

HAND HYGIENE IMPROVEMENT PROGRAM

FY2011 ANNUAL REPORT

EXECUTIVE SUMMARY

The goal of the UCSF Medical Center Hand Hygiene Improvement Plan (the HH Plan) is to improve patient safety and meet regulatory and accreditation requirements by achieving long-term compliance with hand hygiene standards. In FY2011, the hand hygiene improvement initiative expanded substantially from the initial 2007 hand hygiene activities, becoming an institutional priority supported by leadership, administrative, and financial resources and identified as an organizational performance goal. The FY2011 Incentive Award Program quality goal requires 85% hand hygiene compliance for at least 6 of 12 months. This annual report presents key program components, highlights accomplishments for FY2011, identifies obstacles to further success, and outlines next steps for FY2012.

Program Components

Key elements of the Hand Hygiene Improvement program are:

- defined governance structure
- project management resources
- policy
- education
- observer training program
- objective and measurable compliance criteria
- data collection methodology
- report preparation
- corrective actions
- communications

Key Accomplishments

- Achieved the FY2011 IAP goal of attaining 85% compliance for 6 of 12 months.
- Collected a grand total 49,357 observations for 34 units and programs and 6 occupational groups to achieve the IAP goal. Collected additional pilot and training data for 9 new occupational groups and 24 programs in preparation for their inclusion in FY2012 compliance reporting.
- Developed the Hand Hygiene Task Force charge, revised comprehensive membership to reflect multidisciplinary occupational groups, and convened regular meetings.
- Convened Hand Hygiene Executive Sponsors, Physician and Nursing Workgroups, and other workgroups targeted to specific topics.
- Implemented the Center for Transforming Healthcare (CTH) Hand Hygiene Pilot Project and extended key lessons learned to the institutional program.
- Revised hand hygiene compliance data collection tool and methodology based on the CTH model. Completed additional revisions in preparation for FY2012 participating programs.
- Developed a comprehensive compliance reporting process to all participating programs and key leaders based on weekly updates of current compliance status as well as final monthly tables and graphs reflecting compliance for the unit and all occupational groups.
- Developed and implemented a comprehensive hand hygiene observer training program to standardize the observation process and increase data reliability.
- Integrated hand hygiene expectations into the New Employee Orientation and the revised Annual Infection Control Training.
- Established a collaboration with the Occupational Health Services Modified Duty Worker program to utilize MDWs to perform hand hygiene data collection and corrective action coaching, thereby saving the institution \$55,018 (July 1-May 31) in 'temporary disability not paid' and extended sick leave benefits. Additionally, the avoidance of Lost Work Days

positively benefits the 3-year LWD rolling average used to determine payment to the Workers Compensation system.

- Implemented a standardized Corrective Action Plan (CAP) template based on CTH recommended interventions. All units with compliance less than 85% completed a CAP.
- Implemented a standard process to install and manage gel dispensers to meet fire code as well as units' needs for improved accessibility of dispensers.
- Established regular communications utilizing multiple strategies including Manager's Weekly, CMO and other Listservs, monthly Managers' meeting, and website.
- Collaborated with Service Excellence to develop an Annual Patient Safety Award to recognize best overall hand hygiene performance, proposed criteria, and identified a winning unit.
- Gathered feedback to identify program strengths, weaknesses, opportunities, and threats and used this information to make workplan recommendations for FY2012.
- Evaluated CDC hand hygiene guidelines for norovirus and revised hand hygiene guidelines to respond to norovirus outbreak units.
- Reviewed CDC and World Health Organization Hand Hygiene Guidelines and used these to update the Hand Hygiene Policy as well as write the overall Hand Hygiene Improvement Plan.
- "Successes and Challenges of Implementing an Institutional Hand Hygiene Monitoring Program" has been accepted for a poster presentation at the Fall 2011 University Health System Consortium UHC Annual Conference in Chicago.

Additional Hand Hygiene Task Force and Executive Sponsor feedback:

Strengths:

- Revision to the HH Task Force membership to reflect breadth of responsible leadership of many occupational groups;
- Leadership support by a number of specific occupational groups as well as Executive Sponsors;
- Communication strategies: there is high awareness of the hand hygiene program and expectations;
- Data shows that program is successful;
- Resources dedicated to project management have sustained the focus and impetus;
- Program has evolved in response to new threshold types and other unique issues such as appropriate use of product for certain circumstances e.g. C. diff.;
- Utilization of Modified Duty Workers to assist with data collection. MDW's have commented that not only did the program give them an opportunity to work during their recovery, it also increased their knowledge and awareness of the hand hygiene expectations, enhanced their coaching and role modeling skills, expanded their awareness of UCSF Medical Center clinical programs and appreciation for challenges that others experience to implement hand hygiene, and increased their confidence to interact with a broad range of personnel.

Weaknesses:

- Variability in physician leadership participation;
- Sharepoint site is cumbersome and very slow for data entry;
- Low volume of observations for some occupational groups;
- Settings that have non-typical thresholds e.g. use of curtain tracks or virtual thresholds pose additional implementation challenges;
- Strict scoring methodology to determine a non-compliant event as well as lack of observer anonymity may inflate overall positive compliance;
- Data primarily reflects Monday-Friday day shift performance.

Opportunities:

- Engage ambulatory care in hand hygiene program. This may require new approaches to data collection and methodology;
- Engaging patients or family in data observation;
- Develop a web-based data entry tool that mirrors advantages of CTH data site;
- Add a quality measure such as appropriate type of hand hygiene (gel or soap & water) depending on the type of posted precautions.

Threats:

- Loss of interest and shifting priorities. While Hand Hygiene Compliance will continue to be an IAP goal in FY2012, there is a need to develop a long-term sustainability plan in order to maintain and improve compliance.
- Emphasis on use of hand gel has resulted in increased complaints about skin sensitivities;
- Inability to capture performance at the level of service lines or individuals may impact buy-in.

Lessons Learned:

- Core program components critical to success are: Leadership support; variety of visual cues; timely data and performance feedback with adequate detail to be relevant to a variety of occupational groups; education; just-in-time coaching when non-compliance is observed; dedicated program management resource to sustain focus on this priority and follow-up on details.
- Some adaptations of the standard Gel In/Gel Out message must be made to accommodate occupational and programmatic workflow as well as unique communicable disease outbreak events that may require soap and water hand washing.
- Individuals from a variety of occupational groups make excellent hand hygiene observers after standardized training. In addition, it is imperative to have a process to discuss observation-related questions as well as and inter-rater monitoring to ensure data reliability and program credibility.
- Systematic identification of “contributing factors” to unit-level non-compliance is critical to determine more specific corrective actions such as inconvenient dispenser locations, improper use of gloves, or perception that hand hygiene rules do not apply to the individual.
- Responsibility for corrective actions is not limited to unit leadership. Occupational group leadership shares the responsibility to support compliance at unit and institutional levels.
- A longer period of successful performance as well as more comprehensive hand hygiene improvement program (e.g. more representative data for 24/7 observations and higher compliance target) may be necessary to demonstrate a correlation between hand hygiene improvement and pathogen reduction.

Recommendations

- Expand the messaging for the hand hygiene improvement program to encompass all UCSF Medical Center clinical care areas, regardless of whether these areas participate in the direct observation monitoring process;
- Evaluate additional or alternate data collection methodologies including patient or family observations and technology;
- Seek alternative strategies to engage physicians and physician leadership;
- Plan for long-term compliance sustainability as institutional priorities shift.