Aim Statement

Hand hygiene is the most effective way of preventing hospital acquired infections (HAI), so why is it so hard to get staff to comply? Change is difficult, but at INOVA Alexandria Hospital (IAH) Hand Hygiene was in the 50th percentile. Change was necessary to protect our patients. There was a clear discrepancy in department based champion hand hygiene (HH) observations and the data collected by the Infection Prevention team (OIPP). The goal of 85% was set by the INOVA Health System.

Project Design/Strategy

Behavior modification requires finesse, creativity and support:
- Infection Prevention (IP) utilized techniques of the Organizational Behavior Modification model, positive and negative reinforcement and non-punitive counseling
- Storytelling inspired staff members from all areas, not just clinical units.
- Kinesthetic learning and return demonstration were utilized to increase concept understanding.
- Positive Behavioral Intervention was utilized at New Employee Orientation, so the expectations were set as close to hire as possible to all employees, regardless of department.
- Final piece of the puzzle was support.

Without the commitment and loyalty of the IAH Leaders, hand hygiene would not have exceeded the INOVA Health System set goal of 85%, nor continue to climb and sustain over 90% for 2017 and 2018 to date.

Small Tests of Change

1. Every departmental team educated by IP to capture all current employees
2. IP assessed barriers for hand hygiene compliance to address non-behavioral obstacles
3. Behavior Modification through contests and fair developed by IP, incorporating negative and positive reinforcement techniques
4. Every Departmental Leader trained in Hand Hygiene collection for clinical areas, included non-punitive Just In Time Coaching techniques
5. Leaders began performing real time coaching and HH collection, providing feedback to leaders of those who missed opportunity
6. Monthly Ollie Awards (named for Oliver Wendell Holmes) presented at Monthly Management Team meetings for Highest Compliance and Most Improved Department – fosters collegial competition
7. Weekly Infection Prevention report sent to leaders and nursing so hand hygiene data was shared transparently through the facility.
8. Nursing Essentials Educators allotted IP time for front line staff education - increased from 30 minutes to 5 hours to allow for added staff understanding of link between hand hygiene and decreasing patient harm
9. Monthly New Employee Orientation provided 30 minutes of HH education by IP for all new Employees; includes Partnering to Heal video and discussion, glove demonstration, Partnering to Heal video and discussion, glove demonstration, return demonstration of hand hygiene for evaluation and competency
10. March Madness Hand Hygiene code word contest - Departments enter their word into a March Madness bracket for voting, staff use polling app to vote for their favorite – winning word becomes discreet reminder to reduce confrontation – yearly

Outcomes

IAH will continue to drive hand hygiene higher than our year end. The goal of Zero HAIs depends on our continued commitment to this patient safety element.

Various activities will be scheduled throughout the year to ensure team members stay engaged and focused. Annual March Madness contest to choose a new code word to keep this element fresh, continuing to use Collegial Competition and staff input.

Each department will now publicly display their Monthly Hand Hygiene results according to Leadership collection results, as well as the hospital based results.

Small tests of change added up to increased Hand Hygiene compliance and sustainability.

EVS places patient Hand Hygiene card reminders in all clean rooms.

Next Steps

IAH will continue to drive hand hygiene higher than our year end. The goal of Zero HAIs depends on our continued commitment to this patient safety element.

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