ASSESSING HAND HYGIENE IN OLDER PEOPLE’S CARE SETTINGS

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This study aimed to evaluate whether sufficient attention is paid to patient hand hygiene in older people’s care settings.

We surveyed 114 staff in mental health care settings for older people – two NHS inpatient units and five private care facilities in the north of England. An eight-item questionnaire was used.

Staff believe that good patient hand hygiene is important but do not frequently assist patients who have physical and cognitive impairment to wash their hands after visits to the toilet or before meals.

While the study was set in the north of England, we found evidence that these findings could be generalised across the UK.

INTRODUCTION

The incidence of healthcare-associated infections (HCAIs) has increased over recent years and the Department of Health and NHS have responded with a host of campaigns and initiatives (NHS North East, 2008; DH, 2004).

The problem of HCAIs is clearly not restricted to the NHS and proposals in the Health and Social Care Bill mean that the NHS Code of Practice is expected to apply to private healthcare providers in the future. This is relevant to elderly care facilities, which look after some of the most vulnerable residents and patients with respect to HCAIs. As part of the drive to reduce HCAIs, governments across the UK have been running national hand hygiene campaigns – ‘Cleanyourhands’ (National Patient Safety Agency, 2007) and Scotland’s ‘Wash your hands of them’ (Health Protection Scotland, 2007).

However, the success of UK campaigns has tended to be measured in relation only to changes in staff behaviour. This clearly leaves a gap in the hygiene strategy, failing to emphasise the importance of good patient handwashing.

AIM

This study aimed to test the following two assumptions about hand hygiene in elderly care settings: that staff frequently encourage patients to wash their hands after going to the toilet and before meals.

METHOD

Questionnaires were completed by 114 participants from two elderly inpatient units and five private care homes. Of those providing demographic details, 50 (44%) were qualified mental health nurses (RMNs) and 53 (46%) unqualified staff (care workers, domestic staff). Due to concerns about anonymity, demographic details were kept to a minimum.

All the facilities studied in this survey cared for elderly people with a mixed range of cognitive, physical and mental health difficulties. This group of people was generally considered to be at risk of not following regular hygiene routines due to motivational and memory problems, and thus were in need of regular prompts regarding hand hygiene.

Participants were recruited through ward and care home managers, who gave permission for staff to receive the questionnaires. Completed questionnaires were returned anonymously in sealed envelopes. Each questionnaire contained eight questions – seven of which were quantitative and one of which was qualitative. The key quantitative questions were rated on a five-point Likert scale (1 = never, 2 = rarely, 3 = occasionally, 4 = frequently, 5 = always). The results were presented as means (x) and standard deviations (sd).

The study was registered as a service development project with Northumberland, Tyne and Wear NHS Trust.

RESULTS

The vast majority (n=112; 98%) of participants viewed handwashing as an important feature in the control of infection. Fifty (44%) stated they were aware of guidelines about patient handwashing but only 19 of these (38%) could give specific details about such guidance.

The findings indicate that staff believe they encourage patients to wash hands more often than their colleagues. Furthermore,
staff think that both they and their colleagues are more likely to encourage handwashing after a visit to the toilet than before a meal.

The degree of encouragement varied with respect to each condition, with the highest frequency occurring for ‘self-encouragement of handwashing after the toilet’ (x=3.73; sd=1.06). This corresponded to a descriptor score between ‘occasionally and frequently’, and a modal score of 3 (occasionally). The least encouragement of handwashing occurred in the ‘colleagues before meals’ condition (x=2.42; sd=1.28). This corresponded to a descriptor score between ‘rarely and occasionally’ and a modal score of 2 (rarely).

When asked about obstacles preventing handwashing, it was evident that lack of washing facilities was not an issue (x=4.53; sd=0.88). The sorts of obstacles mentioned by staff in order of frequency were: lack of time; low staffing levels; patient resistance to washing; communication problems with patients; issues relating to height, size of washbasins, patient mobility and dexterity problems; and forgetfulness by staff.

One member of staff stated there was no need to wash patients’ hands as they did not come into contact with urine/faeces due to help from staff. For a table showing the results in full, see nursingtimes.net.

Wider survey
To determine whether the findings of the above survey were merely a reflection of local practices, 20 members of a UK-wide dementia research network were contacted and asked to comment on the results. The response rate was 80%. Participants were mainly nurses (69%) and care home managers (19%).

The replies came from all over the UK, including areas such as Guernsey, Cornwall, Devon and the Highlands. Participants were provided with a copy of the questionnaire and the findings, and asked to indicate whether a similar survey conducted in their clinical setting would yield similar results in relation to handwashing after using the toilet or before meals. They were asked to use a five-point Likert scale to indicate whether their setting would score either better or worse (1 = much worse, 2 = worse, 3 = same, 4 = better, 5 = much better).

The findings of this secondary survey produced a mean of 3.07 (sd=0.59) in relation to after going to the toilet, and 2.93 (sd=0.80) in relation to mealtimes. This indicates that our findings could be generalised across care settings in the UK.

DISCUSSION
This survey indicates that staff, as a group, do not frequently encourage patients/residents to wash their hands before or after activities for which they might be expected to. We feel that some of the most telling findings in the data set were the percentages for the ‘never to occasional’ categories (see nursingtimes.net). Such relatively high values indicate that on many occasions vulnerable people are simply not encouraged to be hygienic. The additional research network suggested that our findings could be generalised across other parts of the UK.

One way of attempting to rectify the situation is to deal with obstacles noted by staff in the survey. The greatest obstacle, according to workers, was lack of time and low staffing levels. For example, they highlighted the following issues: ‘You don’t remember to wash residents’ hands during mealtimes and there is not enough time or staff to ensure this is done’ and ‘Time factor. Staffing levels’.

Staff also mentioned that sometimes handwashing could not be carried out because of patient resistance. For example, participants wrote: ‘Violent and aggressive patients’ and ‘Confusion, dysphasia, patients can refuse’. Participants suggested solutions to some of the issues raised above in their qualitative responses. For example, in the case of aggressive patients: ‘Encourage them to wash their hands when they are more approachable.’ Some suggested the use of some form of wipes: ‘Maybe use wet cloth with cleaning stuff on to wipe their hands.’ Environmental changes were also suggested, particularly in the case of wheelchair users: ‘Lower basins, an increase in their size. Basin can be too small and the temperature fluctuates.’

While we believe the present survey has raised an important issue, it is relevant to acknowledge that the study assessed practices within only one locality. Despite the figures obtained in the secondary survey in other parts of the UK, it still may not be possible to draw general conclusions from these results.

It is also important to acknowledge that, up to this point, national hand hygiene campaigns have focused on acute hospital settings. However, this will soon change, as in July 2008 more attention was due to be paid to mental health care settings. Hence, it would be of interest to revisit this issue following the reinvigorated campaigns targeting psychiatric settings.

CONCLUSION
Poor patient hand hygiene has obvious relevance to the NHS’ HCAI strategy. Indeed, it has the potential to undermine the much-vaunted ‘deep cleaning’ and ‘decluttering’ campaigns, as well as other features in the UK government’s £50m package to deal with infection control. The above situation is of concern, yet it may well improve over the forthcoming months due to the recent launch of the ‘Scrub-up’ campaign (NHS North East, 2008) in the north east of England.

REFERENCES


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