The purpose of this process improvement project was to help guide a medical center in a low income country, Egypt, to reduce the incidence of healthcare associated infections by improving hand hygiene practice among its healthcare workers. The goal was to increase hand hygiene by utilizing a strategic educational plan for HCWs using the WHO’s guidelines of “5 Moments of Hand Hygiene” (WHO, 2009).

The project was conducted to increase compliance in healthcare workers’ hand hygiene in an intensive care unit. The pre-observation audit identified that 42% of physicians and 71% of nurses performed hand hygiene - Moment 1 - before touching a patient. The post observation audit identified that 53% of physicians and 83% of nurses performed hand hygiene - Moment 1 - before touching a patient. Nurses were observed performing 193 opportunities of hand hygiene during Moments 1–5. In all areas, nurses maintained or improved their hand hygiene practices following the World Health Organization’s “5 Moments of Hand Hygiene.” Subsequently, the one-on-one education, Moment 2 - before clean/aseptic procedure practice improved from 0% to 100% adherence. One-on-one education on hand hygiene using “5 Moments of Hand Hygiene” among healthcare workers in an intensive care unit proved to be a successful strategy for improving hand hygiene compliance.

**Conclusions**

The workgroup felt it necessary to improve the drills by using colored vests to single out participants in the drill, wearing goggles mimicking poor visibility, and a flowchart demonstrating stepwise evacuation. Participants felt it was useful to practice evacuations.

**Method**

The sample were composed from 50 mothers of child with cancer. Data were collected with Care Giver Assessment Form. “Anxiety” were determined as a nursing diagnosis for mothers. 5 NIC activity group were used for solution of diagnosis. 9 expected outcomes were determined for the evaluation of solution. All outcomes were evaluated in stages of “How many times did they target”, “Did we have expected results?” and “Did we solve the problem?” At the end of evaluation we can say “The problem solved” or “It is still going on.”

**Expected outcomes**

Expected outcomes facilitate the decision making about solution of nursing diagnosis effectively.

**Results**

37 of 50 mothers had anxiety. Expected outcomes were “recognize own anxiety and express coping methods, use effective coping methods, express positively about reducing stress, express activites on face and body as signs of reducing stress, express increase concetration and reliability in thinking, express increase in problem solving process, express increase in self confident, increase for enviromental interest, decrease in pulse and blood pressure through normal values”. The problem were solved in different time interval in different mothers by the help of outcomes. All outcomes targeted once for 37 mothers. We couldn’t reach the targets for five mothers so “anxiety” were solved for 32 of mothers completely.

**Conclusion**

Expected outcomes facilitate the decision making about solution of nursing diagnosis effectively.