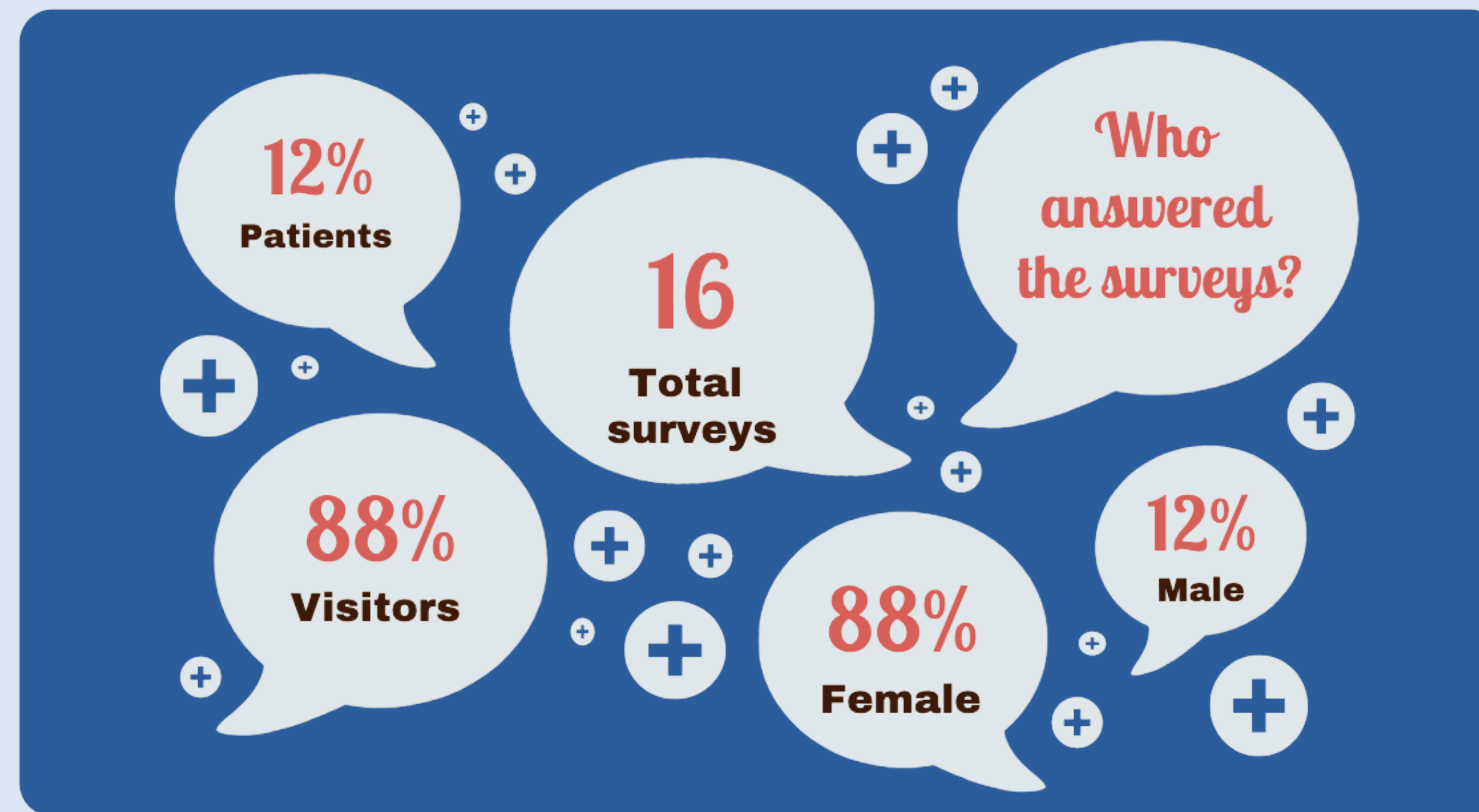


Background

Patient and family/visitor hand hygiene (HH) interventions have been demonstrated to reduce the rate of healthcare-associated infections^{1,2}; however, this area of infection prevention and control (IPAC) has been insufficiently explored. Observational audits on the Oncology/Hematology/BMT inpatient unit at British Columbia Children's Hospital in Vancouver, Canada indicated that patient/family HH, assessed using a modified version of the "4 Moments of Hand Hygiene," was suboptimal with a compliance rate of 1.8%. However, patient and family HH surveys in this population indicated that 88% of respondents have had health care providers speak to them about hand hygiene. This reveals a discrepancy between the attitudes patients and families have towards HH, the education they've received, and the HH habits they actually exhibit³.



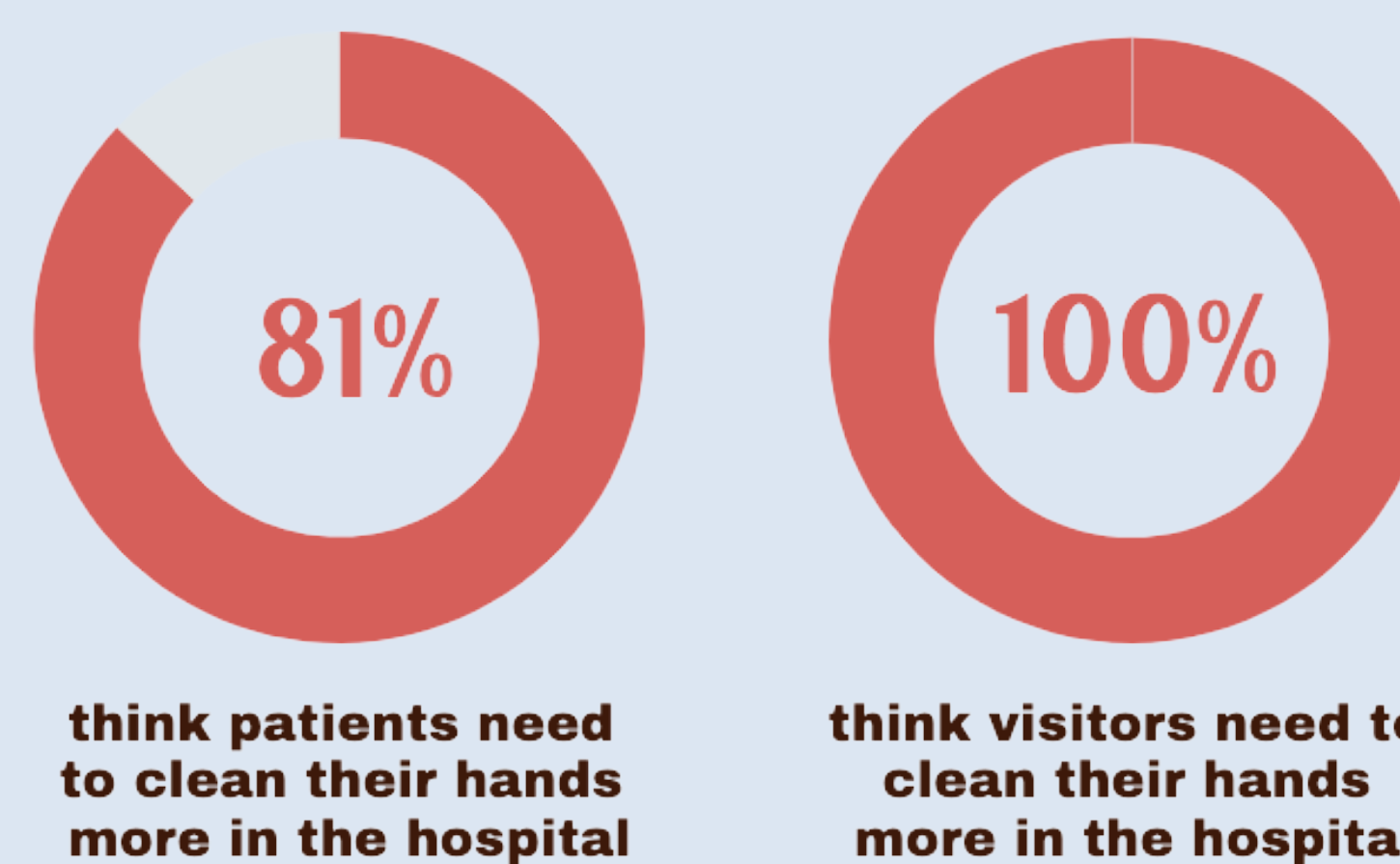
Objectives

Based on observational audit and survey findings, this project aimed to improve patient/family HH knowledge, attitudes, and practices through nursing education and creation of resources.

Methods

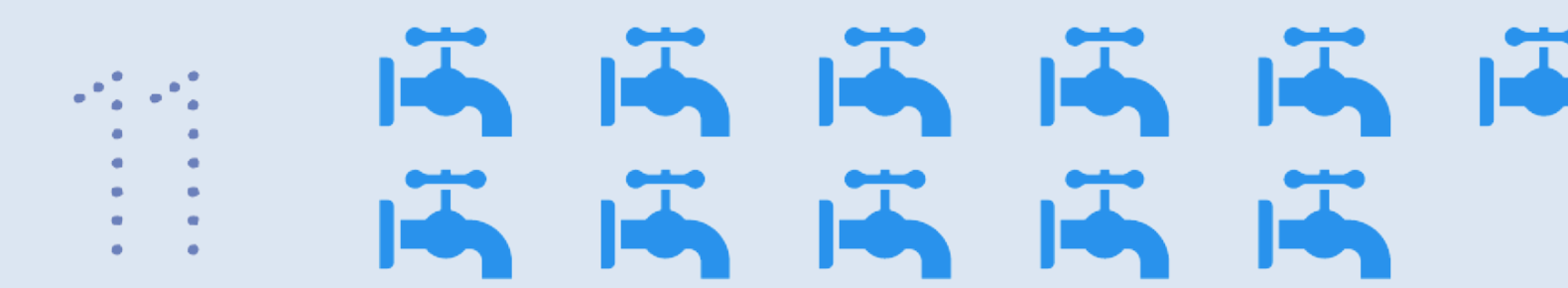
Interventions focused on standardizing education provided by Oncology/Hematology/BMT nurses to patients/families. Nurses were educated about the importance of patient/family HH and provided with guidance on how and when to talk about HH with patients and families. Education provided by nurses to patients/families was supplemented with written resources and activity sheets for patients and families to consolidate their learning.

% of Patients/Visitors



93% say they prefer Soap & Water instead of Hand Sanitizer

Soap & Water:

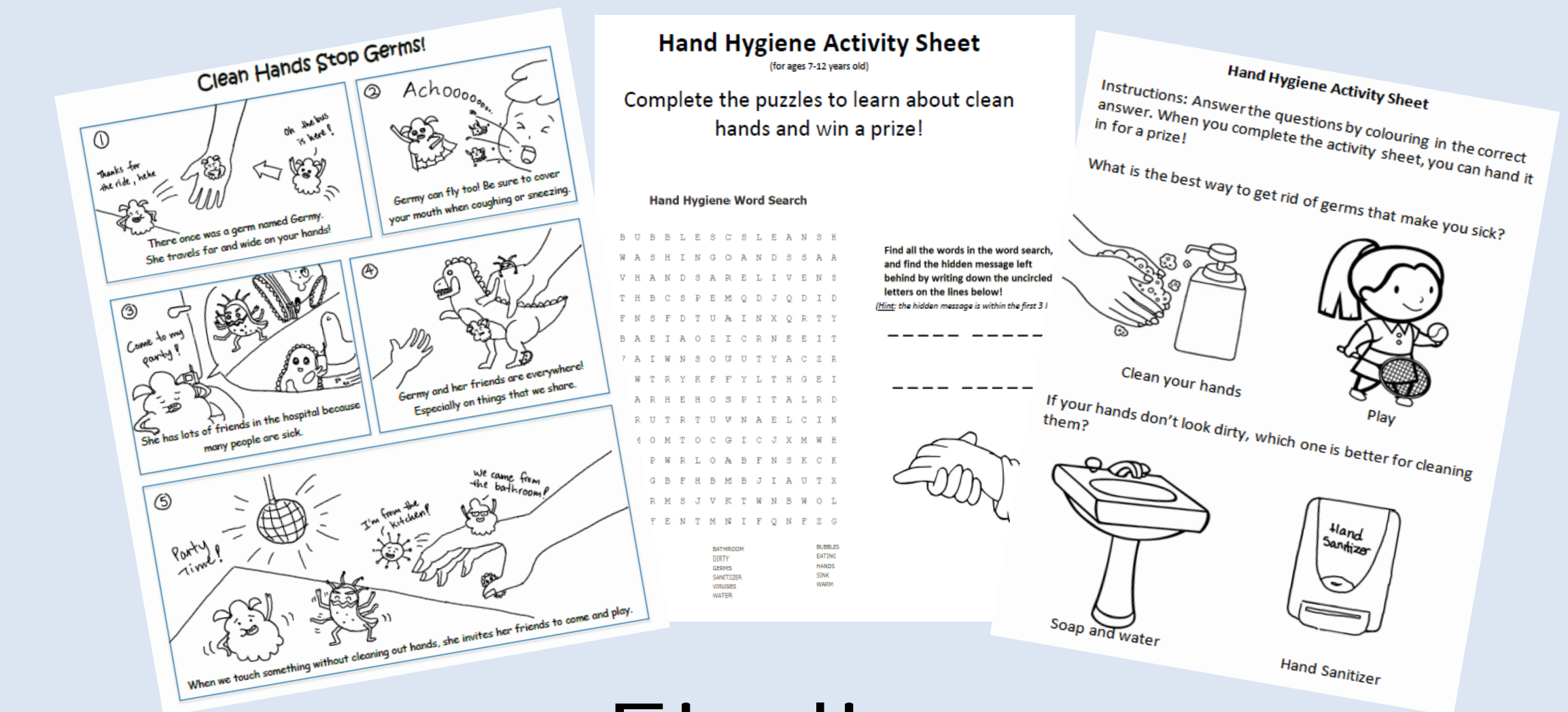


Hand Sanitizer:



88% said health care workers talked to them about hand hygiene in hospital

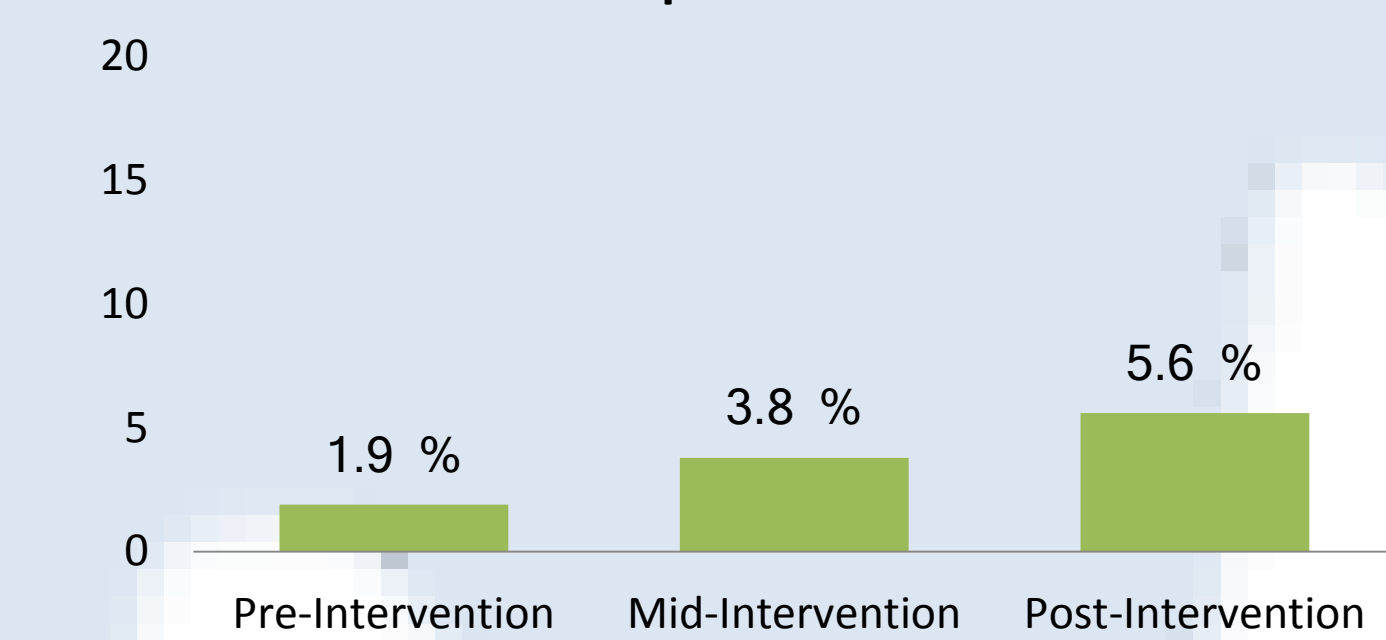
Average reported # of times/day cleaning hands with method above



Findings

- Standardized education and resources were well received by nurses; however, implementation of strategies and resources appeared to be limited.
- An increase in HH compliance was observed but remains well below expected range despite interventions.
- Incorporation of HH education on checklists and provision of pamphlets in new diagnosis binders and admission packs was required and has assisted in efforts to include HH education as part of standard teaching.

Patient/Family Hand Hygiene Compliance Rate



Conclusion

While much importance is placed on hand hygiene within the Oncology/Hematology/BMT setting, there is benefit to assessing perception of education and compliance with patients/visitors to identify gaps. Despite our interventions HH rates continue to be low. Ongoing focus and re-evaluation will be required to obtain gains in compliance. Future study in this area should focus on nursing barriers to providing HH education to patients and families/visitors, as well as barriers to HH compliance.

References:

- Chen, Y., Chiang, L. (2007). Effectiveness of hand-washing teaching programs for families of children in paediatric intensive care units. *Journal Of Clinical Nursing*, 16(6), 1173-1179.
- Lary, D., Hardie, K., & Randle, J. (2013). P166: Improving children's and their visitors' hand hygiene compliance. *Antimicrobial Resistance And Infection Control*, 2(S1).
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Timeline of Events	
May 2018	Completed patient/visitor HH audits to obtain baseline rates. Conducted surveys with patients/families regarding perception of HH and HH education.
Oct 2018	Design of interventions. Developed standardized education materials for nurses. Created activity sheets for pre-school, school age and teens.
Dec 2018 to Mar 2019	Provided education and resources to Oncology/Hematology/BMT nurses, including guidance on how to discuss HH with patients/families.
April 2019	Follow-up audit of HH compliance.
May 2019 and Beyond	Reinforcement of HH education and resources. Included HH pamphlet in new diagnosis binders and admission packages. Ongoing audits to monitor patient/family reports of HH education.