



Talk to the Hand



Vol. 4 No. 1

A New Decade for Hand Hygiene

Joint Commission Moves the Elements of Performance for NPSG #13 Patient Involvement into the Standards

The JC has clarified and streamlined elements of performance for several of the National Patient Safety Goals, moving some to the standards and deleting others.

As you know, MMI is strongly committed to patient empowerment, providing research and programs that promote patient participation in their healthcare decisions. (www.hhreports.com)

NPSG #13 has been a cornerstone for healthcare worker accountability to patient involvement as a patient safety strategy, and we are pleased to see elements of performance in the standards.

The changes impact *Infection Control* and *Provision of Care* standards for members of our hand hygiene measurement program such as hospitals, ambulatory care, critical access hospitals, long term care, behavioral health, home care, office-based surgery, and Medicare/ Medicaid Certification-based long term care. The changes also impact laboratories.

For specifics, please review the JC Perspectives October 2009 newsletter for a summary of changes.

A link is available at our home page www.hhreports.com

Over the course of the last decade, we can reflect on that fact that hand hygiene has truly been seen as the foundation of our infection control programs. The CDC Guidelines, NPSGs, JC Monograph, and the WHO Global Challenge have provided us with direction for our programs. We must keep in mind that guidelines, without intervention, measurement and feedback will not have an impact on compliance. Accordingly, we have a newly published peer-reviewed study on what we believe is a first attempt at summarizing HH compliance in the USA using product volume methodology. (McGuckin et. al. AJMQ 2009). We have improved slightly but we still must admit that compliance is less than 50% in many of our healthcare settings.

For future direction, **a multimodal strategy** must be the approach for your hand hygiene program. We encourage our colleagues to partake of the ongoing work of the WHO Save Lives Campaign. Recently, our journals featured hand hygiene studies that can help support your long term strategy for preventing the spread of infections. An updated summary is available on our website, www.hhreports.com.

MMI's goals are threefold: 1) encourage patient involvement, 2) encourage adoption of product volume measurement as a first step in hand hygiene measurement, and 3) encourage participation in WHO Save Lives Programs. We wish you well as you continue to promote hand hygiene as the foundation for infection control.

- Dr. Maryanne McGuckin and MMI team



Feb. 9-10, 2010
ICT's Virtual Conference on Professional Development

Free Education, Networking, and Exhibits! No travel! No registration fees! CEs!

Dr. McGuckin will be speaking on hand hygiene. Webinar scheduled February 9.

www.ictconference.com



May 5, 2010
Save Lives: Clean Your Hands
World Health Organization

Register your healthcare facility (free) and have access to **free tools for hand hygiene education and promotion!**
New briefing kit available!

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



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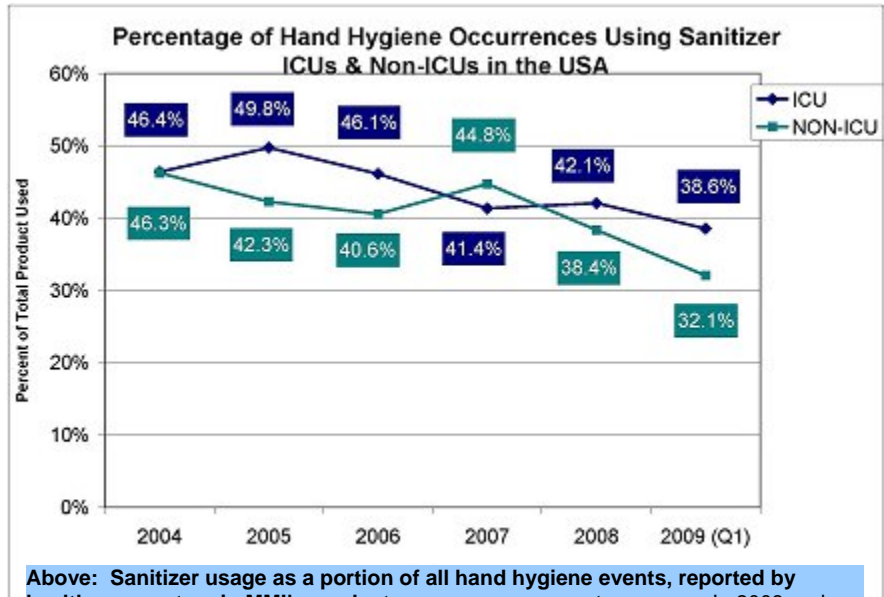
Infectious Diseases Society of America

MMI presented a poster abstract on sanitizer usage in the USA, showing trends for ICUs and Non-ICUs for the past six years. (Govednik, McGuckin, Waterman. Are Healthcare Workers in the USA Switching to Hand Sanitizer? IDSA 2009)

Healthcare centers in the USA are using proportionally less sanitizer in 2009 compared to sanitizer use in prior years. Healthcare workers wash with soap and water more now, even after the WHO (2006) and CDC (2002) guidelines suggest infections are better controlled when sanitizer is used if hands are not visibly dirty. (WHO advanced draft was released in 2006, the final draft in 2009).

In our last newsletter, we highlighted the hard work and 1,000% efforts that ICPs in the program are putting forth to address Novel A H1N1. Your efforts and problem solving have been amazing. We hope this information can assist with these suggestions:

- Concerns about flu, coupled with suspicions about *c.diff* and “superbugs”, bring U.S. healthcare workers back to traditional methods for handwashing (soap). In-services can serve as reminders of WHO and CDC guidelines for sanitizer usage.
- Portable “cough stations” and extra sanitizer bottles and dispensers have been placed in entrances and lobbies, but product availability in patient care areas may remain unchanged. The more products are easily accessible, the more potential they will be used.
- As this study involves self-reporting, additional product may have been missed when tallying usage. Don't forget to count those portable bottles if they are used in patient care areas!
- As Pittet reports (IDSA symposia 2009), washing with soap and water can take up to 60-75 seconds, while performing HH with sanitizer can take 15-20 seconds. HCWs are trending towards choosing a more time consuming method. Will they be discouraged to perform HH if time is of the essence?



Above: Sanitizer usage as a portion of all hand hygiene events, reported by healthcare centers in MMI's product usage measurement program. In 2008 and 2009, healthcare workers chose sanitizer less frequently to perform HH than in prior years in both ICUs and Non-ICUs.

Related issues that came out of the IDSA conference:

- **C. difficile**
 - A multifaceted approach for hand and environmental hygiene is recommended. Hand soap (when appropriate), hand sanitizer (when appropriate), sterile gloves, clean gowns, and thorough environmental cleaning all play a part.
 - As *C. diff* is a spore-producing bacteria, know when to use soap vs. sanitizer in specific HH opportunities.
 - Studies suggest HH with soap/water is best to remove spores from your hands. When you suspect contact with *C.diff*, use soap or follow your facility's specific protocol.
 - Alcohol-based sanitizer can kill the bacteria itself; performing HH with sanitizer for other HH opportunities (when you don't suspect you've been in contact with *C. diff*) reduces the number of bacteria that can infect patients and/or produce spores.
 - We acknowledge this is not a simple judgment to make and applaud many of you who have written us with questions on related research. Keeping abreast of current findings is vital!
 - Two research items were cited frequently in multiple sessions:
 - **Boyce, J.** et al. (Infect Control Hosp Epidemiol 2006) found lack of association between increased incidence of *C. diff* –associated disease and increasing use of alcohol based hand rubs.
 - **Abbett, SK** et al. (Infect Control Hosp Epidemiol 2009) recommends CDI check list for multimethod intervention plan for IC.
- **Controversies in HH**
 - Pittet presented justification for sanitizer usage not only for efficacy but as a more efficient means of preventing spread of infection.
 - Washing with soap/water can take up to 75 seconds per HH event.
 - An HH event using sanitizer can take up to 20 seconds.
 - Product availability at point of patient care is crucial to encourage use
 - Success = endorse and adapt

Preventionists' Frequently Asked Questions

What if I've been on leave for a few months and now have past data to submit?

Submit your past data at any time and your compliance record will be updated to reflect each monthly period. However, we recommend you find another staff member to submit data in your place. Then, monthly reports will continue to provide feedback to staff in your absence.

What if one of our units went off-line?

Stop submitting data for that unit (obviously, you won't have any product use or patient numbers!). You can resume at any time.

How can I expand the product usage program to more units?

You can begin to track units at any time while you are in our program. Many healthcare centers implement product volume measurement in two or three units, and then expand to more units once the process has been underway with established examples of success to share with the new units. We have a convenient spreadsheet for you to submit multiple units on one form.

Can my center participate if we are located outside of the USA?

We provide measurement reports for healthcare centers in any region of the world. We do not have translating services, so you will have to be sure the program can be implemented in English (or, have a good translation on your end). We support WHO's patient empowerment guidelines and will work with you to ensure your educational component for hand hygiene has a foundation of patient empowerment in a manner most effective for your culture. Currently we have measurement activity in North America, Europe, and Asia. Three more continents to go!

Currently we benchmark USA hospitals with USA data, and we will establish benchmarks for other countries as the programs continue.

Do you report results to our corporate HQ?

No, not unless you request that we do so.

What if we have a new Environmental Services contractor?

If you need to take some time to bring your new EVS on board with the program (as well as with everything else in infection control at your unique center!), it is best to ensure the process is followed with a well trained staff rather than piece data together during a training period. Take one or two months off the program and then resume data submission. But don't wait too long, hand hygiene must be monitored and feedback must be given in order to maintain adherence.

Product Used v. New Product Placement?

Newsletter Vol. 3 No. 1 summarizes ICP secrets to success tallying either product usage or placement. www.hhreports.com/newsletter

My ICU is mixed-use. How high should my compliance goal be set?

Many of you monitor hand hygiene in an ICU that has mixed use (with DOU, Telem, and other services). Please let us know if this is the case with your ICU and we can determine the best compliance goal for your unique unit.



Nov. 2009 issue of Materials Management in Healthcare Magazine... useful tips for Mat. Mgmt. or EVS colleagues!

- MMI's product volume measurement methodology "in action" at Good Samaritan Hospital, Baltimore, with positive results.
- Reinforces the impact of a multimodal hand hygiene compliance program.
- Also reinforces the low cost efficiency of product volume measurement compared to observation.
- Article acknowledges the different ways a hospital can enroll in MMI's program.
- Posted online at this link to Materials Mgmt in HC Magazine. Also link available from www.hhreports.com

Hand Hygiene Compliance Measurement Program



McGuckin Methods International, a Patient Safety Organization, is **an independent consulting group offering programs, research, and education, 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.



Make **Hand Hygiene Compliance** your goal,
and **Measurement** your top priority!

You may be familiar with our premier program, Hand Hygiene Product Volume Measurement & Benchmarking Reports (www.hhreports.com), which measures HH 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 adding to your multimodal plan.

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 and have a component of patient empowerment. You may enroll via these programs.

You choose the enrollment option that best meets your needs

Direct Enrollment/MMI

\$2,000/year
\$500 one-time enroll fee

Training manual and
PowerPoint orientation

Direct contract with a PSO

MMI's patient empowerment
educational tools

E-mail data@hhreports.com
for more information or visit
www.hhreports.com.

Indirect Enrollment

Your hand hygiene products provider may be able to waive the enrollment fee depending on your product plan.

Many companies have their own educational programs and use MMI as a standard measurement method.

Inquire with MMI and we will ensure you have all of the information you need from your products provider to make this decision. E-mail data@hhreports.com for more.

Cost Comparisons

Direct observation by trained professionals can cost from \$6,000 for four units to \$36,000 for 22 units. This is for observing 3% of all activity.

A Virginia Commonwealth U. study suggests cost is \$21,000 for a staff of 12 hourly workers to observe 24% of HH activity

(McGuckin et. al. AJMQ 2009)
(Stevens et. al. SHEA 2009)

If you are interested in any of the above programs, contact us at 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).

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

www.hhreports.com

E-mail us at data@hhreports.com with questions & comments