STUDY PROFILE

Practically speaking: Rethinking hand hygiene improvement programs in healthcare settings

Observational study

by the Memorial Sloan-Klettering Cancer Center, New York

WHAT WAS INVESTIGATED?

- Development of a **new approach to increasing hand hygiene**, including
  - **Multidisciplinary teams**
  - Setting up **compliance goals**
  - **Detailed workflows** of common task with **integrated hygiene steps**
  - **Mutual observations**

WHAT WAS THE RESULT?

- Hand hygiene compliance **increased from 65 % to above 90 % and remained steady**

Implementation of a novel program for improving hand hygiene leads to a sutainable increase in compliance.

Research for infection protection

Source: Son C *et al.* (2011) Practically speaking: Rethinking hand hygiene improvement programs in health care settings. Am J Infect Control 39 (9): 716-724.

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BACKGROUND

Hand hygiene is known to be the single most effective means to reduce health care infections. It includes handwashing with either soap and water or the use of an alcohol-based hand rub before entering and after exiting a room. Increased hand hygiene compliance is now required from leadership at both the individual hospital level and outside regulatory agencies. Despite the existence of hand hygiene guidelines, few concrete and practical strategies are available, and most studies are limited to intensive care unit settings. The Memorial Sloan-Kettering Cancer Center in New York City developed a new approach to measuring, monitoring and increasing hand hygiene compliance.

GOAL

The study investigated the implementation of a more sustainable program for peer-based direct observations of hand hygiene across all inpatient, outpatient and regional sites throughout their institution, and its effect on hand hygiene compliance.

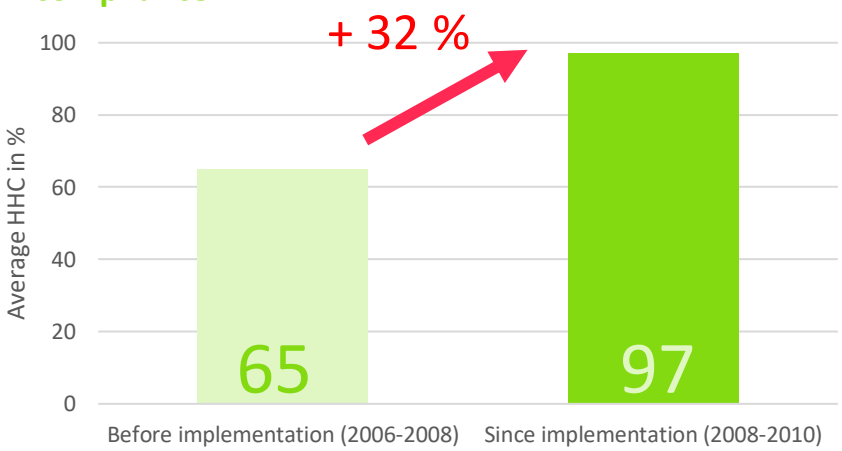
DESIGN AND METHODS

Multidisciplinary teams were assembled with representation from nurses, physicians, patient care technicians and environmental service staff. Each team comprised between five and ten health care workers, one quality assessment representative and one or more infection prevention practitioners. These teams set up their own hand hygiene compliance goal, based on the WHO hand hygiene guidelines. Within a timeframe of 12 weeks, they diagrammed detailed workflows of several of their most common patient care tasks like blood sample collection, physical assessment and bathing. Wherever hand hygiene was indicated, the workflow was marked with a number corresponding to one or more of the WHO‘s „5 moments for hand hygiene“. At the end of the 12-week period, staff members were trained to observe each other and began officially collecting and submitting data to infection prevention. Trained observers performed direct observations once per quarter on a random, unannounced day within a designated month. All staff members were observed for either 15 minutes or 5 complete patient encounters.

RESULTS

Approximately 50 hand hygiene teams have completed the project and now perform quarterly observations. The program was implemented across the institution between 2008 and 2010. Between 2006 and 2008 the average hand hygiene compliance of the Memorial Sloan-Kettering Cancer Center held steady at 65%. After the new program was launched in 2008, compliance reached 97% and remained steady at this level ever since.

Figure 1: Average hospital-wide hand hygiene compliance



CONCLUSION

The implementation of workflow-diagrams, including the feedback of hand hygiene compliance rates, may help health care institutions to increase a sustainable compliance.

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