



Saúde Pública / Coletiva

HAND HYGIENE ENGAGING PATIENTS FOR SAFE CARE

HIGIENIZAÇÃO DAS MÃOS ENGAJANDO PACIENTES PARA O CUIDADO SEGURO

LA HIGIENE DE MANOS ATRACTIVO A LOS PACIENTES PARA UNA ATENCIÓN SEGURA

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ABSTRACT

The objective was to describe the hand hygiene promotion strategies carried out by a hospital infection control team in the Northern Region of Ceará, involving patients, companions and family members. Descriptive, experience report, exploratory study developed in a unit of the largest hospital in the interior of the Northeast Region. The activities were carried out throughout the month of October 2023, executing the "Mãos Limpas" project in three stages. Initially, everyone involved was trained in hand hygiene on all three shifts. They were then instructed on the rules of this project and finally all companions, patients or family members had to write on small paper hands the name of the professional they observed performing adequate hand hygiene at the appropriate times and deposit it in the urn visibly located on the counter. sector. All patients and professionals from the multidisciplinary team participated. In total, 291 hands were deposited. There was interest in the topic, increasing involvement between the multidisciplinary team and patient.

Keywords: Hospital Infection; Infection Control; Health education.

RESUMO

O objetivo foi descrever as estratégias de promoção a higienização das mãos relacionada por uma equipe de controle de infecção hospitalar da Regional Norte do Ceará, envolvendo pacientes, acompanhantes e familiares. Estudo descritivo, do tipo relato de experiência, exploratório desenvolvido em uma unidade do maior hospital do interior da Região Nordeste. As atividades foram realizadas durante todo o mês de outubro de 2023, executando o projeto "Mãos Limpas" em três etapas. Inicialmente todos os envolvidos foram capacitados sobre higienização das mãos, nos três turnos. Seguidamente, foram orientados quanto às regras desse projeto e finalmente todos os acompanhantes ou pacientes ou familiares deveriam escrever em mãozinhas de papel o nome do profissional que observassem realizando adequadamente a higienização das mãos nos momentos adequados e depositá-la na urna visivelmente localizada no balcão do setor. Todos os pacientes e profissionais da equipe multiprofissional participaram. No total foram depositadas 291 mãozinhas. Observou-se interesse pela temática, crescente envolvimento entre equipe multiprofissional e paciente.

Descritores: Infecção Hospitalar; Controle de Infecções; Educação em Saúde.

RESUMEN

El objetivo fue describir las estrategias de promoción de la higiene de manos realizadas por un equipo de control de infecciones hospitalarias de la Región Norte de Ceará, involucrando a pacientes, acompañantes y familiares. Estudio descriptivo, relato de experiencia, exploratorio desarrollado en una unidad del mayor hospital del interior de la Región Nordeste. Las actividades se realizaron durante todo el mes de octubre de 2023, ejecutando el proyecto "Mãos Limpas" en tres etapas. Inicialmente, todos los involucrados recibieron capacitación en higiene de manos en los tres turnos. Luego fueron instruidos sobre las reglas de este proyecto y finalmente todos los acompañantes, pacientes o familiares debían escribir en pequeñas manos de papel el nombre del profesional que observaron realizando una adecuada higiene de manos en los momentos oportunos y depositarlo en la urna visiblemente ubicada en el sector mostrador. Participaron todos los pacientes y profesionales del equipo multidisciplinario. En total se depositaron 291 manos. Hubo interés en el tema, aumentando el involucramiento entre el equipo multidisciplinario y el paciente.

Descriptores: Infección hospitalaria; Control de infección; Educación para la salud.

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INTRODUCTION

Hand hygiene (HH) is an effective measure for the prevention of healthcare-associated infections and is considered the most important action to reduce the transmission of microorganisms in health services¹. It is noteworthy that this technique, when properly performed, promotes the safety of patients, health professionals and all those involved in patient care².

However, several reasons are given for the low adherence of professionals to HH, highlighting lack of interest and lack of motivation⁴. In this way, approaches Multidisciplinary can be valuable strategies to form partnerships that stimulate learning and the implementation of practices for HH².

The World Health Organization considers that, in order to optimize patient safety practices, health professionals should be sensitized to the need for the active involvement of patients, family members and caregivers at all levels of health care⁵. To this end, it is understood that it is essential to join efforts to enable patients and families to actively include themselves in their own health care^{1,3}.

From this perspective, the relevance of this study lies in promoting actions that help the involvement of the patient, the professionals and the companion in the care. In this way, it provides opportunities for debate on the engagement strategies of those involved in the provision of care and the improvement of patient safety in an efficient way.

Thus, the present study seeks to objective: To describe the strategies to promote hand hygiene related by a hospital infection control team in the Northern Region of Ceará, involving patients, companions and family members.

METHODS

This is an experience report study that was conceived and developed by a team from the hospital infection control service of the Northern Regional Hospital, in the municipality of Sobral, Ceará.

It is worth mentioning that the Hospital serves 55 municipalities in the northern region of the State of Ceará, benefiting more than 1.550.000 inhabitants. It offers the population care in general surgery, traumatology, neurology, mastology, gynecology, psychiatry, gastroenterology, otorhinolaryngology, ophthalmology, hematology, nephrology, infectious diseases, cardiology. It has the capacity to perform up to 1,300 monthly hospitalizations and has 460 beds, 70 of which are in the intensive care unit⁶.

The activities were carried out at the Special Care Unit (UCE), aimed at patients in palliative care at the Hospital, throughout the month of October 2023, through the execution of the project called "Clean Hands", which was carefully divided into three stages.

Initially, the multidisciplinary team that works in the CSU, all patients, companions and family members were trained about HH, especially regarding the moments that this technique should be applied and the correct way to perform it. This moment was essential to clarify doubts related to the theme. Patients and caregivers expressed admiration for HH's ability to prevent the transmission of infections.

Continuing health education was carried out in two consecutive sessions by nurses from the hospital infection control service (SCIH): three moments for health professionals and two moments for patients, companions and family members present at the unit. It is noteworthy that in the end, in addition to all patients and companions, all professionals were trained.

The ECU sector has 16 beds, including one for patients in precaution. It is composed of a multidisciplinary team of physiotherapists, speech therapists, pharmacists, social workers, nutritionists, psychologists, doctors, nurses and nursing technicians.

Figure 1- Little Hand



Source: Authors (2024)

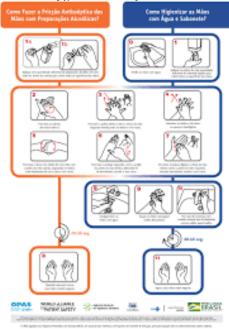
Figure 2 - Clean Hands Project ballot box



Source: Authors (2024)

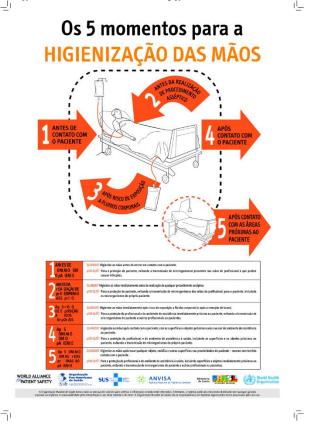
In the second moment, the Clean Hands Project was presented. At that moment, patients, companions, and family members were invited to participate. Then, patients, companions, family members and health professionals were instructed about the rules of the project. They were: the patient or companion or family member would be responsible for filling out a piece of paper, as shown in figure 1, putting the name and category of the professional who was observed performing HH properly and then depositing it in the urn, as in figure 2, visibly placed on the main counter of the sector.

Figure 3 – Poster demonstrating the hand hygiene technique.



Source: Authors (2024)

Figure 4 – Poster demonstrating the moments for hand hygiene



Source: Authors (2024)

It should be noted that posters were fixed near the beds, as shown in figure 3 showing the correct form of HH and the moments, as in figure 4, that it should be performed by health professionals.

At the time of the presentation of the project, the multidisciplinary team showed interest in participating in the action but anxiety to contribute effectively. It was explained that the action would not be punitive, but educational. The professional who was not identified by the companions would not receive punishment.

As a result, a daily SCIH nurse visited the sector to deliver ten hands and clarify doubts from patients, companions and family members of the sector, in addition to checking the availability of the necessary supplies for HM hands (70% alcohol, soap and paper towels).

RESULTS

During the activities developed in the sector, the professionals showed interest in participating. A total of 291 hands were filled out by patients and their companions during the study period. Among them, there were several professional categories: nurses, nursing technicians, physiotherapists and speech therapists. Thus, it was decided to categorize the professionals by class.

It was found that the professionals who cleaned their hands the most were nursing technicians, with sixty-six (22.7%) little hands, followed by physiotherapy with thirty-one (10.6%) and nurses with fourteen (5%). These professionals were identified and invited to participate in a general meeting with the hospital's director and service coordinators to receive a certificate of recognition. On the occasion, a companion can attend the meeting and talk about her experience during the project.

The multidisciplinary team stated that they were pleased to participate and to be recognized. One of them said that she felt supervised by her companion, but got used to always doing the procedure in the most appropriate way possible.

Thus, it is worth emphasizing that the study was the result of the initiative of SCIH professionals seeking to encourage the involvement of patients as co-producers for their safe care, in addition to optimizing the performance of the multidisciplinary team for the prevention of adverse events.

DISCUSSION

The involvement of patients in their health care is associated with an improvement in the efficiency of care processes, since it encourages shared decision-making, corroborates with a reduction in the occurrence of adverse events and, consequently, costs⁷.

However, this theme has been considered a challenge, since it encompasses the change in culture not only of professionals, but also of health service users⁸.

On the one hand, professionals complain of little time for high demand of tasks and lack of knowledge of how to involve patients and their representatives. On the other hand, patients need to be motivated to get involved in their care in order to meet processes that demand greater commitment and participation⁹.

At this juncture, the strategies for the involvement of patients in their care propose an organizational culture focused on the autonomy of professionals, engagement of family members, education and training focused on communication skills and a culture of partnership¹⁰.

Initiatives to enhance the involvement of professionals through continuing education have been carried out, for example, by the Institute for Healthcare Improvement (IHI). In the United States, the IHI discusses strategies to encourage user participation in their care process, improve and qualify the safety of care processes, and encourage continuing education to avoid adverse events11. In Brazil, it is noteworthy that one of the main axes of Ordinance No. 529, which establishes the national patient safety program, is the involvement of users in their safety¹⁰.

From this perspective, the effectiveness of patient engagement is a multifactorial theme, as several elements are present and interact simultaneously so that the hospitalization experience configures involvement¹¹.

However, it is up to each health institution to build strategies that go through the various organizational levels, address different actors that make up the hospital service scenario and attract the patient's involvement with their care⁹.

Thus, it is suggested that future research should be carried out in order to understand the perspectives on patient involvement by the different spheres of interest, in order to implement strategies that stimulate the formation of a context of partnership between the subjects involved.

CONCLUSION

This work allowed us to reflect on the need to rethink ways to implement health models that are configured in a new perspective, which includes cooperation between patients, professionals and health institutions.

The study proposed a simple action that initially generated discomfort and anxiety in health professionals, but during the course of the project, they became accustomed to being observed daily and, sometimes, charged by companions regarding hand hygiene. The companion, on the other hand, felt immense satisfaction in participating in the care process.

The absence of a companion at the patient's side at some times during lunchtime, for example, were considered limiting factors.

Therefore, it is necessary to redirect health practices and promote changes in the organizational culture in order to design processes that prioritize the involvement of patients and their families in decision-making.

However, there is a need for greater systematization of the application of best practices in favor of patient safety, so that they are effective and do not remain only as unapplied projects, otherwise efforts will be wasted.

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