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Just in Time Coaches: A Trainee-Led Intervention for Hand Hygiene Compliance in the Emergency Department

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Background: It is estimated that improved infection control practices by health providers can prevent up to 70% of Healthcare Associated Infections (HAIs), which supports the growing societal demand for provider accountability, transparency and quality of care. To minimize HAIs, institutions have targeted health care workers' hand hygiene practices as a source of quality improvement (QI). Residency accreditation mandates programs integrate QI into the residency experience. Despite variable interventions, emergency department (ED) hand hygiene compliance rates remained amongst the hospital's lowest.

Objectives: We designed and implemented a project to significantly improve hand hygiene compliance rates while engaging emergency medicine (EM) residents in departmental QI. We hypothesized that implementation of resident-led educational and procedural interventions would improve hand hygiene compliance.

Methods: Hand Hygiene audits were collected from March 2018 to December 2019 via internal and external auditing. Various interventions that did not significantly impact audit results included portable hand sanitizer bottles, large signs throughout the ED, rewards and punitive measures. In March 2019, residents became involved as Just-In-Time (JIT) coaches.

Results/Discussion: Hand hygiene compliance prior to intervention with JIT coaches from January 2018 thru March 2018 was 55.5% for EM attending physicians and 66.3% for EM residents. Compliance for both groups studied for this period was 61% (CI +/-26% for $p < 0.05$). Compliance averages during the intervention period (April 2018 thru March 2019) was 80.3% for EM attending physicians and 67.6% for EM residents. Handwashing compliance overall for all groups for this period was 74% (CI +/-9% for $p < 0.05$). Post-intervention (March 2019 thru December 2019) compliance was 97.3% for EM attending physicians and 95.8% for EM residents. Handwashing compliance for all groups studied for this period was 96% (CI +/-2% for $p < 0.05$), which is statistically significant from both overall preintervention and overall intervention time periods' compliance averages.

Time-sensitive care, variable acuity, non-traditional care areas, frequent interruptions, numerous provider-patient interactions, and simultaneous care of patients are just some of the challenges to hand hygiene compliance in an ED. QI involvement allows residents to reflect on clinical practice outcomes, to understand methods and processes that lead to practice improvement and to reduce HAIs.

Biography:

Sara Andrabi is a board certified Emergency Medicine Physician. Her leadership experiences at the local, state, and national level have earned her several recognitions including Emergency Medicine Residents Association Resident, Chief Resident(s), and Fellow of the year. She completed an administrative fellowship at Ben Taub Hospital after completing her residency and chief residency at Baylor College of Medicine. She transitioned out of fellowship into Assistant Medical Director of Ben Taub Emergency Center. Melding the worlds of Administration and Education has become a passion of hers as she is currently the Assistant Program Director for the Emergency Medicine Residency at Baylor College of Medicine.