

Collaborative Learning Community Assignment

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Introduction

PICOT is an acronym that helps clinicians formulate questions and offer guidelines for the search of evidence. This format plays an important role in helping clinicians find evidence in an efficient and quick manner. In this paper, the PICOT question reads: “For nurses involved in critical care, how does washing of hands compared to not washing of hands influence the compliance and consistency in the implementation of infection prevention measures for controlling and protecting the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) during care administration to patients for six months.” This paper will seek to examine the components of the PICOT question above. It will also delve into details on the interventions that are put in place to improve hand hygiene in order to control and protect the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) during care administration to patients.

Discussion

Hand hygiene is an extremely feasible and cheap way of preventing diseases and spread of infections. This is ascribed to the fact that one needs only water and soap (medicated or normal) to clean his hands. Studies have proved that developing countries suffer the most from infections and diseases spread from dirty hands (Marimuthu, Pittet, & Harbath, 2014). In this study, we will examine the manner in which nurses involved in providing health care can control and protect the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) when administering care to patients. WHO reported that over 1.4 million people in the world suffer from health care acquired infections at any given time (WHO, 2002). Health Care

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Acquired Infections affects both developed countries and third countries; however, it is more rampant in third world countries compared to developed countries. In developed countries, the number of patients admitted after contracting health care acquired infections ranges from five to ten percent per annum, whereas in developing countries, the number of patients admitted after contracting health care acquired infections ranges from fifteen to forty percent per annum (Larson, Aiello, Lee, Della-Latta, Gomez-Duarte & Lin, 2003).

Patient Population

Nurses have an integral role to play in controlling and protecting the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism). This is because they are involved with the handling of patients in the hospital. Also, they are responsible for the well-being of the patients when they are in hospitals. The nurses are better placed to ensure that hand hygiene is improved so as to prevent the transmission of bacteria capable of causing HCAI's. Consequently, they should enforce all the hand hygiene policies so as to ensure the reduction of the spread of HCAI's.

Intervention or issue of interest

In their attempts to enforce hand washing hygiene to control and protect the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism), nurses face numerous challenges. These barriers occur in varied levels, from commitment of an individual health care worker to the national political commitment. It is also essential to note that the hand washing hygiene's implementation also depends on the resource levels, as well as the approaches to perception and quality (Marimuthi, et.al, 2014). First and foremost, competing health priorities is a big hindrance to hand washing hygiene. This comes about when the health care policy

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makers and manager fails to develop strong cases that demonstrate its economic benefits. Lack of financial muscle to promote continuous education and enlighten patients on the importance of hand washing hygiene is also another barrier hindering the prevention and spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism). The existing culture which does not support hand washing hygiene is also a big hurdle that nurses face as they control the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) through hand washing hygiene.

The misplaced perception that hand hygiene is no longer a problem also plays a key role in hindering the control of HCAI's (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism). Most people believe that everybody has mastered the importance of hand hygiene and are strictly adhering to it (Marimuthi, et.al, 2014). This is incorrect since some people still fail to wash their hands after visiting the toilet or even eat food before washing their hands. Another barrier revolves around lack of awareness on the importance of preventing the spread of the HCAI's. This comes about since some people do not consider the infections as life threatening. However, it should be noted that these infections may result to life-threatening respiratory infections and even deaths. Lastly, there are no sufficient staffs to develop the agenda of controlling and preventing the spread of HCAI's. The nurses and other health care workers are extremely busy and committed with taking care of the sick patients. Therefore, giving them additional responsibility of ensuring the implementation of the hand washing hygiene is giving them a lot of burdens that eventually have a negative impact of their core roles of taking care of patients (Marimuthi, et.al, 2014).

Comparison intervention or issue of interest

In order to promote hand washing hygiene, there are certain guidelines that must be adhered to. To begin with, a health care facility should enforce hand hygiene as a priority. This entails offering of financial support as well as administrative assistance to any activity that revolves around hand hygiene. Health care facilities management should allocate funds to help drive the hand washing strategies (Larson, et. al, 2003). Health care facilities should ensure that they provide alcohol-based hand rubs at all points of patient care. Also, they should ensure there is constant supply of safe and clean water to facilitate hand hygiene. In cases where alcohol-based hand rubs are lacking or are extremely expensive, then they should produce local hand rubs using the chemical formula given by the WHO in the Hand Antisepsis Formulation Handbook (WHO, 2002).

The nurses should educate patients as well as family members of patients when they notice that the patients show any lapse in hand washing hygiene. This plays an integral role in highlighting the significance of observing hand washing hygiene. It is also important for nurses to be encouraged to develop the habit of washing their hands before touching patients. On the other hand, patients should be encouraged to feel free asking nurses if they have washed their hands before touching them (Kimel, 2005). Lastly, it is important to educate the patients on the importance of washing their hands as well as the role that they play in promoting hand hygiene improvements. They should also be educated on the best way of cleaning their hands, as well as the best moments to observe hand hygiene.

Outcome

The study conducted on the nurses administering care to patients proved that hand hygiene plays an important role on controlling and protecting the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism). Improved hand hygiene brought by constant use of alcohol-based hand rubs proved to contribute immensely to a reduction in Methicillin-Resistant *Staphylococcus aureus* (MRSA) rates (Makris, Morgan, Gaber, Richter & Rubino , 2000). This is ascribed to the fact that patients did not use their dirty hands to touch themselves. It is also worth noting that Clean Your Hands Campaign, an initiative drive aimed at promoting hand washing hygiene played an integral role in ensuring that patients and nurses washed their hands to prevent the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism). The study also suggested that washing of hands can reduce the spread of respiratory tract infections by approximately sixteen percent. This implies that nurses, patients, and everyone has a role to play in ensuring that hand washing hygiene is observed.

In as much hand washing hygiene is observed to a larger extent in developed countries, a lot needs to be done in third world countries. The third world countries are still suffering from pressing problems such as lack of clean water. It is common knowledge that water is needed for people to wash their hands (Kimel, 2005). Therefore, they still have a long way to go as far as hand hygiene is concerned. This is ascribed to the fact that they must address the water shortage problem. After that, they will comfortably address the hand hygiene issue efficiently since they will be having lots of clean water to wash their hands.

There are lots of gaps that need to be filled so as to reach the expected level where HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) are completely done

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away with. This involves bringing everyone on board to participate fully on implementing the hand hygiene guidelines (WHO, 2002). In as much as the strategies to prevent the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) are exceedingly comprehensive and complex, hand hygiene remains one of the key issues that must be looked into in details.

Patient education is an aspect of hand washing hygiene that has not been fully explored. Lots of work has been left on the nurses' part and this should not be the case. Older patients should be educated on the significance of washing their hands as well as the role that they play in promoting hand hygiene improvements (Kimel, 2005). They should also be educated on the best way of cleaning their hands as well as the best moments to observe hand hygiene. This will go a long way in controlling and protecting the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) since they will apply the hand washing hygiene that they will have been taught forever even after being discharged from the hospital. The civil society should also organize campaigns that instruct the masses on the significance of observing hand washing hygiene (Makris, et.al, 2000). Civil societies role is to make the world a better; thus, enlightening people on the significance of observing hand washing hygiene so as to control and protect the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) is one way of making the world a better place (Kimel, 2005).

Time

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The time frame for the study was six months. This time frame was sufficient enough to measure the outcome of the study. During this time, observations were made three to four times a week and records made. The records made were the ones that to be used to draw conclusions on the research topic.

Conclusion

In conclusion, it is imperative to assert that PICOT provides clinicians with an avenue to pursue research as well as to explore their subjective experiences. It gives them an opportunity to advance their knowledge within their profession. It also gives them a chance to connect with other researchers as they attempt to convey their study ideas. From our PICOT question, “For nurses involved in critical care, how does washing of hands compared to not washing of hands influence the compliance and consistency in the implementation of infection prevention measures for controlling and protecting the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism) during care administration to patients for six months,” we have learnt the importance of hand washing hygiene. The PICOT question has also enabled us to comprehend the studies previously done on hand washing and their outcomes. All the studies proved that hand washing hygiene is cornerstone intervention for controlling and protecting the spread of HCA (Health Care Acquired Infections) and MDROs (Multi-drug resistance organism).

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