Hand Hygiene
Harrison Medical Center
Improvement Project

March 9, 2011

Cathy McDonald RN, OHN, CIC Director Infection Prevention
&
Cynthia May RN, MSN, Director Nursing/Chief Nurse
Dr. Ignaz Semmelweis from Vienna Austria &
Dr. Oliver Wendell Holmes, Sr of Boston, USA

Established in mid-1800’s that hospital acquired diseases were transmitted via the hands of health care workers.
They initially saw stunning results and a drop in infection as practice was changed. These changes were not sustained. The cause? “Social Marketing”
Modern Hand Hygiene Focus

• 1980’s- The first national guidelines were published.
• 1995-1996 – The CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) in the USA recommended:
  • Antimicrobial soap
  • Waterless antiseptic
• 2002 – HICPAC guidelines defined alcohol based hand rubbing, where available, as the standard of care.
Harrison Medical Center

- Established: 1918
- Two hospital system licensed for 297 beds.
- Six primary locations including:
  1. Bremerton – Hospital
  2. Silverdale – Hospital
  3. Port Orchard – Urgent & Primary Care
  4. Belfair – Urgent & Primary Care
  5. Poulsbo – Oncology Clinic
  6. Bremerton – Oncology Clinic
- Approximately 2300 employees
- 350 Physicians
Port Orchard Urgent Care

Belfair Urgent Care
Our Imperative

**PHASE ONE - 2008**

- Nurse Quality Council approved hand hygiene as a PI Project.
- The Joint Commission narrowed the action plan implementation date.
- Multi-disciplinary group was formed and had their first meeting on Oct. 9, 2008.
- The Action Plan and Schedule were rolled out.
Multidisciplinary Team Members

Project Coordinator: Theresa Mathews, Quality Rep
- Cynthia DiMonde (Nursing, Critical Care)
- Alexandra Runyan (Nursing, Float Team)
- Ginny Baker (Nursing, Float Team)
- Colette Covington (Nursing, Progressive Care Unit)
- Ellen Agana (Nursing, Emergency Department)
- Shelli Blanger (Nursing, Silverdale Campus)
- Jennifer Phillips (Rehab)
- Shelli Wiggins (Rehab)
- Glen Baldauf (Environmental Services)
- Josh Beranis (Environmental Services)
- Teresa Case (Education Services)

Executive Sponsor: Cynthia May
Physician Champion: Dr. Joe Herman
IC Consultant: Cathy McDonald
Action Plan

• Engage all staff – Members created the momentum
• Implement rotating themed hand hygiene ‘campaigns’ Nov. 08
• Increase visibility of sanitizers – Signs hung on sanitizer
• Standardize type and placement of sanitizers – IP, CNO, Facilities worked collaboratively
• Communicate – Communicate – Communicate to staff
• Patient signs to ask if people washed
• The obvious observer
Video of the Fifth Guy

Four out of five people wash their hands. Ben Mitchell is the fifth guy
Staff Engagement

• “Wise Guy” assigned at each shift
  - First two weeks Nurse Manager or Supervisor to model
  - Starting Dec 1, 2008, a staff member will be assigned each shift

• “Wise Guy” uses verbal and non-verbal cues when they observe anyone not cleaning hands
Staff Engagement cont.

• Button worn by “Wise Guy”

• Not meant to be punitive-
  - Point to button
  - There’s a message from Dr. Wise for you
  - High five
  - Splish -Splash
  - Can I direct you to the sanitizer?
  - Please give us 15 seconds while we clean our hands
  - Would you like to use the sanitizer or should I go first?
  - Clickers
GET WISE SANITIZE!

Look for a ‘wise guy’ in your department. They’ll be helping us remember to clean our hands.
Increased Visibility of Sanitizers

Strategically placed on main floor and nursing unit hallways
Standardize Dispensers

• ProQuest to consider switching product to current soap vendor – Standardized Sanitizer & Soap from one vendor. This way the products complimented each other.

• Facilities Department was engaged to standardize the placement of sanitizers and soap across the facilities
  • Height
  • Location
  • Number
  • Decrease variation by department
PHASE TWO - 2009

- Patient’s Empowered to Ask
- Intranet Links to CDC & WSHA
- Screen Saver default on computers
- Newsletters to Hospital & Physician Staff
- Team developed 3 ongoing campaign focuses
Phase 2 Action Plan

• Patient asked during rounding about hand washing.
• Monitoring
  - Crown for observer
  - Positive reward – candy, gel necklaces
  - Continued transparent reporting by department
  - Outliers called out at Quality Committees and asked to turn in action plans
  - Transition to secret monitoring
• CEO Blog – November 4, 2009
• Making it personal
• Clarification of Monitoring
CEO Video Blog
11-4-2009

Scott Bosch, MHA, FACHE
President & Chief Executive Officer (CEO)
Transparency in Reporting

- Continue to send monthly compliance results to all employees monthly.
Presentation to Physicians
PHASE THREE - 2010

• New sanitizer
• Nail campaign – no artificial nails, length & polish standards.
• Secret monitoring
• Transparent reporting
• Coaching – conferencing - discipline
Switch from DIAL “gel” to STERIS “foam”
UNIT BASED HAND HYGIENE SURVEY INSTRUCTIONS

CONGRATULATIONS! Your manager has selected you to track hand hygiene activities on your unit this month. Please use the surveillance form provided to you in order to document your observations. It's important to conduct the survey on the date and shift noted on the form and keep your activities 'secret'.

Hand Hygiene Surveillance Instructions:
1. Please make sure that you completed 6 observations during your shift (one observation per person and preferably with 6 different people and job types)
2. Only document one observation per person. If you don’t have six different staff members to observe, then observe the same people on six different occasions. Be discrete – try not to let people know they're being observed.
3. There are two categories of observations: “AFTER GLOVE REMOVAL” and “AFTER PATIENT OR SURFACE CONTACT, NO GLOVES”. Please, choose only one for each person observed (i.e. either they were observed cleaning or not after glove removal OR they were observed cleaning or not following contact with the patient or the patient’s environment with no gloves).
4. You have to directly observe the person either clean their hands (or not clean their hands) after glove removal or after activities that involve direct patient contact or contact with surfaces in the patient’s room. You must actually see the person cleaning or not cleaning their hands – don’t assume. Choose another staff member to observe if you need to.
5. There is a list of staff that may be included in the observations. Please use the abbreviations on this list to note the job class of the person observed. If a class is not listed, please indicate it on the form. Do not include visitors, paramedics or ambulance personnel in your observation.
6. Please also include the individual’s name that is observed (this is so we can offer follow-up training to that individual or their home department)
7. Please take note of the time you witnessed the activity (in military time).
8. Please feel empowered to provide ‘just in time’ training if you observe someone NOT cleaning their hands.
9. IMMEDIATELY upon completion, make a copy of the completed surveillance form and give it to your unit/dept manager or patient care supervisor (PCS) then mail or fax (744-8753) the original to INFECTION PREVENTION. These reports are accuracy and time sensitive and need to be returned as soon as possible after completion.

Thank you for your continuing efforts to provide safe care to our patients and continued support for our coworkers and the community. Your participation is greatly appreciated!!

Remember, 15 seconds can save a life... it's in your hands!!

Questions......call Infection Prevention at ext. 6703

Updated: January 2011
Survey tool - Inpatient

20011 HAND HYGIENE SURVEY
MONTH

DIRECTIONS: Observe 6 staff members providing patient care and record whether they: (1) performed hand hygiene after glove removal or (2) performed hand hygiene after non-gloved patient contact or contact with the patient’s environment. You must **actually see** the person cleaning or not cleaning their hands—don’t assume!

**NOTE:** hand hygiene means washing with soap and water or using alcohol hand gel.

<table>
<thead>
<tr>
<th>OBSERVATION</th>
<th>TIME OBSERVED</th>
<th>JOB CLASS And Name</th>
<th>AFTER GLOVE REMOVAL</th>
<th>AFTER PATIENT/SURFACE CONTACT, NO GLOVES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RN, Jane Doe</td>
<td>YES</td>
<td>NO</td>
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<td></td>
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<td>RN, Jane Doe</td>
<td>YES</td>
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<td>RN, Jane Doe</td>
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<td>RN, Jane Doe</td>
<td>YES</td>
<td>NO</td>
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</tbody>
</table>

**JOB CLASS**

- RN Registered Nurse
- CNA Certified Nursing Assistant
- LPN Licensed Practical Nurse
- SN Student Nurse
- NP Nurse Practitioner
- NT Nurse Tech
- LAC Lactation specialist
- HUC Unit Coordinator
- EVS Housekeeping staff
- LAB Phlebotomist
- SW Social Worker
- VOL Volunteer

**IMMEDIATELY** upon completion give a copy of this report to your Manager or Supervisor then mail or fax (744-4575) the original to Infection Prevention.

Thank you for your help in giving our patients the best of care.

To view results go to: COMMON\Infection Prevention\Hand Hygiene\Results-Data System

Survey tool - Outpatient

2011 HAND HYGIENE SURVEY – Ambulatory Care Setting
MONTH

DIRECTIONS: Observe 6 staff members, one observation per person, and record whether they performed hand hygiene either: (1) before patient contact; (2) after non-gloved patient contact; or (3) after removing personal protective equipment (PPE). You must **actually see** the person cleaning or not cleaning their hands—don’t assume!

**NOTE:** hand hygiene means washing with soap and water or using alcohol-based foam rub.

<table>
<thead>
<tr>
<th>TIME OBSERVED</th>
<th>JOB CLASS And Name</th>
<th>BEFORE Patient Contact</th>
<th>AFTER Patient Contact</th>
<th>AFTER Removing PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RN, Jane Doe</td>
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<td>RN, Jane Doe</td>
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<td>RN, Jane Doe</td>
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</tbody>
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- HUC Unit Coordinator
- EVS Housekeeping staff
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- SW Social Worker
- VOL Volunteer

**IMMEDIATELY** upon completion give a copy of this report to your Manager or PCS and mail or fax (744-4575) the original to Infection Prevention.

Thank you for your help in giving our patients the best of care.
Hand Hygiene Surveillance Procedure

Objective: Determine compliance with Harrison Medical Center’s hand hygiene policy

Population: All staff (e.g., physicians, nurses, respiratory therapists, nutrition services, housekeeping, volunteers, pastoral care, laboratory, physical therapy)

Location: All inpatient nursing units and Emergency Departments at the Bremerton and Silverdale campuses. Select outpatient/ambulatory care facilities.

<table>
<thead>
<tr>
<th>Bremerton Campus</th>
<th>Silverdale Campus</th>
<th>Ambulatory Care Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Dept.</td>
<td>Emergency Dept.</td>
<td>Optimum (infusion therapy)</td>
</tr>
<tr>
<td>ICU 1</td>
<td>Acute Care/Pediatrics</td>
<td>Hemoc/Oncol - Bremerton</td>
</tr>
<tr>
<td>ICU 2</td>
<td>Labor &amp; Delivery/Nursery</td>
<td>Hemoc/Oncol - Poulsho</td>
</tr>
<tr>
<td>Progressive Care Unit</td>
<td>Acute Care/Peds</td>
<td>Urgent Care – P Orchard</td>
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<tr>
<td>2SE (Tele/Med)</td>
<td>PACU</td>
<td>Urgent Care - Belfair</td>
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<tr>
<td>2S (Med/Surg)</td>
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<tr>
<td>3W (Med/Surg)</td>
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<td>3W (Ortho/Surg)</td>
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<tr>
<td>4W (Surg)</td>
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<td>Radiology</td>
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<td>Heart &amp; Vascular Center</td>
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<td>Same Day Surgery</td>
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<td>PACU</td>
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Definitions: Hand hygiene is washing with soap and water or using hospital approved waterless hand sanitizer before and after glove removal, and after contact with a patient or the patient’s environment without the use of gloves.

Methodology: Utilizing the hand hygiene survey tool, a unit manager or a staff member designated and trained by the unit manager will observe 6 hand hygiene occurrences per unit per month (exception – Radiology who performs 12 in various areas of the department). The identity of the surveyor is kept secret. The total number of monthly observations is 150. The N will not be less than 70 per month in order to be statistically valid. Survey assignment dates and shifts are determined randomly and are sent to the managers via email prior to the beginning of each month.

Randomization: An excel spreadsheet has been programmed for this process and all randomization and data entry is performed by the Infection Prevention Dept staff. Open the Hand Hygiene Compliance System and select the survey month. Print a blank calendar. Select the days and weeks to perform the survey and enter. Select ‘highlight tools’, scroll down to ‘data analysis’ and select ‘random number generation’. Leave the ‘number of variables’ and ‘random numbers selection’ blank. Enter 0 in the ‘random seed’ section. Change the Distribution to ‘uniform’. Select ‘output range’ and place cursor inside the range box. Highlight ‘random number field’ and the range will fill in on all the fields – once selected, hit OK. Highlight the unit and random number fields (including the headers). Select DATA then sort by random number and OK. The fields will generate the schedule for hand hygiene observation. Save.

Tools: Monthly hand hygiene survey and hand hygiene compliance system

Results: Hand hygiene compliance is reported monthly to leadership and all employees via email. It’s also reported and reviewed monthly at the Infection Prevention Committee and the Quality Steering Committee. Results are reported in graph format to track and trend improvements and assess areas of opportunity. Graphs are also available on-line to all staff via the Infection Prevention Department’s webpage and are part of the monthly dashboards posted on a common drive.
New Professionally Designed Hand Hygiene Campaign 2010 - Current

- Created by hospital’s marketing department with input from Infection Prevention Committee
- Implementation: Week of May 17, 2010
Additional Front of the House Items

Dispenser Stickers

Post-It Notes

Hand hygiene—every patient, every time.
Front of
the
House
Poster

KEEP
GERMS AWAY.
FROM US. FROM YOU.

Help us protect our patients—and you.
Please clean your hands before and after your visit. We encourage you to use the convenient hand sanitizers throughout our facility.
YOU COULD KILL HIM WITH YOUR BARE HANDS.

Hand hygiene—every patient, every time.
Wall Labels

Clean Hands Here
Clean your hands before entering and after leaving.
Social Marketing

“... A process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit.”

W. Smith, Academy for Educational Development & Turning Point

- Programs that motivate individual change
References

Patient Safety, A World Alliance for Safer Healthcare
World Health Organization 2009

Guidelines for Hand Hygiene in the Health-Care Setting MMWR 2002, Vol. 51, no. RR-16

The Fifth Guy. [http://www.5thguy.com/]

Contacts

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