

HAND HYGIENE AUDIT-AN IMPROVEMENT CYCLE FOR LaQshya IN A SECONDARY CARE HOSPITAL IN ODISHA

Dr.Chinmayee Swain

Consultant-Quality Improvement

National Health systems Resource Centre (NHSRC), NIHFW Campus, Baba Gang Nath Marg, Munirka, New Delhi,
India-110067

Abstract: The direct observational audit was conducted during May 2018 to July 2018 in two departments of DHH, Dhenkanal (Labor room & OT) under LaQshya Improvement Cycle. It was observed that doctors scored less as compared to other staffs. After remedial measures were taken, it shows remarkable improvement as follows:

- Visible improvement in monthly average of OT from 55% to 66% as well as from 28% to 47% in Labor Room.
- OT staffs showed visible improvement from 50-60% to 57-65% as well as staff of Labor room.

Also the aim of the study was find out the gaps & taking further corrective measures for proper practice of hand hygiene methods which is one of the critical steps for improvement in IMEP.

All the datas are analysed through Bar Chart

Keywords: Hand Hygiene, IMEP, Hospital Acquired Infection.

1. INTRODUCTION

Hand hygiene (HH) constitutes the principal prevention practice for healthcare-associated infections, and the monitoring of compliance is a fundamental quality indicator in healthcare facilities. Evidence shows that HH compliance ranges from 5% to 89%, with an average of 38.7%. Similar figures have been reported in recently published papers from Brazil, Australia, and India.

❖ Purpose:

This simple hand hygiene audit is for use by all staff working in Labor room & OT of DHH, Dhenkanal that have patient contact. The purpose of this observational audit is to support practices in assessing the quality of hand hygiene technique performed by staff and in working with staff to improve their hand hygiene technique. Completion of this audit would constitute a suitable piece of Continuing Professional Development that could be included in rapid improvement cycle for LaQshya or Personal Practice Development. This straight forward audit is designed to prompt reflection.

Hand hygiene is the most effective measure to prevent transmission of microorganisms. Adequate hand hygiene can be achieved by hand washing with soap and water--or by the use of an alcohol based hand-rub solution. It is an infection control practice with a clearly demonstrated efficacy, and remains the cornerstone of efforts to reduce the spread of infection. Technique is of crucial importance in all hand hygiene. All Primary care staff Involvement is required. It is important that all staff develop awareness and knowledge of infection control processes

BACKGROUND OF HAND HYGIEN AUDIT AT DHH,DHENKANAL

Hand hygiene is the entrance door to better infection control and safer patient care” Health care-associated infections (HCAIs) remain a major cause of morbidity, mortality, and excess health care cost despite concerted infection control efforts over nearly a half-century. Patients in our hospital should expect to receive care and treatment in a way that does not pose a greater risk to their health. It plays an important role in reducing the Infection Control. During

KAP(Knowledge Attitude Practice) analysis on Bio-Medical Waste Management in DHH, Dhenkanal, and the following things came to notice.

Audit was needed at DHH, Dhenkanal due to the following reasons:

OBJECTIVES

- To identify opportunities for improving compliance, and ultimately the safety and quality of patient care at DHH,Dhenkanal & also Quality in healthcare could be equated with safe practice by professional regulators.
- To provide essential information about the accuracy of the monitoring procedure and the compliance of HH that requires immediate action to protect patients and staff from healthcare-associated infections.
- To stimulate ownership of the audit process at grass roots level.
- It is helpful in identifying skill sets in the clinical area that will assist with this LaQshya programme.
- Use of hand hygiene as a vital tool for clinical audit for confirming what is done well and to identify how service delivery might be improved. It seems to be useful for identifying the need for resource allocation within hospital. Also useful in validating good practice of few staffs and as a means of motivating staff with positive reinforcement.
- This study aimed to assess hand hygiene compliance among health-care workers in District Headquarters Hospital,Dhenkanal,Odisha(secondary care hospital)

2. METHODOLOGY, DATA COLLECTION & ANALYSIS

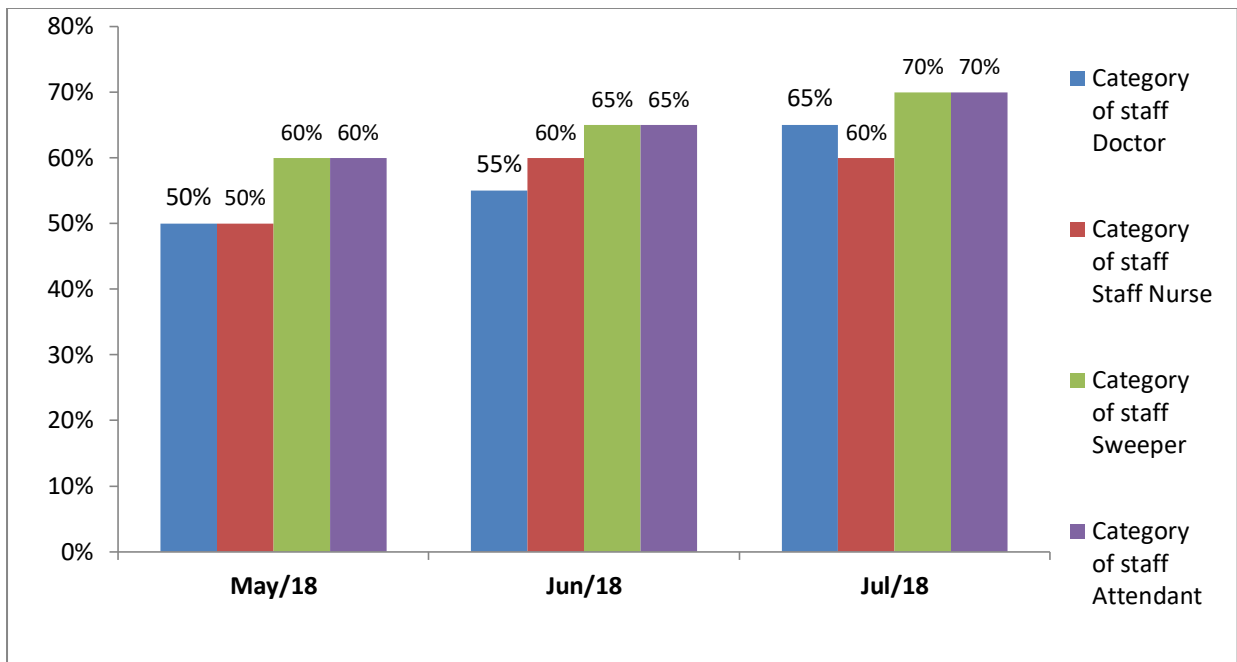
- Direct observational audit in both Labor room & OT for three months(May 18-July-18)
- We have compiled a list of all staff trained and untrained in effective safe hand hygiene procedures.
- Identified a practice lead for infection prevention and control to carry out an observational audit or encourage staff of Labor room & OT.
- Observe one staff member at a time.
- Collect relevant data for each individual staff and record using the data collection sheet provided
- Feedback of the results were shared immediately to the staff member.
- Where 100% is not achieved by an individual they should be advised/encouraged to reflect on their practice.
- Aggregate data from completed audits for analysis using the summary sheet.
- Overall compliance was calculated by dividing the number of times hand hygiene was performed by the total number of opportunities for hand hygiene.

We have done the hand hygiene audit from May-18 to July-18 at DHH, Dhenkanal in Labor room & OT. The data's & graphs are as follows:-

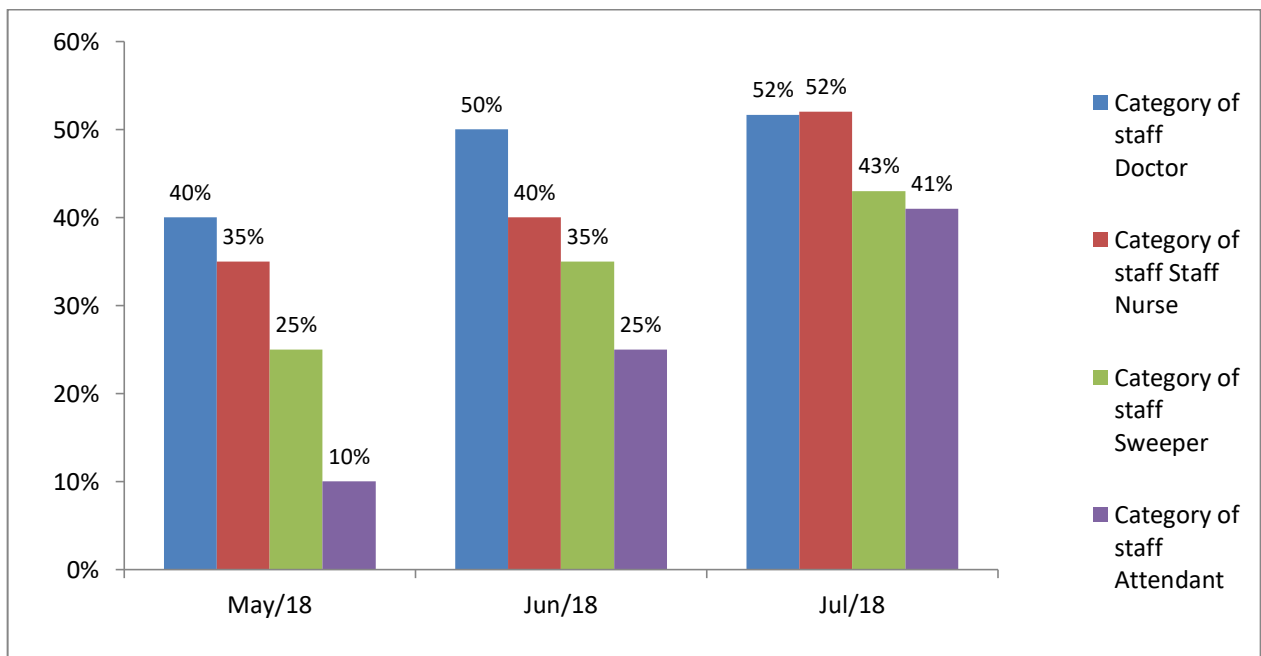
3. RESULTS

Month	Category of staff				OT
	Doctor	Staff Nurse	Sweeper	Attendant	Monthly Avg. of the dept.
May-18	50%	50%	60%	60%	55%
Jun-18	55%	60%	65%	65%	61%
Jul-18	65%	60%	70%	70%	66%
Category of staff avg.	57%	57%	65%	65%	
Month	Category of staff				LR
	Doctor	Staff Nurse	Sweeper	Attendant	Monthly Avg. of the dept.
May-18	40%	35%	25%	10%	28%
Jun-18	50%	40%	35%	25%	38%
Jul-18	52%	52%	43%	41%	47%
Category of staff avg.	47%	42%	34%	25%	

OT (Operation Theatre):-



LR (Labor room):-



Observation:

- Doctors scored low followed by Staff nurses.
- Monthly average increased from 55% to 66% in OT.
- Improvement reflected from 50-60% to 57-65% among the staffs-OT
- Monthly average improved from 28% to 47%.-LR.
- Improvement although mild, was noticed among the staffs of LR.
- Overall OT has performed better than the Labor room.

OUTCOME

Hand hygiene practice increased, which ultimately decreased the infection rate & Surgical Site Infection as well.

LIMITATION

- Building was just shifted to a new one.
- Few IEC materials displayed.
- HR constrained
- Overloaded patients
- CS rate was >40%.
- Attitude & practice.
- Checklist was not in local language.

SUGGESTION

❖ Steps taken for improvement:-

- Exclusive DQT meeting & quality circle meetings for OT & Labor room.
- Hands on training/Capacity building.
- Replacement from normal taps to elbow taps in all hand washing areas.
- Signages for hand washing-steps of hand washing.
- Availability of liquid soap dispenser(fixed at Labor room & OT)
- Random monitoring for demonstration.
- Availability of liquid hand wash/hand sanitizer by ensuring the stocks & proper indenting procedure.
- Infection control nurse:-Staff Nurse I/c of Labor room have been designated as the Infection Control Nurse..
- Capacity building/training:-Need based training as per the result of audit & KAP analysis. Paed. Specialist & Staff Nurse I/c of Labor room was deputed to Hyderabad, ASCI for IMEP training.
- Follow up in DQT meetings.
- Odia manual of IMEP & singages of steps of handwashing in Odia have been displayed in LR & OT.

4. DISCUSSION & CONCLUSION

- Hand hygiene audit is a vital tool for clinical audit for confirming what is done well and to identify how service delivery might be improved. It seems to be useful for identifying the need for resource allocation within hospital. Also useful in validating good practice of few staffs and as a means of motivating staff with positive reinforcement.
- Following dissemination of audit results, amalgamate the staff feedback into the report to give a more rounded view of the audit process & clinical staff to stimulate ownership of the audit process at grass roots level. It is helpful in identifying skill sets in the clinical area that will assist with this LaQshya programme.
- The objective of hand hygiene auditing is fulfilled to some extent to identify opportunities for improving compliance, and ultimately the safety and quality of patient care at DHH,Dhenkanal & also Quality in healthcare could be equated with safe practice by professional regulators.
- This study provides essential information about the accuracy of the monitoring procedure and the compliance of HH that requires immediate action to protect patients and staff from healthcare-associated infections.
- The audit should be repeated at an agreed time until 100% is achieved.

ACKNOWLEDGEMENT

I would also like to thank the District Coaching Team for LaQshya for supporting me during my entire journey of Hand Hygiene Audit.

My heartiest thanks to Asst. Matron. DQT, Quality circle of Labor room & OT, Infection control committee, all the staffs of DHH, Dhenkanal for their wonderful collaboration. You supported me & all of you are always willing to help me.

And last but not the least I would like to thank the staffs of help desk for their contribution during my survey work

My heartiest thanks for all your encouragement, which will be very helpful for patient safety, staff safety & environmental safety purpose & will enhance the quality of care at DHH, Dhenkanal.

REFERENCES

- [1] Maternity services: Hand hygiene audit-A tool for clinical practices by Margaret M Murphy, John F Sweeney.
- [2] An observational study of hand hygiene behaviours among healthcare workers in four peri-urban health facilities in Zambia by Jenala Chipungu, Isabel Scott Moncrieff, Lavuun Verstraete, Nicolas Osbert, Swathi Manchikanti, Cheryl Rudd, Val Curtis, Roma Chilengi
- [3] A twenty-four-hour observational study of hand hygiene compliance among health-care workers in Debre Berhan referral hospital, Ethiopia by Tufa Kolola and Takele Gezahegn