

# Talk to the Hand



Save Lives  
Clean Your Hands  
May 5, 2009

## World Health Organization

Hospitals and healthcare facilities can register for a hand hygiene awareness program planned for **May 5 2009**. Registration is free.

Healthcare facilities that register will have access to free tools to improve hand hygiene compliance!

<http://www.who.int/gpsc/5may/en/index.html>

## In Print

Please review the recent journal article: *Hand Hygiene Compliance Monitoring; Current Perspectives from USA Journal of Hospital Infection (2008) 70(5)2-7.*

MMI's program for monitoring HH compliance was positively noted: "**Advantages of this approach include the fact that such measurements are relatively easy to conduct and are feasible in a variety of healthcare settings.**"

Abstract available at : [www.Sciedirect.com](http://www.Sciedirect.com)

## Compliance Certification

The Health Law Institute at Widener University School of Law (Wilmington, DE) is pleased to offer a 4-day training program **March 2-5** for compliance professionals and attorneys interested in issues currently arising in hospital and long-term care settings. Attendees Contact: Karla Harris, (302) 477-2704, [kmharris@widener.edu](mailto:kmharris@widener.edu). Visit <http://law.widener.edu/hcc>

## From the desk of Dr. Maryanne McGuckin

### Happy Tenth Anniversary!

It is hard to believe that in 2009 we will reach the 10<sup>th</sup> anniversary of introducing our patient empowerment model for increasing hand hygiene, along with compliance monitored through product volume measurement: *Patient Education model for Increasing Handwashing Compliance Am J Infect Control 1999;27:309-314.*

From that first study in four New Jersey hospitals, a great deal of research has emerged which I am happy to say demonstrates support for the importance of patient empowerment. For my colleagues who remember the first study and my first oral presentation at APIC, there was a great deal of skepticism, frank criticism, and a great deal of media coverage for this approach. However, we continued our research on this model with four major studies all showing increased compliance when patients are involved.

In 2006, we evaluated our model because we felt there was a missing link in getting compliance to the next level. With the valuable help of consumers, we found that missing link: giving patients permission. *Consumer Attitudes about Health Care Acquired Infections and Hand Hygiene. Am J Med Qual 2006; 21:342-346.*

As a result, in 2007 we retired the original program, Partners in Your Care, and moved on to what we believe is the answer to sustaining and reaching higher level of compliance: a multimodal program that includes patient empowerment, titled **All for One®: One Patient, One HCW, One Question- Did you Wash Your Hands?** A sample is available at [www.hhreports.com](http://www.hhreports.com).

Support for patient empowerment has grown during the past two years with NPSG 13. Also, I am happy to say that the *WHO Global Challenge on Safe Care* added a chapter on patient empowerment and it was an honor to be the lead author. *Core group in Geneva pictured above.*



So, we have taken patient empowerment from New Jersey to Geneva! With your efforts, we will take it to even greater lengths in 2009.

Please take a few minutes to read this newsletter, and as always we welcome any discussion you would like to bring to our attention. E-mail [data@hhreports.com](mailto:data@hhreports.com).

*Talk to the Hand is a publication of McGuckin Methods International, Ardmore, Pennsylvania. Contact: (610) 304-2927 or [data@hhreports.com](mailto:data@hhreports.com)*



## Compliance Enrollment Plans

**M**cGuckin Methods International is **an independent consulting group offering programs, research, education, and services to advance healthcare infection control.** We are not part of a manufacturing or distributing company and we do not rely on HH product sales for our revenue.



You may be familiar with our premier program, Hand Hygiene Product Volume Measurement & Benchmarking Reports ([www.hhreports.com](http://www.hhreports.com)), which measures HH quantity compliance. Specifically, this program measures the impact of your educational interventions on HH compliance. Our methodology goes hand-in-hand with other methods such as observation and self reporting - efficiently and economically balancing your compliance data.

Since 2007, enrollment in our measurement & benchmarking program has been available directly through MMI. Although we offer direct enrollment, we have evaluated other hand hygiene intervention programs that we believe are based on sound evidence (many of which are using our model) and have a component of patient empowerment.

As a result of our evaluation, we have determined that the companies below meet our criteria and we have partnered with them to offer a variety of compliance education and measurement programs. Our goal is to help you, the ICP, get access to our program at a reasonable cost. Recent turns in the economy should not impede your goal of hand hygiene compliance via an economical method for measurement!

### **McGuckin Methods International Measurement & Benchmarking Reports**

The measurement program comes with the All for One<sup>®</sup> education program.

### **Ecolab's It's OK to ASK Program**

Part of Ecolab's established HH Compliance Monitoring Program, *It's OK to ASK* empowers patients to remind HCWs to wash/sanitize hands.

### **Gojo's Ultimate™ Hand Hygiene Plan**

An easy-to-implement multi-step manager's guide with all the resources you need for hand hygiene compliance.

### **Medline's Hand Hygiene Compliance Program**

Featuring a HAI cost calculator, rewards program, and education credits in addition to compliance monitoring.

If you are interested in any of the above programs, contact us at [data@hhreports.com](mailto:data@hhreports.com). We are happy to provide you with more information on compliance monitoring options. Or, phone us at (610) 304-2927 (We are located in the Philadelphia area).

**1.** “We count placement. **The housekeeping staff is often changing assignment areas** and doing fill in. I knew I would never get 100% information from them as to counting empties. Materials management has data which shows amount taken off daily carts by each individual dept. This feels most accurate.”

**2.** “We tally product empties for soap and product delivery for foam. Materials management was not happy to give me product delivery information (one more thing for them to do), but has done so each month. **I am pretty persistent and I know Environmental Services requires housekeepers to sign out soap containers** to be sure count is correct.”

**3.** “We started counting the product placement by asking our EVS staff to tally mark whenever a replacement unit was put into place. **After 8 or 9 months, we switched to counting the empties. The documented product usage has increased** using the empties as our tally marker. With the old placement system - units were frequently not listed. We didn't feel it was giving us an accurate count.”

**4.** “We count soap empties. No real issues now, but took some effort getting EVS employees to tally at the start up. **Sanitizer done via a materials management report.**”

**5.** “Environmental Services coordinators help with the compliance reminders, making their collection sheets and **came up with system that works for them** for the soap. The alcohol count comes from materials on how many have been issued to the unit.”

**T**en pros, cons, and helpful tips from ICPs participating in our HH Reports program.



Product volume measurement can be conducted using a variety of measures. Our method focuses on counting the product containers as the soap/sanitizer is consumed (“counting the empties”). However, it is possible to measure usage by counting product replacements delivered to each unit. Compliance can be measured either way, and a few ICPs even count a combination of empties and fresh deliveries depending on resources and data available in house. Whichever method you chose, be consistent from month to month. If you have to change, understand there may be spike or dip in your monthly data analysis, as staff get used to the new methodology.

E-mail us at [data@hhreports.com](mailto:data@hhreports.com) if you would like further details or if you have a tip of your own to share.

**6.** “We include materials management in tallying product placement. **Stores Manager visits floors and takes orders from each housekeeper every morning.** As orders are filled, they are tallied for product volume usage reporting.”

**7.** “We tally empty containers, **which has limited us to only collect on one unit due to lack of personnel resources.** Let me know if we could switch to sending product placement and broaden our monitoring.” [see note on expanding the program in this issue]

**8.** “We tally empty soap containers. **The placement method didn't work as we had a couple different sources that product could come from** (housekeeper's carts or utility room storage) and that was too inconsistent for us. “

**9.** “When we first started to measure product use, we counted the amount of product delivered to each unit. After further review and discussion, we felt that would not accurately capture use because **some units kept a large amount of product on the shelf.** We now count empties.”

**10.** “**Materials sends me the number** of foam containers that they sent to the floors.”

## SANITIZER FACTOIDS

In our database of 350 ICUs and 1,100 Non-ICUs:

In ICUs, the number of soap HH events are only 10% higher than sanitizer at the 3-month and 6-month periods.

In Non-ICUs, soap is 45% higher at the 3-month period and 36% higher at the 6-month.

## What you're asking [data@hhreports.com](mailto:data@hhreports.com)...

**Why is my ER compliance rate so much higher than 100%?** I am afraid my staff will not be motivated to improve if they see such high numbers.

*The first thing to recall is that ERs (and other out-patient units) have a hygiene event quantity goal of 6 Hand-Hygiene-per-patient-visit. Compare this goal to that of a typical Non-ICU (72 HH per patient day) or an ICU (144 HH per patient day) and you can understand how easily and quickly a goal of 6HH can be reached. However, the last thing we want is for staff to perceive permission to not wash!*

*We at McGuckin Methods International are currently studying our ER hand hygiene activity and may recommend a result that is more applicable to your hospital than a general goal.*

*Most common reasons other hospitals report such high compliance for ER: (1) Data was accidentally combined with another unit's data, so numbers submitted were higher than they should be, (2) Containers don't empty very frequently on this unit, and this month happened to be the time several needed replacing, (3) The sinks or sanitizing stations are in locations that are convenient for staff from other units to use, thus increasing the chance that a product container will empty.*

*Research is readily available for HH quantity goals in other unit types such as Non-ICUs and ICUs. But information is scarce on ER type units because each patient visit is unique.*

**One of my units is reported as a "Non-ICU" but in fact it's more of a REHAB unit. How can I change this?**

*Easily. Simply submit a new category type when you submit next month's data, and we will reanalyze your history in context of your new unit category and goal setting. See box in center of page for details.*

**Will my compliance increase if I am in a different bed-size group?**

*No, your HH quantity compliance rate does not change if we compare your hospital data to a group of hospitals in the 1-99 bed size, or if we compare your hospital to a group of hospitals in the 500+ bed size. The only thing that changes are the benchmarks which indicate where your hospital falls in the ranks of that hospital group (benchmarks determine if your compliance rate is near the bottom 10%, the average, or the top 10% of other hospitals in your group). Though valuable for understanding how your peers are performing, benchmarks should take a lesser priority to your own history and progress. So long as you are demonstrating improvement over time, you can consider yourself on the right track.*

**I currently conduct product volume measurement on two units in my hospital. Now that I know how the program works, can I add more units?**

*Yes, you can add more units whenever you are ready. If you started the program in (for example) two units, simply expand your method of data collection in more units and start sending us the data. As soon as we notice a new unit name has been added to your data, we'll add a new page to your report for that unit. Good luck!*

**What if I change hygiene products?**

*Our product volume measurement program is compatible with all HH products. Simply tell us the size of your new containers and continue to report how many you have used or placed in each unit per month.*

*Please note if you are participating via a specific compliance program offered from one of our partners, contract terms with that company may apply.*

### MMI Compliance Goals

How much should you be washing or sanitizing your hands per patient per day?

**ICU:** 144HH/bed day  
**Non-ICU:** 72HH/bed day  
**Pediatrics:** 72HH/bed day  
**Rehab/LTC:** 20HH/bed day  
**ER/OP:** 6HH/visit\*  
**Clinic:** 3HH/bed day

\* under research

# Picture This!

Send yours to [data@hhreports.com](mailto:data@hhreports.com)



**Top Left and Bottom Right:** Gojo sponsored a morning of educational workshops for the Greater New York Hospital Association. Dr. Maryanne McGuckin (featured speaker) and John Govednik pictured. This event debuted Gojo's Ultimate Hand Hygiene Plan.

**Top Middle:** Elmo demonstrates proper hygiene (smiling soap bubbles in hands) at Philadelphia opening of National Clean Hands Week.

**Top Right:** Ira Tucker Jr. (center) of Word-OUT! Awareness Foundation presents the Harweda A. Shannon Memorial Award to students Samia Merritt (left) and Michael Quinones (right) for design of the National Clean Hands Week aerial publicity (mock up in the background).

**Middle Left:** Philadelphia High School for the Creative and Performing Arts (CAPA) Dancers show off their moves to "You Gotta Wash Your Hands – The Musical". Interested readers will find a video clip and more photos of the event at [www.hhreports.com](http://www.hhreports.com)!

**Middle Right:** Karen Ray, MT, ICP, CIC, of Good Samaritan Hospital, Baltimore, presented a comparison of direct observation compliance measurement to product volume compliance measurement, at Ecolab's seminar center at APIC 2008 Annual Conference in Denver.

**Bottom Left:** Lynne Karanfil of Medstar (left) participated in a medical mission to Guatemala where the locals showed her their hand hygiene norms. (Photo taken at the insistence of her good humored Guatemalan hosts; Lynne assures us that proper HH practice was in fact used!)

**Bottom Center:** Dr. Babita Patel (left), Infectious Disease MD, and Millie Lavaway, ICP(right) of Halifax Regional Hospital, Virginia, pose for a press photo. The hospital's launch of Ecolab's It's OK to Ask compliance program was featured in the local media.

Note to readers: Those pictured do not specifically endorse products or services. The pictures are simply shown to represent a variety of happenings in the hand hygiene compliance community. Submit your photos to [data@hhreports.com](mailto:data@hhreports.com). We'll confirm before using.

# On Watch

## SHEA

**Abstract #571: A Four Step hand Hygiene Compliance and Accountability Model.** Lynne V. Karanfil, RN, MA, CIC, Kathy Finch, RN, BSN, CIC, Brenda Knox, John Govednik, MS, Maryanne McGuckin, Dr.ScEd

If your healthcare facility conducts both Direct Observation and also Product Volume Measurement to determine your hand hygiene compliance rates and improve behaviors, plan to visit the **poster abstracts exhibit at SHEA Annual Scientific Meeting in San Diego** this March. Good Samaritan Hospital in Baltimore (GSH) will be presenting their model for hand hygiene educational interventions which are measured using both DO and PVM.

Kathy Finch, Good Samaritan Hospital's Director of Infection Prevention & Control, discusses their four-phase program and uses our product monitoring program to measure outcome. GSH also monitors via observations, so they can compare data from both sources (You will be surprised to see the results!)

## Free Publication Available from the Advisory Board Company

In 2008, The Advisory Board Company, whose mission includes communicating insight and best practices in healthcare, developed an excellent resource, "[The Journey to Zero – Innovative Strategies for Minimizing Hospital-Acquired Infections](#)", with attention to (1) Sizing the Burden, (2) Establishing Frontline Awareness, (3) Minimizing Pathogen Opportunity, and (4) Promoting Long-Term Gains. Product Volume Measurement is one of the methodologies featured. We have received some interest in our program from key hospital administrators which is a good sign that PVM could have support from *your* hospital's leadership if discussed in light of this important publication. As you know, support from key leadership is crucial when starting new initiatives.

**This publication is intended for broad dissemination among hospital administrators and physician executives, and unlimited copies are available without charge for Board member hospitals, which your hospital may be.** To inquire, contact Maggie Wyche the Advisory Board at (202) 266-6081, or E-mail [wychem@advisory.com](mailto:wychem@advisory.com). To learn more, visit [www.advisoryboardcompany.com](http://www.advisoryboardcompany.com).

## The Next Phase of Patient Empowerment

In 1997, I developed and authored Partners In Your Care as a first attempt to get patients involved. It was a good starting point, but something was missing. Therefore, with the help of colleagues and consumers, we have developed an empowerment program that unites the patient and HCW as **Partners in Care: All for One®**:

**One Patient**

**One HCW**

**One Question: Did you Wash/Sanitize your Hands?**

More information is available at [www.hhreports.com](http://www.hhreports.com) and follow the link to [patient education brochure](#)



## Future Newsletter:

- ◆ ERs, PACUs, and other out-patient type units... How do you measure length of stay?
- ◆ What makes Observation compliance comparatively higher than Product Volume Measurement?
- ◆ Review of upcoming publications from JC and WHO on best practices.

Please visit our web site to learn more about hand hygiene compliance:

[www.hhreports.com](http://www.hhreports.com)

and, E-mail us at [data@hhreports.com](mailto:data@hhreports.com) with your questions & comments.