Hand Hygiene Observer and Just-in-Time Coaching Education

Joint Commission Center for Transforming Healthcare

Natividad

Goals

- Ensure accurate and timely hand hygiene data collection
- Pass written exam with a score of 90 percent or better

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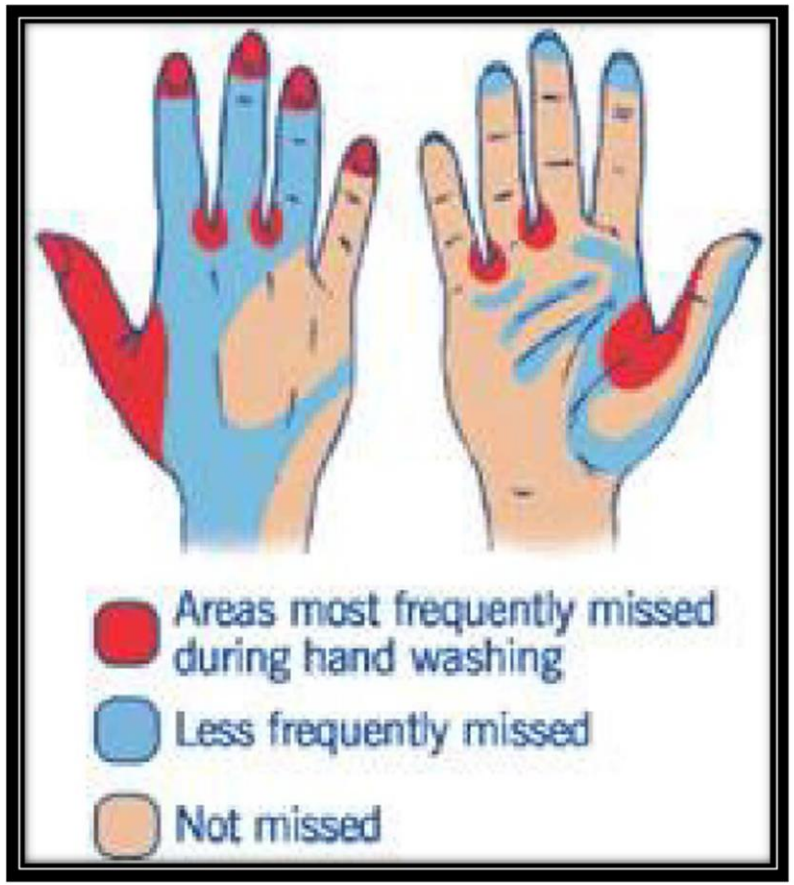
Project background



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The Center for Transforming Healthcare's first patient safety challenge

- Eight leading hospitals and health systems volunteered to address hand washing failures as the Center's first project:

  - Cedars-Sinai Health System, California
  - Exempla Healthcare, Colorado
  - Froedtert Hospital, Wisconsin
  - The Johns Hopkins Hospital and Health System, Maryland
  - Memorial Hermann Healthcare System, Texas
  - Trinity Health, Michigan
  - Virtua, New Jersey
  - Wake Forest University Baptist Medical Center, North Carolina

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Why Hand Hygiene?

In the United States, one in 136 hospital patients become seriously ill as a result of acquiring an infection in the hospital. This is equivalent to two million cases a year.

And the costs....."the overall annual direct medical costs of HAI to U.S. hospitals ranges from $28.4 to $45 billion.. the benefits of prevention range from a low of $5.7 to $6.8 billion to a high of $25.0 to $31.5 billion."

R. Douglas Scott II, Economist, Division of Healthcare Quality Promotion, CDC, March 2009

"Every day, 247 people die in the USA as a result of a health care-associated infection." This is equivalent to a 767 aircraft crashing every day or more than 90,000 deaths annually."

WHO Guidelines on Hand Hygiene in Health Care

World Health Organization

SAVE LIVES: Clean Your Hands

HAND HYGIENE IS THE PRIMARY MEASURE TO REDUCE HEALTH)
(CARE - ASSOCIA TED INFECTION

Launched 5 May 2009, the SAVE LIVES: Cle1m Your Hand initai tive aim s to support health-ca e
work ers to improv e hand hygiene and stop the spread of infection.

Health Care Associated Infections (HAI) affect hundreds of millions of people worldwide and are a major global issue for patient safety.

"Yet hand hygiene improvement is not a new concept... long lasting improvements remain difficult to sustain..... .."

WHO, Guide to Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy

Project background

- The eight participating hospitals and health systems worked for nine months to determine the main causes of hand hygiene failures in health care
- They identified common underlying causes to hand hygiene non-compliance and developed solutions targeted to those causes
- Your organization is using this information to find out where its problems are and make improvements
- The data you collect will ultimately be used to improve patient safety and the quality of patient care

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Definitions

- **Hand hygiene:** Cleansing the hands with an alcohol-based foam, gel, mist 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.
- **Health care personnel (HCP):** All paid and unpaid (i.e., volunteers) persons working in health care settings who have the potential to come in contact with a patient or their environment.

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Definitions (continued)

- **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.
- **Emergent/urgent situations:** Any time a patient is at risk of immediate danger (i.e., code blue, fall, unplanned or unexpected removal of medical equipment).

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Definitions (continued)

- **Hand hygiene data collector:** An unbiased observer for hand hygiene compliance who collects data throughout the project. Data collectors should not approach health care workers to discuss hand hygiene compliance unless there is an immediate threat to the patient. Data collected by the data collector are used for the compliance chart as well as for contributing factors data that are used to identify root causes and solutions.

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Definitions (continued)

- **Just-in-time (JIT) coaches:** After the initial (baseline) hand hygiene compliance data collection phase, JIT coaches actively intervene when hand hygiene non-compliance is observed. They do this in order to understand non-observable contributing factors to non-compliance as well as to coach health care workers on proper compliance. Data collected by JIT coaches are not used for the compliance chart; they are used to identify root causes and both observable and non-observable contributing factors.

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Definitions (continued)

Contributing factors: The causes of hand hygiene noncompliance. Contributing factors are reflected in the number of "defects," the occurrences of non-compliance.

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Project scope

- The process begins when health care provider (HCP) enters a patient care area (defined as the room threshold) and ends when the HCP exits the patient care area
- Patient care area entry and exit are considered two separate events
- Observers and JIT coaches should maintain visibility of HCP for 30 seconds after they exit the patient care area in order to assess compliance

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Special circumstances

- The following circumstances should not "count" as non-compliance (also called defects) during observation
  - When HCP enter the patient room to respond to an urgent/emergent situation
  - When HCP carry something into a room and perform hand hygiene immediately after putting items down
  - When HCP exit the room and re-enter another patient care area within 30 seconds of performing hand hygiene and do not touch anything
  - When a health care provider (i.e., physical or occupational therapist) touches the patient while helping them ambulate at room entry or exit

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What is “out of scope” for this project?

- Do not monitor compliance for
  - Resistant organism precautions
  - Appropriate donning of gown, gloves and masks

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Observations and gloves

- Document observation of washing before gloves are put on and after gloves are taken off

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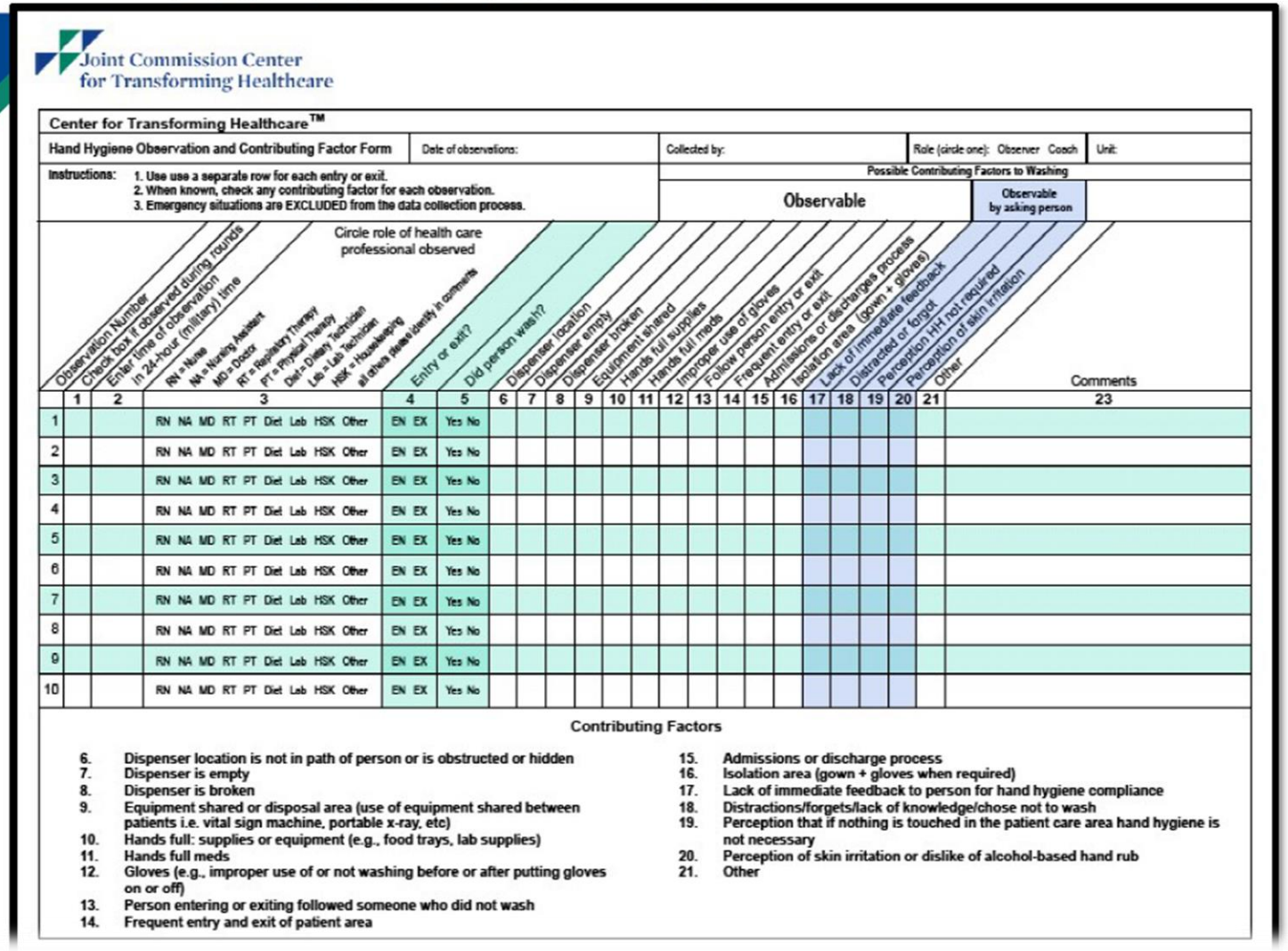
Data collection form



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Hand Hygiene Observation and Contributing Factor Form	Date of observations:	Collected by:	Role (circle one): Observer Coach	Unit:

Instructions:
1. Use use a separate row for each entry or exit.
2. When known, check any contributing factor for each observation.
3. Emergency situations are EXCLUDED from the data collection process.

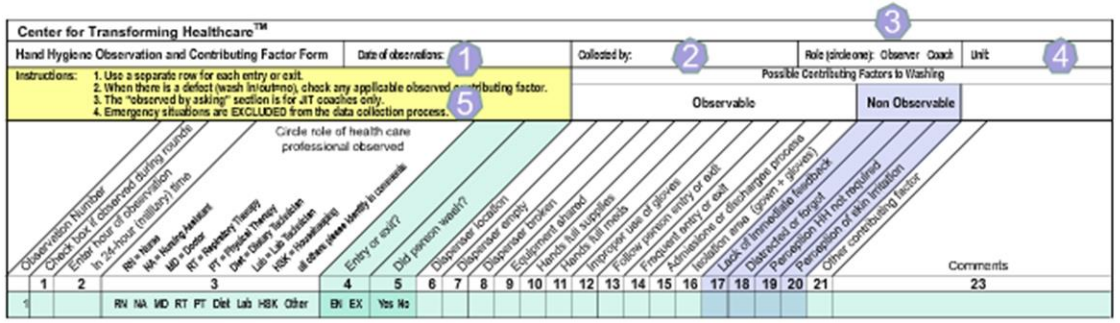
Possible Contributing Factors to Washing

				Circle role of health care professional observed						Observable												Observable by asking person	
Observation Number	Check box if observed during rounds	Enter time of observation in 24-hour (military) time	RN = Nurse NA = Nursing Assistant MD = Doctor RT = Respiratory Therapy PT = Physical Therapy Diet = Dietary Technician Lab = Lab Technician HSK = Housekeeping all others please identify in comments		Entry or exit?	Did person wash?	Dispenser location	Dispenser empty	Dispenser broken	Equipment shared	Hands full supplies	Hands full meds	Improper use of gloves	Follow person entry or exit	Frequent entry or exit	Admissions or discharges process	Isolation area (gown + gloves)	Lack of immediate feedback	Distracted or forgot	Perception HH not required	Perception of skin irritation	Other	Comments
	1	2	3		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23
1			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
2			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
3			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
4			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
5			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
6			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
7			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
8			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
9			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	
10			RN NA MD RT PT Diet Lab HSK Other		EN EX	Yes No																	

Contributing Factors

6. Dispenser location is not in path of person or is obstructed or hidden
7. Dispenser is empty
8. Dispenser is broken
9. Equipment shared or disposal area (use of equipment shared between patients i.e. vital sign machine, portable x-ray, etc)
10. Hands full: supplies or equipment (e.g., food trays, lab supplies)
11. Hands full meds
12. Gloves (e.g., improper use of or not washing before or after putting gloves on or off)
13. Person entering or exiting followed someone who did not wash
14. Frequent entry and exit of patient area
15. Admissions or discharge process
16. Isolation area (gown + gloves when required)
17. Lack of immediate feedback to person for hand hygiene compliance
18. Distractions/forgets/lack of knowledge/chose not to wash
19. Perception that if nothing is touched in the patient care area hand hygiene is not necessary
20. Perception of skin irritation or dislike of alcohol-based hand rub
21. Other

Data collection form (continued)



The top of the form provides the following information:

1. Date of observation, if this is a third shift use the date that the shift began
2. Collected by (name or initials)
3. Role of data collector (HH observer or JIT coach)
4. Unit name
5. Instructions for completing the form

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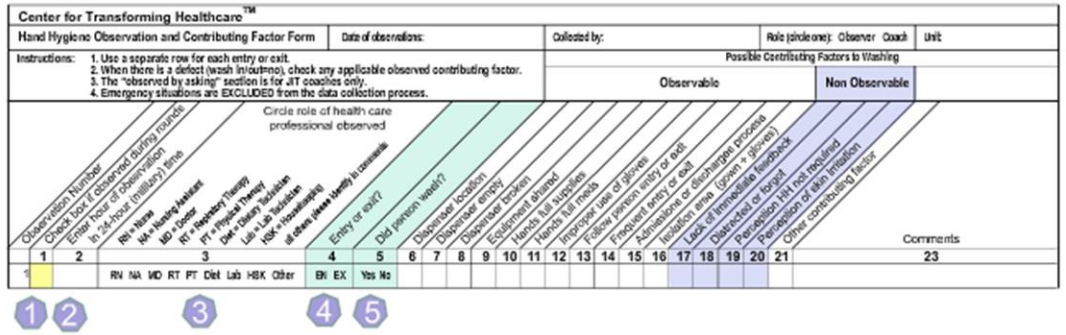
Data collection form (continued)



The next part of the form provides the following identifying information:

1. Did the observation occur during physician rounds? If so, check the box.
2. Enter the hour (military time) in which the observation was collected.
3. Circle the role of the health care worker. If "other" is chosen, write the worker's role in the comments section at the far right of the form.
4. Circle if the observation was done on entry or exit.
5. Circle if the health care worker did (yes) or did not (no) wash their hands.

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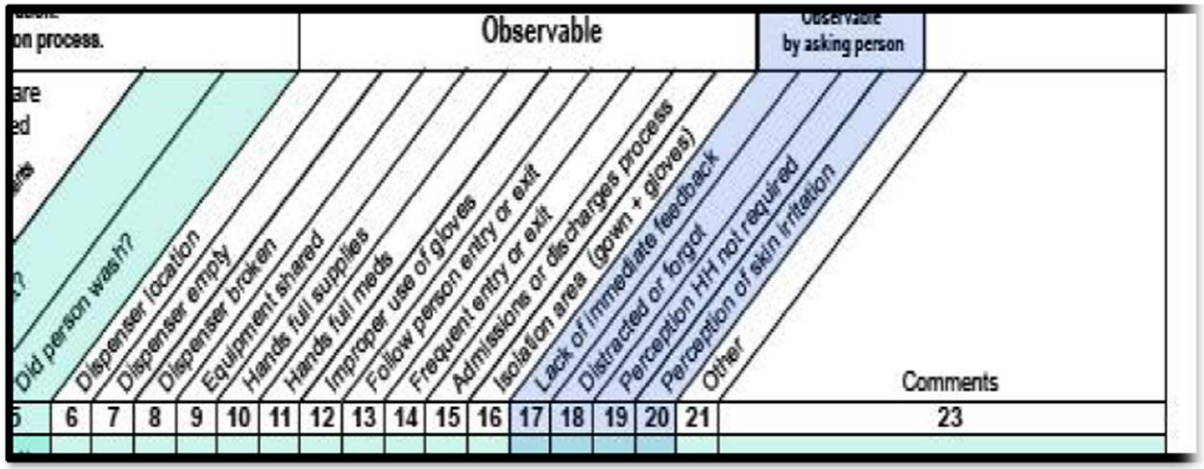
Data collection form (continued)

The contributing factor information is detailed in the section at the bottom of the form.

The blue section is for non-observable contributing factors data collected by JIT coaches, who question the health care worker.



Contributing Factors

6. Dispenser location is not in path of person or is obstructed or hidden
7. Dispenser is empty
8. Dispenser is broken
9. Equipment shared or disposal area (use of equipment shared between patients i.e. vital sign machine, portable x-ray, etc)
10. Hands full: supplies or equipment (e.g., food trays, lab supplies)
11. Hands full meds
12. Gloves (e.g., improper use of or not washing before or after putting gloves on or off)
13. Person entering or exiting followed someone who did not wash
14. Frequent entry and exit of patient area
15. Admissions or discharge process
16. Isolation area (gown + gloves when required)
17. Lack of immediate feedback to person for hand hygiene compliance
18. Distractions/forgets/lack of knowledge/chose not to wash
19. Perception that if nothing is touched in the patient care area hand hygiene is not necessary
20. Perception of skin irritation or dislike of alcohol-based hand rub
21. Other

Rules for monitoring compliance

- Monitor HCP entry and exit as separate observations.
  - –Entry or exit into a single patient room
  - –Crossing the curtain line in a semi-private room
- Soap or alcohol-based hand rub are acceptable hand washing methods.
- HCP has 30 seconds to wash hands upon room exit.
  - –Example: During patient rounds, a physician may exit the patient care area, clean hands and immediately enter another patient care area.
- **DO NOT GUESS!** If your view is blocked and you are not sure if hand washing has occurred, do not document observation.
- Do not exceed three observations of the same employee in a single observation session.
- Emergent/urgent situations are exempt from hand hygiene observations.

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There will be lots of opportunities to gather data

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Practice collecting data

- Using the data collection form, view the following video clips, which present eight various scenarios of health care personnel on duty.
- Some HCP will wash in and wash out and some will not. You will mark that on the form.
- You will also determine the observable contributing factors for why they did not wash in or wash out.

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Practice collecting data

- After each video scenario, complete the data collection form.
- After you have documented your findings, go to the next slide, which will include the completed form so you can see how you did.

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Scenario 1: Description

- Time of day: 1730
- Health care provider type: Nurse
- Area description: Private patient room

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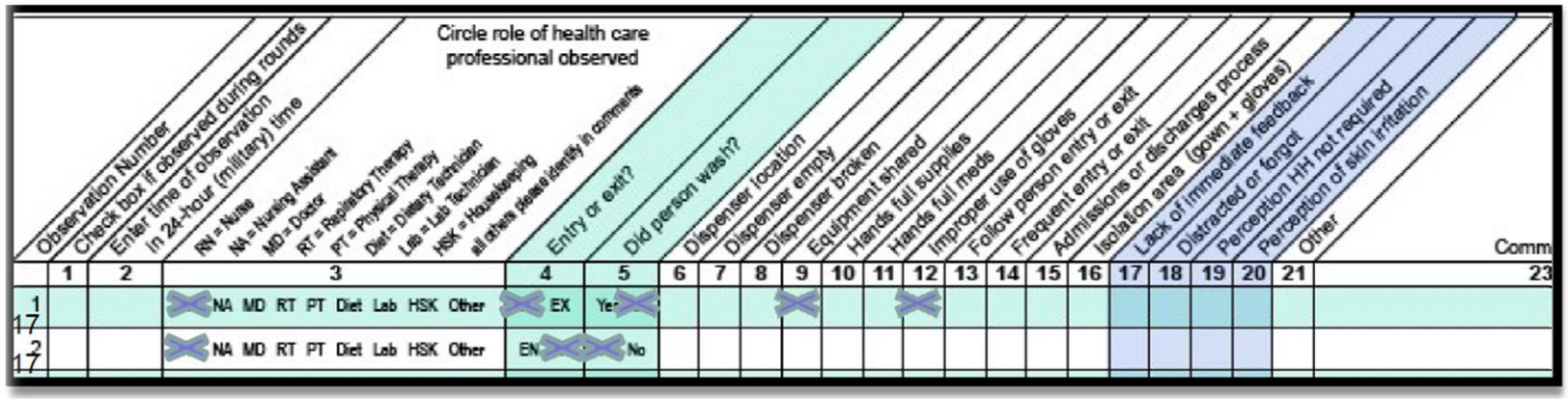
Hand Hygiene Observation Scenario 1

Click on Picture below to play video

Scenario 1: Completed form



- The nurse entered the room with the portable vital sign machine (shared equipment) without washing hands prior to glove application.
- The wash out event is documented separately

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Scenario 2: Description

- Time of day: 0205
- Health care provider type: Nursing assistant
- Area description: Private patient room

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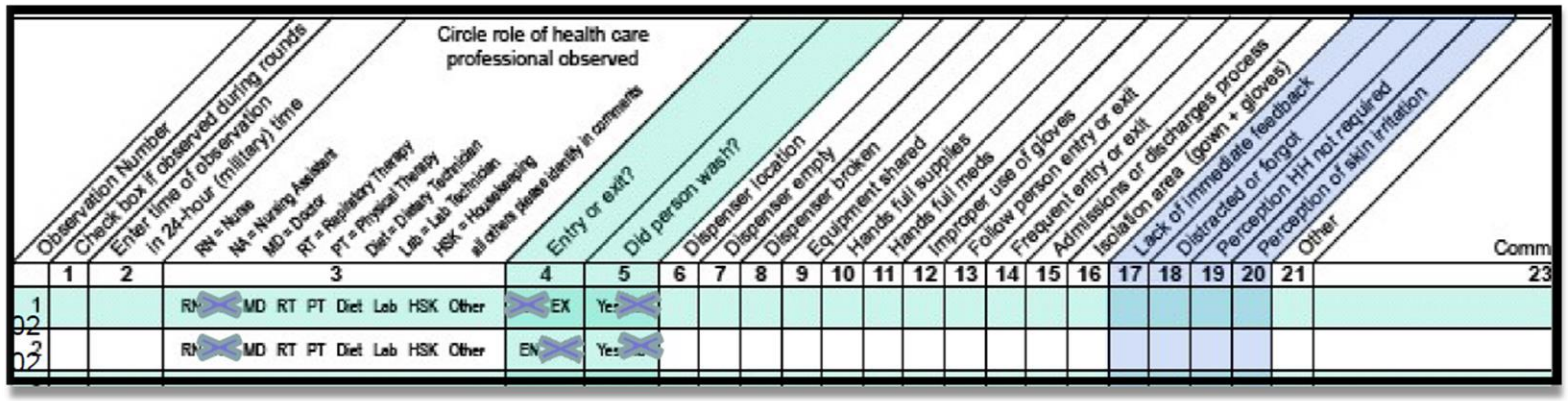
Hand Hygiene Observation Scenario 2

Click on Picture below to play video

Scenario 2: Completed form



- Nursing assistant enters room to pull up side rail without washing
- Exits room without washing

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Scenario 3: Description

- Time of day: 1800
- Health care provider type: Nurse
- Area description: Private patient room with isolation precautions

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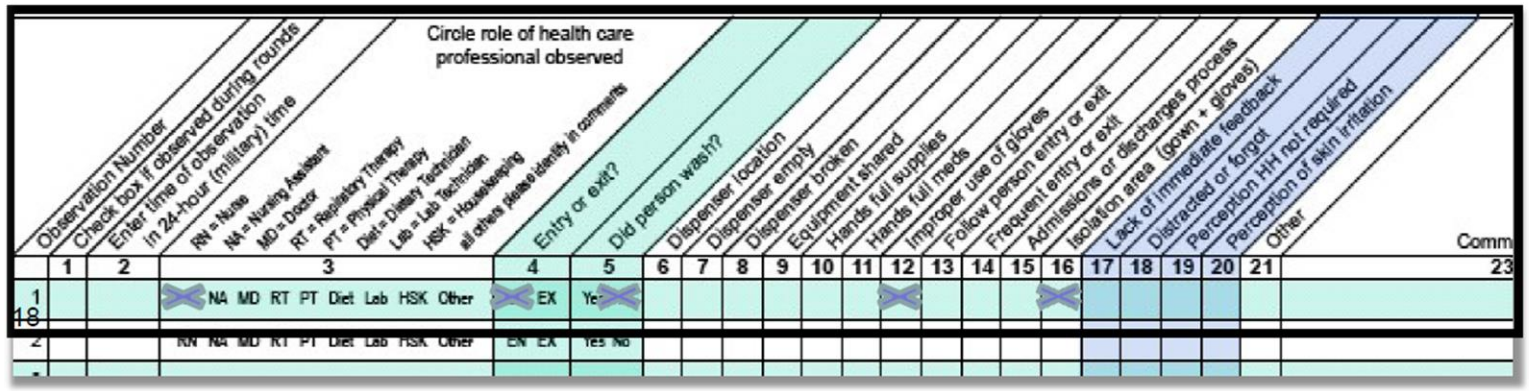
Hand Hygiene Observation Scenario 3

Click on Picture below to play video

Scenario 3: Completed form



- Nurse dons personal protective equipment without washing hands prior to glove application

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Scenario 4: Description

- Time of day: 0705
- Health care provider type: Nurse
- Area description: Semi-private patient room

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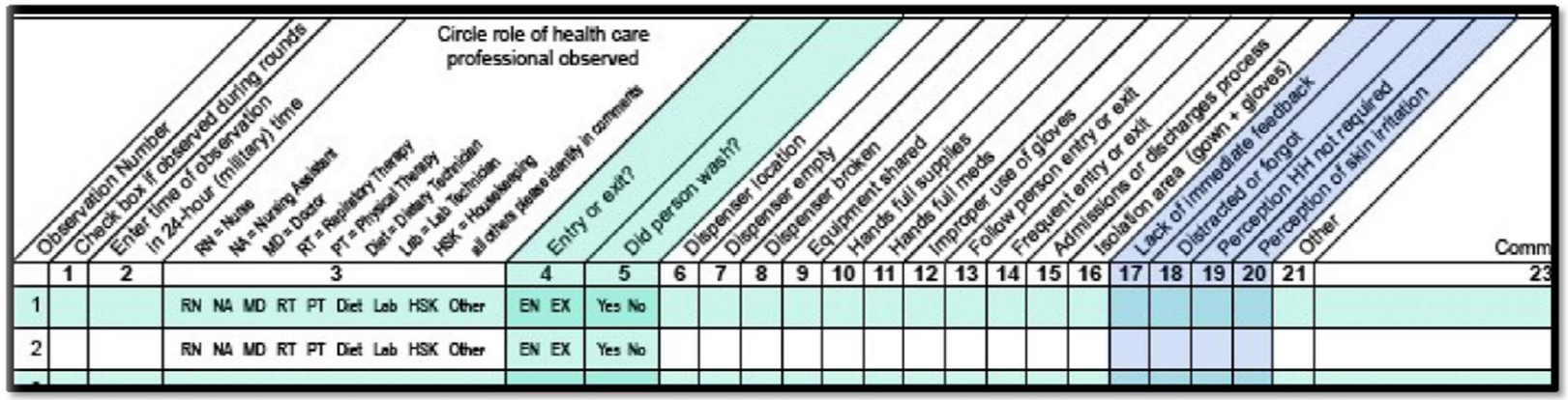
Hand Hygiene Observation Scenario 4

Click on Picture below to play video

Scenario 4: Completed form



Observation Number	Check box if observed during rounds	Enter time of observation in 24-hour (military) time	Circle role of health care professional observed: RN = Nurse, NA = Nursing Assistant, MD = Doctor, RT = Respiratory Therapy, PT = Physical Therapy, Diet = Dietary Technician, Lab = Lab Technician, HSK = Housekeeping, all others please identify in comments	Entry or exit?	Did person wash?	Dispenser location	Dispenser empty	Dispenser broken	Equipment shared	Hands full supplies	Hands full meds	Improper use of gloves	Follow person entry or exit	Frequent entry or exit	Admissions or discharges process	Isolation area (gown + gloves)	Lack of immediate feedback	Distracted or forgot	Perception HH not required	Perception of skin irritation	Other	Comm
1	2		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23
1			RN NA MD RT PT Diet Lab HSK Other	EN EX	Yes No																	
2			RN NA MD RT PT Diet Lab HSK Other	EN EX	Yes No																	

- Would not monitor– emergent/urgent situation

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Scenario 5: Description

- Time of Day: 0425
- Health care provider type: Nurse
- Area description: Private patient room

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Hand Hygiene Observation Scenario 5

Click on Picture below to play video

Scenario 5: Completed form

- No wash upon entry with the contributing factor being the dispenser was empty
- Unable to determine wash out since nurse was not seen for 30 seconds following exit

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Scenario 6: Description

- Time of day: 1130
- Health care provider type: Nurse
- Area description: Private patient room

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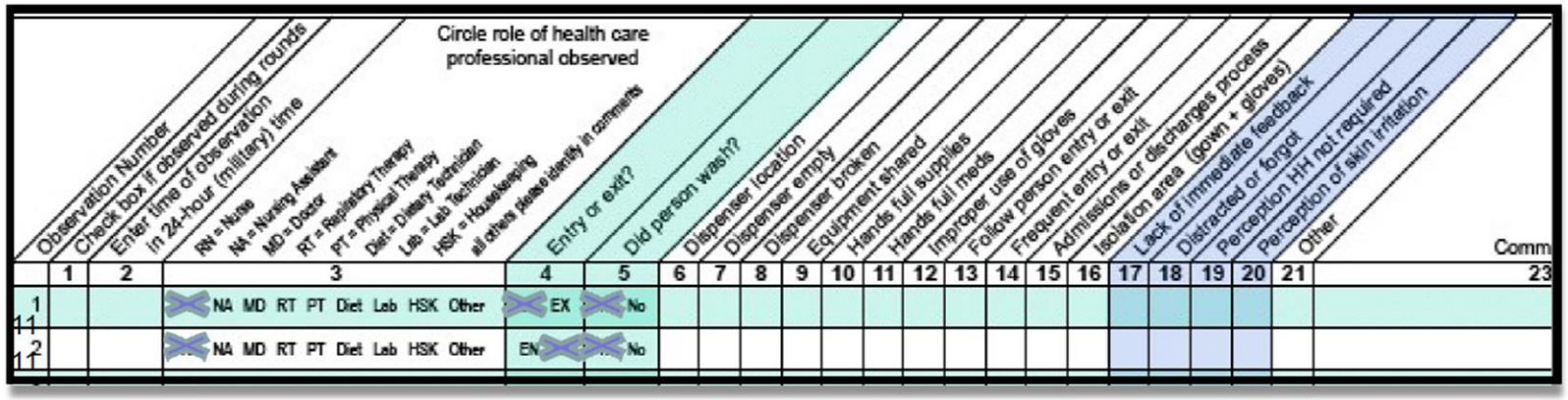
Hand Hygiene Observation Scenario 6

Click on Picture below to play video

Scenario 6: Completed form



- Even though the family member touched the nurse after she washed her hands she still performed the "wash in"

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Scenario 7: Description

- Time of day: 1545
- Health care provider type: Nursing assistant
- Area description: Semi-private patient room

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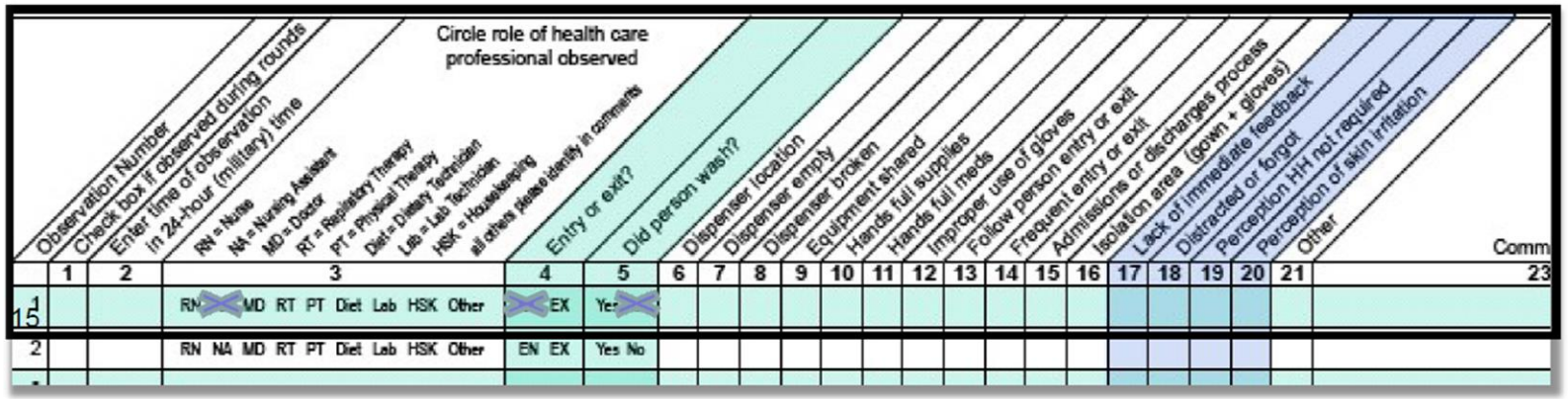
Hand Hygiene Observation Scenario 7

Click on Picture below to play video

Scenario 7: Completed form



- Could not see wash out since the nursing assistant was behind the curtain
- Wash in is non-compliant as the nursing assistant entered the patient care area by crossing the curtain line and touching the patient's bedside table

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Scenario 8: Description

- Time of day: 1600
- Health care provider type: Nursing assistant
- Area description: Semi-private patient room

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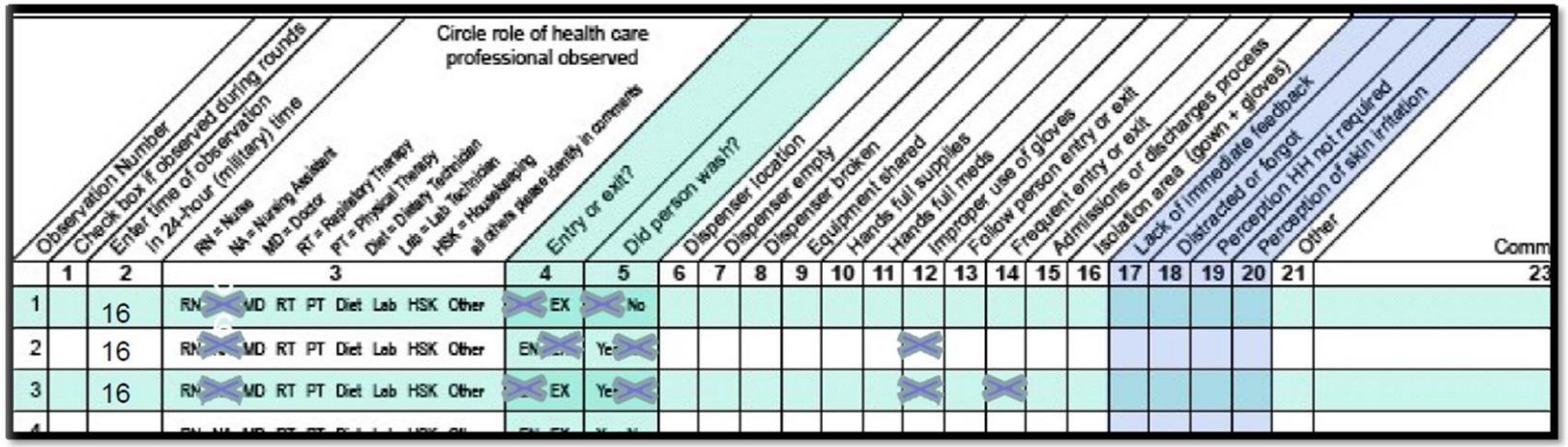
Hand Hygiene Observation Scenario 8

Click on Picture below to play video

Scenario 8: Completed form



Observation Number	Check box if observed during rounds	Enter time of observation (in 24-hour (military) time	Circle role of health care professional observed: RN = Nurse; NA = Nursing Assistant; MD = Doctor; RT = Respiratory Therapy; PT = Physical Therapy; Diet = Dietary Technician; Lab = Lab Technician; HSK = Housekeeping; all others please identify in comments	Entry or exit?	Did person wash?	Dispenser location	Dispenser empty	Dispenser broken	Equipment shared	Hands full supplies	Hands full meds	Improper use of gloves	Follow person entry or exit	Frequent entry or exit	Admissions or discharges process	Isolation area (gown + gloves)	Lack of immediate feedback	Distracted or forgot	Perception HH not required	Perception of skin irritation	Other	Comm
1		16	RN MD RT PT Diet Lab HSK Other	EX	No																	
2		16	RN MD RT PT Diet Lab HSK Other	EN	Ye																	
3		16	RN MD RT PT Diet Lab HSK Other	EX	Ye																	

- This nursing assistant did not follow hand washing once she was called by the other patient, and she practiced improper use of gloves on exit and re-entry

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Rules of just-in-time coaching

- Do not guess! If you are unable to view the health care worker to ensure your feedback is accurate, then don't approach them.
- Watch your body language. Make sure you appear open, relaxed and approachable.
- Don't engage! If someone becomes aggressive, just walk away. Be sure to tell your contact person what happened and who was involved.

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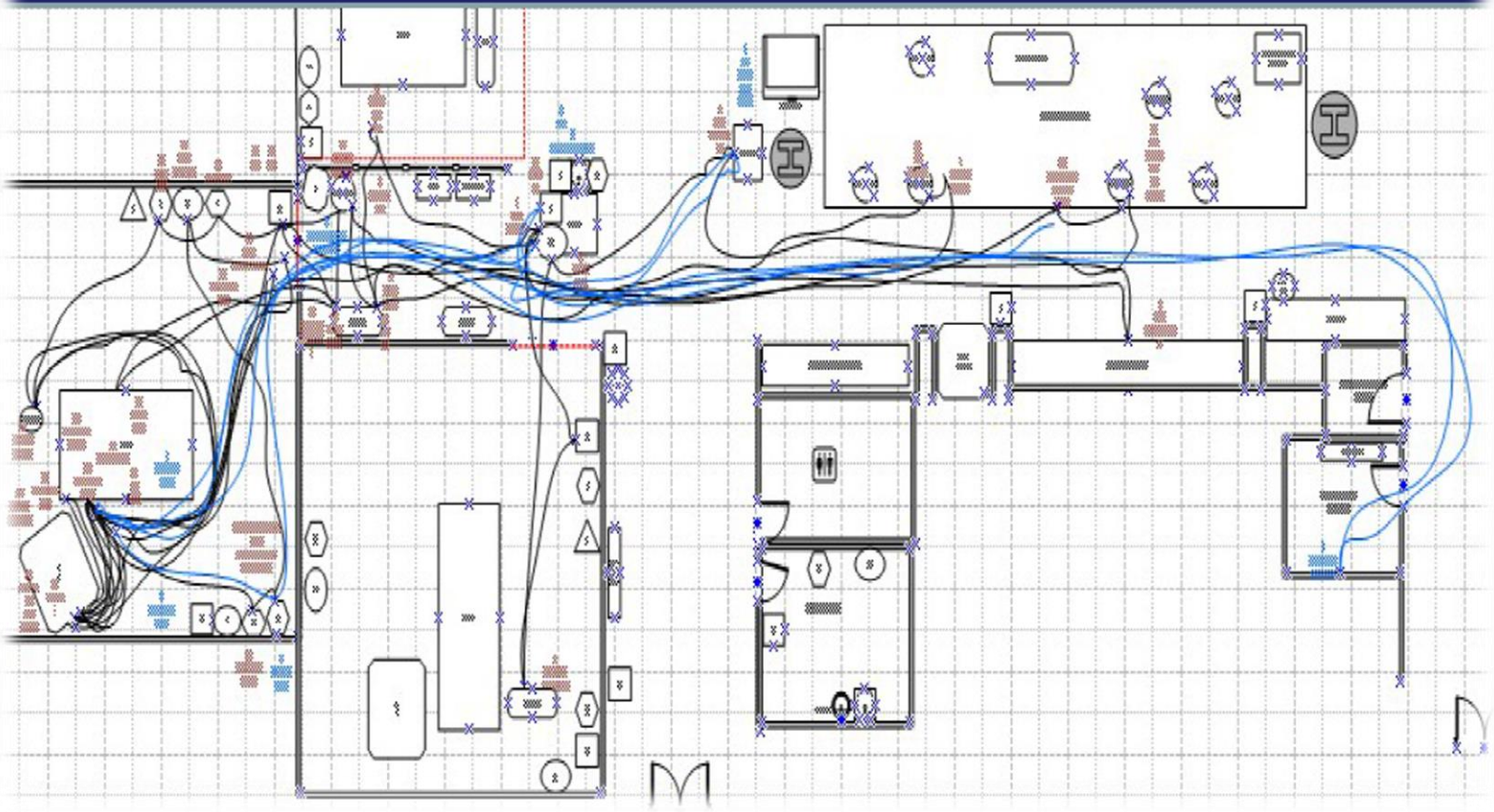
This slide represents the activity of one ICU nurse in a single medication administration process (approximately 7 minutes). Room thresholds are identified by red dotted lines.



Collecting the best sample

- Gather data throughout your shift. Focus on collecting data for the next two or three observations, rather than trying to remember observations at the end of your shift.
- Collect data on a variety of staff (nurses, physicians, housekeeping, dietary, etc.). Use the sample plan provided by your organization.
- Try to collect data at different times of the night or day so that all hours are represented.

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Next steps

- Take the written test and score 90 percent or better.

You will then be contacted by Quality with the tools you need to perform your duties and responsibilities as an Observer for our Clean Hands Save Lives Campaign

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