Overcoming Common Barriers to Sustaining Improved Hand Hygiene Performance

Hand Hygiene in hospitals has become an increasingly hot topic in recent years as healthcare professionals have become more conscious of its impact on clinical and financial outcomes. The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have both published guidelines detailing when and how healthcare professionals should wash or sanitize their hands to limit the risk of transmitting infections to patients.

Today, U.S. hospitals are required to demonstrate processes for measuring and improving their employees' compliance with the standards published by either the WHO or the CDC. Going forward, hospitals that depend on reimbursements from Medicare or Medicaid will face additional pressure—backed by potential financial penalties—to increase compliance and reduce the incidence of healthcare-associated infections (HAIs).

However, competing priorities and internal resource constraints make it difficult for organizations to sustain performance improvements. In spite of the institutional focus on hand hygiene, the average compliance rate for U.S. hospitals remains below 50%.[1] Meanwhile, approximately 5% of all hospitalized patients contract HAIs—yielding a total of approximately 750,000 infections and almost 80,000 deaths per year.[2,3] Up to 40% of these infections are transmitted to patients from hospital employees.[4]

Why Sustained Performance Improvement Is Difficult

Failure to "Connect the Dots" Leaves Leaders Unaware of Opportunities

Modern hospital leaders recognize the negative impact of HAIs on both clinical outcomes and financial performance. However, it is often difficult for them to connect the dots between higher-level objectives related to these areas and specific hand hygiene initiatives. This undermines the organizational commitment to increasing compliance and prevents managers and employees from applying the resources needed to sustain improvement.

One reason for this disconnect is that reported hand hygiene compliance rates are inflated by the Hawthorne Effect. A recent landmark study on this issue found that workers who know they are under observation wash their hands 300% more than other workers.[5] As a result, hospital executives often believe that there is little room for improvement in hand hygiene, and they overlook relevant opportunities to reduce HAIs.

Competing Priorities and Internal Resource Constraints Make it a Challenge to Focus on Hand Hygiene

Lack of time is another major issue. Employees at all levels of the healthcare industry simply find it hard to spare enough time to participate in hand hygiene initiatives. Leadership must balance a range of strategic priorities, and taking nurses or other staff members off the floor to focus on hand hygiene projects can be costly and disruptive to daily operations.

Components of a Sustainable Strategy for Improving Hand Hygiene

Connect Hand Hygiene to Financial and Quality Objectives to Foster Leadership Engagement

Without the active involvement of senior hospital leaders, no hand hygiene initiative is likely to yield sustainable results. To secure the requisite commitment, hand hygiene advocates need to connect the dots between compliance rates and objectives surrounding clinical quality and financial performance.

Once the hand hygiene initiative is underway, the performance improvement team should seek opportunities to correlate higher compliance rates with positive clinical outcomes—e.g., a decline in a particular pathogen such as MRSA or C-diff. This type of data can demonstrate the value of the project and keep senior leaders committed to its success.

Deploy Advanced Hand Hygiene Products and Compliance Monitoring Technology

Accurate measurement is an essential part of any hand hygiene improvement project—and as research has shown, direct observation alone does not deliver the necessary data. Hospitals need an accurate baseline measurement of compliance rates and a reliable way to gauge the effects of interventions.

Electronic monitoring technology can meet this need, and with a flexible, upgradable platform that offers multiple monitoring options, hospitals can ensure that performance improvement initiatives are aligned with their culture. This could mean starting off with only group- or area-level monitoring and upgrading down the road. Or, for hospitals that take a "zero tolerance" approach and already have a real-time location system in place, it may be appropriate to go straight to individual monitoring. The system should be adaptable to the needs of the organization.

Education, Training, and Support Backed by Clinical Expertise

In the hectic, resource-constrained environment of a hospital, finding time to practice and improve hand hygiene is a constant challenge. That's why it is so helpful to have external hand hygiene experts come in to provide support. Hospital workers need more than simple training on how to use a new monitoring system; they need comprehensive education on the role of hand hygiene in their daily work.

An outside perspective allows clinicians to look carefully at how hand hygiene is currently practiced, where it can be improved, and what resources are needed to sustain higher compliance rates. When hospitals are evaluating potential partners, they should look for one that is capable of providing education, technology, and ongoing support as part of a holistic solution to improve—and sustain—hand hygiene performance.

1 McGuckin M,Waterman R, Govednik J. "Hand hygiene compliance rates in the United States—a one-year multicenter collaboration using product/volume usage measurement and feedback." American Journal of Medical Quality. 2009.

2 Healthcare-associated infections. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/ncidod/dhqp/hai.html. Published 2009. December 9, 2013. Accessed March 13, 2014.

3 Magill, et al. "Multistate Point-Prevalance Survey of Health Care Associated Infections." New England Journal of Medicine. March 2014.

4 Weber DJ, Rutala WA, Miller MB, et al. "Role of hospital surfaces in the transmission of emerging health care-associated pathogens: Norovirus, Clostridium difficile, and Acinetobacter species." American Journal of Infection Control. 2010.

5 Srigley JA, Furness CD, et al. "Quantification of the Hawthorne effect in hand hygiene compliance monitoring using an electronic monitoring system: a retrospective cohort study." BMJ Quality & Safety Journal. 2014.

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