**SESSION TITLE:** The Hand Hygiene Challenge: Going to Gemba to Protect Your Surgical Team and Patients

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**SESSION NUMBER:** 9076

**DATE/TIME:** Thursday, March 7, 2013, 8-9am

**CONTACT HOURS:** 1.0 CH

**OVERVIEW:**

The ongoing challenge of hand hygiene compliance is the focus of this session. This session will provide the learner with a framework of strategies and tactics to prevent hospital-acquired infections through a science-based hand hygiene practice process. It will discuss a multidisciplinary task force that applied the Lean Gemba principle (going to where the work occurs) and Change Management theory, a robust improvement design to improve hand hygiene compliance.

**OBJECTIVES:**

1. Discuss the history of hospital-acquired infections relative to hand hygiene.
2. Demonstrate the Lean Gemba principle and the Change Management theory.
3. Discuss the strategies and tactics used to facilitate hand hygiene compliance.
4. Discuss the electronic hand hygiene observation data collection process used in this study.

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**FACULTY DISCLOSURE:**

Susie Leming-Lee  7. No conflict.  
Laura Hollis  7. No conflict.

**COMMERCIAL SUPPORT:**

Susie Leming-Lee  
Vanderbilt University Medical Center

For more information about the VUMC Hand Hygiene Program, please visit:  
[www.mc.vanderbilt.edu/handhygiene](http://www.mc.vanderbilt.edu/handhygiene). If you have any thoughts on how to improve compliance or would like to join the Hand Hygiene Task Force, please e-mail us at handhygiene@vanderbilt.edu.

*Corporate support for this session provided by PDI.*
Introduction to Problem

- Health care-associated infections are an important cause of morbidity and mortality among hospitalized patients worldwide. Such infections affect nearly 2 million individuals annually in the US and are responsible for approximately 80,000 deaths each year.

- Transmission of health care-associated pathogens most often occurs via the contaminated hands of health care workers. Accordingly, hand hygiene has long been considered one of the most important infection control measures for preventing health care-associated infections.

- However, compliance by health care workers with recommended hand hygiene procedures has remained unacceptable, with compliance rates generally below 50% of hand hygiene opportunities.

Background: Hand Hygiene Definition

The term **hand hygiene** is used to describe all measures related to hand condition and decontamination. Decontamination of hands can be done by one or more methods:

1. Hand washing using:
   - soap and water,
   - antiseptic and water, or
   - antiseptic hand rub if visible soil is not present;

2. Surgical hand scrub using:
   - water-aided brushless surgical antiseptics;
   - waterless, brushless surgical antiseptics; or
   - traditional surgical hand scrub using a sponge

   **Use ONLY soap and water:**
   - When hands are visibly dirty
   - Upon leaving the patient’s room or environment if the patient has *Clostridium difficile* (C. diff).

Get it straight from AORN.org:
aorn.org/Secondary.aspx?id=22294&terms=hand%20hygiene&ixzz2Dcz551e9
Hand Hygiene is…

- The practice of cleaning your hands using either:
  - Alcohol-based hand rub solution (e.g. foam or gel) **OR**
  - Soap and water

  » *Either method is considered compliant EXCEPT:*

- **Use ONLY soap and water:**
  - When hands are visibly dirty
  - Upon leaving the patient’s room or environment if the patient has *Clostridium difficile* (C. diff).

### AORN Recommendations

**Recommendation I**
- All health care personnel should follow established hand hygiene practices for maintaining skin and fingernail condition and regarding the wearing of jewelry in the perioperative setting.

**Recommendation II**
- A standardized procedure for hand washing should be followed.

**Recommendation III**
- A surgical hand scrub should be performed by health care providers before donning sterile gloves for surgical or other invasive procedures. Use of either an antimicrobial surgical scrub agent intended for surgical hand antisepsis or an alcohol-based antiseptic surgical hand rub and documented persistent and cumulative activity that has met US Food and Drug Administration (FDA) regulatory requirements for surgical hand antisepsis is acceptable.

**Recommendation IV**
- Surgical hand hygiene products should be selected following an analysis of product effectiveness, application requirements, and user acceptance.

  - The Final Three
Practice Environment: Challenges to Inadequate Hand Hygiene Compliance

- Hand Sanitizer Product
- Poor Placement of Hand Sanitizers
  - Location or color of hand gel dispensers in the OR
  - Are they in different locations in each OR so staff have to look around to find them?
- An Authoritarian Culture
- Busy OR Traffic

Institutions’ Focus-VUMC

- Over 25,000 hand hygiene observations were collected for FY10 at VUMC.

- These data are reported to unit leadership to help them positively impact the care and safety of our patients.

- Identifies areas of opportunity to increase hand hygiene practice.
What are we trying to accomplish? 
How will we know that a change is an improvement? 
What changes can we make that will result in an improvement?

**Quality Improvement Methodology: Project Design**

- **Act**: Implement changes 
- **Plan**: Define the plan 
- **Study**: Collect data 
- **Do**: Execute the plan

The PDSA improvement model integrates the Lean principles and the innovation decision process design to support project work activities.

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**Robust Process Improvement (RPI)**

**RPI methods:**

- This project addresses the problem of inadequate hand hygiene using Robust Process Improvement™ (RPI) methods. RPI is a fact-based, systematic and data-driven problem-solving methodology. It incorporates Lean Six Sigma and change management methodologies.

- Using RPI, the project participants measure the magnitude of the problem, pinpoint the contributing causes, develop specific solutions that are targeted to each cause, and thoroughly test the solutions in real life situations.

Joint Commission-November 2012
Robust Performance Improvement

- Used the RPI Lean methodology to remove unnecessary waste in the data process flow and change management strategy to create a loopback system with data communication.

- Contributing factors are a set of actions leading to hand hygiene failure that increase the risk or likelihood of SSIs and harm to our patients and surgical team members.

- Targeted solutions are practices developed to mitigate each contributing factor. They have been thoroughly tested and proven effective. The table below links solutions to the factors they were designed to solve.

Joint Commission-2012

Work Process Design Foundation:
Core Tactical Knowledge

<table>
<thead>
<tr>
<th>Ideal Concept</th>
<th>Rules of Use Concept</th>
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<tbody>
<tr>
<td>(as it applies to health care)</td>
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<tr>
<td>- Exactly what the patient needs, defect free</td>
<td>- Rule 1, Activities: All work shall be highly specified as to content, sequence, timing, and outcome; (standardized work)</td>
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<td>- One by one, customized to each individual patient</td>
<td>- Rule 2, Connections: Every customer-supplier connection must be direct and there must be a yes-or-no way to send requests and receive responses;</td>
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<tr>
<td>- On Demand, exactly as requested</td>
<td>- Rule 3, Pathways: For every product and service must be simple and direct; no forks or looping and</td>
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<tr>
<td>- Immediate response to problems or changes</td>
<td>- Rule 4, Improvement: Any improvement must be in accordance with the scientific method, under the guidance of a teacher, closest to the problem, by those doing the work</td>
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<tr>
<td>- No Waste</td>
<td></td>
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<tr>
<td>- Safe for patients, staff, and clinicians: physically, emotionally, and professionally</td>
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What We Know About Organization and Culture Change

Leaders Must Lead
- It starts at the top
- Leaders must change themselves to become lean transformational leaders
- Progress depends on brutal honesty about the current situation at any time
- Leadership living your values must be developed at all levels
- Long-term change depends on continuity of leadership

People Must be Taught and Supported
- People will resist change because they are human
- Learning by doing is more powerful than learning by listening
- To cope with the high uncertainty of change, people need daily support

Change Requires a Reason and a Vision
- People need a reason
- People need a future vision
- You cannot copy an established system, like Toyota, but must evolve your own

Change Needs a Plan and a Process
- Attitude and behavior change must be supported by structural change
- Metrics do not produce change but can be key enablers
- Break up the journey into small steps

Change Theory: Constraints

“The Theory of Constraints is a methodology for identifying the most important limiting factor (i.e. constraint) that stands in the way of achieving a goal and then systematically improving that constraint until it is no longer the limiting factor. In manufacturing, the constraint is often referred to as a bottleneck.”

“The Theory of Constraints takes a scientific approach to improvement. It hypothesizes that every complex system, including manufacturing processes, consists of multiple linked activities, one of which acts as a constraint upon the entire system (i.e. the constraint activity is the “weakest link in the chain”).”

Goldratt, 1984

The Joint Commission, 2012
Project Aim

To protect our patients and surgical team members by reducing surgical site infections and exposure to contaminants through improving hand hygiene compliance from 74% to 90%.
Project Design

➢ A multidisciplinary Lean Hand Hygiene SWAT Team was deployed over a 18 month period to improve hand hygiene applying Lean methodology principles and tools.

➢ The Hand Hygiene “SWAT” Task Force meets weekly to review and remove gaps and or constraints that were uncovered during the observation process by the “hand hygiene champions” and the official observers using improvement interventions, to close the gaps, using the PDSA model. This project design has led to a continuous decrease in colorectal surgical site infections through hand hygiene compliance.

How can we prevent many of these infections?
By consistently performing hand hygiene ...

*Hand hygiene is the single MOST IMPORTANT intervention to prevent the spread of infections.*

- Centers for Disease Control and Prevention

➢ It’s the right thing to do for our patients, our visitors, and ourselves!

➢ The Hand Hygiene Quality Pillar Goal team is using a multidisciplinary committee approach to advance and sustain hand hygiene adherence at VUMC.
Driving to Root Cause of Problem

HAND HYGIENE SWOT

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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<tbody>
<tr>
<td>• Allot of Foam Stations</td>
<td>• Not Enough Ground Level Participation</td>
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<td>• Staff has Understanding of Why Hand Hygiene</td>
<td>• “H” is Too Small</td>
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<td>• Hand Hygiene Supported by Senior Leadership</td>
<td>• Variable Environments from Holding Room to OR to PACU</td>
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<td></td>
<td>• Lack of Observer’s Knowledge Regarding Perioperative Environments</td>
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<td></td>
<td>• Lack of confidence in work processes</td>
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<td>• Observers are Labeling “All White Bandages” as Scrubs</td>
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<table>
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<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
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<tbody>
<tr>
<td>• Educate Our Patients, Visitors, and Vendors</td>
<td>• Empty Foam Cans</td>
</tr>
<tr>
<td>• Anesthesia Providers and Surgeons Involved in Performing Observations</td>
<td>• Passive and Aggressive Behavior By Physicians</td>
</tr>
<tr>
<td>• Observers Need to Complete More Observations and Ask Questions</td>
<td>• No Hand Hygiene for Students—especially for Kids</td>
</tr>
<tr>
<td>• Collaboration with Observers on Observed Areas to Gain Better Understanding of Units Work Processes</td>
<td>• Need to Add Individual Group’s Approval to Scrub</td>
</tr>
<tr>
<td>• Real Time Feedback From Observer to Management During Observation Process</td>
<td>• Staff Perplexed They Will Be Placed on P/C</td>
</tr>
<tr>
<td>• Observer Sends E-Mail Feedback to Management</td>
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<tr>
<td>• Utilize “Clinical Ladder” to Sustain Hand Hygiene Practice</td>
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Ask Me Please Campaign! Opportunities for Patient and Family Involvement

- “Raise the awareness of patients and their families/visitors of the risks to health when lapses in timely and appropriate hand hygiene occur.
- Produce information for patients and their families that highlights the importance of better hand hygiene.
- Encourage staff to clean their hands in the presence of the patient prior to touching the patient, invite patients to ask staff if they have cleaned their hands prior to treatment, if culturally appropriate.
- Educate patients on correct hand hygiene technique and indications to ensure they are aware of the correct moments for hand hygiene.”

(Joint Commission, 2012)
Quality Monitoring-Why?

There is evidence that measuring and reporting quality of care drives improvement. Berwick et al. described two pathways by which this occurs [2].

- The “change pathway”
- The “selection pathway”

Hibbard describes a third pathway
- The “reputational pathway”

Mayer, Chow, Vale & Athanasiou, 2009

Quality Monitoring: Why?

- The “change pathway” describes how the very act of measuring and benchmarking standards drives continuing improvement and innovation.
- The “selection pathway” describes how publicly released performance data are compared, and better-performing providers are rewarded by “selection” of that provider. This selection pathway seems to carry more motivational drive than the change pathway.
- The “reputational pathway” describes a provider’s concern for public image or reputation.

Mayer, Chow, Vale & Athanasiou, 2009
Quality Monitoring

Mayer, Chow, Vale & Athanasiou, 2009

Importance of Shared Mental Model

• True team coordination depends on it
• Predict what others are going to do
• The better the model, the faster the error correction rate
• Everyone has a picture of what it should look like
Training Objectives

- To gain support and understanding of Hand Hygiene Compliance & Quality Improvement Efforts.
- To be trained to perform hand hygiene observations and correct non-compliant opportunities.
- To effectively use the Hand Hygiene online data collection tool.
- To assist with process improvement initiatives to increase patient safety.

The Impact of Health Care-Associated Infections

Did you know…

5-10% of patients develop a new infection after admission to the hospital every year? These infections are called Health care-associated infections.
The Standard for Measuring Hand Hygiene Compliance

- The recommended gold standard for measuring hand hygiene is to perform **direct observation** of caregivers in clinical areas.

- It is most effective if the observations are blinded – that is, the person being observed **does not know** they are being observed.

Benefits of Hand Hygiene Observation

- Over 25,000 hand hygiene observations were collected for FY10 at VUMC.

- These data are reported to unit leadership to help them positively impact the care and safety of our patients.

- Identifies areas of opportunity to increase hand hygiene practice.
We Need You!

To partner with us to change Vanderbilt’s hand hygiene culture by:

- Collecting non-biased data with reliable and reproducible results in assigned areas at VUMC as part of your everyday work.
- Making recommendations to the Hand Hygiene Task Force based on your observations. Send comments to handhygiene@vanderbilt.edu.
- Serving as a hand hygiene champion in your area!

How Do You Perform an Observation?

- Position yourself in the clinical area where you can observe health care workers entering and leaving the patient environment.
- Record the observation in the online hand hygiene observation tool.
Rules for Conducting Hand Hygiene Observations

1) Observe for hand hygiene **BEFORE ENTRY & UPON EXIT** from the **Patient Environment**. Hand hygiene **before entry and upon exit** are counted separately.

   What is the “**Patient Environment**?”
   - Private = crossing room door
   - Semi private room = crossing ‘curtain line’
   - Multi-patient room = observation rules apply only to direct observation of any provider touching the patient or his/her environment.

2) Any use of alcohol product or soap and water is considered compliant. Observers do not evaluate if proper technique is followed.

Rules for Conducting Hand Hygiene Observations (II)

3) If your view is blocked and you cannot confirm whether or not the provider performed hand hygiene, do not count as an opportunity for observation.

4) A single person **can only be counted twice** during a given observation period.

5) In a **professional and collegial manner**, immediately remind all non-compliant persons to perform hand hygiene. If the response is **NOT** professional, please enter a Veritas report and include the individual’s name.
Rules for Conducting Hand Hygiene Observations (III)

6) Wearing gloves does not eliminate the need to perform hand hygiene. Hand hygiene should be performed before donning and after removing gloves.

7) When a person enters or exits a patient’s room or environment carrying supplies or transporting equipment (e.g. portable x-ray machine), he does not need to stop immediately and perform hand hygiene. He may place the supplies or equipment in the room or environment and then must immediately perform hand hygiene. Observer do not count this scenario as an opportunity for hand hygiene.

Additional Observation Tips

1) If you observe a health care worker caring for a patient on Contact Precautions, we also ask that you note whether that person put on a gown and wore gloves upon room entry.
   - Take Note! Hand Hygiene must be performed before donning gloves!
   - You will know if the patient is on Contact Precautions by the sign located on the patient’s door that looks like these examples:

2) You may accompany providers into patient care areas (i.e. rooms) as part of the observation process if appropriate.

3) Vary the time of day and the shifts that you conduct observations.
Observation FAQs

Q: Do I need to get right next to the person to monitor their behavior? I don’t want to be a spy or a nuisance!

A: Ideally, you should not need to be obtrusive. You should be able to observe the natural behavior and practices. But, observers are allowed to enter the room (after discussing first with the provider) to monitor hand hygiene practice.

Observation FAQs

Q: Do I have to make sure the person has alcohol or gel foam on her hands, or that she/he washed their hands for exactly 15 seconds with soap and water?

A: No. We only ask that you assess basic practices:
  ➢ Did she/he use an alcohol-based hand rub?
    ▪ If yes = adequate
  ➢ Did she/he use soap and water at the sink?
    ▪ If yes = adequate
Observation FAQs

Q: Why do you assume that if a person enters the patient’s environment, he is going to directly touch the patient and/or items in the area? Why is this counted as non-compliant if the person does not touch anything in the room?

A: A CDC-sponsored study found that when a health care worker entered a patient’s room, they touched either the patient directly or the patient’s environment over 90% of the time. Because for the large majority, room entry = contact, we feel comfortable with this assumption.

Q: What if a staff member exits a room, performs hand hygiene and directly enters another room? Does that person need to perform hand hygiene twice?

A: No. If the person leaves one room, performs hand hygiene and directly enters another room with “hands connected,” they do not need to perform hand hygiene again. However, if ANYTHING is touched, hand hygiene is expected. Our observational data have noted that even though a person thinks they may just be going from “room-to-room,” one touches equipment or the environment a large majority of the time (e.g. computer, charts, pen).
Observation FAQs

Q: What if the person being observed closes the door to the room?

A: If the observer sees the person perform hand hygiene before entering the room, this can be counted as an observed opportunity. If the person does not perform hand hygiene before closing the door, then it counts as a non-compliant opportunity. If upon exiting the room, you do not see the person perform hand hygiene and you professionally remind him to perform hand hygiene and he states he used the sink in the room, you would count this as a compliant opportunity.

Observation FAQs

Q: What if a person exits the room and then immediately performs a surgical hand scrub? Is she counted as non-compliant because she did not use the alcohol foam product upon exiting the OR?

A: If you see her immediately performing surgical hand scrub, then that action counts as compliant hand hygiene practice.
Observation FAQs

Q: What if the observed person is entering or exiting the patient’s environment with supplies or equipment in hand?

A: When a care provider enters or exits a patient’s environment with supplies or equipment in his hands, he does not need to stop immediately and perform hand hygiene. He may place the supplies or equipment in the room or environment and then must immediately perform hand hygiene. Do not count this scenario as an opportunity for hand hygiene.

Observation FAQs

Q: How is hand hygiene compliance assessed in open units (such as the trauma ICU or holding areas)?

A: In these environments, observers can clearly observe which team members have contact with either the patient or the environment. Therefore, only those persons with direct contact with the patient or his environment are counted. If a person unexpectedly needs to perform any duties that involve contacting the patient or the environment, she must first perform hand hygiene. Therefore, it makes sense to practice good hand hygiene since one never knows when direct care must be delivered.
Observation FAQs

Q: What if the person is transporting a patient?

A: Transport personnel do not need to perform hand hygiene if they are pushing the patient into/out of the room on a stretcher or in a wheelchair. In this scenario, the “patient environment” is travelling with the patient.

Transport personnel should perform hand hygiene upon termination of transport. If escorting patients who are ambulatory, hand hygiene is performed upon room entry and after room exit.

Q: What if the person cleans her hands at the sink but does not use soap?

A: That would be counted as a non-compliant practice of hand hygiene during that opportunity.

Q: Will I be able to see the compliance data for my unit/clinic?

A: Yes!! Hand Hygiene data is available in SciHealth. Access can be arranged by contact the Hand Hygiene Task Force at handhygiene@vanderbilt.edu.
Observation FAQs

Q: What if I observe a person who fails to perform hand hygiene? Shouldn’t I remind them given the risk posed to our patients?

A: Yes! Observers are expected to collegially and professionally remind non-compliant persons to perform hand hygiene. Tools on how to do this are on the following slides.

Immediate Reminders for Non-Compliant Persons

- Importantly, most people you observe will be compliant with hand hygiene. Please thank them for helping improve the safety of our patients!
- Because failure to perform hand hygiene may put our patients at risk, we ask that all observers immediately remind all non-compliant persons of appropriate hand hygiene in an informal, professional, and collegial manner.
- We call this interaction having a “cup of coffee” conversation, as it is meant to mirror an honest and collegial conversation you would have with one of your peers.
Immediate Reminders for Non-Compliant Persons

- Fortunately, most people who fail to perform hand hygiene are busy and just forget, and they respond to a reminder with a “Thank you!”

- Rarely, a person may respond differently. The following slides provide examples of how to respond in these instances.

- **REMEMBER:** Your role is to remind in a collegial manner. Do not get into an argument with a non-compliant person. If the response is **NOT** professional, please enter a VERITAS report and include the provider’s name. If the conversation escalates, politely thank the caregiver and end the dialogue.

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Ice Breakers for a “Cup of Coffee” Conversation:

1) **Express Appreciation:** “Excuse me, my name is _______, and I need to talk with you privately for less than a minute. I’m a member of the Hand Hygiene Observer Team, and I noticed _______.” *(Be specific, businesslike, but friendly in tone).* “My role is simply to remind you to perform hand hygiene.” *(Make sure you have this conversation in as private a spot as possible)*.

2) **Colleague’s View:** Pause long enough to allow the colleague to express views about Hand Hygiene.

3) **Discussion:** Invite and respond to questions and complaints, using talking points from the section that follows.
### “Cup of Coffee” Scenarios

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<thead>
<tr>
<th>Non-Compliant Person’s Reply</th>
<th>Observer’s Response</th>
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| “This is the only time I've not done it, you caught me on a bad day, I can’t believe this…” | 1) “I’m so glad you normally do this – I know sometimes we get busy and forget, but I just wanted to remind. Thanks for taking this reminder so nicely.”

2) “Well, it’s really not about ‘catching’ you—my purpose is not to embarrass or harass, just to remind. I’m sure you won’t forget, and thank you for any chances you have to remind your colleagues to wash their hands.”

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| ➤ “I am not going to touch anything in the room, not the patient or the patient’s environment. I am just going in to say hello.” | ➤ “Research has shown that over 90% of the time, even when we think we’re not going to touch anything in the room, we end up doing just that. Think about the times you enter a room and do not plan to touch anything when a patient asks you to check a bandage or IV site, or the IV pump alarms.”

➤ “We want you to be prepared with clean hands rather than to have to think about and anticipate what will happen during each visit with a patient.” |
### “Cup of Coffee” Scenarios

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</table>
| “I just forgot.” “I always wash my hands, but I was busy and just forgot.” | 1) “That’s why we have to help each other out when we see lapses in safety practices. Please remember to wash your hands and perhaps someday you’ll be there to remind a co-worker when they forget. We’re all have the same goal – safe patient care – but sometimes we have to help each other out to achieve that.”  

2) “We have posted great hand hygiene signs beside every foam dispenser in the patient care areas. They can serve as a reminder, as well as the dispensers themselves. Perhaps you can think of another reminder until it becomes a second-nature-habit.” |

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| “I’m overloaded, distracted, have so much work, and we are so short staffed on the unit, and I’m so stressed that I wasn’t focusing and forgot…” | 1) “Many of our colleagues are stressed, too; we just want to make sure you wash your hands as you’re running back and forth. It’s really important and will prevent the spread of germs from patient to patient.”  

2) “I’m sorry it’s been so stressful. We want to make sure we don’t add to the stressful burdens that accompany patients with infections, so we’re trying to make sure everyone is washing their hands.” |
Ending the Discussion

- **Show Appreciation** (especially for the self esteem of any who may be deflated by the conversation): “Once again, thank you for speaking with me. I appreciate your contributions to the medical center and to this department in particular.” Affirm the colleague: “I value you; you’re important. I wouldn’t be talking with you if you weren’t.”

- **Show Empathy with Accountability**: “I feel like I understand your situation much better now. But we’ve all got to provide care in ways that don’t put our patients at increased risk for infections.”

Ending the Discussion (II)

- **Provide a Reminder**: “Unfortunately, the data suggest that, for whatever reasons, overall hand hygiene compliance is not where it needs to be at VUMC.”

- **Put Forth a Charge**: “What I hope you’ll do is reflect on our conversation and think about ways to improve hand hygiene.”

- **Follow-up**: “Other observers will be rotating through this and all areas of the medical center, but I’m confident they’ll see you as a model of hand hygiene.”
Hand Hygiene Scenarios

- The health care worker is going into a patient’s room and/or their environment to retrieve a piece of equipment, but does not plan on providing any patient care or touching the patient environment.

- The health care worker must perform hand hygiene **BEFORE** entering the patient’s environment.
  - For a private room, it is before crossing the threshold;
  - For a semi-private room, it is the curtain line; and
  - For multi-patient areas, it is when the worker can touch the patient and/or their environment. Research confirms that even though the health care provider does not plan to touch the patient or environment, they do 90% of the time.

Hand Hygiene Scenarios

- The health care worker performs hand hygiene at the sink on the unit, does not touch anything, and directly enters a patient’s room and/or environment.
  - This is counted as a compliant opportunity.
    - A health care worker may wash hands at a sink using soap and water or may use the alcohol-based products supplied by the hospital to perform hand hygiene.
    - If the hands are not contaminated after performing hand hygiene (nothing is touched), they may enter the patient’s room and/or environment.
    - If the patient’s door is closed, use the paper towel to open it and enter or if foam is used, open the door and then use the foam.
Hand Hygiene Scenarios

- The health care worker exits the patient's room and/or environment and the observer does not see them use a alcohol-based product or go directly to the sink to perform hand hygiene.

- The observer would approach the health care worker to have a “cup of coffee” conversation or reminder to perform hand hygiene.
  - If the person said they washed their hands at the sink in the room, the observer would count the opportunity as compliant.
  - If the person said “thank you for reminding me” or “thanks, I forgot,” the observer would count the opportunity as non-compliant.

Hand Hygiene Scenarios

- The observer is walking onto the unit and sees a health care worker enter or exit a patient's room and/or environment, but could not see if the person performed hand hygiene.

- The observer would NOT include the hand hygiene opportunity in their observation session. Observers do not count opportunities that they cannot clearly see.
Recording Your Observation Data

- After an observation is made, the observer can write it down on a “cheat sheet” (see example on following slide) which contains specific audit prompts. The audits can be formally entered on-line later or they can be entered at any workstation during the observation.
- Perform the assigned number of observations per month in assigned area by the 25th of the month. Enter the observations into the data collection tool no later than the last day of the month.
- We are developing a method to enter your observation data in real-time via a smart phone or PDA to make this process more efficient.
- Click on the following hyperlink to access the Hand Hygiene Observation data collection tool:
  [https://redcap.vanderbilt.edu/](https://redcap.vanderbilt.edu/)

Cheat Sheet for Data Collection

- Observation #
- Date of Observation: (mm/dd/yyyy)
- Time of Observation:
- Setting: (Location of Observation)
- Person Observed: (MD, RN, LPN, etc.)
- Opportunity: (Before or After PT)
- Was Hand Hygiene Performed: Y or N
- Contact Precautions: (Yes/No/Undetermined)
- Circle: (Gown - Yes/No), Gloves - Yes/No) N/A
- Comments:
Online Tool-REDCap

- To gain access to the REDCAP data collection tool, please e-mail your name, VUNet ID, and employee ID number to handhygiene@vanderbilt.edu for tracking in the system.
- Your log-in “secret” code is your employee ID number included on the stub of your paycheck or it can be obtained online at C2HR.
- For questions about hand hygiene or the observation tool, e-mail handhygiene@vanderbilt.edu

IMPORTANT: After completing the form, please select “Complete” from the drop-down box. After choosing “Complete,” ALWAYS click on the Save Record button, otherwise your entries will not be stored in the database. NEVER SELECT SAVE AND CONTINUE. If this is selected, your data will be overwritten each time and it will be lost!
Online Tool User Tips

- **Person Observed** = What was the role of the person observed?
- We DO NOT observe visitors or administrative staff
- Can be determined by badge color:
  - Physician = **dark green**
  - Fellow/Resident/Intern = **light green**
  - Nursing = **light blue**
  - CRNA, Nurse Practitioner and Physician’s Assistant = **dark blue**
  - Licensed Practical Nurse = **turquoise**
  - Ancillary staff = **white**
- If it does not appear in the drop-down list, please select “other” and add title in the comments section.

For more information about the VUMC Hand Hygiene Program, please visit:

[www.mc.vanderbilt.edu/handhygiene](http://www.mc.vanderbilt.edu/handhygiene)

If you have any thoughts on how to improve compliance or would like to join the Hand Hygiene Task Force, please email us at [handhygiene@vanderbilt.edu](mailto:handhygiene@vanderbilt.edu)
Every Patient
Every Time
Everyone

“Thank you for your part in providing safe patient care.”

The Value Proposition and the Need for Hand Hygiene Practice Change

- Reduces the incidence of HAI (9–24) (Joint Commission, 2012).
- Improved patient and family satisfaction
- Improved staff satisfaction
- Improved physician satisfaction
Lessons Learned: From Frontline

- “Unique and catchy signage at the OR doors!”
- “Hanging up the foam in/out signs and changing the color of them every Monday.”
- “The support of leadership in periop and anesthesia and also the commitment of staff.”
- “It is also the implementation of the "ask me" campaign in MCE.”
- “It was the commitment of the hand hygiene observers collaborating with Managers after their observations to discuss opportunities observed.”
- “Partnering with our observer to see what they were seeing and make corrections. Also, we had a staff member who became a champion for HH. He would wear the army belt and a red vest and act as the HH police. It was fun and people remembered it.”
- “Manager engagement to be an observer (and enforcer) on own unit.”
- “Managers accompanying the HHO in the observations, so you can see who is being tagged.”
- “Changing HH signs on the doors frequently.”
- “Free pizza for staff with 100% compliance.”
- “Exe Leadership engagement.”
- “Commitment and engagement from our Pod Leadership- Surgeons, Anesthesia, and Nursing staff.”
- “I believe it was the focused attention. And the involvement of the POD leaders.”

Summary

1. The people who do the work have the solutions to the problem
2. Leadership involvement is critical
3. Visual cues are essential
4. Relationships are important
5. Reward is a must!

Confirmation the Process is Working

Dr. Talbot just wanted to pass along this message we received from an infection prevention expert from another facility who was here visiting a friend:

I was in your facility yesterday with a friend.
She is an inpatient and had surgery yesterday afternoon.
I noted how Hand Hygiene is "hard wired" into your facility.
I was VERY impressed with the Foam In and Foam Out.
Everyone, from physicians to residents and other students, nurses to transporters.
I wanted to commend you on a job well done!!!
Keep up the great work.
References