

Project Title

Improving and maintaining hand hygiene within JCH rehab

Project Lead and Members

Project lead: Gladys Tan

Project members: Qiu Wenjing, Chen Changwu, Mildred Yong, Dorcas Gui, Alison Tan,
Mohammad Mumeen

Organisation(s) Involved

Jurong Community Hospital

Healthcare Family Group Involved in this Project

Allied Health

Applicable Specialty or Discipline

Speech Therapy, Physiotherapy, Occupational Therapy

Aims

Starting from August 2020, the JCH Rehab team aims to increase and sustain the hand hygiene compliance rate to $\geq 80\%$ for 6 months post-intervention.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Through this project, we realized the importance of how understanding different root causes can provide multiple insights to a problem that may appear straightforward at first glance. Most of our tests targeted the main root cause (lack of reinforcement), however after studying the data obtained and getting feedback from the ground, we also realized that a lack of education, especially among newer staff, can also affect compliance rates greatly (near 40% decline). Upon further analysis, we realised that new hires typically go through 1 session of hand hygiene during their onboarding programme which only focused on the 5 moments of hand hygiene. However during sessions with patients, rehab staff have to manage rehab equipment as well., which led to some confusion that were not addressed. Hence, getting feedback and relooking into our root causes will allow us to find better solutions for our problems and ensuring continual quality improvement.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Value Based Care, Safe Care, International Patient Safety Goals, Adherence Rate, Risk Management, Preventive Approach, Adverse Outcome Reduction

Keywords

Hand Hygiene, Rehabilitation Staff

Name and Email of Project Contact Person(s)

Name: Mildred Yong Lu De

Email: mildred_yong@nuhs.edu.sg

IMPROVING AND MAINTAINING HAND HYGIENE WITHIN JCH REHAB

MEMBERS: DR CHUA CHI SONG (MD), QIU WENJING (PT), CHEN CHANGWU (OT), GLADYS TAN (ST), MILDRED YONG (PT), DORCAS GUI (OT), ALISON TAN (ST), MOHAMMAD MUMEEN (TA)

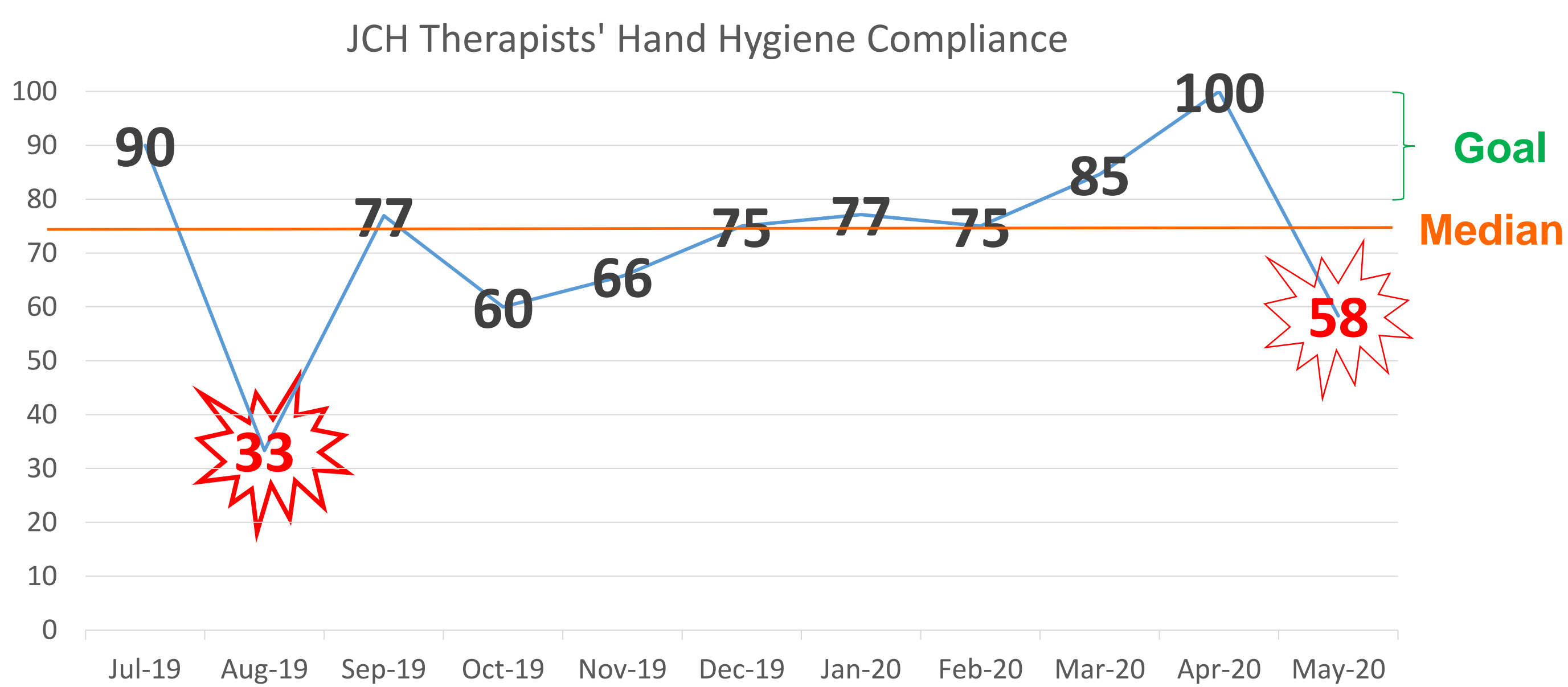
- SAFETY
- PRODUCTIVITY
- QUALITY
- COST
- PATIENT EXPERIENCE

Problem & Aim

Problem
Between July 2019 and May 2020, the median hand hygiene compliance rate by JCH Rehab (PT, OT, ST) and Therapy Assistants (TA) is at 75% with a drop to 58% in May 2020. When compared to the medical team in JCH the average median compliance rate from the same time period is 83.7%. Poor compliance to hand hygiene and fluctuating trends may signify a lapse in adherence to a pre-existing protocol and increased spread of infections.

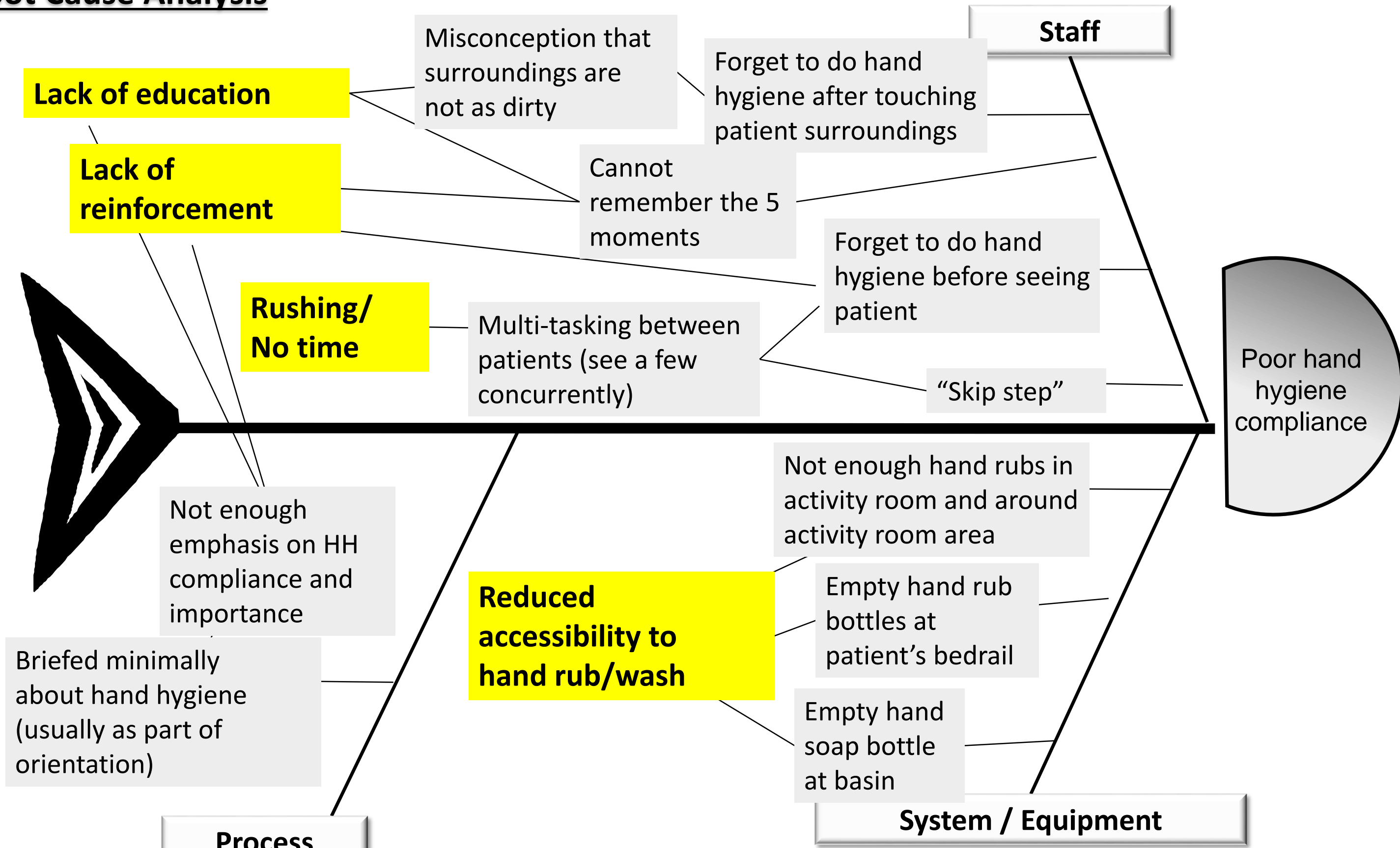
Aim
Starting from August 2020, the JCH Rehab team aims to increase and sustain the hand hygiene compliance rate to $\geq 80\%$ for 6 months post-intervention.

Establish Measures

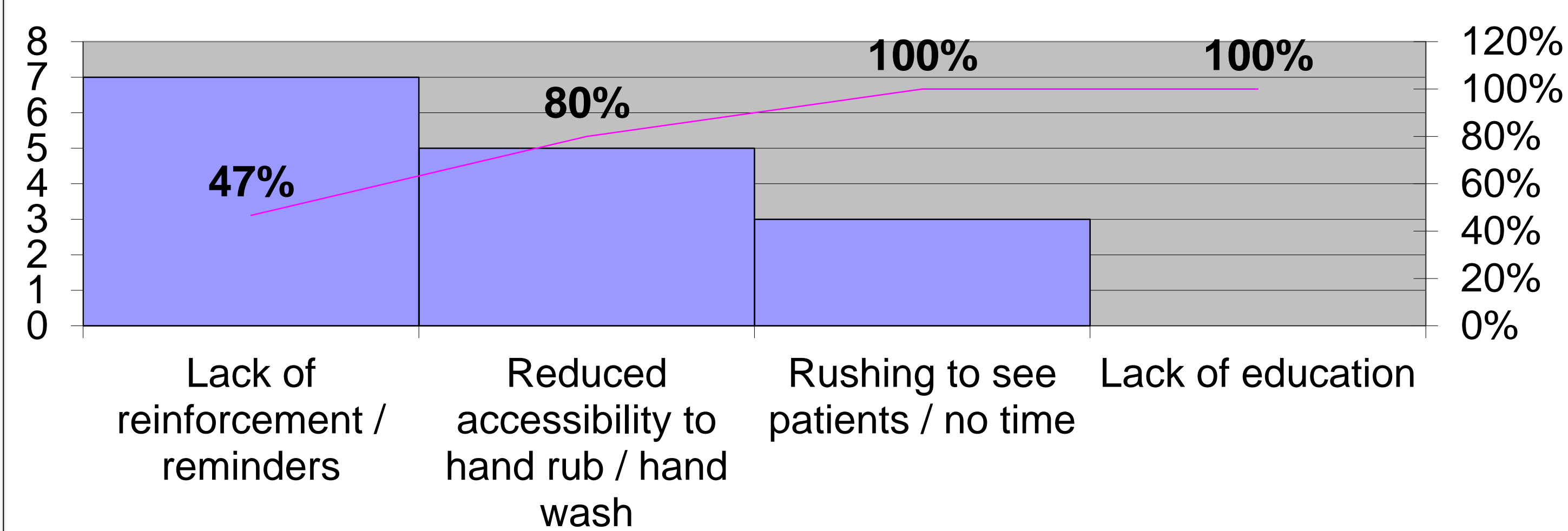


Key Root Causes

Root Cause Analysis



Pareto Chart



Spread Changes, Learning Points

Strategies to spread change after implementation

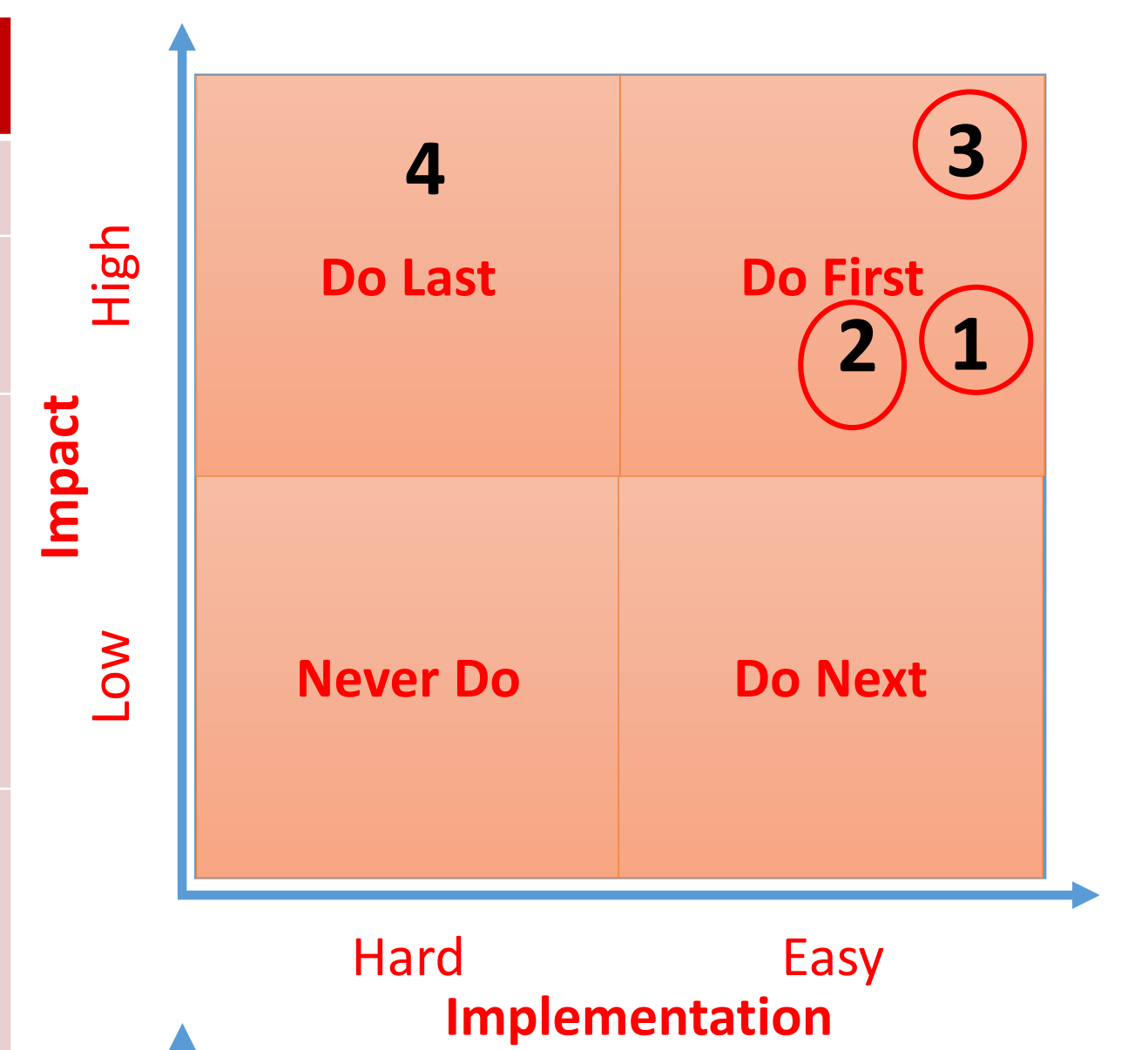
Hand hygiene representatives from each allied health team will continue to implement strategies that worked well (biweekly reminders, sharing of hand hygiene statistics) to their departments (PT, OT, ST, Therapy Assistants). Representative can also continue to gather feedback and questions during their monthly department meeting when the statistics are shared.

Key Learning Points

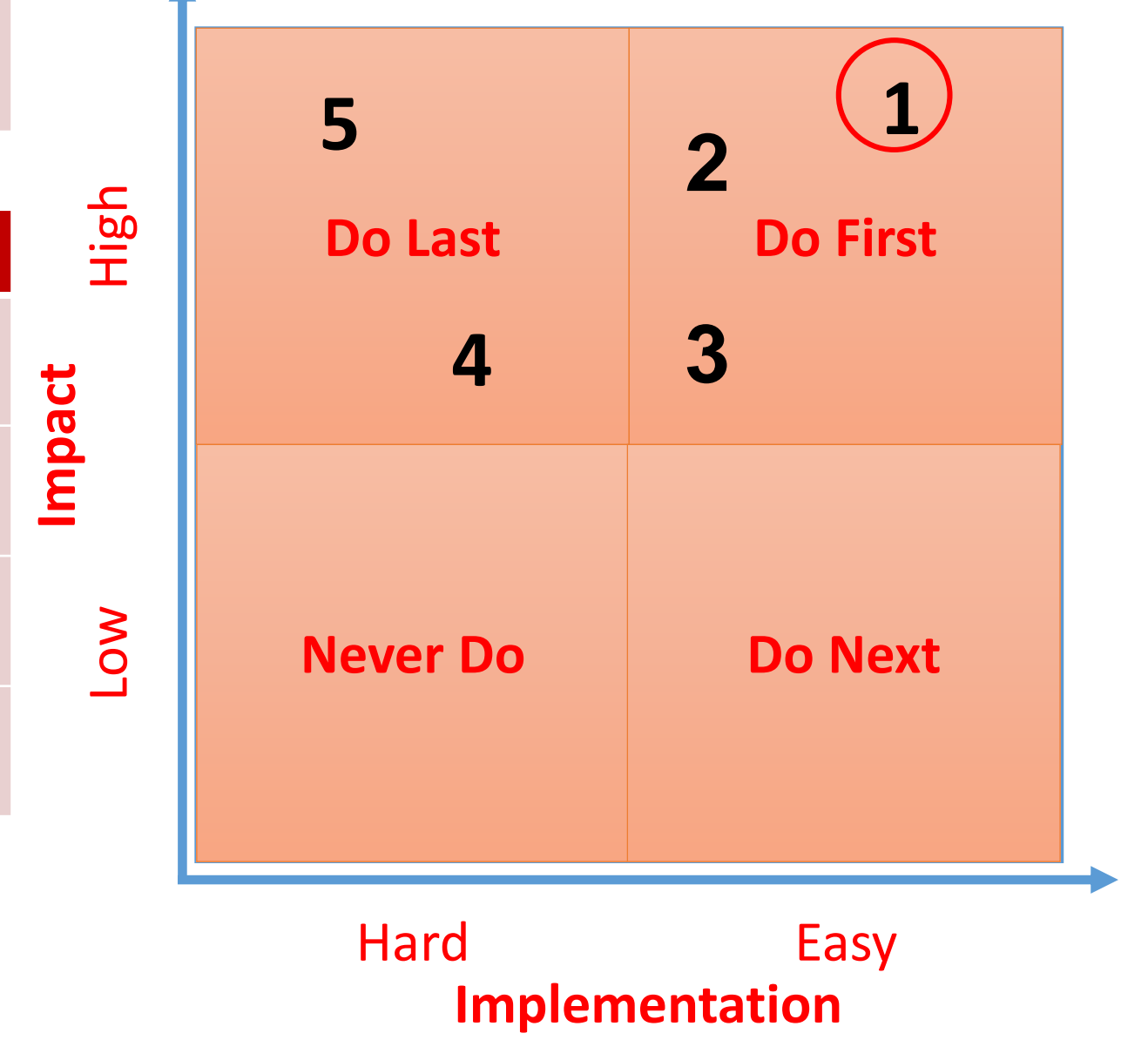
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Targeted Causes & Changes

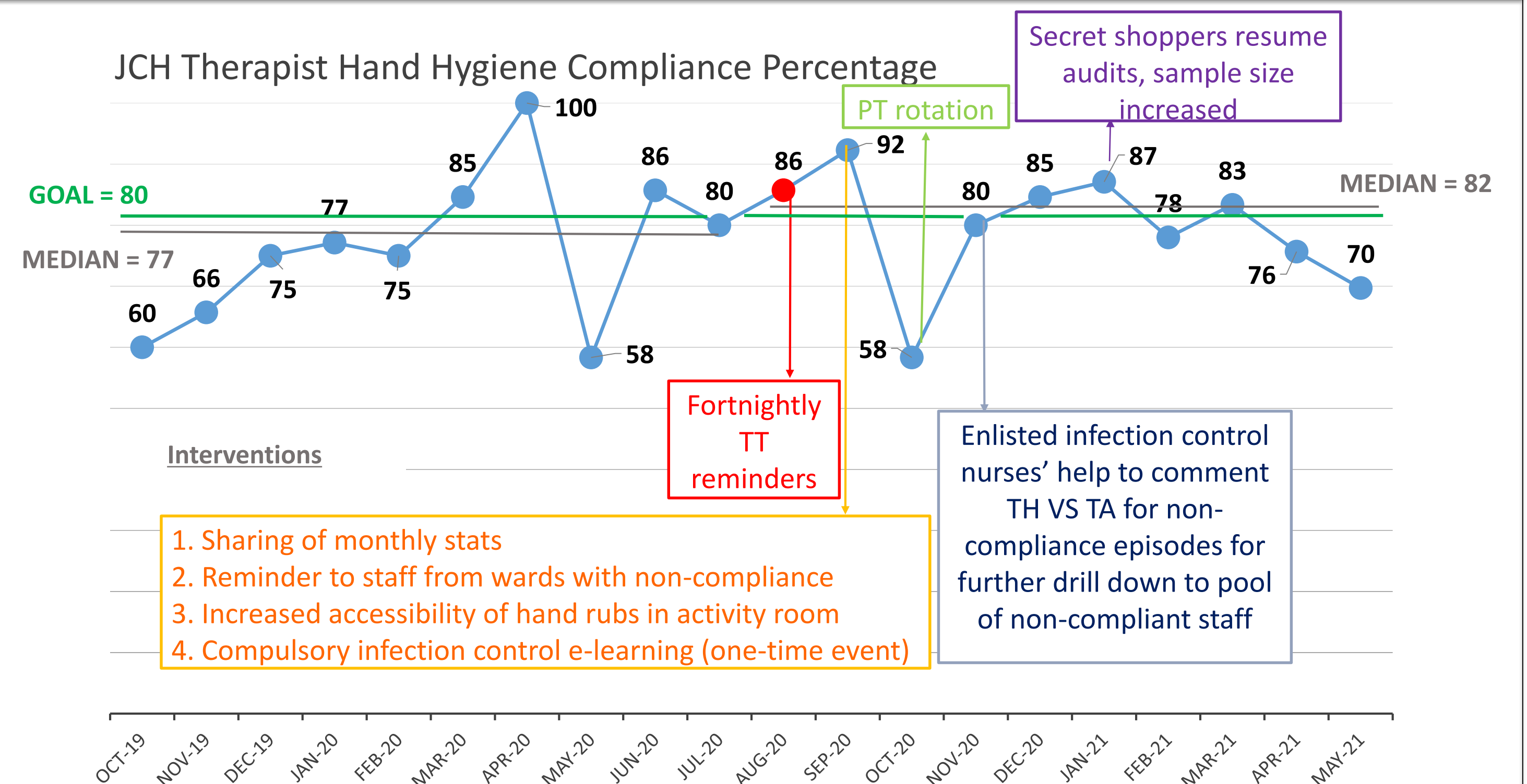
Root Cause 1	Potential Solutions
Lack of reinforcement/reminders	1. Fortnightly reminders via Tigertext
	2. Sharing of monthly compliance rates at Rehab Department Meeting
	3. Peer feedback: infection control nurses or secret shoppers to note the names of those who do not comply to hand hygiene standards, project team to remind them personally
	4. More visual cues in therapist common areas and commonly used areas (e.g. activity room, therapist rooms, gyms, counter outside activity room)



Root Cause 2	Potential Solutions
Reduced accessibility to hand rub or hand wash	1. Place more hand rubs around activity room/along ward corridor
	2. Remind housekeeping to top up soap and hand rub
	3. Reward system (empty hand rub bottle to exchange for a reward)
	4. Portable handrub for every staff to carry on them



Test & Implement Changes



CYCLE	PLAN	DO	STUDY	ACT
1	To test whether increasing frequency of hand hygiene reminders increases compliance rate. Hand hygiene representatives from each allied health team to send out biweekly reminders to respective departments.	Plan was carried out accordingly. Staff provided feedback that reminders helped to provide reinforcement and enabled them to be mindful of hand hygiene practices.	Increase in hand hygiene rates was observed. Staff also showed increased awareness of hand hygiene by engaging in more conversations about it.	Adopt: • Continue biweekly reminders for better reinforcement.
1.1	To test whether sharing of monthly statistics increases compliance rates. QI Team leader to obtain monthly statistics from infection control team and share statistics to hand hygiene representatives.	Plan was carried out accordingly. Staff found sharing of monthly compliance rates helpful to reinforce good hand hygiene practices, and allowed them to compare against performance from previous months.	Complements with previous test to further increase and sustain compliance rates. However compliance rates declined by nearly 40% in October 2020. This could be due to a new rotation in the PT department involving 8 new staff	Adapt: • Continue sharing of monthly statistics for better reinforcement. • Infection control and hand hygiene to be part of staff orientation for new rehab staff coming to JCH.
1.2	To test whether increasing the availability of hand rubs in ward activity rooms increases compliance rates. Rehab staff to remind nursing staff to provide hand rubs at ward level and to remind housekeeping staff to top up empty hand rub bottles.	Plan was carried out accordingly. Staff found that increased availability of hand rubs in rehab area helped to remind them visually. However, empty hand rub bottles were slow to replenish despite frequent reminders to nursing and housekeeping staff	Difficult to see exact results as test was done together with 1.1. However, feedback from staff showed that it was more tedious to ensure that the increased number of hand rub bottles were constantly filled.	Abandon: • Keep to original amount of hand rub bottles in activity rooms (2).
1.3	To test whether identification of non-compliant staff increases compliance rates. Infection control team and secret shoppers to identify obtain names of staff who are not compliant and share it with QI team leader, who will give a verbal reminder to affected staff.	Plan was not carried out as it was difficult for members of the infection control team and secret shoppers to obtain names of staff without losing their anonymity.	Not done.	Abandon