

Promoting Visitor Hand Hygiene Among Healthcare Workers: A Quality Improvement Project

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Background

- ❖ 1 in 25 hospital patients have at least one healthcare-associated infection (HAI)
- ❖ HAI causes prolonged hospital stays, long-term disability, resistance to antimicrobials, economic burden, and death
- ❖ While hand hygiene is the single best method to prevent infections, visitors are often neglected in hospitals' interventions.
- ❖ Evidence-based strategies to improve visitor hand hygiene:
 - ❖ Education
 - ❖ Audit & feedback
 - ❖ Reminders

Purpose & Aim

Purpose: Enhance healthcare workers (HCWs) knowledge on visitor hand hygiene and evidence-based interventions

Aim: Evaluate HCWs' satisfaction with educational video and self-confidence in learning evidence-based strategies to increase visitor hand hygiene

Method

Design: One-group posttest only

Setting: 32-bed adult general surgical unit in a large academic teaching hospital

Inclusion criteria: HCWs who have direct contact with visitors

Measure: Student Satisfaction and Self-confidence in Learning Scale (SCLS) - a 13-item Likert scale. The Cronbach's alpha for satisfaction is 0.94 and for self-confidence is 0.87.

Statistical analysis: Descriptive statistics using SPSS version 27

Intervention

A 13-minute educational video that includes:

- ❖ Narrated PowerPoint presentation promoting the importance of visitor hand hygiene and evidence-based interventions
- ❖ Simulation demonstrating how to implement the evidence-based strategies in an inpatient setting
 - ❖ Educating visitors about importance of hand hygiene in preventing disease
 - ❖ Audit and providing feedback to staff
 - ❖ Verbal and physical reminders

Educational video, demographic questions, and the SCLS survey were distributed via Qualtrics Survey Software

Sample Characteristics

Table 1. Baseline Participants Characteristics

Demographic characteristics	(N = 5)
Age range, n (%)	
25 - 34 years	3 (60)
35 - 44 years	1 (20)
45 - 54 years	1 (20)
Sex, n (%)	
Female	5 (100)
Male	0 (0)
Clinical Role, n (%)	
RN/ LPN	4 (80)
Nursing unit secretary	1 (20)
Years of experience, n (%)	
0 -3 years	3 (60)
10+ years	2 (40)

Results

Satisfaction

- ❖ All participants reported either strongly agree or agree that they enjoyed how the educational simulation was conducted

Self-confidence

- ❖ All participants reported either strongly agree or agree that they felt confident in learning the presented contents.
- ❖ Lowest median score statement: instructor's responsibility to specify what participants need to learn

Table 2. SCLS Questionnaire Summary Score

	Median (IQR)	Mean (SD)
Satisfaction with current learning	25 (22-25)	23.8 (2.17)
Self-confidence in learning	38 (34 - 39.5)	37 (3.16)

Strengths & Limitations

Strengths

- ❖ Simplicity and cost-effectiveness of the intervention
- ❖ Convenience of online accessibility

Limitations

- ❖ Low participation rate (N = 5)
- ❖ Limited statistical analysis due to lack of comparison group

Conclusions and Sustainability Plan

Conclusions

- ❖ Virtual presentation is a feasible method to disseminate knowledge
- ❖ Strategies are needed to encourage participation
- ❖ Further studies needed to assess the impact of interventions on improving visitor hand hygiene compliance rate

Sustainability Plan

- ❖ Contribute to unit's interventions to increase visitor hand hygiene
- ❖ Assist with organization's hand hygiene protocol and healthcare workers education