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**Scrubbing Away the Barriers to Hand Hygiene on an Inpatient Nephrology Nursing Unit**

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Exposure to Healthcare-Acquired Infections (HAIs) is a risk ESRD patients encounter when becoming hospitalized, which unfortunately averages at least yearly for many. They are 4 times more vulnerable to C-Diff Infection and are 100 times more susceptible to experiencing sepsis than the general population. Current literature emphasizes a strong correlation between decreased hand hygiene and HAIs, which adversely affects health care costs, length of stay, and for the hemodialysis patient, a 23% mortality rate. After discovering their hand hygiene compliance rate was only 55%, the nursing staff on a nephrology inpatient unit decided to embark on a quality improvement project to increase compliance and prevent further complications in their already fragile patient population. An interdisciplinary project team was formed consisting of infectious disease physicians, infection prevention specialists, a clinical nurse specialist, and members of the nursing unit. A peer education plan was developed to educate unit staff on proper hand hygiene practices and to enforce the organization's policy. Literature supports the use of peer education to implement practice changes because it empowers staff, is more readily accepted, and leads to actual integration of evidence-based interventions into practice. Random audits of hand hygiene compliance were assessed pre- and post-education and periodically during the campaign. Mandatory classes were provided and a competency checklist was created to validate retention. Staff were surveyed to assess perceived barriers to implementing hand hygiene. After staff received education and reported barriers were addressed (i.e. dispenser locations, frequent empty dispensers, etc.), unit culture changed. Hand hygiene compliance increased to 83%. Consequently, non-unit staff (physicians, dietary, transporters, etc.) who did not receive the intervention, had little improvement, from 27% to 33%. These results supported a need to extend the program beyond unit staff, which is currently in progress and already showing similar success.

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