

# IMPROVE HAND HYGIENE COMPLIANCE RATE

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

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## Define Problem/Set Aim

### Opportunity for Improvement

- Poor Hand hygiene practices cause major problems for patient safety.
- Many health care associated infections are transmitted by health care personnel. The impacts include prolonged hospital stay, long term disabilities, financial burdens, patient and family dissatisfaction on health care facilities.
- Compliance to Hand Hygiene must be addressed as a priority across the hospital and measured as ward KPI.

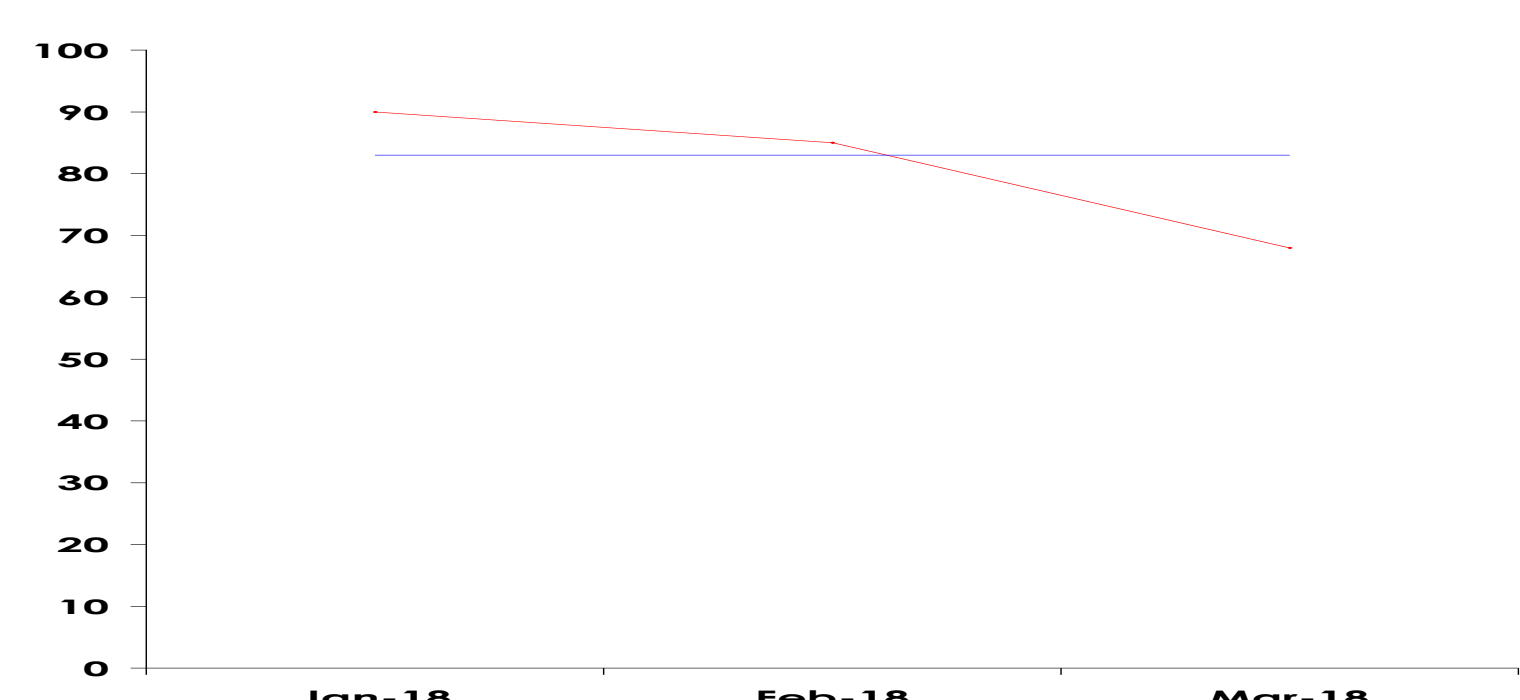
**Define the scope:** In March 2018 the hand hygiene compliance rate was below the ward target of 83% for ward C10 and potential risk of spreading infections and cause problem for patient safety.

**Aim**  
JCH Ward C10 target to achieve the compliance rate of hand hygiene from 68% to ward target of 83% by end of Sep 2018 to reduce hospital acquired infections.

## Establish Measures

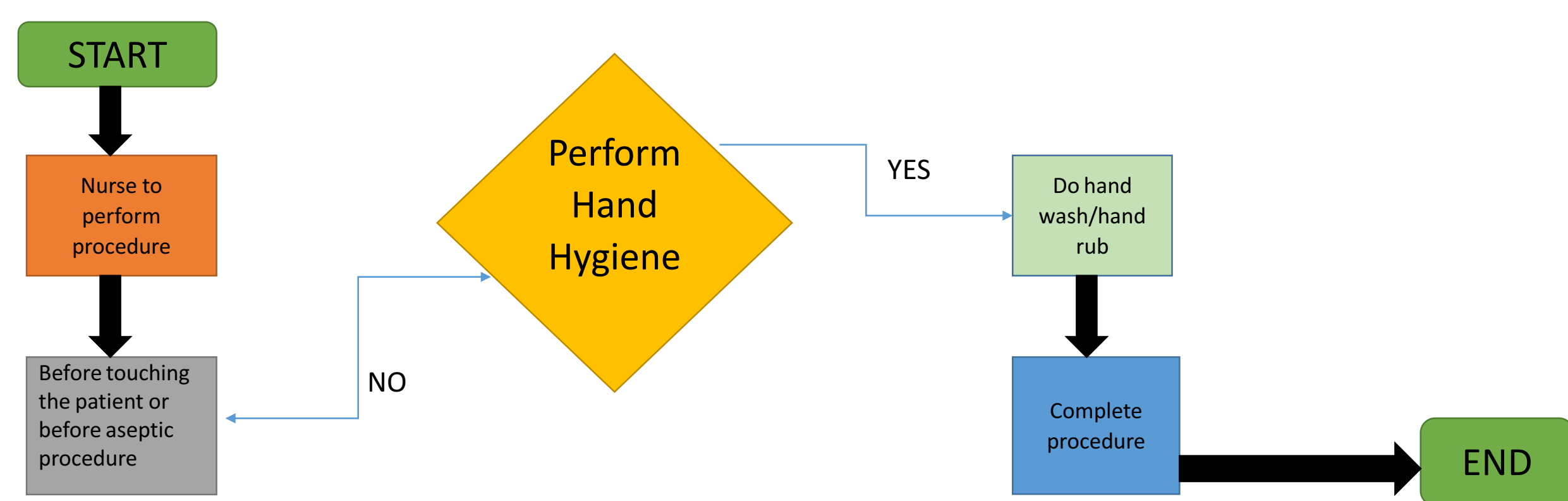
### What is your current performance?

JCH Ward c10 hand hygiene compliance rate



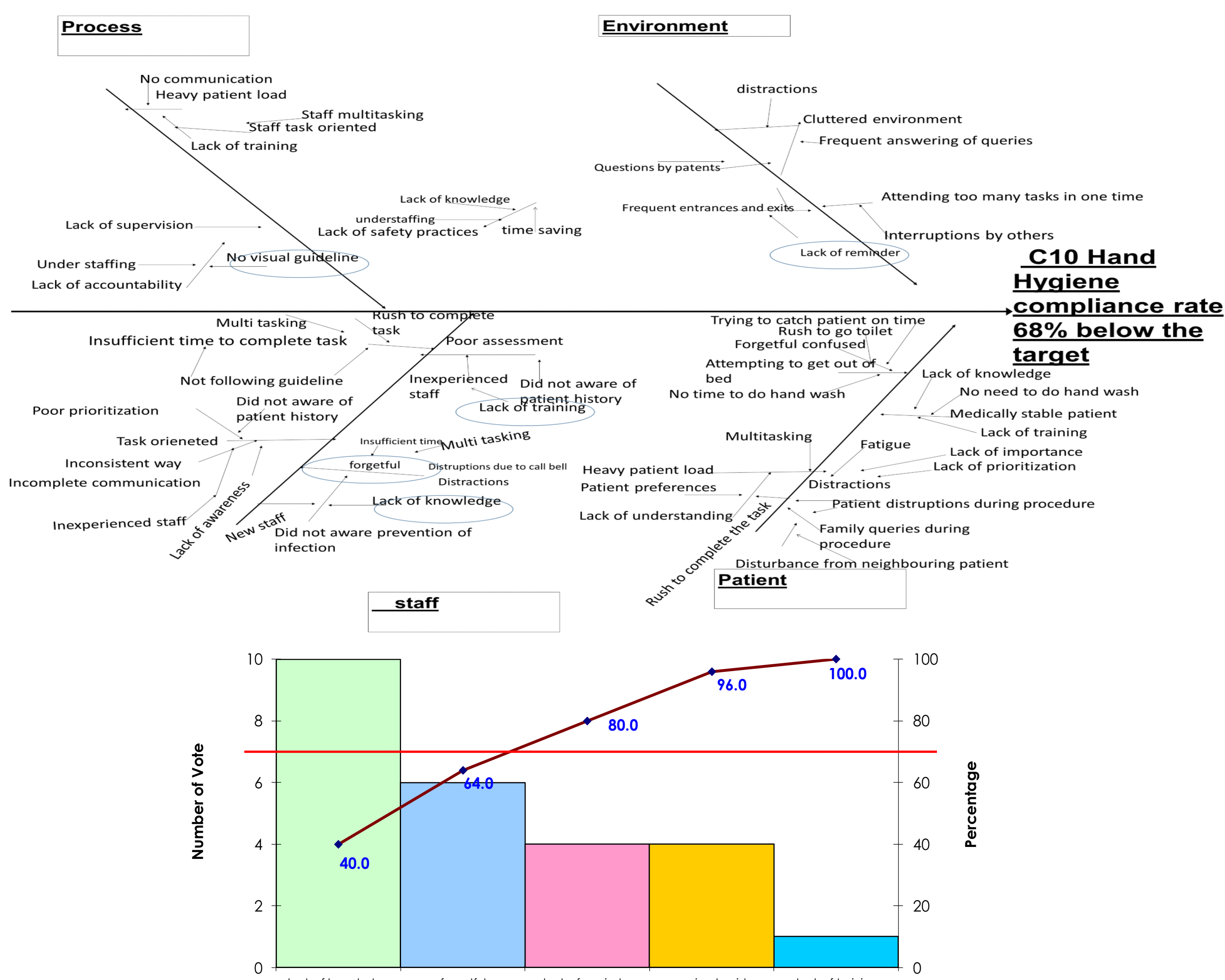
## Analyze Problem

### What is your current process?



### What are the probable root causes? Include pareto (if any)

Cause & Effect Diagram



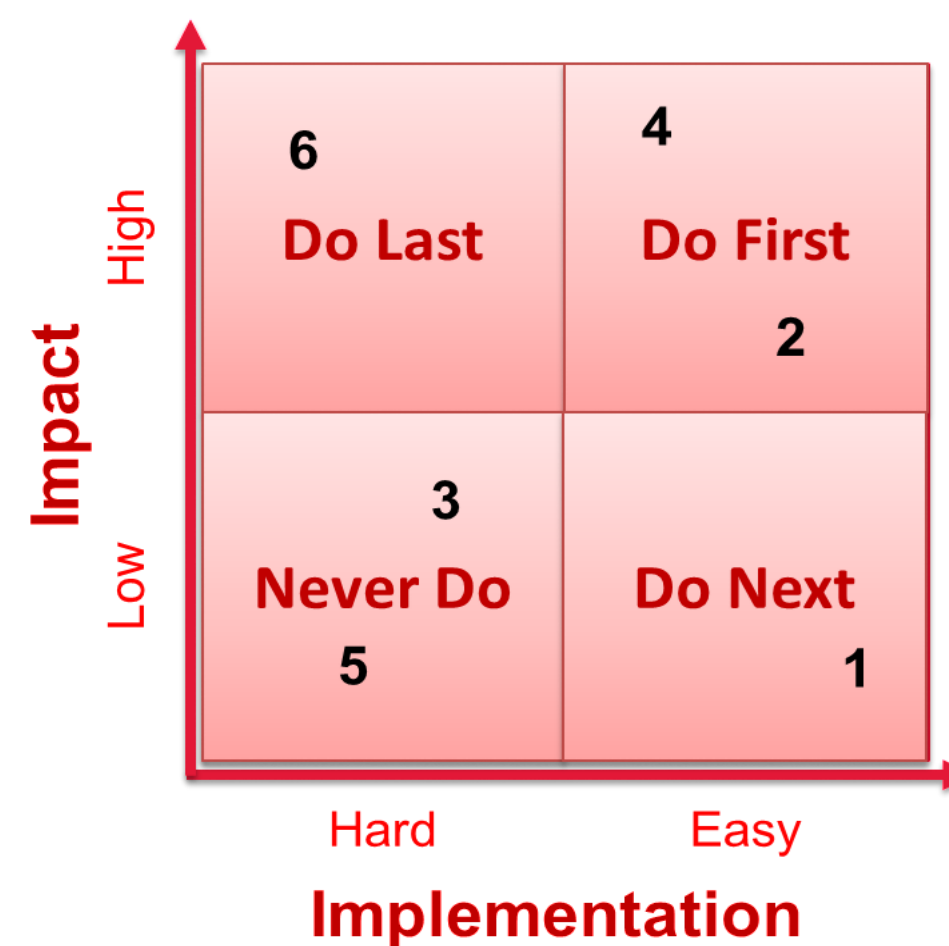
## Select Changes

### What are the probable solutions?

What are the solutions selected?

How will this piloted?

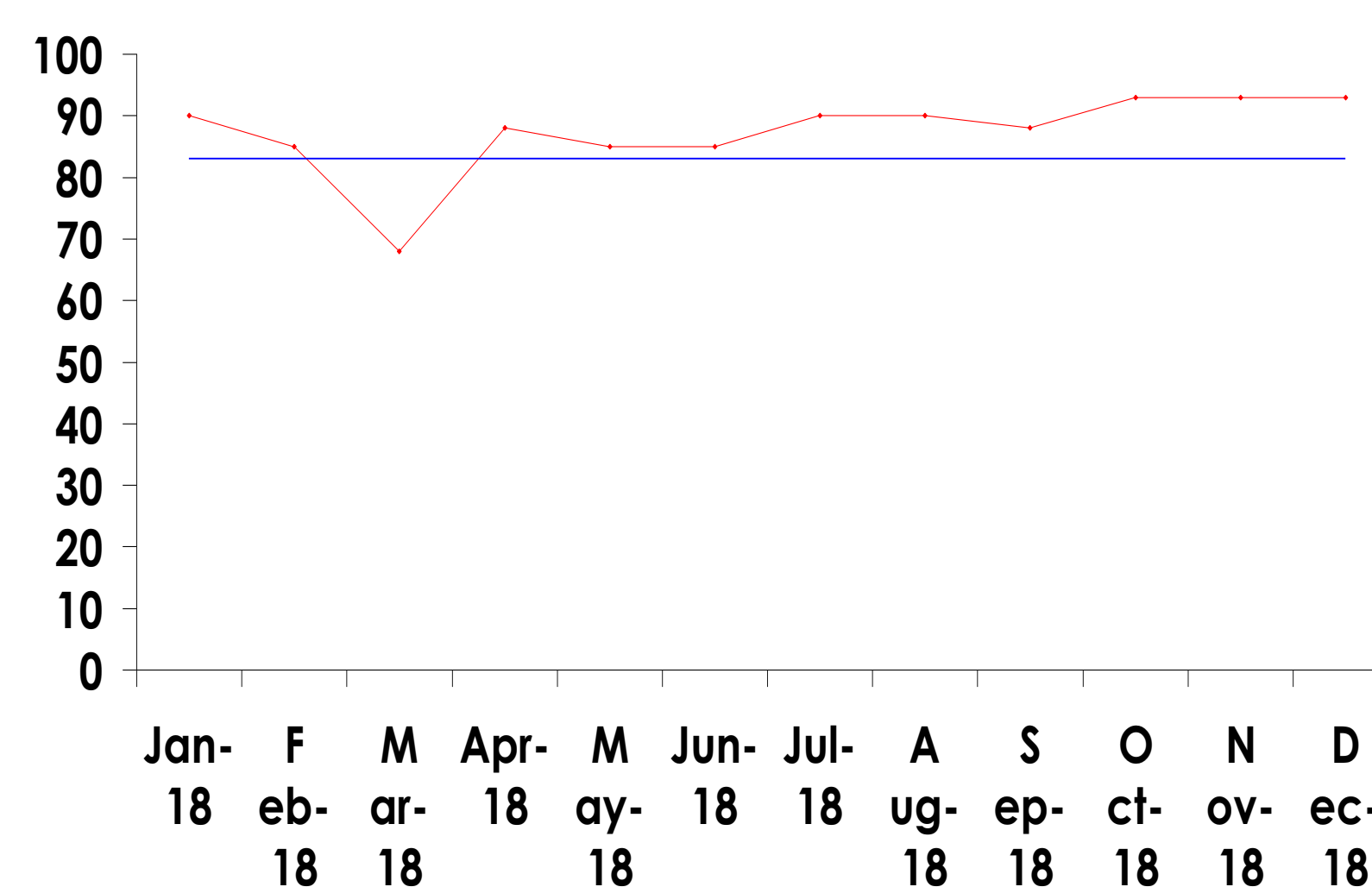
Root Cause	Potential Solutions
Lack of knowledge on five moments of hand hygiene Forgetful, lack of reminder	1 Roll call sharing
	2 Pictorial guide
	3 Visual reminders using 2 finger touches forehead
	4 Reinforcement
	5
	6



## Test & Implement Changes

### How do we pilot the changes? What are the initial results?

Target Causes/ Problems	Intervention	Date of Implementation	Measurement Plan
Lack of knowledge on five moments of hand hygiene	Roll call sharing on five moments of hand hygiene and return demonstration by staffs	Cycle 1: 26 April to 7 <sup>th</sup> May 2018 Cycle2: 8 <sup>th</sup> May to 14 <sup>th</sup> may Implementation:15/5/18	1.Increase hand hygiene compliance rate 2.All staffs signed the attendance form after completing return demonstration on 5 moments of hand hygiene.
Forgetful	Visual reminder by staff using 2 fingers touching the forehead to remind staff to do hand hygiene	Cycle 1: 15 May to 30 <sup>th</sup> May Implementation:1/6/18	1.Increase hand hygiene compliance rate 2.Peer pressure increases awareness of hand hygiene
No pictorial guide	Developed pictorial cue cards on 5 moments of hand hygiene and pasted to all desktop and COWs.	Cycle 1: 1/6/18 to 15 <sup>th</sup> June Implementation:1/7/18	1.Increase hand hygiene compliance rate 2.Pictorial reminder for staffs



## Spread Change/Learning Points

### What are the strategies to spread change after implementation?

- Leaders are engaged and informed about success of project.
- After implementation, Ward c10 is consistently maintaining target level of hand hygiene compliance rate and won Hand Hygiene accountability model ward award in 2018.
- Conduct roadshow to all JCH wards to inform about project success and interventions to be carried out in the ward to create awareness on hand hygiene

### What are the key learnings?

It's provides satisfaction in keeping up with the target by analysing the problem and implementing appropriate solutions.