Agenda

• Welcome, Introductions & Housekeeping
• UP Campaign Overview
• SOAP UP August Webinar Recap
• Hospital Features
• Call to Action
• SOAP UP Resources & Support
Indiana’s Bold Aim

To make Indiana the safest place to receive health care in the United States... *if not the world*
UP Campaign
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 (CAUTI)
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
Access to UP Campaign Materials

https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx

IHA SOAP UP Webinar Series

As a portion of IHA’s SOAP UP efforts for 3rd quarter, we are hosting a webinar series.

- **July 18, 2017**
  - Topic: Indiana Hospital Survey Results and Reliable Data Collection
  - Download slides or view the recording

- **August 8, 2017**
  - Topic: Hand Hygiene Culture and Speaking Up
  - Download slides or view the recording

- **September 5 at 3 p.m. ET**
  - Dial-in: 888-441-7458
  - Participant link
  - Topic: Accountability: Connecting Practice to HAI and Costs to Organization

- **September 19 at 3 p.m. ET**
  - Dial-in: 888-441-7458
  - Participant link
  - Topic: Connecting Hand Hygiene and Sepsis

If you’re interested in more information about how you can implement the UP Campaign at your hospital, contact Annette Handy.

For additional UP Campaign resources, visit the UP Campaign website.
How are you incorporating SOAP UP within your organization?
2017 Hospital Survey
Global Survey Themes

- Reliable Data Collection
- Hand Hygiene Culture and Speaking Up
- Accountability: Connecting Practice to HAI and Costs to the Organization
Engaging Hospital Teams
Engaging Patients & Families

Wash Your Hands!

Dirty! Wet Get Soap Rinse Scrub Dry Clean!

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

IHAconnect.org/Quality-Patient-Safety
Engaging the Community
8.8.17 Webinar Recap

- Focus: Hand Hygiene - An Integral Part of Patient Safety Culture and Speaking Up
  * Have fun - Be a Lifesaver!
  * Transparency & posting compliance publicly - sends message of organizational commitment
  * A multidisciplinary approach is essential
  EVERYONE owns hand hygiene
Lessons Learned – Peer Sharing
Courtesy of IU Health Blackford Hospital and Elkhart General Hospital

Be a Lifesaver
Clean Hands Save Lives

IHAconnect.org/Quality-Patient-Safety
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

Chat in how you have responded to the August SOAP UP Call to Action
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 August

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?

Chat in how your team is tackling these aspects to hand hygiene success
Hand Hygiene in Healthcare Settings

According to the CDC,

• On average, healthcare providers clean their hands less than half of the times they should

• On any given day, about one in 25 patients as at least one healthcare-associated infection
HAI Facts

• In the U.S., healthcare associated infections (HAI's) affect more than 2 million people every year resulting in approximately 100,000 deaths.¹

• HAI's lead to long-term disability, preventable deaths, and additional financial burden on the healthcare system.⁶

• An HAI increases the average length of stay 7.4 to 9.4 days and the risk of morbidity by 35%.⁹

• Compliance by healthcare workers with optimal hand hygiene is considered to be less than 40%.⁷

• Several studies of hand washing in high-acuity units with vulnerable patients have found that as few as one in seven staff members wash their hands between patients: compliance rates in the range of 15% - 35% are typical; rates above 40% are the exception.¹⁰⁻¹¹

• It is well established that the hands of HCWs are the principal cause of transmission of infection from patient to patient.⁹

• Hand hygiene, a very simple action, remains the primary means to reduce HAI’s and the spread of antimicrobial resistant organisms.²⁻⁵

• Global research indicates that improvements in hand hygiene activities could potentially reduce HAI rates by up to 50%⁴,⁸

IHACconnect.org/Quality-Patient-Safety
HAI Fiscal Risk to Hospitals
Pay for Performance Penalties

Value-based Purchasing

Hospital-Acquired Condition Reduction

FY 2017 Value-Based Purchasing

25% 25%

Domain Weighing

Domain Weighing

Domain Weighing

Domain Weighing

25% 25% 25%

Domain Weighing

Domain Weighing

Domain Weighing

Domain Weighing

25% 25% 25% 25%
Most Importantly, the Human Impact!
In 2011, there were an estimated 722,000 HAIs in U.S. acute care hospitals.

Additionally about 75,000 patients with HAI died during their hospitalization.
## Indiana Patient Safety Center of the Indiana Hospital Association

Learn how your hospital is performing: [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare)

For additional information:
- NISN: [www.cdc.gov/nisn](http://www.cdc.gov/nisn)
- HAI and prevention activities in Indiana: [www.in.gov/idsh/25473.htm](http://www.in.gov/idsh/25473.htm)
- Indiana validation efforts: [www.cdc.gov/hai/pdfs/state-progress-landscape.pdf](http://www.cdc.gov/hai/pdfs/state-progress-landscape.pdf)

### Acute Care Hospitals

Healthcare-associated infection (HAI) data give healthcare facilities and public health agencies knowledge to design, implement, and evaluate HAI prevention efforts.

#### What is the Standardized Infection Ratio (SIR)?

The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time. Lower SIRs are better. The SIR for a facility or state is adjusted to account for factors that might cause infection rates to be higher or lower, such as hospital size, teaching status, the type of patients a hospital serves, and surgery and patient characteristics.

#### What is Indiana doing to prevent healthcare-associated infections?

Indiana has a state mandate to publicly report at least one HAI to NISN.

Prevention efforts to reduce specific HAs:
- Multidrug-resistant infections (MDR)
- Long-term care facilities
- Antibiotic stewardship

For prevention effort details, see glossary.

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<table>
<thead>
<tr>
<th>HAI Type</th>
<th># of Indiana Hospitals That Reported Data to CDC's NISN, 2014† Total Hospitals in Indiana: 147</th>
<th>2014 State SIR vs. 2013 State SIR</th>
<th>2014 State SIR vs. 2011 Nat'l SIR</th>
<th>2014 State SIR vs. Nat'l Baseline‡</th>
<th>2014 State SIR</th>
<th>2014 Nat'l SIR</th>
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</thead>
<tbody>
<tr>
<td><strong>CLABSI</strong></td>
<td>CLABSI Net’l Baseline: 2008</td>
<td>166</td>
<td>12%</td>
<td>23%</td>
<td>30%</td>
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<td><strong>CAUTI</strong></td>
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<td>16%</td>
<td>3%</td>
<td>3%</td>
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<tr>
<td><strong>SSI, Abdominal Hysterectomy</strong></td>
<td>SSI, Abdominal Hysterectomy Net’l Baseline: 2008</td>
<td>98</td>
<td>17%</td>
<td>16%</td>
<td>30%</td>
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<tr>
<td><strong>SSI, Colon Surgery</strong></td>
<td>SSI, Colon Surgery Net’l Baseline: 2008</td>
<td>101</td>
<td>1%</td>
<td>8%</td>
<td>6%</td>
<td>1.06</td>
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<tr>
<td><strong>MRSA Bacteremia</strong></td>
<td>MRSA Bacteremia Net’l Baseline: 2011</td>
<td>107</td>
<td>6%</td>
<td>12%</td>
<td>23%</td>
<td>0.77</td>
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<tr>
<td><strong>C. difficile Infections</strong></td>
<td>C. difficile Infections Net’l Baseline: 2011</td>
<td>104</td>
<td>5%</td>
<td>2%</td>
<td>6%</td>
<td>0.94</td>
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† The number of hospitals that reported data and are included in the SIR calculation. This number may vary across HAI types; for example, some hospitals do not see central lines or urinary catheters, or do not perform cesarean or abdominal hysterectomy surgeries. For additional data points, refer to the technical data tables.

‡ Nat’l baseline time period varies by HAI type. See first column of this table for specifics.
Hospital Features
The Women’s Hospital

- 74 bed, Acute Care, Women’s Specialty Hospital
- Located in Newburgh
- Member of the Community Patient Safety Coalition of Southwestern Indiana/Kentucky
Hand Hygiene Monitoring

The Women’s Hospital
"PAY IT FORWARD AND PASS THE PACKET"

As we continue to strive for excellent patient care, TWH has implemented a hospital-wide program to meet the new "Non-Negotiable" standard of hand hygiene. This means that hand hygiene and hand hygiene observations are required to deliver the best possible care for our patients' safety. You have been selected to be a "select observer" and collect hand hygiene observations. Everyone must participate.

**INSTRUCTIONS**

1. Do 40 Observations a month (i.e., 10 a week). Forms can be found on Internet/E-mail. Be sure to select the correct one (NICU or OTHER Clinical Areas).
2. Fax or Interdepartmental mail observation forms to Annette Carter by end of the month once completed.
3. At the end of the month after your forms are submitted, YOU get to pay it forward and find a friend to pass the packet to. Call or email Annette Carter with the persons name you selected, as we will need to keep track of ongoing observations. ANY staff (housekeeping, EVS, dietary, social services, admitting, purchasing, etc.) that are around patient-care areas can participate so MIX IT UP! Please restock packet before passing it off. Be sure to physically hand off this packet (don't stick in mailbox).
4. You will receive an incentive and certificate for your competency check if your forms are received by the end of the month AND get entered for a Quarterly Drawing.

**WOW!** Based on our hospital size, the estimated number of hand hygiene opportunities in a months time is: NICU= 207,360 ADULT & WELL BABY= 302,400

Thank you for all of your hard work and help in implementing this project.

Your efforts are greatly appreciated!

Annette Carter
Phone: (812) 642-4590
Fax: (812) 642-4581

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**BE SURE TO SELECT CORRECT FORM**
CERTIFICATE OF COMPLETION

This certificate is awarded for your successful participation in Hand Hygiene Observations.

To: ________________________________

Thank you for your participation in keeping our patients safe and making TWH great!

_______________________________  __________
Signature                        Date
<table>
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<tr>
<th>Month</th>
<th>Packet</th>
<th>Name</th>
<th>Unit</th>
<th>Reminder in Mailbox</th>
<th>Emailed Manager</th>
<th>Date Returned</th>
<th>Number Observed</th>
<th>Incentive and Certificate Given</th>
<th>Comments</th>
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<td>Packet 2</td>
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## TWH Hand Hygiene Compliance

### 2017 2nd Qtr Hand Hygiene Compliance by HCW

<table>
<thead>
<tr>
<th>Label</th>
<th>Yes</th>
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<td>CST</td>
<td>69</td>
<td>1</td>
<td>70</td>
<td>100%</td>
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<td>EVS</td>
<td>4</td>
<td>14</td>
<td>18</td>
<td>78%</td>
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<td>LAB</td>
<td>16</td>
<td>10</td>
<td>26</td>
<td>40%</td>
</tr>
<tr>
<td>MD/MPA</td>
<td>62</td>
<td>24</td>
<td>86</td>
<td>40%</td>
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<td>PCA/PCT</td>
<td>7</td>
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<td>8</td>
<td>96%</td>
</tr>
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<td>RAD</td>
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<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>RN</td>
<td>64</td>
<td>151</td>
<td>215</td>
<td>55%</td>
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<tr>
<td>PT/VT/FT</td>
<td>64</td>
<td>151</td>
<td>215</td>
<td>55%</td>
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<tr>
<td>ANG/CLAMY</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>88%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>152</td>
<td>186</td>
<td>338</td>
<td>999</td>
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</table>

### 2017 2nd Qtr Hand Hygiene Compliance by Unit

<table>
<thead>
<tr>
<th>Unit</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>Med/Surg</td>
<td>46</td>
<td>20</td>
<td>66</td>
<td>93%</td>
</tr>
<tr>
<td>Med/ICU</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>93%</td>
</tr>
<tr>
<td>Med/NCU</td>
<td>24</td>
<td>7</td>
<td>31</td>
<td>60%</td>
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<tr>
<td>Med/PACU</td>
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<td>6</td>
<td>16</td>
<td>60%</td>
</tr>
<tr>
<td>Med/PSU</td>
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<td>30</td>
<td>46</td>
<td>52%</td>
</tr>
<tr>
<td>Med/PRACU</td>
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<td>56</td>
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<tr>
<td>Surg</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>152</td>
<td>186</td>
<td>338</td>
<td>999</td>
</tr>
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</table>
NICU CLABSI’s: 2013-2017 (2nd Qtr)
Reported to CDC/NHSN

Of interest – there were 1,426 line days in 2015, compared to 2,051 line days in 2016!
NICU Standardized Infection Ratio Trends

<table>
<thead>
<tr>
<th>Year</th>
<th># of Actual CLABSI</th>
<th># Expected CLABSI</th>
<th>SIR</th>
</tr>
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<tbody>
<tr>
<td>2013</td>
<td>3</td>
<td>4.67</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>2</td>
<td>3.76</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>3</td>
<td>3.35</td>
<td>0.97</td>
</tr>
<tr>
<td>2016</td>
<td>3</td>
<td>4.43</td>
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</table>
Deaconess Hospital

- 379 Bed, Acute Care Hospital
- Located in Evansville
- Member of the Community Patient Safety Coalition of Southwestern Indiana/Kentucky
Hand Hygiene Journey

Dawn Rogers, MSN, RN, FNP-C, MT, ASCP, Patient Safety & Infection Control Officer

Katie Gretler, MHA, Patient Safety Coordinator

9/5/2017
In the Beginning......... (Feb 2016)

Hospital Compliance 40-50%

Clean hands stop germs. Ask us if we washed. Learn more: www.apic.org/HandWash

We are asking ALL units and departments to increase our organizations' accountability for hand hygiene. Let's join together and hold each other accountable to this!

Why? Everyone knows that hand hygiene is the foundation of patient safety and it is the simplest way to protect our patients and prevent the spread of infection!

How can you help? Pick an initiative for your unit or department! Call Infection Prevention if you need ideas!
Alert Infection Prevention & Patient Safety as to what your initiative will be and provide a start date!

When does this start? NOW!!! Don't wait, just choose something and create awareness while creating a safer environment for our patients!

Prizes? Each month, one unit or department will receive a pizza treat. Monthly voting for the winner could be based on ANY of the following:
1. Most significant improvement in hand hygiene compliance
2. Highest hand hygiene compliance
3. Most unique initiative

Winners will be announced the first week of each month! Unit/Dept. will win a pizza party and be recognized as a leader in patient safety! Any department/unit that participates will be recognized in the Patient Safety Newsletter!

Infection Prevention & Patient Safety Team
Department Initiatives
The 5 Stages of Grief

1. Those numbers couldn’t be accurate. Must be another department bringing my numbers down!
2. Well that isn’t right that radiology non-compliance makes my unit look bad!
3. If you can just come and see that my unit is different, that is why our numbers are low!
4. I can’t believe how non-compliant we are!
5. Our staff is speaking up for hand hygiene!
Hand Hygiene Compliance Trends
Hand Hygiene vs. MRSA Bacteremia
# Hand Hygiene Strategy Timeline

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Date</th>
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<tbody>
<tr>
<td><strong>Hand Hygiene</strong></td>
<td></td>
</tr>
<tr>
<td>• On-boarding</td>
<td>Jan 2016</td>
</tr>
<tr>
<td>• Department Initiatives encouraging staff to “speak up”</td>
<td>Feb 2016</td>
</tr>
<tr>
<td>• Presentation of trophy at monthly Leadership (Most Creative, Most Improved, Most Compliant)</td>
<td>Mar 2016</td>
</tr>
<tr>
<td>• Participation</td>
<td></td>
</tr>
<tr>
<td>• Unit compliance rates</td>
<td>Oct 2016</td>
</tr>
<tr>
<td>• Discipline compliance rates</td>
<td>Oct 2016</td>
</tr>
<tr>
<td>• New strategic goal set</td>
<td>Nov 2016</td>
</tr>
<tr>
<td>• Public postings on units</td>
<td>Dec 2016</td>
</tr>
<tr>
<td>• Breakdown of compliance by discipline</td>
<td></td>
</tr>
<tr>
<td>• Physician champion</td>
<td></td>
</tr>
<tr>
<td>• <strong>Speak Up Challenge</strong></td>
<td>Mar 2017</td>
</tr>
<tr>
<td>• Wed report out on Safety Call</td>
<td>Mar 2017</td>
</tr>
</tbody>
</table>
Involvement of Roles for Success

Infection Prevention

• Real time education
  – Create awareness
  – Barriers: Take time to listen!

• Provide tools

• Timely reporting
  – Honor requests for additional data

• Be resilient

• Make it fun!
Involvement of Roles for Success

Units/Departments

• Own hand hygiene!
  – Audits
  – Speak UP

• Hold EVERYONE accountable
  – Development of policy

• Have fun!
Involvement of Roles for Success

Leadership

• Allow transparency
• Set the standards
• Create accountability
• Own hand hygiene
• Allow fun!
March Madness “Speak Up!” Challenge

- 4 weeks
- 66 departments
- 16 teams
- 3 hospital campuses/Eagle Crest
- Nearly 2,500 cards submitted
- More than 3,500 points accrued
- Patients’ safety heightened ...
Lessons Learned from March Madness!

• Just Culture is an issue
  – Employees feared they were “snitching” on their peers
  – Employees feared discipline if they were “caught”
  – These concerns were pervasive

• Hand Hygiene compliance
  – #1 “Speak Up!” subject
One Unit’s Success Story
Future State

• Greater involvement of ancillary areas
  – Secret auditing in areas where patients are seen
    • Radiology
    • Outpatient Lab
  – Posting discipline compliance rates

• Patient engagement
• Standardized leadership rounding
• Continuous drive for improved safety culture
Accountability & Connecting to HAI – Call to Action

• Assess how you are reporting HAI within ALL levels of your organization
• Make the connection of HAI with the human/personal impact – consider reporting in raw numbers versus rates, percentages or deciles
• While HAI prevention is multifaceted, challenge your team to decrease HAI through proper hand hygiene practices
• Consider reporting HAI incidents back to ALL staff caring for that patient for practice reflection and to assist with RCA
Sept. 19 - Hand Hygiene and Sepsis
World Sepsis Day – Sept. 13

IHA is hosting two events on this day at the Indiana War Memorial, Pershing Auditorium in downtown Indianapolis.

To learn more and register for these FREE events, visit:

https://www.ihaconnect.org/member/professional-development/Pages/2017-Rally-Against-Sepsis.aspx

Rally Against Sepsis
10 – 11 a.m. ET

Sepsis Spotlight
12 – 3 p.m. ET

Three Indiana hospitals will share their innovative approaches to sepsis care.
Hand Hygiene Resources
World Health Organization

How to Handrub?

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.

When?

1. Before touching a patient.
2. During contact with patient.
3. After removing gloves.
4. After touching patient surroundings.
5. After touching patient surroundings.

How to Handwashes?

1. With water and soap.
2. With alcohol-based hand rub.

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 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 of the INHAC Guidelines for Hand Hygiene in Healthcare Facilities or the World Health Organization guidelines are chosen, the basics of measurement follows some evidence-based principles.

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

1. Measurement
   - Determine 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 the majority of the observations will be on entry and exit. However, establishing a measurement system that captures the other moments/discharges allows facilities to learn from these moments and understand hand hygiene at the most critical point.

https://apic.org/

http://apicin.org/index.php
IHA Resource Sheet

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: EIDs, CAUTI, CABS, MRSA, SSI, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the UP Campaign</td>
<td><a href="https://www.youtube.com/watch?v=ZC8spxWuf34">https://www.youtube.com/watch?v=ZC8spxWuf34</a></td>
</tr>
<tr>
<td>C. Difficile (CD)</td>
<td><a href="http://www.hret-hin.org/Topics/Cdifficile-associated-CDI/CDI-technical-content">http://www.hret-hin.org/Topics/Cdifficile-associated-CDI/CDI-technical-content</a></td>
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<tr>
<td>Multi-drug Resistant Organisms (MDRO)</td>
<td><a href="http://www.hret-hin.org/Topics/multi-drug-resistant-organisms/technical-content">http://www.hret-hin.org/Topics/multi-drug-resistant-organisms/technical-content</a></td>
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<tr>
<td>Sepsis</td>
<td><a href="http://www.hret-hin.org/Topics/sepsis/technical-content">http://www.hret-hin.org/Topics/sepsis/technical-content</a></td>
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<tr>
<td>Surgical Site Infection (SSI)</td>
<td><a href="http://www.hret-hin.org/Topics/surgical-site-infection/technical-content">http://www.hret-hin.org/Topics/surgical-site-infection/technical-content</a></td>
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<tr>
<td>Ventilator-Associated Events (VAE)</td>
<td><a href="http://www.hret-hin.org/Topics/ventilator-associated-event/technical-content">http://www.hret-hin.org/Topics/ventilator-associated-event/technical-content</a></td>
</tr>
</tbody>
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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
  - Health Research & Educational Trust (HRET) Hospital Improvement Innovation Network (HIIN) UP Campaign
    - All UP Campaign Resources: 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://consumers.site.apic.org/infection-prevention-basics/wash-your-hands-offen/ |
  - Mayo Clinic Handwashing Do’s and Don’ts: http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/hand-washing/art-20046253

- **LUL hand hygiene tips**:
  - https://www.cdc.gov/features/handwashing/index.html
  - https://www.cdc.gov/handwashing/when-hand-washing.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
Our IPSC Team

Becky Hancock
Patient Safety & Quality Advisor
317-423-7799
rhancock@IHAconnect.org

Annette Handy
Clinical Director
317-423-7795
ahandy@IHAconnect.org

Karin Kennedy
Administrative Director
317-423-7737
k kennedy@IHAconnect.org

Patrick Nielsen
Patient Safety Data Analyst
317-423-7740
pnielsen@IHAconnect.org

Kim Radant
Special Projects
Patient Safety & Quality Advisor
317-423-7740
kradant@IHAconnect.org

Matt Relano
Patient Safety Intern
317-974-1420
mrelano@IHAconnect.org

Cynthia Roush
Patient Safety Support Specialist
317-423-7798
croush@IHAconnect.org

Madeline Wilson
Patient Safety & Quality Advisor
317-974-1407
mwilson@IHAconnect.org
References


6 Backman, Chantal, RN, BScN, MHA “Patient Safety: It’s in your hands!” PowerPoint presentation, slide 15.


