



Making Strides in Hand Hygiene Compliance: to 90% and Beyond

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Chief, Infection Control Unit

Associate Chief and Fellowship Program Director

Division of Infectious Diseases

Massachusetts General Hospital

Boston, MA

Recognizing and addressing the need for improvement

By 2000, numerous studies had shown that the average hand hygiene compliance rate among HCWs was estimated to be <50%.

MGH was no exception.

Before contact (2003):

8%

After contact: (2000):

47%

Improvement strategy: A brief history

2000: **Hand Hygiene Task Force** formed, Cal Stat introduced



2002: Cal Stat reformulated, full time RN hired, routine compliance surveys started, pilot programs launched

October 2002: New CDC Guidelines introduced

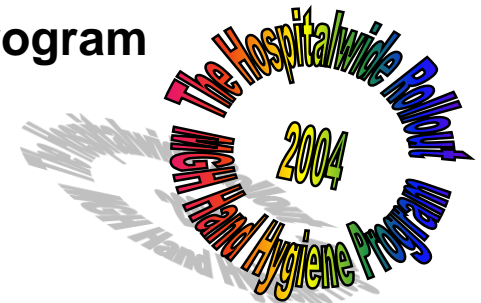
2003: Task force renamed the **STOP* Task Force**, efforts expanded



** Stop the Transmission of Pathogens*

2004: Hospitalwide rollout of the **MGH Hand Hygiene Program**

2005-2008: Now 1.5 FTE RNs, continued expansion



Participants

The Task Force: A multi-disciplinary team

Organized by
Infection Control Unit
Patient Care Services

Supported by
Executive leaders
MGH-MGPO Quality & Safety Dept.
Chiefs of Service, Nursing Leaders

Leaders

Team Leaders
David Hooper, MD
Jackie Somerville, RN, Assoc. Chief Nurse

Project managers
Judy Tarselli, RN:
Heidi Schleicher, RN, CIC

Members

Ambulatory Care Services
Knight Center for Clinical & Prof. Dvpt.
Clinical Care Management Unit (CCMU)
Clinical Nurse Specialists (CNS)
Environmental Services

Infection Control Unit (Director: Paula Wright)
Infectious Disease Division
Nurse Directors (ND)
Nursing Administration & Support
Nutrition & Food Services
Occupational Health Service

Operations Coordinators
Patient Care Services
Physicians
Public Affairs
Radiology

Infection Control Practitioners (ICPs)

Maureen Franklin, Fred Hawkins, Kathie Hoffman, Katherine Kakwi, Nancy Swanson

Infection Control Unit - Hygiene Specialists

Judy Tarselli, Heidi Schleicher

...Plus 150+ "Hand Hygiene Champions"

Major components

Compliance surveys



Product availability

Posters & Publicity

Education



Goals

90/90
100

MCH Compliance Study			
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Hand Hygiene: What is expected?
Current CDC HH guidelines for HCWs...

- Alcohol-based handrub recommended as #1 method of HH
- Frequent handwashing discouraged
- Prevent dermatitis: increases risk of colonization, transmission
- Handwashing still required at 3 specific times:
 - Hands visibly soiled - After bathroom use - Before eating
- HH required before and after contact with the patient
- HH required before and after contact with the patient's environment
- Gloves may not be used as a substitute for HH
- HH is required before & after glove use
- Skin care required: Use lotion at least twice per shift

* All MCH hand sanitizer should also be washed after handling a "Contact Precaution Plus" area, which indicate the presence of C. difficile, and then Cal Star should be used. Handing will physically remove spores, and Cal Star will destroy vegetative organisms that remain.

Champions



Leadership involvement

Champion Update

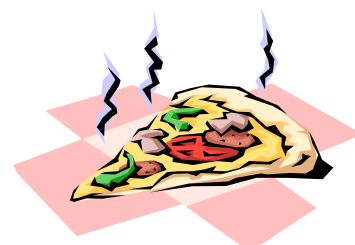
Task Force 2007 Q4 results
New quarterly records set in Q4 (2007)

14 units earned the "90/90" award in Q4

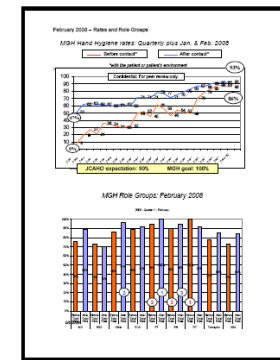
11 units achieved 95% or better "before contact" for 2007 Q4

23 units achieved 95% or better "after contact" for 2007 Q4

Patient & Visitor involvement



Feedback



BE AN ACE

"Be on ACE! Use Cal Star."

ALWAYS USE THE CAL STAR HAND SANITIZER

A MESSAGE DIRECTLY TO YOU BY THE HAND HYGIENE INQUIRY INCENTIVE PROGRAM



Rewards

The **STOP** Task Force rewards this **\$1.00** coupon to...

Please PRINT your name _____ Location where received _____

A ...for excellence in Hand Hygiene.
You're an ACE!

For Cashiers: FRO511 **STOP - Stop the Transmission of Pathogens** NUTRITION & FOOD SERVICES

Expansion

Cultural change

Education Staff and physicians

New employee and annual training sessions



Flyers

Health care worker fingernails: The long and the short of it

Paula Regis, RN, BSN, CC

Artificial nails was a study that looked at many health care workers and their fingernails. Can they be removed from patients?

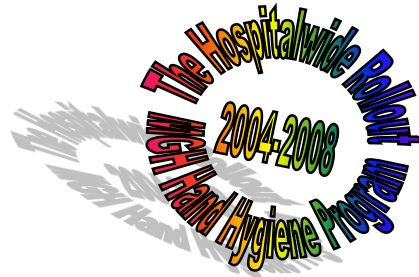
KEEP YOUR KNOWLEDGE: HAND HYGIENE AND FINGERNAILS

Research shows that long fingernails harbor more bacteria and are more difficult to clean. The Centers for Disease Control and Prevention (CDC) has guidelines on fingernails.

WHY ARE THE CAUSES OF INCREASED BACTERIA ASSOCIATED WITH ARTIFICIAL AND LONG NATURAL NAILS?

Artificial and long natural nails harbor bacteria and are difficult to clean. The CDC has guidelines on fingernails.

“Rollout” sessions



Booklets

Hand Hygiene
at
Massachusetts General Hospital

Because we care.

Special presentations

Basic components of "Hand Hygiene"

Hand Disinfection (Cal Stat)	Hand Washing (Soap & Water)	Moisturizer (Steris Skin Cream)
The #1 method	Required at specified times.	Use two times each shift.

Handouts

Hand Hygiene: What is expected?


Current CDC HH guidelines for HCWs...

- Alcohol-based handrub recommended as #1 method of HH
- Frequent handwashing discouraged
Prevent dermatitis: increases risk of colonization, transmission
- Handwashing still required at 3 specific times:^{*}
Hands visibly soiled - After bathroom use - Before eating
- HH required before and after contact with the patient
- HH required before and after contact with the patient's environment
- Gloves may not be used as a substitute for HH
HH is required before & after glove use!
- Skin care required: Use lotion at least twice per shift

* At MGH, hands should also be washed after leaving a "Contact Precautions Plus" area, which indicates the presence of C. difficile, and then Cal Stat should be used. Washing will physically remove spores, and Cal Stat will destroy vegetative organisms that remain.

Education Patients and Visitors

HANDWASHING can help to stop the spread of germs... But believe it or not, there's a **RIGHT** way to do it!



- Have a clean towel ready. Dispense paper towel before turning on water in public restrooms.
Use a paper towel or blow dryer in public areas.
- Wet hands under running water.
Avoid excessively hot water that can dry or damage your skin.
- Apply soap to hands and lather all surfaces of hands and fingers.
(If using liquid soap, use about 3/4 tsp. Plain soaps may be used.)
- Rub hands and fingers together for at least 15 seconds.
Tip: That's about the time it takes to sing "Happy Birthday" or "Twinkle, Twinkle Little Star"
- Rinse hands well, then pat dry with a clean towel.
Avoid harsh rubbing. It can chafe your skin.
- Use the paper towel to turn off water faucet.
Tip: If none are available, use your elbow.
- Discard paper towel in trash.

When to wash your hands

- When they are visibly soiled (dirty).
- When they have been in contact with blood or body fluids.
- After using the restroom.

PREPARED FOR YOU
Are there other ways to clean your hands?

Yes!

Alcohol-based hand disinfection products (liquids, foams and gels) are now available, and they are more effective at killing most germs than simple handwashing with plain soaped water.

They are also quicker to use, less likely to cause dryness or irritation of the healthy skin, and very convenient to use when sinks are not available.

In hospitals, they are now the preferred method for hand disinfection before and after contact with the patient or the patient's environment. However, it should be remembered that alcohol-based products do not so fully clean the hands by removing dirt or debris as occasional handwashing is still necessary.

Handwashing is still required if hands are visibly soiled, after using the bathroom, and before eating. Alcohol-based products may be used after washing to disinfect remaining germs.

Source: Centers for Disease Control and Prevention, "Hand Hygiene in Health-Care Settings," 2009.



Teaching & Demonstration

MGH Hand Hygiene Video

Your health is in our hands ... and yours

Research shows that clean hands can help you avoid infection, especially while you are in the hospital. To help us keep you safe and healthy, please take a few minutes to watch the short video "Clean Hands are Healthy Hands." Learn how you, your caregivers and your visitors can help stop the spread of germs.

- To watch the video:
- Dial extension 4-5212 on the bedside phone.
 - Enter 201 in the phone for the English video.
 - Turn the television to the channel assigned by the automated system.
 - The video will start playing within 5 seconds.

Su salud está en nuestras manos ... y en las suyas

Our nurse know once you've watched the video.

En estudios se ha comprobado que las manos limpias pueden ayudarle a prevenir las infecciones, en particular durante su estancia en el hospital.

Ayúdenos a proteger y conservar su salud, por favor vea el video corto ¡Las manos limpias son manos sanas! Infórmese de cómo usted, el personal del hospital y sus visitantes pueden detener la propagación de microbios.

Pídale a su enfermera/o que ponga el video en su televisión. Cuando termine de verlo, por favor avísele a su enfermera/o.

Flyers/Posters

Special Events

We practice Hand Hygiene at Massachusetts General Hospital

- ✓ Before contact with the patient
- ✓ Before contact with the patient's environment
- ✓ After contact with the patient
- ✓ After contact with the patient's environment

because we care.



Product availability



Wall dispensers: used for all hand hygiene products.



Pump bottles: allowed where wall dispensers are impractical.

Locations: Point of Use

Outside all patient rooms
Inside semi-private rooms
Exam rooms
Reception desks
Lab / Test areas

Other locations / Upon request

Elevator lobbies
Entrances/exits
Cafeteria

Not recommended

Inside restrooms



Pocket dispensers
are discouraged.

(Reaching into your pocket can contaminate your clothes.)




Point of Use
may include special
adaptation

Posters and Publicity

BE AN ACE

"To ensure safety and cleanliness, always use Cal Stat."

— Marilyn M. Addo, MD, PhD, clinical fellow of the Infectious Disease Unit

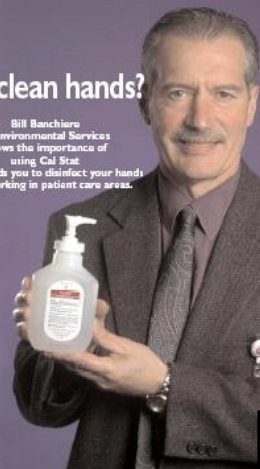


ALWAYS USE CALSTAT BEFORE AND AFTER PATIENT CARE

Be an ACE


got clean hands?

Bill Ranciere of Environmental Services knows the importance of using Cal Stat and reminds you to disinfect your hands while working in patient care areas.



MGH HAND HYGIENE PROGRAM

EVERYBODY WINS




ON BIGELOW 9

Because they use Cal Stat before and after patient care.

A message brought to you by the MGH STOP Task Force – Working together to Stop Transmission Of Pathogens.

I USED CALSTAT. DID YOU?




Before and after patient contact

GRAM

I USED CALSTAT. DID YOU?

Before and after patient contact

USE CALSTAT.



MGH HAND HYGIENE PROGRAM

Clean because we care.

Use Cal Stat before and after patient care.



A message brought to you by the MGH STOP Task Force – Working together to Stop Transmission Of Pathogens.

DON'T FORGET, DISINFECT.




Before and after patient contact


USE CALSTAT.

MGH HAND HYGIENE PROGRAM

Clean Care is Safe Care

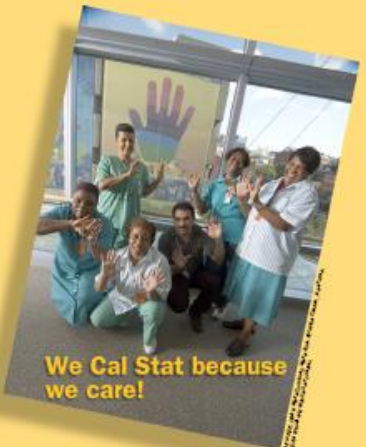


The Neonatal Intensive Care Unit (NICU) staff uses Cal Stat before and after patient contact.



A MESSAGE BROUGHT TO YOU BY THE MGH STOP TASK FORCE AND THE NEONATAL INTENSIVE CARE UNIT


We Cal Stat because we care!



Use Cal Stat before and after contact with patients and their environments.

A message brought to you by the MGH STOP Task Force – Working together to Stop Transmission Of Pathogens.

Did you use CalStat?



THE MGH HAND HYGIENE PROGRAM

Posters and Publicity

"Our patients' care is in our hands"

clean

That's why we use CalStat before and after patient contact in both inpatient and outpatient areas.

Cal Stat

Advanced Formula with Softener

- ✓ Antibacterial Protection
- ✓ Antimicrobial Effect in 15 Seconds
- ✓ Resealing Formula
- ✓ 99.9% Effective

STERILE

400ml Dispenser

Part No. 1-800-851-1000
 100% Cal Stat
 100% Cal Stat
 100% Cal Stat

"Our patients' care is in our hands"

clean

That's why we use CalStat before and after patient contact in both inpatient and outpatient areas.

BE AN ACE

"I may not be a clinician, but I can be an ACE, too!"

ALWAYS
 Use Cal Stat with Soap & Water

Be an ACE

Clean because we care.

Use Cal Stat before and after patient care.

BE AN ACE

"Don't forget ... our hand hygiene goal is 90 percent before and after patient contact by October. Remember to use Cal Stat!"

ALWAYS
 Use Cal Stat with Soap & Water

Be an ACE

A MESSAGE BROUGHT TO YOU BY THE HAND HYGIENE QUALITY INCENTIVE PROGRAM

BE AN ACE

Good food, great service, clean hands.

BY THE STOP (STOP TRANSMISSION OF PATHOGENS) TASK FORCE

Good food, great service, clean hands.

ALWAYS
 Use Cal Stat with Soap & Water

Be an ACE

#1 Safety

STOP (STOP TRANSMISSION OF PATHOGENS) TASK FORCE

AND NUTRITION AND FOOD SERVICES.

① Napkins
 ② Utensils
 ③ Fruit
 ④ Juice
 ⑤ CALSTAT

Safety Initiative **HAND HYGIENE**

"Radiology patients' care is in our hands"

Clean


#1 Safety

That's why we use **Cal Stat** before and after patient contact in both inpatient / outpatient areas.

A message brought to you by
The STOP (Stop Transmission Of Pathogens) TASK FORCE
 The multidisciplinary group behind the MCHS Hand Hygiene Program

Posters and Publicity

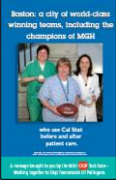
CPM: A Celebration of Success



"Improving Hand Hygiene Practice and Compliance"

STOP Task Force
Team Leader: David Hooper, Jackie Somerville, Project Manager Judy Tarsell. **Members:** Hazel Audek, Bill Banichers, Christine Borneo, Victoria Brady, Amy Branowski, Kathy Cheaden, Sagn Desauguste, Brian French, Trish Gibbons, Cyrus Higgins, Wandy Kang, Kathleen Myers, Paul Nordberg, Rosemary O'Malley, Jill Pedro, Lori Powers, Jan Schmidt, Paula Wright
 The STOP Task Force is a multidisciplinary group whose name is an acronym for "Stop the Transmission of Pathogens."

Insight: a city of world-class winning teams, including the champions of MGH

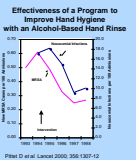


Methods and Measures
 HH compliance rates are measured by direct observation of the HH practices of staff and physicians, before and after contact with the patient or the patient's environment, on 30 units.

Summary of Results
 Hospitalwide HH compliance rates rose to new plateaus of 50% "before contact" and 70% "after contact" following partial completion of the new interventions, as shown in the graphs below. These results do not meet all of the quarterly targets set for 2005, but they do represent new and sustained improvement, and further improvement is expected. Consistent downward trends were also noted in the hospital's healthcare-associated infection rates for MRSA and VRE, in association with the improved Hand Hygiene compliance rates.

Background
 Hand Hygiene (HH), used before and after contact with the patient or the patient's environment, is the single most important action that a health care worker can take to stop the transmission of pathogens and reduce the risk of healthcare-associated infections (HAI).
 Infections can lead to increased morbidity and mortality, increased healthcare costs, and increased length of stay for hospitalized patients. Limited bed space can be further compromised by the need to isolate infected patients in private rooms, or in semi-private rooms in which the other bed is closed to non-infected patients. Improvement in HH compliance is associated with reduced infection rates.


Effectiveness of a Program to Improve Hand Hygiene with an Alcohol-Based Hand Rub




Intervention
 A comprehensive Hand Hygiene Program, designed to improve both practice and compliance at MGH, was developed and instituted by a multidisciplinary task force in 2000-2004. The program included education, publicly, unit-based Champions, compliance monitoring, feedback and rewards. Compliance rates improved significantly, but reached a plateau at 30% "before contact" and 60% "after contact" in 2004. New efforts, designed to trigger further improvement in 2005, included:

- Establishment of solid targets and goals
- New basis for Rewards Program
- Upgrades of HH product dispensers
- Focused education
- Improved technology
- Improved feedback to staff and leaders
- Comparative monitoring of HAI rates
- Increased support of unit-based Champions
- Promotion of cultural change.

HH Compliance "Before" Contact



HH Compliance "After" Contact



Lessons Learned
 The lasting changes achieved through the Hand Hygiene Program may be attributed to many factors, including the dedicated work of a multidisciplinary team, education, communication, publicity, peer influence, leadership support, financial support, technological improvement and support, solid goals, measurable achievements, feedback, recognition and rewards.

PDCA
 Plan: Achieve 80% Hand Hygiene Compliance at MGH in 2005
 Do: Set solid goals, link rewards to goals, upgrade products, focused education, improved feedback, support unit-based Champions, promote cultural change.
 Check: Goals partially met by mid-year 2005, actions partially completed, new issue recognized
 Act: Celebrate achievements, continue current efforts, modify plans and actions as needed, and generate new ideas and plans for future.

It's true that everyone wins with Hand Hygiene improvement... And the patients are our greatest winners!

We practice Hand Hygiene at Massachusetts General Hospital!

- ✓ Before contact with the patient
- ✓ Before contact with the patient's environment
- ✓ After contact with the patient
- ✓ After contact with the patient's environment

We practice Hand Hygiene on Blake 4

because we care.

Caring Headlines

Fruit St. Physician

Hotline

PCS Management

Nancy P. Lowe

Kristen Braseta RA

Candyn Pelly, RET

We practice Hand Hygiene in the RACU

Cindy Orta

KP

- Before contact with the patient
- Before contact with the patient's environment
- After contact with the patient
- After contact with the patient's environment

because we care.

Danusa Demtro

Layla Brown

Suzanne Anderson

Lough Dalest

Danica

Julie Matthews RA
Jos Jumbira-RET

Angela

Jan Karpman

Spice Agalick

Madeline

Joan Doughton

Patricia

Champions

Boston: a city of world-class winning teams, including the champions of MGH



who use Cal Stat before and after patient care.

From left, 2004 MGH Hand Hygiene Champion of Champions: Beth Rooney, RN, Brenda Eklund, RN, and Teresa Hartman, RN

A message brought to you by the MGH STOP Task Force - Working together to Stop Transmission Of Pathogens.

Empathy

- Peer leaders
- Educators
- Communicators
- Motivators

150+ HH Champions

Catchy Slogans



Champion Update January 2008

STOP Task Force 2007 Q4 results

New quarterly records set in Q4 (2007)

JCAHO expects 93% compliance. MGH expects 90% and its ultimate goal is 100%.

The most recent quarterly rates, which include the months of October, November and December, were the best ever achieved at MGH!

The Q4 compliance rate for Hand Hygiene with patients or the patient's relatives was 93% - a new quarterly record!

The Q4 compliance rate for Hand Hygiene with visitors also reached a new high of 82%.

The hand hygiene compliance rates for the month of December were 93% "before contact" and 93% "after contact".

Ten units earn the "90/90" award in Q4

806	SPC1	92/95
810	MJ1	100/96
818	CC1	93/96
812	MJ2	97/96
814	MJ3	96/95
814	MJ4	95/95
812	MJ5	95/95
812	MJ6	96/96
811	TC1	95/95
811	MJ7	95/92

11 units achieved 90% or better "before contact" for 2007 Q4:

State 12 (achieved 100%)
 816/6
 816/6, 12, 14, 19
 816/6, 20, 22
 White 3, 8, 11

28 units achieved 90% or better "after contact" for 2007 Q4:

816/6, 7, 8, 11, 13, 14
 816/6, 7, 8, 10
 816/6, 8, 7, 8, 9, 11, 12, 14, 15, 17, 18, 19
 816/6, 20, 22
 White 3, 8, 10, 11, 12

- Display enthusiasm
- Give positive reinforcement
- Keep the message alive
- Be imaginative, have fun!



Champion efforts at MGH...



Did You Cal Stat??



- Use Cal Stat before entering.
- Use Cal Stat and wear gloves if you are going to come in contact with blood or body fluids.

Please Cal Stat again!



- Use Cal Stat before leaving this room

428

Did You Cal Stat??



- Use Cal Stat before entering.
- Use Cal Stat and wear gloves if you are going to come in contact with blood or body fluids.

602

← Pull left or right to remove paper →

Did You Cal Stat??



- Use Cal Stat before entering.
- Use Cal Stat and wear gloves if you are going to come in contact with blood or body fluids.

STOMP
OUT
GERMS



Cal Stat

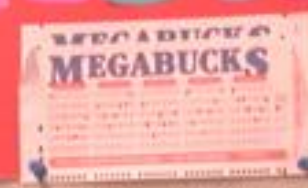
Get Caught Using - Earn a Café Coupon

Lat Street Cafe

Especially for you...
Using Cal Stat!

Lat Street Cafe
Especially for you...

**DON'T
TAKE
CHANCES
CALSTAT!!**



Have you used Calstat?









CALSTAT
HAND TIZER

Please
Cal-stat
before
and after
Patients

STERIS

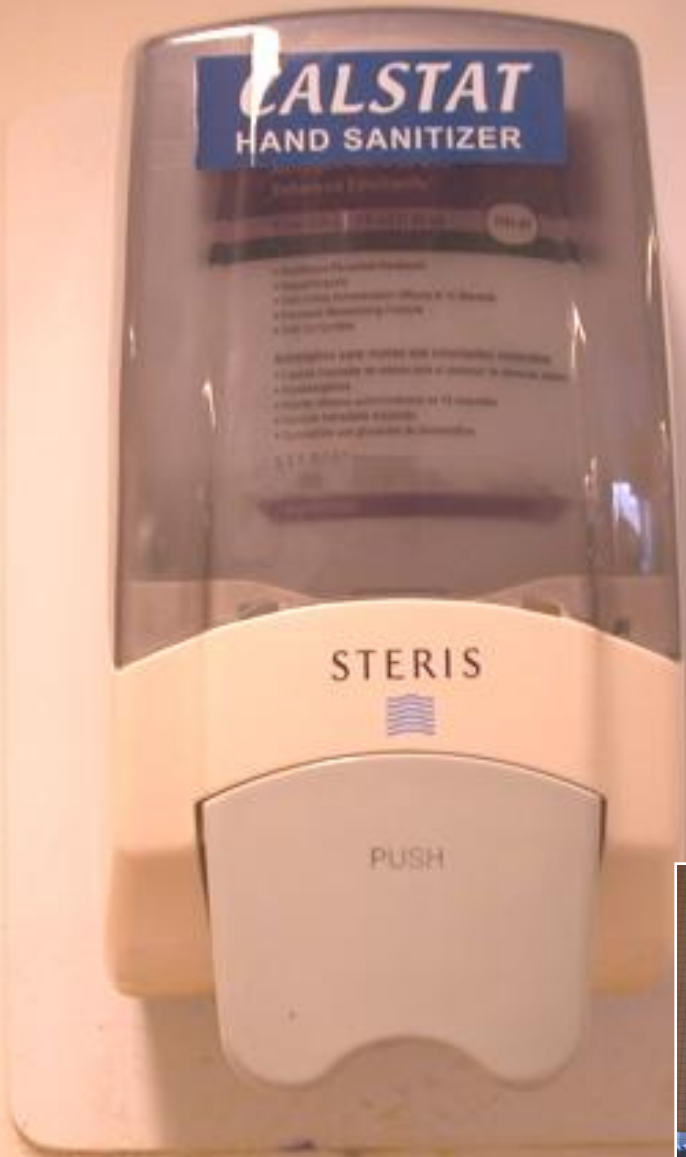


PUSH

CALSTAT BEFORE



AND AFTER !!



802



← Pull left or right to remove paper →


Please Use
CALSTAT
BEFORE & AFTER
Patient Care.



BEFORE

AND

AFTER

HERE IN THE RACU WE DON'T LIKE GERMS
SO PLEASE USE THE CALSTAT ON OUR TERMS!

BEFORE

AND

AFTER

908

AUTOMATIC
CAUTION
DOOR





DR. DEBLASI
SAYS
PLEASE REMEMBER
TO USE
CALSTAT!

616

Did You Cal Stat??



Use Cal Stat before entering.
Use Cal Stat and never guess! If you are
going to enter to contact with Cal Stat or Stat
Room.

Rewards

Monthly individual awards



Quarterly "90/90" parties

Patient and visitor involvement

Your health is in our hands ... and yours

Research shows that clean hands can help you avoid infection, especially while you are in the hospital. To help you keep you safe and healthy, please take a few minutes to watch the short video "Clean Hands are Healthy Hands." Learn how you, your caregivers and your visitors can help stop the spread of germs.

To watch the video:

- Dial extension 4-5212 on the bedside phone.
- Enter 201 in the phone for the English video.
- Turn the television to the channel assigned by the automated system.
- The video will start playing within 10 seconds.

Please let your nurse know once you have watched the video.

Su salud está en nuestras manos ... y en las suyas

En estudios se ha comprobado que las manos limpias pueden ayudarle a prevenir las infecciones, en particular durante su estancia en el hospital.

Ayúdenos a proteger y conservar su salud, por favor vea el video corto ¡Las manos limpias son manos sanas!. Infórmese de cómo usted, el personal del hospital y sus visitantes pueden detener la propagación de microbios.

Pídale a su enfermera/o que ponga el video en su televisión. Cuando termine de verlo, por favor avísele a su enfermera/o.



Patient: "Do you really use that Cal Stat stuff every time you come in here to do something?"

Staff: "Yes, I do. And I'd be happy to use it again right here where you can see me."



Leadership involvement

IN ACE


"While the MGH hand hygiene compliance rates are high compared to other similarly sized hospitals, our goal is to be the best for our patients. Always use Cal Stat."



IN ACE

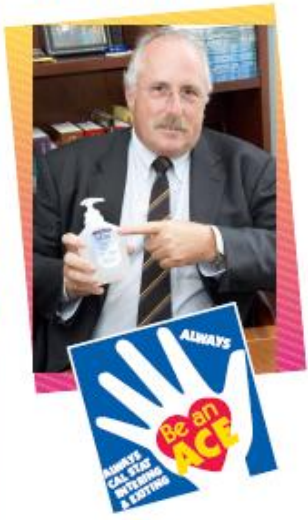
"Practicing good hand hygiene is not only important for our patients, but it is also important for our own good health."

— Jeff Davis, senior vice president for Human Resources



BE AN ACE

"Be an ACE! Use Cal Stat."




ALWAYS CAL STAT BEFORE WASHING & DRYING

A MESSAGE BROUGHT TO YOU BY THE HAND HYGIENE QUALITY INCENTIVE PROGRAM

BE AN ACE

"Pump up patient safety. Always use Cal Stat before and after patient contact."



ALWAYS CAL STAT BEFORE WASHING & DRYING

A MESSAGE BROUGHT TO YOU BY THE HAND HYGIENE QUALITY INCENTIVE PROGRAM

BE AN ACE

"All hands on deck. Everyone be an ACE."



ALWAYS CAL STAT BEFORE WASHING & DRYING

A MESSAGE BROUGHT TO YOU BY THE HAND HYGIENE QUALITY INCENTIVE PROGRAM

Leadership involvement

Strength
Culture
Awareness
Resources
Influence
Expectations
Reinforcement
Accountability



Cultural change

Making hand hygiene a habit so strong that it is done without thinking...

...And an expectation so strong that failure to use it is easily noticed and worthy of intervention.

Score a touchdown for Hand Hygiene, and win an autographed Patriot's football!

The MGH STOP Task Force is holding a contest to identify a slogan that employees and physicians can use to remind each other to practice proper hand hygiene, and we want YOUR idea! The contest winner will receive a football autographed by Richard Seymour of the New England Patriots.

You must be an MGH employee or physician to enter, and the guidelines are simple. The slogan should be:

- A single word, phrase or a short sentence.
- Distinct, and not easily confused with other common phrases.
- Discreet, to avoid causing embarrassment or concern.

Entries must include the following (no entry form is required):

- Name and employee ID number
- Department
- Phone number and/or email address

Ideas may be submitted by any of the following methods:

- Email: jtarzall@partners.org - or - huchlachar@partners.org
- In-person: mail: Infection Control Unit BUL-330 (no entry form required)
- Entry box: located at the information desk across from Coffee Central

The deadline for entries is July 1, 2007.

The winner will be selected by the STOP Task Force and Infection Control Unit.

SPONSORED BY THE STOP (STOP TRANSMISSION OF PATHOGENS) TASK FORCE

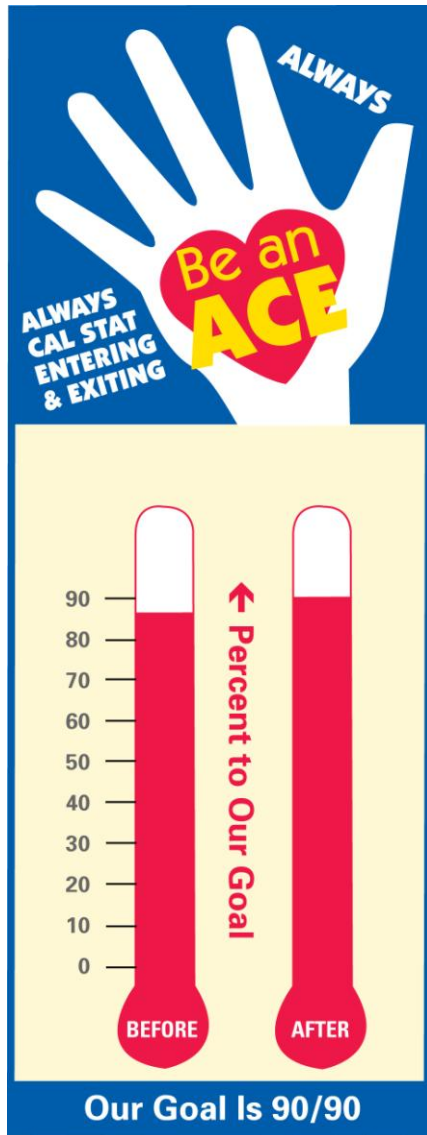
300+ entries



"Be an ACE!"



Goals Compliance rates expected “before” and “after” contact



2004: “Best in Group”

(Average was 30/60)

2005 Q1: 50/80

2005 Q2: 60/80

2005 Q3: 70/80

2005 Q4: 80/80

2006-present: “90/90” is expected

(Achieved hospitalwide in 2007)

The ultimate goal: 100%

Measuring success: Compliance measurement & feedback

Original data collection form

MGH Compliance Study

Date: [][][][][] Time: 5AM - 7AM 7AM - 3PM 3PM - 6PM

Floor name: Bigelow Phillips Blake White Ellison Tenney

Floor number: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

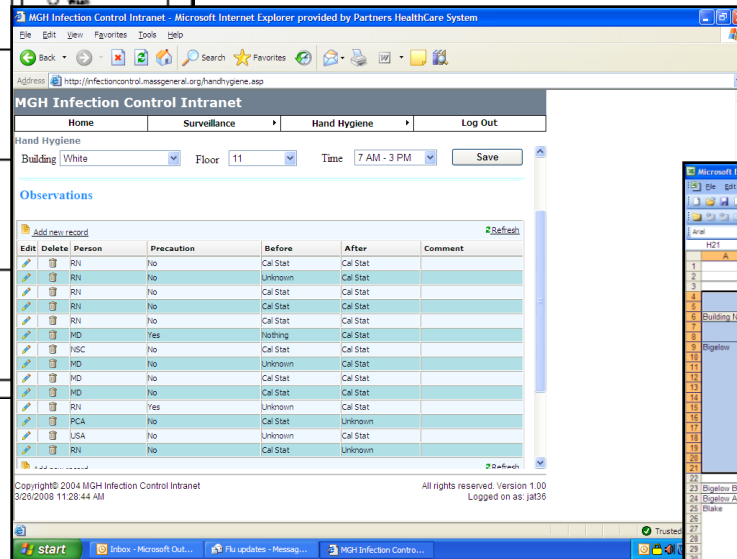
Job Title	Precaution	Before	After
<input type="radio"/> MD <input type="radio"/> Nurse/nping <input type="radio"/> PCA <input type="radio"/> PDET <input type="radio"/> RN <input type="radio"/> Medication & Food <input type="radio"/> RT <input type="radio"/> Transport <input type="radio"/> Other	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Unknown <input type="radio"/> Nothing <input type="radio"/> Wash <input type="radio"/> Cal Stat	<input type="radio"/> Unknown <input type="radio"/> Nothing <input type="radio"/> Wash <input type="radio"/> Cal Stat
<input type="radio"/> MD <input type="radio"/> Nurse/nping <input type="radio"/> PCA <input type="radio"/> PDET <input type="radio"/> RN <input type="radio"/> Medication & Food <input type="radio"/> RT <input type="radio"/> Transport <input type="radio"/> Other	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Unknown <input type="radio"/> Nothing <input type="radio"/> Wash <input type="radio"/> Cal Stat	<input type="radio"/> Unknown <input type="radio"/> Nothing <input type="radio"/> Wash <input type="radio"/> Cal Stat
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<input type="radio"/> MD <input type="radio"/> Nurse/nping <input type="radio"/> PCA <input type="radio"/> PDET <input type="radio"/> RN <input type="radio"/> Medication & Food <input type="radio"/> RT <input type="radio"/> Transport <input type="radio"/> Other	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Unknown <input type="radio"/> Nothing <input type="radio"/> Wash <input type="radio"/> Cal Stat	<input type="radio"/> Unknown <input type="radio"/> Nothing <input type="radio"/> Wash <input type="radio"/> Cal Stat

Surveys

Direct observation by 1.5 FTE RNs
 Most inpatient units, several ambulatory areas
 Rotating schedule: Varied days, shifts

Discreet, non-confrontational
Zero assumptions!

Web-based data entry



"The Cube"

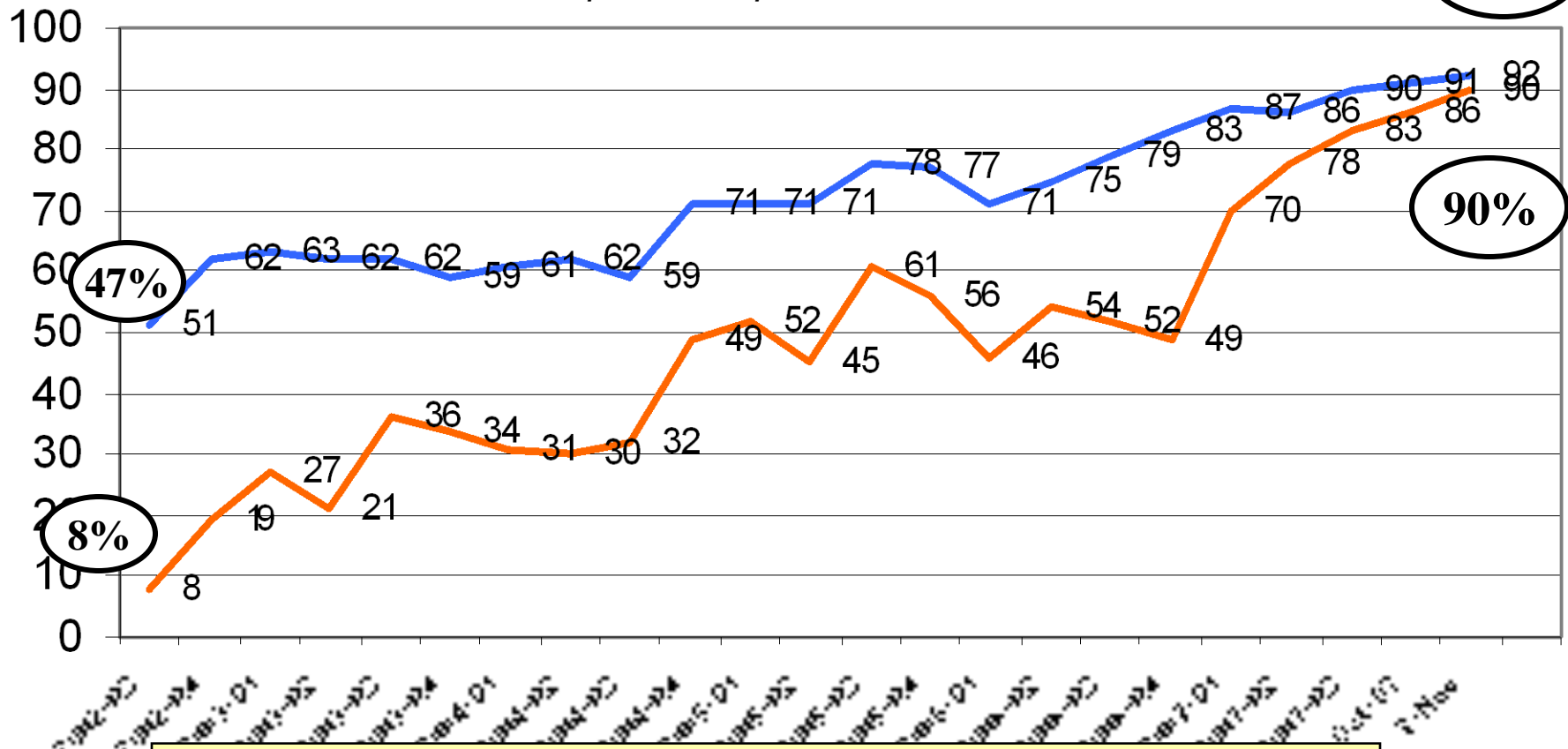
Year	Quarter	Month	Compliance Rate
2007	Quarter 1	October	83%
2007	Quarter 2	November	80%
2007	Quarter 3	December	75%
2007	Quarter 4	January	80%
2008	Quarter 1	February	80%

Achievement at MGH and its significance

MGH Hand hygiene compliance rates

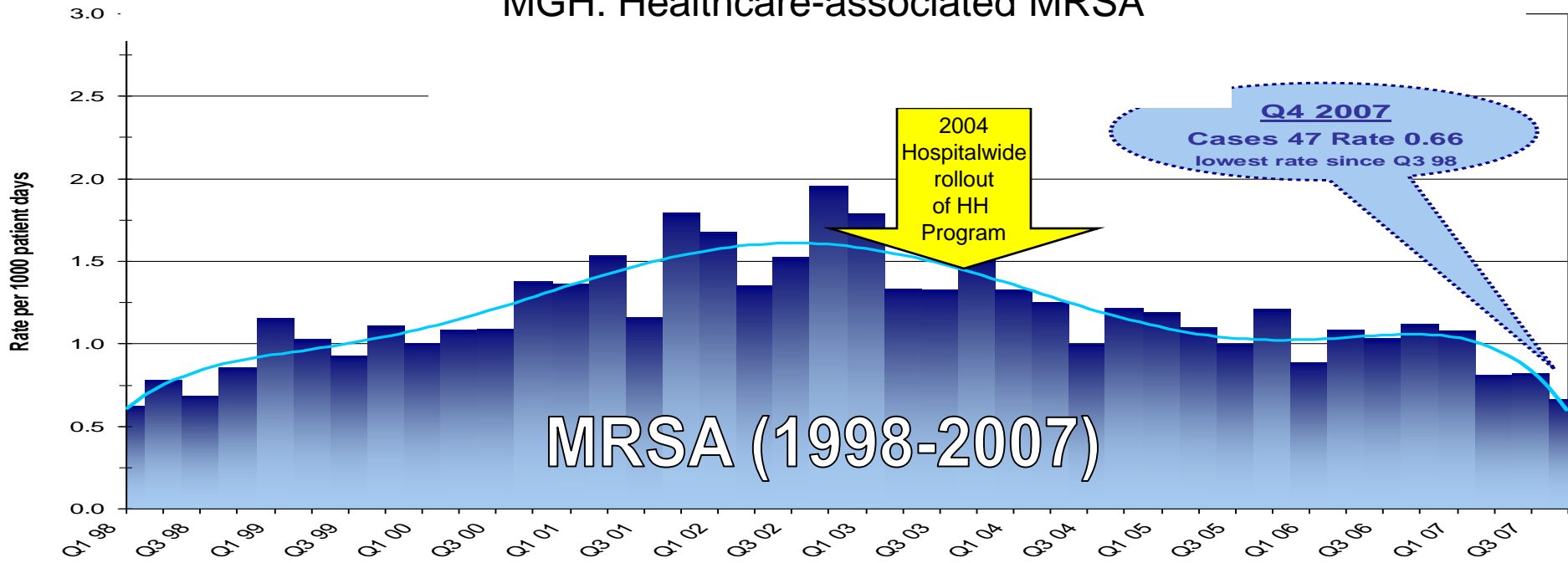


**with the patient or patient's environment*

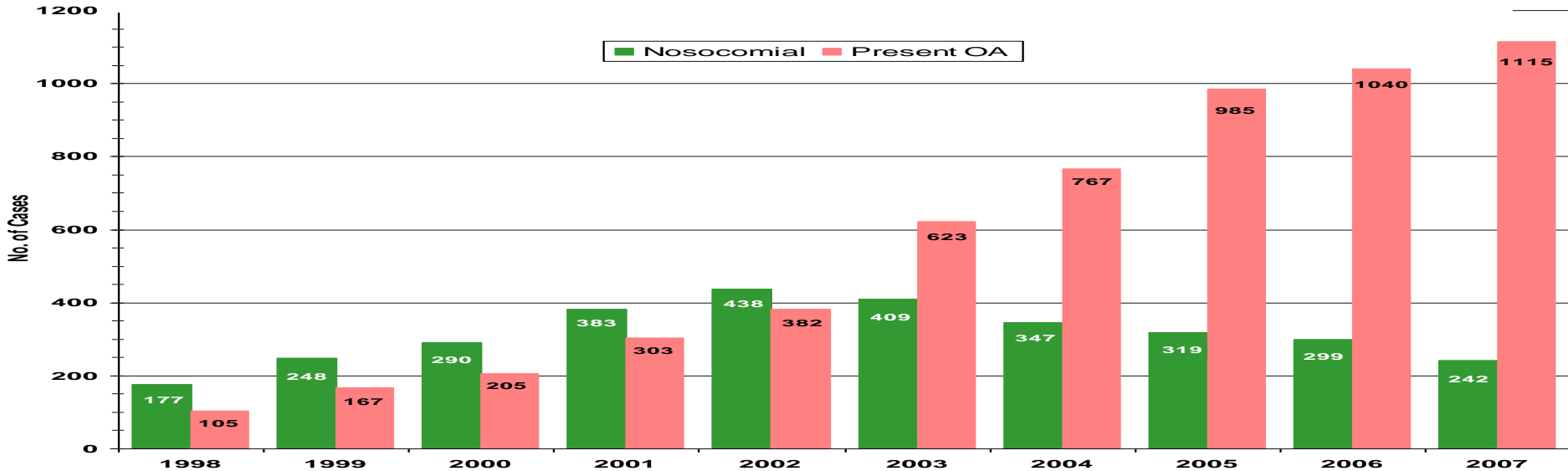


JCAHO expectation: 90% **MGH goal: 100%**

MGH: Healthcare-associated MRSA

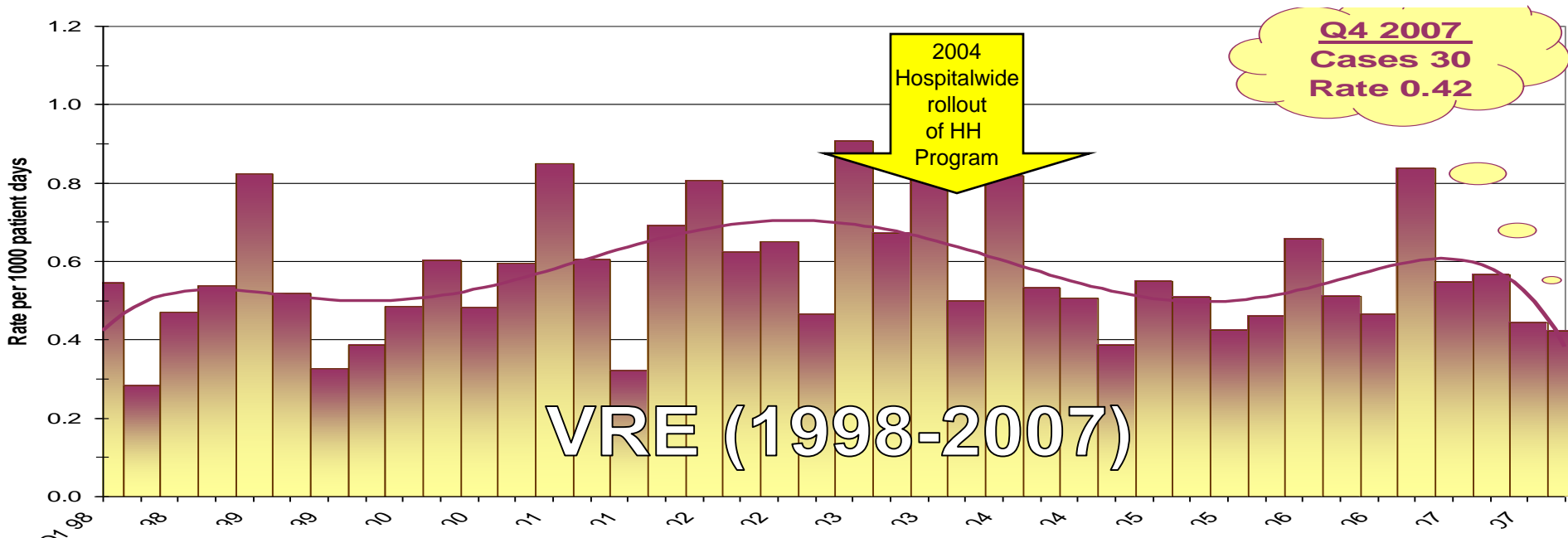


MGH: Healthcare-associated MRSA vs. present on admission MRSA

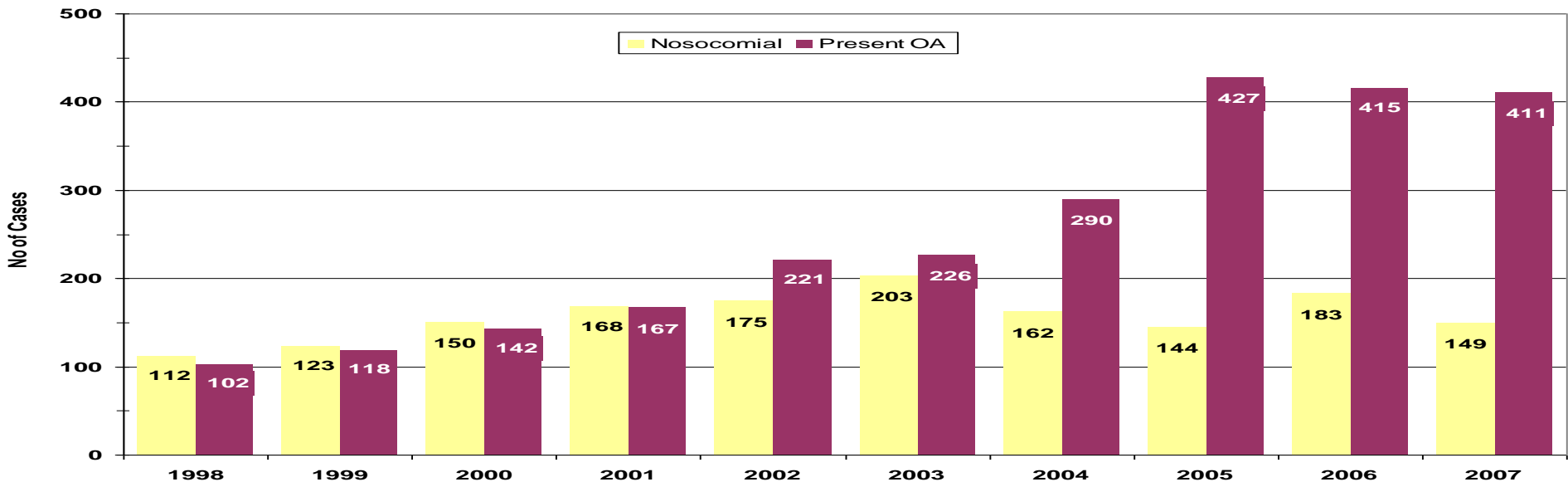


* MRSA positive culture >48 hours after admission or within 30 days post discharge excluding patients discharged to a healthcare facility or on hemodialysis
 ** MRSA positive culture <=48 hours after admission

MGH: Healthcare-associated VRE



MGH: Healthcare-associated VRE vs. present on admission VRE



* MRSA positive culture >48 hours after admission or within 30 days post discharge excluding patients discharged to a healthcare facility or on hemodialysis

** MRSA positive culture <=48 hours after admission

Program expansion

Transporters

Radiology

Speech & Language

Chaplains

Nutrition & Food Service

Chaplains

Ambulatory Care Centers

PT/OT

Case Managers

Volunteers

Labs / Phlebotomists

Emergency Department

Specialty Services: MDs

...and more!

Key lessons and ongoing efforts

There is no magic bullet...
No quick and easy fix.

How to achieve high reliability in hand hygiene



(Cartoon by Gary Larson)

Key lessons and ongoing efforts

Keep it positive! Have fun, celebrate progress, and focus on the facts... Not the faults.

Organized effort: A multidisciplinary team and multifaceted approach works.

Set solid goals: Attainable short term goals can help to meet long term expectations.

Get others involved: Seek input, share the efforts and results

- Champions and Leaders
- Others: Professionals and Non-professionals

Recognize common trouble spots

- “Before contact”
- “Patient’s environment”
- Glove issues: Not a substitute; Eliminate “GGTTHS” (Gloves Glued to the Hands Syndrome)

Identify barriers and work to overcome them

- Listen and respond to complaints, concerns and questions
- Define, categorize and quantify persistent noncompliance (the last 10%)

Promote growth and lasting success

- Reach out, encourage, assist, and adapt program for others
- Seek ways to apply guidelines and measure compliance in different settings
- Continue the push for cultural change

The efforts continue....



TJC expectation: 90/90
MGH goal: 100/100

"Be an ACE!"



Goal = 90/90

The ultimate goal: 100%



Hand Hygiene

at
Massachusetts
General Hospital

Because we care.



“Gentlemen, this is no humbug!”