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Communication and Feedback of Results Component (Phase III)

Communication to staff, managers and administration regarding HH violations and compliance rates

Prompt follow-up with re-education in patient care areas where HH violations rates were lower than expected.

RESULTS: In Phase I, 100% of patient care staff complied with HH computer-based training. A total of 100 unit-based HH observers were trained using the Train-the-Trainer approach with education on HH basics, use of HH tool and feedback to colleagues and peers.

In Phases II and III, observational periods with assessment of HH compliance were implemented by the trained HH observer of each clinical area. Data from observation periods, demonstrated an incremental improvement in HH practices with an initial baseline of 79% and an average of 91% in subsequent periods.

LESSONS LEARNED: A coordinated systems approach that includes patient care staff, physicians, committees and administration is essential when initiating a process change. Providing education and feedback to staff and physicians will improve compliance. Identification of areas where additional education and feedback on HH is required and will also improve compliance.

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Evaluation of a Hospital-Wide Infection Prevention & Control Certification Program: Increasing the Quality Limits for Patient Safety and Staff Satisfaction

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BACKGROUND/OBJECTIVES: To evaluate the effect of Infection Control (IC) certification on confidence and comfort level of the health care workers.

METHODS: The Severe Acute Respiratory Syndrome (SARS) Outbreak highlighted the significance of formal training in IC practical aspects as well as the development and publication of standards. Minor errors in the use of personal protective equipment were identified as sources of contamination of Health Care Workers' to SARS CoV. Our hospital's policy mandated that all staff, be certified in IC practices through a competency based educational program. A multi-disciplinary educational module, derived from a SARS specific model used to educate the SARS designated care team; was developed. Essential components included basic IC principles, specimen collection, use of protective clothing, high risk procedures, modified protocols for ventilator management and oxygen/aerosol therapy, transportation and care of equipment and the environment. Competency checklists for each module were developed. Education was customized, depending on the potential risk of exposure. A train the trainer model with direct involvement of the Infection Control Practitioners (ICP) disseminated the program hospital-wide.

- A self-directed learning package including a video demonstration of application and removal of the Personal Protective attire was developed for the physicians.

RESULTS: Evaluation of staff satisfaction indicated an average staff satisfaction of 98.3% with the pace and content of the sessions and also increased staff confidence while caring for patients in isolation. The result of a survey demonstrated a significant association between the level of confidence and comfort in providing patient care and certification among the two groups of staff (certified versus non-certified, $p < 0.001$).

*There was no nosocomial spread of SARS in our hospital, despite the admission of 5 confirmed cases and 27 patients that met the SARS case definitions.

CONCLUSIONS: The program was highly successful in preventing the spread of SARS within the institution and easing staff's anxiety.

Evaluations of the program participant using a RxC statistical analyses

	Received Competency based certification	Did not receive Competency based certification
Very confident	48 (72.7%)	29 (35.8%)
Somewhat confident	16 (24.2%)	43 (53.1%)
Not Confident	2 (3.0%)	9 (11.1%)
Total	66	81

*IC Education must be a mandatory and frequent part of the training for medical and paramedical programs with commitment and support from internal and external stakeholders.

*Directives and policies must have an implementation and a role out plan.

*There is a need to evaluate the long-term effectiveness and retention level of the competency based program.

*Ratio/bed of ICPs must be re-evaluated based on the new demands of the field.

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Hand Hygiene

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ISSUE: Hand hygiene is the most important means of reducing the spread of infection. Our goal was to improve the hand hygiene compliance rate within the hospital by using visual reminders, education, and positive reinforcement.

PROJECT: Our hospital uses a standardized hand hygiene audit tool that was developed to measure compliance of hospital staff. When we first audited the hand hygiene compliance on our pilot unit, the compliance rate was 47% in October 2005. We had alcohol foam hand wash placed outside of the patient doors to help remind staff to wash their hands when entering the patient's room. We also created colorful signs that read, "Foam In, Foam Out." These signs were placed beside the alcohol foam dispensers outside of the door. Because of our large population of Hispanic employees, we created the signs in Spanish. As we performed audits on the unit, we gave out coupons for free lunch to staff members observed compliant with hand hygiene practices, as a positive reinforcement.

RESULTS: Following implementation of the program, the hand hygiene compliance increased. The first month there was a 60% compliance rate (13% higher than the previous month). The next month we continued to see an increase of 6%, bringing our December 2005 hand hygiene rate to 66%. Positive feedback of the program has helped the program become accepted throughout the unit.

LESSONS LEARNED: The use of a standardized audit form has helped us collect valid data regarding hand hygiene compliance. By placing the alcohol foam dispensers outside the door with a colorful sign stating, "Foam In, Foam Out", gives staff a visual reminder to wash their hands before and after patient care. The positive reinforcement of free meals shows staff that we appreciate their awareness of the need to wash their hands. Due to the success of this program, we plan to implement this throughout the hospital.

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Hand Hygiene: Staff-Driven Approach Leads to Success

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