

Improving Hand Hygiene in the Johns Hopkins Hospital Adult Emergency Department

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1 Background

Compliance with hand hygiene before and after every patient interaction in the hospital is an integral component of protecting the safety and health of both hospital staff and patients. There is overwhelming evidence to indicate that hand hygiene reduces healthcare-associated infections. The CDC and the World Health Organization have both made the statement that hand hygiene is the single most important factor that can stop both the infection and transmission of the most common pathogens which cause illness in health care settings (Kirkland et al., 2012).

The Johns Hopkins Hospital Emergency Department relocated to the new Zayed building in April 2012; this move was associated with difficulty in achieving high hand hygiene compliance numbers.

The goal for hand hygiene compliance at the Johns Hopkins Hospital is above 90%. Statistics gathered from “secret shopper” observations at the hospital showed that the emergency department fell below these percentages in the months after the move to the new building

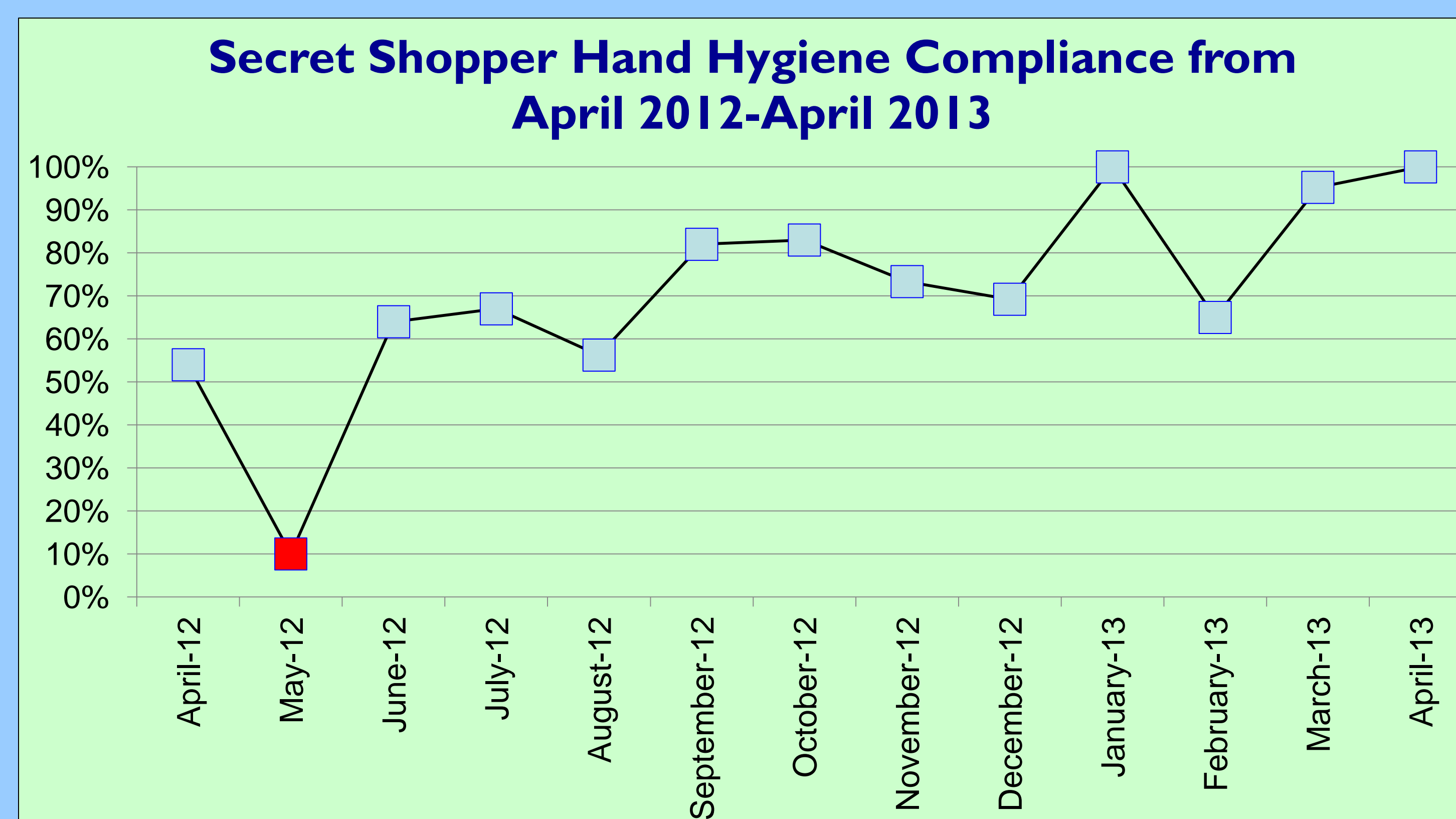
The low rates of hand hygiene compliance prompted the request for a Fuld fellow to work on an intervention aimed at improving the rates of hand hygiene compliance in the emergency department.

2 Methods

A protocol was developed in order to guide nursing supervisors in the hand hygiene intervention. Listed below are the details of the protocol:

- I. Nursing Supervisors will complete 5 direct observations per shift.
 - a. Nurses, Clinical Technicians, CNEs, CNAs and EDAs will be included in the observations.
 - b. Guidelines for conducting hand hygiene observations.
 - i. Hand hygiene is observed upon ENTRY and EXIT into a patient setting, and before/after gloves.
 - c. For each staff member observed on a shift, complete a Hand Hygiene Direct Observation form
 - i. Provide real-time verbal feedback to observed staff for both positive practices and missed opportunities.
- II. Additional Staff Feedback Mechanisms.
 - a. Weekly reports will be generated by Michelle Patch/Carol Hamer and forwarded to Team Leaders for review.
 - b. All hand hygiene forms with positive observations will be entered into a monthly drawing for a prize. Prize winners' pictures will.
 - c. A hand hygiene section on the staff break room bulletin board will advertise:
 - i. Hand hygiene educational information.
 - ii. Monthly prize drawing winners.
 - iii. Monthly charts from HEIC highlighting the ED and EACU hand hygiene rates in comparison to other departments in the hospital.

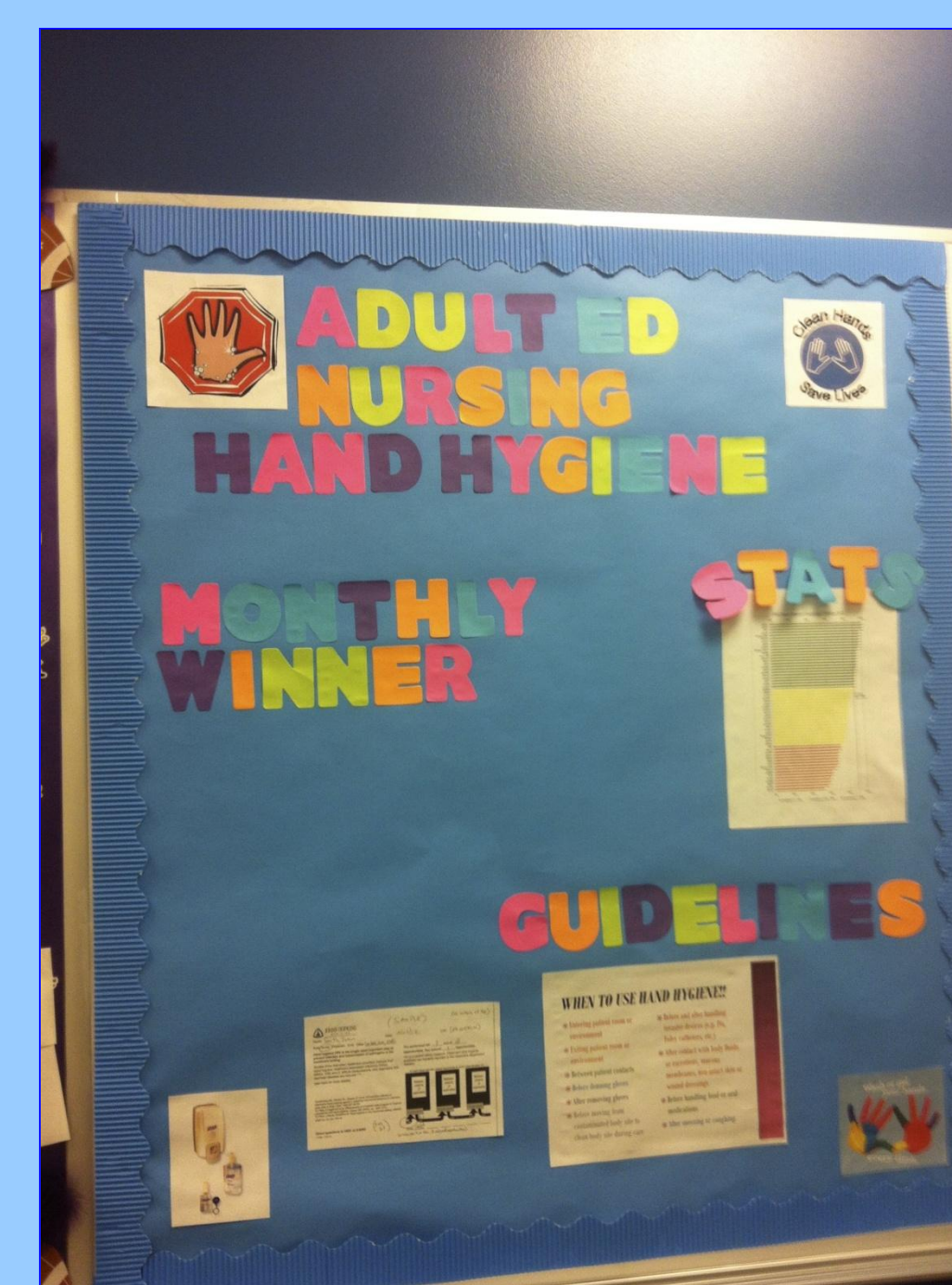
3 Results



NOTE: May 2012 can be considered an outlier data point because hospital data for hand hygiene dropped across the institution this month (associated with the move to the new building)

Internal Hand Hygiene Compliance Data (Intervention Data Starting in November 2012)

Month	Compliance Percent
July 2012	87%
August 2012	88%
September 2012	87%
October 2012	97%
November 2012	96%
December 2012	99%
January 2013	97%
February 2013	90%
March 2013	96%
April 2013	98%



Hand Hygiene Bulletin Board in the ED Break Room

4 Conclusions

Pre Intervention Secret Shopper Hand Hygiene Compliance Averages (April 2012 – October 2012)

68%

(May 2012 left out because it was an outlier)

Post Intervention Secret Shopper Hand Hygiene Compliance Averages (November 2012– April 2013)

84%

The hand hygiene intervention was successful in increasing compliance with hand hygiene among nursing staff in the ED. After the implementation of a hand hygiene rewards system, the ED was able to achieve an **16%** increase in hand hygiene compliance from secret shopper observations.

5 Future Directions

- Transfer leadership of hand hygiene project from Fuld fellow (Molly Broache) to Kate Johnson, a Nurse Clinician II in the Hopkins AED/EACU.
- Continue progress by achieving 90% secret shopper hand hygiene compliance (hospital standard) by Fall 2013

6 References

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