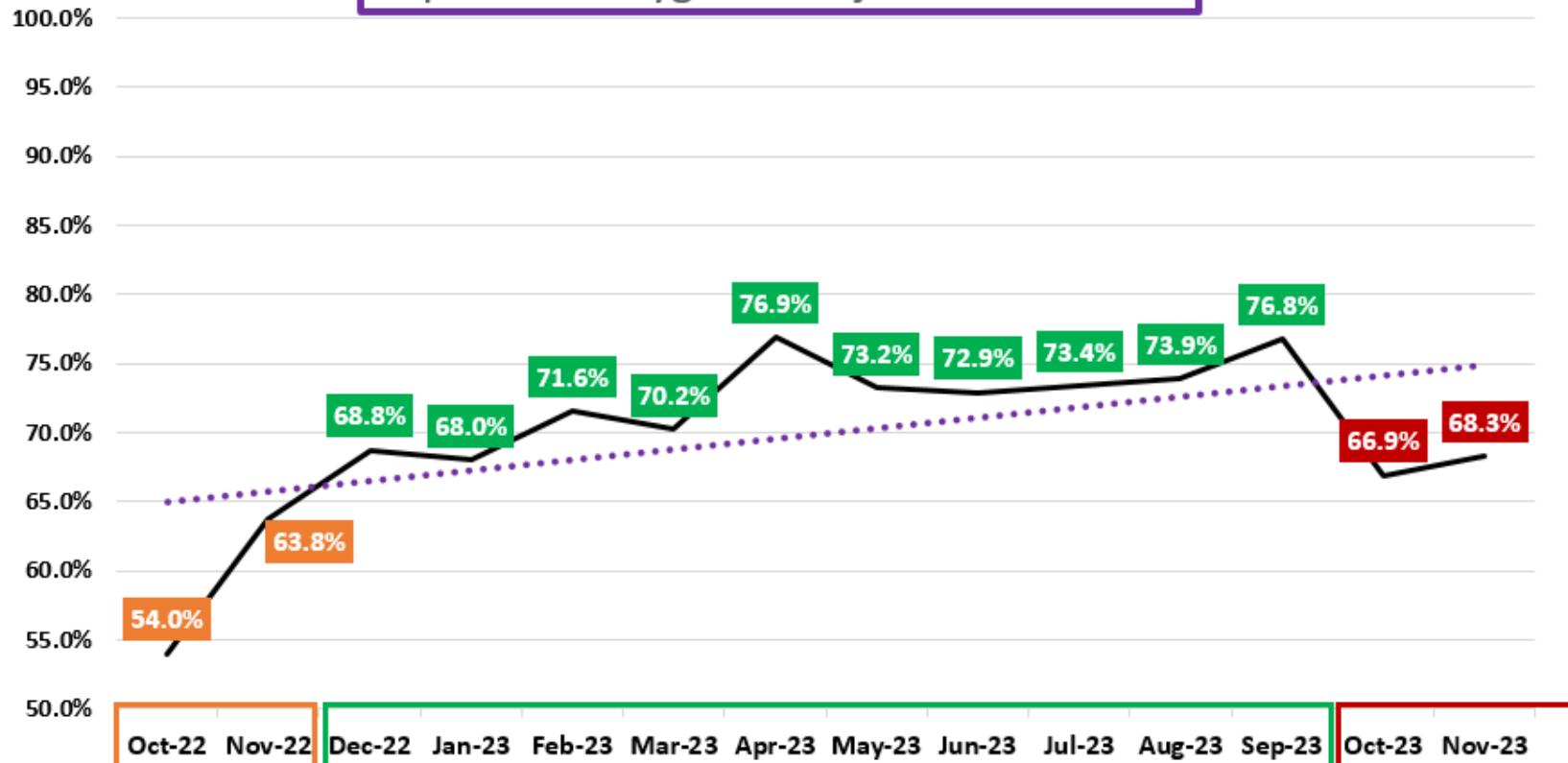
(Phase 3) PDSA 3: Post-Intervention Data Collection

- Passive data collection continued with utilization of covert HH observers
- Continued public reporting

Program Timeline



Duplin Hand Hygiene Project: Covert Data



PDSA 1:

Baseline Data
Collection

PDSA 2:

Intervention Phase

PDSA 3:

Post- Intervention
Data Collection



Conclusion/Summary of Findings

- Our goal of 80% HH compliance was approached during the intervention phase, but not reached.
- Engagement & focus drive change.
 - During the intervention phase, HH adherence was on the rise.
 - During the post-intervention phase, while data was still being reported, drift was experienced without constantly keeping the topic at the forefront of rounding initiatives.
- Solutions to contributing factors are being explored in greater depth.
 - In multi-bay areas HH dispenser locations are more limited, and not placed in ideal locations.

Future Phases:

■ Patient Facing Initiatives:

- Scripted patient admission language/rounding language. “It’s ok to ask.”– Ask us if we have washed our hands, or ask us to wash our hands.
- Patient Education about hand washing and disease prevention

■ Outpatient & Ancillary Initiatives:

- Team member scripting, for outpatients about hand washing.
- Increased covert HH observers from engaged ancillary team members.