Identifying issues with poor hand hygiene compliance in the Emergency Department using a self-assessment framework

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Austin HEALTH

Declarations

- No conflicts of interest to declare

Background

- Hand hygiene compliance (HHC) at Austin Health Emergency Department (ED) was continuing to decline and was significantly lower than the rest of Austin Health at 59% (95% CI 54.0-63.7%) compared to 79.3% (95%CI 78.1-80.5%) in Audit 3, 2017.
- Reasons for the decline were unknown.

Background

- Further investigation identified numerous issues, including-
  - limited access to alcohol based hand rub (ABHR)
  - erratic workflow in the department
  - a lack of understanding on when to perform hand hygiene and
  - frequent closing of curtains.
- Overall there was a lack of engagement from ED staff - “5 moments didn’t apply to them” and they were “too busy”

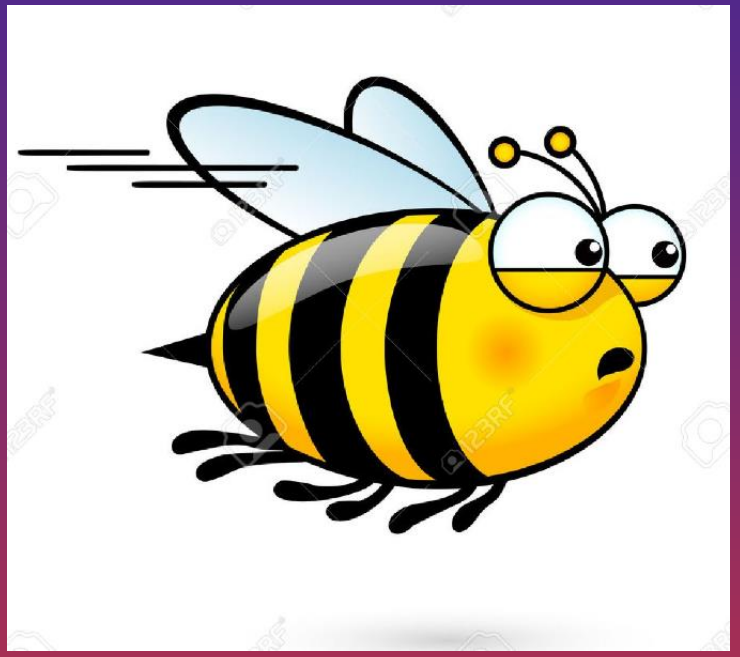
Background

This prompted a review that was undertaken by Infection Control in October 2017.

What We Did

- We used the Hand Hygiene Australia Self Assessment Framework to review practises in the ED
- We reviewed :
  1. Workflow
  2. Product placement
  3. Hand Hygiene practices
  4. Practices in the patient zone
- Findings of this review were fed back to ED NUM and ED Medical Director

What We Found



1. Workflow

- Erratic
- Busy
- High movement between different areas of ED
- Short care activities with patients
- Activities predominately occurred outside the patient zone
- Staff predominately located in staff areas/corridors

What We Found

2. Product Placement

- No ABHR present in corridors
- Staff must actively *FIND* ABHR within high flow areas
- ABHR available in cubicles, however most times in difficult locations (behind visitor chairs)

What We Found

3. Hand Hygiene practices

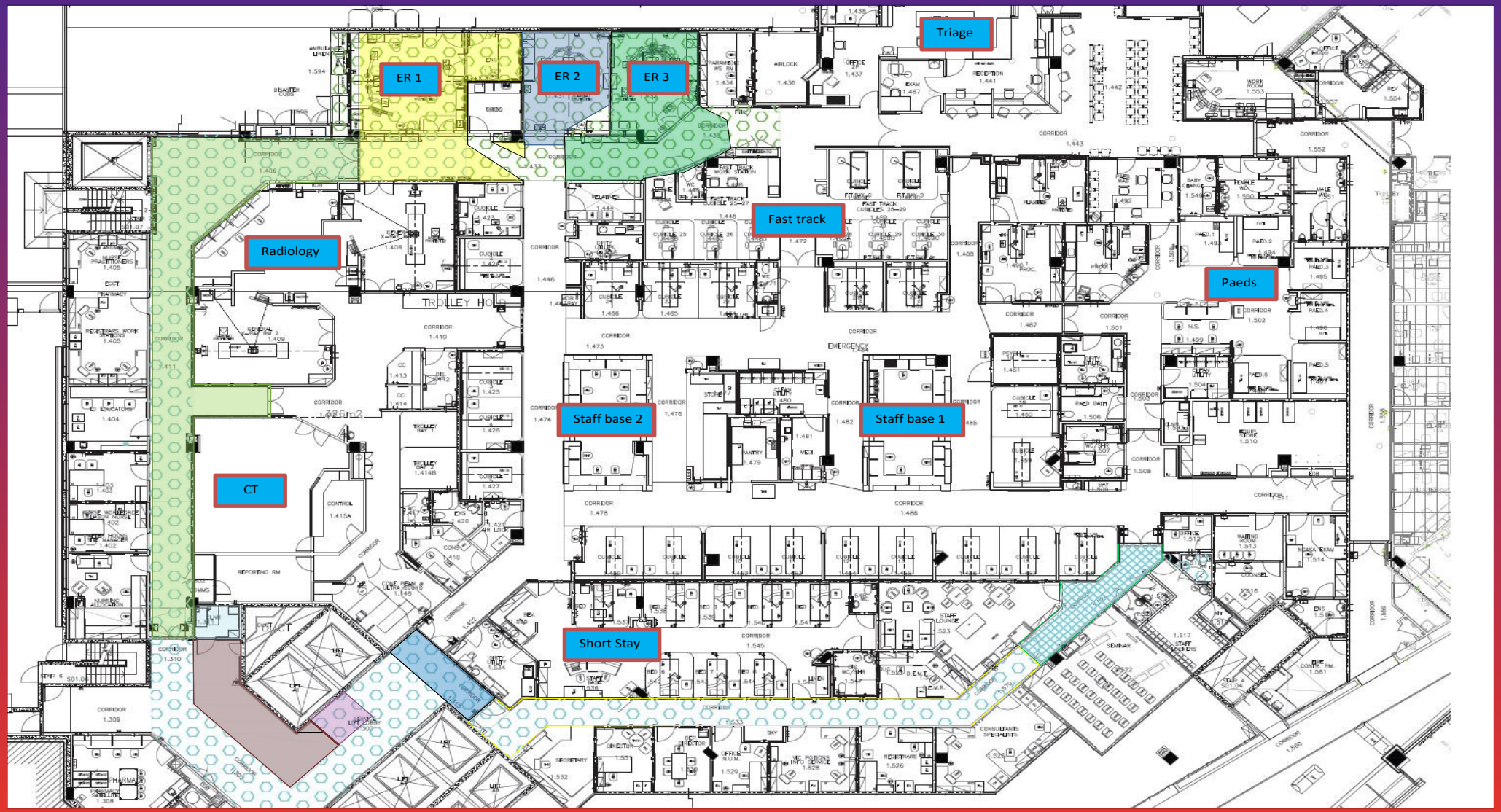
- During the review, compliance with HH was poor
- Staff appeared not to have awareness on when to perform HH
- Staff may “know” the 5 moments but were unable to integrate them into their hectic short sharp workflow

What We Found

4. Practices in the patient zone

- Hand Hygiene compliance was impacted on by curtain use
- Curtains frequently closed attributed to poor compliance
- Staff did not always perform HH between the curtain and patient activities
- Having curtains closed affected hand hygiene being incorporated into workflow
- Access to ABHR was often hindered because it was placed behind curtains

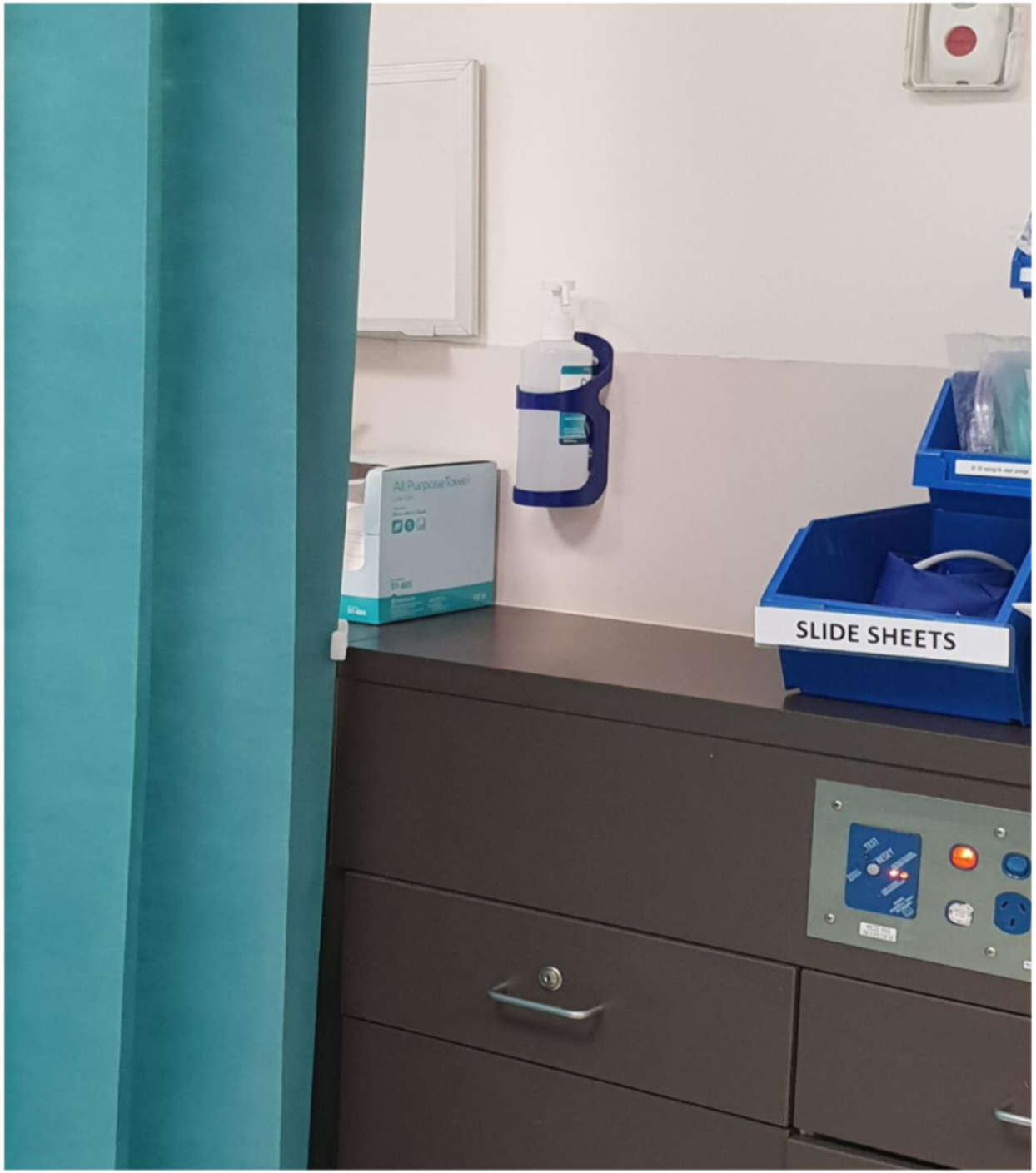
Map of the Emergency Department



Map of the Emergency Department

Map of the Emergency Department


12


SLIDE SHEETS

Post Review Recommendations

Recommendation 1:

- Increase product placement, relocation of already existing product to make it more accessible e.g. behind visitors chair, behind curtains

Time frame- within 1 month

Post Review Recommendations

Recommendation 2:

- Conduct HH in-services covering the following topics:
  - feedback of the review findings with a key focus on issues contributing to poor HH performance e.g. overuse of gloves, frequent touching curtains, products behind curtains, poor product placement, lack of knowledge of the 5 moments

Time frame- alignment with installation of new brackets

End of Review Recommendations

Recommendation 3:

- Engaging the Emergency Department educators to help facilitate improved staff knowledge and practise of HH

Time frame- within 3 months

Outcome

And then this happened from all the hard work…..

Outcome

And then this happened from all the hard work…..

NOTHING

This was communicated to the Board which prompted another review and engagement from the Emergency Department.

Two Months Post Recommendations

On review, only one of the three recommendations had been completed.

Recommendation Completed:

- Infection Control had conducted HH in services.

Recommendations Not Completed:

- No new brackets had been installed and relocation of some existing brackets had not occurred
- Educators had not yet conducted any HH education sessions

What Happened Next

ED were invited to the Infection Control Committee Meeting to explain their action plan.

Please explain

Outcome

And then this happened from all the hard work…..

Outcome

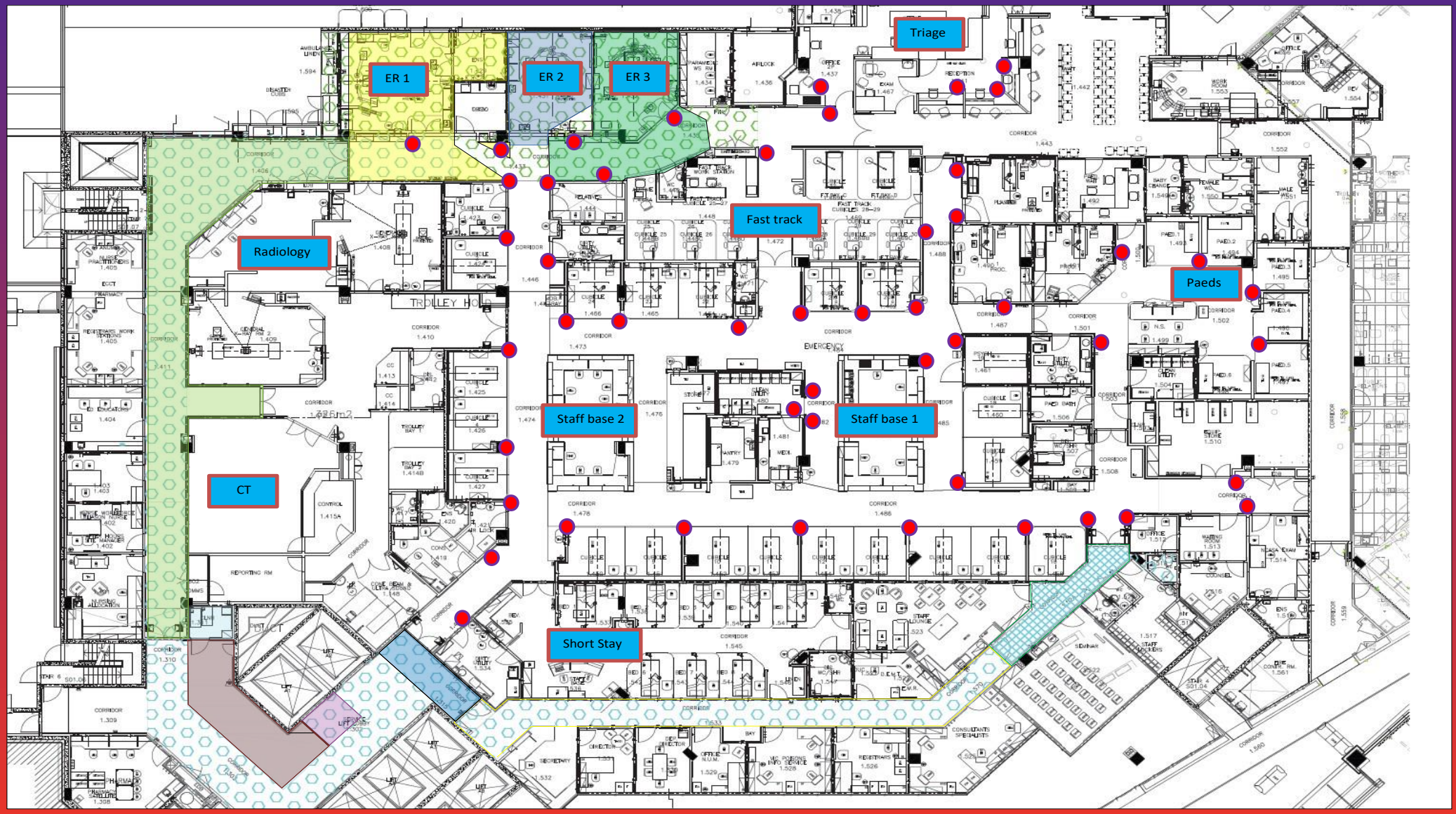
And then this happened from all the hard work…..

DONE ☑

Key improvements included:

- Purposeful ABHR placement with >50 additional brackets
- Focused education and simulation sessions targeting inappropriate glove and curtain use
- Improved governance to Executive

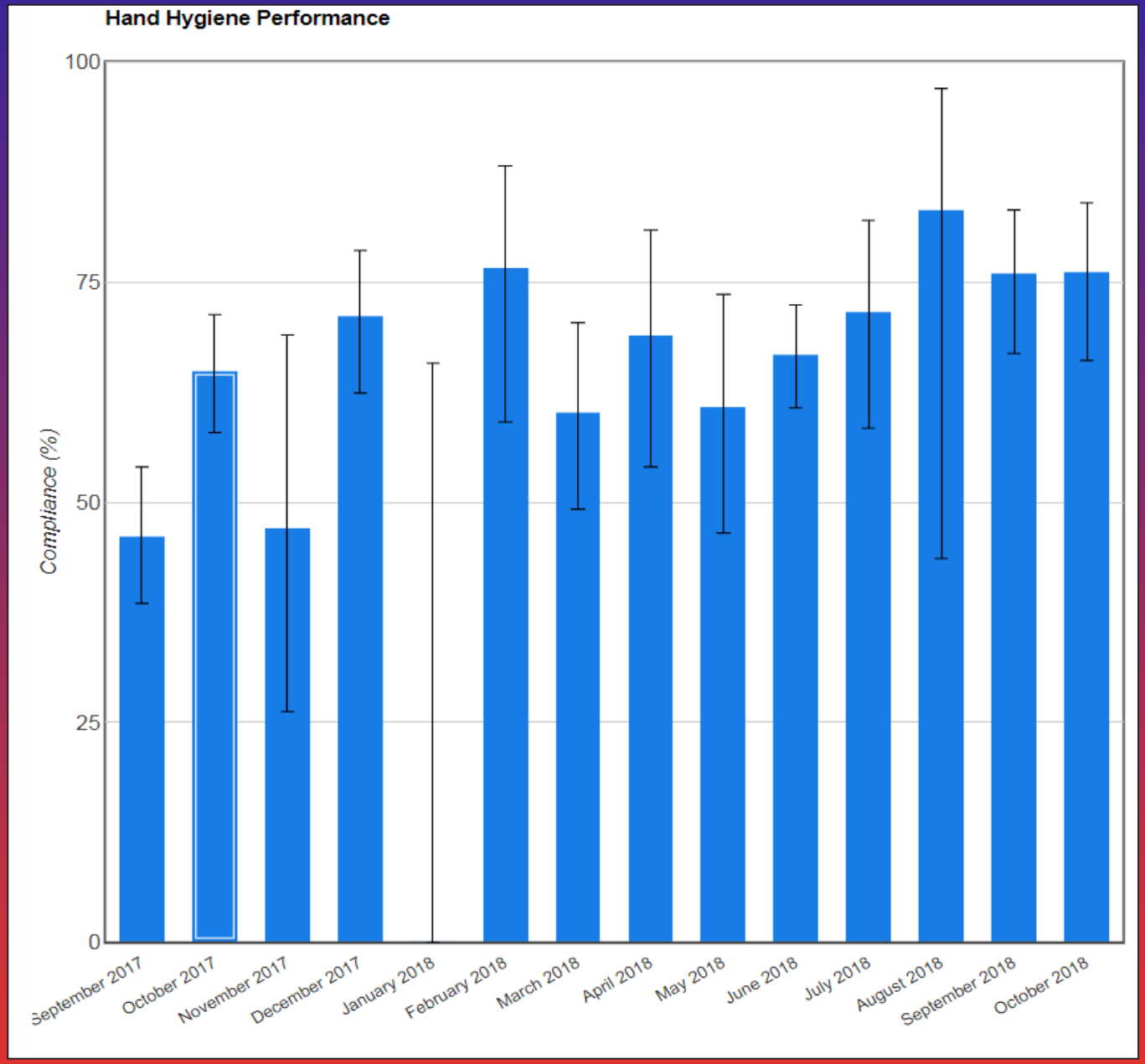
Map of the Emergency Department




Toilets

Results

AUDIT PERIOD	COMPLIANCE	95%CI
Audit 3 2017	**58.9%**	54.0 - 63.7%
Audit 1 2018	**69.8%**	64.8 - 74.4%
Audit 2 2018	**66.1%**	64.8 - 74.4%
Audit 3 2018	**79.4%**	74.9 - 83.2%



Conclusion

- ED is a challenging environment for hand hygiene compliance improvement
- The department is:
  - Busy
  - Activities occur outside the patient zone
  - 5 Moments do not translate well generically

Conclusion

Hand hygiene Australia Self Assessment Framework helped to identify actual problems in the ED:

- Workflow
- Lack of availability of ABHR
- Lack of understanding on when to perform hand hygiene
- Frequent closing of curtains

Acknowledgements

- Liz Orr
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