Hand Hygiene

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.
The goal for hand hygiene compliance in 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% “after contact” are eligible for rewards.

**Unit leaders in Q2**
- E9 Med CCU (ECU) 85%
- PH22 Surgical 83%
- E12 Neuro 83%
- BG9 RACU 83%
- E3 NICU-PICU 83%
- W6 Ortho Surg 81%
- Blake 6 Transplant 80%
- E18 Peds 80%

**Goals, targets & expectations**
- **Best “after contact” rates**
  - Blake 7 MICU: 90%
  - E8 Card-Surg SDU: 88%
  - W12 Neuro: 86%
  - W11 Medical: 86%

**Surveys**

**Publicity**

**Education**
(for Staff, MDs, Patients, Visitors)

**Rewards**

**Feedback**

**Champion Update 2006 Q2**
Hand Hygiene compliance rates are back on track!
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…

"90/90"

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 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.*
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.
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"
✓ Before contact with the patient
✓ Before contact with the patient’s environment

"After"
✓ After contact with the patient
✓ 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

Use Steris skin cream

- At least two times per shift
- More often if needed
Can gloves be used as a substitute for Hand Hygiene?

No!
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 do not protect against germs that are already present on your skin.
  
  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 **OTHERS** 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 **PROHIBITED** 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 all hand hygiene products.

Pump bottles are allowed where wall dispensers are impractical.

Pocket dispensers are discouraged. (Reaching into your pocket can contaminate your uniform.)
How can we continue to improve?

*with the patient or patient’s environment

JCAHO expectation: 90%  MGH goal: 100%

(Q3 average = 83/90)
We need everyone to
“Know...”

Know what’s expected.
2002 CDC Guidelines

Know the most common trouble spots.

1. “Before Contact”
2. “Patient’s Environment”
3. “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
Hand Hygiene at Massachusetts General Hospital

Because we care.
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 **fastest** and **most effective** 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.

c. 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 **patient’s** environment, or the **office** environment?

a. Patient’s environment.

b. Office environment.