



## QI PROJECT PDSA CYCLES REPORT FORM

**TITLE: to improve Hand hygiene Compliance rate in NICU from 40% to 90% from April 1, 2017 E.C and June 30, 2017 E.C.**

**START DATE: April 1, 2017 E.C**

**END DATE: June 30, 2017 E.C.C**

**QI Project leader: Dr. Dawit Seifu-Inpatient Director**

<b>CHANGE IDEA: Post laminated HH posters</b>		<b>PDSA CYCLE:3</b>		<b>DATE: June 08, 2017E.C</b>	
<b>PLAN</b>					
<b>WHAT IS THE PURPOSE OF THIS CYCLE? (Check one)</b>			<b>DEVELOP</b>	<input checked="" type="checkbox"/> <b>TEST</b>	<b>IMPLEMENT</b>
<b>WHAT IS THE OBJECTIVE OF THIS CYCLE? WHAT QUESTIONS DO YOU WANT TO ANSWER? WHAT ARE YOUR PREDICTIONS?</b>					
<b>Objective:</b> To reinforce HH practice and achieve the 90% compliance target by using <b>visible reminder posters</b> in the NICU. <b>Questions:</b> Will visible reminder posters improve hand hygiene compliance to the target level? <b>Predictions:</b> Laminated posters will serve as constant visual reminders and raise compliance above 85%, reaching the 90% goal.					
<b>LIST TASKS NECESSARY TO SET UP AND CONDUCT THE TEST (THINK 'ONENESS' AND 'DROP TWO')</b>					
<b>What? (Specifc task)</b>	<b>How? (Checklist, tally sheet)</b>	<b>Who? (Name or role)</b>	<b>When? (Times,dates-be specifc)</b>	<b>Where? (Program, location site - be specifc)</b>	
Design and print laminated WHO 5 Moments of Hand Hygiene posters.	Post posters in visible locations near sinks and patient beds in NICU	Finance & IPC f/p	From May 16 -June 07, 2017E.C	NICU	
<b>OUTLINE YOUR PDSA DATA COLLECTION PLAN (WHAT, HOW, WHO WHEN AND WHERE)</b>					
<b>What data will be collected?</b>	<b>How? (Checklist, tally sheet)</b>	<b>Who? (Name or role)</b>	<b>When? (Times,dates-be specifc)</b>	<b>Where will the data be recorded?</b>	
Collect hand hygiene compliance data weekly using an <b>observation checklist</b> .	observation checklist	NICU head (Abdi Baker)	from May 16 -June 07, 2017E.C	NICU	
<b>DO</b>					
<b>WHAT DID YOU OBSERVE DURING THE TEST? WERE THERE ANY UNEXPECTED OBSERVATIONS OR ISSUES? WHAT WENT WELL?</b>					
☒ Laminated posters were displayed in all strategic points of the NICU. ☒ Weekly hand hygiene observations were conducted by the NICU head (Abdi Baker). ☒ Staff frequently noticed and acknowledged the posters, using them as prompts for proper hand hygiene.					
<b>STUDY</b>					
<b>ANALYZEYOUR DATAANDDESCRIBETHE RESULTS. HOW DO THERESULTS COMPARE WITH YOUR PREDICTIONS? WHAT DID YOU LEARN FROM THIS CYCLE?</b>					
<b>Date</b>	<b>Correct HH Actions (#)</b>	<b>Total HH Opportunities (#)</b>	<b>Compliance (%)</b>	<b>Analysis:</b>	
21-May-17	26	30	87	☒ Compliance increased to <b>90%</b> by the third PDSA, achieving the project target. ☒ Visual reminders were effective in reinforcing behaviors learned in previous cycles. ☒ The results confirmed that environmental cues (posters) help sustain hand hygiene practices.	
30-May-17	27	30	90		
7-Jun-17	23	25	92		
<b>Total</b>	<b>76</b>	<b>85</b>	<b>90%</b>		
<b>ACT</b>					
<b>WHAT CHANGES NEED TO BE MADE? WHAT IS YOUR PLAN FOR THE NEXT CYCLE?</b>					
☑ <b>ADOPT</b> - Visual reminders will be maintained as part of routine NICU infection prevention measures.					
<b>ADAPT (note changes for next cycle above)</b>			☑ <b>ADOPT</b>		<b>ABANDON</b>

**Reported by: Abdi Baker**

PDSA CYCLE:3\_June 08, 2017E.C

## Hand hygiene Compliance Rate

