



Abstract Title:	Improving Hand Hygiene Compliance on the Burn Unit: A Quality Improvement Project
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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">• Identify barriers to hand hygiene compliance.• Recognize hand hygiene improvement compliance strategies implemented on the Burn Unit• Review and assess hand hygiene compliance post strategy implementation for progress
Abstract:	<p>Introduction: Hand hygiene is the most important intervention for preventing hospital acquired infections. Grady has set a hospital wide hand hygiene compliance standard of 85% or greater. The Burn Unit had monthly scores of less than 75% percent for 2018. Barriers to compliance were identified and strategies were implemented to aim to improve overall compliance and increase scores to greater than 85%.</p> <p>Methods: A team of bedside and infection prevention nurses was created in order to identify potential barriers to compliance and develop interventions in order to increase hand hygiene scores. Some of the barriers that were identified were lack of accountability and just-in-time coaching, forgetfulness of healthcare workers, and a lack of education. In order to address these barriers, visual reminders were placed on each foam dispenser and general education was provided to the staff in morning huddles and staff meetings regarding the importance of hand hygiene. Hand hygiene audits also increased as a means to collect data after the putting into practice the interventions. In order to address accountability, hand hygiene champions were encouraged to hold staff members responsible if they were non-compliant. Leadership would conduct formal coaching sessions for staff members that were identified as “repeat offenders.” Additionally, a “please always wash or sanitize” (PAWS) campaign was launched hospital wide; badges were made and intended to be used as a non-confrontational way to address non-compliant staff members in real time.</p> <p>Results: Through the implementation of peer to peer accountability and just in time coaching, updated visual reminders and frequent unit based hand hygiene education, hand hygiene scores on the burn unit have increased and has maintained a monthly average of greater than 85% compliance.</p>

Conclusions: Hand hygiene is a primary means to reduce hospital acquired infections. Identifying contributing factors to non-compliance and addressing the barriers was a key first step in addressing low monthly scores. Continued educations and just in time accountability is vital in ensuring all members of the staff are aware and mindful of the importance of hand hygiene.

Disclosure:

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