

Success and Challenges of Implementing an Institutional Hand Hygiene Monitoring and Improvement Program

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Problem

Healthcare-associated infections are a major factor contributing to morbidity and mortality. Hand hygiene is critical to prevent healthcare-associated infections and the spread of antimicrobial resistant pathogens yet studies suggest that Health Care Worker hand hygiene compliance is generally poor. Hand Hygiene monitoring is required by National Patient Safety Goal #7.

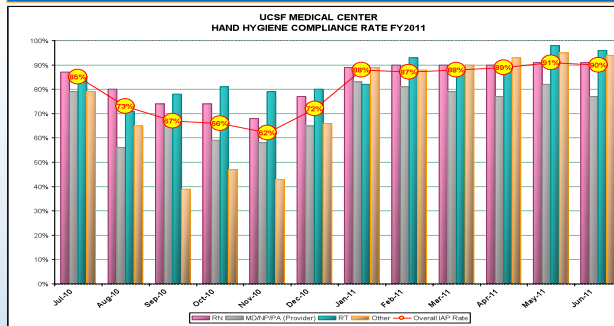
FY2011 Project Goal

Achieve 85% Hand Hygiene Compliance for 6 of 12 months in FY2011

Program Elements

- Administrative Structure:** a. Multidisciplinary Hand Hygiene Task Force and Executive Sponsors groups have clear charges and regular meetings. b. Dedicated project manager coordinates all program elements.
- Observation Criteria:** Hand hygiene is required at entry and exit across the door or curtain track threshold, regardless of whether there is patient contact.
- Education and Training:** a. Hand hygiene observer training with scenario-based test is available both on-line and in-person. b. Hand hygiene expectations are included in New Employee Orientation, Annual Infection Control Training, and New Housestaff and Fellow Orientation.
- Compliance Methodology:** a. Direct observation is based on standardized guidelines. b. A minimum of 30 observations per unit per month is required. c. Supplemental monitoring: i. Indirect review of volume of hand hygiene product purchased per 1,000 inpatient days. ii. Outbreak case review.
- Communications:** a. Widely distributed weekly compliance status updates. b. Monthly managers' newsletter and meeting reports. c. Monthly ranked graphs by units and occupational groups posted on intranet site. d. Chief Medical Officer's Listserv. e. Website.
- Corrective Action Plan:** Standard Corrective Action Plan Template for any unit with compliance less than 85%. Minimum interventions require leadership support, education, posting and discussion of unit's results, and just-in-time coaching.

Results



Lessons Learned: Successes

- Multidisciplinary leaders** participate in committees, data collection, and performance coaching and communicate support for the hand hygiene initiative.
- Comprehensive improvement plan and policy** reflect CDC guidelines.
- Multiple communication strategies** contribute to high awareness of the hand hygiene program, expectations, and current compliance status.
- Dedicated project management resource** maintains program focus.
- Program evolves** in response to new issues e.g. new threshold types, workflow, and appropriate use of product for outbreak.
- Just-in-Time coaching** has a significant impact on compliance results especially when coaching is provided by a supervisor or colleague.
- Modified Duty staff** are cost effective for data collection; participation offers an important professional development opportunity.
- Corrective Action Plan template** creates consistent solutions.

Lessons Learned: Challenges

- Settings with non-typical thresholds** e.g. privacy curtains and curtain tracks or virtual thresholds pose observation and compliance challenges. **Solution:** a. Label photos of specific unit thresholds showing areas where hand hygiene is required. b. Maximize gel dispenser access.
- Strict scoring methodology** to determine a non-compliant event as well as lack of observer anonymity may inflate overall positive compliance. **Solution:** Promote data collection by a broad range of observers at varying times and days.
- Low compliance for selected occupational groups** **Solution:** a. Joint communications from key Medical Staff leaders to department chairs, physician faculty, and Graduate Medical Education office request support for the hand hygiene program. b. Unit-level compliance results are sent to attending physicians with high volume of admissions or high program visibility requesting their support. c. Engage Chief Residents as coaches. d. Department supervisors assist with data collection for their own occupational group.
- Staff complaints about hand hygiene product and skin irritation** **Solution:** a. Coordinate with Occupational Health Services, Product Analysis, and vendor to track changes in occupational injury data and evaluate product options. b. Include staff feedback in pilot tests of new products and product dispensers. c. Promote skin care guidelines.
- Observation scoring consistency** **Solution:** a. Standardized observer training is offered regularly, uses scenario-based test, and is available on-line. b. Periodic comparison of individual observer's compliance scores to identify significant discrepancies. c. Joint observations with a more experienced observer during orientation period.

Next Step: FY2012 Goal

Achieve 85% Compliance, 6 of 12 months, with expanded pool of units and occupational groups

Website: <http://cleanhands.ucsfmedicalcenter.org>