IHI Expedition

*Impacting Hand Hygiene at the Front Line*  
*Session 6*

Tuesday, October 8, 2013

Diane Jacobsen, Tom Talbot, Lisa Maragakis, MD, MPH

Expedition Coordinator

Kayla DeVincentis, CHES, Project Coordinator, Institute for Healthcare Improvement, currently manages web-based Expeditions and the Executive Quality Leaders Network. She began her career at IHI in the event planning department and has since contributed to the State Action on Avoidable Rehospitalizations (STAAR) Initiative, the Summer Immersion Program, and IHI’s efforts for Medicare-Medicaid enrollees. Kayla leads IHI’s Wellness Initiative and has designed numerous activities, challenges, and educational opportunities to improve the health of her fellow staff members. In addition to implementing the organization’s first employee health risk assessment, Kayla is certified in health education and program planning. Kayla is a graduate of Northeastern University in Boston, MA, where she obtained her Bachelors of Science in Health Science with a concentration in Business Administration.
WebEx Quick Reference

- Welcome to today’s session!
- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)

When Chatting...

Please send your message to
All Participants
Expedition Director

Diane Jacobsen, MPH, CPHQ, Director, Institute for Healthcare Improvement (IHI) is currently directing the CDC/IHI Antibiotic Stewardship Initiative, NSLIJ/IHI Reducing Sepsis Mortality Collaborative. Ms Jacobsen served as IHI content lead and improvement advisor for the California Healthcare-Associated Infection Prevention Initiative (CHAIPi) and directed Expeditions on Antibiotic Stewardship, Preventing CA-UTIs, Reducing C. difficile Infections, Sepsis, Stroke Care and Patient Flow. She served as faculty for IHI’s 100,000 Lives and 5 Million Lives Campaign and directed improvement collaboratives on Sepsis Mortality, Patient Flow, Surgical Complications, Reducing Hospital Mortality Rates (HSMR) and co-directed IHI’s Spread Initiative. She is an epidemiologist with experience in quality improvement, risk management, and infection control in specialty, academic, and community hospitals. A graduate of the University of Wisconsin, she earned her master's degree in Public Health-Epidemiology.

Today’s Agenda

- Introductions
- Debrief Action Period Assignment
- Marketing & Communications Campaigns
- Action Period Assignment
Schedule of Calls

**Session 1 – Call to Action for Hand Hygiene**
*Date:* Tuesday, July 30, 2:30 PM – 4:00 PM ET

**Session 2 – Measurement Approaches**
*Date:* Tuesday, August 13, 2:30 PM – 3:30 PM ET

**Session 3 – Supplies, Equipment, and the Environment**
*Date:* Tuesday, August 27, 2:30 PM – 3:30 PM ET

**Session 4 – Front Line Engagement**
*Date:* Tuesday, September 10, 2:30 PM – 3:30 PM ET

**Session 5 – Leadership and Culture for Hand Hygiene**
*Date:* Tuesday, September 24, 2:30 PM – 3:30 PM ET

**Session 6 – Marketing and Communications Campaigns**
*Date:* Tuesday, October 8, 2:30 PM – 3:30 PM ET

Faculty

**Tom Talbot, MD, MPH, FSHEA, FIDSA,** Associate Professor of Medicine and Preventive Medicine, Vanderbilt University School of Medicine and Chief Hospital Epidemiologist, Vanderbilt University Medical Center, conducts research on healthcare epidemiology and infection control and oversees healthcare-associated infection prevention programs. Dr. Talbot currently serves as a member of the Centers for Disease Control and Prevention’s Healthcare Infection Control Practices Advisory Committee (HICPAC).
Faculty

Lisa Maragakis, MD, MPH is an Assistant Professor of Medicine at The Johns Hopkins University, Department of Medicine, Division of Infectious Diseases and the Hospital Epidemiologist and Director of the Department of Hospital Epidemiology and Infection Control at The Johns Hopkins Hospital. She received her medical degree and post-doctoral Infectious Diseases training at The Johns Hopkins University School of Medicine and a master’s degree in public health from The Johns Hopkins University Bloomberg School of Public Health. She recently served as a Councilor on the Board of Directors of the Society for Healthcare Epidemiology of America (SHEA), as Vice-Chair of the SHEA Guidelines Committee and as the liaison representing SHEA to the Healthcare Infection Control Practices Advisory Committee at the Centers for Disease Control and Prevention. Her research interest is the epidemiology, prevention and control of healthcare-acquired infections caused by antimicrobial-resistant gram negative bacilli.

Debrief: Action Period Assignment

Organizations with supportive leadership and culture for hand hygiene:

- Re-assess your current process
  1. How are we currently using measurement: is it visible, creative?
  2. Is the measurement agreed upon (i.e., accepted as valid and influencing behavior)?
  3. Do we review data for both poor performance and also measurement errors?
  4. Design one PDSA cycle to address a gap/opportunity in your current process
Debrief: Action Period Assignment

Organizations without supportive leadership and culture for hand hygiene:

Identify one unit, area, or administrative group demonstrating strong leadership and culture:

1. Measure current compliance on a small scale
2. Invite input from the unit or area to define:
   - How and why they have been able to raise visibility and commitment for reliable hand hygiene
   - How you can influence the culture where it’s expected to remind others to “do the right thing”
3. Design one PDSA cycle to enhance or further enhance hand hygiene on the unit or area
Marketing & Communications Campaigns

- Raise awareness
- Educate
- Remind
- Demonstrate leadership commitment
- Clarify institutional priorities
- Define HH as the “norm” and an expectation
- Work with experts to develop materials... (or borrow from developed sources!)
Hand Hygiene is Required

WHEN IS HAND HYGIENE REQUIRED?

<table>
<thead>
<tr>
<th>When</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before and after glove use</td>
<td>To protect the patient from harmful germs</td>
</tr>
<tr>
<td>Before handling invasive equipment and between patient contacts in a room</td>
<td>To protect patients against harmful germs</td>
</tr>
<tr>
<td>Before handling an invasive device and after contact with body fluids</td>
<td>To protect yourself and patients against harmful germs</td>
</tr>
<tr>
<td>Leaving patient room</td>
<td>To protect yourself and the healthcare environment from harmful germs</td>
</tr>
<tr>
<td>After touching dirty or used equipment</td>
<td>To protect yourself and the healthcare environment from harmful germs</td>
</tr>
<tr>
<td>Before and after touching a patient or equipment outside of a room</td>
<td>To protect yourself, patient, and the healthcare environment from harmful germs</td>
</tr>
</tbody>
</table>

The Dirt on Hand Hygiene

2.5 million patients acquire a healthcare-associated infection each year, contributing to 99,000 deaths, that is one death every 5 minutes.

Germs, bed frames, furniture, and other objects in a room could be contaminated with bacteria and can cause infections and disease. Microorganisms such as influenza and MRSA can persist on surfaces for days. GI viruses can remain on surfaces for approximately 2 months. Broad-spectrum antibiotics such as cephalosporins can persist for more than one week.

VRE and MRSA can be transmitted on fomites (objects that harbor the pathogen). Yellow-pink-colored dyes or "blood" can be used to simulate colonization and to demonstrate the possibility of nosocomial cross-contamination. Blood can be simulated with vinegar and food coloring. Other objects such as gloves, gowns, dressings, and non-sterile items can harbor the pathogen. Yellow-pink-colored dyes or "blood" can be used to simulate colonization and to demonstrate the possibility of nosocomial cross-contamination. Blood can be simulated with vinegar and food coloring. Other objects such as gloves, gowns, dressings, and non-sterile items can harbor the pathogen.

For more information:

HDC: 1-800-225-5511
http://www.hygieneinstitute.org/germs/
http://www.mayohealth.org/hot-topics/pdf/FO120_handwashing-08.pdf

GERMS!
Their future is in your hands

Hand hygiene is the MOST IMPORTANT thing you can do to avoid spreading germs. Cleaning hands thoroughly with soap and water or an alcohol-based hand sanitizer reduces the spread of disease.

VRE? Don't touch. MRSA? E. Coli? Flu?
“I follow the Golden Rule with hand hygiene: Do unto others as you would have done unto you.”

- Christine Barton, RN
PRECEDE Model

- One framework that was used to guide our HH program development
- Addresses
  - Predisposing
  - Reinforcing
  - Enabling
  - Constructs
  - in Educational Diagnosis and Evaluation


Campaign Development

- Situational analysis
- Educational needs assessment
- Informal and formal focus groups
  - Brainstorming
  - Review draft campaign materials
  - Feedback and refinement
- Interactive games and online learning modules

“WIPES” Communication Campaign

- Leadership inclusion
- Multidisciplinary
- Multimedia
  - Posters
  - Letters
  - Banners
  - Signage
  - Stickers
  - Screen savers
  - Plasma screens
  - Articles
WIPES Infection Prevention Program Components

Leadership Engagement
- Leadership inclusion in communications campaign messages
- Leader guide to HH promotion/ HH Toolkit
- Customized data reports

Communication Campaign
- Multimedia; multidisciplinary
- Posters, banners, stickers, screen savers

Feedback
- Data dissemination:
  - Data reporting tool
- Recognition:
  - Rewards to top performing individuals and teams
  - Attention to low performing teams

Education
- Online training
- Discipline specific question & answer sets
- Facts sheets

Performance Measurement
- HH monitoring method
- HH observers online training

Environment Optimization
- Hand sanitizer placement recommendations & survey
- Isolation signage
Leadership Commitment

- Leaders figure prominently in visual materials
  - Indicates their commitment and
  - Demonstrates the institutional priority and expectation of excellent hand hygiene

You can count on me to take 5 steps...

- Wash/clean hands
- Identify and isolate early
- Prevention taking ( use gowns, masks and gloves)
- Environment kept clean
- Share the commitment, raise your hand.
WIPES Campaign Message:
Same message coming from leadership & frontline providers from all related disciplines

JHH Leadership posters
CEO, Dean, Nursing director, Dept chair, COO…

Frontline providers posters
Attending physicians, residents, nursing & med students, housekeepers, nurses, nurse managers, therapists, transporters, pharmacist, phlebotomist, …

Health Team Posters

Total of 30 posters
Plus stickers, banners, plasma TV message & screensavers.

You can count on us to take 5 steps…
to help WIPE out hospital infections.

Wash/clean hands
Identify and isolate early
Precaution taking (use gowns, masks and gloves)
Environment kept clean
Share the commitment, raise your hand.
You can count on us to take 5 steps...

Wash/clean hands
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© JHHS 2009
You can count on us to take the 5 steps
to help WIPE out hospital infections

Visual Cues and Reminders: Signs, Logos and Stickers

GERMS
Their future is in your hands™
<table>
<thead>
<tr>
<th>Product to Display</th>
<th>Location</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Stickers</td>
<td>On sanitizer dispensers</td>
<td>Do not cover dispenser window</td>
</tr>
<tr>
<td></td>
<td>Inside/Outside patient rooms</td>
<td>Do not cover refill info</td>
</tr>
<tr>
<td></td>
<td>Public areas</td>
<td></td>
</tr>
<tr>
<td>Large Stickers</td>
<td>Inside bathroom stalls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bathroom mirrors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient, staff, and public</td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>Hospital entrances</td>
<td>Do not post on glass doors</td>
</tr>
<tr>
<td></td>
<td>Unit entrances</td>
<td>Do not obscure fire alarms</td>
</tr>
<tr>
<td></td>
<td>Nursing stations</td>
<td>Rotate and substitute damaged posters for a “fresh” look</td>
</tr>
<tr>
<td></td>
<td>Hallways</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supply doors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff breakrooms</td>
<td></td>
</tr>
<tr>
<td>Unit group photos</td>
<td>Prominent unit location visible to all on the unit team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screensavers</td>
<td></td>
</tr>
</tbody>
</table>
Hand Hygiene Observer Training

Description
This training course is a 40-60 min online module for the Hand Hygiene observers. The training course includes interactive activities, practice videos and opportunity for learner to practice filling out the data collection forms. Observers are required to pass a test composed of training scenarios with a score of 90% or higher.

Hand Hygiene Observer Test

TEST INSTRUCTIONS

Most of the questions in this test are based on video scenarios. For these questions:

1. Read the entire question first.
2. Watch the video by clicking the Play button BEFORE answering the question.
3. Select the best answer.
4. Click the submit button in the bottom-right.

Click the magnifying glass on the right to see a sample question screen. Then click Next to start the test.
More Education on Hand Hygiene …

When to clean hands?

- Before invasive procedures
- After contact with infectious patients, bodily fluids, contaminated equipment or articles
- After glove removal
- When leaving care of a contaminated or non-sterile area on same patient

How to Clean Hands?

- **Alcohol-based Hand Rubs (Purell)**
  - Primary method for cleansing hands:
  - Easier to use
  - Takes less time
  - More effective in killing bacteria than soap and water
  - Rub hands, covering all surfaces until dry

- **Soap and Water**
  - Use when:
    - Hands are visibly soiled
    - After using alcohol-based hand rubs several times
    - After using restroom
    - Contamination with spore forming bacteria is likely (such as C. diff)
  - Rub hands, covering all surfaces until dry

Visual Cues and Messaging

“I follow the Golden Rule with hand hygiene: Do unto others as you would have done unto you.”

- Christine Barton, RN

Read on ➤
“Proper hand hygiene is important to prevent infection and to keep our patients safe.”

- Mohamed Atta, M.D., MPH

Recognition

- Celebrate successes
- Congratulate and prominently recognize the “early adopters” and star performers
- Recognize individuals and teams
- Small rewards go a long way
- Successful teams and individuals can teach and help others to reach the goal
Recognition of Individuals & eams

Congratulations to
“The NCCU Team”

for ranking among JHH top performing units in hand hygiene compliance.

Based on data from November, 2008 through January, 2009.
Congratulations to
Our Hand Hygiene Superstars

Frank Frassica
Dept. Chair, Ortho

Sara Russell
Nurse, Nelson 6

Queen Blake-Sawyer
Clerical Ass., Merburg 3

Our superstars are healthcare team members who are nominated for their exemplary hand hygiene practices and for reminding their colleagues to do so.

You can also nominate a colleague as superstar. Nomination form is available online at http://www.hopkinsmedicine.org/gem/hand_hygiene

Marketing & Communications Campaigns
Vanderbilt University Medical Center
Humorous Aside: As we know QI never should rest and there is always room for rapid improvement, notice the major typo on our first release of this poster. (Missing an “e”) Keeps you humble!!!! [We did fix this on revision]
Local Unit Marketing

Good Hand Hygiene...
the perfect one-size-fits-all gift for yourself and those you serve.

Medical Director and Nurse Manager of L&D
Local Unit Marketing

Clean Hands Save Lives

(They’re Neurosurgeons... What Do You Expect 😊)

Screen Saver – Rolling Messages

For patient safety, please do not use the following abbreviations:

Do not use: O.D., Instead use:
Every other day

Remember: Always wash your hands BEFORE and AFTER contact with your p...
Questions or Comments?

Raise your hand

Use the Chat

Building on the Expedition Content

Suggested PDSAs to keep the momentum going:
- Design PDSAs to enhance HH using visible cues and messaging – on the inpatient units, public areas, screen savers, etc.
- Ongoing dialog with staff to identify additional PDSA cycles for enhancing HH compliance: what’s working that could be expanded?
- Additional ideas for supporting the team in enhancing HH?
- Expand on initial PDSAs for making measurement visible and meaningful to staff: unit-specific, discipline specific, etc.
- Ongoing PDSAs to address obstacles in the room entry process: proximity & availability of soap/hand rub, availability of PPE as needed, managing items carried into the room, communication with patients & families
- Other PDSA’s targeting opportunities in your organization.

*Share your experience, learnings and request additional input on the Listserv.*
Follow Up

- The listserv will remain active.
  - To use the listserv, address an email to HandHygiene@ls.ihi.org

- Instructions to receive Continuing Education Credits will be sent with the follow-up email for today's session
  - Please complete the instructions within 30 days

- Please take 5 minutes to complete the Expedition evaluation survey

Thank you!