

A Multimodal Approach to Improve Hand Hygiene on a Medical Unit

The Problem

Hand hygiene is critical to efforts to reduce nosocomial infections and transmission of antibiotic resistant pathogens such as MRSA which are spread primarily through the contaminated hands of health workers. However, even subsequent to intensive educational efforts to improve hand hygiene, the rates of compliance in hospitals often remains poor. Local ownership of the improvement process has been advocated by infection control leadership at BIDMC and in consensus based guidelines.

Aim/Goal

An educational intervention using a multidisciplinary and multimodal approach was used to improve the hand hygiene practice on 11 Reisman. Direct observation data on hand hygiene was used to understand and analyze the patterns of hand hygiene among the various providers (physicians, nurses, aides, and other staff).

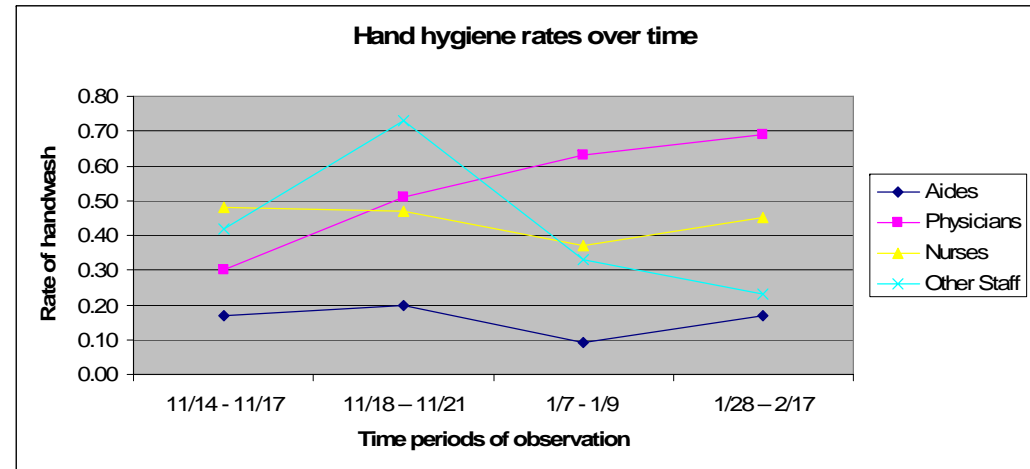
The Team

- Team Leaders: Joseph Dubin, MD, Daniele Olveczky, MD, Caleb Hale, MD, Mary Oconnell, RN, Sharon Wright, MD, MPH
- Nursing staff, patient aides, and other staff members on the 11 Reisman patient care team.

The Interventions

- A multidisciplinary meeting was held to discuss quality improvement efforts and hand hygiene
- A patient care aide dinner was held
- Direct observation data was collected for hand hygiene to provide information regarding the variation in hand hygiene compliance between provider role (RN, MD, aide, etc.) and variation between individuals
- Various educational efforts were tested including awards and interactive games to encourage hand hygiene

The Results/Progress to Date



Lessons Learned

- Hand hygiene behavior on a medical floor varies significantly by provider function (MD, RN, aide) and is relatively stable over time.
- Nurses accounted for 57% of observed patient encounters followed by aides at 27% and physicians at 8%
- Patient aides were observed to have the lowest adherence with hand hygiene at 17% of observed patient encounters, compared with 54% and 44% for physicians and nurses, respectively.

Next Steps/What Should Happen Next:

- Hand hygiene will remain a priority area for 11 Reisman and for BIDMC more generally.
- 11 Reisman will continue educational efforts to encourage hand hygiene with feedback from both direct observation as well as the product usage data.
- Local efforts to improve hand hygiene that are based in individual nursing units or departments will be encouraged.



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