



Presentation Abstracts

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Experience with the hand hygiene team in the Intensive Care Unit

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Introduction: Knowledge of hand hygiene as a measure to prevent Health Care-Related Infections is old, however, this action is still neglected by many health professionals, putting other patients and society in general at risk after leaving the hospital. hospital unit, being responsible for community infections¹. We live today, even more so after a pandemic, in the era of patient safety and care with hand hygiene, and it is just as important to emphasize the guidelines, such as the results of actions focused on patient safety in hospital units.⁽¹⁾

Objective: Report the experience of implementing measures to increase patient safety, in relation to hand hygiene, by professionals in a private hospital institution.

Methods: This is an experience report of an experience on professional training with managerial and educational actions involving from the board of directors to the professionals who assist the patient of a private hospital institution in the State of São Paulo. The experience started on October 20, 2019 and continues successfully until today.

Results: After the recommendation by the World Health Organization (WHO) on patient safety and hand hygiene, the hospital, through the Health Care Related Infection Control Service with the support of the board, set up the hand hygiene team. A folder and training were created for internal dissemination and attracting employees to sign up and participate. The incentive was carried out with gifts and recognition for participation. At first, the form provided by the WHO was used, later adapted to the reality of the hospital, and transferred to Google Forms available on the networks, allowing access to the employee to fill in the form immediately and after their evaluations in loco during the shifts. The service has access and can, in real time, monitor the actions, as well as non-compliance with the five moments, helping with the action plan and proposals for improvements and training. The document has all the categories involved in assistance.

Conclusion: The data are disclosed monthly to the entire team through a folder in the form of a mental map with the evaluated categories and the number of opportunities and fulfillments carried out. It appears that from this implementation, it is possible to identify process failures at the end, listen to them and, with that, be able to directly reach the observed failure and, with the team's suggestions, establish an action plan for each category, according to with the duty and professional profile. With this team, it was possible to increase the consumption of alcohol gel in the ICU sector and maintain the average above the CVE recommendation of 20 ml per pac/day.

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