HAND HYGIENE: BUILDING A MULTIDISCIPLINARY PROGRAM TO IMPROVE COMPLIANCE
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Abstract for Poster Presentation

Background/Purpose: Hand hygiene has been identified as a critical factor in the prevention of transmission of microorganisms in healthcare. Although a necessary goal, the lack of a broad unified method to educate and measure hand hygiene compliance continues to be a challenge. Combining the evidence based research from the CDC and the WHO was used to develop a comprehensive, standardized, multimodal approach to improve hand hygiene knowledge and build an audit reporting system for CSM.

Conceptual framework: The Health Belief Model authored by, Ajzen & Madden, 1985, was the conceptual framework foundation used to build the program.

Sample: All health care workers (HCW) of CSMM and CSMO acute care facilities were included. Health care worker was defined as anyone who comes in contact with a patient or their environment.

Methods: Convenience samples of 20 direct observations of hand hygiene per month were obtained by the Infection Prevention nurse or a trained hand hygiene champion. Staff was unaware of when they were being audited and corrections in hand hygiene practice were not done during this time. Infection Prevention recorded observations on an adapted tool constructed from the CDC and WHO programs. Compliance of hand hygiene was documented if the recorder had an unobstructed view of the HCW performing hand hygiene prior to entering or exiting the patient’s room. A baseline audit was obtained in all of the patient care areas for both hospital sites in February 2011. A comprehensive multidisciplinary educational program was assembled by the Infection Prevention department; supported by the CSM leadership team. Education included identifying the risk to patient and employee safety and increased acquisition of health care associated events.

Results: Post intervention audit results completed in November 2011 improved to at or above 90% system wide. Results were provided to the organization by posting on the Infection Prevention web site and quality indicator report.

Conclusions: Compliance has remained relatively consistent in the 90-100% range. The program maintained strength with the support of senior leadership and monthly data feedback to key stakeholders. The variety of education modems was instrumental in improving awareness for the need to perform hand hygiene as a patient and employee safety intervention. Challenges to the program are maintaining freshness and attention to adherence of compliance. Limitations to the program are the labor intensive resources needed to sustain the program with data collection, processing, and reporting to the organization. The sampling technique is limited by the difficulty in validating audits from the self-reported departments and the risk of the staff becoming aware they are being audited and modifying their practice at those times. Overall, the program has seen success and the staff has a heightened awareness of the need to perform hand hygiene as a patient safety initiative.