Background
• Healthcare worker’s hands can be a source of transmission for hospital-acquired infections.
• Studies show hand hygiene compliance rates of 60-70% among healthcare workers.
• Perioperative nurses play a key role in advocating for the patient in the operating room, including ensuring an appropriate environment which includes hand hygiene.

Purpose
• To evaluate hand hygiene intra-operatively, implement continuous improvement measures, and provide feedback and outcomes data to teammates, Shared Governance committees, Infection Prevention, and Surgical Services.

Approach
• Two operating room (OR) shared governance committees at a large Midwest tertiary care hospital chartered a multidisciplinary Intraoperative Hand Hygiene Committee.
• The committee was supported by Surgical Services leadership and Infection Prevention.

Charter Responsibilities
• Provide baseline data on key hand hygiene compliance metrics (surgical hand scrub, surgical hand rub, gelling at appropriate times, appropriate glove wearing).
• Create audit tools and develop a plan.
• Implement measures to improve identified priority hand hygiene metrics.
• Report data monthly to staff, shared governance committees, Surgical Services, and Infection Prevention.

Tool Creation
• Professional guidelines and manufacturer’s instructions for use were used to create tools to assess surgical hand scrub practice.
• Hand Hygiene tools audited key opportunities; after contact with contaminated items, before and after donning gloves, and with entry-exit.

Baseline Data
• Audits included surgical hand scrub technique, and all identified intraoperative hand hygiene practices.
• Audit data was reviewed by the committee, and it was determined to work on surgical hand scrub and hand hygiene before and after gloving.

Initial Interventions
• Share audit results with members of the surgical departments.
• Review hand hygiene and surgical hand scrub best practices.
• Post prompts and educational information.
• Refine tools and develop an ongoing audit plan.
• Schedule monthly meetings to continually assess data and develop interventions based on that data.

• A tool used at the hospital level was briefly utilized to provide real-time recognition and coaching on hand hygiene with the OR staff. The real-time feedback was helpful initially but was not useful long-term.

• It was identified that staff attention and engagement is highest when interventions are changed regularly.
• Postings are selectively positioned and rotated and updated periodically within the departments.

Ongoing Interventions
• Audit tools and processes are refined based on analysis during meetings.
• Audit data is shared monthly with: Shared governance committees, department staff and leadership, Infection Prevention Committee, Physicians, and Administration.

• The committee was supported with leadership support.
• Engaging staff in creating a process to evaluate hand hygiene.
• Improvement in hand hygiene and decreases in surgical site infections.

Implications for Practice
• Hand hygiene including surgical hand scrubs is a critical practice within the operating room that can be improved or sustained with ongoing measurement.
• Engaging staff in creating a process to evaluate practices, design and implement interventions, and implement a continuous improvement plan can lead to culture change.
• The partnership with Infection Prevention has been beneficial to both the OR and Infection Prevention teams. It has led to enhanced identification of interventions and process measuring, helping to enhance both patient outcomes and staff safety.

Acknowledgements
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Figure 1. Partial image of initial Committee Charter
Figure 2. Partial image of Surgical Hand Scrub Audit Tool
Figure 3. Initial Hand Hygiene Audit Tool
Figure 4. Posters
Figure 5. Most recent version of Hand Hygiene Audit Tool
Figure 6. Sample prompt and posters from contest.
Figure 7. Percent Change in Hand Hygiene

Results
• 1275 observations were conducted in 2022
• 1662 observations were completed through October 31, 2023

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