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

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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

2004: Hospitalwide rollout of the MGH Hand Hygiene Program

2005-2008: Now 1.5 FTE RNs, continued expansion
Participants

The STOP Task Force: A multi-disciplinary team

Organized by
Infection Control Unit
Phanetic 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. Devpt.
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

- Posters & Publicity
- Compliance surveys
- Product availability
- Goals
- Champions
- Leadership involvement
- Education
- Patient & Visitor involvement
- Rewards
- Feedback
- Expansion
- Cultural change
Education

Staff and physicians

New employee and annual training sessions

“Rollout” sessions

Special presentations

Flyers

Booklets

Handouts

Hand Hygiene

at Massachusetts General Hospital

Because we care.

Hand Hygiene: What is expected?

Current CDC HH guidelines for HCWs...

- Alcohol-based handrub recommended as #1 method of HH
- Frequent handwashing discouraged
- Prevent dermatis: 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
- Skim 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. Disinfection will physically remove spores, and Cal Stat will destroy vegetative organisms that remain.
HANDWASHING: Can help to stop the spread of germs.

But believe it or not, there's a RIGHT way to do it!

Teaching & Demonstration

MGH Hand Hygiene Video

Your health is in our hands ... and yours

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

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 62512 on the landline phones.
- Enter 201 in the phone for the English video.
- Turn the selection to the channel assigned by the automated system.

The video will start playing within ...

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
Posters and Publicity
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.

Caring Headlines

Fruit St. Physician

Hotline

PCS Management
We practice Hand Hygiene in the RACU

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.
Champions

- Peer leaders
- Educators
- Communicators
- Motivators

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.
STOMP OUT GERMS

Cal Stat

Get Caught Using - Earn a Café Coupon
DON'T TAKE CHANCES CALSTAT!!
Calstat before entering
Hands Off Until you CALSTAT
Did You Calstat?
Please Cal. Stat before and after Patients
CALSTAT BEFORE

AND AFTER !!
802

Pull left or right to remove paper

Please Use CALSTAT BEFORE & AFTER Patient Care.
HERE IN THE RACU WE DON'T LIKE GERMS
SO PLEASE USE THE **CALSTAT** ON OUR TERMS!
Dr DeBlasi says please remember to use CALSTAT!
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 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 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 estadía en el hospital.

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

Pidale 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

“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.”

Five Steps to Safer Health Care

“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! Use Cal Stat.”

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

“Always

A MESSAGE INOCITTA YOU BY THE HAND HYGIENE QUALITY INCENTIVE PROGRAM

“Be an ACE”

“A MESSAGE INOCITTA YOU BY THE HAND HYGIENE QUALITY INCENTIVE PROGRAM

“Be an ACE”

“A MESSAGE INOCITTA YOU BY THE HAND HYGIENE QUALITY INCENTIVE PROGRAM

“All hands on deck: Everyone be an ACE.”
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.

"Be an ACE!"

300+ entries
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

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”
Other feedback

“Champion Updates”

Special presentations to leaders and groups
Achievement at MGH and its significance

MGH Hand hygiene compliance rates

<table>
<thead>
<tr>
<th></th>
<th>Before contact*</th>
<th>After contact*</th>
</tr>
</thead>
<tbody>
<tr>
<td>After contact*</td>
<td>93%</td>
<td>71</td>
</tr>
<tr>
<td>Before contact*</td>
<td>86%</td>
<td>77</td>
</tr>
<tr>
<td>JCAHO expectation</td>
<td>90%</td>
<td>83</td>
</tr>
<tr>
<td>MGH goal</td>
<td>100%</td>
<td>91</td>
</tr>
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*with the patient or patient’s environment

JCAHO expectation: 90%  MGH goal: 100%
MGH: Healthcare-associated MRSA

MGH Healthcare-associated MRSA (excludes nasal swabs)\(^*\)
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

Q4 2007
Cases 47 Rate 0.66
lowest rate since Q3 98

2004 Hospitalwide rollout of HH Program
MGH Healthcare-Associated VRE (excludes rectal swabs) 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

Q4 2007
Cases 30
Rate 0.42

2004 Hospitalwide rollout of HH Program

VRE (1998-2007)
Program expansion

Specialty Services: MDS
Emergency Department
Volunteers
Ambulatory Care Centers
Case managers
Labs / Phlebotomists
Chaplains
Nutrition & Food Service
Speech and Language
PT/OT
Transporters
...
and more!
Key lessons and ongoing efforts

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

Questions?

Because we care.
“Gentlemen, this is no humbug!”