Project Title

Improve Hand Hygiene Compliance Rate

Project Lead and Members

Project lead: ANC Salmah Bee

Project members: SSN Muruganandam Devi, SSN July Princess, SN Priya Devaras, PCA Nishantha

Organisation(s) Involved

Jurong Community Hospital

Healthcare Family Group Involved in this Project

Nursing

Project Period

Start date: Mar-2018

Completed date: Sep-2018

Aims

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

Background

See poster attached/ below

Methods

See poster attached/ below

Results

See poster attached/ below

Lessons Learnt

The implementation provides satisfaction in keeping up with the target by analysing the problems and putting appropriate solutions into place

Conclusion

See poster attached/ below

Project Category

Care & Process Redesign, Quality Improvement, Value Based Care, Safe Care, International Patient Safety Goals, Adherence Rate, Care Continuum, Inpatient Care

Keywords

Hand Hygiene

Name and Email of Project Contact Person(s)

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IMPROVE HAND HYGIENE COMPLIANCE RATE

MEMBERS: ANC SALMAH BEE, SSN MURUGANANDAM DEVI, SSN JULY PRINCESS, SN PRIYA DEVARAS, PCA NISHANTHA

- ☑ SAFETY
- ☐ PRODUCTIVITY
- ☐ PATIENT EXPERIENCE
- ☑ QUALITY
- ☐ VALUE

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.

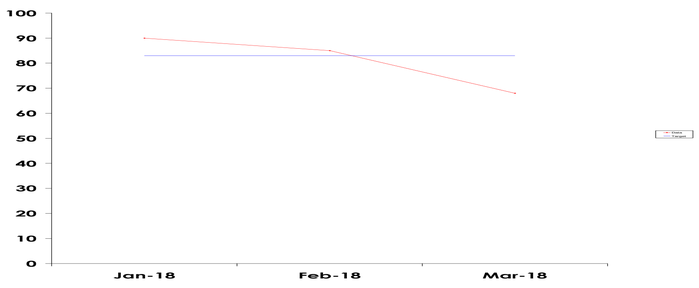
Aim

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

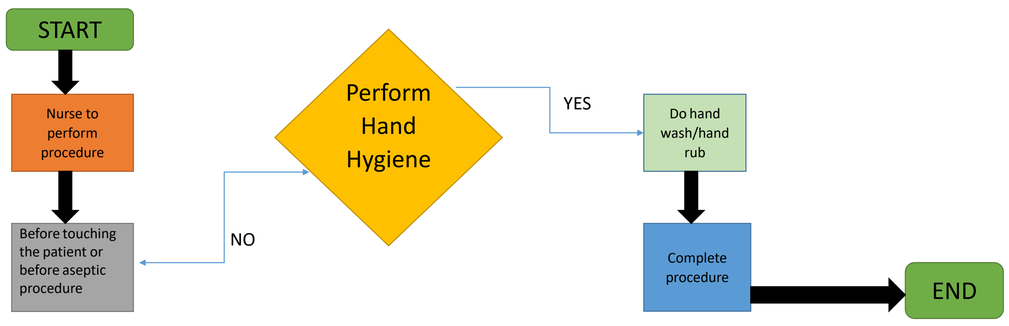
What is your current performance?

JCH Ward c10 hand hygiene compliance rate



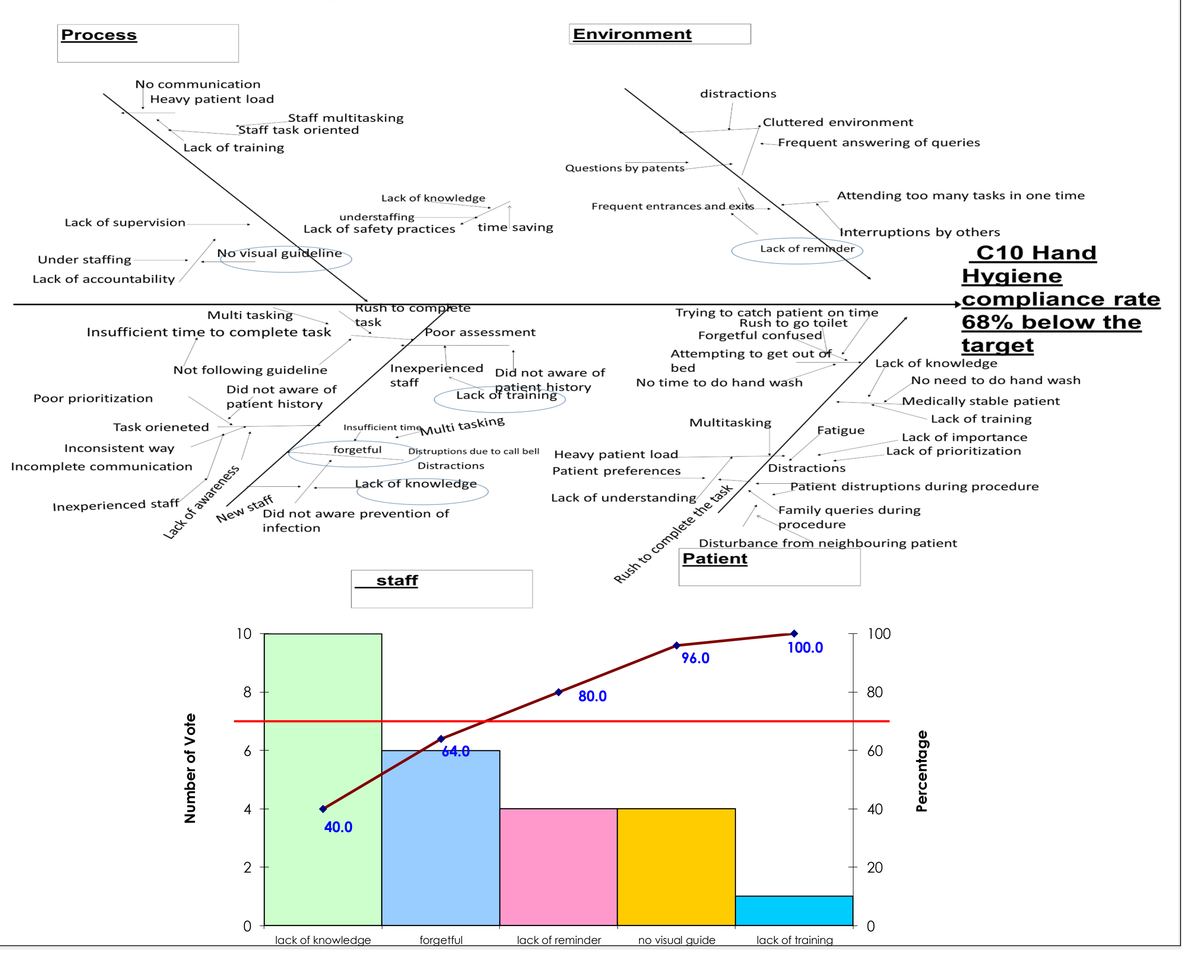
Analyze Problem

What is your current process?



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

Cause & Effect Diagram



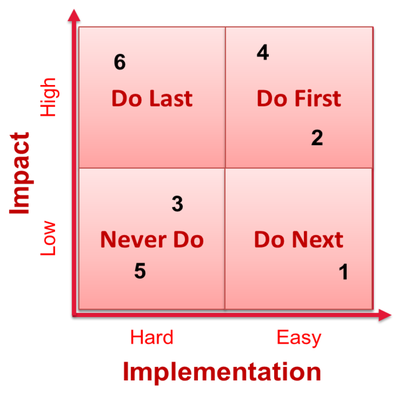
Select Changes

What are the probable solutions?

What are the solutions selected?

How will this piloted?

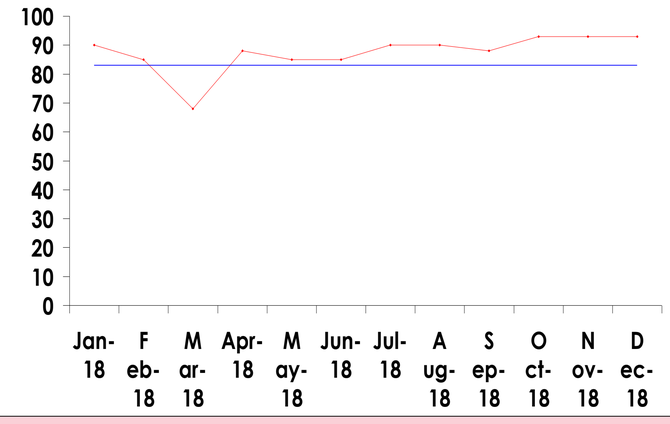
Root Cause		Potential Solutions
Lack of knowledge on five moments of hand hygiene Forgetful, lack of reminder	1	*Roll call sharing*
	2	*Pictorial guide*
	3	Visual reminders using 2 finger touches forehead
	4	*Reinforcement*
	5	
	6	



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 7th May 2018 Cycle2: 8th May to 14th 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 30th 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 to15th 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?

1.Leaders are engaged and informed about success of project.

2.After implementation, Ward c10 is consistently maintaining target level of hand hygiene compliance rate and won Hand Hygiene accountability model ward award in 2018.

3.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.

Ng Teng Fong General Hospital
Jurong Community Hospital
Jurong Medical Centre
Members of the NUHS