



IMPROVING HAND HYGIENE COMPLIANCE IN A PSYCHIATRIC UNIT

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BACKGROUND

The project was initiated to control the occurrence and spread of hospital-acquired infections (HAIs) and promote proper hand hygiene (HH) compliance in an inpatient psychiatric. HAIs have been linked to increased hospital stays, longer recovery time, and increased risk of mortality. It involved the following

- A 5-week implementation of the proposed interventions
- HAI diagnosed using CDC guidelines
- Hand hygiene taught using the WHO Technical Reference Manual
- Compliance was assessed using the WHO observation tool.

PURPOSE AND HYPOTHESIS

Purpose

- Evaluate existing gap between current hand hygiene practice at the site and CDC clinical guidelines for HH
- Improve provider compliance with national standards for care on hand hygiene compliance 5 weeks before and 5 weeks after the intervention
- Design strategies and interventions to ensure the successful compliance of hand hygiene evidence-based practice at the organization.
- Identify the existing barriers and facilitators of hand hygiene practices in the facility.
- Reduce the HAI rates and occurrence by the end of the project implementation.
- Promote proper hand hygiene compliance among patients and healthcare workers.

Hypothesis

H1: The correlation between non-compliance and increased Healthcare Associated Infections (HAIs) poses a risk to mental health patients

H2: Improved Hand Hygiene compliance can reduce HAIs at mental health facilities



METHODS

EBP Interventions

- Education and training for HCWs on hand hygiene importance and techniques
- Improved availability of hand hygiene resources, including portable sanitizers
- Evaluation and feedback with enhanced monitoring
- Use of reminders and posters promoting hand hygiene awareness

Project Setting

- Mental health facility operational for over 30 years
- It is a 163-bed accredited skilled nursing facility (SNF)
- It is the designated institute for the Institute for Mentally Diseased (IMD)
- Has approximately fifty employees
- Affiliated with the Los Angeles County Department of Mental Health (LACDMH)

Population

Location

- Los Angeles has a population of 3,792,621
- Density of 8,092.3 persons per square mile (2,913.0/km²)

Direct Population

- Qualified LVNs, RNs, and CNAs at the facility
- Inclusion criteria - Direct population qualified health workers providing direct care

Indirect Population

- Admitted patients diagnosed with different types of mental health

Data collection and Evaluation

Data Collection

- Handwashing Competency Checklist
- Patient Electronic Medication Administration Records (eMAR)
- Schedule triggering reminders

Evaluation

- Data transferred to SPSS spreadsheet for analysis
- Descriptive data analysis performed to assess hand hygiene compliance rates
- Calculation of incidence and prevalence of HAI through correlation of pre and post intervention data

RESULTS

A high level of compliance with hand hygiene was recorded after the interventions. The number of new cases of healthcare-associated infections (HAIs) per 100 hospitalizations reduced following the implementation of the interventions

The prevalence of HAIs in the pre-intervention period was 9.3 per 100 in the facility and reduced to 6 per 100 post-interventions.



CONCLUSIONS

HAI prevalence was reduced while incidence remained fairly similar. With the reduction in the prevalence of HAIs, healthcare costs are expected to be reduced. As such HH should be emphasized in mental health facilities to lower nosocomial infections.

Effectiveness needs continuous assessment with established baselines and adaptation of programs

Also, focus on interventions tailored to specific nursing stations with lower compliance rates

For future dissemination, develop training modules based on successful interventions for wider dissemination

Lastly, establish a network for ongoing knowledge exchange on effective hand hygiene strategies

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