

Hand Hygiene Champion Toolkit

PROVIDED BY THE VMG HAND HYGIENE SUBCOMMITTEE



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To the new Hand Hygiene Champion:

Thank you for stepping up to make a difference in patient safety starting with one clinic at a time by improving hand hygiene compliance. Just volunteering for this opportunity shows your desire to be a part of the solution, and that is honorable.

We admire your dedication to your patients and their safety. Please know you are not in this alone, we are here to support you in every way.

This toolkit provides definitions, expectations, guidance, and resources to serve the role of the Hand Hygiene Champion. Improved Hand Hygiene compliance is the goal, however, creating champions to empower the front line to be a part of the solution to patient safety is ultimately the goal.

Why is it important to perform hand hygiene?

According to the Centers for Disease Control and Prevention (CDC):

Keeping hands clean is one of the most important steps to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands. Preventing sickness reduces the amount of antibiotics people use and the likelihood that [antibiotic resistance](#) will develop. Handwashing can prevent about 30% of diarrhea-related sicknesses and about 20% respiratory infections (e.g., colds). Antibiotics often are prescribed unnecessarily for these health issues. Reducing the number of these infections by washing hands frequently helps prevent the overuse of antibiotics—the single most important factor leading to antibiotic resistance around the world. Handwashing can also prevent people from getting sick with germs that are already resistant to antibiotics and that can be difficult to treat. Practicing hand hygiene is a simple yet effective way to prevent infections in healthcare settings. Hand hygiene, which means cleaning your hands by washing with soap and water or using an alcohol-based hand sanitizer, is one of the best ways to avoid getting sick and prevent spreading germs to others (CDC, 2022).

Introduction to the VUMC Hand Hygiene Program – How it all began and how we make a difference still...

Check out this story from Yahoo! News about our Hand Hygiene Program:

Dr. Gerald Hickson had two primary concerns after his wife's double-knee replacement operation at Vanderbilt University Hospital in July 2008: making sure she received appropriate pain control and getting her moving as quickly as possible to avoid blood clots. But as he sat with her during her recovery, Hickson made a disturbing discovery. Most of the nurses, doctors and other hospital workers filing in and out of the room to care for his wife, who was at risk of contracting an infection after surgery, were not washing their hands.

A compulsive person by nature, Hickson started counting. He found 92 instances when staff members should have soaped up or used antiseptic foam. The total number of times they actually did? 32. Hickson did not want to humiliate anyone, but he was also fiercely committed to protecting his wife. With polite Southern collegiality, he calmly pointed out the 60 opportunities when staffers could have provided safer care but didn't. Some staffers were immediately embarrassed. Several wondered if he was kidding, got defensive and offered explanations for their lapses. A few — including one who needed prompting three times — said, "Thank you." Hickson sent them all out to clean up. "I was stunned by what I was seeing," he says. The day he sat with his wife after her surgery, he was dressed in shorts and a T-shirt, trying to be incognito. But he is far from your typical health care consumer. In addition to being a physician, Hickson is the senior vice president for Quality, Safety and Risk Prevention at Vanderbilt University Medical Center, which includes the main hospital where his wife was treated, as well as other specialty hospitals and clinics. There was no way he was going to let his own medical team put its patients at risk. Hickson reported his findings to Dr. Tom Talbot, VUMC's chief epidemiologist, and Talbot ran with it, spearheading an ambitious clean hands initiative that was launched in July 2009. Since then, hand-washing rates at Vanderbilt have jumped from 58 percent to 97 percent; at the same time, the number of several stubborn infections has dropped, one of them by as much as 80 percent.

We successfully implemented a multifaceted observational HH program based upon the principles of extensive project planning, leadership buy-in and goal setting, financial incentives linked to performance, and use of a system-wide shared accountability model. Improvements in HH have been sustained across the entire health system. Leadership engagement through a formal accountability structure coupled with institutional financial incentives have encouraged both nursing and physician leadership to pursue a culture of consistent, sustained HH adherence (Kalb, 2014).

What is a Hand Hygiene Champion?

A leader that leads hand hygiene compliance and improvement efforts in their clinic. The Champion will be given the responsibility to be the voice and liaison of the clinic to the Hand Hygiene Subcommittee for ways to overcome barriers and provide on-site support for hand hygiene compliance. They are a patient safety hero.

What is the role of the Hand Hygiene Champion?

Our patient's safety lies within our hands, and they must be clean hands. Clinic Leadership plays an essential role in the success of the compliance and success of the Hand Hygiene Program (Talbot et al., 2013). VUMC appreciates the support of the Hand Hygiene Champion through the following:

1. Positive reinforcement of hand hygiene performance.
2. Serve as the backup hand hygiene observer.
3. Use the self-audit tool, included in this toolkit.

4. In the moment, feedback to those who had missed hand hygiene opportunities.
5. Be an example of hand hygiene compliance.
6. Supporting improvement efforts to improve hand hygiene.
7. Share the clinic compliance data on the Visual Management Board.
8. Checking in with the assigned hand hygiene observer often for feedback, suggestions, and barriers.
9. Connecting with the Hand Hygiene Team for support or required education.
10. Attending the Hand Hygiene Subcommittee, meeting every third Wednesday at 7 am via teams and participating. (Contact Katherine.bashaw@vumc.org to get access to the invite)
11. Report out data to the staff meetings how the clinic is doing in relation to hand hygiene compliance.

Meet the Hand Hygiene Program Team?

VUMC has hand hygiene experts on the Infection Prevention Team that dedicates their time to the Hand Hygiene Program's success. They perform many duties to improve patient safety by focusing on hand hygiene. Their team performs hand hygiene education, support, and expertise in inpatient areas and outpatient locations at VUMC. They complete hand hygiene observations around the clock and offer in-the-moment coaching to improve patient outcomes and staff support. Data is collected, compiled, and trended to share with Leadership to guide any additional focus to improve the hand hygiene program.

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Click here to read about the team that is leading the work on Hand Hygiene Compliance:
<https://www.vumc.org/hand-hygiene/clean-hands-save-lives>

Quality Pillar Goal for VUMC



The Five Pillars of Excellence are the framework for setting organizational goals and direction. They provide a balanced approach to our goals, evaluations, and communications. The middle pillar refers to the Quality Pillar Goals. Hand Hygiene falls under the Quality Pillar Goals as the program directly impacts the Patient Harm Index.

Expectations for Clinics

Compliance

Target- 92% compliance for each clinic.

Hand Hygiene Policy:

<https://vanderbilt.policytech.com/dotNet/documents/?docid=20997>

Observation Training:

<https://www.vumc.org/hand-hygiene/observer-training>

Where can I find my Hand Hygiene Data?

The data is in Tableau, a software that collects and compiles hand hygiene data. This software can aid in displaying hand hygiene data in various ways to ensure you can understand how your clinic is performing in hand hygiene compliance and meeting the observation goals. Multiple tabs display various data sets for hand hygiene compliance at VUMC. You can see the overall hand hygiene compliance for VUMC as an enterprise and see how well the outpatient clinics are performing in comparison here:

<https://tableau.app.vumc.org/t/QualitySafetyRiskPrevention/views/HandHygiene/PillarGoalDashboard?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y#1>

To see locations separately and by month, you can use the Hand Hygiene Performance Quick view Summary for Multiple location link:

<https://tableau.app.vumc.org/t/QualitySafetyRiskPrevention/views/HandHygiene/QuickviewSummary?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y#1>

Committees that Hand Hygiene Data is reported to:

- Hand Hygiene Task Force (Monthly)
- Hand Hygiene Subcommittee (Monthly)
- Ambulatory Quality and Safety Committee (Monthly)
- Clinic Staff meetings by the Hand Hygiene Champion (Monthly)

What happens when my goals still need to be met?

Required observation goal-

Hand Hygiene Missing Observation Interventions

The following triggers are general criteria for initiating follow-up interventions for missing hand hygiene observations. Additional consideration may be used in addition to these triggers on a case-by-case basis.

TRIGGERS

Level 1:

- **One month of missed observations**

Intervention: Notify the observer and immediate supervisor via email of the missed observations

Level 2:

- **Two consecutive months of missed observations**

Intervention: Notify the observer, immediate supervisor along with the next level of Leadership, and Infection Prevention Director via email of the missed observations and send Redcap survey to assess barriers to the unit/clinic manager

Level 3:

- **Three consecutive months or more of missed observations**

Intervention: Notify executive Leadership of the area and Infection Prevention Director via email of the missed observations

Other Criteria:

- **Missing observations that are not in consecutive months, less than 50% of observations are done for the reporting period (i.e., three months of missing observations in a 6-month reporting period)**

Intervention: Notify the observer, immediate supervisor along with the next level of Leadership, and Infection Prevention Director via email of the missed observations

Other processes in place for notification:

Observer Accountability Reports sent to Executive Leadership for inpatient and ambulatory areas on a monthly (report auto-generated by IP Data Analytic Team)

REDCap <https://redcap.link/m0xygpom>

Ask the unit manager or designee to complete the survey within two weeks

Senior Program Manager with Associate Program Managers to follow up on results and initiate interventions as needed.

Hand Hygiene Champion Self-Audit Tool



Hand Hygiene
Champion Audit Tool

Using the tool located here:

Perform this assessment monthly and report any findings to front-line leadership and the Hand Hygiene Subcommittee.

Questions to ask or other ways to get engagement for improvement efforts:

1. What do you think that can be done to improve hand hygiene compliance?
2. Is there any new ways we can make hand hygiene fun?
3. Suggest a contest to inquire about the best ideas to make hand hygiene a priority.
4. Make the work about patient safety, ask for personal stories, or share case studies where hand hygiene could have saved a life.
5. Quiz the staff with hand hygiene facts (ask your Hand Hygiene Team for some) and give prizes to those that answer correctly (candy or a high five works too- after performing hand hygiene of course!)
6. Explain to me the times you could not perform hand hygiene.
7. Were there any times you forgot to perform hand hygiene?

How can I improve my clinic's hand hygiene data?

Option 1: Assign a Hand Hygiene Champion to oversee the compliance data, share information, and drive improvement efforts.

Option 2: Presenting Hand Hygiene Data on the Visual Management Board for all to see and speak about ways to improve huddles.

Option 3: Observe the flow of the clinic and see if there are hand hygiene supplies in appropriate places for use.

Option 4: Collaborate with the Hand Hygiene Team to identify improvement areas.

Option 5: Positive reinforcement and encouragement from clinic leaders.

Option 6: Place signage as reminders.

Option 7: Create a team of staff members to provide feedback on improvement efforts.

Option 8: Education for staff.

Option 9: Get creative and research what worked for another clinic. (Remember to share the efforts to give other clinics ideas on improving compliance!)

Additional resources:

Observation Rules https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Hand-Hygiene-Compliance-Measurement-Rules-Mar-2011.pdf

Hand Hygiene Compliance Observation: Frequently Asked Questions:
https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Hand-Hygiene-Compliance-Measurement-FAQs-FINAL-CONDENSED-9-2011.pdf

Leader Guidelines regarding Hand Hygiene: https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Leader-Hand-Hygiene-Expectations-FINAL-7-6-2015.pdf

Clarification of Hand Hygiene Compliance Rule Regarding “Room-to-Room” Behavior: “Hand Connectivity” https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Hand-Connectivity-Clarification-Feb-2011.pdf

List of approved Hand Hygiene Products: https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Approved-Hand-Hygiene-Products-Summary-May-2012.pdf

Provider Guidelines for Hand Hygiene https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Provider-Hand-Hygiene-Expectations-FINAL-7-6-2015.pdf

Hand Hygiene Accountability Flow Chart https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Hand-Hygiene-Accountability-Flow-Chart-FINAL-UPDATED-APRIL-2017.pdf

VUMC Hand Hygiene Program Tracking Platform – link to log observations:
https://qps.mc.vanderbilt.edu/handhygiene/admin_login.php?error=authenticated_member

Prevent Dry Hands resources: <https://www.vumc.org/hand-hygiene/prevent-dry-hands-resources>

MA Ladder criteria required to meet expectations:

1. Permission from direct reports to take on the responsibilities is required.
2. At least one year served on the Hand Hygiene Sub-Committee or the Teams Channel participation as a Hand Hygiene Champion. Teams Channel option will be available for an alternative when unable to join the Subcommittee meeting. This option will include watching the posted recorded hand hygiene meeting video and participating in the discussion/chat answering the questions raised in the subcommittee recording.
3. Attendance/Teams channel participation needs to be a minimum of 6 meetings out of 12.

4. Participation is essential (The champion must ask for equipment if it is unavailable at your clinic to ensure chat options, microphone, camera, and computer are available for use, email responses or suggestions post-meeting if unable to participate – limited).
5. Serve as a Hand Hygiene Champion for one year and, when possible, find a replacement.

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