

# RBWH Hand Hygiene Program: Leading the way to success

## A two year observational study of the hand hygiene compliance of Urology ward

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### Abstract

#### Introduction:

The RBWH Hand Hygiene (HH) Program was initially implemented in 2007. A core element of the program is the Lifesavers Program. It includes enhanced education focused on the “when, why, and how” principles of hand hygiene; audit buddy; support; clinical staff engagement and HH accountability. Clinical leaders’ engagement in the program determines the success of the strategies.

#### Method:

Nurse Unit Managers (NUM) nominate participants for the Lifesavers Program. Training is provided by Infection Monitoring and Prevention Service (IMPS) and actively promotes the “when, why and how” principles of HH in their area. Part of the program is observation of HH auditing with IMPS staff in their clinical area and when required, provide education and feedback to their unit when gaps are identified in the HH compliance.

The NUM in Urology Ward undertook the Lifesaver Program and engaged with IMPS to improve their hand hygiene compliance. They created a closed Facebook page named: “7BS Uro-Dynamics” which serves as their communication hub to update any information on their HH compliance and moments of HH they need to focus on.

#### Result:

Areas where clinical leaders were involved in the Lifesaver program are taking accountability of their hand hygiene practice. Following their education of the “when, why and how” principles of hand hygiene, their work unit have shown increased compliance rates from 78% to 90% and maintained a sustained compliance rate of 85%.

#### Conclusion:

Hand hygiene compliance can be improved and sustained when clinical leaders are involved and tailor actions to their clinical area needs.

### Methods and Materials

The study used pre and post observation study design. Hand Hygiene observations prior to the NUM’s enrollment in the RBWH Hand Hygiene lifesaver program were retrieved from Hand Hygiene Australia served as the baseline and pre study dataset. The NUM implemented change practices, such as allocating a staff member to buddy with IMPS staff during auditing, staff who buddy with IMPS staff provide feedback during clinical handover, creating a ward closed Facebook page to discuss the infection prevention and control strategies, and the NUM wears the “Clean Hands are Lifesavers” shirt every week.

Table 1 illustrates the strategies implemented by the NUM after his 1 ½ hour hand hygiene lifesaver training with IMPS. x indicates the number of times a strategy is implemented. Strategies include IMPS Audit buddy wherein a ward staff member stand beside IMPS staff during hand hygiene auditing and provide feedback to ward staff during clinical handover. Other discussions areas are available in their Uro-Dynamics private Facebook page as shown in figure 3. The Urology ward NUM became a lifesaver in May 2016 and commenced wearing the lifesaver shirt from that time. A total of 22 strategies were implemented in July, 11 in August and 10 in September.



Figure 1. NUM leading the way

Strategies	July 2016	August 2016	September 2016
IMPS Audit Buddy	4x	2x	2x
Clinical handover discussion	4x	1x	1x
Glitter bug	4x	2x	0
Hand Hygiene Education	2x	0	1x
NUM wearing Lifesaver shirt	8x	6x	6x
<b>Total strategies implemented</b>	<b>22</b>	<b>11</b>	<b>10</b>

Table 1. Urology Ward Hand Hygiene Strategies



Figure 2. Hand Hygiene Lifesaver in action

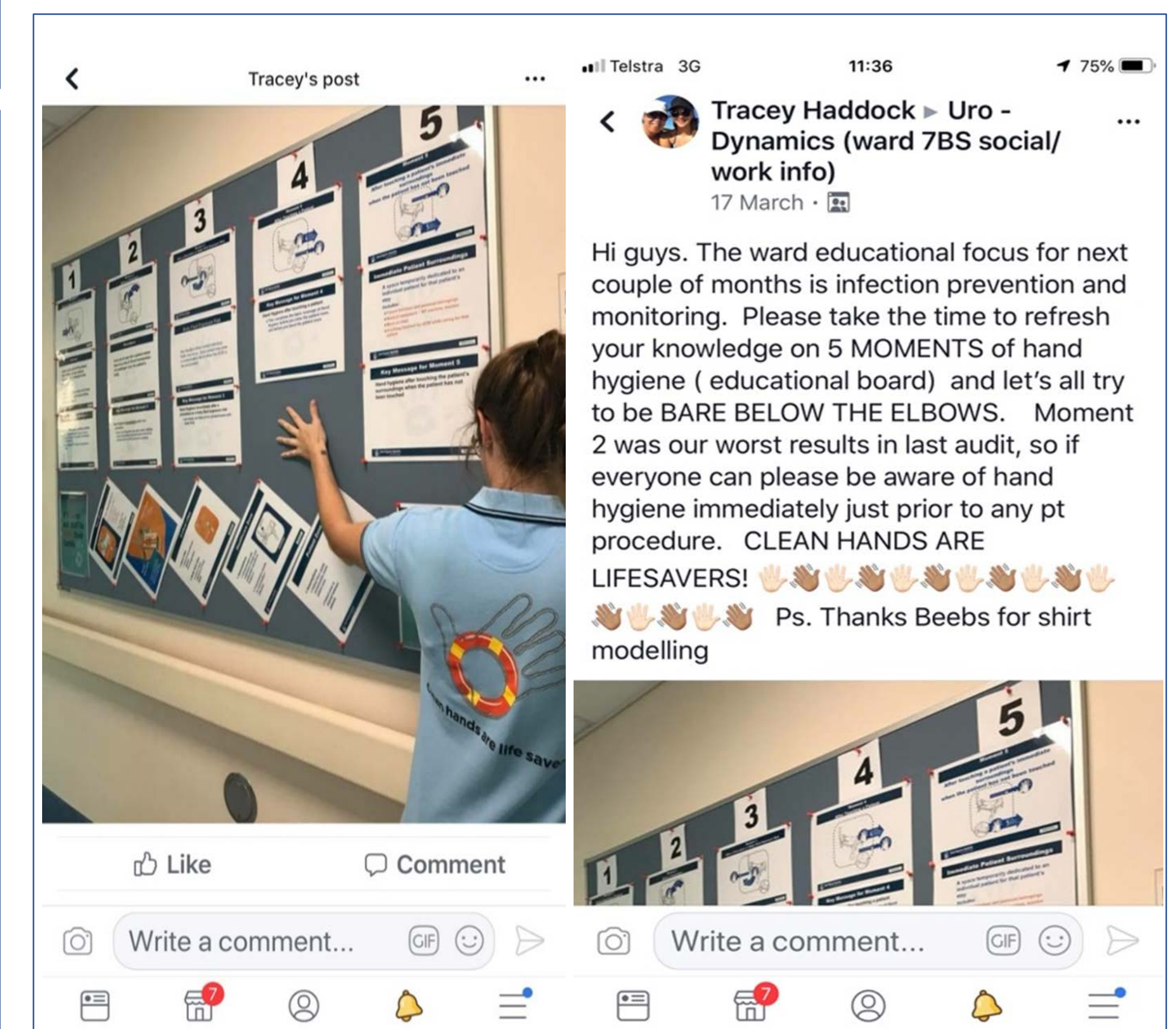


Figure 3. Uro-Dynamics Facebook page.

### Results

Pre study hand hygiene compliance baseline in 2015;

- 73% in July,
- 81% in August and
- 70% September.

Post lifesaver strategies implementation in 2016 yield following increase in compliance;

- 8% increase compliance in July,
- 2% increase compliance in August and
- 7% increase compliance in September

Green arrow before July 2016 indicates the period when the NUM had commenced implementing hand hygiene strategies.

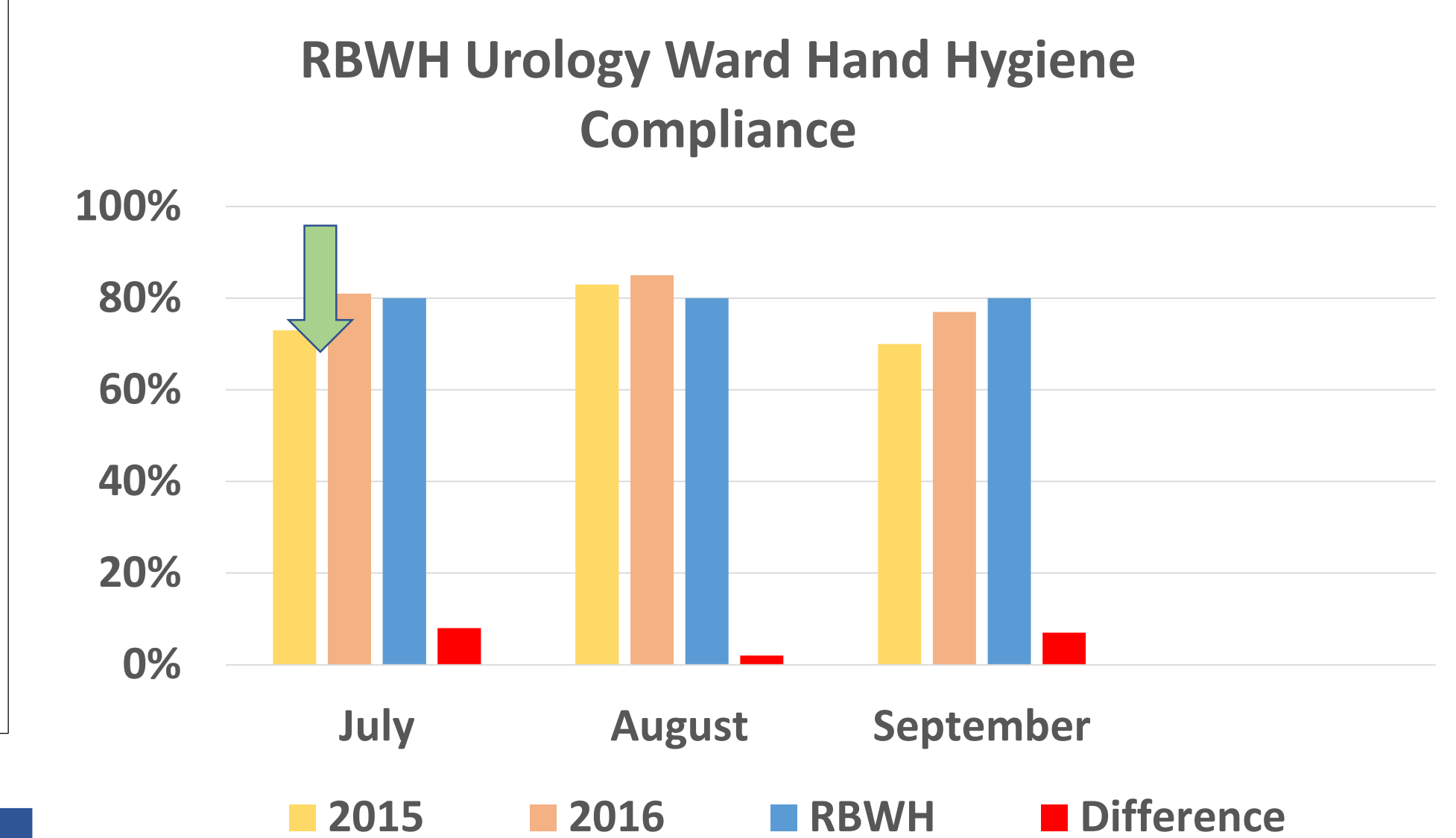


Table 2. Urology Ward Hand Hygiene Compliance.

### Discussion

This observational study supports that when NUM’s actively implement hand hygiene strategies, higher hand hygiene compliance is attained. This also strengthens the concept that when clinical leaders takes responsibility and accountability in the promotion of patient safety, an increased hand hygiene compliance and understanding is achieved .

Future studies should examine the effect of introducing more strategies to see if it can increase further the ward’s hand hygiene compliance.

In addition, there is a need to replicate the findings of this study with other clinical areas as this study is limited to Urology ward.

### Conclusion

The combined commitment of the NUM and staff in the promotion of patient safety in a clinical area is the defining element in the effective hand hygiene program implementation. The various strategies together with a clinician’s sense of accountability and responsibility towards delivery of patient safety enhances the hand hygiene compliance and infection prevention.

### Introduction

The Australian Commission on Safety Quality in Health Care (ACSQHC) has engaged Hand Hygiene Australia to implement the National Hand Hygiene Initiative(NHHI) which aims to improve compliance of healthcare workers in the acute setting (Queensland Health, 2018).

Several strategies have been implemented by healthcare institutions to ensure hand hygiene compliance (Yazaji, 2011) in the NHHI. Despite available evidence which recognized hand hygiene as the fundamental measure to prevent healthcare associated infections, compliance and adherence of healthcare workers remains lower than recommended.

To strengthen the hand hygiene initiative, frontline level clinical leaders must secure their commitment to embed the best practice culture change of hand hygiene (Elizabeth McInnes, 2014).

Senior hospital managers must have accountability and responsibility for the implementation of this patient safety initiative.

Elizabeth McInnes (2014) states,“Obtaining optimal hand hygiene compliance rates across all clinical settings is an ongoing challenge for all health services throughout the world”. “Because it is often difficult to prove that an instance of hand hygiene non-compliance directly relates to patient harm, it is challenging to achieve 100 percent compliance. This points to the need to reinvigorate campaigns with a focus on both system and individual responsibilities.”

### Contact

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