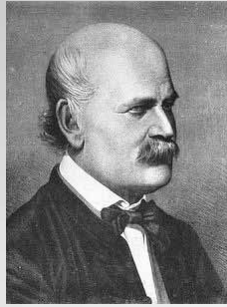


Hand Hygiene

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



Silverdale Campus



Bremerton Campus





Port Orchard
Urgent Care

Belfair
Urgent Care





Our Imperative

2007 Joint Commission Survey National Patient Safety Goal 7A scored "Non-compliant" on Periodic Performance Review. An Action Plan was written.

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](#)

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



Elevators & Nursing Units



GET WISE SANITIZE!

Look for a 'wise guy' in your department. They'll be helping us remember to clean our hands.

HARRISON
MEDICAL CENTER

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



Screen Saver



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)

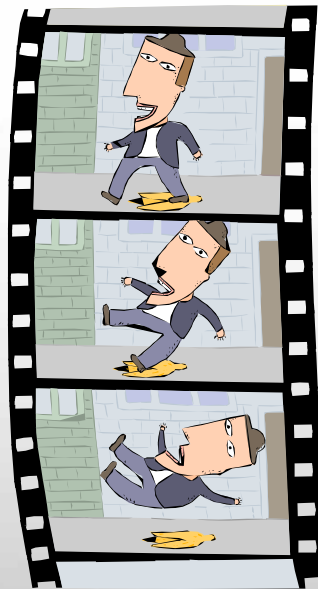


Transparency in Reporting

- 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

Note: survey results are available on-line: 0/COMMON/Infection Prevention/Hand Hygiene/hand hygiene data

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 co-workers 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



- Instructions on conducting the survey

Survey tool - Inpatient



2011 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.

DATE: _____ SHIFT: _____
UNIT: _____ SURVEYOR: _____
Print Name

OBSERVATION (complete 6 observations, preferably different people)	TIME OBSERVED	JOB CLASS And Name i.e. RN, Jane Doe	AFTER GLOVE REMOVAL		AFTER PATIENT/SURFACE CONTACT, NO GLOVES	
			YES	NO	YES	NO
1						
2						
3						
4						
5						
6						

JOB CLASS

RN	Registered Nurse	MD	Physician
CNA	Certified Nursing Assistant	PA	Physician Assistant
LPN	Licensed Practical Nurse	RT	Respiratory Therapist
SN	Student Nurse	PT	Physical Therapist
NP	Nurse Practitioner	CVT	Cardiovascular Tech
NT	Nurse Tech	ERT	Emergency Room Technician
LAC	Lactation specialist	RDT	Radiology Technician
HUC	Unit Coordinator	Tech	Other technician not listed
EVS	Housekeeping staff	Dietary	Dietary Staff
LAB	Phlebotomist	Chaplain	Spiritual Care Staff
SW	Social Worker	MAI	Medical Imaging Aide (Transporter)
VOL	Volunteer	Other (please indicate)	Do not include Visitors or EMT's paramedics

IMMEDIATELY upon completion give a copy of this report to your Manager or Supervisor then mail or fax (744-8753) the original to Infection Prevention.

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

To view results go to: 0/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.

DATE: _____ SHIFT: _____
UNIT: _____ SURVEYOR: _____
Print Name

OBSERVATION (complete 6 observations, one observation per person, preferably different people)	TIME OBSERVED	JOB CLASS And Name i.e. RN, Jane	BEFORE Patient Contact		AFTER Patient Contact		AFTER Removing PPE (gloves included)	
			YES	NO	YES	NO	YES	NO
1								
2								
3								
4								
5								
6								

JOB CLASS

RN	Registered Nurse	MD	Physician
CNA	Certified Nursing Assistant	PA	Physician Assistant
LPN	Licensed Practical Nurse	RT	Respiratory Therapist
SN	Student Nurse	PT	Physical Therapist
NP	Nurse Practitioner	MA	Medical Assistant
NT	Nurse Tech	ERT	Emergency Room Technician
LAC	Lactation specialist	RDT	Radiology Technician
HUC	Unit Coordinator	Tech	Other technician not listed
EVS	Housekeeping staff	Dietary	Dietary Staff
LAB	Phlebotomist	Chaplain	Spiritual Care Staff
SW	Social Worker	MAI	Medical Imaging Aide (Transporter)
VOL	Volunteer	Other (please indicate)	Do not include Visitors or EMT's/paramedics

IMMEDIATELY upon completion give a copy of this report to your Manager or PCS and mail or fax (744-8753) 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.

Bremerton Campus	Silverdale Campus	Ambulatory Care Centers
Emergency Dept.	Emergency Dept.	Optimum (infusion therapy)
ICU 1	Acute Care/Pediatrics	Hemoc/Oncol - Bremerton
ICU 2	Labor & Delivery/Nursery	Hemoc/Oncol - Poulsbo
Progressive Care Unit	Acute Care/Peds	Urgent Care - P Orchard
2SE (Tele/Med)	PACU	Urgent Care - Belfair
2S (Med/Surg)		
2W (Oncology)		
3N (Med/Surg)		
3W (Ortho/Surg)		
4W (Surg)		
Radiology		
Heart & Vascular Center		
Same Day Surgery		
PACU		

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 spread sheet 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.



• Infection Prevention Department Surveillance Procedure

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

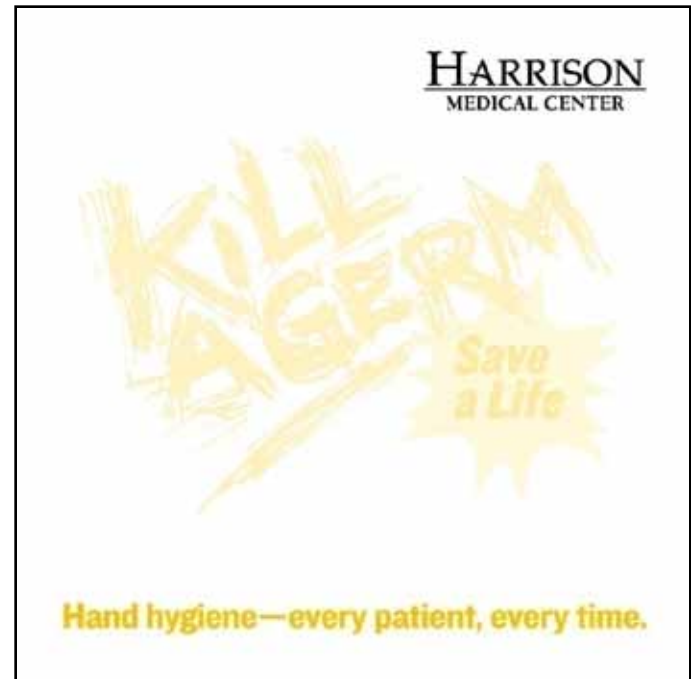


Additional Front of the House Items



← Dispenser Stickers

Post –It Notes →



Front of the House Poster



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.

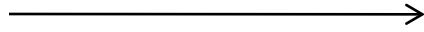


Hand hygiene —
every patient, every time.

Back
of the
House
Poster



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

WHO Guidelines on Hand Hygiene in Healthcare [http://www.who.int/en/](http://www.who.int/en/Patient%20Safety,%20A%20World%20Alliance%20for%20Safer%20Healthcare)
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/>

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