

# Get Down and Clean with Hand Hygiene

An Improvement project on the medical  
unit at St. Joseph's Hospital in Estevan



# Our best hits so far.....

- In the late fall of 2008 Pilot sites picked for the MRSA Collaborative
- Winter of 2009 – Audit of the point of care access sites - improvements made
- Fall of 2009 completed some education – display up, audits begun
- Posters circulated throughout the building on a rotational basis

# Our best hits so far - but

- Education became more formal and in June 2010 we held sessions at our annual education days.
- Audits continued on a monthly basis
- BUT – our audits were not demonstrating great improvement. Sometimes they reached 75% - sometimes not
- **WE HAVE A BETTER SONG TO SING**

# Our Medical Unit

- 20 medical beds - private and semi-private
- Staffing mix – RNs, LPNs, SCA, various healthcare disciplines
- Patient mix – cardiac, post op orthopedic, chronic disease, and palliative
- Other factors – immune compromised patients and antibiotic resistant organism infections.

# Releasing time to Care™ (RTC)

- Knowing How We Are Doing
  - Weekly meeting at our RTC board
    - Improve efficiency of care
    - Improve patient safety and reliability of care
    - Improve patient experience
    - Improve staff well being

# Releasing Time to Care

- Hand Hygiene
  - Baseline audit results 25%
  - Weekly audits
  - Review four points of contact
  - Staff walk around to discuss ways to make hand hygiene easier
  - Set up sessions for the hand hygiene presentation – 2 -3 times a week for the next 5 weeks
  - Printed off some of the important points from the hand hygiene presentations – and posted them throughout the ward – on hallways
  - Let staff know what we were measuring and gave them a goal to work toward
  - All staff asked to view the 8 minutes patient/family education video and show to patients/families – set up a DVD on cart

# Hand Hygiene

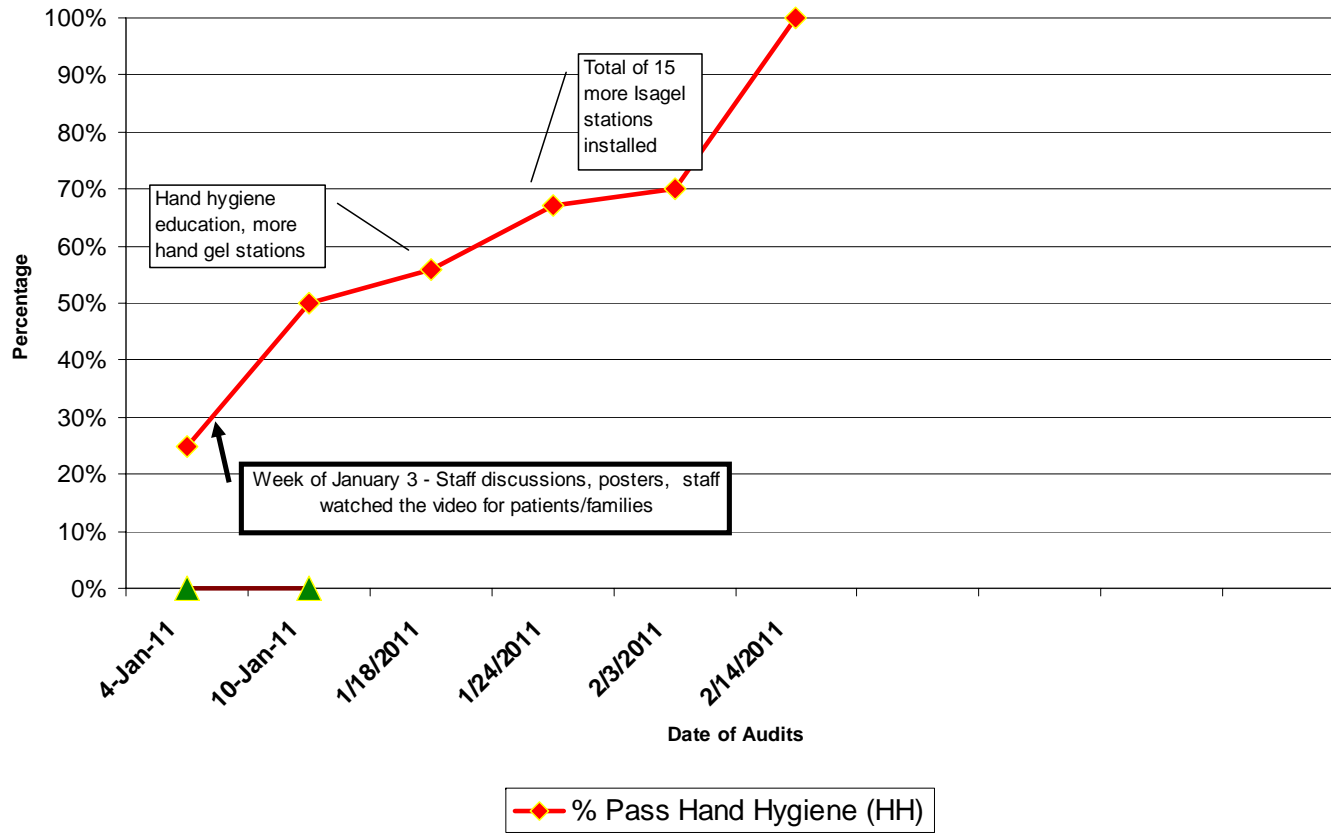
- Audit results posted every week
  - duration of hand washing a primary failing point on audit
- Patient survey implemented
- Everyone responsible for hand hygiene
  - physicians, interdisciplinary team, families, patients, staff members

# Reason for our success:

- Staff suggestions were taken seriously and implemented
- Immediate feedback – after an audit and after the results of the audit. The staff really were part of the solution.
- Repeated focus on basic messages and making hand hygiene part of the work flow
  - think about when it must be done – 4 moments
  - think about how hand hygiene is to be done – including the duration
  - think about how to make it part of your care



### RTC - Hand Hygiene Improvement Initiative



# Maintaining Hand Hygiene

- Monthly audits
- Staff to determine achievable goal for hand hygiene percentage
- DVD and TV set up at all times on ward for education for patients and families
- Education presentation to be continued to be offered.

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