

# Hasil Cek\_NS- SKW\_PROCEEDING-ISoPH-3- FKM-Unair-295-299

*by Rokhmayanti Rokhmayanti*

---

**Submission date:** 01-Apr-2023 09:32AM (UTC+0700)

**Submission ID:** 2052599350

**File name:** NS-SKW\_PROCEEDING-ISoPH-3-FKM-Unair-295-299.pdf (807.48K)

**Word count:** 2522

**Character count:** 13132

## IMPLEMENTATION OF HAND HYGIENE IN X BANTUL HOSPITAL

Nur Syarianingsih Syam<sup>1</sup>, Siti Kurnia Widi Hastuti<sup>1</sup>

<sup>1</sup>Faculty of Public Health Universitas Ahmad Dahlan, Yogyakarta  
nur.syam@ikm.uad.ac.id

### ABSTRACT

**Introduction:** At present the incidence of nosocomial infections has used one of the benchmarks in assessing the quality of services in hospitals. Nosocomial infections not only harm the patient but also hospital. One of the efforts that can be done by the hospital in terms of decreasing the number of infections by conducting education related to hand hygiene. X Hospital has verification standards in the implementation of hand hygiene for health workers, namely 70%, but from the 2017 audit results obtained only 55%. The purpose of this study was to determine implementation of hand hygiene in X Bantul Hospital. **Method:** This type of research was used qualitative methods and analysed by triangulation with indepth interview for Infection Control and Prevention (PPI) Team Leader, 1 IPCN and 1 IPCLN (head of ward) and 15 nurses for observed. Research instruments are interview and measurement guides. **Results:** The interview result was found that to support the implementation of hand hygiene, hospital had been given education and training to nurse and complete hand hygiene infrastructure. From the observation, it is known that the number of implementation 5 moments of hand hygiene is in accordance with the standards determined by the PPI team of X Hospital, namely 73.3%. **Conclusion:** The implementation of Hand Hygiene in X Bantul Hospital has been carried out according to SOPs and policies that apply at the Hospital. There are no prizes or solutions for efforts to increase numbers.

**Keywords:** hand hygiene, nurse, PPI, hospital

### Introduction

Nosocomial infection is the occurrence of infection in health services during treatment and medical procedures after  $\geq 48$  hours and at  $\leq 30$  days after leaving the health facility (Peterson *et al.*, 2010). Nosocomial infections cause a higher mortality rate of 6% and increase in Length Stay (LOS) by 5-10 days (Badi *et al.*, 2017). Nosocomial infection occurs because had a transmission of pathogenic microbes. Prevention and control of nosocomial infections is interpreted as an effort to prevent and control infections by inhibiting the growth of microbial transmission originating from sources around patients who are being treated.

One of the most important things in reducing the spread of nosocomial infections is by hand hygiene. Hand Hygiene is the practice of washing hands using hand washing antiseptic. WHO triggered the global patient safety challenge with clean care is safe care, which is to formulate a strategy for implementing hand hygiene strategies for health workers with My Five Moments for Hand Hygiene, namely: washing hands before coming in contact with patients, before performing a clean and sterile procedure, after contacting the patient's body fluids, after coming into contact with the patient, after coming into contact with the environment around the patient (Jamaluddin *et al.*).

Hand hygiene behavior is one of the factors that has a major influence preventing the occurrence of nosocomial infections in hospitals. Several studies have shown that hand hygiene

can reduce the incidence of INOS. Compliance of health workers in carrying out hand hygiene activities can reduce the number of INOS by 40% (Kampf *et al.*, 2009).

A preliminary study conducted at Bantul X Hospital found that hand washing compliance rates were only 55%, this figure was below the standard set by the Hospital, which is 70% participation of all employees. From the interview results, information about the low number of hand hygiene was obtained due to the lack of optimal monitoring and evaluation or audits carried out by the PPI team, the lack of commitment from the staff, not yet aware of the PPI program and lack of feedback from the leadership on the report.

## Method

The research used qualitative method with a type of descriptive research. The approach used in this study is a case study. This study focuses on the implementation of hand washing nurses in hospital. The place for hand hygiene implementation research was X Hospital Bantul. The informants in this study were the head of the PPI, the secretary of the PPI team, one nurse / IPCLN and 15 nurses who would be observed regarding the method of hand washing. Data collection techniques in this study were interviews and observations.

## Results and Discussion

### *Hand Hygiene Education and Training*

Education and training are things that will support increased knowledge and attitudes in implementation of hand hygiene in hospital. Based on interviews, it is known that hand hygiene training is a training that is always held every year,

*"We have already budgeted hand hygiene education and training, this year 2018 will be held in November or December, and will also coordinate with the Patient Safety committee. The target is all employees in the hospital, not just nurses" (Informan B)*

Based on the answers of the informants and the results of cross interviews with other informants, it was known that the implementation of the training involved all elements of the officers

*"Usually the training lasts 2-3 days in class, we (nurses) are invited and divided into several waves" (Informan C)*

*"The nature of the training must be, if you can't participate in wave one, it will be included in the next period" (Informan A)*

Based on the answers of the informants, it is known that the implementation of education and training of hand hygiene is mandatory for all employee in the hospital, but based on the results of the document search it is known that there are still employee or healthworkers who do not attend education and training. From the interviews, there were no sanctions set for employee who did not take part in the training

*"Indeed, there are some employees who do not take part in education and training, because there are other activities and are doing service there is no substitute, for such things there are no sanctions given" (Infoman B)*

### *Facilities*

In addition to providing education and training, hand hygiene activities in hospitals cannot be separated from supporting facilities and infrastructure. Facilities available at Bantul X Hospital are as follows:

**Table 1 Result Of Observation Facilities in X Bantul Hospital 2018**

No	Facilities	Yes	No	Explanation
1	Washing Hands Are Available	1.		Available in service and maintenance units, except handwash not all service units are available
2	Running water	2.		
3	Handwash		3.	
4	Tissue	4.		
5	Handrub	5.		
6	5 Steps hand Hygiene pamphlets or poster	6.		

Based on observations it is known that the facilities and facilities in X Hospital, for handrubs other than those available in the lobby are also available in the patient's bed, while for handwash not all units have a hand wash, this is supported by interviews with informant

*"There used to be handwash on each sink complete with tissue, but because it often disappeared it was replaced with a hand rub placed on the wall" (Infoman C)*

Even so, the care of officers regarding the provision of hand hygiene facilities in hospitals is considered good

*"Nurses or doctors here care by handwashing facilities, so hand washing has often been submitted to PPI, sometimes there are also doctors who visit patients asking nurses who accompany them to bring bottled handrubs" (Infoman B)*

Related to the person in charge and the procedure for the provision of hand hygiene facilities and infrastructure based on the results of the interviews, it is known that the task of the hospital procurement department

*"If it runs out it is usually immediately reported to the procurement department of the pharmacy to be prepared." (Infoman B)*

#### Implementation Hand Hygiene By Nurses

**Table 2 The Implementation of 5 Moments Hand Hygiene by Nurses at Bantul X Hospital 2018**

No	5 Moments	Do	Percentage (%)	Not	Percentage (%)
1	Before touching the patient	7	46.7	8	53.3
2	Before carrying out aseptic actions	10	66.6	5	33.4
3	After touching the patient	15	100	0	0
4	After touching body fluids	15	100	0	0
5	After touching the environment	8	53.3	7	46.7
Average			73.3%	Standar RS	70%

Based on the table above it is known that 8 nurses (53.3%) did not wash their hands or hand hygiene at the first moment, namely before contact with the patient. In the third moment, after touching the patient and the fourth moment, after touching the body fluids, all the nurses observed had done hand hygiene. The average implementation of nurses' Hand Hygiene is 73.3%.

The results of interviews conducted related to the behavior of washing hands of nurses, obtained information why the nurse missed one or several moments of hand hygiene

*"well, usually when there is a missed moment because you have to face the patient immediately, sometimes you don't touch the contaminants that are suspected of having bacteria" (informan C)*

*"...Because the nurses thought that his hands were clean so there was no need to wash hands. For example the installation of an infusion drug that runs out, because it considers infusion is an action that does not come into contact with the patient's body fluids so they do not wash their hands afterwards..." (Informan B)*

Regarding the handwashing program, the PPI department always conducts socialization to staff, not only nurses but also other staff

*"The PPI team has often conducted socialization, for example in meetings, hand washing demonstrations have been held, rotated, for example, there are committee meetings, sometimes trying to ask doctors to demonstrate 5 moments" (Informan A)*

Regarding the implementation of the hand hygiene program, it is known that there are still obstacles in the implementation of this matter expressed by informants

*"monitoring has been done only. Nurses also have done hand hygiene in accordance with the SOP, it's just possible because so far there has been no feedback or binding rules so that the implementation of the program is still not optimal" (Informan B)*

**1** Based on the results of the research, it is known that RS X has scheduled training and education activities as well as socialization regarding **3** and hygiene every year. According to research conducted by Setiawati (2009), it is known that the level of compliance of officers in carrying out hand hygiene is one of the supporting factors is the provision of sustainable education and training programs on hand hygiene with information that is always updated (Setiawati, 2009). Another factor is the provision of information on the importance of hand hygiene in reducing bacterial spread and preventing contamination of the hands (Takahashi and Turale, 2010). The training aims to provide information to nurses to form a positive attitude in implementing hand hygiene (Fauzia *et al.*).

One of the factors supporting the implementation of hand hygiene is that hand hygiene facilities such as hand rub and hand wash should be easily accessible by nurses (Ananingsih dan Rosa, 2016). The results of the study mention the ease of accessing supplies of tools to do hand hygiene, whether hand washing with soap or alcohol is very important in order to improve compliance with hand washing according to established standards (Ernawati *et al.*; Pittet, 2001). The availability of hand washing step posters and five-moment posters mandatory hand hygiene as satana socialization also helps officers to improve hand hygiene compliance (Paratama *et al.*, 2016).

Implementation of hand hygiene in Hospital X has been carried out even though it has not been optimal, the observation figures show that the implementation has been above the target set by the X PPI team of 70%, and has exceeded the WHO standard figure of 40%. Based on previous research, among five moments of hand hygiene, there are three moments that aim to protect health workers, one of which is moment fifth (Nurani, 2017). Implementation monitoring and feedback are important components in implementing hand hygiene (Boyce, 2017; WHO). Pemberian umpan balik berupa reward dan punishment berpengaruh pada kepatuhan hand hygiene **7** Nurani, 2017). The lack of feedback provided is one of the factors that have not been optimal in the implementation of hand hygiene at X Hospital Bantul.

1

## Conclusion

Based on the results of research conducted at the Bantul X Hospital can be summarized as follows: Giving and Training related to hand hygiene has been scheduled every year by the 7PI team. There are adequate facilities to support hand hygiene efforts at Bantul X Hospital. The implementation of hand hygiene in the Bantul X Hospital nurses' compliance rates in carrying out hand hygiene averaged 73.3%. These results have met the standards set by Bantul X Hospital by 70%.

## References

- Ananingsih PD, Rosa EM. Kepatuhan 5 Momen Hand Hygiene Pada Petugas di Laboratorium Klinik Cito Yogyakarta. 2016;5(1):16–24.
- Bady Agus Marwanto; Hari Kusnanto; Dwi Handono . Analisis Kinerja Perawat Dalam pengendalian Infeksi Nosokomial di IRNA I RSUP DR. Sardjito. Work Pap Ser. 2017;First Draf(8).
- Boyce JM. Electronic Monitoring in Combination With direct observation as a means to improve hand hygiene compliance. *Am J Infect Control* [Internet]. 2017;45(5):528–35. Available from: <https://www.sciencedirect.com/science/article/pii/S0196655316310963>
- Ernawati E, Wiyanto S, Sakit R, Hasanah I, Mojokerto M, Kesehatan D, et al. Penerapan Hand Hygiene Perawat di Ruang Rawat Inap Rumah Sakit Application of Nurse ' s Hand Hygiene in Hospital ' s Inpatient units. 28(1):89–94.
- Fauzia N, Ansyori A, Hariyanto T, Kebidanan A, Jaya P, Magister P, et al. Kepatuhan Standar Prosedur Operasional Hand Hygiene pada Perawat di Ruang Rawat Inap Rumah Sakit Adherence to the Standard Operating Procedures on Hand Hygiene of Nurses in Hospital ' s Inpatient Unit. 28(1):95–8.
- Jamaluddin J, Sugeng S, Wahyu I, Sondang M. Kepatuhan Cuci Tangan 5 Momen di Unit Perawatan Intensif. :125–9.
- Kampf G, Löffler H, Gastmeier P. Hand Hygiene for the Prevention of Nosocomial Infections. 2009;106(40):649–56.
- Rr Rizqi Saphira Nurani; Atik Choirul Hidajah. Gambaran Kepatuhan Hand Hygiene Pada Perawat Hemodialisis Di Rumah Sakit Umum Haji Surabaya. *J Berk Epidemiol*. 2017;5(2):218–30.
- Petersen MH, Holm MO, Pedersen SS, Lassen AT, Pedersen C. Incidence and prevalence of hospital-acquired infections in a cohort of patients admitted to medical departments. 2010;
- Pittet D. Improving Adherence to Hand Hygiene Practice : A Multidisciplinary Approach. 2001;7(2):234–40.
- Pratama BS, Koeswo M, Hariyanti T. Pengaruh Kelengkapan Handrub & Poster terhadap Kemauan Perawat untuk Berubah Terkait Hand Hygiene pada Rawat Inap RS Ananda Blitar. 2016;(36):757–66.
- Setiawati. Analisis Faktor-Faktor Yang Mempengaruhi Ketaatan Petugas Kesehatan Melakukan Hand Hygiene Dalam Mencegah Infeksi Nosokomial di Ruang Perinatologi RSUPN Dr. Cipto Mangunkusumo Jakarta. Universitas Indonesia; 2009.
- Takahashi I and Turale S. Evaluation of Individual and Facility Factors that Promote Hand Washing in Aged- Care Facilities In Japan. *Nurs Health Sci* [Internet]. 2010;12(1):127–34. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/20487336>
- WHO Guidelines on Hand Hygiene in Health Care First Global Patient Safety Challenge Clean Care is Safer Care.

## ORIGINALITY REPORT

16%

SIMILARITY INDEX

12%

INTERNET SOURCES

7%

PUBLICATIONS

9%

STUDENT PAPERS

## PRIMARY SOURCES

1	<a href="http://www.ijphrd.com">www.ijphrd.com</a> Internet Source	3%
2	<a href="http://media.neliti.com">media.neliti.com</a> Internet Source	2%
3	Submitted to Universitas Nahdlatul Ulama Surabaya Student Paper	2%
4	Submitted to iGroup Student Paper	2%
5	<a href="http://repository.helvetia.ac.id">repository.helvetia.ac.id</a> Internet Source	1%
6	<a href="http://easpublisher.com">easpublisher.com</a> Internet Source	1%
7	Asep Rahmadiana, Ati Surya Mediawati, Irman Somantri. "Relationship Between Nurses Perceptions IPCLN Supervision with Adherence towards Hand Hygiene at the Hospital in Tasikmalaya City", KnE Life Sciences, 2019 Publication	1%

8	Submitted to Universitas Airlangga Student Paper	1 %
9	jurnal.syedzasaintika.ac.id Internet Source	1 %
10	e-journal.unair.ac.id Internet Source	1 %
11	Submitted to Walden University Student Paper	1 %
12	repository.uinjkt.ac.id Internet Source	1 %

Exclude quotes On

Exclude matches < 1%

Exclude bibliography On