elevate safety

CLEAN HANDS

SAVE LIVES

VANDERBILT UNIVERSITY MEDICAL CENTER
THANK YOU!!!!!!

All VUMC HH Observers

- Claudette Fergus
- Gerald Hickson
- HH Leadership Team
- All VUMC faculty and staff
Why Focus on Hand Hygiene?

• Improve a safety practice
  – Reduce healthcare-acquired infections in patients and healthcare workers
• Make the practice habitual/reflexive
• Create a culture of shared accountability
• Erode traditional “silos” of practice
• Create a culture where it’s expected to remind others to “do the right thing”
- Hand hygiene compliance:
  - June 2009: 58%
- 7 observers TOTAL
- 2004 to June 2009 → ~3,000 observations performed
Challenges with Changing Hand Hygiene Practices

- Delay between defect and adverse outcome
  - Unlike transfusion of mismatched blood, e.g.
- Impossible to trace specific event as single cause of infection
  - Many other factors upon which to lay blame
- Limitations of the measurement
- It’s difficult to remind peers
MCMB Endorsed Measurement Guidelines

Shared Ownership Observation Program

Added as Quality Goal for Allocation Rebate/Chairman Goals

Incr. Observer Pool

Professional Reminders

Monthly Scorecards

Awareness Letters

Unit-Based Initiatives

HAND HYGIENE – A CORE SAFETY PRACTICE OF VUMC

Hand hygiene is an essential core practice that can prevent healthcare-associated infections. In our goal to promote and sustain a culture of safety that emphasizes important prevention practices, the guidelines for hand hygiene have been a standard for assessing hand hygiene compliance. In order to ensure ongoing monitoring and feedback, a “compliance rate” for hand hygiene performance is used.

Five Rules for Conducting Hand Hygiene Observations:
1. Observe for hand hygiene upon ENTRY & EXIT from the Patient Environment. (Hand hygiene before entry and after exit are counted separately.)
   - Private or semi-private rooms = crossing room door or “curtain line”
   - Multi-patient room = observation rules apply only to direct observation of any provider touching the patient or environment.
2. Any use of alcohol product/spray and evaluate if proper technique is followed.
3. DO NOT GUESS. If your view is unclear, ask the provider performed hand hygiene, then observe again.
4. A single person can only be counted once.
5. Immediately remind all non-compliant providers of appropriate hand hygiene in a professional and collegial manner.

FIVE RULES FOR CONDUCTING HAND HYGIENE OBSERVATIONS:

- 546x318 to 696x511

Vanderbilt University Medical Center

FIRST LETTER

November 6, 2010

To: [Name of recipient]

From: [Name of sender]

Subject: [Subject]

Dear [Name of recipient],

We are all committed to minimizing the risk of healthcare-associated infections. Performing hand hygiene is the most important thing we can do to reduce the spread of these infections to our patients and ourselves. For FY11, VUMC’s target goal for hand hygiene was 95% compliance.

A recent audit of hand hygiene observations places [Unit Service Name] among those units or services with a near miss of compliance with hand hygiene. We are writing to discuss the issue with you.

For FY11, VUMC’s hand hygiene compliance rate was 98.6%.

Thank you in advance for your team’s active participation and efforts to improve. [Unit Service Name’s] hand hygiene compliance is one of the key strategies to reduce the risk of infections for VUMC patients. At this time, some challenges still exist. We will continue to provide you with regular reports regarding the compliance rate within your area. If you have questions or need more information, please do not hesitate to contact either of us.

Best regards,

[Name of sender]

Vanderbilt University Medical Center
Hand Hygiene Compliance Observation Rules

1. Hand hygiene compliance is measured using direct observation of practice.
2. Observers monitor for hand hygiene upon ENTRY & EXIT from the Patient Environment. Hand hygiene opportunities before entry and after exit are counted separately.
   Patient Environment definitions:
   - Private room = crossing room door
   - Semi private room = crossing ‘curtain line’
   - Multi-patient room/open units = observation rules apply only to direct observation of any provider touching the patient or the environment.
3. Any use of alcohol product/soap and water is considered compliant. Observers do not evaluate if proper technique is followed, e.g., appropriate duration of washing.
4. If the observer’s view is blocked & she cannot confirm whether or not the provider performed hand hygiene upon room entry or after room exit, she does not count this as an opportunity.
5. A single person can only be counted twice during a given observation period.

Hand Hygiene Compliance Observation: Frequently Asked Questions

Q: Why does VUMC use direct observation to assess compliance to hand hygiene?
A: Multiple organizations, including the Centers for Diseases Control and Prevention, the Institute for Healthcare Improvement, and the Joint Commission, recommend direct observation as the preferred method for assessment of hand hygiene compliance. The direct observation by covert observers provides the most honest and accurate measurement of this important safety practice.

Q: Why do you assume that if a person enters the patient’s environment, they are going to directly touch the patient and/or items in the area? Why am I counted as non-compliant if I do not touch anything in the room?
A: A CDC-sponsored study found that when a healthcare worker entered a patient’s room, he touched either the patient directly or the patient’s environment over 90% of the time. Because for the large majority, room entry = contact, we feel comfortable with this assumption.

Q: I routinely shut the door to the patient’s room upon entry to protect privacy, and I also tend to wash my hands directly in front of the patient inside the room. Since the observers cannot see me do that, will I get counted as non-compliant?
A: If observers cannot clearly see you enter the room, then the opportunity is not counted. If the observer can clearly see you enter the room without performing hand hygiene, then the observation is counted as non-compliant. If this occurs when you are leaving the room, the observer is asked to have a “cup of coffee” conversation with you and remind you in a Credo-like manner to perform hand hygiene. If you state that you washed inside the room, the opportunity is counted as compliant.
Changing the Observer Pool: Shared Responsibility

- Every inpatient and outpatient unit/clinic committed one person as observer (often a manager)
- Observers assigned to different area
- Expected to perform 20 obs/month
- Aims:
  - Prioritize this program
  - Shared responsibility
  - Lessons learned from observing one area are taken back to “home” unit
Unit Hand Hygiene Compliance v Major Setting Peers

- TVC HR/PACU
- 33 North Microwave/ICU
- 6 South Cardiac Short Stay/Interv
- VQI PACU
- TVC Radiology
- MICU PACU
- VOS OB/HR/PACU
- 9 South General Surgical
- 3M PACU
- North Hematology/Oncology
- 5 North Cardiovascular ICU
- 5 South Cardiovascular Progressive
- Cardiac Catheterization Lab
- 8 North General Medical
- 9 South General Medical
- 6 North Labor and Delivery
- 9 North General Surgical/Seaport
- 7 IVW Medicines/Pharmacy
- OTS Neuro Care Unit
- 9 IVW Orthopaedics/Urology
- OTS Surgical ICU
- 7 North Cardiac Stepdown Unit
- 6 South Gynecology/Surgery
- 20 North Trauma Care
- 9TS Surgical Intensive Care Unit
- 30 South Critical Care
- 6 East
- 30 South Critical Care
- VQI
- Imaging and Radiology and Support
- VQI Emergency Department
- 33 South Burn Unit
- MCCOR
- VQI Holding Room
- Other

YTD_CompliancePercentByRole

- Jul-10
- Aug-10
- Sep-10
- Oct-10
- Nov-10
- Dec-10
VUMC Hand Hygiene Adherence and Observations
January 2008 - October 2010

Expanded observation program

Rebate Program

Hand Hygiene Adherence (%)

Number of Observations
Apparent pattern of non-compliance

Single non-compliant incidents (merit?)

Pattern persists

Majority of professionals/units-no issues

Level 1 "Awareness"
Feedback to Leaders

Level 2 "Awareness"
Meeting with Leaders

Level 3 "Awareness"
Rigorous Action Plan

"Egregious" response (rare) to Veritas

Informal individual "Cup of Coffee" Feedback

Apparent pattern of non-compliance

Single non-compliant incidents (merit?)

Pattern persists

Apparent pattern of non-compliance

No \( \Delta \)

Majority of professionals/units-no issues

Informal individual "Cup of Coffee" Feedback

"Egregious" response (rare) to Veritas

Apparent pattern of non-compliance

Single non-compliant incidents (merit?)

Majority of professionals/units-no issues

Unit/Clinic Level

Pattern persists

No \( \Delta \)

Level 1 "Awareness"
Feedback to Leaders

Level 2 "Awareness"
Meeting with Leaders

Level 3 "Awareness"
Rigorous Action Plan

September 10, 2012

To: [Redacted] RN
    [Redacted] MD

From: Thomas R. Talbot, MD, MPH
Chair, Hand Hygiene Pillar Goal Committee

Gerald B. Hickson, MD
Director, VUMC Clinical Risk and Loss Prevention

Nancy Feistritz, RN, MSN
Associate Hospital Director, Perioperative Services

CC: [Redacted]

Re: Hand Hygiene Compliance - Level 1 “Awareness”

We are all committed to minimizing the risk of healthcare-associated infections. Performing hand hygiene is the most important action we can take to reduce the spread of these infections to our patients and ourselves. For FY13, VUMC’s reach goal for hand hygiene is 95% compliance.

When we initiated the Level 1 awareness process in February 2011, your hand hygiene compliance for FY11 year-to-date was 59%. For August 2012, the [Redacted] unit’s compliance rate was 83%, an increase from July 2012’s rate which was 70%. Your year-to-date hand hygiene compliance rate for FY13 is 76%. We are confident that you will continue to improve as evidenced by prior performance. The average compliance rate for all VUMC units was 90% in August 2012 and 91% for FY13-to-date.

Thank you for continuing to emphasize the importance of hand hygiene to faculty, staff and students.

We congratulate and thank you and your team for the positive efforts to improve hand hygiene compliance rate and reduce the risk of infection for VUMC patients. We will continue to provide you with regular reports regarding the compliance rate within your area. Please do not hesitate to contact either of us if you have questions or need more information.

CONFIDENTIAL PEER REVIEW PRIVILEGED INFORMATION - This information is confidential and privileged pursuant to TCA 61-1-130, TCA 61-1-319 at seq. and 45-11-272 at seq., and one of its purposes is to improve the quality and safety of patient care. Do not forward or otherwise share this information external to Vanderbilt.
VUMC Hand Hygiene Adherence and Observations
January 2008 - September 2012

Hand Hygiene Adherence (%)

- Inpatient Observations
- Outpatient Observations
- Hand Hygiene Adherence

Expanded observation program
Accountability Interventions
Rebate Program
### FY13 Hand Hygiene Compliance to Date

**PERCENT OF UNITS/CLINICS WITH COMPLIANCE AT OR ABOVE 92%**

<table>
<thead>
<tr>
<th>FY2013 GOAL</th>
<th>FY2012 Baseline</th>
<th>FY2013 Threshold</th>
<th>FY2013 Target</th>
<th>FY2013 Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of VUMC Units/Clinics with Compliance At or Above Target (92%)</td>
<td>57% of all VUMC units/clinics</td>
<td>65% of all VUMC units/clinics</td>
<td>75% of all VUMC units/clinics</td>
<td>85% of all VUMC units/clinics</td>
</tr>
</tbody>
</table>

**FYTD 69% VUMC Units/Clinics at or Above 92%**

Based on FY13 Compliance Data (July 2012-October 2012)
www.mc.vanderbilt.edu/handhygiene
“Show me the evidence that this actually improves patient outcomes.”
As compliance goes up, infection rates go down.

Hand Hygiene Improvement is Strongly Correlated with Low Infection Rates.

Each data point = month between Jan 2007-Aug 2012 which indicates the VUMC-wide monthly HH compliance (x-axis) and infection rate (y-axis).
Observer Recognition: FY13

ACHINGER, IVETTE
ADAMS, PAMELA
AYRE, SARA C
BEASLEY, GEORGE
BENTLEY, VIRGIL L
BLEVINS, LINDA
BLOOMINGBURG, PHEBE
BRADFORD, CARRIE JO
BRIGHT, AMANDA
BURNS, DOUG
BURNS, MARGARET
CARTER, BARBARA
CARTER, MARY
CASA, ANDRE G
CHABOT, JILL
CHILDRESS, CINDY
CLEMMONS, PAUL F
COOPER, ALYCIA C
CORCORAN, RICHARD
COTTON, JAN
CROSS, ANN
DAVIS, MICHELLE M
DREESZEN, SUSAN
DUDLEY, GINA
EILERMANN, SUSAN
ELAM, AMANDA
EMERSON, BRADLEY
FINO-SZUMSKI, MARYSUE
FORBES, BARBARA L
FOSS, JULIE
FRAZIER, KIM
FUGATE, TANYA L
GABBARD, JANICE
GARLAND, MELISSA
GARNER, DEBRA
GROSS, NINA
GRUBB, PENNINGTON D
GUDELIS, MARY LOU
HAYMAN, JIM N.
HICKEY, KAREN
HILTON, TRAVIS
HINES, COURTNEY SHANTE
HIRSCH, AARON
JOHNSON, DIANE
JORDEN, MICHAEL
KATRUSKA, LORI L
KAZANOFSKI, REBECCA B
KELLER, MIDDY
KELSO, LOLITA M
KUGLER, TAMMY
KUNIC, RUSS
KWITKOWSKI, MELISSA
LAMBERSON, LINDA P
LIGON, SHANNON
LINVILLE, KIM
MEREDITH, MARY A
MEYER, DAVID
MOLL, JEANIE
Observer Recognition: FY13 (II)

MONCIBAIS, ROSEMARY
MOORE, SARAH A
NATALE, SARAH
NEELY, MARISA
PATEY, JANE
PETE RSON, MARY S
PETRIE, KRISTY
POFF, RACHAEL
PRICE, LYNN
REDLIN-FRAZIER, SHERYL
ROBBINS, HEATHER
ROGERS, MARGARET H
RUCKMAN, CHRISTOPHER
SHONE, MARTHA D
SIPES, MARCY
SISCO, JANICE
STEELE, SARAH ELIZABETH
STRECH, SCOTT

SULLIVAN, JACKIE
SV ERDLOVA, ALLA
TIAMSON, JOSE LITO
TOMLIN, MELISSA
TURNER, AMY
TURTLE, SIERRA J
WHITE, ANGELA
WILSON, DANA
WOODARD, JOHNNY
Dissemination of VUMC Hand Hygiene Program

Recent or Upcoming Presentations to

Studer Group

University of Iowa Hospitals & Clinics

Wake Forest University Baptist Medical Center

Institute for Healthcare Improvement

Chinese Hospital Association

Tennessee Center for Patient Safety

“Making Safe, Quality Care the Top Priority”
Observation Reminders

- HH & glove use

**Perform hand hygiene before putting on gloves and after removing gloves.**

[Website link: WWW.MC.VANDERBILT.EDU/HANDHYGIENE]
Observation Reminders

- HH & glove use
- Link up with unit/clinic manager AFTER you conduct observations
  - Should not be asked to contact manager re: when you plan to observe
Observation Reminders

• HH & glove use

• Link up with unit/clinic manager AFTER you conduct observations

• Hand dermatitis concerns
  – Trial of second product to begin soon
Observation Reminders

- HH & glove use
- Link up with unit/clinic manager AFTER you conduct observations
- Hand dermatitis concerns
- Don’t forget to have a “cup-of-coffee” conversation
  - Remind those who are non-complaint to wash their hands
Taking Names

- Addressing non-compliance by identifying specific persons
- Assumes issue is due to limited few
- ? Within spirit of just culture
  - All persons equally under surveillance?
- If responds unprofessionally to reminder → different issue
Coming Soon:

Improved Online Data Entry Tool

Hand Hygiene

Hand Hygiene Data Collection Application

Welcome. WANG, DEEDE! Today is Nov 02, 2012.

Observation Submission Dashboard (Nov, 2012)

<table>
<thead>
<tr>
<th>Location</th>
<th># of Assigned</th>
<th># of Completion</th>
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<tbody>
<tr>
<td>VMGPED-100 Oaks - Adolescent Medicine</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>VPH-Adolescent Unit</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments? Questions? Problems? Contact: Hand Hygiene Committee System Admin
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