Hand Hygiene Program for VMG Nursing Leaders

PROVIDED BY THE VMG HAND HYGIENE SUBCOMMITTEE

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Purpose Statement:

To support nurse leaders and frontline staff with practical tools to be utilized across the Adult Ambulatory Clinics. This toolkit provides definitions, expectations, guidance, and resources for Leadership to refer to for the best hand hygiene compliance outcome.

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).

Clinic Leadership role in the hand hygiene program

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 clinic leadership through the following:

1. Positive reinforcement of hand hygiene performance.
2. In the moment, feedback to those who had missed hand hygiene opportunities.
3. Be an example of hand hygiene compliance.
4. Supporting improvement efforts to improve hand hygiene.
5. Share the clinic compliance data on the Visual Management Board.
6. Checking in with the assigned hand hygiene observer often for feedback, suggestions, and barriers.
7. Connecting with the Hand Hygiene Team for support.

8. Ensuring a current hand hygiene observer is assigned if there is a need to replace one in the event one leaves the clinic or is no longer performing the observations.
9. Ensuring credo behavior is used when feedback is given and received.
10. Monitoring supplies and dispensers to ensure adequate needs are met.

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

VUMC publication, *Sustained Improvement in Hand Hygiene Adherence: Utilizing Shared Accountability and Financial Incentives*, discusses our hand hygiene program:

> Countless quality and safety initiatives are launched with good intent but wither on the vine because of a lack of effective Leadership. Project leaders must continuously evaluate health system leadership support. Leadership commitment can be evaluated by asking a few questions. Is the project consistent with the system's quality and safety priorities? Does financial support exist, including support for key personnel? Are system leaders willing to publicly affirm commitment to the goal and its associated metrics? Are leaders willing to address noncompliant individuals? Too often, system leadership support is signaled initially but then disappears once difficult decisions arise, undercutting the authority of the project team. Before initiating the VUMC HH program, leadership commitment was secured. When individuals resisted elements of the HH plan, VUMC leadership was prepared and responded in a measured and effective way (Talbot et al., 2013, pp.6-7).

Please click here to read more about the project that started the program: https://www.vumc.org/hand-hygiene/sites/default/files/public_files/Hand-Hygiene-Program-Main-Manuscript-ICHE-2013.pdf to read *Sustained Improvement in Hand Hygiene Adherence: Utilizing Shared Accountability and Financial Incentives* from Infection Control and Hospital Epidemiology, Vol. 34, No. 11 (November 2013) pp.1129-1136.

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 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.

Contact information: Senior Program Manager, Lakita Buchanan lakita.buchanan@vumc.org

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

Completion of Observations

How do we know how many observations are required for my clinic?

NUMBER OF OBSERVATIONS - The hand hygiene team will assign the clinic required observations after completing an assessment. More to set up a new clinic or add a new observer in another section.

Who should be assigned as an observer for my clinic?

The clinic leadership assigns a hand hygiene observer. A chosen observer should be responsible and willing to participate in the expectations of meeting the requirements for the specific clinic. You may assign more than one.

Getting started with setting up an observer at your location:

Step 1: Click on the Hand Hygiene Observation Information Website:

https://www.vumc.org/hand-hygiene/hand-hygiene-observation

Step 2: Click on the hyperlink to bring you to the REDCap to submit your request.

NEW OBSERVER TRAINING REQUEST:

Click HERE for the REDCap to enter new observer information.

Step 3: Ensure that your assigned observer follows through with the LMS (Learning Management System) training.

Find the training here:

https://learningexchange.vumc.org/#/online-courses/9be74226-30e4- 49fe-b033-25e26bbc1ed4

Observation Training: https://www.vumc.org/hand-hygiene/observer-training

New Site Start-Up

After collecting the information below, please send this list to the Senior Program Manager, Lakita Buchanan, via email: lakita.buchanan@vumc.org. She will assist with the new site start-up process.

FTE for the clinic:
Date clinic/unit open:
Location Name:
Department:
Nurse Manager:
Administrative Director:
Associate Director/ANO:
Chair:
Medical Director:
Division Chief:
Name of Clinic:
Address:
City:
State:
Zip:
Phone #:
Fax#:
Observer Name:

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)

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 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/m0xyqpom
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

Goal Hand Hygiene Compliance 92% or higher-

Refer to the 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

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!)

Option 10: Have a clinic representative join the Hand Hygiene Subcommittee to learn and participate in organizational efforts. – email Katherine.bashaw@vumc.org to get this set up.

Additional resources for leaders

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

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