

# Improving Hand Washing Compliance in the Emergency Department

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# Improving Hand Washing Compliance in the Emergency Department

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## BACKGROUND

- Hand washing plays an important role in the quality and safety concerns of our patients; poor hand hygiene has been correlated with hospital associated infections (HAI) (Homa & Kirkland, 2011).
- Annually, there are 15 million Americans hospitalized that come through Emergency Departments (ED) and the ED contributes to 40% of hospital admissions (Larsen, 2009).

The Emergency Department RNs care for a large percentage of the patient population at LVHN. It is important we take initiative to encourage compliance of hand washing policy to prevent infection and spread of disease among these patients.

## EVIDENCE

- Articles agreed that Emergency Departments are a common environment for low hand hygiene compliance compared to other units within hospitals.
  - (Homa & Kirkland, 2011)
  - (Muller, Carter, & Larson, 2015)
  - (Carter, Pouch, & Larson, 2014)
- Articles support the interventions used such as education and positive reinforcement increase hand hygiene compliance.
  - (Midturi, Narashimhan, Barnett, et al., 2015)
  - (Santos, Konkewicz, Nagel, et al., 2013)



POSTER PRESENTATION



STAR PROGRAM

## PICO QUESTION

**Will education and positive reinforcement increase emergency room nurses compliance with hand washing?**

**P:** Emergency Department nurses

**I:** Education and Positive Reinforcement (TLC module, poster presentation, news letter article) one on one education, review with clinical resource specialist, and reward and recognition)

**C:** Current department strategies (gel in & gel out sign), hospital policy

**O:** Increase hand hygiene compliance as evidenced by secret shopper data collection

## PROCESS & IMPLEMENTATION

### Baseline Data

- RNs were observed by a secret shopper entering and exiting a patient's room
- RNs showed competent compliance by washing hands or utilizing the hand sanitizer
- RNs were not aware they were being observed
- RNs on unit did agree to participate in study prior to initiating the observation to increase hand washing compliance
- RNs were chosen at random at all times of the day

### Interventions to Improve Hand Washing Compliance

#### Education

- Poster presentation** on unit including current policy and compliance
- TLC training:** LVHN hand washing module
- ED Newsletter Article** to raise awareness of hand washing compliance
- One on One Review** with Clinical Resource Specialist

#### Rewards and Recognition

- Stars** were given out to staff members who were compliant with LVHN hand washing policy
- Verbal recognition** by pod leaders was given to staff who demonstrated compliance to hand washing policy

#### Evaluation

- Compare RN hand washing compliance percentage in the ED before, during, and after implementation of evidence based interventions

## RESULTS

### Pre- Intervention Data

Month	#RNs	% of RNs who washed hands entering patient's room	% of RNs who washed hands exiting patient's room
January	100	30%	45%
February	100	28%	75%

### During Interventions

Month	#RNs	% of RNs who washed hands entering patient's room	% of RNs who washed hands exiting patient's room
March	100	45%	85%
April	100	30%	70%

### Post- Intervention Data

Month	#RNs	% of RNs who washed hands entering patient's room	% of RNs who washed hands exiting patient's room
May	100	25%	60%
June	100	27%	55%

## LESSONS LEARNED

- One interventional phase is not significant enough to affect practice change in the emergency department.
- When people are aware there is a quality improvement project actively occurring on the unit and they may be monitored for performance; this may effect results .
- Opportunities for improvement with hand washing compliance exist in the ED.

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