SOAP UP
Hand Hygiene

August 8, 2017
Agenda

• Welcome, Introductions & Housekeeping
• SOAP UP Webinar #1 Recap
• Hospital Features
• SOAP UP Call to Action
• SOAP UP Campaign Resources & Support
• Hand Hygiene Webinar Series Continues
Indiana’s Bold Aim

To make Indiana the safest place to receive health care in the United States... *if not the world*
7.18.17 Webinar Recap

- 321 attendees
- Multiple disciplines represented
- Focus:
  * Indiana hospital hand hygiene survey results
  * Hospital features – re: data collection strategies
  * Support and Resources
Polling Question Responses

What aspect of hand hygiene audits/data collection is **most** challenging?

1. Auditor understanding of process 7%
2. Consistency of audits 50%
3. Time required to conduct audits 27%
4. Analysis of data results 4%
5. Communicating results to staff for meaningful change 13%
Lessons Learned – Peer Sharing

- Validate observers - intentional training
- Observe units other than “home base”
- Standardize education while also permitting individual creativity and innovation
- “All Hands on Deck” – hand hygiene belongs to everyone as the role of the Infection Preventionist is changing
- Have FUN!
Lessons Learned – Peer Sharing

- Keep measurement simple
- Leverage technology when possible
- Incorporate surveillance with existing processes
- Empower staff to provide immediate, on-the-spot peer performance feedback and education – use hand signals
Hand Hygiene Data Validity
Call to Action

• Critically evaluate your current process
  What is working, what is NOT working?
  Are results reliable/accurate?

• Assess new strategy for feasibility to incorporate at your organization

Chat in how you have responded to the July SOAP UP Call to Action
Access to Series Materials

Improving patient safety doesn’t have to be complicated.

In fact, in an ever-changing health care environment, in which best practices and intervention methods shift frequently, the HRET KIN UP Campaign was designed to make it easy for key patient care and providers alike.

By focusing on three areas of patient care, the UP Campaign helps providers reduce harm in Indiana hospitals.

**UP CAMPAIGN**

**WAKE UP!**
Reducing some minor wounds and violations through opioid and surgical safety plans

**GET UP!**
Maximizing patients to recover faster through progressive mobility plans

**SOAP UP!**
Implementing appropriate hand hygiene to reduce the spread of infection

[https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx](https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx)
Engaging Hospital Teams
Engaging Patients & Families

- Bottle
- Process
- Encourage
- Patients
- Handouts
- Wash
- Nursing Staff
- Education
- Not Doing
- Hand Hygiene
- Given Rooms
- Opportunity
- Ask
- Foam Packet
- CDC
- Clean Hands Count

Wash Your Hands!

Dirty! Wet
Get Soap
Rinse Scrub
Dry
Clean!

IHAnnect.org/Quality-Patient-Safety
Engaging the Community

Time to “Soap UP” your hand hygiene game!

Health Fairs, Events, Patient Safety Week
Signage Program Education Poster
Hand Hygiene, Hand Washing Facility
Promotions, Public Outreach, Signs
Culture & Speaking Up for Safety
Global Survey Themes

• Reliable Data Collection
• Hand Hygiene Culture and Speaking Up
• Accountability: Connecting Practice to HAI and Costs to the Organization
Think Tank Prompt from July

What is your Hand Hygiene Culture?

- Who owns hand hygiene at your organization?
- How is your senior leadership engaged with hand hygiene efforts?
- Does your team recognize and link hand hygiene to health outcomes?

How is your staff speaking up?

- How do you provide staff with performance feedback whether individual, unit level or hospital-wide?
- How are you coaching your team to speak up for safety?
- Does your team use universal language for peer-to-peer observation findings?

Chat in how your team is tackling these aspects to hand hygiene success
Indiana University Health
Blackford Hospital

- 15 bed, Acute Care, Critical Access Hospital
- Located in Hartford City
- Member of the Eastern Indiana Patient Safety Coalition
- Affiliate of Indiana University Health System
Multidisciplinary Team Involvement

Respiratory Therapy Supervisor: Laura Spaulding, RRT
Staff Nurse: Myra Freel, RN
Infection Preventionist: Sherrie Chapman, RN
Quality Nurses: Angie Kieffer, RN & Marci Pittenger, RN
Guest Relations Supervisor: Nickey Wilson
Director of Nursing Practice: Tobey Jones, RN
Program Highlights: “Be A Lifesaver”

- System Initiative: Sept 2015
- Anonymous Observations: System Metric
- Peer to Peer Observations: internal process
- Peer Coaching
- Transparency with Results: posted weekly by timeclocks
- Life Preserver Display: swimming with the sharks
- Patient Engagement: AIDET, hand gel, rounding, white boards
- Leadership Involvement
- Physician Involvement: most improved
- Glow Germ Demonstrations
Anonymous Observations

• Established process enhanced with new System Initiative
• Designated observers from each department including non-clinical.
• Required 30 observations each observer/month: Moments 1 and 5 only (entering and exiting only).
• Validation of Peer to Peer Observations
• Results posted monthly at entrances to clinical units for public viewing
Peer to Peer Observation

- Includes all staff who are routinely on the clinical units
- Engages non-clinical staff
- Observe Moments 1 through 5 as appropriate
- Encourages Peer Coaching: hand signal
Hallway Display

- Pictorial display of Peer results
- Each discipline’s “Life Preserver” is placed in the “Green Waves” or “Red Waves”.
- The sharks are the Super Bugs!
- Located in employee hallway for all to see. Updated weekly.

(It’s a plus to know someone who scrapbooks!)
Elkhart General Hospital

- 296 Bed, Acute Care Hospital
- Located in Elkhart
- Member of the North Central Indiana Patient Safety Coalition
- Affiliate of Beacon Health System
World Hand Hygiene Day
Where in the World . . .
Is Handie Sani-Tizer?
Hand Hygiene Safety Culture & Speaking Up - Call to Action

• Evaluate how you are engaging both clinical and non-clinical personnel in a FUN WAY!
• Conduct a small test of change to provide immediate, non-punitive performance feedback not only when hand hygiene is not conducted but also when it IS done
• Implement a new visual strategy to communicate success and opportunities to front-line staff
UP Campaign

Goal: Simplify safe care and streamline cross-cutting interventions to reduce the risk for multiple patient harms

WAKE UP:
Reducing unnecessary sleepiness and sedation through opioid and sedative safe

GET UP:
Mobilizing patients to recover faster through progressive mobility plans

SOAP UP:
Implementing appropriate hand hygiene to reduce the spread of infection
IHA Launches UP Campaign

- Supports Hospital Improvement Innovation Network (HIIN) harm reduction efforts
- June 6 Indiana Patient Safety Summit Kick-off
- Strategic Deployment of Three Campaigns:
  - SOAP UP 3Q 2017
  - GET UP 4Q 2017
  - WAKE UP 1Q 2018
Hand Hygiene

- c. Difficile (CDI)
- Catheter-Associated Urinary Tract Infection (CDI)
- Surgical Site Infection (SSI)
- Ventilator-Associated Events (VAE)
- Central Line Blood-Stream Infection (CLABSI)
- Sepsis
- Multi-drug Resistant Organisms (MDRO)

S O A P - U P

IHAnet.org/Quality-Patient-Safety
How are you incorporating SOAP UP within your organization?
Hand Hygiene Resources
World Health Organization

How to Handrub?

1. BEFORE TOUCHING A PATIENT
   - When: Clean your hands before touching a patient, when approaching his/her.
   - Why?: To protect the patient against harmful germs carried on your hands.

2. BEFORE CLEAN/ ASEPTIC PROCEDURES
   - When: Clean your hands immediately before performing a clean/aseptic procedure.
   - Why?: To protect the patient against harmful germs, including the patient's own, from entering his/her body.

3. AFTER BODY FLUID EXPOSURE RISK
   - When: Clean your hands immediately after an exposure risk to body fluids and after glove removal.
   - Why?: To protect yourself and the health-care environment from harmful patient germs.

4. AFTER TOUCHING A PATIENT
   - When: Clean your hands after touching a patient and his/her immediate surroundings, when leaving the patient’s room, when leaving a patient - even if he patient has not been touched.
   - Why?: To protect yourself and the health-care environment from harmful patient germs.

5. AFTER TOUCHING PATIENT SURROUNDINGS
   - When: 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.
   - Why?: To protect yourself and the health-care environment from harmful patient germs.

When?

YOUR 5 MOMENTS FOR HAND HYGIENE

Duration of the entire procedure: 20-30 seconds

1. Before touching a patient
2. Before clean/ aseptic procedures
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

How to Handwash?

1. BEFORE TOUCHING A PATIENT
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http://www.who.int/gpsc/5may/en/
Centers for Disease Control and Prevention

Hand Hygiene in Healthcare Settings

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half of the times they should. On any given day, about one in 25 hospital patients has at least one healthcare-associated infection.

World Hand Hygiene Day is May 5th. The Clean Hands Count Campaign will offer a new video and education course for healthcare providers. Join CDC to promote hand hygiene using #CleanHandsCount @CDCgov

HEALTHCARE PROVIDERS
When and how to practice hand hygiene

SHOW ME THE SCIENCE
The truth about hand hygiene

PATIENTS
How to ask questions and protect yourself

CLEAN HANDS COUNT CAMPAIGN
Materials to promote hand hygiene

https://www.cdc.gov/handhygiene/index.html
Association for Professionals in Infection Control and Epidemiology - APIC

APIC Indiana Recommended Guidance for Hand Hygiene Measurement in Indiana

While this document focuses on the process of hand hygiene the ultimate aim is to reduce harm from preventable healthcare acquired infections.

These are recommended guidelines and resources to assist healthcare facilities in Indiana to adopt best practices with hand hygiene measurement. These guidelines should be tailored to your facility and can be used during annual planning of improvement activities that are driven by the risk assessment process.

This is an evolving document that will be tested within the various regions within Indiana.

As we continue to gain additional knowledge and learn best practices this document may be revised to continue to improve the measurement of hand hygiene in Indiana.

Background

Hand hygiene has long been recognized as the most important method to reduce the transmission of organisms within healthcare facilities. Measuring adherence to hand hygiene is fundamental to demonstrating improvements at an organizational level. However, measuring hand hygiene is a very complex task and many key factors should be taken into account when developing a measurement system.

According to CMS conditions of participation, healthcare facilities must determine which best practices standard will be used to guide their hand hygiene program. Regardless if the CDC Guidelines or the World Health Organization guidelines are chosen, the basics of measurement follow similar evidence-based principles.

APIC Indiana has recommended the following strategies for addressing hand hygiene measurement:

1. Measurement
   Determining what you will measure:
   - Soap and water and/or alcohol-based hand rub
   - Report by discipline
   - Report by weekday/weekend or shift

   APIC Indiana recommends that measurement includes the 5 moments. It is documented in the research that it can be difficult to obtain opportunities beyond entry and exit; however including the moments beyond entry and exit when observed will provide critical information about hand hygiene performance. Accept that the majority of the observations will be on entry and exit. However, establishing a measurement system that captures the other moments/deliveries allows facilities to learn from those moments and understand hand hygiene at the most critical point in time.

https://apic.org/

http://apicin.org/index.php

IHAconnect.org/Quality-Patient-Safety
SOAP UP

SOAP UP promotes appropriate hand hygiene to reduce the spread of infection.

- Effective hand hygiene decreases the risk of infection and can help prevent several harm events:
  - CDI, CAUTI, CLABSI, MDRO, SSI, SSIs, and VAE

There are many resources available at HRET-HIN.org, including those below, to help your organization address these harm events and engage with the UP Campaign.

### SOAP UP Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Link</th>
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</thead>
<tbody>
<tr>
<td>Introduction to the UP Campaign</td>
<td><a href="https://www.youtube.com/watch?v=STC-gp5e0d0">https://www.youtube.com/watch?v=STC-gp5e0d0</a></td>
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<td>C. Difficile (CDI)</td>
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### Handwashing How-To and Education:

#### Healthcare Workers

- Centers for Disease Control and Prevention (CDC) #CleanHandsCount Campaign: [http://www.cdc.gov/handhygiene/campaign/index.html](http://www.cdc.gov/handhygiene/campaign/index.html)
- Health Research & Educational Trust (HRET) Hospital Improvement Innovation Network (HIN) UP Campaign
  - All UP Campaign Resources: [http://www.hret-hin.org/engage/up-campaign.html](http://www.hret-hin.org/engage/up-campaign.html)

#### Patients, Visitors and the Community

- Association for Professionals In Infection Control (APIC) Indiana Handwashing Tips: [http://consumersite.apic.org/infection-prevention-basics/wash-your-hands-offen](http://consumersite.apic.org/infection-prevention-basics/wash-your-hands-offen)

#### LDL Hand Hygiene tips:

- [https://www.cdc.gov/features/handwashing/index.html](https://www.cdc.gov/features/handwashing/index.html)
- [https://www.cdc.gov/handwashing/when-how-handwashing.html](https://www.cdc.gov/handwashing/when-how-handwashing.html)
Social Media Messaging

• IHA has created messaging for both general public, health care providers
  https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx

• Messaging provided for various formats:
  Twitter  Facebook  LinkedIn
### What is your process to hold teammates accountable for hand hygiene?

- How do you provide staff with performance feedback whether individual, unit level or hospital-wide?
- Do you link and share identified HAI with individuals involved with care?
- Who coaches teammates for accountability?

### How are you sharing the fiscal and personal impact of HAI to your teams?

- How do you link hand hygiene to health outcomes?
- If your hospital has received value-based purchasing or hospital-acquired condition reimbursement penalties, is this shared with your team and if so, how?
- How do you personalize HAI events beyond reporting rates?
SOAP UP Webinar Series

Sept. 5: Accountability: Connecting Practice to HAI and Costs to Organization

Sept. 19: Hand Hygiene and Sepsis
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