

***Always Events... Every Patient, Every Time:  
Hardwiring Safe Habits for High Reliability***



## Hand Hygiene

# Learning Objectives

- Discuss the importance of hand hygiene
- Demonstrate proper hand hygiene
- List the Five Key Moments when to use hand hygiene
- Identify five situations when hand rub is not sufficient and hand washing is required.
- Introduce the measurement method: ‘wash in / wash out’
- Review the benefits of using The Joint Commission “*Targeted Solutions Tool*” (TST) method for improving hand hygiene compliance
- Describe the patient engagement initiative, “It’s Ok to Ask”.

# Always Events...Every Patient, Every Time



Our vision is to create a culture where these safe practices are hard-wired, patients are engaged, staff know exactly what is expected, and they have the tools to make it easy to perform them for every patient, every time.

# Always Events...Every Patient, Every Time

Sharp HealthCare has identified 7 critical patient safety practices that we expect to happen for every patient, every time. Our goal is to be a high reliability organization that *habitually* performs these 7 practices, which we refer to as Always Events.

1. Patient identification
2. Treatment/Procedure verification
3. Six rights of medication administration
4. Alaris<sup>®</sup> Guardrails<sup>®</sup>
5. Line reconciliation
6. Universal protocol
7. Hand hygiene

## 7 Always Events





## Why It Is Important?

- Two million people each year become ill as a result of a hospital-acquired infection (HAI)
- National hand washing compliance rates are unacceptable at ~ 40%
- Serious HAIs: *C. difficile*, MRSA, and VRE cause increased *mortality and morbidity*
  - MRSA infection increases risk of death 2x compared to patients without resistant strain
  - VRE bloodstream infection increases risk 2-2.5x
  - Patient costs for treating *C. diff* infection averages \$5,682-8,090 per stay (2007 data).

# Proper Hand Hygiene

- Hand rub (alcohol-based product) is generally sufficient
- Hand wash (soap & water) is required if:
  1. Hands are visibly soiled
  2. Caring for a patient with diarrhea (hand rub does not kill *C. difficile* spores)
  3. ‘Build-up’ of emollients after repeated use of hand rub antiseptic gel.
  4. After using the bathroom
  5. Before eating

# Proper Hand Hygiene

- Handwashing

1. Wet hands first with warm water.
2. Apply detergent to hands and rub hands together vigorously **for at least 15 seconds**, covering all surfaces of the hands and fingers.
3. Rinse hands with warm water and dry thoroughly with a disposable towel.
4. Use towel to turn off the faucet.

- Antiseptic Handrub

- Apply waterless antiseptic agent such as an alcohol-based handrub, to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

# Proper Hand Hygiene

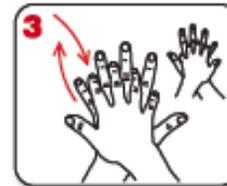
## How to handrub? WITH ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a cupped hand and cover all surfaces.



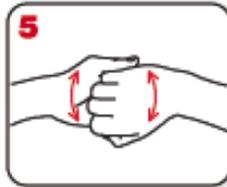
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet

# Who Should Perform Hand Hygiene?

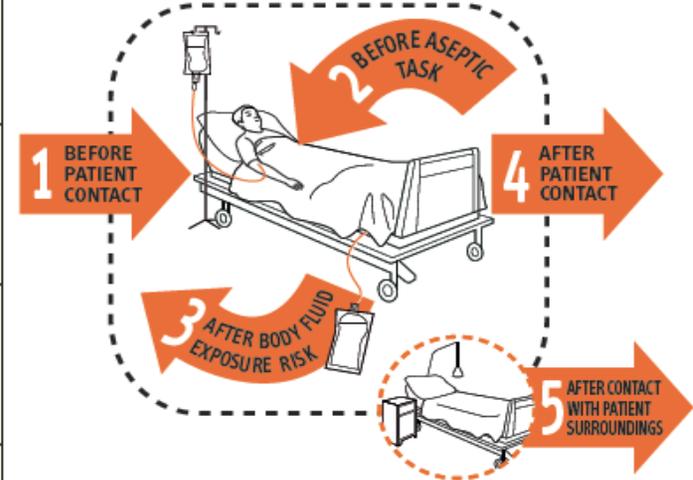
- All health care workers are expected to comply with hand hygiene policy
  - professional, clerical, dietary staff, housekeeping, volunteers, etc.
  - *even when no patient contact is expected*
- Patients and visitors should also be encouraged to perform hand hygiene as appropriate



# 5 Moments\* for Performing Hand Hygiene

<b>1</b> BEFORE PATIENT CONTACT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>EXAMPLES:</b> shaking hands, helping a patient to move around, clinical examination
<b>2</b> BEFORE AN ASEPTIC TASK	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>EXAMPLES:</b> oral/dental care, secretion aspiration, wound dressing, catheter insertion, preparation of food, medications
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>EXAMPLES:</b> oral/dental care, secretion aspiration, drawing and manipulating blood, clearing up urine, faeces, handling waste
<b>4</b> AFTER PATIENT CONTACT	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side <b>EXAMPLES:</b> shaking hands, helping a patient to move around, clinical examination
<b>5</b> AFTER CONTACT WITH PATIENT SURROUNDINGS	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched <b>EXAMPLES:</b> changing bed linen, perfusion speed adjustment

**WHEN?** Your 5 moments for hand hygiene



*\*2006 World Health Organization initiative*

# Additional Requirements to Perform Hand Hygiene

- When moving from a contaminated body site to a clean body site during patient care
- After you cough or sneeze
- Before and after glove use



# Carrying Supplies Into A Room: A Common Challenge

- When carrying supplies, linen, meds, etc into a room, set the supplies down and immediately perform hand hygiene.

# When to Change Gloves

1. After contact with any patient
2. When moving from a dirty site to a clean site of the patient's body
3. Before performing any aseptic task (e.g. caring for an IV line, suctioning, wound care, catheter care, preparation of food, meds)
4. If torn or punctured

# Our New Hand Hygiene Compliance Measurement: “Wash In / Wash Out”

- Hand hygiene compliance is measured when entering and exiting a patient’s room
  - What if there is no specific patient room?
    - A curtain defines an area for semi-private areas such as PACU or ED
    - The area near or surrounding a patient for open areas such as behavioral care or radiology



# Why Measure “Wash In / Wash Out”

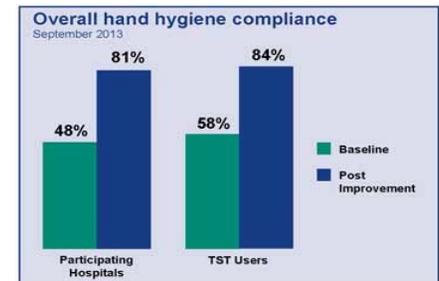
- Hand hygiene at room entry
  - Ensures hands are clean before PLANNED and UNPLANNED contact with the patient or the items in the patient’s environment to prevent the introduction of germs
- Hand hygiene at room exit
  - Ensures hands are clean upon exit of one patient care environment to prevent the introduction of germs to the caregiver or common areas
- “Wash In / Wash Out” is a standardized method of measuring hand hygiene compliance using a tool by The Joint Commission called *The Targeted Solutions Tool*.



# What is The Joint Commission “Targeted Solutions Tool (TST)” Methodology?

In 2014, Sharp HealthCare will be gradually converting to the TST method for hand hygiene compliance to:

- Provide a standardized measurement tool
- Allow for comparison to national benchmarks
- To engage more champions and includes:
  - Secret Observers
    - A trained, unbiased observer
    - Records hand hygiene compliance with ‘Wash In / Wash Out
  - Three Levels of Coaches



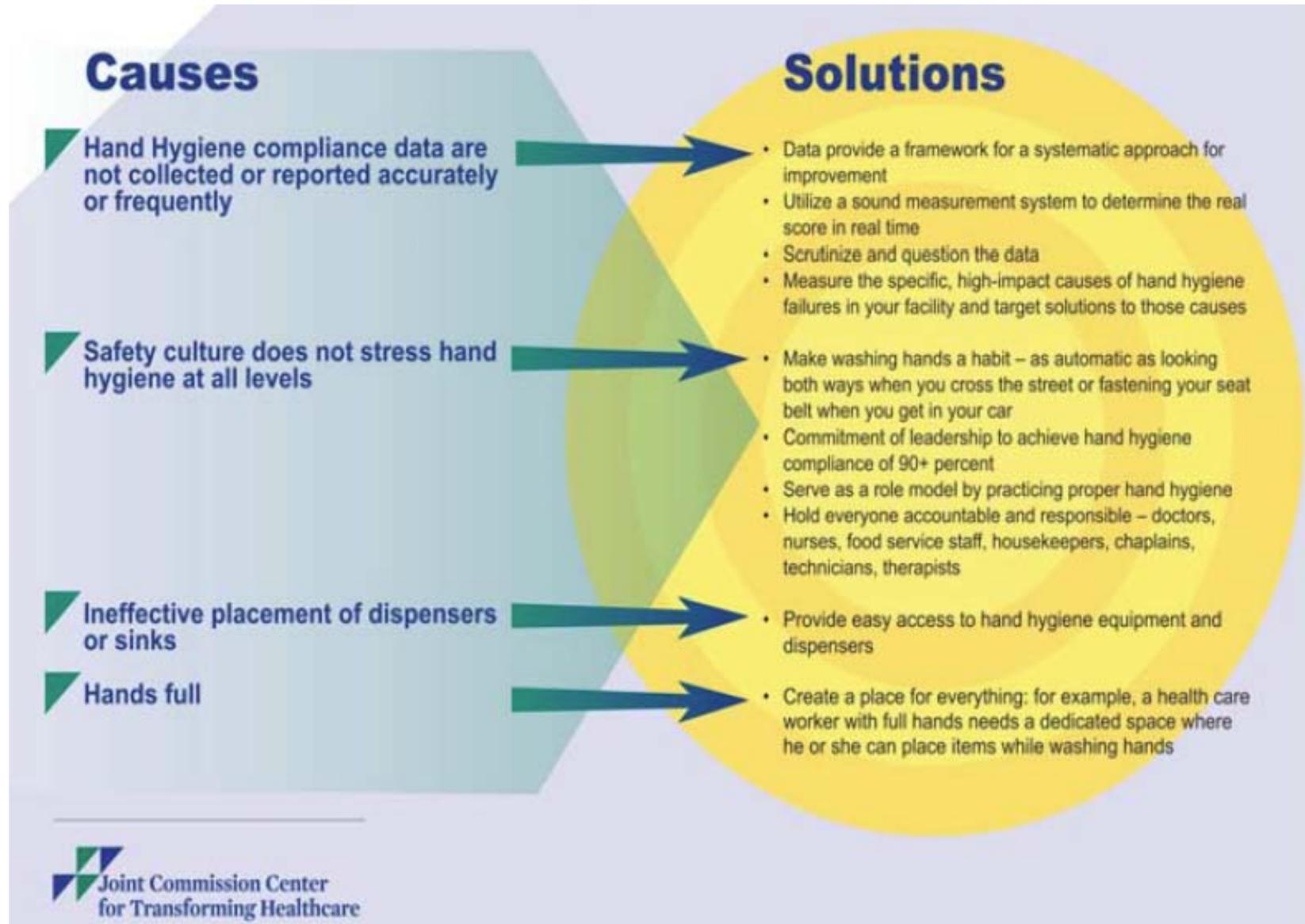
# Three Levels of Feedback / Coaching

Cross-Monitoring	Just-in-Time Coaching	Leader Coaching
<p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>• Real-time feedback</li> <li>• Actively monitors staff actions to share workload or reduce / avoid error.</li> </ul>	<p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>• Near-time feedback</li> <li>• Probes deeper to understand why practice was not followed</li> </ul>	<p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>• Supportive conversation with staff on the need to follow safe practices.</li> </ul>
<p><b>Who does it?</b></p> <ul style="list-style-type: none"> <li>• Any staff member, Peer or Leader</li> </ul>	<p><b>Who does it?</b></p> <ul style="list-style-type: none"> <li>• Unit Champion or Leader</li> </ul>	<p><b>Who does it?</b></p> <ul style="list-style-type: none"> <li>• Leader</li> </ul>

# Role of 'Just In Time' Coach for Hand Hygiene

- A trained staff who seeks to understand root causes of non-compliance
- Actively intervenes when hand hygiene failures are observed
  - To better understand non-observable contributing factors to hand hygiene non-compliance
  - To educate healthcare workers on proper compliance when failure is observed, in real time
- Collects data used for root cause analysis and solutions across all shifts
- Reinforces behavior by increasing staff awareness

# Identifying Causes, Targeted Solutions



## Special Circumstances: *Hand Hygiene Exceptions*

1. Response to an urgent or emergency situation
2. Exiting a room and re-entering a room within 30 seconds of performing hand hygiene (*without touching anything*)
3. When touching the patient while helping him/her ambulate at room entry or exit (*after initial hand hygiene*)
4. When carrying item into room: Perform hand hygiene immediately AFTER putting item down

# Food and Nutrition Services: Meal Tray Delivery

- Dietary staff delivering meal trays will clean hands immediately prior to delivery of the first tray (*'wash in'*) AND upon exit of each room thereafter (*'wash out'* - *cleanse hands prior to touching next tray in line for delivery*)
- Dietary staff retrieving meal trays will clean hands immediately prior to entering the first room to retrieve meal tray (*'wash in'*) AND upon entry to each room thereafter (*'wash in'* after touching dirty tray)
- Any interruption to room to room tray service requires ADDITIONAL *'wash in'/'wash out'* hand cleaning



# Environmental Services Department: Trash Duty and Daily Room Cleaning

- Trash Duty: Housekeeper will clean hands upon entry to each patient room to perform trash duty (*'wash in'*)
- Daily Room Cleaning: Housekeeper will clean hands upon entry to patient room (*'wash in'*), AND change gloves each time EVS cart is accessed, AND clean hands upon exiting room when cleaning is finished (*'wash out'*)



## Engaging Patients in Hand Hygiene is Critical to Success

- Sharp is committed to engaging patients to take an active role in their care and safety.
- Sharp launched a patient engagement initiative called, “**It’s Ok to Ask**” which encourages caregivers to help empower patients to ask their care providers to clean their hands.
- Caregivers should respond positively and clean their hands when asked.

# Engaging Patients in Hand Hygiene “It’s Ok to Ask” Initiative

Why is this project important?

- We can enhance patient safety by empowering our patients to be active participants in their plan of care. Our patients have shared with us that it is easier for them to speak up when they are encouraged to do so.

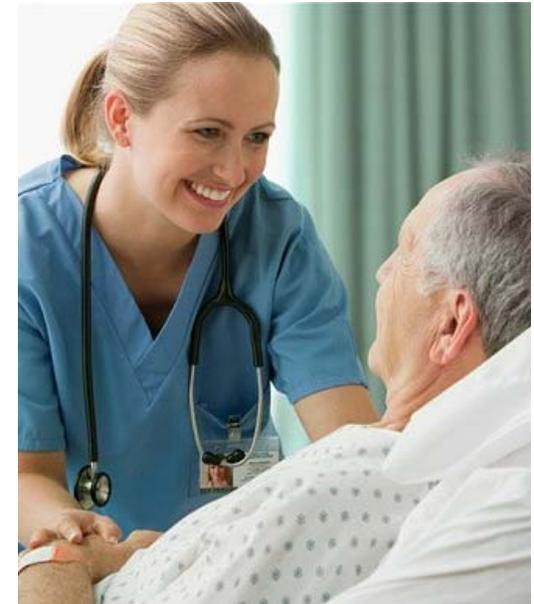


The screenshot shows the SharpNET website interface. At the top, there is a green navigation bar with links for Tools & Resources, Employees, Benefits & Pay, Departments, Locations, and About Sharp. Below this is a search bar with the text "I WOULD LIKE TO..." and a dropdown arrow. To the right of the search bar are links for "A A A+" (font size), "Print", "Bookmark", and "Contact Us". Further right is a "MY BOOKMARKS" dropdown menu. The main content area is titled "SharpNET > Patient Safety". On the left, there is a sidebar with a "Patient Safety" section containing links for "Always Events", "Great Catch Program", "System Safety Steering Committee", and "TeamSTEPPS". Below this is a "Helpful Links" section. The main content area on the right is titled "Patient Safety" and features a sub-section "Keep Patients Safe" with the text: "Ensuring that every patient receives the best quality of care in a safe environment is essential to our overall success." Below this text are two links: "View the Keep Patients Safe flier" and "Watch Engaging Patients — It's OK to Ask video". At the bottom of the main content area, there is a link: "Learn more about the It's Ok to Ask Program with the Leader Toolkit".

# Engaging Patients in Hand Hygiene “It’s Ok to Ask” Initiative

What will success look like?

- Caregivers consistently talk to their patients and let them know it’s OK to ask them to clean their hands.
- Patients feel valued as an important part of the health care team and are comfortable asking caregivers to clean their hands.
- Caregivers consistently respond positively to patient’s request to clean their hands and perform hand hygiene.



# Engaging Patients in Hand Hygiene

## “It’s Ok to Ask” Initiative

What do we need from you?

- Make a commitment to talk to your patients to let them know that it’s OK for them to ask their caregivers if they have cleaned their hands.
- Respond positively when patients ask you to perform hand hygiene.
- View the “It’s Ok to Ask” Video:

<http://sharpnet.sharp.com/patientSafety/index.cfm>

# Hand Hygiene Goals

- Short term goal for 2014
  - Clarify expectations
  - Improve our method of data collection for accurate measurement
  - Discover and implement targeted solutions
- Long term goals
  - Increase hand hygiene compliance until  $> 90\%$  compliance or top decile performance is achieved
  - Decrease rates of hospital acquired infections



# Summary

- Perform hand hygiene on every patient, every time
- Be receptive to inquiries and guidance from coaches
- Be part of the solution:
  - Help identify contributing factors aimed at how we can make it easier to perform *every patient every time*



# FAQ

- If I walk into a patient's room and perform a handrub upon entry. Do I need to perform another handrub if I immediately perform an aseptic task?
  - No, not if the aseptic task is immediate and nothing has been touched

Author:

Myra Laurino

The Hand Hygiene Task Force

The Always Events Taskforce

2014

Contact:

Patty Atkins: [patty.atkins@sharp.com](mailto:patty.atkins@sharp.com)

Cheryl Dailey: [cheryl.dailey@sharp.com](mailto:cheryl.dailey@sharp.com)

# References

- [http://www.who.int/gpsc/tools/Five\\_moments/en/](http://www.who.int/gpsc/tools/Five_moments/en/)
- Sharp Health Care hand hygiene policy and procedure #05704.99