Patient Care Services (PCS) Radiology reported a significant decrease in hand hygiene compliance from January 2019 to April 2019. Multiple problems with compliance were identified, such as lack of availability of hand sanitizers as well as education deficiencies among staff related to hand hygiene compliance. Additionally, patient care areas in the Radiology Department negatively impacted hand hygiene compliance being defined by curtains and not physical walls and clear barriers.

**Purpose**

The purpose of this project was to improve quality and safety to increase compliance of hand hygiene through:

- Education
- Increased availability of hand hygiene supplies
- Define and highlight patient care areas

**Implementation Plan**

During the first two weeks of May, morning huddles consisted of educating staff about hand hygiene and implementation and goals of the project. During this time, questions and feedback from staff were encouraged. The input received helped guide the process of this project by identifying barriers to proper hand hygiene compliance.

Data was collected on a monthly bases by three hand hygiene auditors. The auditors were anonymous to nursing staff in order to capture data without any influence from auditors being present. Each auditor observed five RN’s a day with hand hygiene compliance.

**Conclusions & Further Study**

Since the project’s implementation, hand hygiene data indicates that compliance has improved. Radiology nursing’s hand hygiene compliance shows marked improvement from 39% in April to 93% in July and maintained a improved compliance rate for the remainder of 2019.

Clearly identifying patient care areas, making hand sanitizer more readily available, and emphasis on proper hand hygiene in daily huddles helped nurses be more aware of their hand hygiene compliance.

Identified limitations to this project are that anonymous hand hygiene auditors were eventually identified by staff, therefore influencing staffs hand hygiene practices. HH auditors will be rotated.

**References**


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