

Project Title

Increase Hand Hygiene Compliance Rate In Inpatient Wards

Project Lead and Members

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Project members: Yeoh Wuan Leong, Noraziah Binte Zakaria, Lim Chong Qing Arthur,
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Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing, Medical, Allied Health

Aims

To increase the overall hand hygiene compliance rate from 70.75% to 85% at Ward B6 (Subsidised).

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

It is important to maintain education on the 5 moments of Hand Hygiene to sustain good hand hygiene rates to prevent hospital acquired infections. The ease of access and increased visibility of the hand rub increases hand hygiene compliance.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Clinical Practice Improvement, Value Based Care, Operational Management, Resource Allocation, Logistics Management

Keywords

Hand Hygiene Compliance, Inpatient Care

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INCREASE HAND HYGIENE COMPLIANCE RATE IN INPATIENT WARDS

NUR AZIZAH BINTE SUHAIMI, YEOH WUAN LEONG, NORAZIAH BINTE ZAKARIA, LIM CHONG QING ARTHUR, WARDINA BINTE ABDUL RAZAK, CELINA C CARANDANG, PALACHUVATTIL KUNJAPPAN BINDU

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

Define Problem, Set Aim

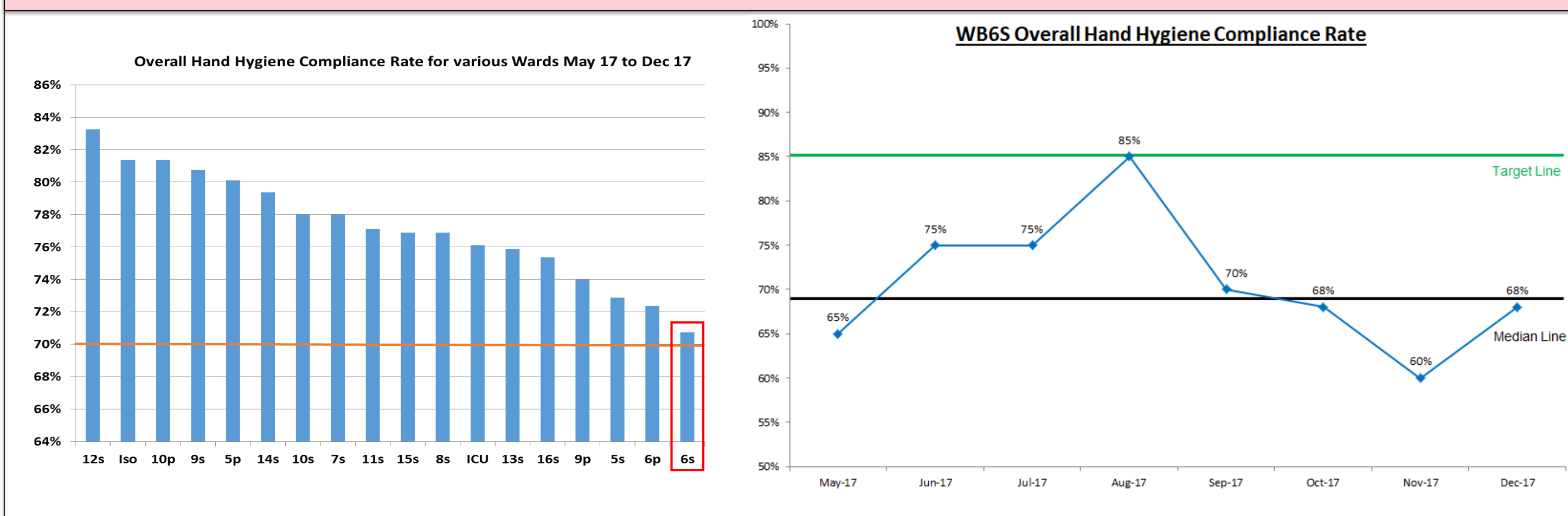
Opportunity for Improvement

The overall hand hygiene compliance rates in NTFGH was below 80%. Ward B6 (Subsidised) had the lowest overall hand hygiene compliance rate, averaging at 70.75% from May – Dec 2017. Review of the 5 moments* highlighted a very low compliance rate in the use of hand rub at Moment 1 by all healthcare providers which was 30% (Audit conducted in Dec 2017).

Aim

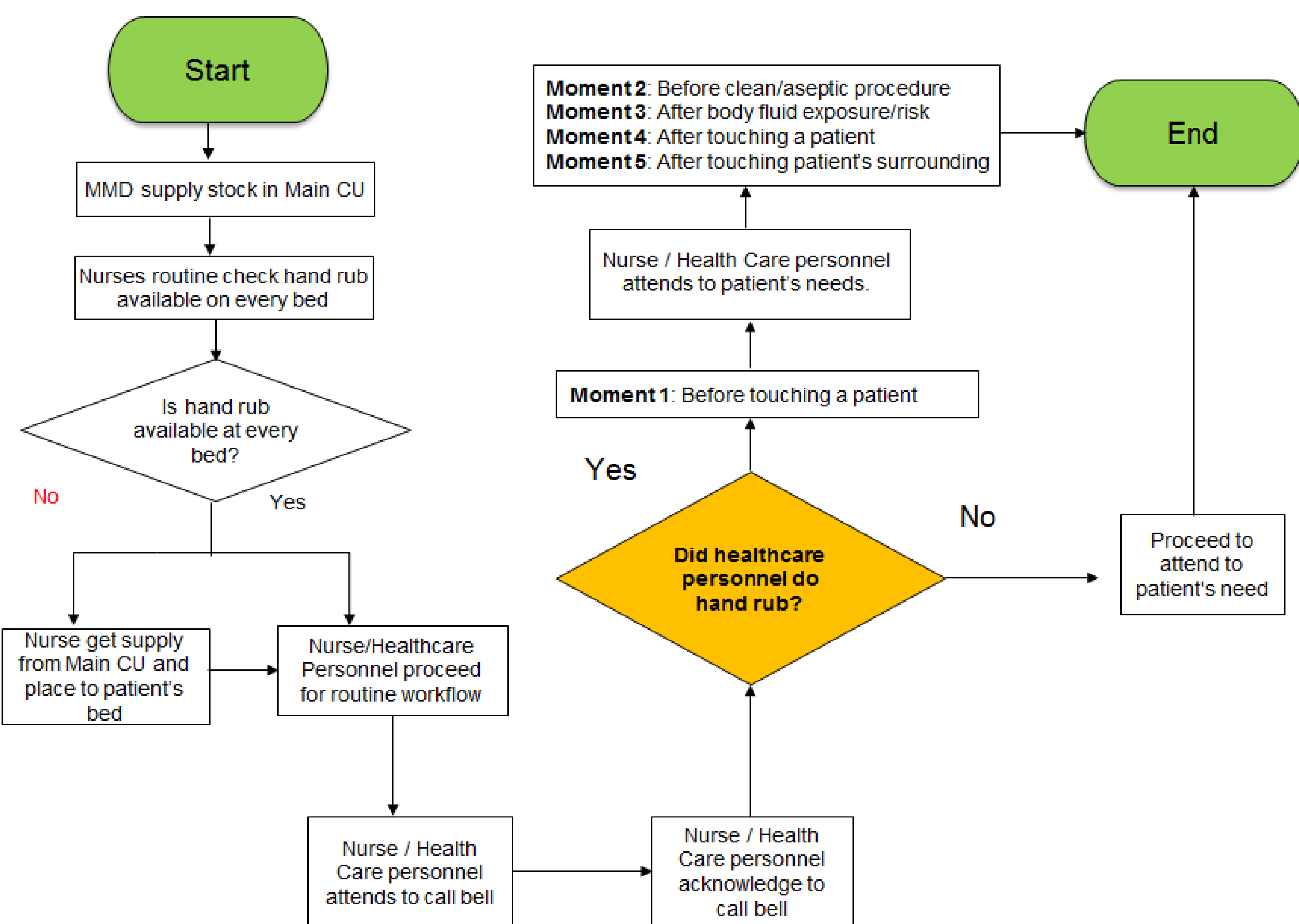
To increase the overall hand hygiene compliance rate from 70.75% to 85% at Ward B6 (Subsidised).

Establish Measures

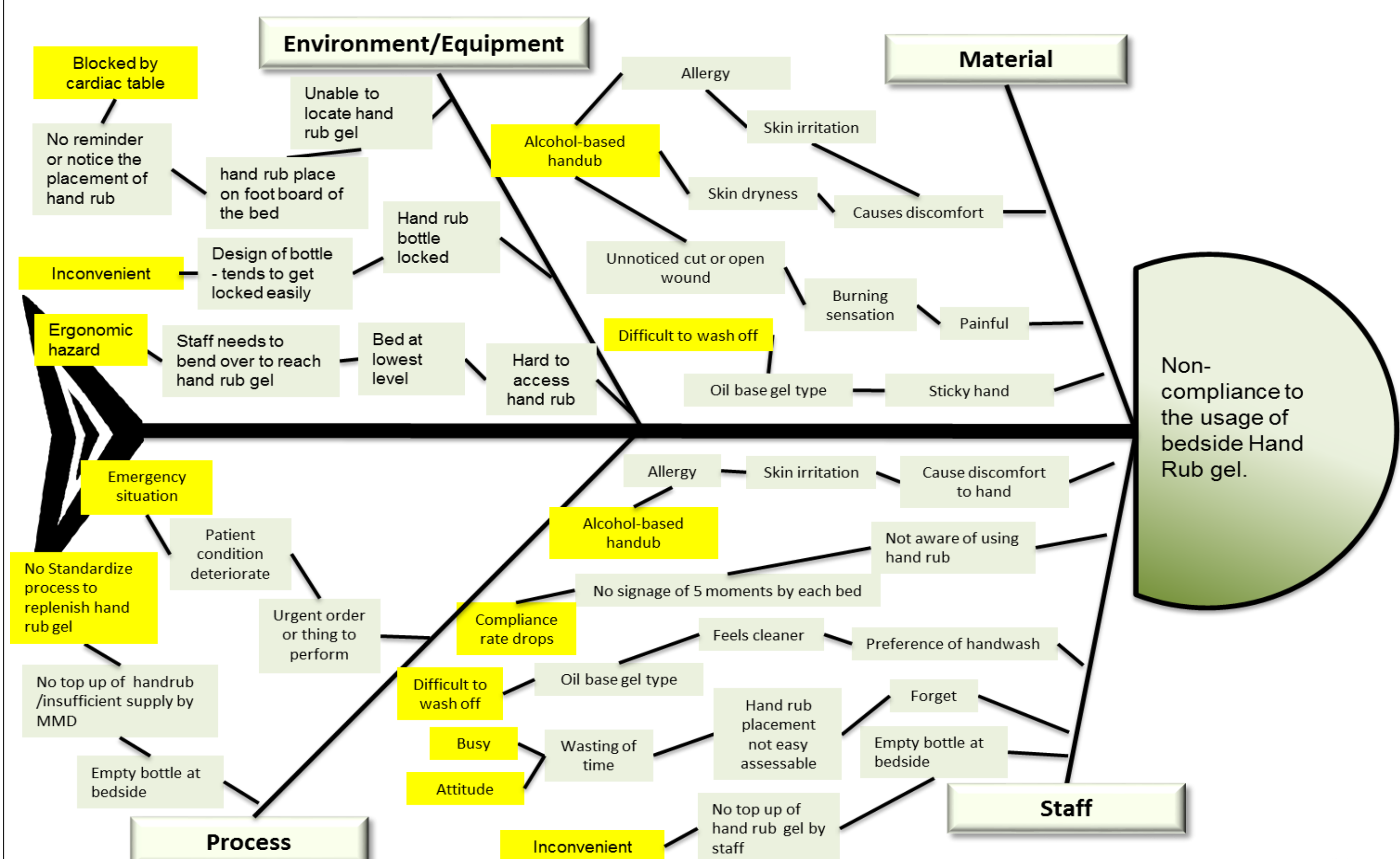


Analyse Problem

Process Before Improvement

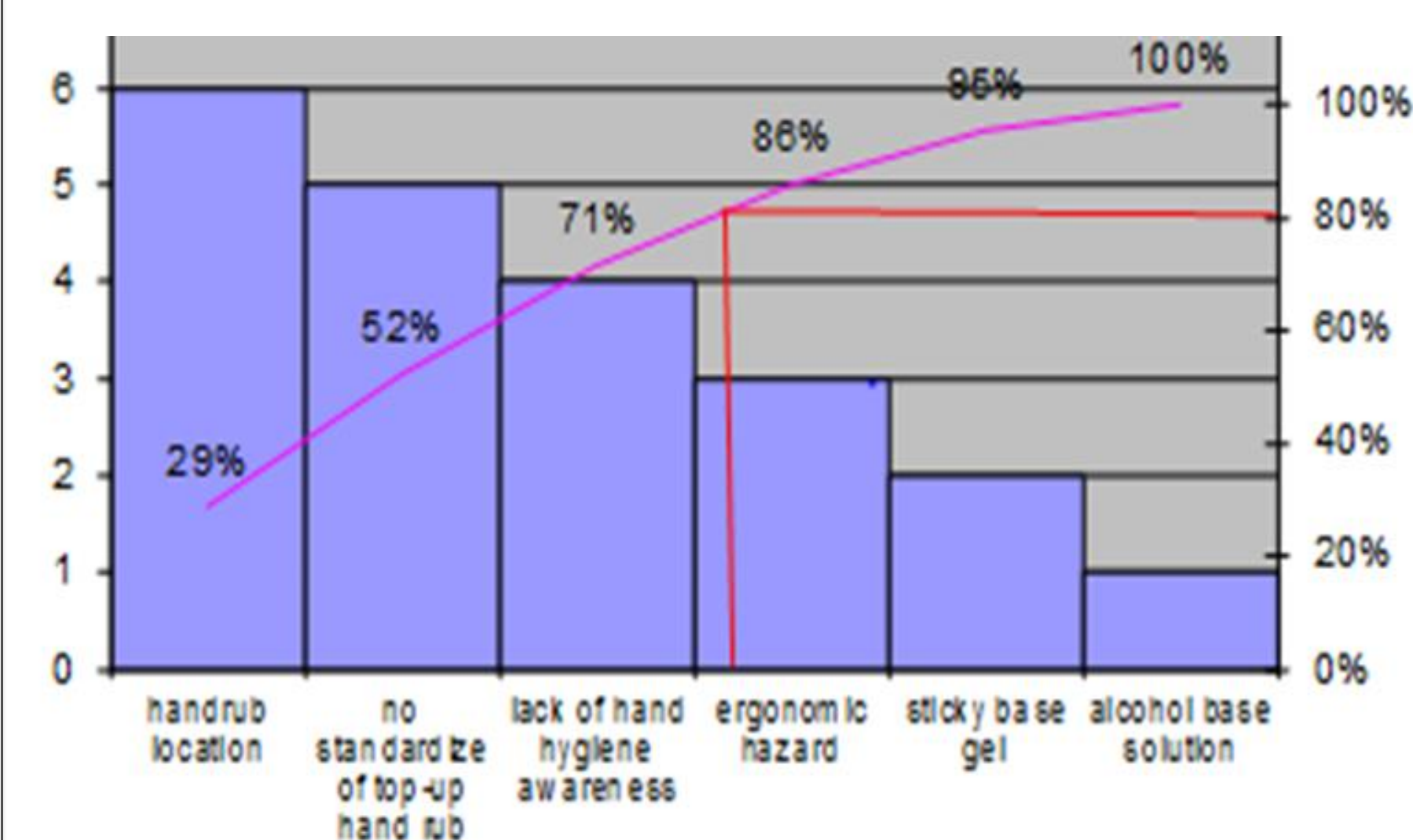


Root Cause Analysis



The team went through a rigorous process to understand the process and identify the potential root causes.

Select Changes



Significant Root Causes

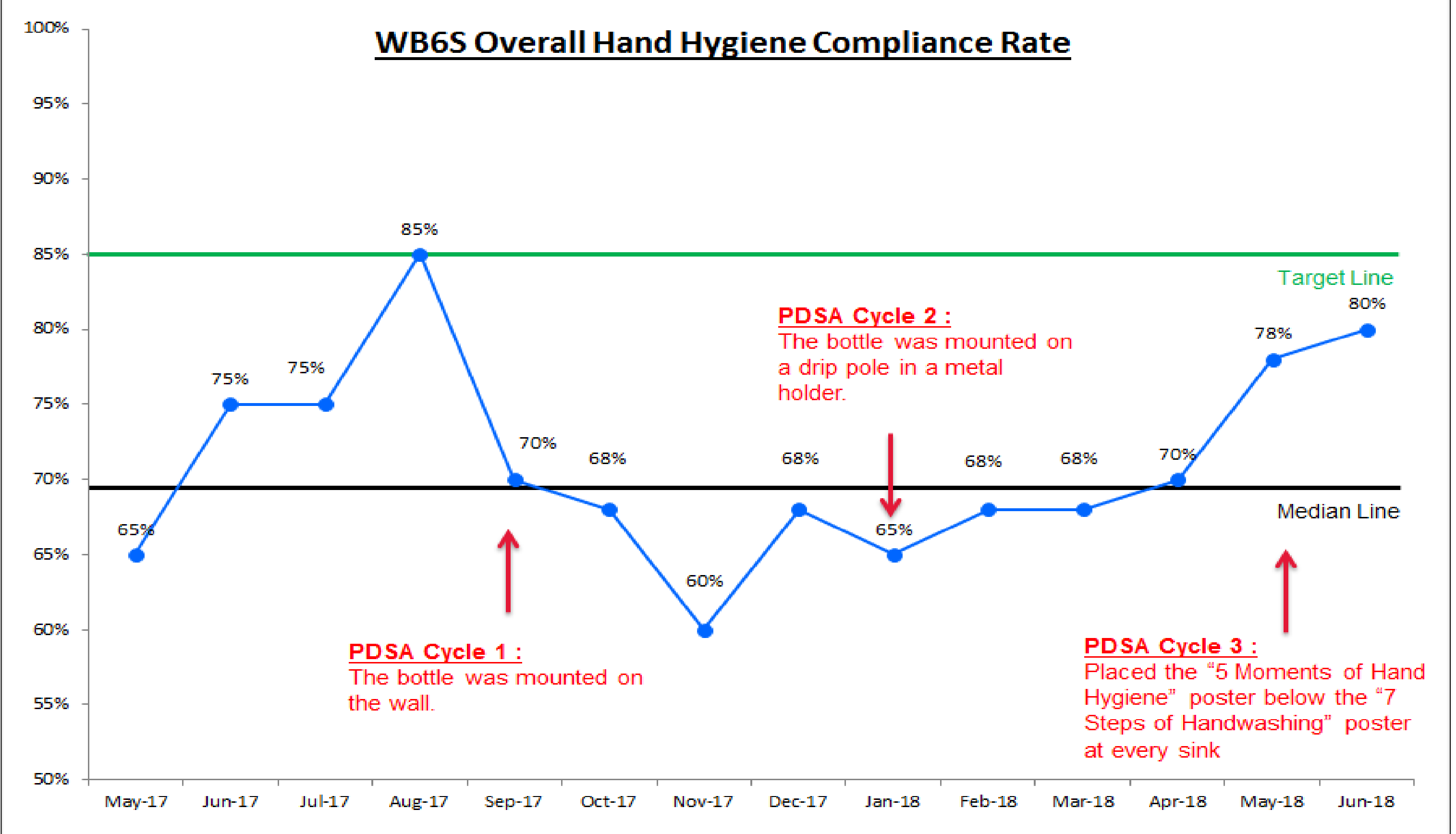
1. Hand Rub Location
2. No standardised process to top-up hand rub
3. Lack of hand hygiene awareness
4. Ergonomic hazard

Probable Solutions

1. Place hand rub on wall
2. Place hand rub on drip pole

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	To move the hand rub gel bottle to mount it on the wall.	The bottle was mounted on the wall.	The wall mounted hand rub dispenser was covered by the curtains once it is drawn. Inconvenient to access.	Change was abandoned.
2	To move the hand rub gel bottle to mount it on the drip pole.	The bottle was mounted on a drip pole in a metal holder.	Right height, visible, easy access, good ergonomics.	Change was adopted.
3	To remind staff on the 5 Moments of Hand Hygiene.	Placed the "5 Moments of Hand Hygiene" poster below the "7 Steps of Handwashing" poster at every sink	It acted as a reminder.	Change was adopted.



Spread Changes, Learning Points

Strategies to spread change after implementation

- Implement hand rub on drip pole in another 3 wards – WB9, WB13 & JCH C9 by October 2018.
- Implement hand rub on drip pole to the all in-patient wards by end of 2019.

Key learnings

- It is important to maintain education on the 5 Moments of Hand Hygiene to sustain good hand hygiene rates, to prevent hospital acquired infections e.g. MRSA, CRE/VRE
- The ease of access and increased visibility of the hand rub increases hand hygiene compliance.