Purpose
Current literature emphasizes a strong correlation between decreased hand hygiene and increased Healthcare Associated Infections (HAIs), which adversely affects healthcare costs, length of stay, and patient outcomes. The complexity of their disease often exposes End Stage Renal Disease (ESRD) patients to multiple hospitalizations requiring care from many different health care providers. Since ESRD patients are immunocompromised, they are at risk for becoming easily infected by virulent strains of organisms that can be found in the hospital setting. For these reasons, a group of nephrology nurses on a 30 bed inpatient unit decided to tackle the challenge of increasing, maintaining, and sustaining hand hygiene compliance.

Methods
An interdisciplinary project team was formed consisting of infectious disease physicians, infection prevention specialists, a clinical nurse specialist, and members of the nephrology unit nursing staff. A peer education plan was developed and implemented by project team nurses to educate unit staff on proper hand hygiene practices, reinforce the organization’s policy, and validate proper technique. The complexity of their disease often exposes ESRD patients to multiple hospitalizations requiring care from many different health care providers. For these reasons, a group of nephrology nurses on a 30 bed inpatient unit decided to tackle the challenge of increasing, maintaining, and sustaining hand hygiene compliance.

Intervention
A peer education plan was developed and implemented by project team nurses to educate unit staff on proper hand hygiene practices, reinforce the organization’s policy, and validate proper technique. All nephrology unit staff members were required to:
- Review the Hand Hygiene Policy
- View Cone Health’s hand hygiene instructional video
- Provide return demonstrations of proper hand hygiene techniques
- Demonstrate knowledge retention by passing a brief quiz
- Participate in unit educational activities:
  - Viewing their hands under a black light before/after washing
  - Examining petri dishes of bacteria collected from their own hands and their environment
- Complete an anonymous survey to report barriers to performing hand hygiene according to policy

Addressing the Barriers
Many of the staff reported barriers to compliance were addressed through education. Staff may choose to comply more often, despite difficulties they encounter, if they understand and accept ramifications of not cleaning their hands. Gel dispenser locations were conveniently located with the glove boxes in all patient rooms. More Gel dispensers were added to the unit in ideal locations. A plan was developed with Environmental Services to keep gel dispensers full and ready for use.

Concluding Results
After auditing found a significant difference between the nephrology unit staff and the non-unit staff, a second phase, focusing on the non-unit staff, was initiated. A modified version of the intervention was shared with all Cone Health staff members encountering patients. After 18 months, this program was able to increase and sustain the hand hygiene compliance of the nephrology unit staff by 80% and the non-unit staff by 20%.

Project Team Members
Allison Kirkman, BSN, RN-BC; Kimberly Gengler, RN-BC; Ryanne Hill, BSN, RN-BC; Danyel Johnson, MSN, RN, CNNS; Tamara Caple, MSN, MBA, RN, CNML; Nikki Murphy, BSN, RN-BC; Morenike Odedere, BSN, RN; John F. Campbell, MD; Cynthia B. Snider, MD; Morenike Odedere, BSN, RN; John F. Campbell, MD; Cynthia B. Snider, MD; Tamara Caple, MSN, MBA, RN, CNML; Jennifer Watkins, BSN, RN, CNML; Denise Beason, BSN, RN-BC; Kara Farabee, NT, Mindy Gant, BSN, RN-BC

References

Scrubbing Away the Barriers to Hand Hygiene on an Inpatient Nephrology Unit
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A “Hand Hygiene Thermometer” displayed audit results for staff to see how their actions were making a positive impact on the compliance rate for the entire unit.

Staff observed cleaning their hands were awarded “Thank You” Tickets.

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