LENDING A HAND TO IMPROVE HAND HYGIENE (HH)

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● Background:
  o PACU educators tasked to improve compliance regarding institutional HH requirement
  o Audits not valued/ not performed on consistent basis
  o Staff unaware of the HH data/ issues because only two people conducted audits
  o Educators identified knowledge deficit

● Objectives of project:
  o Improve awareness and compliance with policy, and submit data consistently
  o Identify barriers and successful process to ensure data reporting

● Process of implementation
  o PACU educators assessed problem and received commitment from management for resources
  o Report out data to pacu staff by posting data graphs
  o Posted/emailed evidence based articles
  o Staff completed on-line learning module
  o PACU educators taught auditors daily
  o Charge nurses assigned auditor daily, reports submitted before deadline, exceeded requirement
  o Posted blank audit forms for easy access, deposit envelope for completed audits
  o Reminder signs posted
  o PACU educators monitored audits to insure completion and submitted monthly
  o Reward 3 months of 100% compliance with pizza party

● Statement of the successful practice
  o Audits consistently/ completely submitted and indicate improved staff behaviors
  o Increased number of monthly HH observations

● Implications for advancing the practice of perianesthesia nursing
  o Since hospital guidelines for HH typically reflect in-patient nursing, PACU nurses can now translate guidelines into their environment