Children's Mercy Kansas City SHARE @ Children's Mercy

#### **Nurse Presentations**

Nursing

2-2020

#### Hand Hygiene

Sami Hopkins Children's Mercy Hospital, srhopkins@cmh.edu

Lyndsey Dusanek *Children's Mercy Hospital*, Indusanek@cmh.edu

Emily Filley Children's Mercy Hospital, ecfilley@cmh.edu

Chandler Durkee Children's Mercy Hospital, cldurkee@cmh.edu

Katie Johnston Children's Mercy Hospital, kejohnston@cmh.edu

Let us know how access to this publication benefits you

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/nursing\_presentations

Part of the Pediatric Nursing Commons

#### **Recommended Citation**

Hopkins, Sami; Dusanek, Lyndsey; Filley, Emily; Durkee, Chandler; and Johnston, Katie, "Hand Hygiene" (2020). *Nurse Presentations*. 10. https://scholarlyexchange.childrensmercy.org/nursing\_presentations/10

This Book is brought to you for free and open access by the Nursing at SHARE @ Children's Mercy. It has been accepted for inclusion in Nurse Presentations by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact hlsteel@cmh.edu.

# Hand Hygiene

### Sami Hopkins BSN, RN, Lyndsey Dusanek, BSN, RN, Emily Filley, BSN, RN, Chandler Durkee, ADN, RN, Katie Johnston, BSN, RN





### Acknowledgements

- Unit Leadership: Hannah Cunningham, Michelle Waddell, Sarah Wilson, Jessica Fitzgerald, Mandi Turner, David Keeler
- KT Scholar: Lindsey Bloom, Jenny DiGirlamo
- QIC: Kaitlyn Hoch
- Additional support for project: Adonia Ligouri, Kathy Bahareen





### **A3 Overview**

#### A3 for Problem Solving

Focus: Hand Hygiene	Owner: Nurse Residency Program	Date:	Date Approved:
13 Team: Chandler Durkee, Lyndsey <u>Dusanek</u> , Emily Filley, Samantha Hopkins, Katie Johnston		Department Director Signature: Jessica J. Fitzgerald MSN, RN, CCRN-K	KT Scholar: Lindsey Bloom, Jennifer DiGirlamo QIC: Kaitlyn Hoch
Clarify the Problem	Develop and Implement Countermeasures		
The Word Health Origination has 3 moments for hand hygiene: (1) before touching a patient. (2) before clean/aseptic procedures. (3) after body fluid exposure/risk. (4) after touching a patient, and (5) after touching patient surroundings. At Children's Mercy Hospital in the Pediatric intensive Care Unit (PICU) audits were completed in within 3 months. The following are the initial audit. Approximately 60 audits done, no observations were done in emergent situations. Nursing observations which were not done or done incorrectly was 30%. Hand Hygiene not done before patient contact was 15%. Hand Hygiene not done before aseptic procedures was 22%. Nosocomial infection rates in the PICU are averaging 6% for the past 10 months.		M	
Break Down the Problem			
Multiple providers in the PICU participates in a survey on how they fit their compliance with hand hygiene was. On a scale of 1-10, with 1 being "never partorm hand hygiene" and 10 being "I never miss an opportunity to clean my hands according to the 3 Moments for Hand hygiene. The average score was 81.51. Most of the staff fit as to hugh they were compliant with hand hygiene. Below is a graph of the breakdown of providers surveyed. Providers left comments as to what barriers they felt there were to performing hand hygiene adequately. The comments user divided into aix major categories. The highers being origical stuations keythem from performing hand hygiene adequately. The second highest response was regarding the hand sanitizer. The comments varied from the placement of it within the department to the product itself being too rough on skin. Providers were also observed and graded on how they properly performed the five moments of hand hygiene. The graph below shows the 3 moments. Moment 5 was the least compliant moment.	-Visual sids such as hand hygiene reminder stickers -Re-education silide on break room TV (3) -New hand sanitizer product (4) -Nultiple hand sanitizer options for starf (4) -Nolre access to portable pumps in patient rooms (1 -Priendly reminders by peers in the moment (2,3) -Increase use of soap and water (4) -dob sid in FICU binder in nurse server (2,3) Check Results and Process Upon completion of our interventions, in hopes or i hygiene compliance and surveying staff a second til forward in bettering our overall compliance in the P	) nspiring change throughout the unit. We wi	
Identify Root Cause 1) Lock of available product 2) Emergent situations 3) Budy with multiple tasks 4) Effect of hand sanitizer has on hands.	Standardize and Follow Up After completing our hand hygiene surveys staff me K <sup>-</sup> Card Survey however showed conflicting results, and families should all be held to the same standare that was specifically focused on was healthcare pro- chaving 605 of HCP perform Hill is still low and on which is a good piloe to start. Between different me This can make it hand to determine when things are taken further. As healthcare providers we needs to he educating our families and patients as well. The PIC Soon be implemented. We can impact other areas to Also sharing one of the areas the PICU found for sor their own.	which is why we need standardization. There is in order to provide a safe and healthy two iders. In the Hvinter this is something that p ere time could definently be improved, staff something to the something that the something that bonormal versas normal. In order to sustain old each other accountable and see someth U is currently in the process of developing a Making our visual side svaliabile to other r	e is room for improvement. Staff members ironment for our patients. The target group stients and families could also become a part nembers thought our compliance was 30% hen hand hygiene needs to be completed. I our improvements education needs to be ing say something. Not only to staff but also parent friendly hand hygiene job aid that will units and positing them around the hospital.



#### LOVE WILL.

### Clarify the Problem

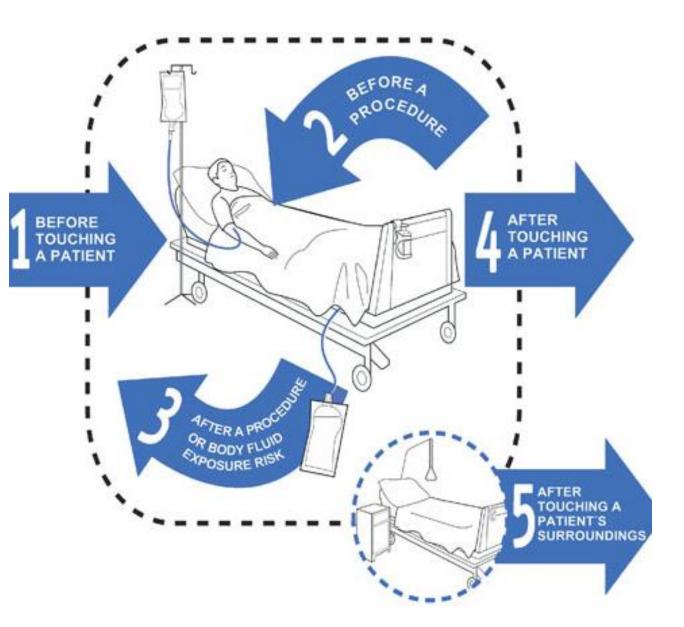
- Health care-associated infections (HAIs) are infections people get while they're receiving health care for another condition.
- HAIs are a significant cause of illness and death and they can have serious emotional, financial, and medical consequences.
- HAI rates in the PICU:





### 5 Moments of Hand Hygiene

- 1) Before touching a patient
- 2) Before clean/aseptic procedures
- 3) After body fluid exposure/risk
- 4) After touching a patient
- 5) After touching patient surroundings





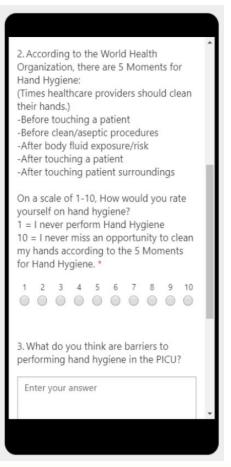


### **Clarify the Problem**

•Multiple providers in the PICU participated in a survey on how they felt their compliance with hand hygiene was.

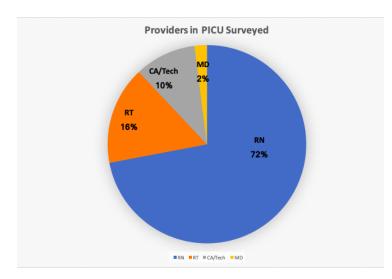
•On a scale of 1-10, with 1 being; "never perform hand hygiene" and 10 being "I never miss an opportunity to clean my hands according to the 5 Moments for Hand Hygiene."

LOVE WILL.





### **Clarify the Problem**



"Constantly having to wash hands really can dry them out over time."

"More hand sanitizers available in the room."

"Length of time for sanitizer to dry, skin issues associated with sanitizer, difficult to reapply gloves after application."

"When I'm moving quickly, sometimes the first thing on my mind isn't to perform hand hygiene between tasks. My mind is on the next step of what needs to be done, not hand hygiene."

"The PICU is a high-intensity and fast paced working environment. I believe that people forget to complete hand hygiene because they have their next task on their mind." The average score was 8.15

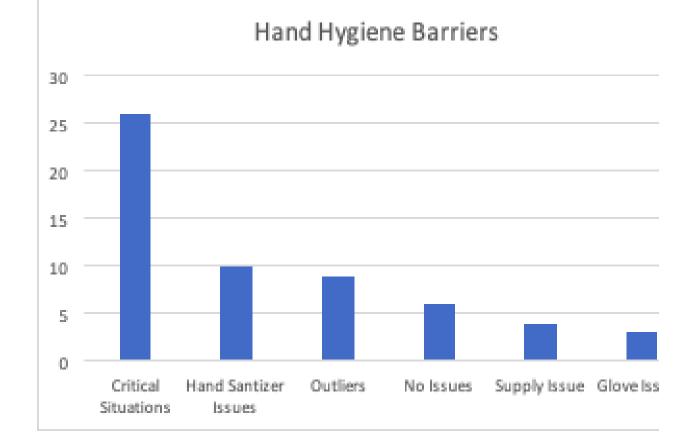
- Most of the staff felt as though they were compliant with hand hygiene.
  - These are some of the comments we received.
  - This pie chart shows the percentages of PICU providers surveyed.





### **Breakdown the Problem**

- Providers left comments as to what barriers they felt there were to performing hand hygiene adequately.
- The comments were divided into six major categories.
  - The highest being emergent situations kept them from performing hand hygiene properly.
  - The second highest response was regarding the hand sanitizer.
    - The comments varied from the placement of it within the department to the product itself being too rough on skin







### **Break Down The Problem**

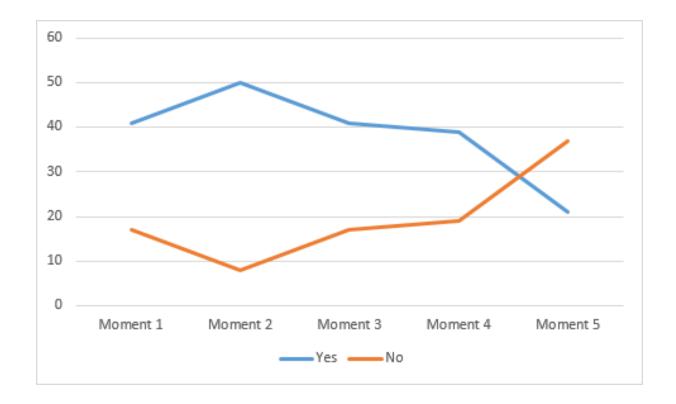


- Hand Hygiene Results 8/10
- The K-Card Survey Results
  - Moment 1 (before touching the patient) 70.6%
  - Moment 2 (before a clean or aseptic procedure) 86.2%
  - Moment 3 (after body fluid exposure risk) 70.6%
  - Moment 4 (after touching the patient) 67.2%
  - Moment 5 (after touching patient surroundings) 36.2%





### **Breakdown the Problem**



- Providers were also observed and graded on how they properly performed the five moments of hand hygiene.
- This graph shows the 5 moments.
  - **Moment 5** was the least compliant moment: After touching patient surroundings.





### Set a Target

• Our goal is for 60% of healthcare providers in the PICU to perform hand hygiene at all five moments of hand hygiene by March 2020.



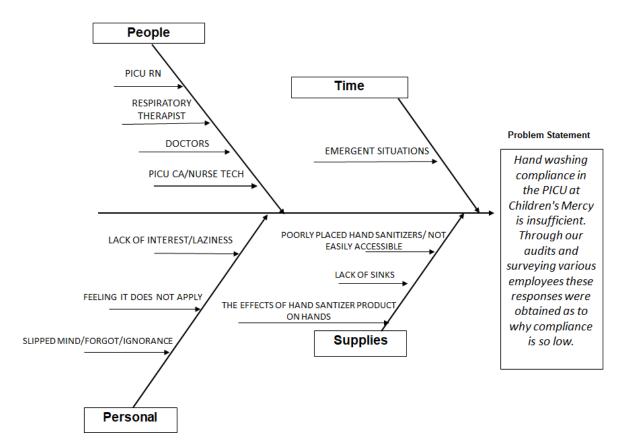




### **Identify Root Cause**

#### Identify Root Cause

- 1) Lack of available product
- 2) Emergent situations
- 3) Busy with multiple tasks
- 4) Effect of hand sanitizer has on hands.







### Develop and Implement Countermeasures

- Ø Visual aids stickers on packs of wipes, stop signs on pumps
- 🚨 🛛 Job aids
- Slideshow in break room promoting re-education
- Multiple product options
- Increased use of soap and water
- Moreased access to portable pumps in rooms

New product

#### Friendly reminders







## Stop Signs





### **Power Point in the Breakroom**







### **Stickers On Wipe Packages**









## Job Aid





### **Check Results and Process**

• Upon completion of our interventions, in hopes of inspiring change throughout the unit, we reevaluated by auditing the staff of their hand hygiene compliance by using K-Cards!





### **Checks Results and Process cont.**

	Pre Survey	Post Survey
Moment 1	70.6	84.6
Moment 2	86.2	71.1
Moment 3	70.6	73
Moment 4	67.2	75
Moment 5	36.2	53.8





### Standardize and Follow Up

- Why do we need to Standardize?
  - Conflicting Results with K Cards and self-survey
  - Room for Improvement
- Is the Target the New Standard?
  - Healthcare providers
  - Include patients and families
- Is it clear when things are normal versus abnormal?
  - Transitions between moments





### Standardize and Follow Up

- How do we ensure sustainable improvements?
  - See something say something
  - Educate families
- How can we impact other areas by sharing what we learned?
  - Visual Aids around the hospitals
  - Encourage other units to implement changes





### Conclusion

#### • Was the AIM statement met?

- Our AIM statement: "Our goal is for 60% of healthcare providers in the PICU to perform hand hygiene at all five moments of hand hygiene by March 2020" has been met!
  - According to our last audits, 75.1% of healthcare providers in the PICU perform hand hygiene at all five moments of hand hygiene, so yes, our AIM statement was met!





### Conclusion

- Pediatric nursing implications
  - We will continue to have care assistants help us label all the wipes so that we can ensure there are reminders to wash hands after changing a diaper
  - We will leave the stop signs and job aids up to help encourage the use of hand sanitizer and hand washing in general

#### • Lessons learned from working on project

- Implementations can take a while to get approved
- Secretly auditing someone is a more accurate representation of what they do on an everyday basis.
- Hand hygiene could be a lot better!







About SAVE LIVES: Clean Your Hands . (n.d.). Retrieved from https://www.who.int/gpsc/5may/background/5moments/en/

Hand Hygiene: Why, How & When? (2009, August). Retrieved February 2, 2020, from https://www.who.int/gpsc/5may/Hand\_Hygiene\_Why\_How\_and\_When\_Brochure.pdf

Health Care-Associated Infections . (n.d.). Retrieved February 1, 2020, from http://health.gov/







# Questions





