**Evidence-Based Practice Proposal**

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07/29/2020

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Various factors determine the activities and operations of healthcare organizations. Organizational culture is one of these variables. The adopted organization culture guides the actions of the management and other healthcare staff. This paper will assess the organizational culture implemented in the organization, its readiness to support the proposed changes, barriers, and the facilitators of the new change, and the clinical inquiry.

**Section A: Organizational Culture and Readiness Assessment**

Healthcare organizations have different and unique cultures. The results of the conducted cultural survey indicate that the healthcare organization has adopted the adhocracy culture. Energy and a high level of creativity form the basis of this culture. The leaders encourage the employees to take risks. Additionally, leaders are entrepreneurs who focus on innovation. Experimentations hold the organization together. However, individual freedom and ingenuity are emphasized to enhance the success of the entire organization.

Therefore, the organization is ready to implement the proposed change that involves the use of alcohol hand rubs to reduce the rate of HAIs. However, the success of the project will be compromised by some barriers. The most common obstacle is the lack of personal initiative by the nurses to implement the new project. Most practitioners consider washing hands with water and soap as the most effective way of killing pathogens, thus preventing HAIs. Therefore, it is challenging to implement the change since the nurses encounter patients during care delivery. On the contrary, the management will facilitate the project. The organization's leadership focuses on entrepreneurship and innovation. Thus, it will support the change as a new way of reducing the cases of HAIs. This move will facilitate the overall performance of the organization, which will, in turn, attract more potential clients, increasing the level of revenue.

Clinical inquiry can be integrated by questioning the patients about how they feel concerning HAIs. The inquiry response will facilitate the implementation of change, thus improving the quality of care offered to the patients. The organization’s weaker areas, specifically the nurses' reluctance to implement the changes, will be strengthened by educating them on the benefits of using alcohol-hand rubs to kill pathogens.

**Section B: Proposal/Problem Statement and Literature Review**

**Refining the PICOT Question into a Proposal**

The initially developed PICOT question states, “Among hospitalized adult patients (P), does the use of alcohol-hand rubs (I), when compared to hand washing using water and soap (I), help in reducing the rate of HAIs (O), within a period of 4 months (T)?” This PICOT question can be refined into a proposal that can be easily studied. The topic for the proposal states that “The effectiveness of hand hygiene measures in reducing the rate of HAIs.”  
**Summary of the Conducted Research**

The conducted research indicates that hand hygiene measures are effective in reducing the rate of HAIs.

According to Musu et al. (2017), the high morbidity and lower quality of life in healthcare facilities are associated with infections (HAIs). Additionally, these infections are attributed to the high costs incurred in healthcare facilities. Therefore, measures should be implemented to prevent high cases of HAI in healthcare facilities.

The study conducted by Musu et al. (2017) focused on assessing the availability of procedures for regulating the high rate of infections in healthcare facilities. Specifically, the researchers focused on evaluating the effectiveness of hand hygiene (HH) measures in lowering the rate of these infections. The study focused on providers who were offering care in six ICU units. The researchers conducted a prospective observational study in the selected six ICU units. They assessed how healthcare workers adhered to the set standard precautions and hand hygiene measures.

This study established that adherence to hygiene measures reduced the rate of infections in the assessed healthcare units. Thus, these measures should be implemented in other departments in healthcare facilities to reduce the rate of infections. However, this study is associated with some limitations. First, the sample population (six ICUs) was relatively small, limiting the generalization of the study's findings. More so, the study was limited to the ICU unit, making it hard to predict results for other departments in healthcare facilities.

Another study conducted by Vermeil et al. (2019), indicates that hand hygiene is effective in reducing HAI cases. The researchers aimed at evaluating the evolution from the use of soap and water to clean their hands to the use of alcohol-based hand rubs. The authors reviewed the documented literature regarding the use of soap and water. They also studied how chlorine was discovered during Babylon civilization as an effective hand-rub for killing pathogens.

Their study's findings indicate that washing hands with soap and water killed pathogens, thus preventing the spread of HAIs. However, it was not very effective in killing germs necessitating the introduction of alcohol-based hand rub. This hand hygiene measure was supported by the World Health Organization and other key stakeholders in the healthcare sector due to its effectiveness. The major limitation of this study is that it was not based on experiments but findings of previously conducted studies limiting the accuracy of the results.

Finally, a study conducted by Wang et al. (2019) focused on evaluating the risk factors associated with cases of nosocomial infection (NI) that are experienced in the ICU units for patients struggling with respiratory conditions. The researchers conducted observational surveillance in the ICU unit between 2013 and 2015. Specifically, they investigated the overall rate of infection and their distribution in the ICU units.

The findings of this study indicate that the rate of NI in the ICU unit is relatively high. 102 out of 1347 patients in the ICU units were diagnosed with NI. Approximately 87 of these infections were associated with the device that was being used by the patients. Other cases of infections were associated with poor hand hygiene. Therefore, the rate of these infections could be reduced by improving hand hygiene specifically by washing the hands with soap and water or by using alcohol-based hand rubs. One of the study's significant limitations is being conducted on a single unit in the healthcare facility. Thus, it is difficult to predict the results in other departments. Additionally, the research was conducted in an only healthcare organization, making it difficult to predict outcomes in other medical facilities.

**Section C: Solution Description**

**The Proposed Solution**

The proposed solution involves the implementation of hand hygiene in the healthcare organization. Hand hygiene is observed by washing hands with water and soap regularly or using alcohol-based hand rubs to sanitize the hands. This practice kills disease-causing microorganisms, thus reducing the rate of HAIs. According to Sickbert-Bennett et al. (2016), observing hand hygiene strictly lowers the cases of healthcare-associated infections significantly. This intervention was also proposed by McLaws (2015), who argued that healthcare-associated diseases can be prevented by complying with hand hygiene measures. McCalla et al. (2017) also support the effectiveness of hand hygiene in preventing HAIs. The cost of this intervention is relatively low. Specifically, its implementation in the healthcare organization does not require the care providers to be given special training or new equipment and machines to be purchased. Instead, the organization is required to buy hand washing detergent and ensure the taps always have clean running water. Therefore, the implementation of this intervention in the organization is realistic.

**The Consistency between Hand Hygiene and the Organization’s Culture**

The proposed intervention of hand hygiene is consistent with the organization’s culture. The healthcare organization has adopted the adhocracy culture. This organizational culture involves the ability of a corporate to adapt to the changing conditions quickly. Organizations with this culture are relatively flexible and empower their employees to cope with the changes. Therefore, the consistency between the proposed intervention and the organization's culture involves the ability of the organization to implement the recommended practice into its daily operations. Practitioners should practise hand hygiene to kill bacteria and other disease-causing microorganisms, thus lowering the spread of HAIs in the organization.

**Expected Outcomes**

The implementation of hand hygiene aims at lowering the high rate of HAIs among adult patients hospitalized in the healthcare organization. Thus, the cases of HAIs in the medical facility are expected to reduce significantly following the implementation of hand hygiene intervention.

**Method to Achieve the Outcomes**

The high rate of HAIs among adult patients hospitalized in the healthcare organization will be reduced through the implementation of hand hygiene measures. Specifically, care providers and other healthcare staff who encounter these patients will start washing their hands regularly using soap and running water. Additionally, alcohol-based hand rubs will be used to sanitize hands, thus killing pathogens, which cause infections among this patient population. Therefore, observing these hand hygiene measures will reduce the high rate of HAIs among adult patients in the healthcare facility. The achievement of these outcomes requires the management to ensure that the organization has a regular supply of hand cleaning detergents, including soap, alcohol-based hand rub, and running water.

**The Impacts of the Outcome**

The outcomes of hand hygiene practice have an impact on various aspects of care. First, hand hygiene will improve the overall quality of care by reducing the possibility of acquiring HAIs while receiving services at the healthcare organization. Additionally, patient-centred quality care will be enhanced by ensuring that patients struggling with other conditions are prevented from HAIs. Acquiring HAIs is likely to complicate their conditions further, thus delaying the recovery process. The outcome also impacts the efficiency of the processes. The cases of HAIs compromise the processes of delivering quality care to patients. Finally, the practice of hand hygiene will enhance the professional expertise of care providers. Practitioners seem to be more professional if they can regulate the cases of HAIs in the healthcare organization.

In conclusion, the proposed change involves the implementation of hand hygiene measures. The intervention consists of the use of soap and water to wash hands and alcohol-based hand rubs. These measures will prevent the spread of pathogens, thus reducing the high rate of hospital-associated infections. The healthcare organization is ready to implement the change to lower the rate of these infections. However, the implementation process will be affected by the reluctance of nurse practitioners to adopt the change. On the contrary, the management will facilitate the implementation process by educating the nurses on the significance of embracing hand hygiene measures.

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