

2025  
**OHA Excellence in Clinical  
 Quality and Safety Awards**  
 26-100 Bed Category

## Bailey Medical Center

### *Cleaning Hands Saves Lives*

#### Problem

In 2023, the hospital set a goal of 8,400 hand hygiene audits, of which 4,115 were completed with a compliance of 72%.

#### Goal

Increase the number of hand hygiene audits each month to meet the goal of at least 200 hand hygiene opportunities to help increase compliance.

#### Interventions

- Staff education was implemented during new employee orientation to establish expectations from the outset.
- Deployed a Hand Hygiene Validation/Attestation form that every staff member was required to sign during new employee orientation to confirm understanding and accountability.
- Incorporated physical handwashing demonstrations into 90-day new hire orientation and annual training provided by the Education Department, managers and Infection Prevention team.
- Each unit maintains at least one designated auditor that conducts bi-weekly audits with results shared with management to ensure awareness of audit performance within their respective units.
- Quarterly hand hygiene goals and compliance rates are reported to the Infection Prevention Council for oversight and accountability.

#### Results

Following the implementation of the hand hygiene initiative in 2024, the goal was adjusted to 7,520 audits with 8,555 successfully completed, achieving a compliance rate of 89%. As of the second quarter of 2025, the organization has already exceeded its goal by 264 audits, demonstrating sustained progress and continued improvement.

#### Lessons Learned

- It is essential to maintain continuous bi-monthly tracking with reminders to the management team to support achievement of monthly hand hygiene goals.
- Ongoing staff education on the importance of hand hygiene—and its role in reducing hospital-acquired infections—will further reinforce compliance and promote improved patient safety.

#### Sustainability

The sustainability plan includes bi-weekly updates to management, assignment of at least one auditor per unit (with additional auditors as needed), comprehensive staff education to support compliance with established standards and continued use of a user-friendly hand hygiene auditing application to promote consistent monitoring and engagement.



#### Improvement Team

Photo (left to right): Becky Stacy; Ashley Bellinger; Jessica Sprouse; Shawna Pippin; and Scott Lasson.

