



VANDERBILT UNIVERSITY
MEDICAL CENTER

elevate safety

CLEAN
HANDS



SAVE
LIVES

VANDERBILT  UNIVERSITY
MEDICAL CENTER



THANK YOU!!!!!!

All VUMC HH Observers



- Claudette Fergus
- Gerald Hickson
- HH Leadership Team
- All VUMC faculty and staff

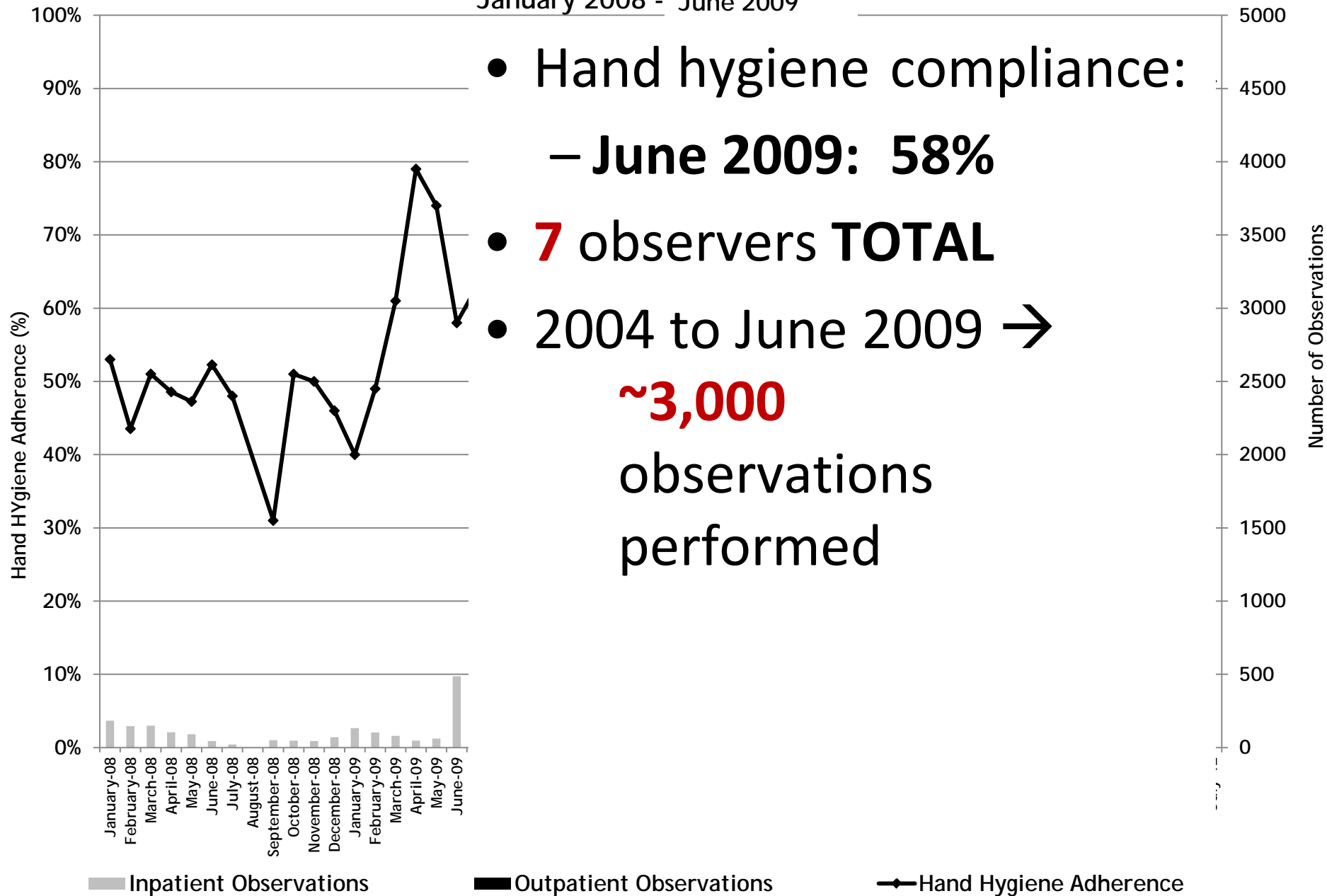


Why Focus on Hand Hygiene?

- Improve a safety practice
 - Reduce healthcare-acquired infections in patients and healthcare workers
- Make the practice habitual/reflexive
- Create a culture of shared accountability
- Erode traditional “silos” of practice
- Create a culture where it’s expected to remind others to “do the right thing”

VUMC Hand Hygiene Adherence and Observations

January 2008 - June 2009





Challenges with Changing Hand Hygiene Practices

- Delay between defect and adverse outcome
 - Unlike transfusion of mismatched blood, e.g.
- Impossible to trace specific event as single cause of infection
 - Many other factors upon which to lay blame
- Limitations of the measurement
- It's difficult to remind peers

HAND HYGIENE – A CORE SAFETY PRACTICE OF VUMC

Hand hygiene is an essential core practice that can prevent healthcare-associated infections. In our goal to promote and sustain a culture of safety that emphasizes important prevention practices, recommendations have been established as the standard for assessing hygiene compliance.

In order to count each observed hygiene is subsequent 'rules' for assessing

MCMB Endorsed Measurement Guidelines

FIVE Rules for Conducting Hand Hygiene Observations

1. Observe for hand hygiene upon **ENTRY & EXIT** from the Patient Environment. (Hand hygiene **before entry and after exit** are counted separately.)
Patient Environment definitions:
 - Private or semi private rooms = crossing room door or 'curtain line'
 - Multi-patient room = observation rules apply only to direct observation of any provider touching the patient or the environment.
2. Any use of alcohol product/soap and water to be observed and evaluate if proper technique is followed.
3. **DO NOT GUESS.** If your view is obstructed, do not count the provider performed hand hygiene, do not count.
4. A single person can only be counted once.
5. Immediately remind all non-compliant providers of appropriate hand hygiene in a professional and collegial manner.

Shared Ownership Observation Program

Added as Quality Goal for Allocation Rebate/Chairman Goals

Marketing Campaign



Incr. Observer Pool

Professional Reminders



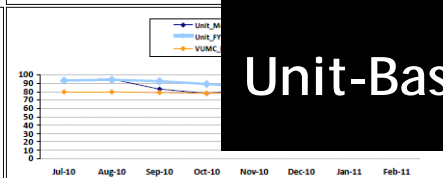
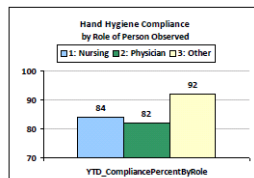
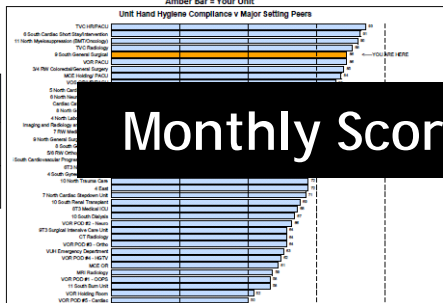
VANDERBILT UNIVERSITY
MEDICAL CENTER
9 South General Surgical

Hand Hygiene Compliance Report

Amber Bar = Your Unit

Monthly Scorecards

Unit Hand Hygiene Compliance	%
Feb 2011	84% n = 19
FY11 Year to Date	86% n = 152



Unit-Based Initiatives

VANDERBILT UNIVERSITY
MEDICAL CENTER
FIRST LETTER

November 9, 2010

To: [name of manager]
[name of medical director]

From: Thomas R. Talbot, MD, MPH
Chair, Hand Hygiene Pillar Goal Committee

Gerald B. Hickson, MD
Director, VUMC Clinical Risk and Loss Prevention

CC: [medical department chair]
[quality and patient safety directors (physician and hospital/clinic)]

Re: Hand Hygiene Compliance - Level 1 "Awareness"

We are all committed to minimizing the risk of healthcare-associated infections. Performing hand hygiene is the most important action we can take to reduce the spread of these infections to our patients and ourselves. For FY11, VUMC's reach goal for hand hygiene is 95% compliance.

A recent audit of hand hygiene observations places [Unit/Service Name] among those units or services with a low rate of compliance with hand hygiene. We are writing to share the data with

Awareness Letters

A member of our Pillar Goal Committee team will contact you to schedule a time to meet so we may partner in achieving increased hand hygiene in your area. In the interim, a copy of the hand hygiene expectations for all Vanderbilt employees is attached so that you may review with your staff. Information on how to improve hand hygiene compliance may also be found at www.mc.vanderbilt.edu/handhygiene.

Thank you in advance for your team's active participation and efforts to improve [Unit/Service Name]'s hand hygiene compliance rate to help us reduce the risk of infection for VUMC patients. As this is an ongoing quality improvement program, we will continue to provide you with regular reports regarding the compliance rate within your area. If you have questions or need more information, please do not hesitate to contact either of us.

YY% for
to BB%. For
to-date, YY%
hand hygiene



Hand Hygiene Compliance Observation Rules

1. Hand hygiene compliance is measured using direct observation of practice.
2. Observers monitor for hand hygiene upon ENTRY & EXIT from the Patient Environment.[†] Hand hygiene opportunities before entry and after exit are counted separately.
[†] Patient Environment definitions:
 - Private room = crossing room door
 - Semi private room = crossing 'curtain line'
 - Multi-patient room/open units = observation rules apply only to direct observation of any provider touching the patient or the environment.
3. Any use of alcohol product/soap and water is considered compliant. Observers do not evaluate if proper technique is followed, e.g., appropriate duration of washing.
4. If the observer's view is blocked & she cannot confirm whether or not the provider performed hand hygiene upon room entry or after room exit, she does not count this as an opportunity.
5. A single person can only be counted twice during a given observation period.

Hand Hygiene Compliance Observation: Frequently Asked Questions

Q: Why does VUMC use direct observation to assess compliance to hand hygiene?

A: Multiple organizations, including the Centers for Diseases Control and Prevention, the Institute for Healthcare Improvement, and the Joint Commission, recommend direct observation as the preferred method for assessment of hand hygiene compliance. The direct observation by covert observers provides the most honest and accurate measurement of this important safety practice.

Q: Why do you assume that if a person enters the patient's environment, they are going to directly touch the patient and/or items in the area? Why am I counted as non-compliant if I do not touch anything in the room?

A: A CDC-sponsored study found that when a healthcare worker entered a patient's room, he touched either the patient directly or the patient's environment over 90% of the time. Because for the large majority, room entry = contact, we feel comfortable with this assumption.

Q: I routinely shut the door to the patient's room upon entry to protect privacy, and I also tend to wash my hands directly in front of the patient inside the room. Since the observers cannot see me do that, will I get counted as non-compliant?

A: If observers cannot clearly see you enter the room, then the opportunity is not counted. If the observer can clearly see you enter the room without performing hand hygiene, then the observation is counted as non-compliant. If this occurs when you are leaving the room, the observer is asked to have a "cup of coffee" conversation with you and remind you in a Credo-like manner to perform hand hygiene. If you state that you washed inside the room, the opportunity is counted as compliant.



Changing the Observer Pool: Shared Responsibility

- Every inpatient and outpatient unit/clinic committed one person as observer (often a manager)
- Observers assigned to different area
- Expected to perform 20 obs/month
- Aims:
 - Prioritize this program
 - Shared responsibility
 - Lessons learned from observing one area are taken back to “home” unit





TVC HR/PACU

Hand Hygiene Compliance Report

VUH Hand Hygiene FYTD Compliance by Unit

VUH Compliance Fiscal Year to Date

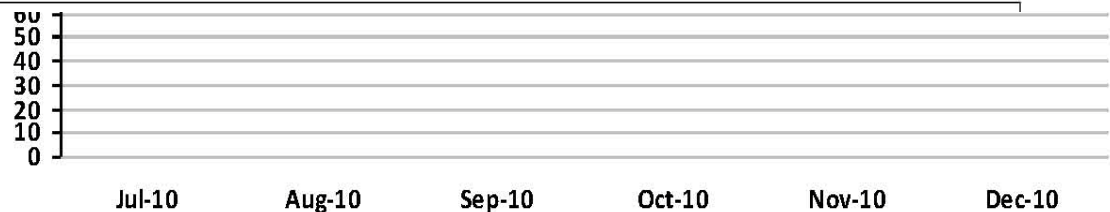
Amber Bar = Your Unit

Unit Hand Hygiene Compliance v Major Setting Peers

Unit Hand Hygiene Compliance v Major Setting Peers

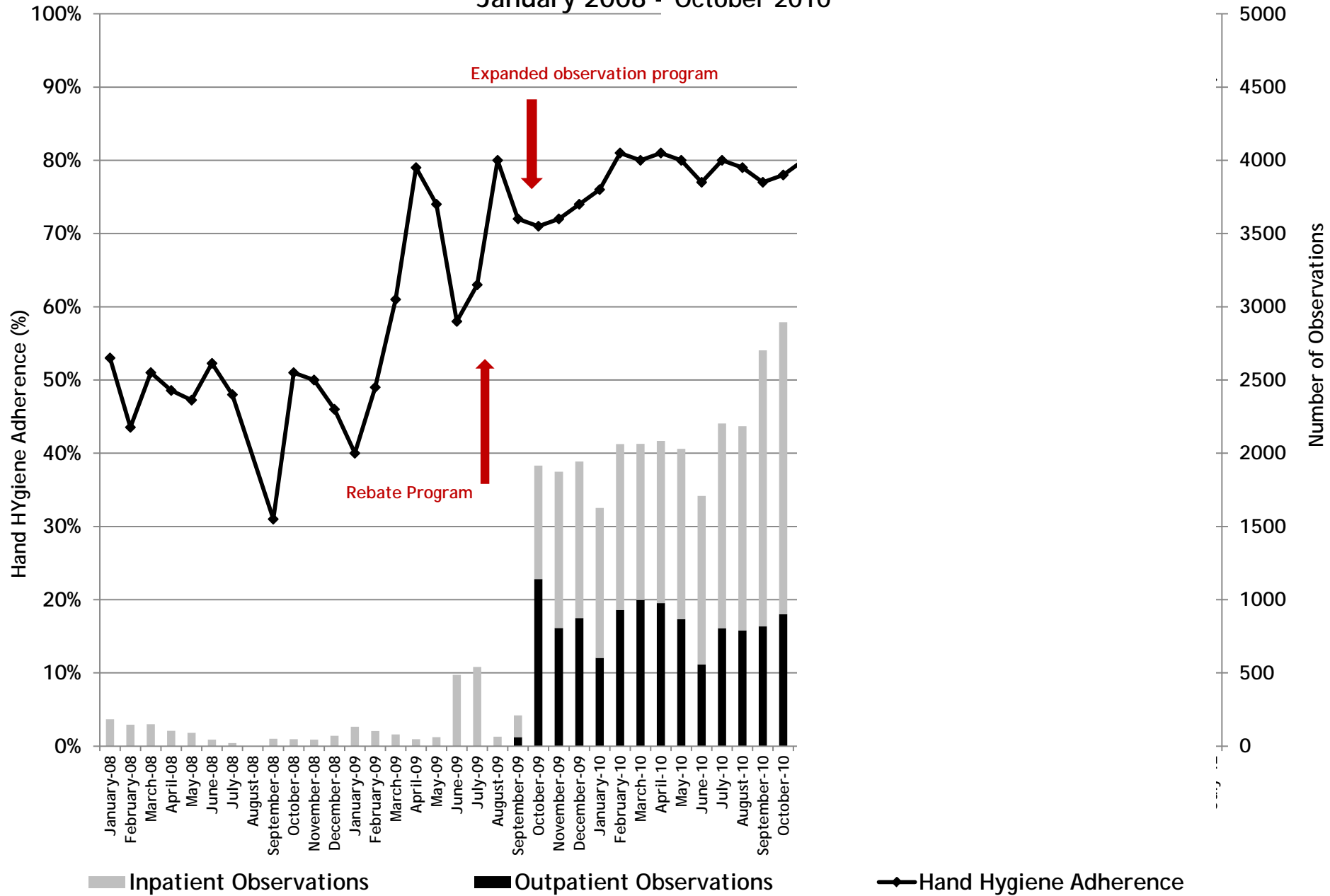


YTD_CompliancePercentByRole



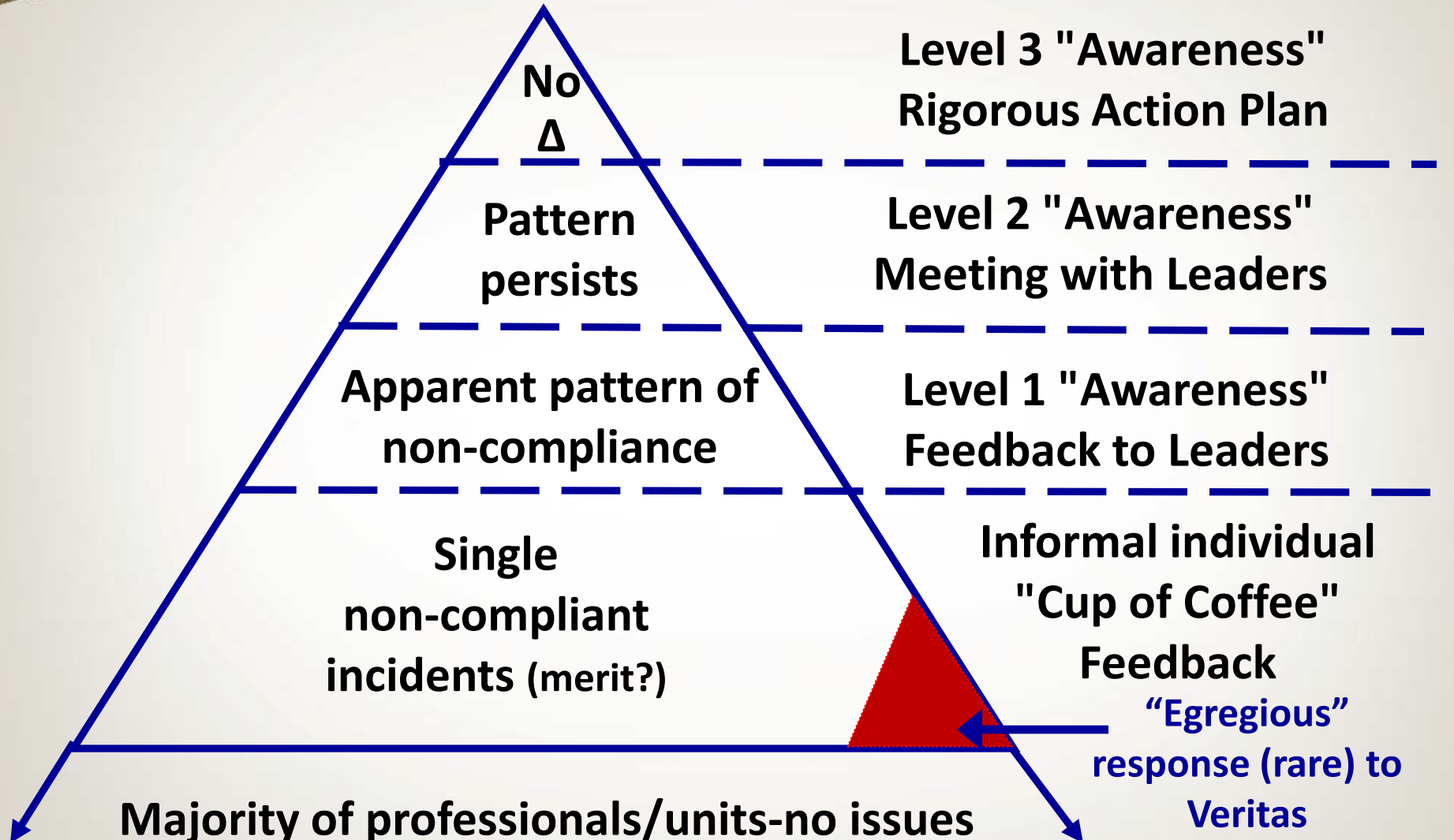
VUMC Hand Hygiene Adherence and Observations

January 2008 - October 2010



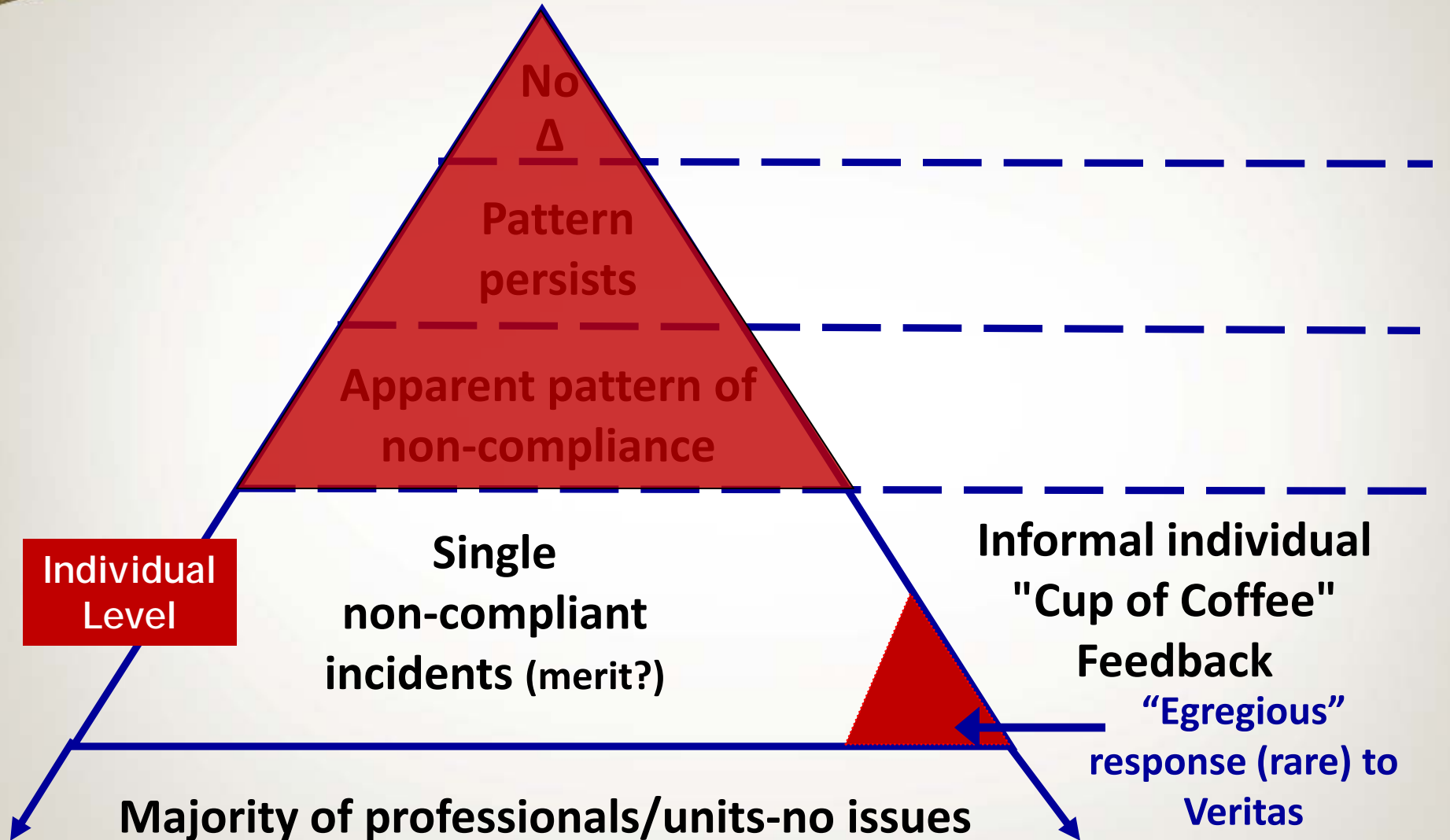


HH Accountability Pyramid



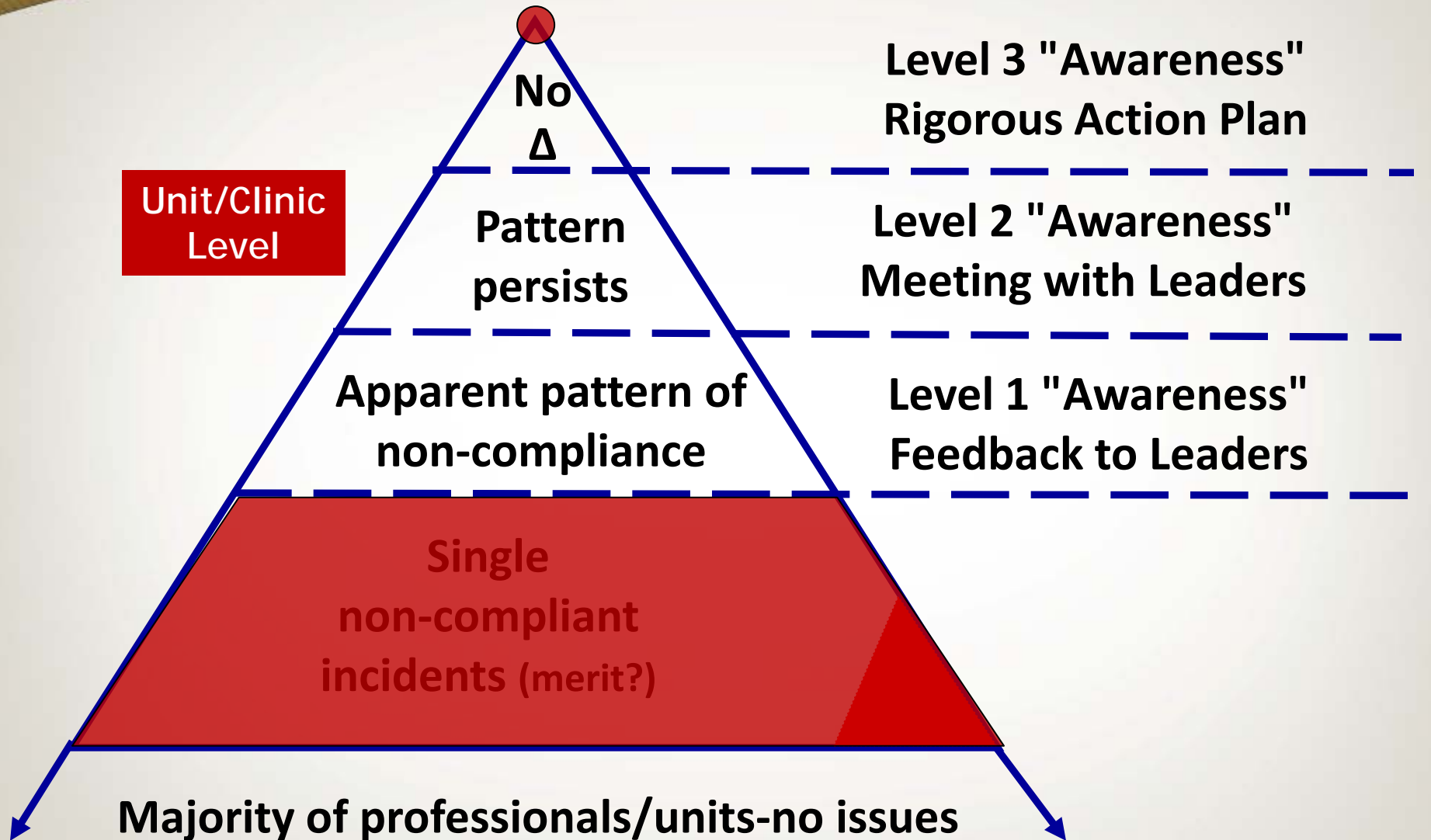


HH Accountability Pyramid





HH Accountability Pyramid





VANDERBILT UNIVERSITY
MEDICAL CENTER

Intervention Letter
Template

VANDERBILT UNIVERSITY
MEDICAL CENTER

September 10, 2012

To: [REDACTED] RN
[REDACTED] MD

From: Thomas R. Talbot, MD, MPH
Chair, Hand Hygiene Pillar Goal Committee

Gerald B. Hickson, MD
Director, VUMC Clinical Risk and Loss Prevention

Nancy Feistritz, RN, MSN
Associate Hospital Director, Perioperative Services

CC: [REDACTED]
[REDACTED]

Re: Hand Hygiene Compliance - Level 1 "Awareness" [REDACTED]

We are all committed to minimizing the risk of healthcare-associated infections. Performing hand hygiene is the most important action we can take to reduce the spread of these infections to our patients and ourselves. For FY13, VUMC's reach goal for hand hygiene is 95% compliance.

When we initiated the Level I awareness process in February 2011, your hand hygiene compliance for FY11 year-to-date was 59%. For August 2012, the [REDACTED]'s compliance rate was 83%, an increase from July 2012's rate which was 70%. Your year-to-date hand hygiene compliance rate for FY13 is 76%. We are confident that you will continue to improve as evidenced by prior performance. The average compliance rate for all VUMC units was 90% in August 2012 and 91% for FY13-to-date.

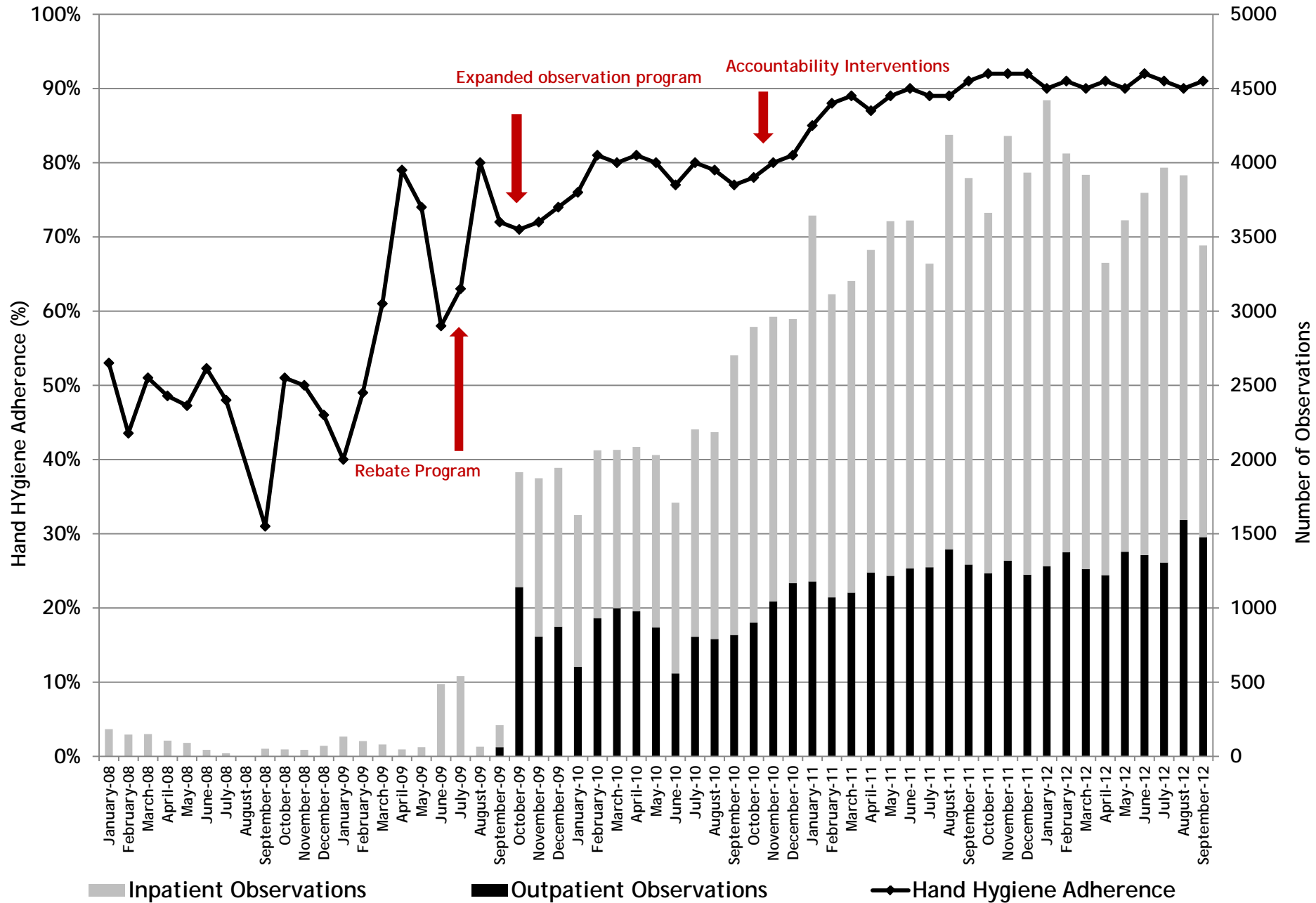
Thank you for continuing to emphasize the importance of hand hygiene to faculty, staff and students.

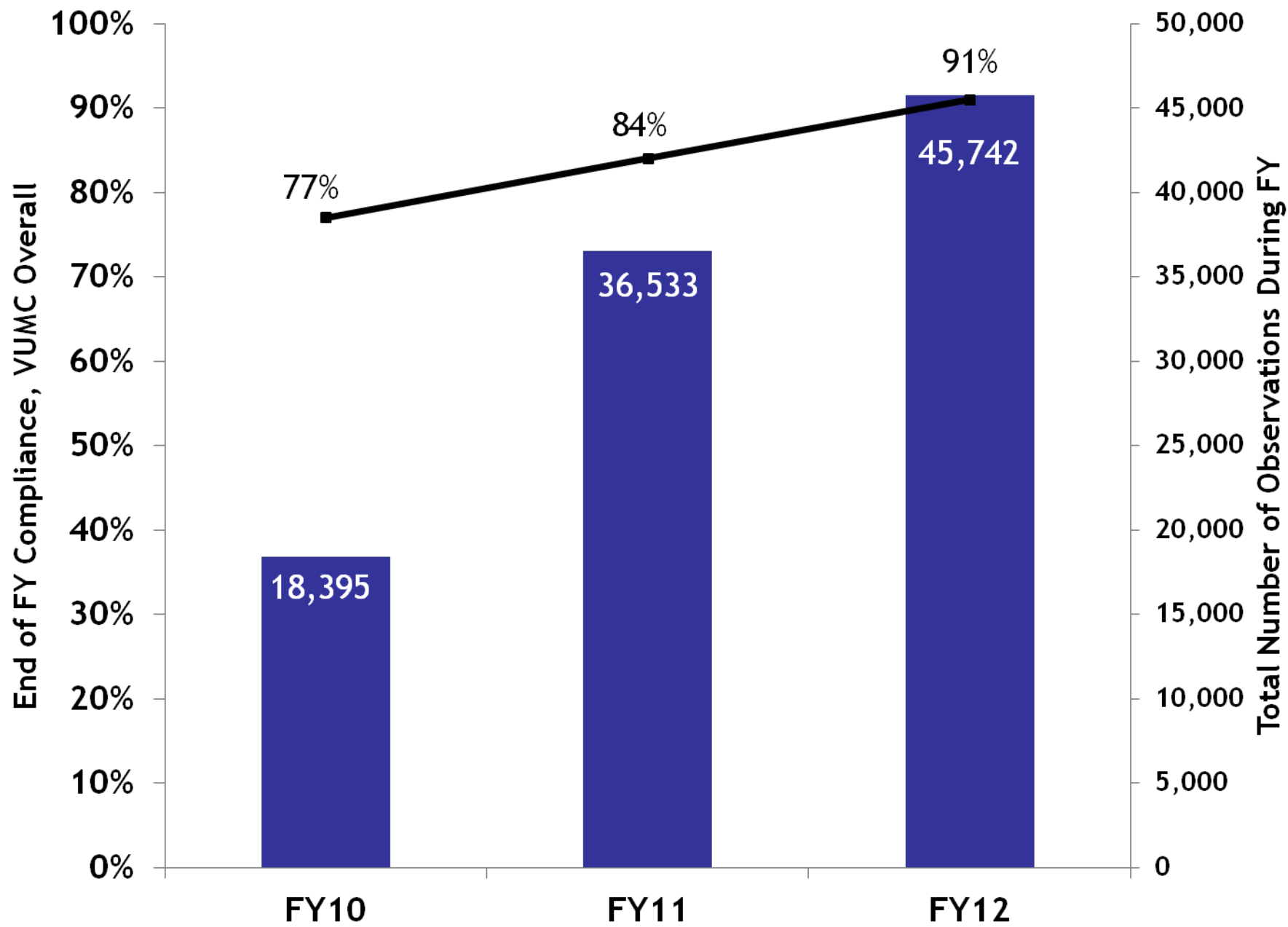
We congratulate and thank you and your team for the positive efforts to improve [REDACTED] hand hygiene compliance rate and reduce the risk of infection for VUMC patients. We will continue to provide you with regular reports regarding the compliance rate within your area. Please do not hesitate to contact either of us if you have questions or need more information.

CONFIDENTIAL PEER REVIEW PRIVILEGED INFORMATION - This information is confidential and privileged pursuant to TCA 63-1-150, TCA 63-6-219 et seq, and 68-11-272 et seq., and one of its purposes is to improve the quality and safety of patient care. Do not forward or otherwise share this information external to Vanderbilt.

VUMC Hand Hygiene Adherence and Observations

January 2008 - September 2012

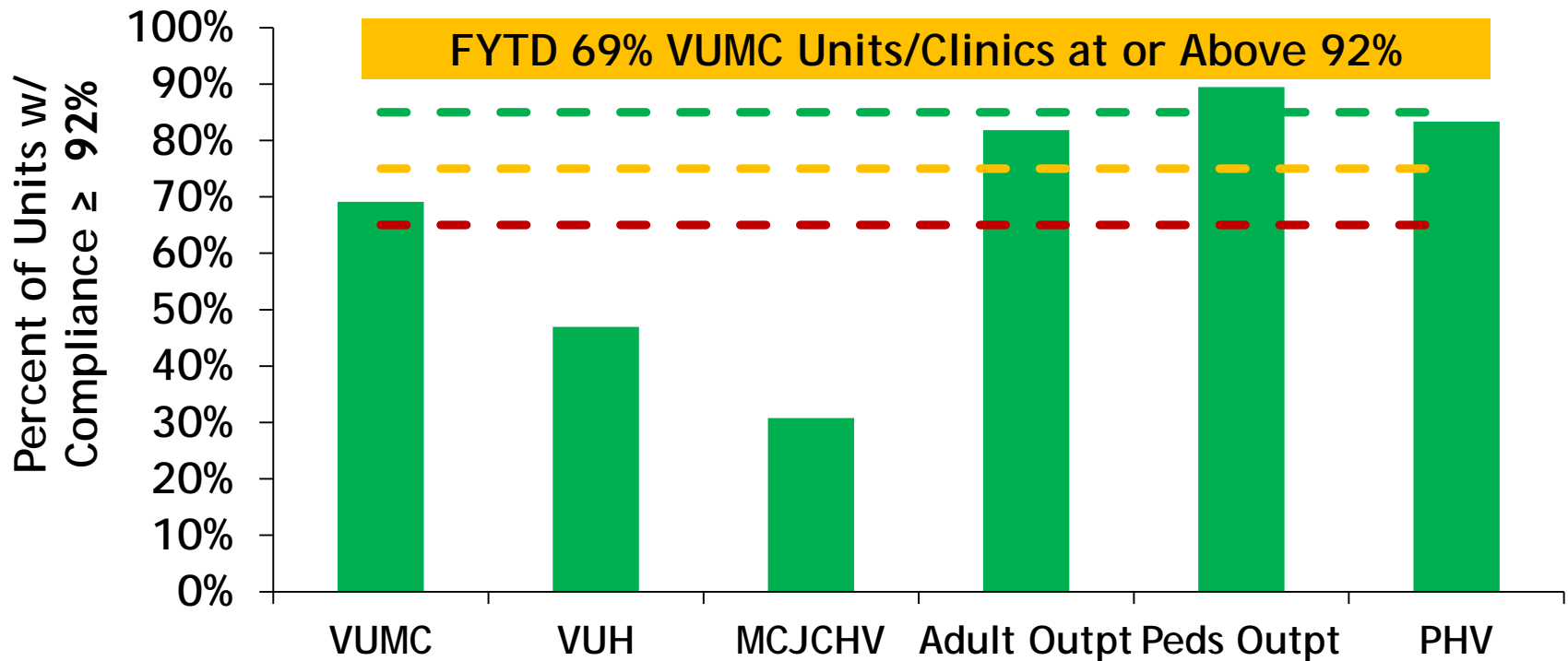




FY13 Hand Hygiene Compliance to Date

PERCENT OF UNITS/CLINICS WITH COMPLIANCE AT OR ABOVE 92%

FY2013 GOAL	FY2012 Baseline	FY2013 Threshold	FY2013 Target	FY2013 Reach
Proportion of VUMC Units/Clinics with Compliance At or Above Target (92%)	57% of all VUMC units/clinics	65% of all VUMC units/clinics	75% of all VUMC units/clinics	85% of all VUMC units/clinics

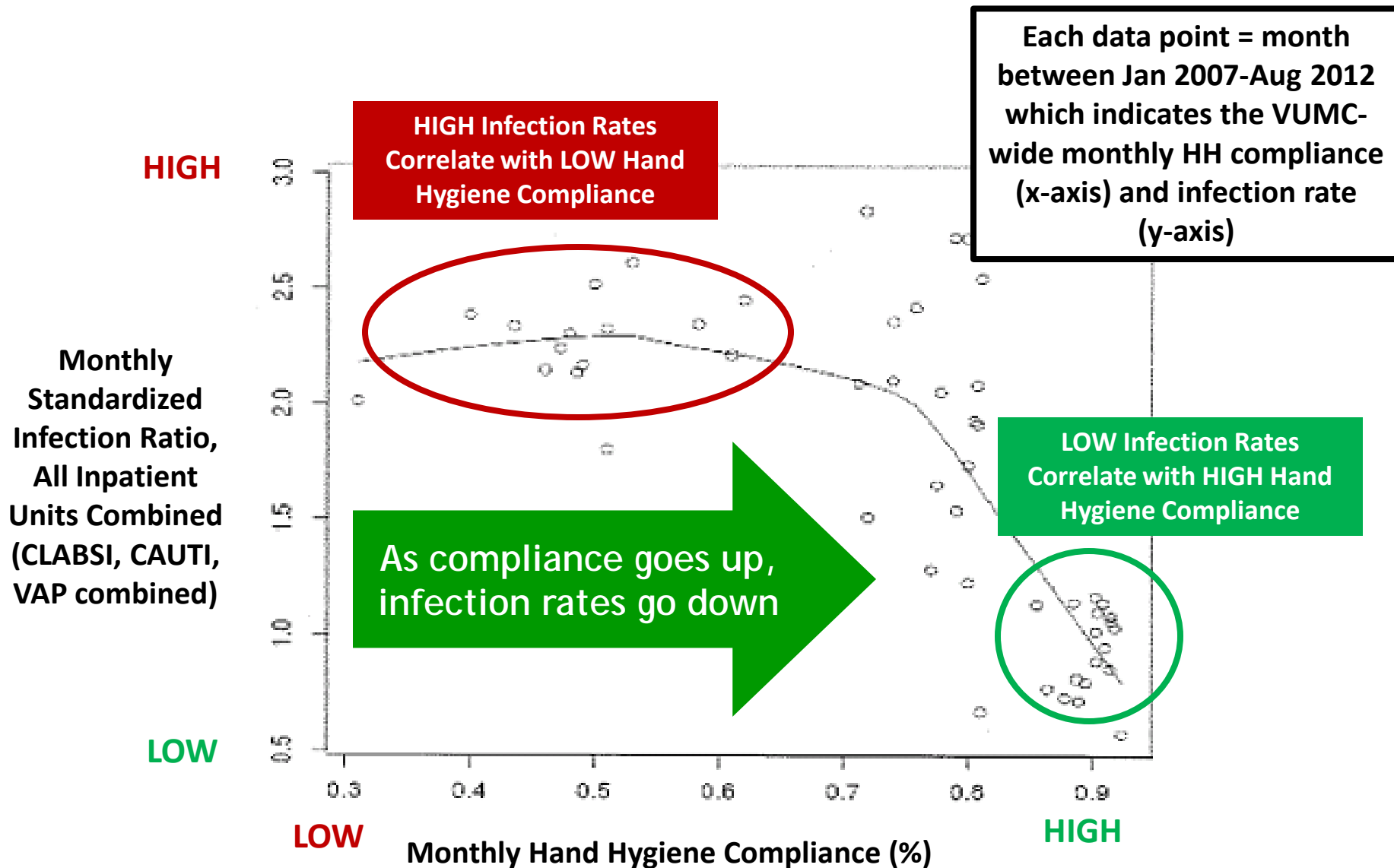


Based on FY13 Compliance Data (July 2012-October 2012)



**“Show me the evidence that
this actually improves patient
outcomes.”**

Hand Hygiene Improvement is Strongly Correlated with Low Infection Rates



Observer Recognition: FY13

ACHINGER, IVETTE
ADAMS, PAMELA
AYRE, SARA C
BEASLEY, GEORGE
BENTLEY, VIRGIL L
BLEVINS, LINDA
BLOOMINGBURG, PHEBE
BRADFORD, CARRIE JO
BRIGHT, AMANDA
BURNS, DOUG
BURNS, MARGARET
CARTER, BARBARA
CARTER, MARY
CASA, ANDRE G
CHABOT, JILL
CHILDRESS, CINDY
CLEMMONS, PAUL F
COOPER, ALYCIA C
CORCORAN, RICHARD

COTTON, JAN
CROSS, ANN
DAVIS, MICHELLE M
DREESZEN, SUSAN
DUDLEY, GINA
EILERMANN, SUSAN
ELAM, AMANDA
EMERSON, BRADLEY
FINO-SZUMSKI, MARYSUE
FORBES, BARBARA L
FOSS, JULIE
FRAZIER, KIM
FUGATE, TANYA L
GABBARD, JANICE
GARLAND, MELISSA
GARNER, DEBRA
GROSS, NINA
GRUBB, PENNINGTON D
GUDELIS, MARY LOU
HAYMAN, JIM N.

HICKEY, KAREN
HILTON, TRAVIS
HINES, COURTNEY SHANTE
HIRSCH, AARON
JOHNSON, DIANE
JORDEN, MICHAEL
KATRUSKA, LORI L
KAZANOFSKI, REBECCA B
KELLER, MIDDY
KELSO, LOLITA M
KUGLER, TAMMY
KUNIC, RUSS
KWITKOWSKI, MELISSA
LAMBERSON, LINDA P
LIGON, SHANNON
LINVILLE, KIM
MEREDITH, MARY A
MEYER, DAVID
MOLL, JEANIE

Observer Recognition: FY13 (II)

MONCIBAIS, ROSEMARY
MOORE, SARAH A
NATALE, SARAH
NEELY, MARISA
PATEY, JANE
PETERSON, MARY S
PETRIE, KRISTY
POFF, RACHAEL
PRICE, LYNN
REDLIN-FRAZIER, SHERYL
ROBBINS, HEATHER
ROGERS, MARGARET H
RUCKMAN, CHRISTOPHER
SHONE, MARTHA D
SIPES, MARCY
SISCO, JANICE
STEELE, SARAH ELIZABETH
STRECH, SCOTT

SULLIVAN, JACKIE
SVERDLOVA, ALLA
TIAMSON, JOSELITO
TOMLIN, MELISSA
TURNER, AMY
TURTLE, SIERRA J
WHITE, ANGELA
WILSON, DANA
WOODARD, JOHNNY

Dissemination of VUMC Hand Hygiene Program

Recent or Upcoming Presentations to

StuderGroup.



Tennessee Center For Patient Safety

"Making Safe, Quality Care the Top Priority"



Observation Reminders

- HH & glove use





Observation Reminders

- HH & glove use
- Link up with unit/clinic manager AFTER you conduct observations
 - Should not be asked to contact manager re: when you plan to observe



Observation Reminders

- HH & glove use
- Link up with unit/clinic manager AFTER you conduct observations
- Hand dermatitis concerns
 - Trial of second product to begin soon



Observation Reminders

- HH & glove use
- Link up with unit/clinic manager AFTER you conduct observations
- Hand dermatitis concerns
- Don't forget to have a "cup-of-coffee" conversation
 - Remind those who are non-complaint to wash their hands



Taking Names


- Addressing non-compliance by identifying specific persons
- Assumes issue is due to limited few
- ? Within spirit of just culture
 - All persons equally under surveillance?
- If responds unprofessionally to reminder → different issue



Coming Soon: Improved Online Data Entry Tool



Hand Hygiene

VANDERBILT  UNIVERSITY
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- [Home](#)
- [New Observation](#)
- [My Observation](#)
- [Training and Documentation](#)
- [Log Out](#)

Hand Hygiene Data Collection Application

Welcome, **WANG, DEEDE!** Today is **Nov 02, 2012.**

Observation Submission Dashboard (Nov, 2012)

Location	# of Assigned	# of Completion
VMGPED-100 Oaks - Adolescent Medicine	20	1
VPH-Adolescent Unit	5	1

Comments? Questions? Problems? Contact [Hand Hygiene Committee System Admin](#)

© 2012 Hand Hygiene Application



**STOP INFECTION
IN ITS TRACKS**

**EVERY PATIENT
CONTACT NEEDS
CLEAN HANDS**

MOST HEALTHCARE STAFF CLEAN
THEIR HANDS **LESS THAN HALF** THE
NUMBER OF TIMES THEY SHOULD

A realistic image of a clean, white hand, palm facing forward.

**HAVE U
WASHED
YOUR HANDS
2DAY?**

A handprint shape created from various colorful paint splashes and brushstrokes.

**Lady Macbeth got
one thing right:
Keep your hands clean**

The CDC says that keeping your hands clean
is one of the most effective things you can do
to prevent the spread of diseases like the H1N1 flu

Yale EMERGENCY MANAGEMENT
<http://www.yale.edu/secretary/emergency/index.html>



**Dirty Hands Spread Infection.
Wash up.**

A solid blue handprint.

A blue and yellow striped necktie.

**CLEAN
HANDS**

Three circular icons: a hand being washed, a hand being rinsed, and a thumbs up gesture.

fight the flu

A black handprint on a green background.

**Did
you wash
them?**

Six handprints in various colors (purple, yellow, red, blue, orange, green) arranged in a circle.

STOP H1N1

**Wash hands often.
Dry with paper towel.**

Sanitize when water is not available,
using an alcohol hand sanitizer.

handwashingforlife®
OVERCOMING GHOST WASHING

Wash up?

p.s. doctors ties are eight times more
likely to harbor bacteria than ties worn
by other professionals

Tufts New England Medical Center
Tufts Hospital for Children

**WHICH IS
YOUR HAND?**

Two handprints. The left one is green with a smiling face. The right one is red with a frowning face.

**Wash or gel
your hands
every time.**

Two hands, one yellow and one red, with colorful fingers.

CDC CLEAN HANDS SAVE LIVES
Protect patients, protect yourself

A handprint with labels for diseases: Influenza, Staphylococcus aureus, MRSA, Clostridium difficile, E. coli, and Pseudomonas.

**KEEP
CALM
AND
WASH
ON**

**This is a
hands-on
business**

A collage of many hands of different colors joined together in a circle.

WASH YOUR HANDS

A handprint with a target design on it.

**Got Germs?
sure you do!**

**prevent disease
wash your hands!**

For More Information, call
East Central Health District 706-667-4342

**FIGHT THE
CLEAN HANDS SAVE LIVES
INFECTION**

A fist holding a bar of soap.

Wash 'em!

A hand holding a bar of soap.

**Let's give everyone
a [clean] hand**

The CDC says that keeping your hands clean
is one of the most effective things you can do
to prevent the spread of diseases like the H1N1 flu

Yale EMERGENCY MANAGEMENT
<http://www.yale.edu/secretary/emergency/index.html>

Wash Your Hands

A handprint with a target design on it.

WASH Y