

at Massachusetts General Hospital

Because We care

Presented to

October 2007

Hand Hygiene is the single most important action that can be taken to stop the transmission of pathogens and reduce the risk of infection.







#### Task Force initiatives

**Surveys** 

**Publicity** 





#### **Education**

(for Staff, MDs, Patients, Visitors)

#### **Rewards**





#### **Champion Update**



#### Hand Hygiene compliance rates are back on track



The goal for hand hygiene compliance 2006 is 100%.

The rewards target for 2006 was set at "90/90." All units that achieve compliance rates of 90% "before contact" and 90%

#### Unit leaders in Q2

E9 Med CCU (ECU) 85%
PH22 Surgical
83%
E12 Neuro
83%
BG9 RACU
E3 NICU-PICU
83%
W6 Ortho Surg
Blake 6 Transplant
E18 Peds



#### Goals, targets & expectations

80%

 Best "after contact" rates

 Blake 7 MICU
 90%

 E8 Card-Surg SDU 88%
 86%

 W12 Neuro
 86%

 W11 Medical
 86%

Special Congratulations
to Blate 7,
who achieved 90% "after contact,"
and to PH22,
who achieved at least 90%
both "below" and "after"



## The new "Hand Hygiene Slogan"



2007 Contest: Over 300 entries submitted! Winner: Bill Perry, Respiratory Therapist

# "Be an ACE!"

ACE = "Always Cal Stat entering and exiting" the patient's room.

Use it for fun... Use it as a discreet reminder.

The new 2007 incentive bonus...

90% before and 90% after

100% is the ultimate goal!

JCAHO expectation: 90% MGH goal: 100%

#### 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 <u>before</u> and <u>after</u> contact with <u>the patient</u>
- HH required <u>before</u> and <u>after</u> contact with <u>the patient's environment</u>
- Gloves may <u>not</u> 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.

## Basic components of "Hand Hygiene"

## Hand Disinfection

Hand Washing (Soap & Water) (Cal Stat)

Moisturizer (Steris Skin Cream)



The #1 method



Required at specified times,



Use two times each shift.

Hand Disinfection
(Cal Stat: an alcohol-based handrub)





Fast to use.

More effective than soap.

Destroys most germs in seconds.

Better for your skin.

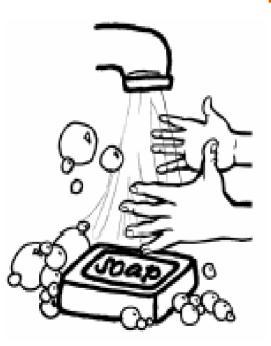
Environmentally friendly.

Cal Stat is the primary method of Hand Hygiene used at MGH, and its use is required by hospital policy.

## Handwashing: soap and water

Removes dirt and soil: Does not kill germs

## When must hands be washed?



- 1. When visible or known soiling occurs
- 2. After using the bathroom
- 3. Before eating
- 4. After any contact with a patient or room with a "Contact Precautions Plus" sign.



### A special note about **CONTACT PRECAUTIONS PLUS**

Some germs can produce spores. Spores may be resistant to alcohol.



#### SPECIAL RECOMMENDATIONS

- 1. Wash hands FIRST to remove spores.
- 2. Dry hands, then use Cal Stat.



## When should Hand Hygiene be done?





Before contact with the patient's environment



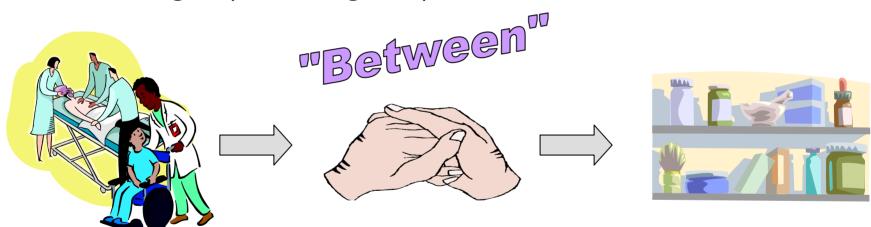
After contact with the patient's environment

#### Also...

#### BETWEEN "dirty" and "clean" tasks for same patient.

#### Example:

After assisting or positioning the patient...



...and before obtaining clean supplies

# Skin care... and Moisturizer! (Steris Skin Cream)

## Avoid excessive handwashing

Healthy skin is less likely to:

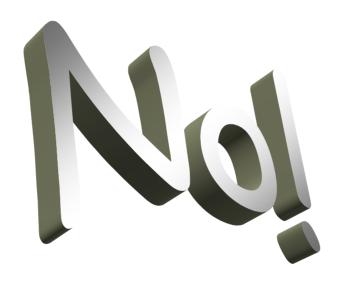
- harbor germs
- spread germs to others





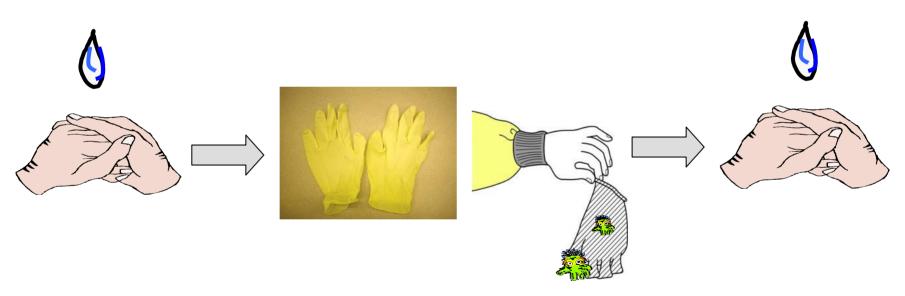
- ·At <u>least</u> two times per shift
- ·More often if needed

# Can gloves be used as a substitute for Hand Hygiene?



# CDC: "Gloves should not be used as a substitute for Hand Hygiene."

Use Hand Hygiene **BEFORE** and **AFTER** glove use.



There can be a GREATER risk of infection if gloves are used improperly, or worn as a substitute for Hand Hygiene.

#### Why must Hand Hygiene be done before glove use?

- Gloves may be contaminated as you put them on.
  - · Gloves do not provide a perfect barrier.



Microscopic holes may be present

Holes may develop with wear and use.

Germs can pass through those holes – just as air can pass through the wall of a blown-up balloon.



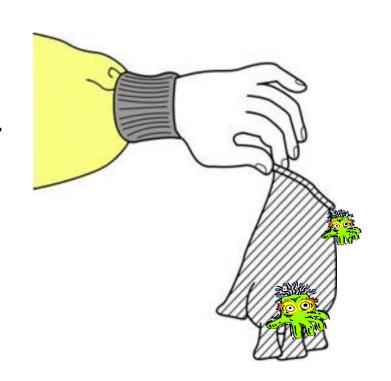


Gloves create a dark, warm, moist environment where bacteria can multiply.

#### Why must Hand Hygiene be done after glove use?

 Hands may become contaminated as gloves are removed.

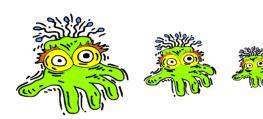
Remove gloves carefully Discard used gloves promptly.



# A special note about GGTTHS... "Gloves-Glued-to-the-Hands Syndrome"

Don't wear gloves from patient to patient!







Don't contaminate the environment with your gloves!











Also... Don't wash or Cal Stat your gloves!

#### Skin Problems?

Skin problems place **YOU** at greater risk of infection.

Your skin problems place <u>OTHERS</u> at greater risk of infection.

Report skin problems to the Occupational Health Service x6-2217



## Fingernail Policy for Health Care Workers

Fingernails should be no longer than ¼ inch.

Fingernails must be kept clean

Nail polish is allowed, but should be:

- Clear (preferred)
- Smooth and intact



# Artificial nails and nail jewelry are <u>PROHIBITED</u> for caregivers.

They create a harbor for germs, and have been linked to outbreaks of serious infections at other hospitals.



## Rings and other hand jewelry

Rings are allowed, but excessive rings or other hand jewelry is discouraged.



## Hand Hygiene product dispensers



Wall dispensers are used for <u>all</u> hand hygiene products.



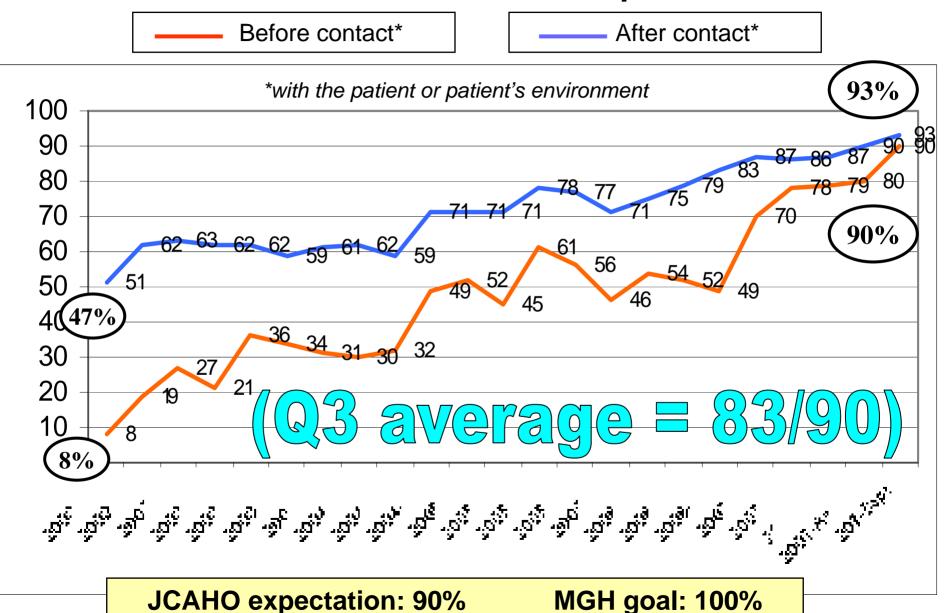
Pump bottles are <u>allowed</u> where wall dispensers are impractical.



Pocket dispensers are discouraged.

(Reaching into your pocket can contaminate your uniform.)

#### How can we continue to improve?



# We need everyone to "Know..."

Know what's expected.
2002 CDC Guidelines

#### Know the most common trouble spots.

- "Before Contact"
- 2. "Patient's Environment"
- "Glove Use" (Not a substitute for HH)

## "Act..."

#### Set an example

Make hand hygiene a visible habit.

#### Be a patient advocate

Use it as you approach each patient.

**Teach** your patients to expect it.

## "And lead."

#### Set expectations.

Protect each patient.

Respect each other.

## "Be an ACE!"



ACE = "Always Cal Stat Entering and Exiting" the patient's room



# Because We Caller

# Test your knowledge

# When should health care workers perform Hand Hygiene?

- a. Before & after contact with the patient
- b. Before & after contact with the patient's environment
- c. When hands are soiled, before eating, and after using the bathroom
- d. All of the above

# What is the <u>fastest</u> and <u>most effective</u> form of hand hygiene?

- a. Use an alcohol-based handrub
- b. Wash hands with soap and water

## When should hands always be washed?

- a. When hands are visibly soiled
- b. Before eating
- c. After using the bathroom
- d. After contact with a person with active "C.diff" infection
- e. All of the above

# Why can't gloves be used as a substitute for hand hygiene?

- a. Because they get hot and sweaty.
- b. Because some people are allergic to them.
- Because your hands might already be contaminated, gloves do not provide 100% protection, and used gloves can contaminate the hospital environment.

# Is the chart part of the <u>patient's</u> environment, or the <u>office</u> environment?

a. Patient's environment.

b. Office environment.