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Improving Patient Experience of Hand Hygiene in Hospital Professor Jennie Wilson Professor Heather Loveday Richard Wells Research Centre College of Nursing Midwifery & Health

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Declarations of Interest • This study was funded by GAMA Healthcare through an unencumbered educational grant. No members of GAMA staff were involved in the design, conduct or analysis of the study. Acknowledgements

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Why should patient hand hygiene concern us?

- Hospital environment contaminated with pathogens and easily acquired on hands (Mackintosh & Hoffman 1984, Nosh et al 1995)
- Patients will acquire these through contact with the environment during their stay
- Evidence of significant carriage on patient hands
 - Sandlerson & Weissler 1992 (coliforms)
 - Lemment et al 2004 (MDR pathogens, more than on staff)
 - Istenes et al 2013 39% hands contaminated with at least 1 pathogen (Cdiff, MRSA, VRE, Gram negs)

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Problems associated with contamination of patient hands • Acquire colonisation with hospital pathogens • Transfer to susceptible sites • Ingest or contaminate respiratory tract (cdiff, resp viruses, noro) • Evidence for patient hand hygiene preventing HCAI transmission • Gagne 2010 (♥ MRSA) • Cheng 2007 ((♥ respiratory viruses)

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Clinical practice issues • Evidence suggests HCW believe they offer patient hand hygiene; observations and patient reports suggest they don't (Istenes 2012, Arizzone 2013, Burnett 2009) • Patient who need assistance more likely to have pathogens on their hands • Patient hand hygiene influenced by underlying attitudes (Whitby 2006) • Critical moments for patient HH not same as 5MHH (Landers et al 2012)

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Testing efficacy of hand wipes 1) Handwipe no biocide 2) Handwipe with biocide (Clinell) 3) Soft soap EU standard method to test superiority and non-inferiority

Method

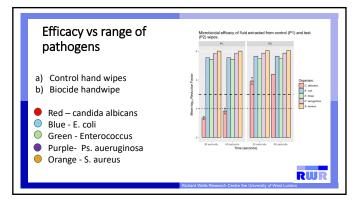
- 1) Wash hands for 1 min
- 2) Immerse in E. coli culture
- 3) Allow to dry
- 4) Sample fingers
- 5) Apply test/reference procedure (EU1500 standard)
- 6) Sample fingers
- 7) Difference in no. test organisms pre-post (reduction factor)

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Result Reference soap mean log₁₀RF 3.54 P1 (non biocide) mean log₁₀RF 2.46 P2 (biocide) mean log₁₀RF 3.67 An antimicrobial handwipe applied for 60s is at least as good as S&W in removing microbial contamination from hands

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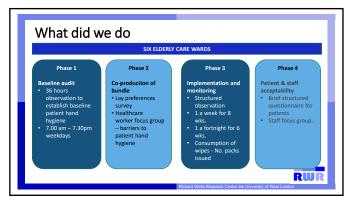


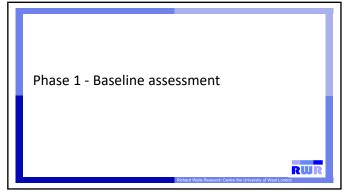
Aim of this study

- To measure the efficacy of implementing a patient hand hygiene (PatHH) bundle:
 - increasing the rate of patient hand hygiene (no. times hand cleansed/no. opportunities for PatHH)
 - usage of hand hygiene wipes
 - patient and staff acceptability.

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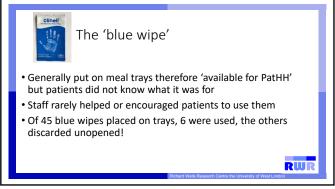
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Ward	No of PatHH opportunities observed	% with access to HH*	% of opportunities where PatHH occurred
Α	29	52%	45%
В	47	13%	11%
С	56	21%	16%
D	26	19%	11%
E	52	33%	4%
F	93	43%	9%
Total	303	31%	13%

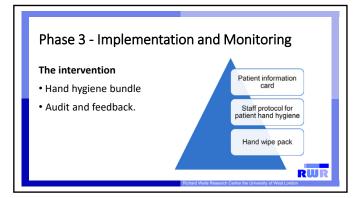
HH opportunity	Number of opportunities	% where HH available	% where PatHH occurred
Before food/drink	191	29%	5%
Toileting - toilet	33	85%	67%
Toileting - commode	33	30%	21%
Touching nose/mouth	36	0%	0%
Other	10	33%*	33%
TOTAL	303	31%	13%



Phase 2 - Patient hand hygiene bundle co- design









Outcome measurement

PatHH opportunities

- Structured ward-based observation for 1 hour/wk on each ward
- Weekly for 8 weeks, then two-weekly 6 weeks (60-70hrs)

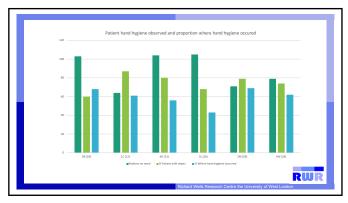
Consumption of wipes

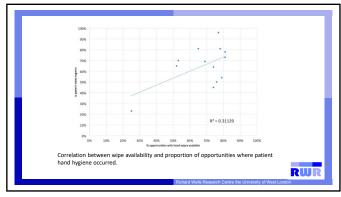
• No. packs issued (estimate cost of intervention)



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Phase 3 - Summary of findings

- When patients are prompted, they will clean their hands
 - Cognitively impaired if wipe placed in hands, then automatically wipe.
 - o Very few patients refuse.
- Packs of wipes visible on beside table prompts staff to use them.
- Packs of wipes on breakfast trolley
 - o Can be handed out to patients who don't have any on their table
- Staff facilitation and feedback is critical not all staff do it
- Patients may not see HH before meals as necessary

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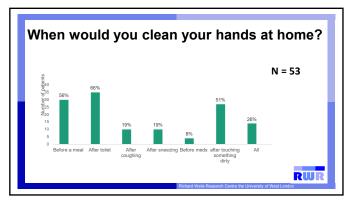
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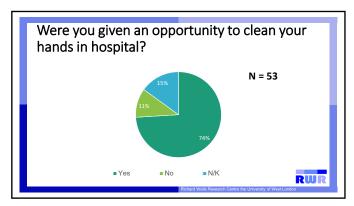
Phase 4 - Patient and Staff Acceptability

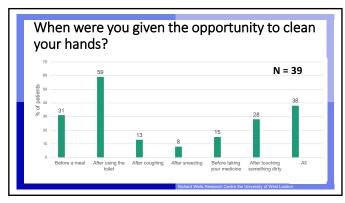
Patient Feedback

- Questionnaire given to patients on study wards
- Data collected in last month of study
- 53 questionnaires completed
 - 38 patients had used hand wipes
 - 42 patients had used soap and water

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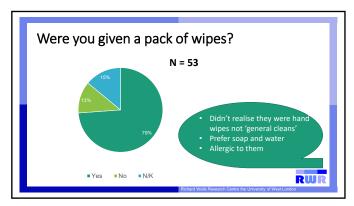


Comments on not being given opportunity to clean hands

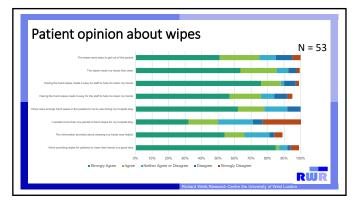
- The staff were too busy
- When couldn't get myself up out bed but no one came to help
- Usually think for myself to wash hands all the times
- Have own wipes use regularly
- Always clean hands
- Can't always get in the toilet (bathroom)
- Forgot
- Not bothered

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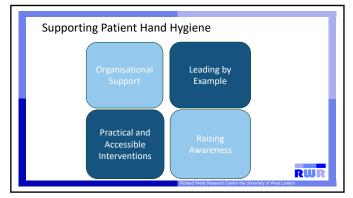
Staff feedback – focus group and survey

- Patients liked the wipes and some started to ask for them
- Important that the wipe pack is easy to open
- Made it easier for staff, good to have them readily available
- Liked being able to clip them to bed/table
- Promotes good practice for when patient goes home
- Will continue to encourage staff to support PatHH and use of

wipes

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Thankyou — Any Questions?



