PP21

IMPROVING HAND HYGIENE IN BAGAN SPECIALIST CENTRE'S CLINICAL AND NON-CLINICAL SERVICES



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Selection of Opportunity for Improvement

In 2019, Bagan Specialist compliance in hand hygiene was not satisfactory, with compliance falling short of the national standard below 75%. Various causes were discovered during the first stage of Quality Improvement Project (QIP), the most significant of which was a unfavourability for Brand X hand rub due to skin irritancy.

Poor compliance with hand hygiene practice poses a risk of hospital associate infection and when COVID-19 hits Malaysia, it strengthens the need for hand hygiene compliance among healthcare workers in BSC. The goal of this project is to improve hand hygiene compliance throughout the facility, particularly in high-risk areas, with a focus on increasing education and awareness, particularly to prevent nosocomial (hospital-associated) infections and infrastructure improvement.

Key Measures for Improvement

Hand hygiene compliance at five key moments, as set out by World Health Organization (WHO), is the metric employed. The goal set was to achieve 80% compliance in all clinical and non-clinical services.

Process of Gathering Information

Data were acquired using the WHO method for direct observation of "Five Moment for Hand Hygiene". Observations have been done since January 2019 up to the current date.

Analysis & Interpretation



The compliance rate in 2019 was 69%, where the rate of non-compliance was higher among consultants and inconsistent compliance rate among the nurses and allied health staff. The key factors identified were sensitivity towards alcohol-based hand rubs, lack of hand hygiene facility and awareness.

ii) Data Collection

The WHO approach for conducting a direct observational hand hygiene and the 5 Moments for Hand Hygiene was adopted in collecting and measuring data for compliance. The Infection Control Nurses, Link Nurses, and Link Personnel were involves in conducting the cross audits in all services, including non-clinical areas (offices, front offices, etc.). The audit are carried out on monthly basis, and result were shared throughout email, notice board, committee and departmental meeting.

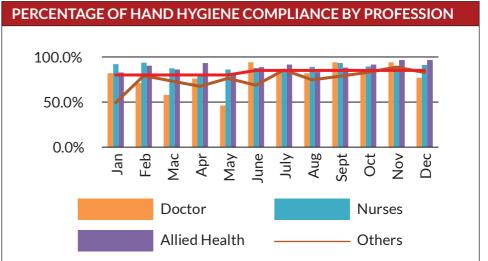
To ensure the validity of data collection, a "mystery shopper" is assigned to perform the audit to help on findings further gaps for improvement (since March 2021).

Effect of Change



Data collected shows that the overall hand hygiene percentage of improvement increases by year from 69% (2019) to 85.9% (2021). The data had showed tremendous increase in awareness by all the services.

The trend of compliance is increasing and some services manage to maintain >85% compliances. The critical area such as ICU/HDU, Nursery and ED. Operation Theater otherwise had shown significant decrease.



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Strategies for Change



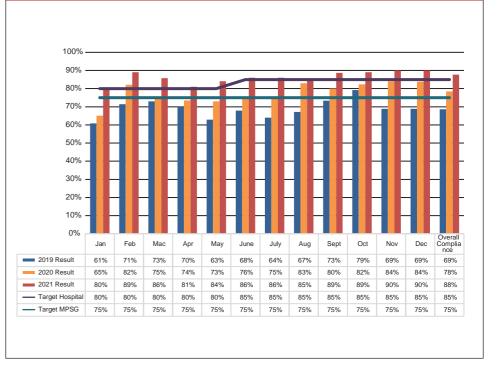
i) Hand Hygiene Compliance Improvement Intervention

A multimodal interventions were carried out with focus of the sanitizer such as changing the alcohol hand rub to suit those who are allergic, improving access and readability of the hand hygiene facility, staff training and reward program.

The alcohol based hand sanitizer used were chosen based on a properties that are likely less irritant, less stingy but yet affective. Thus alcohol based hand sanitizer used is containing 60%-95% alcohol and emollient (moisturizing agent) to encourage the staff favorability to perform hand hygiene. The facility improvement are focus on increasing the availability and accessibility of the alcohol based hand sanitizer throughout the clinical and non clinical area including all counters, lift, administrative office and pedestrian walkway.

To emphasize the important of the practice, the Non Conformance Report is issued to those services that unable to achieve target above 80%, whilst the unit with the lowest level of compliance due to negligence is penalized.

OVERALL HOSPITAL HAND HYGIENE COMPLIANCE



The Next Step:

The next target is to attain the largest percentage of compliance in the critical area. Additional research will be conducted to improve the respective services.