

Introduction

- There is a direct correlation between hand hygiene and health care-associated infections (WHO, 2009)
 - Estimated 100,000 deaths annually in US due to health care-associated infections (CDC, 2010).
 - Despite multiple initiative, average hand hygiene compliance among all health care workers remains at less than 50% (Erasmus et al., 2010; Joint Commission Center for Transforming Healthcare, 2012).
 - Approximately 70% of all infections could be prevented with a potential cost savings of \$25 – 31.5 billion for inpatient care (Thomas & Orr, 2011).
 - The Center for Transforming Healthcare Targeted Solutions Tool has identified ten root causes of why healthcare workers fail to perform hand hygiene:
 - Ineffective placement of dispensers or sinks
 - Decreased frequency or accuracy of reporting of hand hygiene compliance data
 - Lack of accountability and just-in-time coaching
 - Culture does not stress hand hygiene
 - Ineffective or insufficient education
 - Healthcare workers with full hands
 - Wearing of gloves
 - Perception that hand hygiene is not needed
 - Healthcare workers forgetting
 - Distractions
- (Joint Commission Center for Transforming Healthcare, 2012)



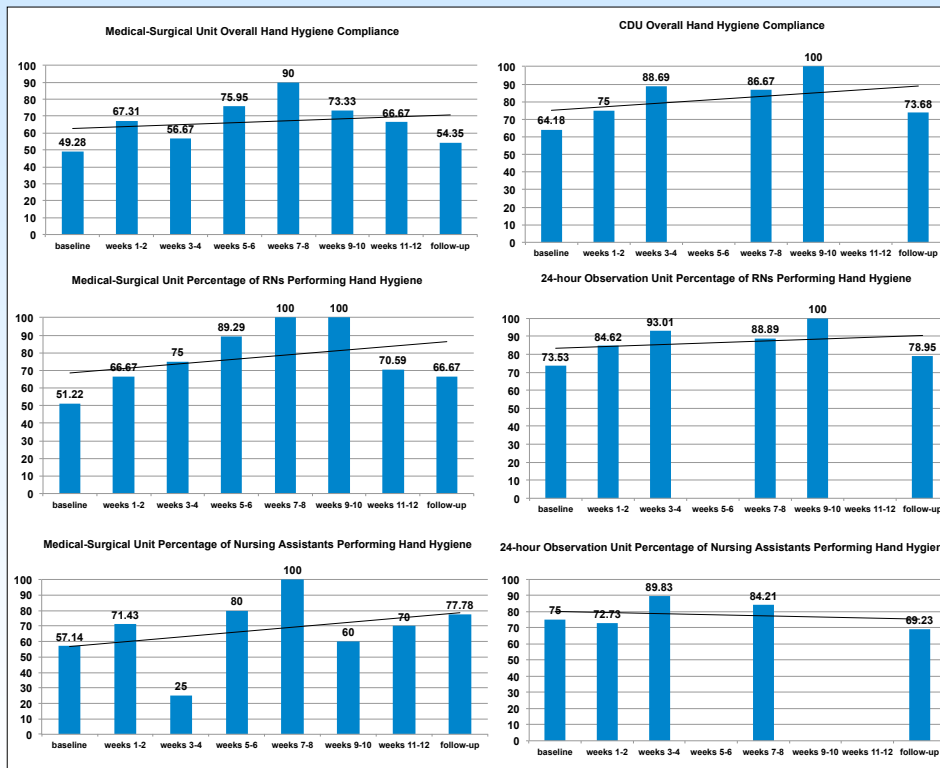
Methods

- Design: Pre- and post-intervention methodology
- Setting: a medical-surgical unit and a 24-hour observation unit in a large, non-profit hospital in the Southeast
- Sample: 138 hand hygiene (HH) observation pre-intervention; 610 HH observations over a 12-week implementation period of just-in-time (JIT) coaching; 84 HH observations post-intervention
- Healthcare workers observed at room entry and exit for hand hygiene by trained volunteer observers and trained just-in-time nurse coaches

- Role of just-in-time coaches:

- Collect hand hygiene observations
- Approach healthcare workers when non-compliant with hand hygiene
- Ask healthcare workers to explain how non-compliance occurred
- Increase awareness of hand hygiene to healthcare workers and reinforce compliance with hand hygiene

Results



Discussion

- Overall, JIT coaching had a small but positive impact on hand hygiene compliance, particularly on the medical-surgical unit
- Limitations:
 - Inconsistent data collection throughout intervention period
 - Verbal reminders from nurse managers were not enough
 - Formal hand hygiene data distribution plan was needed
 - Medical-surgical unit never formally notified of their progress
 - 24-hour observation unit hand hygiene data displayed on a poster board on the unit
- Conclusions:
 - JIT coaching reinforced positive effects of role modeling and peer pressure on hand hygiene compliance
 - JIT coaching allowed staff to become engaged and take ownership and become more aware of their own hand hygiene practices

References

- Centers for Disease Control and Prevention. (2010). Healthcare—associated infections (HAIs): The burden. Retrieved from <http://www.cdc.gov/hai/burden.html>.
- Erasmus, V., Daha, T. J., Brug, H., Richardus, J. H., Behrendt, M. D., Vos, M. C., et al. (2010). Systematic review of studies on compliance with hand hygiene guidelines in hospital care. *Infection Control and Hospital Epidemiology*, 31(3), 283-294. doi: 10.1086/650451.
- Joint Commission Center for Transforming Healthcare. (2012). Facts about the hand hygiene project. Retrieved from http://www.centerfortransforminghealthcare.org/assets/4/6/CT_H_HH_Fact_Sheet.pdf
- Thomas, J. G. & Orr, B. (2011, April). The cost of hospital associated infections. *Advance for Administrators of the Laboratory*. Retrieved from <http://laboratory-manager.advanceweb.com/Web-Extras/Online-Extras/The-Cost-of-Hospital-Associated-Infections.aspx>
- World Health Organization. (2009). WHO guidelines on hand hygiene in health care: First global patient safety challenge clean care is safer care. Geneva, Switzerland: WHO Press.

Contact Information

Kelli Hand, DNP, MBA
Assistant Professor, University of Tennessee at Chattanooga
Kelli-Hand@utc.edu