Objective: To reduce the occurrence of hospital acquired infections using a nurse–driven protocol aimed at improving patients’ hand hygiene.

Problem
• Patients’ hands are not routinely cleaned and have potential to harbor infectious microbes that could lead to hospital acquired infections (HAIs).

Background
• In 2002 the estimated number of HAIs in US Hospitals was 1.7 million. Deaths associated with HAIs was approx. 100,000 and the cost to US hospitals ranged from $35–45 billion dollars (3).
• Hand hygiene is essential in preventing transmission of infections yet most initiatives have focused on hand–hygiene of health care workers (2).
• Patients can be significant sources of contamination through contact in their environment. Hi–risk areas on their bodies include incisions, wounds, invasive lines/devices (2).

Methods (Rollout June 2016)
• Educational brochure provided to patients and their families upon admission explaining protocol.
• Each patient’s hands are evaluated for contraindications to protocol (allergy to chlorhexidine (CHG), open wounds/fissures).
• Patients’ hands are washed 3x/day with CHG wipes at 0800, 1400, 2000 (regular bath wipes are used for patients with contraindication to CHG). Hands are checked by RN prior to each cleansing. Lotion will be available to patients for dryness. Task charted in Epic.
• CHG kills bacteria rapidly and has prolonged antimicrobial activity, up to 6 hours (2).
• Biweekly audits performed by project nurses to assess skin condition of patients’ hands as well as nurse compliance to protocol.

Benefits/Expected Outcomes
• COST EFFECTIVE: In her study, Fox et al found reduced rates of HAIs (CAUTI and CLABSI) after 1 year of protocol (1).
• QUALITY IMPROVEMENT: She also discovered an increase in RN hand–washing compliance (1).
• EPE/NURSE COMMUNICATION: engages patients and their families in patient–safety initiative and increases awareness of the importance of hand hygiene.

Limitations
• HICU has low rates of CLABSIs/CAUTIs; difficult to measure statistical significance of intervention.
• No data on patient hand hygiene pre–protocol for comparison.

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References: