ABSTRACT

Background: A cornerstone of healthcare-associated infection prevention is hand hygiene, which has contributed to improving patient hand hygiene compliance. Direct observation is the gold standard for hand hygiene compliance quantification. However, few have done so.

Methods: We conducted a rigorous focus group of 21 nursing staff on a medical/surgical unit at VAMH. Nursing staff consisted of Registered Nurses, Nursing Assistants, and Health Technicians, of which there were 19 females and 2 males. Group discussions were audio recorded, and transcribed. Content analysis of transcriptions was undertaken to identify codes, categories, and themes.

Results: Themes identified as facilitators included: (1) unit champions, (2) electronic observation, (3) imagery, (4) feedback, (5) reminders, (6) and unit champions. Themes identified for barriers included: (1) concern with data accuracy, (2) feasibility of frequent (daily) goal compliance monitoring, (3) timely feedback. Themes identified as implementation barriers and challenges for a better rollout of the system were usefulness to the data accurate; understanding how the electronic monitoring system works and usefulness to the data accurate.

METHODS

Healthcare worker focus groups were conducted at a tertiary care VAMH in Madison, WI. Evaluation met criteria for quality improvement and did not require human subject review; employee consent for audio recording was obtained.

Nursing staff were recruited by email and flyers; convenience sampling was used (i.e., volunteers).

Four focus groups of 21 nursing staff on a medical/surgical inpatient unit were conducted between 15-30 minutes. Nursing staff consisted of Registered Nurses, Nursing Assistants and Health Technicians of which there were 19 females and 2 males.

Moderators followed an interview guide, adding additional probing questions to facilitate discussion (TABLE 1). Group discussions were audio recorded, and transcribed.

TABLE 1 Implementation Facilitators

<table>
<thead>
<tr>
<th>Unit Champions</th>
<th>Electronic Observation</th>
<th>Feedback</th>
<th>Staff Knowledge</th>
<th>Implementation Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>50%</td>
<td>30%</td>
<td>18%</td>
<td>45%</td>
</tr>
</tbody>
</table>

TABLE 3 Implementation Barriers

<table>
<thead>
<tr>
<th>System Cost</th>
<th>Time Delay</th>
<th>System Accuracy</th>
<th>Staff Knowledge</th>
<th>Implementation Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>15%</td>
<td>30%</td>
<td>18%</td>
<td>45%</td>
</tr>
</tbody>
</table>

CONCLUSIONS

Nursing staff perceived electronic monitoring improved hand hygiene compliance while addressing the methodological issues of human observation but data accuracy and understanding how the electronic monitoring system works and usefulness to the data accurate.4,6

Most barriers discussed revolved around the need to understanding how the electronic monitoring system works and usefulness to the data accurate.4,6

*Finds consistent with previous reports in the literature 8,9 Implementation of this innovative technology will require extensive planning to staff understanding and knowledge to ensuring staff acceptance and adoption.

REFERENCES


DISCLOSURE

Nothing to disclose.