

Improving Hand Hygiene Performance

The Problem

According to the Centers for Disease Control and Prevention, there are over 90,000 deaths in the U.S. each year attributed to nosocomial infections. Hand hygiene is the most important means to prevent nosocomial infections, yet, national statistics show only about 50% of health care workers perform hand hygiene when indicated. Our hand hygiene program is designed to promote, increase and sustain hand hygiene performance throughout the medical center

Aim/Goal

Through regular data collection and feedback on performance, we aimed to increase and sustain hand hygiene performance at the medical center. Although our goal is 100% compliance, we acknowledge the potential limitation of our measurement tool and set the goal at $\geq 80\%$.

The Team

This initiative required a multidisciplinary approach including all health care workers at BIDMC, unit coordinators, Environmental Services, and leadership from the nurse managers and physician directors of each unit, department chairs, Infection Control, and the administration.

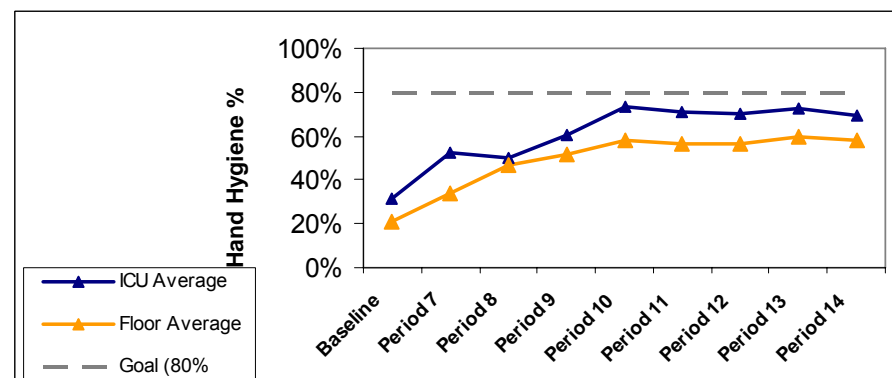
The Interventions

- Installed alcohol-based hand cleaners (2000).
- Educational effort re: indications and technique for hand hygiene (2000-present).
- Direct observation and feedback with focus on ICUs (2000-present).
- “Go Ahead and Ask” program with measurement of actual soap and alcohol product usage. Regular feedback provided to all staff. (Oct 20/05-present).
- Rewards provided to ICUs achieving goal.

- Education for patients/families encouraging them to ask their providers to perform hand hygiene before all patient contact (Oct 2005-present).
- Hand hygiene education tickets used in ICUs to assist with one-on-one education when performance deviations were observed (2006-present).

The Results/Progress to Date

Hand hygiene compliance has continued to improve over time for both ICUs and med surg floors approaching goal of 80%. Individual units are showing sustained improvement at or above goal.



Lessons Learned

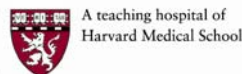
The success of this effort depended upon the participation of staff at all levels, including the administration. The Medical Executive Committee, Leadership Committee, and the Board of Directors made hand hygiene a declared priority, requiring periodic updates on performance.

Next Steps/What Should Happen Next:

- Continued data measurement and feedback
- Redesign of incentive program for best performing units
- Review of poor performing units to evaluate for potential barriers to success.
- Achieve unit ownership of improvement process.



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