

APIC Presentation Mount Sinai Queens Hand Hygiene

March 16, 2022

Marisa Robles RN BSN CIC
Director of Infection Prevention
Mount Sinai Hospital - Queens



**Mount
Sinai**

Background

- ▶ **System-wide hand hygiene project for Mount Sinai Health System (MSHS)**
 - Developed by the Joint Commission – “Targeted Solutions Tool” (TST) for Hand Hygiene
 - MSQ was the first hospital in the system to start this program (Start Date: August 2014)
 - All staff (clinical and non-clinical) training
 - Representative staff from all inpatient units were asked to participate in the process (Days, Evenings, Nights)

How will data be collected?

- ▶ **Those selected staff members collect the information by watching people to see if they wash hands or use the alcohol gel going into the room and coming out of the room**
- ▶ **Observations are anonymous**
 - No names are recorded - only staff role is noted
 - Example: RN, NA, MD, SW, CM, HK, etc.
- ▶ **Observers are anonymous**
 - Not required to interact with non-compliant staff
 - Core responsibility is to simply document what is observed
- ▶ **Data is used to establish compliance rates**
 - Data will NOT be used for disciplinary purposes (non-punitive)

Beginning the Observations

- ▶ Paper form used to collect information, we will find out the common reasons why staff do not wash their hands or use alcohol gel
- ▶ That information is used to make corrective action plans targeted to those specific reasons
 - For example, if we find that a common reason that staff don't wash hands or use the alcohol gel is that the dispensers are often empty, we could make a plan to have dispensers checked by EVS on the Units

Hand Hygiene Observation Form



Hand Hygiene Observation Form

- Instructions:**
1. Use a separate column for each entry or exit.
 2. When wash = no, check any applicable observed contributing factors.
 3. The "Non-Observable" section is for JIT coaches only.
 4. Emergency situations are EXCLUDED from the data collection process.

Project/Unit _____ Date _____

Data Collector _____ Observer / Coach (circle one)

		1		2		3		4		5	
Hour of Observation (24:00)											
Role of Health Care Professional *											
During Rounds? (Yes / No)		Y	N	Y	N	Y	N	Y	N	Y	N
Entry / Exit		Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit
Wash? (Yes / No)		Y	N	Y	N	Y	N	Y	N	Y	N
Contributing Factors											
Observable	▪ Dispenser location	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Dispenser empty	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Dispenser broken	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Equipment shared	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Hands full supplies	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Hands full meds	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Improper use of gloves	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Follow person entry or exit	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Frequent entry or exit	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Admissions or discharge process	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Non-Observable	▪ Isolation area (gown & gloves)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Lack of immediate feedback	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Distracted or forgot	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Perception HH not required	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	▪ Perception of skin irritation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Comments											
<div style="display: flex; justify-content: space-between;"> <div> <p>*Health Care Professionals</p> <p>Anes – Anesthesiologist NA/PCA – Nursing Assistant / Patient Care Associate RT – Respiratory Therapy</p> <p>CM/SW – Case Mgmt / Social Worker NP/PA – Nurse Practitioner / Physician Assistant Trnspt – Transport</p> <p>Diet – Dietary Technician Pharm – Pharmacist Other – Other</p> <p>HSK – Housekeeping PT – Physical Therapy</p> <p>Lab – Lab Technician Rad – Radiology Tech</p> <p>MD – Doctor RN – Nurse</p> </div> <div> <p>Contributing Factors</p> <p>6. Dispenser location is not in path of person or is obstructed or hidden</p> <p>9. Equipment shared or disposal area (use of equipment shared between patients i.e. vital sign machine, portable x-ray, etc.)</p> <p>12. Gloves (e.g., improper use of or not washing before or after putting gloves on or off)</p> <p>13. Person entering or exiting followed someone who did not wash</p> <p>17. Lack of immediate feedback to person for hand hygiene compliance</p> <p>18. Distractions/forgets/lack of knowledge/chose not to wash</p> <p>19. Perception that if nothing is touched in the patient care area hand hygiene is not necessary</p> <p>20. Perception of skin irritation or dislike of alcohol-based hand rub</p> </div> </div>											

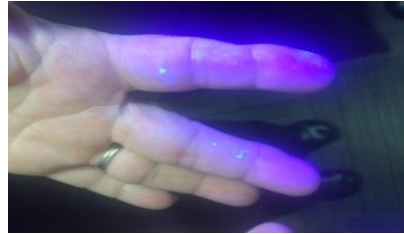
QUESTION:

**“WHY IS IMPORTANT TO WASH HANDS BEFORE & AFTER
GLOVE USE?”**

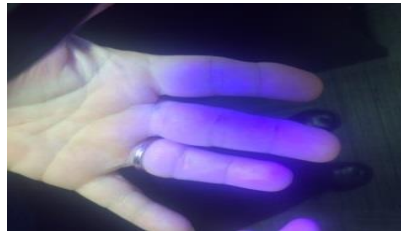
We put “Glo Germ” lotion on non – sterile gloves and put the gloves under a black light to see what “germs” from the environment might be present:



**Gloved hands before
patient care**



**Hands self – contaminated
during glove removal**



Clean hands after washing

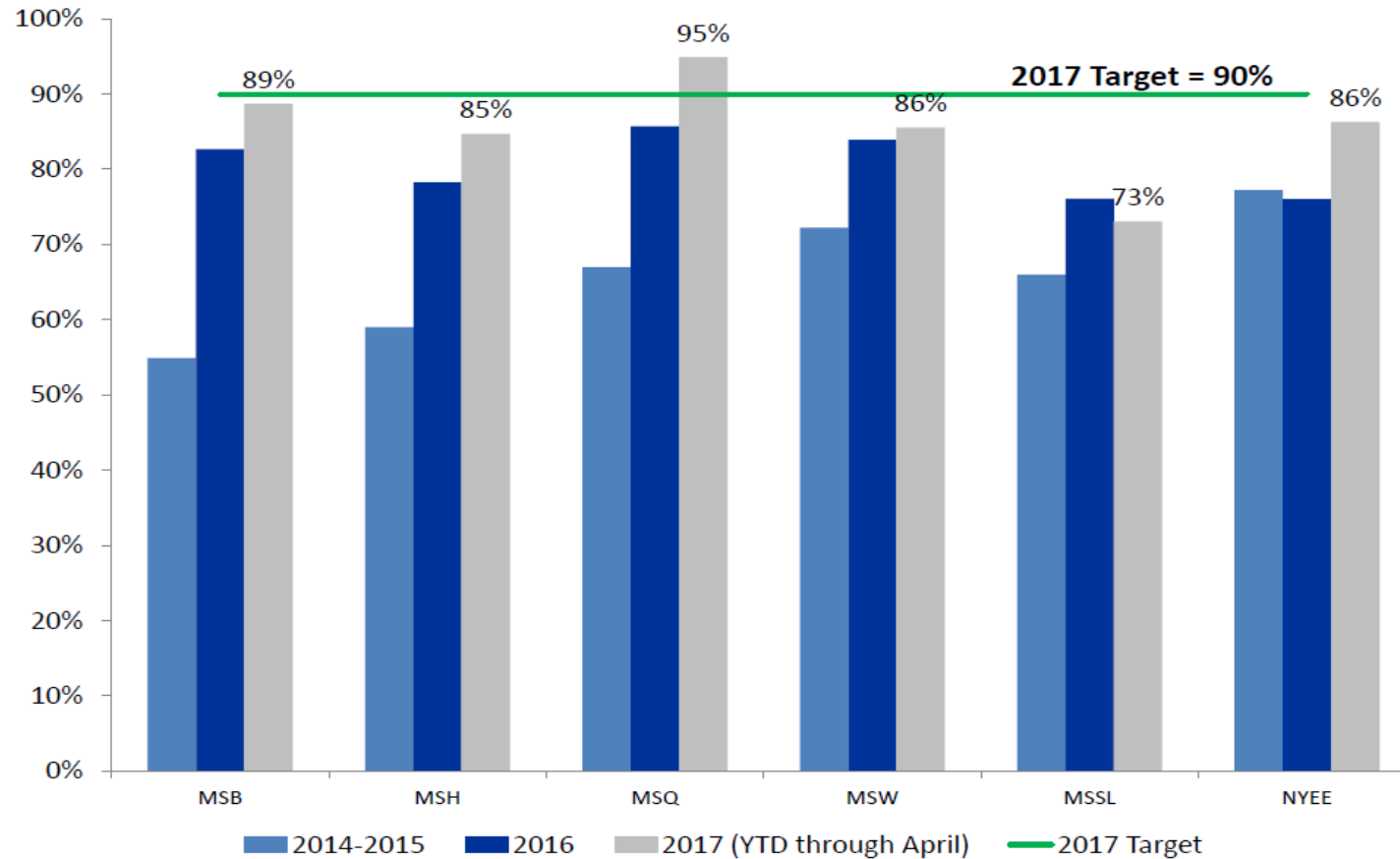
ANSWER:

“BECAUSE YOU CAN SELF – CONTAMINATE HANDS”

Observations Rules

- ▶ Anonymous observers should not observe/record more than 3 hand hygiene incidents from the same person
- ▶ Anonymous observers should collect their observations equally during the entire shift as much as possible
- ▶ Anonymous observers should try to choose their hand hygiene observations randomly
- ▶ You must watch staff for **30 seconds** after they leave the patient care area in order to decide if they performed hand hygiene before re-entering a patient care area
- ▶ Special circumstances when HH is NOT warranted ie: patient coding, falling out of bed.
- ▶ 60 observation per unit

Hand Hygiene Compliance by Hospital



2019-2022 Hand Hygiene Target 94%

Hand Hygiene Expansion to the ED and Ambulatory Clinics

- ▶ **2019 HH expanded to the ED**
- ▶ 100 observations per month

- ▶ **2021 HH expanded to the Ambulatory Clinics**
 - Difference- patient is the observer
 - Compliance <90%
 - Action plans provided
 - Each Dashboard update- Managers are emailed with results.

Patient as Observer Form

MONTH	DAY	YEAR	AMBULATORY CARE SITE
 			
<p>Our goal is to provide safe care to you. Cleaning your hands is important to stop the spread of germs. You can help by making sure your healthcare provider has cleaned their hands.</p> <p>Cleaning hands can mean using soap and water or hand sanitizer.</p>			
<p>BE A PARTNER IN YOUR HEALTHCARE and complete the checklist below.</p> <p>Did each staff member clean their hands by using hand sanitizer or soap and water?</p>			
Healthcare worker: <input type="checkbox"/> Provider <small>(Doctor, Physician Assistant, Nurse Practitioner)</small>	BEFORE caring for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	AFTER caring for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<input type="checkbox"/> Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<input type="checkbox"/> Medical Assistant/ Technician/ Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<p>Additional Comments: _____</p> <p>_____</p> <p>Thank you for helping us keep you safe!</p> 			

MES	DA	AÑO	CUIDADOS AMBULATORIOS
 			
<p>Nuestra meta es darle atención segura. Lavarse las manos es importante para detener la propagación de gérmenes. Usted puede ayudar asegurándose que su proveedor de atención médica se haya lavado las manos.</p> <p>Lavarse las manos puede significar usar jabón y agua o desinfectante de manos.</p>			
<p>PARTICIPE EN SU ATENCIÓN MÉDICA y complete la siguiente lista de verificación. ¿Se limpió las manos cada miembro del personal con desinfectante de manos o agua y jabón?</p>			
Trabajador de salud <input type="checkbox"/> Proveedor <small>(Doctor, Asociado Médico (PA), Enfermero con capacidad para recibir (NP))</small>	¿ANTES de atenderlo? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy seguro	¿DESPUES de atenderlo? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy seguro	
<input type="checkbox"/> Enfermero	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy seguro	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy seguro	
<input type="checkbox"/> Asistente Médico/ Técnico/ Otro	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy seguro	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy seguro	
<p>Comentarios Adicionales: _____</p> <p>_____</p> <p>¡Gracias por ayudarnos a proteger su salud!</p> 			

2022 Hand Hygiene Action Plan

- ▶ Restarting prior processes
 - Annual top anonymous observers recognition
 - Quarterly unit and department compliance recognition
 - Low-performing units, departments continue to present action plans
- ▶ Action plans from Ambulatory and ED to improve compliance
- ▶ Monthly meeting with CMO, IP, CNMs, Ambulatory managers to review compliance and Action Plans
- ▶ Continue to present at the Infection Prevention Committee