Promoting Hand Hygiene Excellence
Objectives:

➢ To share our experience in utilizing the Joint Commission Target Solution Tools as hospital-wide hand hygiene program.
➢ To show examples of our incentive programs, campaigns in encouraging staff compliance and hand hygiene habit formation.
➢ To describe various strategies in collaboration with hand hygiene program to reduce H.A.I. C. Diff rate.
About us...

• Located in the San Gabriel Valley
• 144-bed acute care general hospital
• Serving the healthcare needs of the City of Alhambra and the neighboring communities since 1924
WHO SAVE LIVES Clean Your Hands

Action Plans:

✔ Establish a team for hand hygiene improvement
✔ Identify initiatives for hand hygiene improvement
✔ Enlist support of A-Team; discuss activities and identify resources necessary for implementation of initiatives.
✔ Team agrees on the scope and extent of activities to be acted on
✔ Decision to participate in The Joint Commission Center for Transforming Healthcare, Targeted Solutions Tool

Targeted Solutions Tool for Hand Hygiene

◆ Provides the foundation and framework for an improvement method
◆ Eight hospitals nationwide worked with the TJC for transforming Healthcare to develop and identify solutions to improve hand hygiene compliance
Targeted Solutions Tool for Hand Hygiene Project

I. Established a multi-disciplinary team:

- All Clinical Managers; Nursing, Cardiopulmonary, Dietary, Laboratory, Radiology
- Infection Control Specialist
- Environmental Services Supervisor
- Performance Improvement Director
- Chief Nursing Officer
Hand Hygiene Campaign

COLLABORATIVE TEAM CHARTER 2013

**Vision:** Hand hygiene practice among the staff in AHMC is maintained at 80%.

**Purpose:** Hand hygiene team is created to develop, implement, and monitor interventions designed to improve and sustain hand hygiene compliance among all AHMC staff.

**Goals:**

Maintain a cycle of Just in Time Coaching and Observations:
Alternating 6 weeks of Coaching and 6 weeks Observations
Targeted Solutions for Hand Hygiene Project

III. TST training for Team Members
IV. Identified implementation strategies
V. Trained additional observers and coaches: staff from clinical departments.
VI. Utilized TST observation form to collect data

<table>
<thead>
<tr>
<th>Hand Hygiene Observation and Contributing Factor Form</th>
<th>Date of observation:</th>
<th>Collected by:</th>
<th>Role (role e.g.: Observer, Coach)</th>
<th>Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instructions:</strong></td>
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<tr>
<td>1. Use a separate column for each entry or exit.</td>
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<td>2. When there is a defect check items, check any applicable observed contributing factor.</td>
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<td>3. The “observed by asking” section is for JIT coaches only.</td>
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<td>4. Emergency situations are EXCLUDED from the data collection process.</td>
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<tr>
<td><strong>Possible Contributing Factors to Washing</strong></td>
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<tr>
<td><strong>Observable</strong></td>
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<tr>
<td><strong>Non Observable</strong></td>
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<tr>
<td><strong>Contributing Factors</strong></td>
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<tr>
<td>6. Dispenser location is not in path of person or is obstructed or hidden</td>
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<tr>
<td>7. Dispenser is empty</td>
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<tr>
<td>8. Dispenser is broken</td>
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<td>9. Equipment shared or disposal area (use of equipment shared between patients i.e. vital sign machine, portable x-ray, etc)</td>
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<tr>
<td>10. Hands full supplies or equipment (e.g., food trays, lab supplies)</td>
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<tr>
<td>11. Hands full meals</td>
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<tr>
<td>12. Gloves (e.g., improper use or not washing before or after putting gloves on or off)</td>
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<tr>
<td>13. Person entering or exiting followed someone who did not wash</td>
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<tr>
<td>14. Frequent entry and exit of patient area</td>
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<tr>
<td>15. Admissions or discharge process</td>
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<tr>
<td>16. Isolation area (gown + gloves when required)</td>
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<tr>
<td>17. Lack of immediate feedback to person for hand hygiene compliance</td>
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<tr>
<td>18. Distractions: forgets/lack of knowledge choses not to wash</td>
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<tr>
<td>19. Perception that if nothing is touched in the patient care area hand hygiene is not necessary</td>
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<tr>
<td>20. Perception of skin irritation or dislike of alcohol-based hand rub</td>
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<tr>
<td>21. Other</td>
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</table>
VII. Identify barriers and solutions for compliance

- Gloves
- Dispenser broken
- Hands Full of Supplies/Meds

Barriers of Not Washing Hands
Barriers:

- Lack of understanding of proper use of gloves.
- Hand Sanitizers or Wash stations were not easily accessible
- Sanitizers causing skin irritation and dispensers not filled
- Confusion on what to do when your hands are full
- Lack of ownership
Solutions

- Expanded team to include observers and coaches from staff
- Conducted lunch meetings with staff to identify challenges and solutions
- Staff evaluated hand sanitizers.
- Installed additional hand sanitizers dispenser in patient rooms and hallways.
Solutions

- Installed glove holders to provide easy access to the correct glove size.

- Regularly conduct activities for staff education and awareness.

- Identify and reward staff compliance.

- Alternating periods of observations and coaching, submission to TST, data analysis and regular team meetings to monitor effectiveness and new strategies.
Hand Hygiene Activities

- Luncheons with day shift staff and Suppers with evening shift
- Hand Hygiene Education Wagon: Daylight and Late night hours.
- Hospital Staff, Physicians, Patients and Visitor Education
  - Hand Hygiene Video playing in cafeteria
  - Glow germ station outside of cafeteria
  - Hospital Week booth
Hand Hygiene Activities

- **Reorientation training:** Hand washing competencies using black light/fluorescent room.

- **Posters, buttons**

- **Installed hand hygiene related screensaver on nursing station desktops**

- **Rewards and Incentives Programs:**
  - Thank you card when observed being compliant: raffle for cash reward
  - Tickets when observed being compliant: chat with manager
  - Newsletters, posters: Individual and Department lists who have won rewards
  - In and Out Rewards Card: receive 5 In and 5 Out stickers = Meal ticket
  - Observer incentive: Meal tickets for submitted observations
Ready for the Challenge?
# Organization Project

<table>
<thead>
<tr>
<th>Area Name</th>
<th>Unit Name</th>
<th>Observation</th>
<th>Charts</th>
<th>Baseline Sample Size</th>
<th>Improve Sample Size</th>
<th>Baseline Begin</th>
<th>Improve Begin</th>
<th>Baseline Compliance</th>
<th>Improve Compliance</th>
<th>Stage</th>
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<td>2nd Floor</td>
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<td>368</td>
<td>732</td>
<td>8/12/2010</td>
<td>7/13/2011</td>
<td>36.7%</td>
<td>64.2%</td>
<td>Improve</td>
<td>✔️</td>
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<td>3 WEST</td>
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<td>✔️</td>
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<td>55%</td>
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<td>19.7%</td>
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<td>PERIOPERATIVE SERVICES</td>
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<td>25.7%</td>
<td>79%</td>
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Preventing Infection with C. difficile

Concerns
Actions

By: Milad R. Shokair, MSPH, PhD, CIC
Concerns:

- Increase in number of Hospital acquired C. diff Cases (Our most common HAI).
- Increased Government Regulations regarding reporting of HAIs.
- Financial Impact of HAIs
- Impact on Quality Patient Care
- Hospital’s Expectations
Suspicion of CDI in any patient with diarrhea.

Immediate contact isolation and testing for C. D. infection

Proper isolation including private room, gowning, gloving.

Hand washing after each contact with patient and environment (no use of Alcohol Sanitizer).

Proper room terminal cleaning at time of discharge or transferred of infected patient.

Education of patient and family on importance of compliance with isolation and proper hand hygiene practices.
Other Actions:

- Patients with diarrhea should be placed in private rooms on admission, in Contact Isolation. Get an order and test for C. diff.

- Patients who develop diarrhea or become C. diff positive while in a double room should not be moved. Move the other patient.

- Room with C. diff patient will be identified as needing terminal cleaning for C. diff. This can be done:
  - At time of patient discharge
  - Patient is cleared of C. diff and is transferred to another unit
  - Patient is transferred to another room after clearance of C. diff and Patient has been cleaned of possible C. diff spore contamination*

*Terminal cleaning for C. diff must include bagging and removal of all equipment, cleaning all surfaces with 1:10 Bleach solution, and change of privacy curtain.
Actions and Results:

Rate of HAI C. diff per 1,000 PD

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<td>0.9</td>
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QUESTIONS/COMMENTS