

Hand Hygiene

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May 24, 2016

Financial Disclosure

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USING YOUR CELL PHONE

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Enter Event ID: 145051

Registration is open until 11:00 PM.

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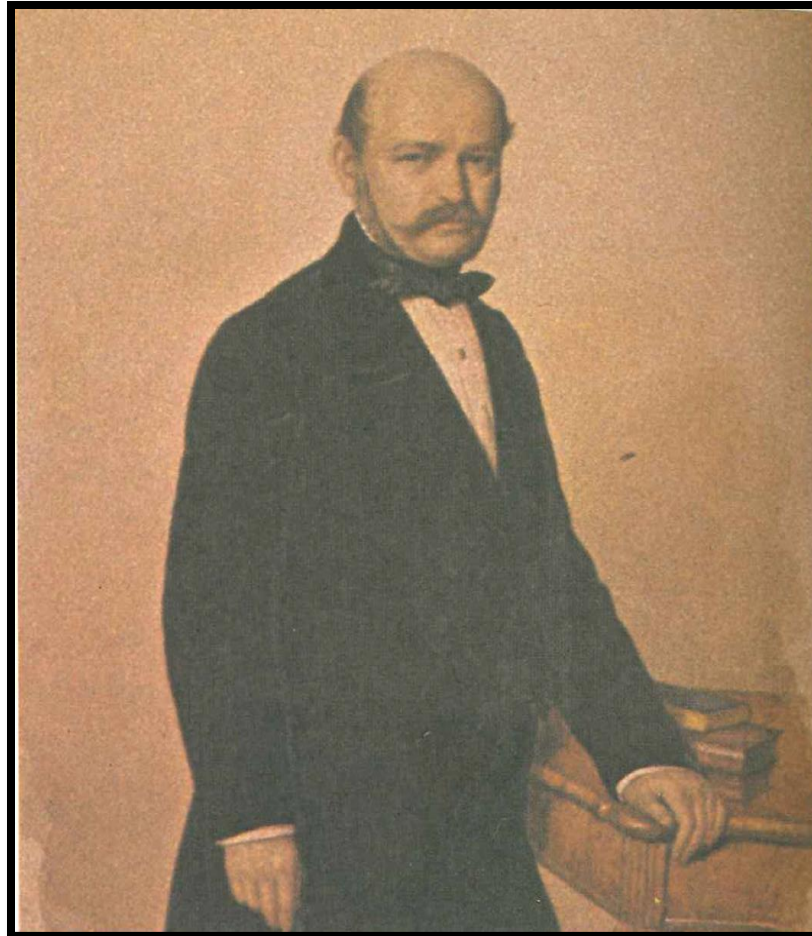
The following individuals reported relevant financial relationships with commercial interests:

Planning Committee Members: NA

The following individuals reported no relevant financial relationships with commercial interests:

Planning Committee Member: Stephen B. Greenberg, MD; Matthew Schlueter, RN

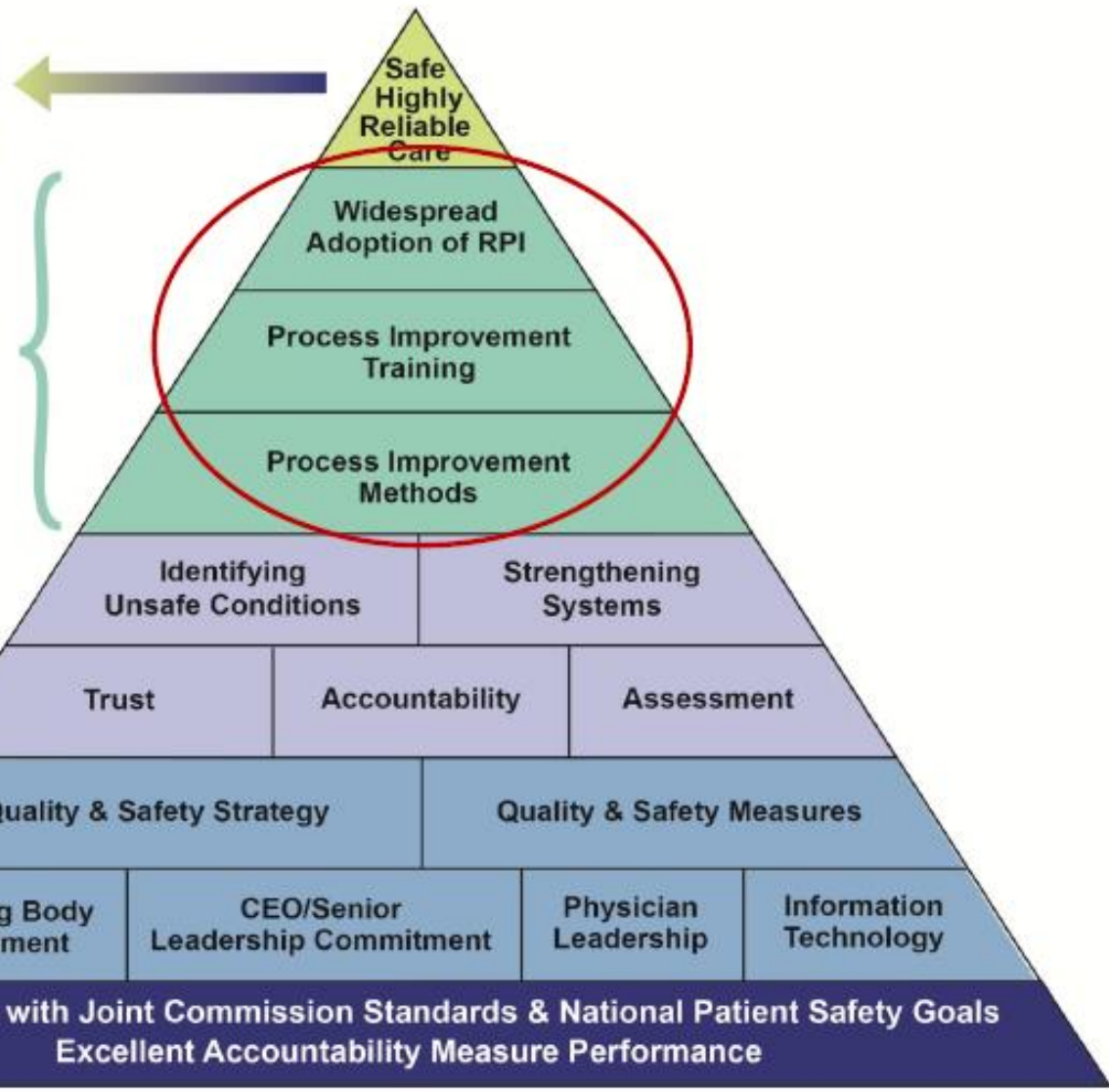
Presenters: Stephen B. Greenberg, MD; Merry Philip, RN





Building Blocks to Achieving High Reliability

All people always experience the safest, highest quality, best value health care across all settings



Robust Process Improvement

Safety Culture

Leadership Commitment

Robust Process Improvement Using Lean Six Sigma DMAIC

DMAIC Phase	Define	Measure	Analyze	Improve	Control
RPI Principles	Specify what customers value	Identify all steps and inputs in the value stream	Eliminate waste and variation at the root cause	Stabilize, reduce variation and defects and create flow letting the customer pull	Standardize, level flow sustain and continuously improve
Questions we answer	What are the opportunities for improvement that will achieve the strategy and goals?	What is our current performance level?	What are the wastes and root causes for gaps or problems in performance?	What are the possible solutions and how do we implement the best solution?	How do we maintain the gains we have achieved and standardize?
Is the organization prepared for change?					

Is There Such a Thing as Too Clean?

Hand Hygiene in Healthcare Settings

- **Germs are everywhere. They are within and on our bodies and on every surface you touch. But not all germs are bad. We need some of these germs to keep us healthy and our immune system strong.**
- **Your hands have good germs on them that your body needs to stay healthy. These germs live under the deeper layers of the skin.**
- **Your hands can also have bad germs on them that make you sick. These germs live on the surface and are easily killed/wiped away by the alcohol-based hand sanitizer.**
- **Using an alcohol-based hand sanitizer is the preferred way to keep your hands clean.**
- **Alcohol-based hand sanitizers kill the good and bad germs, but the good germs quickly come back on your hands.**

Washing with Soap and Water: 15 vs. 20 Seconds

Hand Hygiene in Healthcare Settings

- **Wash your hands for at least 15 seconds, not specifically 15 seconds.**
- **The time it takes is less important than making sure you clean all areas of your hands.**
- **Alcohol-based hand sanitizers are the preferred way to clean your hands in healthcare facilities.**

Which One?

Soap and Water

vs.

Alcohol-Based Hand Sanitizer

Hand Hygiene in Healthcare Settings

An alcohol-based hand sanitizer is the preferred method for cleaning your hands when they are not visibly dirty because it:

- **Is more effective at killing potentially deadly germs on hands than soap**
- **Requires less time**
- **Is more accessible than handwashing sinks**
- **Produces reduced bacterial counts on hands, and**
- **Improves skin condition with less irritation and dryness than soap and water**

Areas Frequently Missed When Cleaning Your Hands

Hand Hygiene in Healthcare Settings

These areas are most often missed by healthcare providers when using alcohol-based hand sanitizer:

- Thumbs
- Fingertips
- Between fingers

Glove Use is Not a Substitute for Cleaning Your Hands

Hand Hygiene in Healthcare Settings

- Always clean your hands after removing gloves. Dirty gloves can soil hands.
- It is important to change your gloves:

IF:	THEN:
Gloves are damaged	Remove gloves and clean your hands
Moving from contaminated body site to clean body site	
Gloves look dirty or have blood or bodily fluids on them after completing a task	

Technique Matters

Hand Hygiene in Healthcare Settings

- Use the right amount of alcohol-based hand sanitizer product to clean your hands
- The efficacy of alcohol-based hand sanitizer depends on the volume applied to the hands

Clostridium difficile
and Alcohol – Based Hand Sanitizer

Hand Hygiene in Healthcare Settings

- *Clostridium difficile* is a common healthcare-associated infection that causes severe diarrhea.
- *C. difficile* forms spores that are not killed by an alcohol-based hand sanitizer.
- The spores can be transferred to patients via the hands of healthcare providers who have touched a contaminated surface or item.
- If you have a *C. difficile* infection, make sure your healthcare providers wear gloves when examining you.
- The most important way that you can prevent the spread of *C. difficile* is by washing your hands with soap and water after touching potentially contaminated surfaces.

Alcohol – Based Hand Sanitizers Do Not Cause Antibiotic Resistance

Hand Hygiene in Healthcare Settings

- The antimicrobial activity of alcohols can be attributed to their ability to denature proteins. They kill germs quickly and in a different way than antibiotics.
- Alcohol-based hand sanitizers containing at least 60%-95% alcohol are most effective at denaturing proteins.
- There is no chance for the germs to adapt or develop resistance.

Some Healthcare Providers Clean Their Hands Less Than Half of the Times They Should

Hand Hygiene in Healthcare Settings

Studies show that some healthcare providers practice hand hygiene less than half of the times they should. Healthcare providers might need to clean their hands as many as 100 times per 12-hour shift, depending on the number of patients and intensity of care. Know what it could take to keep your patients safe.



MMWR™

Morbidity and Mortality Weekly Report

Recommendations and Reports

October 25, 2002 / Vol. 51 / No. RR-16

Guideline for Hand Hygiene in Health-Care Settings

**Recommendations of the Healthcare Infection Control Practices
Advisory Committee and the HICPAC/SHEA/APIC/IDSA
Hand Hygiene Task Force**

INSIDE: Continuing Education Examination

CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE™

Harris Health Hand Hygiene

- Program started in 2014
- Initial compliancy rate was 90%/100%
- Program reboot started in 2015

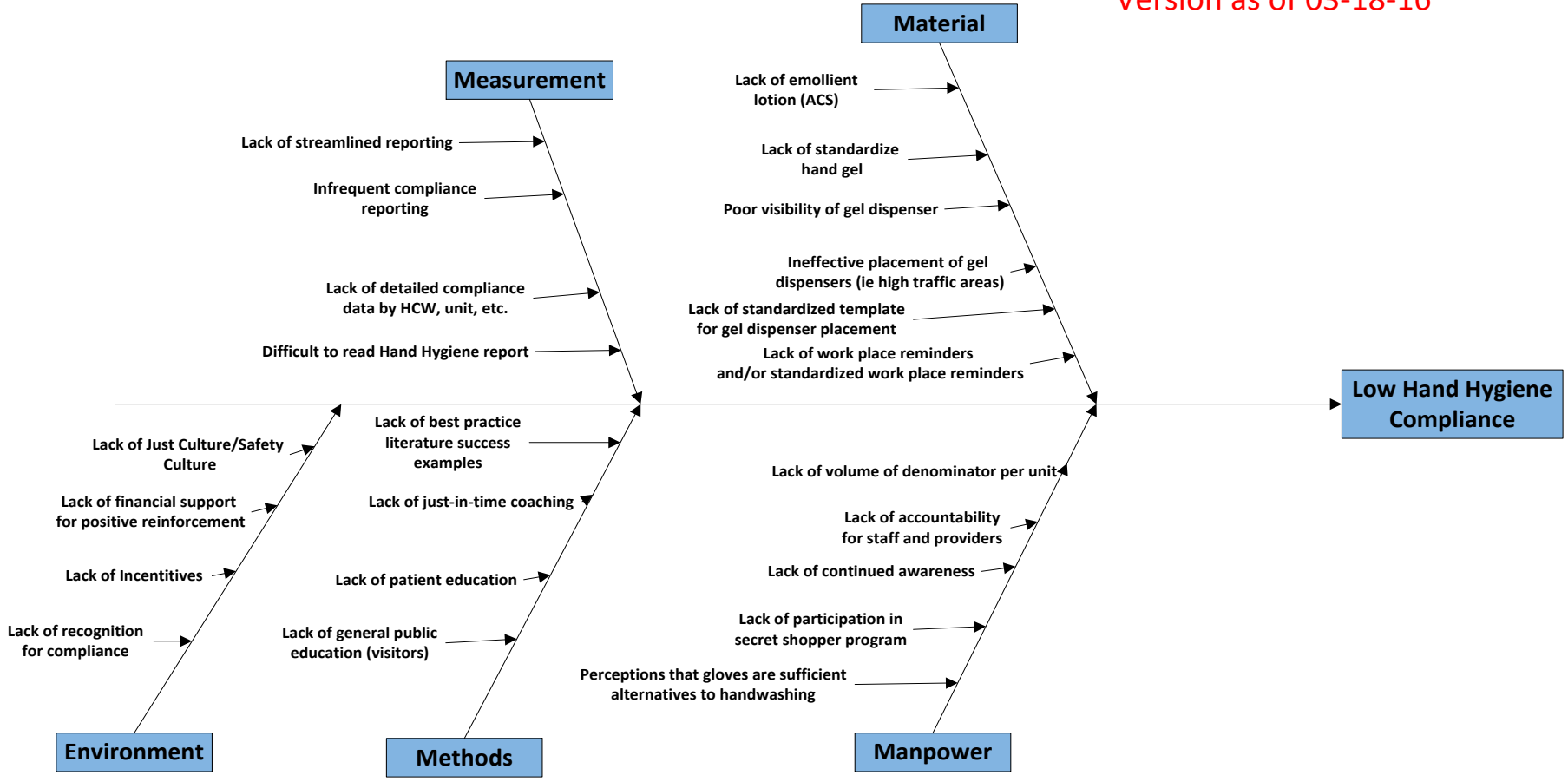
Task Force Members

Member	Title
Stephen Greenberg MD – Chair	BT - Deputy Chief of Staff
Merry Phillips RN – Co-Chair	LBJ – Director of Nursing, Women & Infants
Charles Ericsson MD	LBJ Infection Prevention Medical Director
Robert Atmar MD	BT Infection Prevention Medical Director
Brian Reed MD	ACS Infection Prevention Medical Director
Yolonda Wall RN	LBJ Director of Quality
Angela Russell	BT Manager of Quality
Christine Victorian RN	ACS Director of Quality
Beatriz Martinez RN	LBJ Infection Prevention Manager
Charise Miltenberger RN	BT Infection Prevention Manager
Natalie Anene RN	ACS Infection Prevention Manager
Herbert Maduro	LBJ – EVS Director
Margaret Turpin	BT – EVS Operations Manager
John Sullivan	ACS – EVS Director
Claire Lauzon-Vallone RN	Facilitator: Associate Admin Quality and Accred.

Fishbone Diagram: Hand Hygiene Root Causes

HAND HYGIENE COMPLIANCE CAUSE & EFFECT

Version as of 03-18-16



Note: harrishealth.org identified across the system, some are pavilion specific but have an effect on overall compliance

Hand Hygiene Program

Memorial Hermann

- Just in time
- Secret Shoppers
- Decrease in infections
- Program length

Vanderbilt

- Secret Shoppers
- Decrease in infections
- Program in length

Hand Hygiene Corrective Action Plan: **As of 03-18-16 1 of 2** HARRISHEALTH SYSTEM



Corrective Action Plan Hand Hygiene

Rev. 02/05/2014

Problem Statement (PLAN: Identify main cause, analyze problem, numerator and denominator specifics on fall out.)

The Hand Hygiene compliance rate in each pavilion is below benchmark of 90%. Numerous pavilion efforts have not achieved the goal nor demonstrated sustained improvement trend to benchmark. Hand Hygiene has been designated as a System Performance Improvement initiative. A multi-disciplinary task force has been formed to develop a system corrective action plan to address the problem root causes. **Status of CAP as of 03-18-16. Root cause themes drawn from Fishbone Diagram for Hand Hygiene.**

PLAN	DO (What specific steps will be taken to solve the root cause and prevent problem from recurring; use SMART - Specific, Measurable, Attainable, Relevant, Time-bound)			CHECK Status & Effectiveness of Action	ACT <ul style="list-style-type: none"> Effective, then standardize Ineffective, review action or start all over
	Root Cause(s) (Based on analysis made on the problem; Why)	Action (Use action verbs; How)	Responsible Person (Specific person who will implement the action)		
MATERIAL					
Material: Lack of emollient and standardized hand gel.	ACS: Standardize to approved soap and implementation of approved lotion dispensers.	Natalie Anene	1/14/2016	In progress. Goal for changeover March 2016	
Material: Poor visibility of hand gel dispensers. Ineffective placement of dispensers.	Review standards for hand gel placement in clinical settings.	Natalie Anene Charise Miltenberger Beth Martinez	1/14/2016	Review of room templates and costs/supply needs at 04/11/16 meeting.	
	Assess location and placement in all environments. Assess visibility for use.		3/14/16		
	Design templates for hand gel for 2 bed room, 4 bed room, patient bays and clinic exam rooms.	Peggy Turpin	3/14/16		
Material: Lack of workplace reminders and standardized signage to promote handwashing and encourage patient "Speak Up" communication and messaging.	Assess signage available via CDC, WHO and best practice in nation to standardize hand washing messaging.	Yolonda Wall	1/14/2016	Drafts reviewed. Finalize 1 sign for patients and 1 sign for employee audiences. Match for simplified screen saver. Present drafts at 4/11/16 meeting.	
	Assess screen savers for reminders.	Angela Russell	2/14/16		

Hand Hygiene Corrective Action Plan: **As of 03-18-16 2 of 2** **HARRISHEALTH SYSTEM**



Corrective Action Plan Hand Hygiene

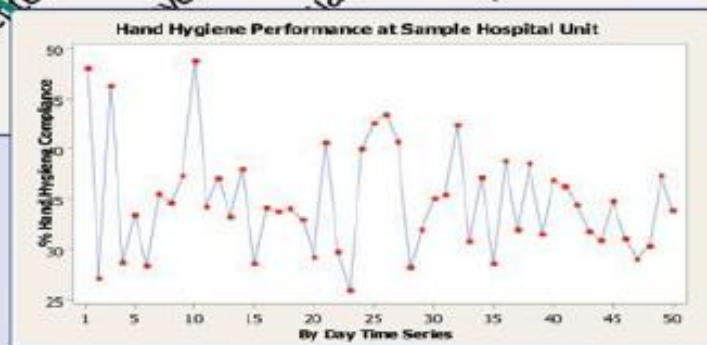
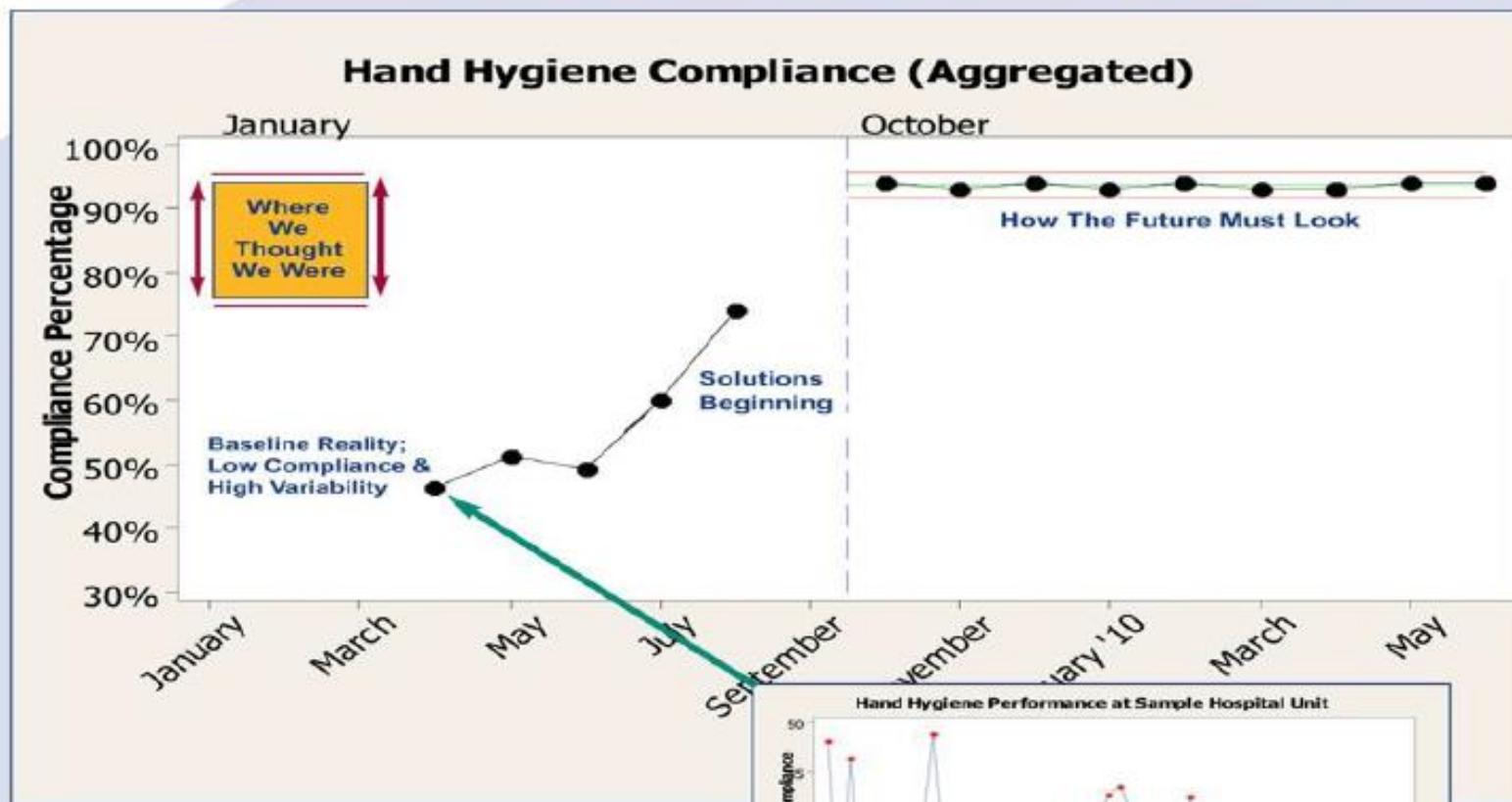
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Root Cause(s) (Based on analysis made on the problem; Why)	Action (Use action verbs; How)	Responsible Person (Specific person who will implement the action)	Implementation Date	Status & Effectiveness of Action	<ul style="list-style-type: none"> • Effective, then standardize • Ineffective, review action or start all over
MATERIAL					
Material: Staff educational material need to have staff and patient expectations of Speak Up" confirmed. Need for update assessment for hand washing teaching materials.	Assess and revise staff educational materials for orientation and annual staff development.	Charise Miltenberger	1/14/2016	Deferred to 4/11/16 meeting.	
Material: Unknown level of inappropriate glove utilization as a problem to be addressed.	Assess data from Readiness Rounds on level of compliance for problem identification or rule-out as a root cause.	Claire Lauzon-Vallone	1/14/2016	Complete. No audit tool speaks to inappropriate glove use.	Retired. See new audit tool.
MEASUREMENT					
Data: Audit Tool lacks contributing causes for lack of compliance to hand hygiene to target pavilion and/or unit action plans.	15 contributing causes for lack of hand hygiene added to audit tool per the MHHS article source of public domain from Joint Commission.	Claire Lauzon-Vallone	2/19/2016	Complete. Ready for Readiness Rounds launch 3/1/16.	Done.
Data: Audit Tool lacks centralized auditor type selection.	Auditor created to centralize all inputs. Auditor types defined in the one audit tool for Secret Shopper, IP Coordinator and (future use - JIT Coach).	Claire Lauzon-Vallone	2/19/2016	Complete. Ready for Readiness Rounds launch 3/1/16.	Done.
Data: Audit Tool lacks concise dashboard report for leadership to recognize variances for action.	Create Readiness Rounds for 1 page dashboard report capability to report by: -Compliance by Pavilion by Question -Compliance by Pavilion by Unit by Question -Completed audit count per auditor type.	Claire Lauzon-Vallone	2/19/2016	Complete. Ready for Readiness Rounds launch 3/1/16. First reports available by month - April 2016.	Done.
METHODS					
Methods: Assessment of best practice methodology for hand hygiene compliance.	Assessment of best practice methodology by article authors at MHHS who demonstrated high hand hygiene compliance program with sustained results. Assessment of: - Leadership and staff accountability - Audit tool - JIT Coach methodology	Dr. Greenberg Merry Philip Dr. Babber Claire Lauzon-Vallone	3/14/2016	Chair, Co-Chair, QMS fact finding meeting with best practice authors: MHHS : 4/5/16 Vanderbuilt Video Conf: 4/11/16	

Expectations Vs. Reality



Primary Causes of Failure in Hand Hygiene

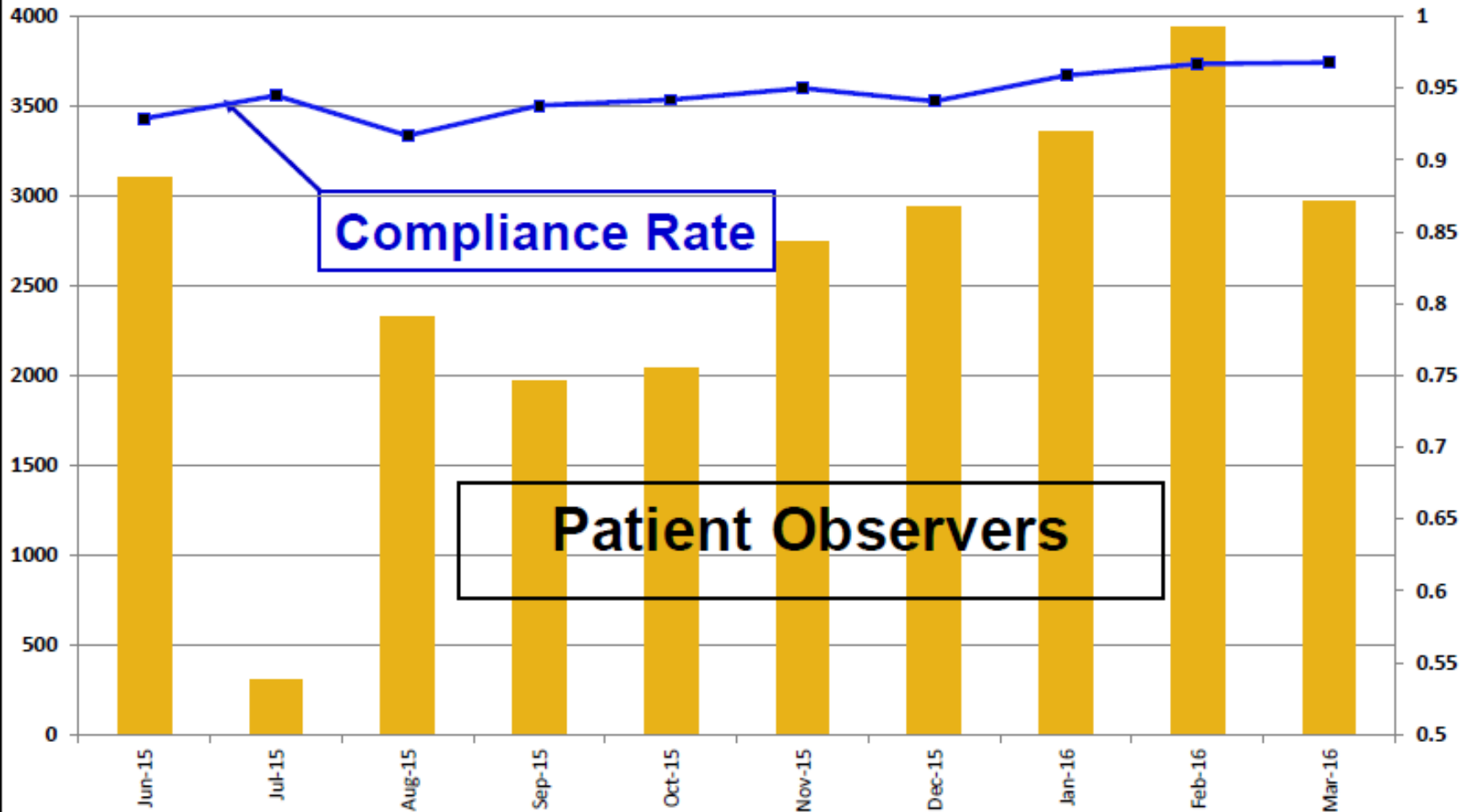
- Faulty data on performance
- Inappropriate use of gloves
- Inconvenient location of sinks or hand gel dispensers
- Hands full
- Ineffective education of caregivers
- Lack of accountability

Each requires a different strategy to eliminate

Joint Commission Hand Hygiene Center for Transforming Healthcare



MHMG Hand Hygiene



Foam **First!**