



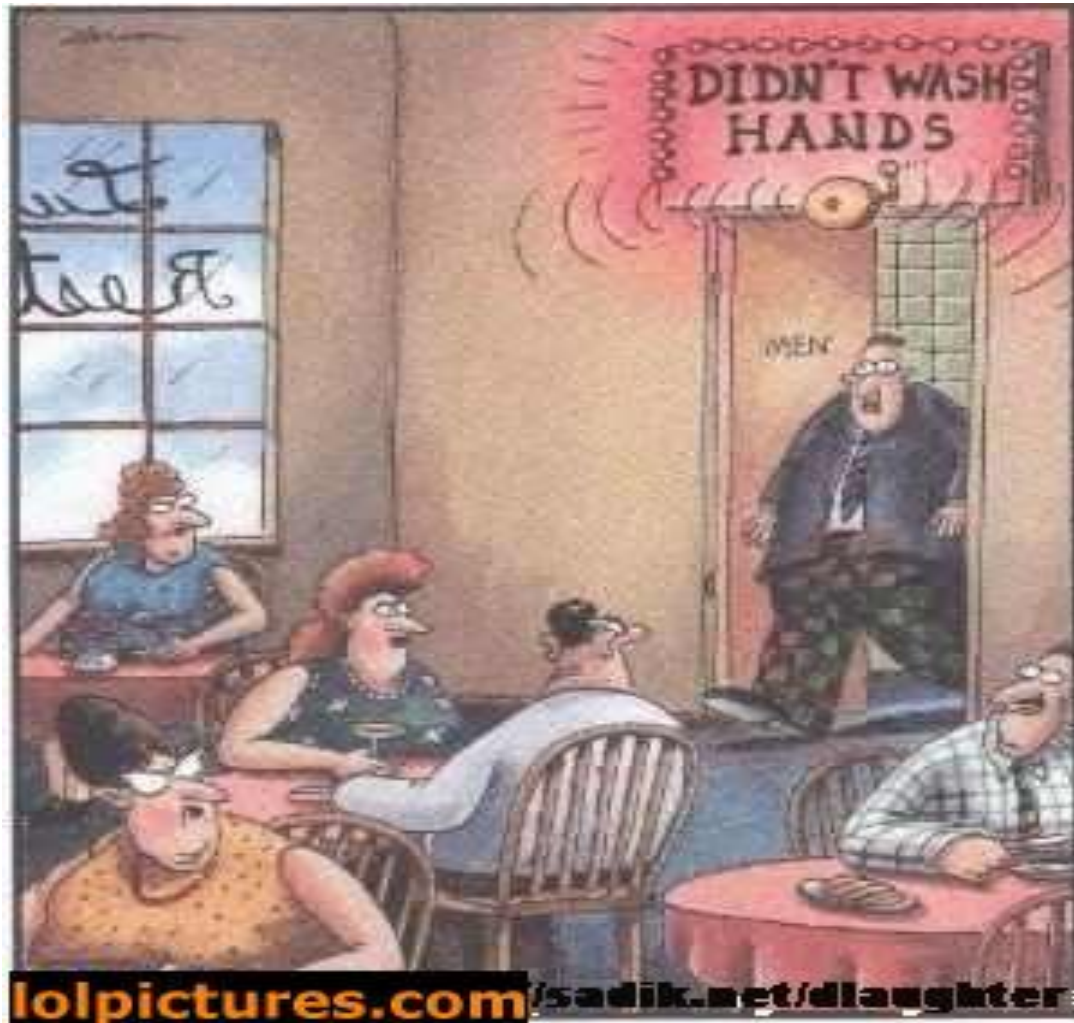
Increasing Hand Hygiene Compliance In The Clinical Setting

**PREVENTION
IS PRIMARY!**

*Protect patients...protect healthcare personnel...
promote quality of healthcare!*

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So Why All the Fuss About Hand Hygiene?



- *Most common mode of transmission of pathogens is via hands!*
- *Clean hands and nails are the single most important factor in preventing the spread of infection in health care settings*









Primum non nocere

Is a Latin phrase that means;

First Do No Harm



Top Messages

- Many healthcare-associated infections are preventable.

- Targeting Zero HAIs is the only acceptable goal.

Targeting Zero is a culture shift in which every employee of a Healthcare facility takes ownership in preventing infections.

A Targeting Zero culture is an expectation that infection prevention and control measures will be applied consistently by all healthcare workers, 100% of the time.

- Status Quo is not acceptable anymore.

Although the status quo seems easy and predictable ultimately it is not what is best for any facility or patient



How to prevent Infection

Hand Hygiene, Prevent transmission of micro-organisms, Adhere to Evidence based best practices

History of Hand Hygiene

- For the last 10 years, the Nursing Department has audited Hand Hygiene Compliance in the clinical setting as one of their Quality Indicators.
- Auditing was performed monthly by the Quality Improvement Nurses using a standardized auditing form that was similar to what was being used nationally to audit Hand Hygiene Compliance.

Hand Hygiene 2008

- Hand Hygiene educational slides, as screen savers, all nursing units
- Hand Hygiene posters, featuring Nursing Administration staff and physician Chiefs of Services performing the 6 steps to effective hand washing
- In-services were presented for the Nursing Staff and for all ancillary staff
- Tap on Your Shoulder” asking Leadership members to participate in monitoring staff’s compliance with hand hygiene



Wash Hands Save Lives



1. Wet your hands
2. Use soap
3. Lather and scrub
4. Rinse well
5. Dry hands with single-use towel
6. Use towel to turn off water and place towel in trash

A second Hand Hygiene Awareness Campaign took place in January 2009.

During January 2009 – March 2009, a hospital-wide Hand Awareness Hygiene Campaign was conducted, supported by the President of the Hospital, Nursing Administration, the President of the Medical Staff, and the Infectious Disease Service.

During the “Hand Hygiene Awareness Campaign Quarter” more than 1,000 pocket size hand sanitizers were handed out in the Cafeteria on Hand Hygiene Awareness Campaign Day and three “Promote Hand Hygiene” baskets were raffled off to the clinical staff.

Hand Hygiene educational emails to BMH everyone.

Hand sanitizers were switched from Avagard gel to Avagard foam, System Wide in early 2009



Do you know how we audit you for Hand Hygiene Compliance as required by the Joint Commission?

We Monitor for the following:

- sanitizing hands before entering patient's room
- sanitizing hands upon exiting the patient's room
- performing hand hygiene during patient care
- sanitizing your hand before donning gloves and after removing them

Introducing Infection Prevention Unit Champion Program

**Nursing quality assigned hospital
Champion team leaders to work
with unit champions for quality
improvement in these 4 initiatives;**

**Falls,
Skincare/pressure ulcer,
Infections
Pain.**



**Goal: To take infection prevention to
the bedside, expanded IPC resources
where they were much needed**

- On July 2009 a retreat was organized by the Infection Preventionist for almost 20 nurse champion from in-patient units and Ancillary departments
- They all provided with specific job description
- They all were instructed to choose one goal
- Formal meetings occur every other month
- Constant communication with Infection Preventionist

Results:

- Hand Hygiene compliance scores for the Nursing staff and the ancillary staffs have *trended upward reaching a current compliance rate >90%*.
- MD staff *compliance rates have also increased*.
- The number of Hospital –associated infections identified in 2009 has had a *downward trend as a direct result of the increase rate of compliance with Hand Hygiene in the clinical setting*.



Conclusion and Lesson learned:

- With the current increase trend in Hand Hygiene compliance rates, we feel the clinical staff has realized the importance of Hand Hygiene and has accepted the responsibility to practice hand hygiene as an essential part of their every day patient care practices; as well as continually to practice Hand Hygiene to protect themselves in the clinical setting.
- We realize education and monitoring will be an ongoing process to ensure Hand Hygiene.
- Hand Hygiene must continue to be an intergal part of every one's patient care practice and the culture of safety at Bryn Mawr Hospital.

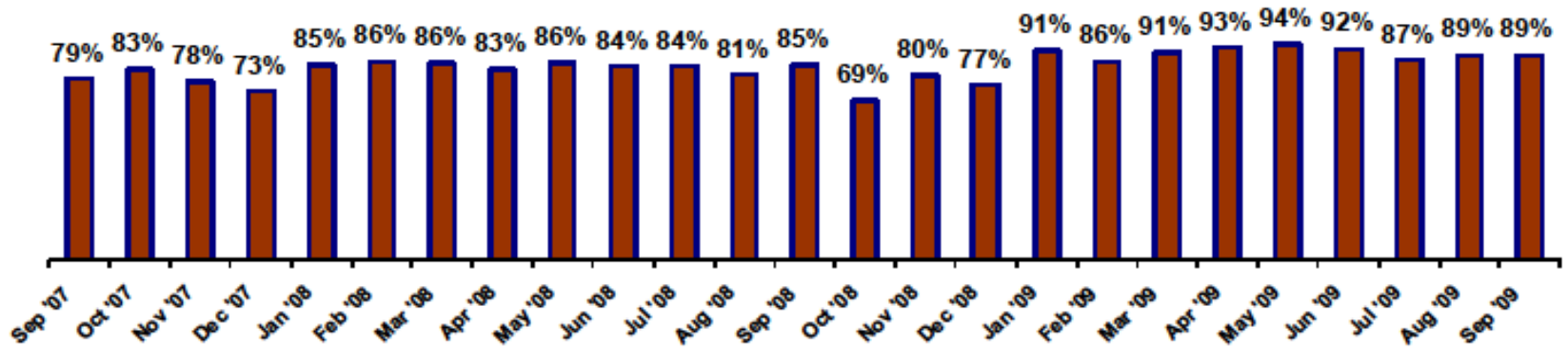


Next Step:

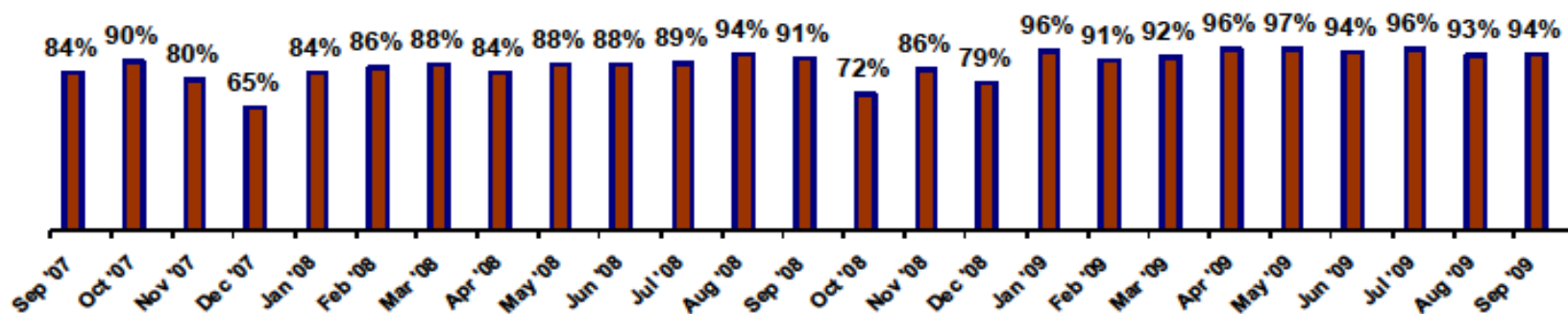
- Staff needs to keep accountable when non-compliance is observed.
- A letter is being approved by ICC to be sent to the staff member who has been observed, more than once, not complying with Hand Hygiene.
- The purpose of the letter will be to raise the awareness that non-compliance with Hand Hygiene will not be tolerated and staff who do not comply will be identified for further counseling. The letter will be signed by the Vice President of Medical Affairs and the President of Bryn Mawr Hospital



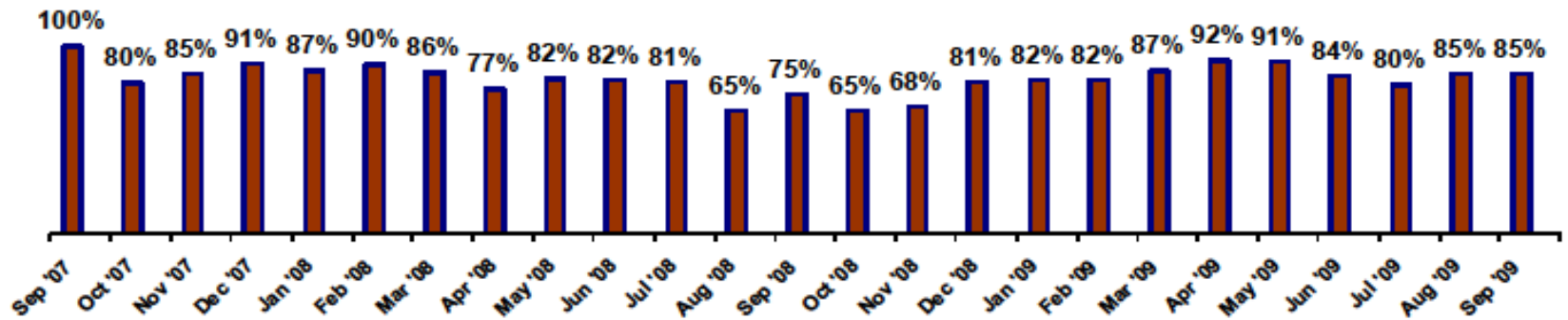
**% Of Staff Observed Compliant with Hand Hygiene - For All Staff Positions
September 2007 to September 2009 For Bryn Mawr**



**% Of Staff Observed Compliant with Hand Hygiene - For Nurse Staff
September 2007 to September 2009 For Bryn Mawr**



**% Of Staff Observed Compliant with Hand Hygiene - For MD/SHP Staff
September 2007 to September 2009 For Bryn Mawr**



Monthly Compliance By Hospital - Hand Hygiene Report January 2009 to September 2009 For Bryn Mawr

Month	MD/SHP			Nurse			PCT			PCA			PT			RT			PA			Ancillary			OT			Total		
	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%	Yes	Obs	%
January 2009	77	94	82%	261	273	96%	40	41	98%	2	2	100%				3	4	75%				27	37	73%				410	451	91%
February 2009	86	105	82%	119	131	91%	32	34	94%	1	1	100%	0	1	0%	8	13	62%				33	39	85%	3	3	100%	282	327	86%
March 2009	53	61	87%	179	194	92%	29	31	94%				12	12	100%	10	14	71%				30	32	94%	0	1	0%	313	345	91%
April 2009	81	88	92%	169	176	96%	19	23	83%				7	7	100%	5	6	83%				57	65	88%	2	2	100%	340	367	93%
May 2009	86	94	91%	194	201	97%	32	36	89%	2	2	100%	5	5	100%	7	10	70%	1	1	100%	17	18	94%	2	2	100%	346	369	94%
June 2009	93	111	84%	188	199	94%	22	24	92%	4	4	100%	2	2	100%	11	11	100%				56	59	95%	1	1	100%	377	411	92%
July 2009	70	88	80%	125	130	96%	25	30	83%	1	2	50%				9	9	100%				45	58	78%				275	317	87%
August 2009	73	86	85%	152	164	93%	35	40	88%				10	13	77%	6	7	86%				34	37	92%				310	347	89%
September 2009	110	130	85%	135	144	94%	19	21	90%	1	1	100%	1	1	100%	10	10	100%				34	40	85%	0	1	0%	310	348	89%
Total	729	857	85%	1522	1612	94%	253	280	90%	11	12	92%	37	41	90%	69	84	82%	1	1	100%	333	385	86%	8	10	80%	2963	3282	90%