

Applying strategy to promote, support & monitor improvements in hand hygiene compliance in Hemodialysis

¹Gemma Dewsnap, ¹Nicola Ward, ¹Gail Cater, ¹Cathy Poole and ¹Natalie Beddows

¹Fresenius Medical Care, NephroCare Head Office, Kings Norton, Birmingham, Great Britain

Introduction

In 2016 it was recognised that compliance with Hand Hygiene (HH) across a large network of satellite hemodialysis units could be improved. A strategy was developed by the senior nursing team to enhance HH focus through various learning methods. This strategy reflects the National Health Service and World Health Organisations determination to save lives through “clean your hands” campaigns^{1, 2}.

Objectives

- Raise awareness of HH Requirements
- Increase Infection Prevention and Control (IPC) Link Nurse focus on Hand Hygiene
- Improve HH Compliance

Methods

A varied approach was adopted to increase awareness, education and surveillance including:

- Study days for IPC Link Nurses providing focus on improving HH compliance in their clinics which included theoretical and practical sessions in addition to external speakers
- Clinic Managers and IPC Link Nurses were given further instructions on the correct methods to perform HH audits including feedback and implementation of action plans
- Light boxes used during study sessions and for practical training in clinics
- IPC training delivered via virtual classrooms to provide ongoing updates/results
- Provision of HH prompt cards to all staff
- Increase external audits/support

Results

In order to continuously promote, support and monitor improvement in HH there has been over 300 recorded training interactions between the Lead Nurse Team and the IPC Link Nurses (Graph 1) as well as over 350 clinic visits being performed. To ensure the effectiveness of these interventions were being reviewed Lead Nurses have attended the clinics to perform HH audits (Graph 2). The results of these have been extremely positive and have demonstrated an increased level of compliance from healthcare workers of 16% since 2016 (Graph 3).

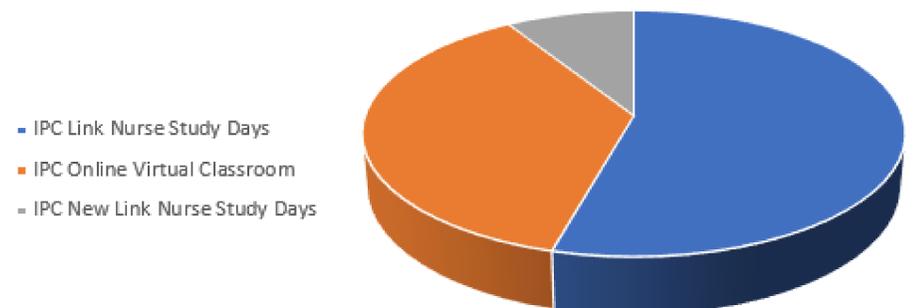
Conclusion

In conclusion, results have shown a positive improvement with hand hygiene compliance. It is difficult to determine whether this improvement is solely as a result of the increased focus on training and monitoring or the ongoing support to the clinics. It does however point to the need to maintain the HH training focus in order maintain future compliance. Effective hand hygiene remains the single most effective method in reducing healthcare associated infections and must remain a clinical priority to maintain patient safety.

References

1. World Health Organisation (2009) SAVE LIVES: Clean Your Hands. Available at <https://www.who.int/infection-prevention/campaigns/clean-hands/slcyh-about/en/> (Accessed 17th July 2019)
2. World Health Organisation (2009) WHO Guidelines on Hand Hygiene in Healthcare. Available at https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=1976B11BB6468E6FEE93AAD5493F6B04?sequence=1 (Accessed 17th July 2019)

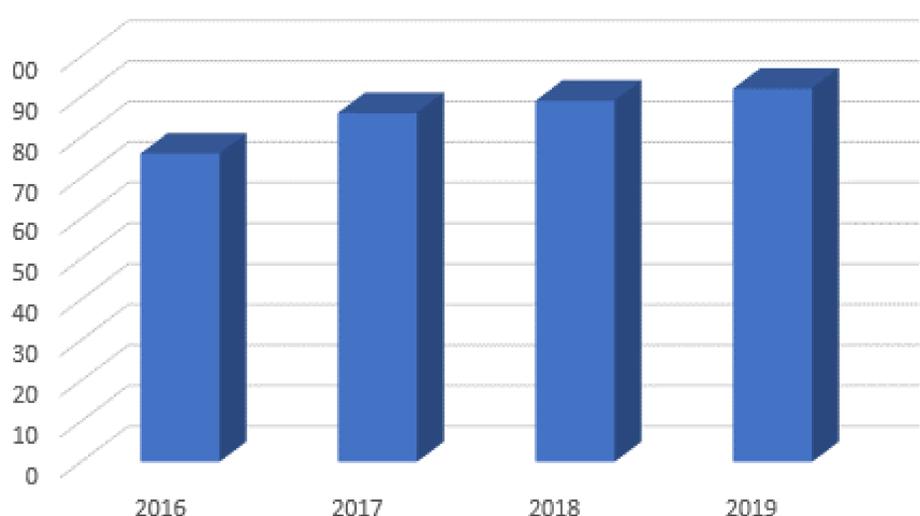
IPC Training



Graph 1 - IPC Link Nurse Training by Type & Delivery Method



Graph 2 - Number of HH audits performed by Lead Nurses



Graph 3 - Hand Hygiene Audit Percentage rates 2016 - 2019