Target on hand hygiene

EDUCATING INFECTION CONTROL LINK NURSES

Tarja Kuutamo RN, MNSc, ICN, Katja Koukkari RN, ICN, Kirsi Komulainen RN, ICN, Minna Hakanen RN, ICN, Sinikka Suntila RN, ICN, Mia Ketonen RN, MNSc, ICN, Katariina Kainulainen MD,PhD.
Department of Infection control, HUS Helsinki University Hospital

Background
Helsinki University Hospital (HUS) started a campaign in 2016 to improve hand hygiene compliance. According to WHO the golden standard for hand hygiene is direct observation (WHO 2009).

As part of our campaign, we created an educational programme for infection control link nurses to observe hand hygiene. The programme is based on WHO’s My 5 Moments for Hand Hygiene approach.

In June 2017 the training programme was approved by the HUS Chief Nursing Officer and Nursing Executive Group.

In order to ensure necessary resources for training and observation for the infection control link nurses, an approval from their Nurse Manager was required.

Materials and methods
Education programme started in September 2017. It consisted of four 2 hr education sessions in small groups:
1. Hand hygiene and WHO’s 5 Moments approach
2. Observation as learning method
3. How to give feedback
4. Repetition of the contents

Observation was done using an online programme eRub, that has been developed in joint collaboration with FCG Flowmedik.

The teaching sessions were carried out during three months. Practising was done with videos made for the course. Between the teaching times the link nurses practised observation in their own ward. Infection control nurses supervised the first observation sessions.

Results
125 infection control link nurses representing 107 units took part in the education programme. Since January 2018 60 units have started observation.

Although our programme is still in the early stage, we have recognized that:
● Infection control link nurses feel that they have now official permission and tool to intervene on identified problems.
● Giving immediate feedback is essential to learning hand hygiene.
● The staff find it easier to ask from a peer about hand hygiene.
● Some of the Nurse Managers report, that they have noticed professional growth in link nurse’s action.
● To secure the uniform quality of observers 1. a systematic education is needed 2. validation test using for example videos after first 300-500 observation is needed

Conclusions
Successful action requires the entire organization’s commitment to the goal.

Support from the Nursing Manager allows practical action.
Systematic education in small groups provide peer support.
Immediate feedback is a key role in learning process.

Reference:
WHO Guidelines on Hand Hygiene in Health Care, 2009

Contacts:
tarja.kuutamo@hus.fi
Department of Infection control, HUS Helsinki University Hospital

Infection control link nurse’s path to be an observer in HUS

Information about education programme is published.
Agreement with one’s Nurse Manager about participating on course and starting monthly observations after the course.

Education sessions (2-3 weeks of practising between sessions)
1. Hand hygiene and WHO’s 5 Moments approach. Practise with videos.
2. Observation as learning method. Practise with videos.
3. How to give feedback. Practise with videos and in own ward.
After 1-2 months
4. Repetition of the contents. Practise in own ward (at least 100 observations).

Lesson to the ward personnel about hand hygiene and observation.

Observation begins, first session with infection control nurse. Target 50 observations/month.

Validation test using videos after 300-500 observations.