



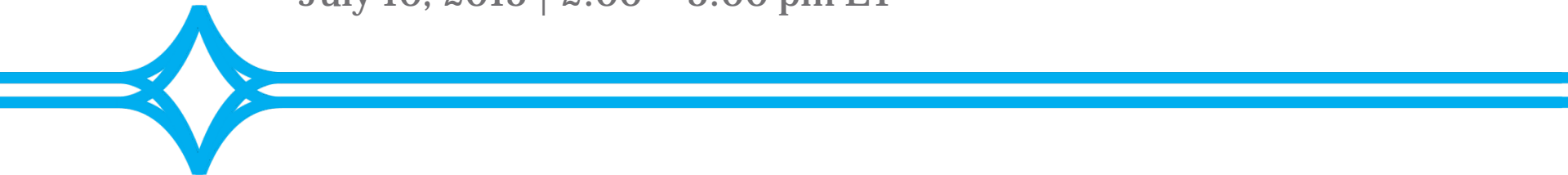
# ESSENTIAL HOSPITALS INSTITUTE

## Hand Hygiene Learning Network

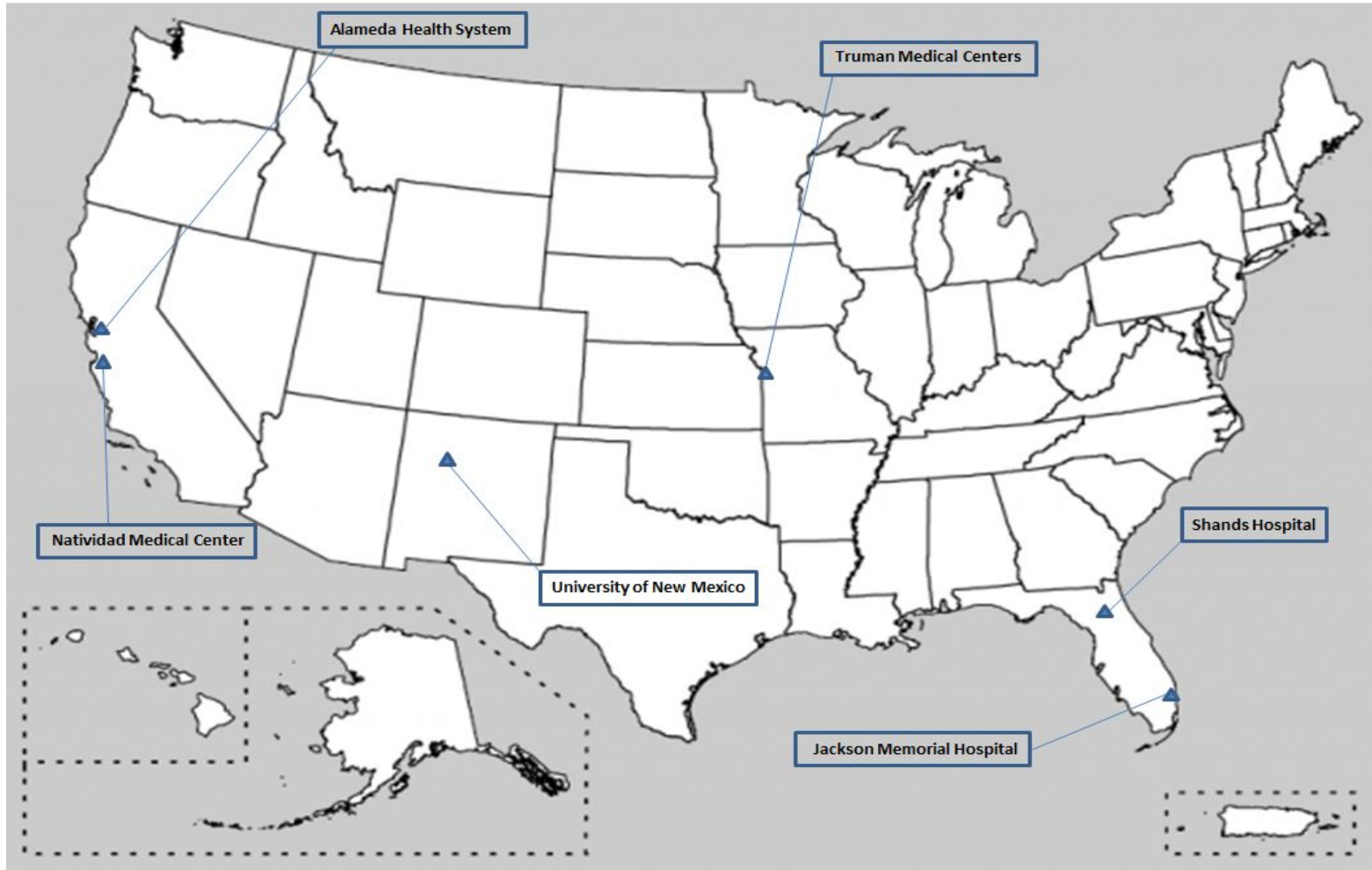
Partnership with America's Essential Hospitals and  
the Joint Commission Center for Transforming Healthcare

### ***Webinar Installment #1 of 6***

July 10, 2013 | 2:00 – 3:00 pm ET



# TST HAND HYGIENE PROGRAM PARTICIPANTS



# TST HAND HYGIENE PROGRAM TEAM





# **Hand Hygiene Guided Cohort Targeted Solutions Tool™ (TST) Step 1 – Getting Started**

**Date: July 10, 2013**

# Objectives

- ▶ Primary: To establish a clear understanding of the project milestone's expectations and deliverables.
- ▶ Secondary: To provide individual's project progress, updates and learning (next call – August 7)
- ▶ Others: To collaborate with other participating organizations in learning and achieving the same goal of improving Hand Hygiene compliance and reducing healthcare-associated infections.

# Agenda

<u>Topic</u>
<b>Check In</b> <ul style="list-style-type: none"><li>• Introduction (Name/ Title &amp; Role for this project/ Organization)</li><li>• Review of the Ground Rules</li></ul>
<b>Overview of the Targeted Solutions Tool (TST) and Q &amp; A</b>
<b>Step 1 – Getting Started and Q&amp; A</b>
<b>Discussion (3 minutes per organization):</b> <ol style="list-style-type: none"><li>1. How do you foresee getting started at your organization?</li><li>2. What is the anticipated timeline for your organization to complete Step 1?</li><li>3. Other questions or concerns?</li></ol>
<b>Project schedules and next call</b>
<b>Closing</b> <ol style="list-style-type: none"><li>1. Next deliverables</li><li>2. Action steps: WWW</li><li>3. Plus &amp; Delta</li></ol>
Individual questions & comments?

# Review of Ground Rules

1. Full participation by project team.
2. Start on time. End on time.
3. All ideas welcome.
4. One conversation at a time. Please announce your name before speaking.
5. Don't leave the call with unanswered question(s).
6. Anything else to add?



# Overview of the Targeted Solutions Tool (TST)



# Hand Hygiene Results: May 1, 2013

795 projects are using interventions

– Baseline = 57% (n = 103,264)\*

– Improve = 82% (n = 473,827)\*

**\*p<0.0001**

	<u>Unit</u>	<u>Baseline</u>	<u>Improve</u>
–	Pediatric med-surg	70%	90%
–	Emergency dept	53%	80%
–	Adult med-surg	50%	82%
–	Long term care	58%	81%

20% have improved to 90% or greater

Note: 80% of health care organizations using the TST are hospitals

# Cleveland MetroHealth Medical Center increases hand washing, reduces infections

Published: Saturday, September 03, 2011, 5:50 AM Updated: Saturday, September 03, 2011, 7:44 AM

By Sarah Jane Tribble, The Plain Dealer



CLEVELAND, Ohio — Who would have thought that Mom could be so right?

It turns out that by simply washing their hands more, the doctors and nurses at MetroHealth Medical Center have drastically reduced the hospital's infection rates and improved overall patient health.

The hospital, whose staff members were already washing their hands at an



new full size

Lisa DeJong, The Plain Dealer

Cleveland MetroHealth Hospital nurse Midalia Gonzalez uses hand sanitizer Friday after seeing a patient in the pediatric ICU.

**Bloodstream infections fell by 1/3**

they are called, began making their rounds in January, bloodstream infections at the hospital have dropped to one-third what they were for all of last year.



# Step 1: Getting Started with the Hand Hygiene Project

- 1a – Defining Hand Hygiene
- 1b – Scope agreement
- 1c – Building your team
- 1d – Action items

# Getting Started

Tips from Experts

## 1. Getting Started

The goal: Getting everyone to wash in and wash out.

This secure Targeted Solutions Tool™ outlines the specific steps your organization can take to better hand hygiene. This secure site includes:

- Forms, tools and tips for observing, recording and interpreting hand hygiene compliance
- Instructions for pinpointing the solutions that will work best at your organization
- Guidelines for maintaining success

### To make your project successful

- Measure accurately. The participating organizations with the Center for Transforming Healthcare thought their hand hygiene compliance was at about 70-90 percent; after accurate measurement they found out that their compliance was actually less than 50 percent.
- Identify your organization's root causes of noncompliance so you can get targeted solutions that will work for you. There are probably only three or four root causes that are most relevant to the problems at your organization.

### How long will it take?

Some solutions can be implemented today; others may take months to fully implement. However, this project can be completed within 10-12 weeks and that should be your organization's goal.



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Amber Miller, M.S.N., R.N.  
Compliance rates



### Security concerns?

*The information provided on this secure Extranet site is kept confidential.* Only those with access to your organization's secure Joint Commission Connect site can see the forms, tools and data that you input. **Any data that you input into the online forms will not be traced back to your organization, it will not be shared with The Joint Commission, and it will not affect your organization's accreditation. Only aggregate, de-identified data will be shared.**

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# 1a- Defining Hand Hygiene

## 1a. Defining hand hygiene

**Hand hygiene is defined so that your organization can better measure, or count, instances of hand hygiene compliance.**

**Hand hygiene:** Cleansing the hands with an alcohol-based foam or gel or soap. Under certain circumstances, health care personnel may use gloves, but they still must perform hand hygiene prior to and after removal of the gloves. This project will measure hand hygiene compliance at room entry and exit.

**Hand hygiene at room entry** ensures that hands are clean before both planned and unplanned contact with the patient or the items in the patient's environment to prevent the introduction of germs to the patient or their environment.

**Hand hygiene at room exit** ensures that hands are clean upon the exit of one patient care environment to prevent the introduction of germs to the caregiver or common areas, especially after body fluid exposure.




**Health care personnel (HCP):** The Joint Commission Center for Transforming Healthcare uses the Centers for Disease Control and Prevention (CDC) definition of health care personnel, which refers to all paid and unpaid (i.e., volunteer) persons working in health care settings who have the potential to come in contact with a patient or their environment.

**Patient care area:** A private room, semi-private room, or in a multiple-bed or multiple-room setting it can be a "curtain line" or a "floor line" or any place where washing would be expected, including all patient care areas in the unit, even if they are in the hallway, restroom, special treatment room, etc.

**Special circumstances:** The following circumstances should *not* be "counted" as non-compliance (also called defects) during observation.

- When health care personnel enter the patient room to respond to a patient emergency, such as a code or potential fall.
- When health care personnel carry something into a room and perform hand hygiene immediately after putting items down. A good example of this might be during physician rounding where hand hygiene is performed as the team exits one patient room and immediately enters another patient room.
- When health care personnel exit the room and re-enter another patient care area within 30 seconds of performing hand hygiene and do not touch anything.
- When health care personnel (i.e., a physical or occupational therapist) touches the patient while helping them ambulate at room entry or exit.

### Links

-  [World Health Organization \(WHO\) guidelines](#)
-  [Centers for Disease Control & Prevention \(CDC\) guidelines](#)
-  [Wash in and out and WHO's 5 moments for Hand Hygiene](#)

# 1b- Scope Agreement

## 1b. Tailoring the project to your organization

We recommend the following project parameters (what to include and exclude):

- **Who washes:** All staff (professional, housekeeping, etc.) wash hands before entering and upon leaving a patient care area. Staff wash hands even when no patient contact is expected. Examples: responding to an alarm, delivering a tray, changing a light bulb.
- **Who does not wash:** While we encourage patients and visitors to wash their hands, this is not an expectation of this project (it is out of the scope of the project).

**Attention:** If you change any of the recommended parameters above, be aware that:

- You will not benefit from solutions tailored to root causes specific to your organization.
- You will not be able to rate a solution based on the contributing factors.
- Your data will not be aggregated with the data of other organizations.
- You will not be invited to share feedback about your project, data or results.

Let's get started by answering a few questions identified by the ► icon, this will allow you to populate the forms and tools with information specific to your organization, and it will enable you to experience the full range of benefits of the tools provided here.

► Please check one of the boxes:

- We will not be changing the scope of our project.
- We have read the information above and have decided to change the scope of our project. We understand that our data and feedback will not be aggregated with other data.

► Enter your area name:

► Select the area you would most like to improve:

# 1c- Building your Team

## 1c. Building your hand hygiene team

### *Recommended best practice:* Build a team

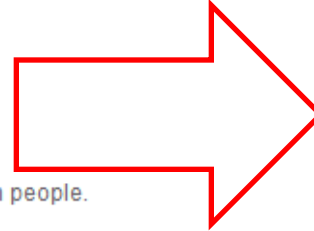
- If you don't already have a hand hygiene team, create a core team of three to seven people.
- The team should include a strong physician champion and project leader to facilitate meetings and help gain buy-in from stakeholders.
- Include the manager of the pilot unit and people who work in the area, including ancillary staff, when appropriate (for example, housekeeping, lab, respiratory therapy).
- It is important to identify and consider the project stakeholders. They can be your greatest ally or barrier depending on how you engage them in the process from the beginning. A stakeholder analysis can help your core team identify the roles or individuals that are key to the success of your project. The stakeholder analysis tool helps:
  - weigh their buy in to the project
  - gauge where you need them to be
  - generate an action plan to bridge the gap between buy-in and push-back

A team training module is also available to help facilitate the stakeholder analysis and team meetings.




 [Stakeholder analysis module & tool](#)

One way to gain buy-in for the project and to ensure success is to have a well-defined project charter that is signed by the project team members as a demonstration of their support. In addition, the project charter puts in writing the scope, goals and completion dates of the pilot project.

 [Project charter download](#)



### *Tools to download*

-  [Stakeholder analysis module & tool](#)
-  [Project charter download](#)
-  [Information on team building](#)

# 1d- Action Items

## 1d. Action items: Checklist for section 1

Before moving to section 2, you should:

- Check the appropriate box in [section 1b](#) regarding changing the scope of your project
- Select one area for your [pilot project](#). You can create additional projects for as many areas as you would like
  - Name the pilot project area
  - Define the hours (shifts) of the area
  - Describe the specialty of the area
- Determine your core project team
- Complete [project charter](#), including signatures of core team members
- Complete the [stakeholder analysis](#) with your core [project team](#)
- Review the definitions in this section for
  - Hand hygiene
  - Special circumstances
  - Health care personnel
  - Patient care area
  - Hand hygiene data collectors
  - Just-in-time coaches

< Prev

Next >



# Discussion

(3 minutes per organization)

- ▶ How do you foresee getting started at your organization?
- ▶ What is the anticipated timeline for your organization to complete Step 1?
- ▶ Other questions or concerns?



# Next Webinar & Project Schedule

Next webinar:  
**August 7, 2013**  
2:00 – 3:00 pm ET

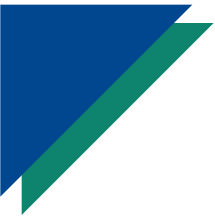
**Please register below by **July 31**:**

<http://isgweb.naph.org/ISGWeb/LogIn/login.aspx?ReturnUrl=https://essentialhospitals.webex.com/essentialhospitals/onstage/g.php?d=649513839>

# Next Steps

What	Who	When	Status
Be sure to have access to the TST	Team Leaders	July 12, 2012	
Make sure all team members are registered for America's Essential Hospitals Community	Teams	Before August 7, 2013	
Team members should spend time in TST familiarizing themselves with the content	Teams	Before August 7, 2013	
Schedule individualized coaching call	Teams Leader	Before August 1, 2013	
Complete all Step 1 including 1d- Action Items	Teams	August 7, 2013	

# Feedback



PLUS	DELTA