Proper Hand Hygiene: Advanced Leadership For Contemporary Nursing

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Proper Hand Hygiene

Proper hand hygiene is important as many infections are acquired in healthcare settings. This has led to longer hospital stays and multiple re admissions to the hospital. The stakeholders are being forced to pay attention due to stricter regulations resulting in monetary fines and loss revenue. Washing hands is such a simple task that it's taken for granted it's done. Attention will be given to how evidence-based and current best practices have improved proper hand hygiene. The elements from the needs assessment and SWOT analysis will be related to the issue.

By using the needs assessment and SWOT analysis the roles of the stake holders, collaborators and allies who can help enact the quality improvement plan will be discussed. How does a call to action and advocacy helps to improve the situation? What are some of the of the strategies that could continue to improve quality?

Organizational Issue

The organization is guided by nine practice guidelines, dementia guideline and infection control guideline. There is also the nursing procedure manual containing policies and procedures. These are framed within the regulations set forth by CMS, CDC and HHS. There is oversight by health care quality office and other governing agencies. These policies, procedures and protocols are updated annually.

The push for greater oversight is everywhere. For any Infection Control protocol to be successful the organization must be supportive. The organization must be committed to safety and developing achievable monitoring components as protocol. Long term care seemed to lag in implementing Infection Control guidelines.

During a recent annual survey, a staff member was observed by the surveyor going from room to room working with residents and not practicing proper hand hygiene. There was also an increase in facility acquired infections. Steps were taken to address the problems. It is no longer up to the organization to address infection control. The various governing bodies have come down very hard on the industry to prevent infections from happening and regulations must be followed. An IC citation now has the possibility of the scope and severity being an immediate jeopardy.

Programs have long focused on structure. The push is now on the process: the implementation and adherence to policies, procedures and administrative control (i.e., measurable reductions in healthcare-associated infections associated with the structural and process interventions). Monitoring activities, prevention of infection in health care workers (HCW), specific policies

regarding hand and respiratory hygiene, safe injection practices and ongoing education of IC practitioners have all been shown to be important in reducing health care-associated infections (Godfrey, Schouten 2015).

Relating the Needs Assessment

In both situations previously mentioned educating the staff was the main intervention at the facility level. Health care workers are non-compliant with proper hand washing. In Stone's review of the EPIC study it showed that doctors were the worst with proper hand washing. This study was based on Thames Valley University and showed that 80% of staff dressing wounds infected with methicillin-resistant S. aureus (MRSA) carried the organism on their hands for up to 3 hours. Immediate washing with liquid soap and water virtually eradicates the organism (Stone, 2001). Similarly, acquired infections were on the rise and the identified issue was not following proper hand hygiene. In order to tackle this problem an organizational analysis was done.

The current policy and procedure had to be reviewed. Do they meet the expected outcomes? Was it necessary to update the policy and procedures manual? Was there a need to do more staff and patients education? The facility reviewed what was currently in place and the staff education metrics. The QA nurse was then tasked with comparing the facility findings with best practices. The nursing staff was instrumental in giving feedback which was presented to upper management and the corporate level.

The person and task analysis were done simultaneously as a discussion of how we could possibly improve and lower the rate of centered infections. The staff had given feedback to indicate more hand sanitizer wall units could be installed. The goal was to have them installed within a 3 months period starting with said facility.

The measure would then be rolled out in all the facilities. During that time frame there would be staff education on proper hand washing and patient's admission packages would have information on handwashing. There would be amplified monitoring of diagnostics for any infection while in the facility. The staff would give return demonstration on proper hand washing.

These would be the key performance indicators to measure and monitor the outcome.

The wall units would be installed by the room doors and inside the rooms. Units would also be installed in other strategic locations throughout the facility.

The housekeeping department was tasked with monitoring the units to ensure they were always functioning and had the hand sanitizer. The housekeeping director would turn over his numbers for how many times replacement was done. This would be used to ensure supplies are always on hand and indicate compliance with usage.

Changes in regulations have resulted in many facilities losing their star ratings. Infection Control is now being reported on the nursing home compare web site. This information is available to the public. This information is used to make life altering decisions when a loved one must be placed in a nursing home.

Applying the SWOT Analysis

In order to remain compliant and maintain a five-star rating long term strategic planning had to be put in place. A SWOT analysis was used in the planning. Strengths: The facility is ideally located. It is near the area hospitals and close to public transportation. The facility has a five-star rating and stable staffing to ensure continuity and quality of care. The facility boasts name recognition and is a part of the community. The facility accepts both long term and short-term patients. Accepts clinically complex patients.

Weaknesses: Lack of staff interest in wanting to learn the new trends in treatment protocols and maintaining high standard quality of care. Organization is more reactive than proactive. The citations received due to the employee going from room to room could have been avoided. This employee had been observed by a charge nurse and others with this same behavior. Due to her longevity with the organization the charge nurses and managers got push back when they had to discipline. She was educated and had to do a return demonstration.

Opportunities: To install wall dispensers at strategic locations throughout the facility and patients' rooms. Educate new admissions and visitors on proper hand hygiene. Implement current trends in patient care. Provide enhanced training/education to improve nursing to help decrease infection numbers. Listening to the staff and letting them have input in the new changes.

Threat: Over regulation is the biggest threat to long term care. Over regulation has been burdensome and affects how much can be done and how you are reimbursed. Moving forward rate of infection will be attached to IC. This over regulation results in additional paperwork for nurse and takes away from the bedside. This is one of the factors causing nurses to leave the bedside. Organization leaders need to be supportive of managers when they follow progressive disciplinary actions.

Evidence-Based and Current Best Practices

Every day in their practice settings, nurses encounter questions, problems, and patient need help that require effective clinical decision making for appropriate intervention. Nurses are being encouraged to conduct research as they are at the frontline of patient care. Research has shown that the single most important infection control prevention is proper hand hygiene. Research has also shown that healthcare workers are still failing to comply with proper hand hygiene.

The acute care settings have seen much gain in this area due to strict enforcement of proper hand washing guidelines. They have seen a steady decrease in the number of hospital acquired infections. The CDC, Joint Commission and WHO have taken an active role educating health care workers and the public. At the recent Hospital Review proper hand hygiene was tabled for discussion and guidelines updated from a global perspective.

Conclusion

There is also a lack of knowledge and awareness about EBP and nurses are not eager to be involved in research. Research has shown that proper hand hygiene saves lives. Monitoring and

measuring the success of proper hand hygiene is difficult but must be done. Education needs to be on going and staff must have hand washing materials at their disposal. Stakeholders must continue to involve staff input and be supportive of nurse management. There continues to be mounting evidence that proper hand hygiene reduces the spread of infections and in doing so save lives. Proper hand hygiene has now become a global initiative.

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