

**A Systems Approach to Cultural Change in Improved Hand Hygiene at an Academic Medical Center**  
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**PROBLEM:** Poor hand hygiene (HH) compliance has been linked to transmission of health care acquired (HCA) pathogens.

**EVIDENCE:** Baseline data were obtained by assigning a “secret shopper” (an employee outside the infection control department) to collect observations of HH opportunities and compliance among HCWs during patient encounters. These observations revealed poor compliance (55 %). Results were categorized by type of HCWs.

**STRATEGY:** Our goal was to improve HH compliance rates among all healthcare workers (HCW) at an academic medical center by applying a systems approach to cultural change in the routine patient care workday.

**PRACTICE CHANGE:** Baseline data were presented to directors, supervisors, and patient care managers. A house wide presentation was given to staff, including importance of HH, CDC recommendations on HH, unit-specific compliance rates, and hand-sanitizer effectiveness. A campaign was then launched to improve HH compliance to 90%. Infection Control staff members began daily observations on all nursing units, documenting opportunity and compliance rates. HCWs were approached when non-compliance was observed. A gentle reminder approach to “do the right thing for our patients” helped IC staff gain cooperation of HCWs for this cultural change. Additional hand sanitizers were placed in patient rooms, hallways, and staff break rooms. Employees experiencing sensitivities to the existing HH products were referred to Employee Health and given substitute HH products for their use. Staff received routine feedback about their unit-specific HH compliance rates.

**RESULTS:** Improvement in HH compliance was observed over the 24 months of interventions. Compliance improved for physicians from 56% to 96%, for nursing 71% to 98%, and for patient care technicians from 38% to 93%. Over all compliance for the institution improved from 55% to 97%.

**RECOMMENDATIONS:** A systems approach can improve HH if it provides HCWs with: 1) An understanding of how lack of HH compliance can contribute to HCA infections; 2) Improved availability of HH products; 3) Gentle reminders to “do the right thing”; 4) Routine feedback on compliance rates; and 5) Make hand hygiene observations a routine part of Infection Control surveillance activities.

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