

Improving Hand Hygiene Compliance Is it a Charge Nurse's responsibility?

Farrugia Claire, Cachia Fearne Rebecca, Borg Michael

Department of Infection Prevention and Control Mater Dei Hospital – Malta ID: 150



Introduction

➤ Although hand hygiene (HH) is essential in preventing healthcare associated infections, improving compliance rates remain an organisational challenge.

Setting:

➤ Mater Dei Hospital a 1000 bed acute general hospital

Aims of study:

- To assess perceptions of ownership and accountability among nurses in charge of wards (CNs) of improving HH.
- To understand the challenges faced in improving HH compliance before patient contact.
- To identify initiatives most useful in improving HH.
- To enable Infection Prevention Team develop initiatives that are relevant, effective and customised to our context.

Methods

Semi-structured questionnaires were distributed to all 45 CNs

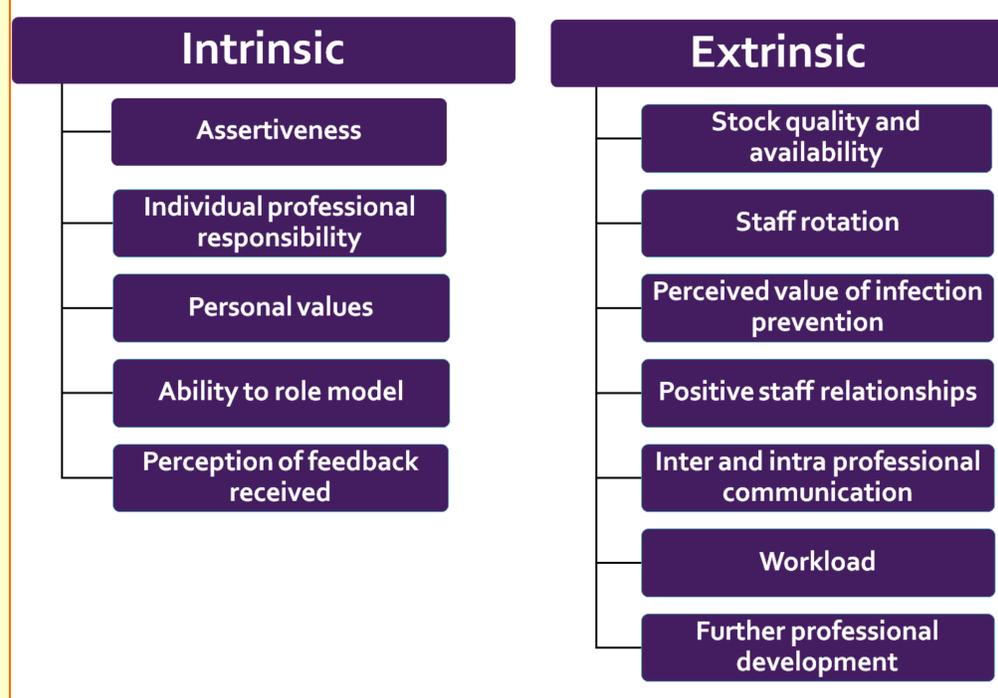
- Distributed and collected by hand between May and July 2017
- Response rate of 87% (n=39)
- Consisted of 11 even Likert scale items without a neutral option and 5 open ended questions

Semi-structured interviews consisted of 13 questions with 8 CNs by an independent interviewer

Table 1 : Responses related to different professions

As a Charge Nurse, I should be responsible to:	Strongly Agree	Agree	Disagree	Strongly Disagree
Ensure alcohol hand rub available near every bed	75.0%	22.2%	2.8%	0.0%
Ensure nurses and carers are aware and know how to use right technique	75.0%	25.0%	0.0%	0.0%
Remind nurses and carers to hand rub before patient contact	61.1%	36.1%	2.8%	0.0%
Ensure that nurses and carers handrub before patient contact	50.0%	47.2%	2.8%	0.0%
Remind AHPs to hand rub before patient contact	27.8%	27.8%	41.7%	2.8%
Ensure that all AHPs handrub before patient contact	30.6%	22.2%	47.2%	0.0%
Remind junior doctors to handrub before patient contact	30.6%	33.3%	36.1%	0.0%
Remind senior doctors and consultants to handrub before patient contact	27.8%	27.8%	38.9%	5.6%
Ensure that all doctors handrub before patient contact	28.6%	20.0%	48.6%	2.9%
Responsible to carry out my own HH audits of nurses & carers	25.7%	60.0%	14.3%	0.0%
Responsible to carry out my HH audits of doctors and AHPs	11.1%	33.3%	55.6%	0.0%

Figure 1 : Factors influencing Charge Nurses' ability to improve hand hygiene compliance rates

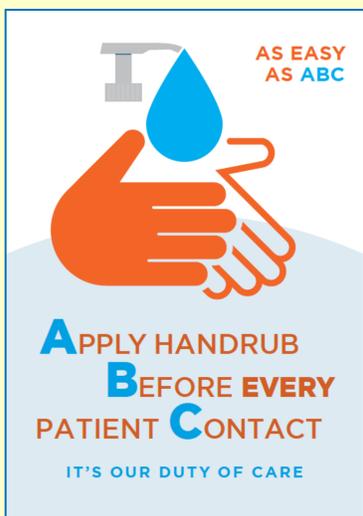


Methods

Semi-structured questionnaires were distributed to all 45 CNs

- Distributed and collected by hand between May and July 2017
- Response rate of 87% (n=39)
- Consisted of 11 even Likert scale items without a neutral option and 5 open ended questions

Semi-structured interviews consisted of 13 questions with 8 CNs by an independent interviewer



- HH initiatives at Mater Dei Hospital focus on **Before Patient Contact**
- Regular direct HH observations are carried out by a dedicated trained individual.
- Feedback on observations is mainly given to CNs.
- HH compliance rate before patient contact < after patient contact.

Results

- 64% of CNs stated that they regularly remind and prompt staff both during hand over and staff meetings to perform HH.
- Only 33% reported similar initiatives for doctors and AHPs.
 - "It is not my job"... "doctors don't like to be reminded"
- 84% of CNs agreed that it was their responsibility to carry out audits on HH performance of nurses and carers.
- On the other hand only 43.6% of the CNs agreed that they had similar responsibility in relation to doctors and allied health professionals (AHPs) (Mann-Whitney $p < 0.001$).
- One of the inhibiting factors was perceived double standards by the organisation in enforcing HH compliance in different professions.
- HH audits were ranked as the most important initiative in improving HH in wards followed by HH promotional visits in the wards and feedback of HH compliance rates. Workplace reminders were also mentioned by interviewees.

Conclusion

- CNs appear to own HH initiatives among nurses and carers but are less eager to be involved – let alone responsible – for HH compliance of other healthcare professionals in their ward.
- These results correlate with anecdotal experiences and could possibly be culture-related.
- They illustrate challenges in extrapolating practices from studies undertaken in adhocratic countries to those with higher levels of power distance and uncertainty avoidance.
- The CNs perceived inhibiting and conducting factors to promoting HH highlighted in this study are valuable in determining future strategies in improving HH compliance rate.