

HAND HYGIENE IMPROVEMENT PROGRAM FY2014 ANNUAL REPORT

EXECUTIVE SUMMARY

In FY2014, the hand hygiene improvement initiative sustained its program and occupational group participation first established in FY11. The program established a more challenging threshold of 90% monthly and achieved this for 11 of 12 months. In FY2014, a total of 55,925 observations were collected with an average compliance rate of 92%.

In collaboration with the Occupational Health Services Modified Duty Worker program, Modified Duty Workers have continued to perform hand hygiene data collection and corrective action coaching, thereby saving the institution about 2453 temporary disability hours and over \$48,000 in “temporary disability not paid”. In addition to direct impact on temporary disability and other benefit savings, bringing injured employees back to work in a modified capacity avoids Lost Work Days (LWD). This avoidance of LWDs positively benefits the LWD 3-year rolling average used to determine payment to the Workers Compensation system. For FY2014, the UCSF Medical Center estimates that it will receive about \$3.48M rebate from UCOP as a result of reductions to the LWD 3-year rolling average.

The UCSF Hand Hygiene Improvement Program was presented to the June 2014 Annual Conference of the Association for Professional in Infection Prevention and Epidemiology.

This annual report uses a multi-modal hand hygiene program framework derived from literature review and guidelines to critique the scope and effectiveness of the FY2014 UCSF Medical Center Hand Hygiene Improvement Program and to identify opportunities for further program development (Pincock T, Bernstein P, Warthman S, Holst E, 2012). The analysis presents key program components, highlights accomplishments for FY2014, identifies gaps, and recommends opportunities for FY2015. Examples below reflect recommended program elements from this publication. Achievement of the FY14 Hand Hygiene Goals are incorporated below and are demarcated with *. The Overall Hand Hygiene Compliance Graph and Hand Hygiene Compliance v. Organism Graph are included as attachments to this Executive Summary.

Program Component	Examples
Monitoring and feedback on infection rates	<ul style="list-style-type: none"> * Hand Reduce HAIs through a combined program of Hand Hygiene (staff and patient), Patient Bathing (standard and CHG), and Environmental Cleaning <ul style="list-style-type: none"> o Hand Hygiene compliance combined with introduction of chlorhexidine bathing contributed to a reduction in hospital onset VRE, MRSA, and CDI along with device-related infections. o Hospitality completed a pilot test of Steriplex on units with high rates of CDI. Final results were inconclusive with some reduction of CDI on two test units and no change on two test units.
Administrative leadership & support	<ul style="list-style-type: none"> • Engagement of Department Chairs and reporting to CPIC have continued to be effective strategies to improve Provider Specialty compliance scores. These strategies, combined with leadership support from the perioperative programs, have resulted in sustained hand hygiene improvement by Anesthesia. * Hand Hygiene compliance at 90% monthly has been approved as the FY15 goal.
Multidisciplinary design and response team	<ul style="list-style-type: none"> • Multidisciplinary Hand Hygiene Task Force continues to meet monthly; • Multidisciplinary Hand Hygiene Observers; • Unit-based Champions and role models

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Program Component	Examples
On-going education & training for staff, patients, families, visitors	<ul style="list-style-type: none"> • Annual Infection Control Training <ul style="list-style-type: none"> ○ Automated LMS compliance reporting by department has been implemented. FY14 training compliance is 92%, an improvement from 71% in FY13. ○ Graduate Medical Education office confirms 98% compliance with infection control training for housestaff and fellows. • Specific reminders to specialties performing below target continue • New Housestaff Orientation • Medical Student Orientation • Traveler Nurse orientation • Patient education <ul style="list-style-type: none"> ○ Photos of UCSF HCW's performing hand hygiene with caption "It's OK to Ask" continue to be updated and posted throughout the Medical Center.
Hand hygiene resources are accessible facility-wide and at the point of care	<ul style="list-style-type: none"> • Rolled-out of alcohol foam product to all in-patient units in FY14. Transition of foam product to outpatient locations is underway. • Pilot tested "Sani-hands" product on two adult in-patient units to determine whether these improved patient satisfaction with access to hand cleaning resources. While 12L patients reported positive response during manager rounds, this satisfaction did not transfer to Press Ganey narrative comments.
Reinforce hand hygiene behavior and accountability	<ul style="list-style-type: none"> • Annual award program: <ul style="list-style-type: none"> ○ 11 programs will be rewarded for Outstanding Hand Hygiene Compliance using more challenging eligibility criteria. • Feedback to unit managers regarding non-compliance by individual HCWs and groups. • Compliance with "Wash with Soap and Water on Exit" from room of patient with CDI has improved from 55% in FY13 to 88% in FY14.
Provide reminders throughout the healthcare setting	<ul style="list-style-type: none"> • Sustained all previous posters, postcard, Gel guy. • Expanded It's OK to Ask posters with photos of UCSF HCWs performing hand hygiene.
Establish on-going monitoring and feedback of hand hygiene compliance	<ul style="list-style-type: none"> • Hand Hygiene web-based site has just-in-time reporting for all tables and graphs for immediate score feedback. • Weekly and monthly reports based on direct and camera observations continue to be distributed (55,925 observations were collected for FY2014). • Bi-annual Product Use survey continues with comparable results between increased product usage and hand hygiene compliance scores. • Patient Satisfaction comments regarding hand hygiene are evaluated. FY14 results are improved from 91.67 in FY13 to 92.07 in FY14. • Continued Manager Weekly communications, individual feedback, and inclusion of hand hygiene information in various committee updates. • Results have been integrated into Qalldash.

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Recommendations for FY2015 Workplan

- Implement hand hygiene program at Mission Bay site.
- Revise data entry tool and reporting to reflect new unit names and locations.
- Continue transition to alcohol foam product in all settings.
- Evaluate non-triclosan antimicrobial soap.
- Achieve 90% compliance target monthly.
- Retain annual award criteria of
 - Minimum 30 observations each month
 - No month below 90% threshold
 - YTD score $\geq 95\%$
 - RN fiscal year average score $\geq 90\%$
 - MD fiscal year average score $\geq 90\%$
 - Inclusion of a variety of occupational groups in data collection