

## **Where Did You Put Your Hands? Make Hand Hygiene Lessons “Stick”**

It's the start of a new year, and with that comes the classic tradition: the New Year's Resolution. Why not make one of this year's resolutions to finally knock hand hygiene compliance rates out of the park? This year, figure out how to make hand hygiene “stick” for your staff. Methods to teach and encourage proper methods of hand hygiene and compliance for all staff members range from the personal, to the sneaky, to the outright gross. Here's a roundup of tips, tricks, and tools from two of ECRI Institute's infection prevention specialists, Sharon Bradley, RN, CIC, and James Davis, BSN, RN, CCRN, CIC.

Most important, say Davis and Bradley, is an understanding of hand hygiene's long-term effects. “You need to make people understand that there is a ripple effect when hand hygiene is not performed; it hurts the patients,” says Davis. “In critical care, you may perfectly manage one patient on continuous renal replacement therapy, a ventilator, and an intra-aortic balloon pump. However, if you're not washing your hands, you're not helping them as much as you think.” Simply put, not washing your hands can undo all of your efforts toward a patient's health and survival.

Bradley and Davis both suggest making it personal for staff members: “I firmly believe that you need to put a face on infections,” says Bradley. “Everyone remembers ‘Mr. Jones,’ and if your hand hygiene compliance rates are low and may have contributed to his death, it will have an impact.” Accountability is a significant factor that needs to be communicated clearly to all staff members.

Such accountability can be developed through an examination of organization data in a protected environment as well, says Davis. “Look at patients who have suffered an infection after staying in a unit with poor hygiene rates... and show staff those results,” he explains. “You need to link the real patient with the infection data, and link that to [hand hygiene] performance data.”

It can be hard to remember to wash your hands, says Davis, “because you can't see organisms. If you have bodily fluids on your hands, you wash them because it feels gross. But MRSA, for example, doesn't feel any different. How do you change that behavior?”

When it comes to training staff members, Bradley favors tactile tools and group sessions. “It's all about the ‘ick’ factor!” she says. “I've used apple jelly with glitter [as a training tool] because it simulates sticky organisms.” But even if using an actual substance isn't ideal, she still recommends getting groups of staff together and teaching them using imagined visuals. She suggests telling staff, “Imagine chocolate pudding or mud is on your hands,” before walking them through their work processes.

Another way to help staff be aware of their impact on infection spread is to post rates of hand hygiene compliance by department in areas where staff work, Davis and Bradley suggest. “What I've found useful,” says Bradley, “is peer pressure, such as ‘Our department isn't doing as well as that one.’ It gives staff a safe way to discuss hand hygiene compliance with colleagues.” The goal of such approaches is not to isolate and insult staff members who are suspected of poor hand hygiene, but rather to help the entire department improve. And, suggests Davis, when one department is successful, details of that unit's culture and techniques can be shared across the organization. “These lessons can be formalized and placed within a workflow,” he says. For example, “If you have

an alcohol dispenser in and outside every room, and they're full, there's no reason for staff not to have access to the product," he explains.

Other visuals, such as posters, can help both patients and staff members remember the importance of hand hygiene.

Davis sums it up neatly: "If you're not washing your hands, you're not preventing infections."



### **How Can We Help You?**

Whether you have questions about the final rule or want to learn more about ECRI Institute PSO and/or support for other PSOs, we would be happy to hear from you. Please contact ECRI Institute at [psa@ecri.org](mailto:psa@ecri.org) or call (610) 825-6000, ext. 5558.