

# Impact of a Hand Sanitizer Brand Change and Education on Hand Hygiene Compliance

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## Background

University Hospitals is a large academic health system serving diverse inpatient and outpatient populations across Northeast Ohio. The Infection Prevention department monitors healthcare-associated infection (HAI) metrics and hand hygiene compliance through routine observational audits and quality improvement initiatives.

## Population Served

This project focused on an Intensive Care Unit (ICU) at the Cleveland Medical Center campus, and healthcare workers engaged in direct patient care. The ultimate population impacted includes hospitalized patients who benefit from strengthened infection prevention practices.

## Learning Objectives

1. Apply infection prevention principles to a real-world quality improvement initiatives.
2. Analyze and interpret hand hygiene compliance data to inform operational decision-making.
3. Develop and implement an educational intervention to support infection prevention practices.
4. Communicate quality improvement findings to clinical leadership.

## Practicum Activities

- Reviewed baseline hand hygiene compliance data collected under the SC Johnson-based hand sanitizer.
- Developed and disseminated a hand hygiene educational infographic for the staff in the ICU.
- Conducted observational audits pre- and post-educational intervention to evaluate change in compliance based on the GOJO/Purell-based sanitizer.
- Met regularly with infection prevention leadership to discuss findings and workflow considerations.

## Results

This quality improvement project used a pre-post observational approach. The pre-intervention audits were conducted before dissemination of the educational infographic, and post-intervention audits were conducted after dissemination. Preliminary findings demonstrated stable or modestly improved compliance following the transition, with further improvement observed after targeted education.

## Deliverables

- Educational hand hygiene infographic for ICU staff
- Compliance audit summary report
- Data visualization of compliance trends
- Practicum poster presentation

## Lessons Learned

- Product changes alone may not drive measurable improvement without reinforcement.
- Brief, targeted education can support behavior change in clinical environments.
- Collaboration with infection prevention leadership strengthens quality improvement implementation and workflow shifts.
- Clear communication of data increases engagement for frontline staff.

## Public Health Implications

Hand hygiene remains a foundational infection prevention strategy. Integrating system-level changes with targeted education may enhance compliance and contribute to reducing healthcare-associated infections. Quality improvement initiatives within hospital systems play a critical role in advancing patient safety.

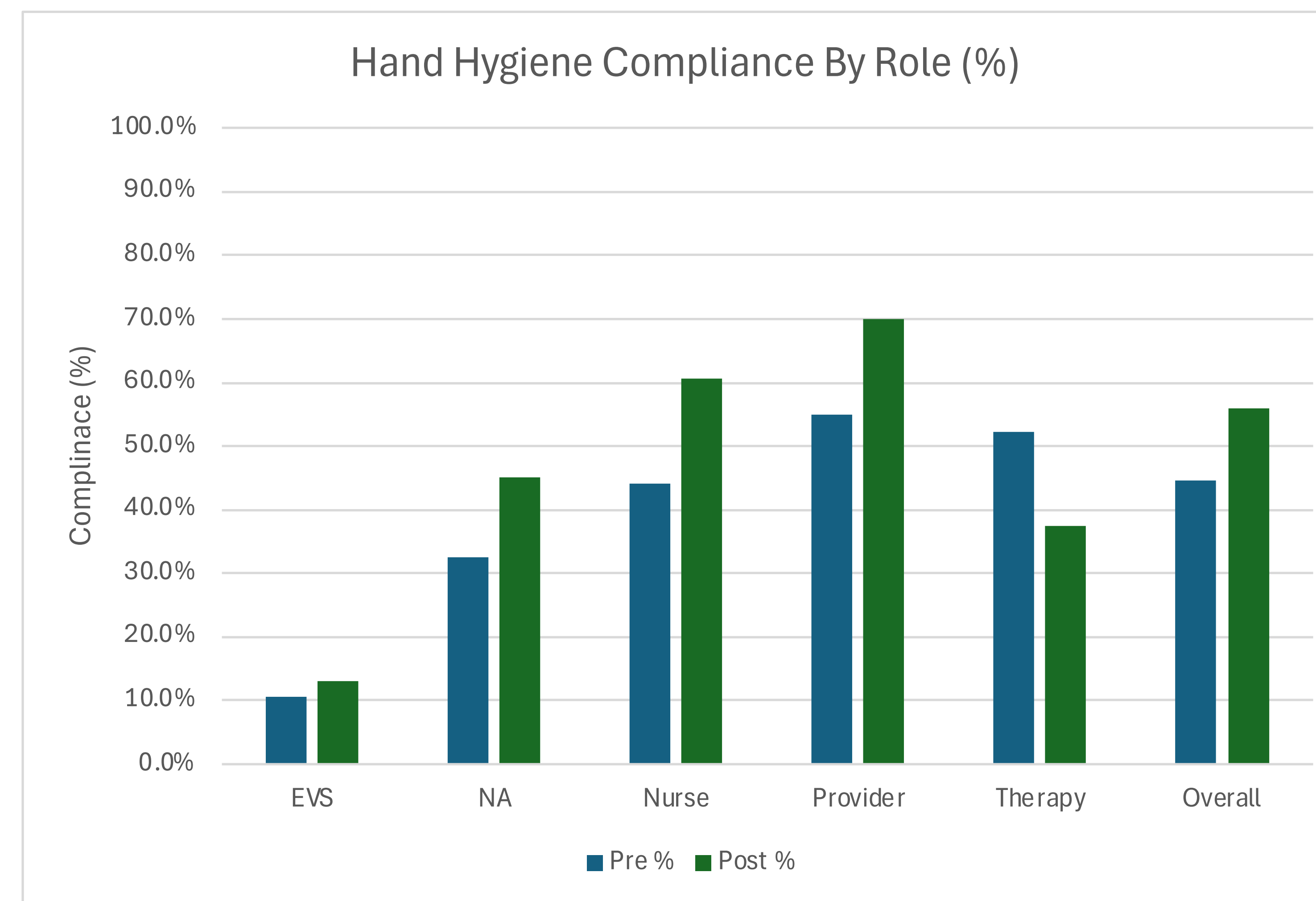


Figure 1- Pre- and post-intervention hand hygiene compliance by role, showing consistent improvement across majority observed staff positions following implementation of the intervention.

Position	Pre %	Post %	Δ (%)
EVS	10.5%	13.0%	2.5%
NA	32.5%	45.1%	12.6%
Nurse	44.1%	60.5%	16.4%
Provider	54.9%	70.0%	15.1%
Therapy	52.2%	37.5%	-14.7%
<b>Overall</b>	<b>44.6%</b>	<b>55.9%</b>	<b>11.3%</b>

Table 1- Hand hygiene compliance by role improved across majority of observed staff following the intervention, with overall compliance increasing from 44.6% to 55.9%.