

relationship with pathogen transmission, specifically critical site contamination. Of all the 5 moments, this moment is most directly related to HAIs. Further research should investigate why moment 2 performance is so low.

*Antimicrobial Stewardship & Healthcare Epidemiology* 2024;4(Suppl. S1):s98-s99

doi:10.1017/ash.2024.244

**Presentation Type:**

Poster Presentation - Poster Presentation

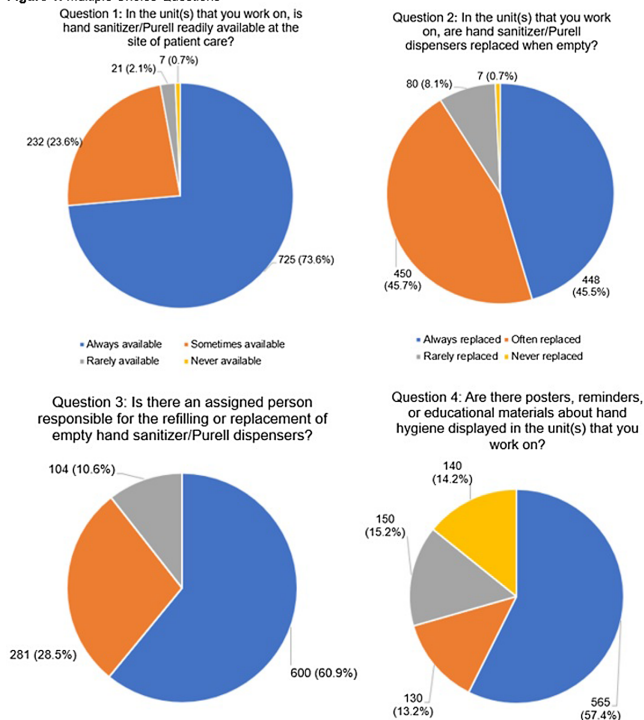
**Subject Category:** Hand Hygiene

**Staff Perspectives on Barriers & Facilitators to Meeting Hand Hygiene Goals in a Multicenter Academic Hospital System**

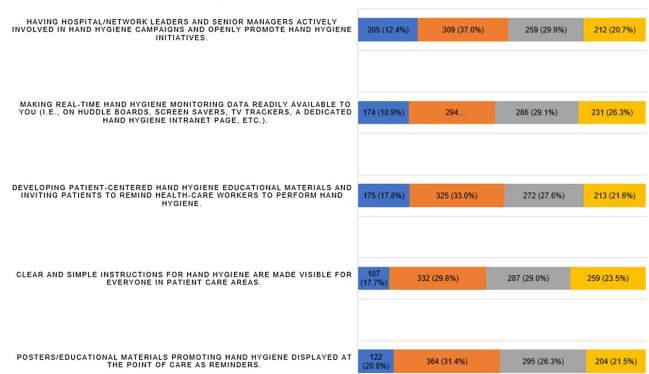
Kevin Gibas, Rhode Island Hospital/Lifespan Hospital System; Nathan Kinsella, Rhode Island Hospital/Lifespan Hospital System; Parente Stephanie, Rhode Island Hospital/Lifespan Hospital System; Megan Diamond, Rhode Island Hospital/Lifespan Hospital System; Kerry Blanchard, Lifespan Health System and Leonard Mermel, Warren Alpert Medical School of Brown University

**Background:** Proper hand hygiene is the most important practice to reduce the transmission of infections in healthcare settings. Despite this, healthcare institutions continue to struggle to achieve and maintain high rates of hand hygiene compliance among healthcare workers with some studies estimating national healthcare worker hand hygiene compliance to be approximately 50%. **Methods:** We conducted an anonymous one-time survey of our Lifespan Hospital System employees to evaluate barriers and facilitators to performing hand hygiene as well as interventions to improve hand hygiene compliance. The survey was designed with guidance from the Consolidated Framework for Implementation Research and input from Lifespan infection prevention staff. **Result:** Over four weeks 985 (6%) Lifespan employees completed the survey. Figure 1 shows the aggregate results of the first 4 survey questions which focused on hand hygiene infrastructure at Lifespan, including availability of sanitizer, staff to manage hand hygiene supplies, and educational materials/reminders. One significant finding was >70% of respondents reported that they either did not know if their unit/department has a person assigned to replace/monitor hand hygiene supplies, or if so, who that person is. We also asked

**Figure 1: Multiple Choice Questions**



**Figure 2: Perceived Effectiveness of Hand Hygiene Interventions**



employees to rate how effective different interventions would be at improving hand hygiene compliance. Figure 2 shows of five proposed interventions, three were rated as either “moderately effective” or “very effective” by >50% of respondents. These included displaying hand hygiene instructions, making hand hygiene data available to employees, and displaying materials/reminders promoting hand hygiene. There were also 977 free-text responses regarding “barriers or facilitators to proper hand hygiene”. Major barriers identified were a lack of staff to monitor and refill supplies, slow replacement of hand hygiene products, lack of sanitizer dispensers and sinks, inconsistency of sink location and dispenser placement, lack of hand hygiene reminders/educational materials, time constraints, skin irritation from sanitizer, and an inability to have dispensers in behavioral health units. Survey responses led us to enhance the following: educational materials and reminders in work areas; staff education; leadership involvement in hand hygiene initiatives; routine auditing and feedback; conveniently placed sanitizer dispensers and sinks at the point of care; and making hand hygiene compliance data readily available to staff. **Conclusion:** This survey identifies important barriers and facilitators to achieving high rates of hand hygiene compliance among healthcare workers and provides the basis for interventions aimed at improving hand hygiene compliance in a large multicenter academic hospital system.

*Antimicrobial Stewardship & Healthcare Epidemiology* 2024;4(Suppl. S1):s99

doi:10.1017/ash.2024.245

**Presentation Type:**

Poster Presentation - Poster Presentation

**Subject Category:** Hand Hygiene

**Improving Data Quality from a Hematology Unit Hand Hygiene Observation Program**

Adina Feldman, MD Anderson Cancer Center; Sherry Cantu, MD Anderson Cancer Center; Hilary McMurry, The University of Texas MD Anderson Cancer Center; Crystal Odom, The University of Texas MD Anderson Cancer Center; Leila Nahavandi, The University of Texas MD Anderson Cancer Center; Jane Powell, MD Anderson Cancer Center and Amy Spallone, The University of Texas MD Anderson Cancer Center

**Background:** For United States healthcare programs to be fully compliant with Joint Commission National Patient Safety Goal (NPSG) #7, organizations must implement and maintain a hand hygiene (HH) program that follows either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) HH guidelines. Joint Commission standard IC.03.01.01 requires these organizations to provide metrics that evaluate the effectiveness of their program and program goals. Our center utilizes the direct observation method with the use of over 550 Hand Hygiene Observers (HHO) to collect our HH compliance. HHO are trained with a computer-based course that requires passing a post-education test. During fiscal year 2023 (FY23), Infection Control