“This multifactorial quality improvement project resulted in an institution-wide increase in HH adherence and a significant decrease in CLABSIs.” Johnson et al (2014).

Reference:


CLABSI reduction following hand hygiene adherence project http://ctt.ec/wC3P+ @ivteam #ivteam

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Abstract:

Background: Although hand hygiene (HH) is key to reducing health care–associated infections, it is well documented that health care worker (HCW) adherence to appropriate HH protocols is relatively low.

Methods: This was a collaborative quality improvement project with multiple interventions conducted in a 570-bed academic hospital in Columbia, MO between April 2006 and September 2012. A multimodal action plan to improve HH adherence among all HCWs was
developed, addressing 4 key areas: staff education, staff accountability, hand sanitizer product selection and accessibility, and organizational culture. HH adherence and central line-associated bloodstream infection (CLABSI) rates were monitored as outcome measures.

Results: The overall HH adherence rate increased from 58% in April 2006 to 98% in September 2012. The adherence rates increased among all hospital units and among all HCW categories; in September 2012, HH adherence was 96% for physicians, 99% for nursing staff, and 99% for food services staff. CLABSI rates decreased over the same period, from 4.08 per 1000 device-days to 0.42 per 1000 device-days.

Conclusions: This multifactorial quality improvement project resulted in an institution-wide increase in HH adherence and a significant decrease in CLABSIs.

Thank you to our partners for supporting IVTEAM