



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 514

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### **Hand Hygiene Enhancement Programme in an Acute Geriatric Ward**

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#### **Keywords:**

Hand hygiene

hospital acquired infection

Geriatric ward

Disease transmission

MRSA

#### **Introduction**

Hospital acquired infection has great impacts on health care system including higher mortality rate, prolonged hospitalization and increased cost on patients with HAI. To tackle this problem, hand hygiene is a fundamental, timely and effective strategy in the process of care to prevent HAI. According to the annual report from the infection control team (ICT) of UCH (2015), the incidence of hospital-acquired MRSA case was 0.27, 0.31 and 0.19 per 1000 bed-days in year 2013, 2014 and 1Q2015 respectively. In 2Q2014, ICT noticed that there was an increasing trend of nosocomial MRSA bacteremia in M&G Department, which was the first time over the hospital authority average over the past few years. Among those MRSA bacteremia cases, two of them were found in ward 11B. Coincidentally, there was also a drop in hand hygiene compliance rates (only 44%) in ward 11B in 2Q2014. Therefore, a hand hygiene enhancement program was designed.

#### **Objectives**

To reinforce the concept of “Five Moments” for hand hygiene to ward staff To improve hand hygiene compliance rate, target over 80% compliance for both nursing and supporting staff in ward Minimize HAI cases in ward

#### **Methodology**

“Five Moments” for hand hygiene cue card was designed as a reminder A hand hygiene ambassador was assigned in each A and P shift The ambassador was responsible to observe the hand hygiene performance of nursing and supporting staff every one hour The cue card and verbal clues would be issued to the staff when the hand hygiene performance were inadequate Duty-in-charge would sign on a “Hand Hygiene Round Record” and the name of staff with inadequate hand hygiene performance would also be recorded The number of cue card received was regarded as the performance of staff on the hand hygiene program Staff with poor performance will be invited to participate in the related follow up actions

## **Result**

The hand hygiene enhancement program was started in January 2015. On average, there were around five to six hand hygiene rounds performed by duty-in-charge each day. After implementation, the hand hygiene compliance performed by ward ICT showed gradually increased from 60% (February 2015) to 87% (January 2016). For supporting staff, the compliance rate was increased from 60% (February 2015) to 80% (January 2016). Moreover, the overall hand hygiene compliance rate of ward 11B performed by hospital ICT was increased from 44.4% in 2Q2014 to 82% in 3Q2015.