

Aim Statement

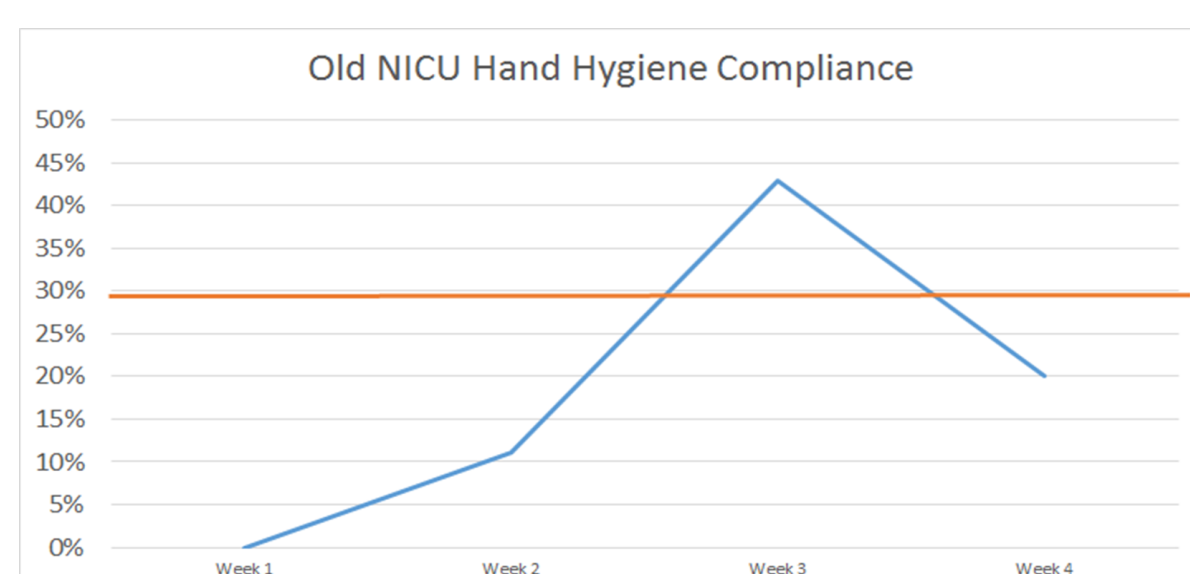
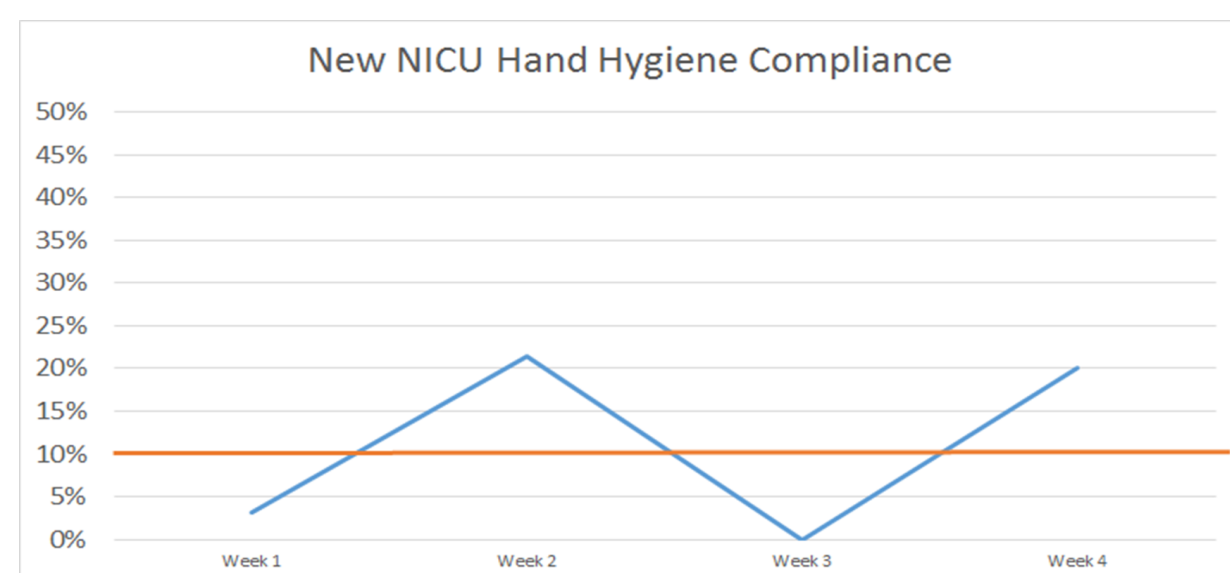
This is an explicit statement of the goal of the project in a single sentence, if possible. Be specific as to the population affected (scope of the project), the quantitative improvement target (your measure), and the timeframe for achieving the goal.

Background

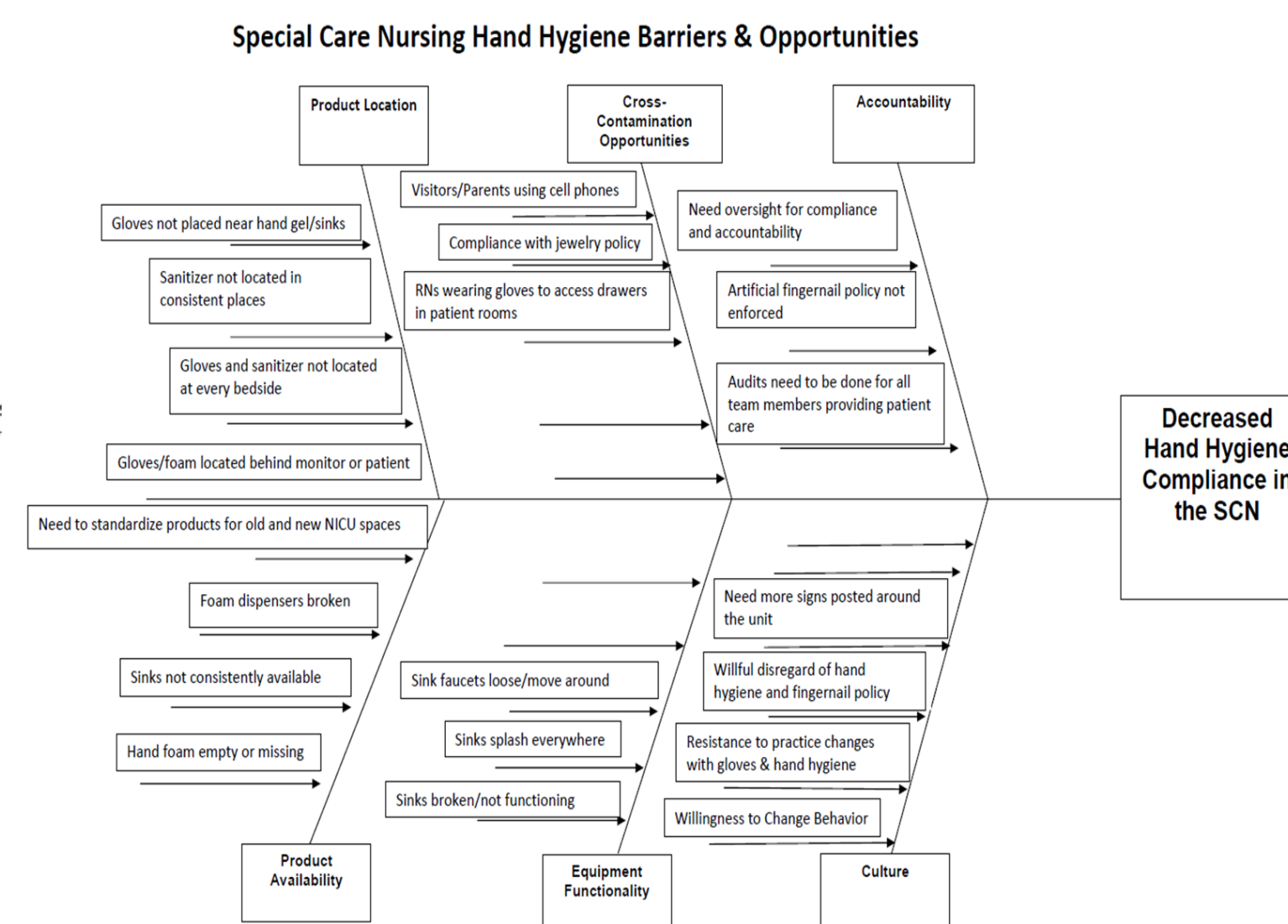
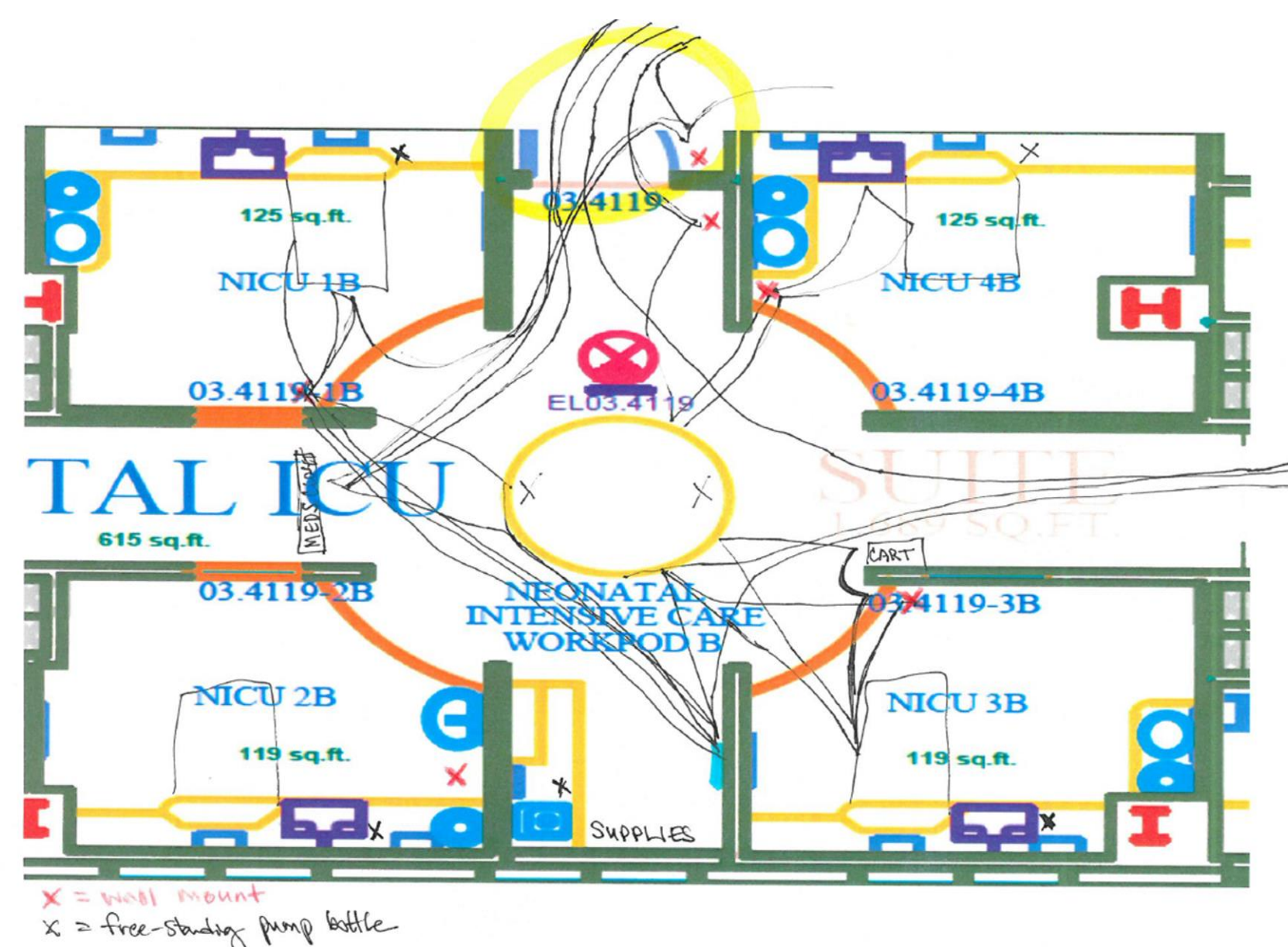
- Neonates in the NICU are high-risk patients who are more susceptible to infections than other newborns. The current method for observing hand hygiene data in the NICU was to manually observe using a unit-based system of team members monitoring other team members in their department. With this process, hand hygiene compliance was consistently being reported >90%.
- Hand hygiene is considered the single most important procedure in preventing nosocomial infections, and both the Center for Disease Control and the American Hospital Association have recommended that hand hygiene be performed before and after each patient encounter.
- The team originally set a goal of 90% hand hygiene compliance for all NICU areas, based on the unit-based observation reported compliance results, with the understanding that these results were likely to be falsely high.
- After analysis of the baseline observations, the team determined the need to lower the short-term target to >70% while still aiming for the long-term goal of 90% hand hygiene compliance.

Baseline Conditions

- The baseline observations in the newer NICU space showed approximately 13.7% (see Graph #2) compliance and 27.85% (See Graph #3) in the older/original NIMCU space.

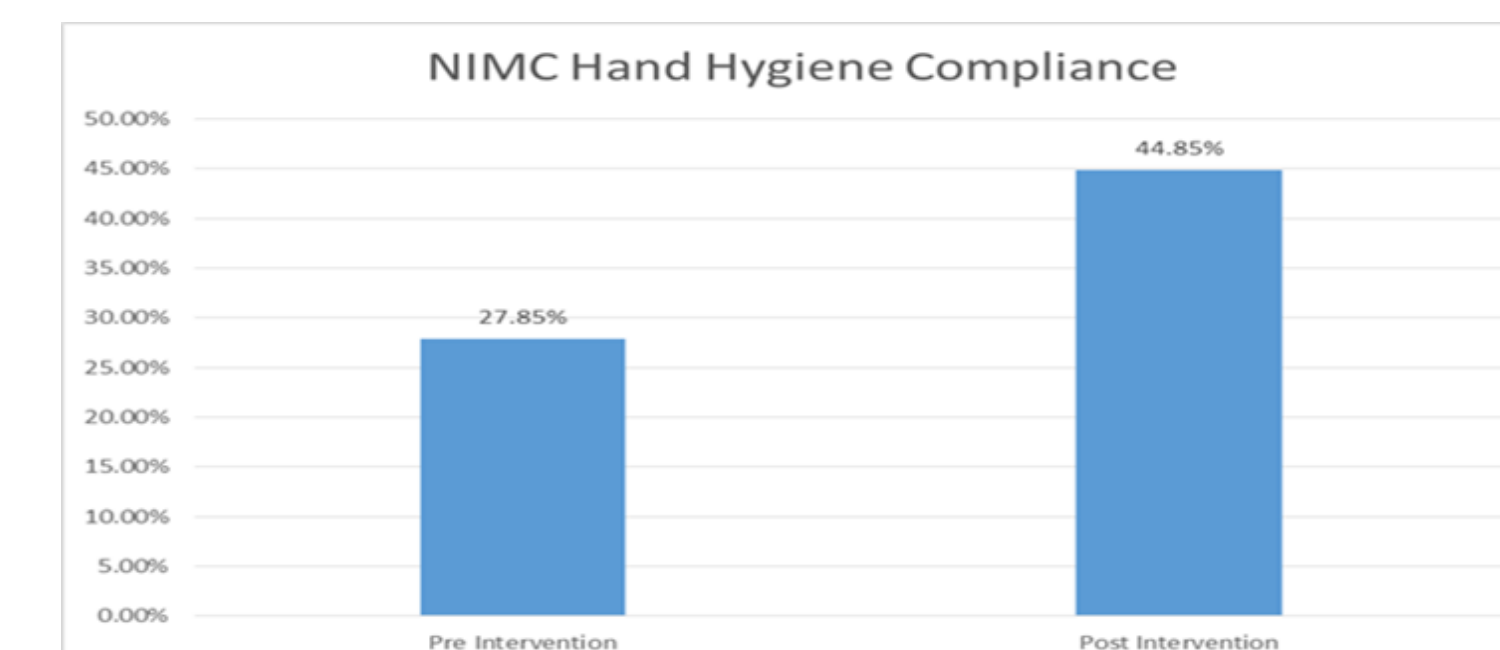
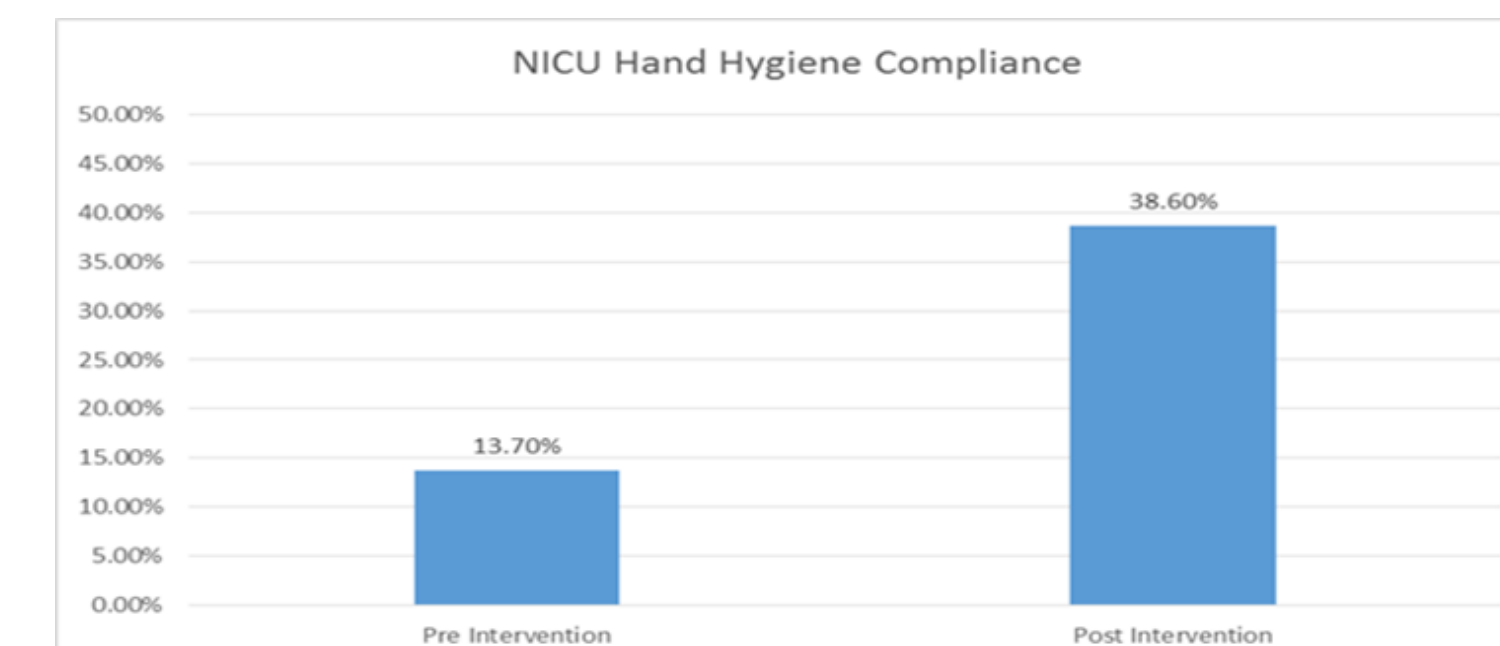


Analysis



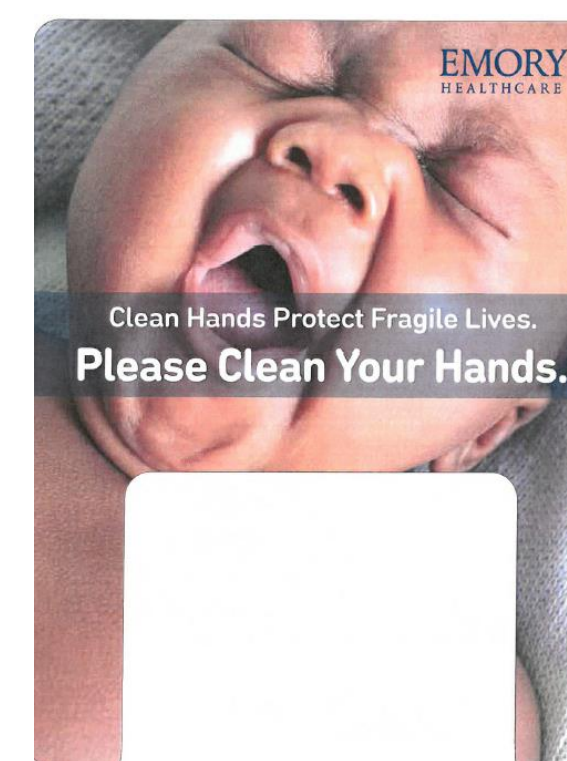
Results

- In the 4 weeks following the intervention, both areas of the Special Care Nurseries saw a rise in hand hygiene compliance.
- The NICU area ("New NICU") saw hand hygiene compliance rise from 13.70% to 38.60%
- The NIMC area ("Old NICU") saw hand hygiene compliance rise from 27.85% to 44.85%



Actions/Tests of Change

- The team worked with the department to create their own slogan and campaign materials (see images) to promote hand hygiene that was NICU-specific. These campaign materials were placed around the hand hygiene dispensers. Hand hygiene compliance was tracked for 4 weeks before and after the campaign materials were put into place.



Data Collection – Observation Form

NICU Hand Hygiene Observation Form

IR=In Room OR=Out Room ID=In Department OD=Out Department

Location: NEW NICU / OLD NICU

In/Out	Compliance	Job Role	Type Used	Was HH within arm's reach of care?	Was HH clearly visible?	Comments
IR	Yes-alcohol	RN	Pump Bottle			
OR	Yes-sink/soap	RT	Personal			
ID	No-none	EVS	Wall Mount			
OD		Rad	Sink/Soap			
IR	Yes-alcohol	RN	Pump Bottle			
OR	Yes-sink/soap	RT	Personal			
ID	No-none	EVS	Wall Mount			
OD		Rad	Sink/Soap			
IR	Yes-alcohol	RN	Pump Bottle			
OR	Yes-sink/soap	RT	Personal			
ID	No-none	EVS	Wall Mount			
OD		Rad	Sink/Soap			
IR	Yes-alcohol	RN	Pump Bottle			
OR	Yes-sink/soap	RT	Personal			
ID	No-none	EVS	Wall Mount			
OD		Rad	Sink/Soap			

Reflection/Follow-up

- Discussion:**
 - Our findings suggest that targeted interventions that bring more awareness to hand hygiene can successfully improve hand hygiene compliance.
 - Further investigation is necessary to improve hand hygiene compliance further, including examining the accessibility of hand hygiene products in areas where space is minimal
- Next Steps:**
 - The team developed marketing to target cleansing hands after touching cell phones and will work to post these in the department as appropriate.
 - The hand hygiene team would like to create a "5 Moments for NICU Hand Hygiene" to tailor the well-known WHO guidelines to fit the needs of the NICU population.
 - Add "point-of-use" products in the original NICU space to provide readily available hand sanitizing products where wall-mounted dispenser aren't available.