



Service Priorities and Programmes Electronic Presentations

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Submitting author: Ms M Y YIM

Post title: Advanced Practice Nurse, United Christian Hospital, KEC

Immediate feedback program to improve the hand hygiene compliance in clinical setting

Yim MY, Fung K, Chau OT, Lam OY, Ng SC

Infection Control Team, United Christian Hospital

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Introduction

It is well known that hand hygiene is the most important intervention for infection prevention in the healthcare setting. However, hospitals continue to struggle with suboptimal rates of compliance. Recent surveillance data in a local regional hospital revealed poor compliance to moment 2 (hand hygiene before clean/aseptic procedures). This non-compliance would pose significant infectious risk to patients. A naming system targeting on these procedures was launched.

Objectives

To evaluate the effect on hand hygiene compliance before clean or aseptic procedures using the naming system

Methodology

The Infection control team (ICT) made a proposal to improve hand hygiene compliance to moment 2, targeting on the following procedures: 1. Surgical procedures: lumbar puncture, tapping of sterile sites, wound suturing 2. Intravenous (IV) access: IV injection, IV line care, IV line puncture 3. Respiratory tract or wound care: tracheal/ endotracheal tube suction or care, wound handling 4. Blood collection The proposal was discussed with the hospital management, department heads, nursing heads and staff representatives. Information was promulgated via email and hard copies in both English and Chinese to all staff. Unit heads were required to brief their staff. The program started in 4Q 2015. A grace period of two weeks was available during which immediate verbal feedback and education were given to non-compliant staff by infection control nurses. Further briefing sessions was provided for units with non-compliance. After two weeks, the data collected (including name & department of staff, time, place & procedure involved) were sent to the COS / DOMs / WMs/ DMs as appropriate for further actions.

Result

The compliance to hand hygiene before clean/ aseptic procedures increased by 119.7%; from 41.2% (1Q15 - 3Q15) to 90.5% (4Q15). The overall hand hygiene compliance rose from 70.1% (1Q15 - 3Q15) to 81.3% (4Q15). Improvement occurred in all staff categories and in all audited procedures. Our results suggested that

program that effectively raised staff awareness is useful in improving hand hygiene compliance.