Hand Hygiene Improvement Program

OBSERVER TRAINING

Updated: November 2015
Agenda

- Hand Hygiene Policy
- Hand Hygiene Observation Standards
- Hand Hygiene Observer Test
- Hand Hygiene Observation Tool
- Data Entry
- Corrective Action
Hand Hygiene Indications

• Before touching a patient
• Before clean/aseptic procedure
• After body fluid exposure
• After touching a patient
• After touching patient surroundings
• Additional hand hygiene indicators
  – Before preparing food
  – After using the restroom
  – After touching your face, nose or hair or personal device (e.g. pager, phone)
THRESHOLDS

- **Acute care floors**
  - Door sweep, privacy curtain = the threshold
    - Walking past the threshold
- **Critical care units**
  - Sliding doors, privacy curtain
    - Stepping through the threshold
- **Multi-Bed Patient Care Areas**
- **Realms and Zones**
- **Workflow with Specific Beginning and end Points**
No Hand Hygiene needed standing in the threshold

Hand Hygiene required

DOOR SWEEP = threshold
Hand Hygiene required across door threshold

No Hand Hygiene required
HAND HYGIENE REQUIRED!
BOTH FEET ARE PAST THE THRESHOLD
When crossing through a sub-sterile area or a hallway, gel out from one OR space before entering the other OR space. If the entry-in (2nd threshold) occurs within 30 seconds of the exit out (1st threshold), the gel out HH counts as a gel in HH to the next room. If it takes more than 30 seconds, then another HH must be performed with 30 seconds of entering the OR.
Curtain & curtain track are also thresholds. Hand Hygiene is required when crossing a threshold.

Hand hygiene-out also counts as hand hygiene-in when crossing a curtain or door threshold when the exit-entry occurs within 30 seconds.
PUBLIC SPACE, NO HAND HYGIENE REQUIRED
Curtain and Curtain Track=Threshold
Hand Hygiene Required

Public Space
No Hand Hygiene Required
Virtual Threshold

Hand Hygiene is required when entering and exiting across a threshold
1. Patient, gurney, and all equipment associated with the patient = Zone.
2. Perform hand hygiene each time you cross a threshold in or out of a Zone.
3. Gel “Out” of one zone counts as Gel “In” to next zone when enter/exit occurs within 30 seconds
4. Curtain track = Zone boundary at foot of gurney
Hands Full Guidance
Clean Hands and Don Gloves Upon Entry To Patient Room/Environment

Gel hands

Don gloves
Vacating The Room: Remove Gloves, Clean Hands

1. Remove Gloves

2. Clean Hands

3. Don new gloves for entry within 30 seconds to new room.
4. If break before entering a new room is longer than 30 seconds, then a new gel should occur.
1. Clean your hands, pick up tray, & serve patient.
2. As you exit the patient’s room, clean your hands, pick up next tray, & serve patient.
Workflow with Specific Beginning & End Points: Rehabilitation Services

Gel In

No Hand Hygiene is Required on Exit with Patient
No Hand Hygiene Is Required When Re-Entering With Patient During Rehabilitative Service

Complete Hand Hygiene on Final Exit From Patient Room
Workflow with Specific Beginning & End Points: Transport

Clean Hands on Entry

Assist Patient On Gurney/ Wheelchair or Bed
Transport Patient

Gloves Are Not Required For Routine Patient Transport

Arrival at Destination

Clean Hands On Exit
Patients on Contact Precautions for Clostridium *difficile*

- How to know when wash with soap and water is required:
  - Check door caddy for “Contact Precautions” and “Wash Your Hands with Soap and Water” signage
  - Notice bonnet and signage covering alcohol gel dispenser inside patient’s room
Hand Hygiene Requirements for PPE and Patients with CDI

• Correct type of hand hygiene for patients on Contact Precautions
  – Wash with soap and water on exit from rooms of patients with Clostridium difficile

• Correct sequence
  – Hand hygiene before donning gloves
  – Hand hygiene following removal of Personal Protective Equipment upon exit from patient’s room

• New observation requirements still focus on the Threshold as the point of observation
Proper Sequence for Hand Hygiene When Putting On and Taking Off PPE

• Perform hand hygiene before donning gloves

• Perform hand hygiene upon completion of removal of gloves, gown, mask, and eye shield

Note: Remove goggles and face shield first if not attached to mask.
Scoring Hand Hygiene Compliance for Contact Precautions

Example

• Observer sees HCW exiting a patient room that has a door caddy with Contact Precautions and Wash with Soap and Water signage. The HCW goes directly to a sink to wash with soap and water.
  – Score Yes for hand hygiene on Exit

• Observer sees HCW exiting a patient room that has a door caddy with Contact Precautions and Wash with Soap and Water signage. The HCW uses the alcohol gel dispenser in the hallway.
  – Score No for improper hand hygiene on Exit.
Scoring Hand Hygiene Compliance for Donning and Doffing PPE

Example

- Observer sees HCW enter a patient’s room while donning gloves without performing hand hygiene.
  - Score No for improper hand hygiene on Entry

- Observer sees HCW exiting a patient room and removing gloves, gown, mask, and eye protection. The HCW uses alcohol gel upon completion of removal of all PPE.
  - Score Yes for hand hygiene on Exit

- Observer sees HCW exiting a patient room and removing PPE. The HCW first removes gloves, performs hand hygiene, then finishes removing gown, mask, and eye shield. No additional hand hygiene is performed.
  - Score No for improper hand hygiene on Exit
Clean Hands Save Lives

HOME

Health-care associated infections are a major factor contributing to morbidity and mortality. Hand hygiene is considered the most important measure for preventing health-care associated infections and the spread of antimicrobial resistant pathogens.

The overall goals of the UCSF Medical Center Hand Hygiene Improvement program are to:

- improve patient safety
- meet regulatory and accreditation requirements
- achieve long-term compliance with hand hygiene standards

In support of these goals, the FY14 Workplan requires monthly 90% hand hygiene compliance.

All personnel who enter the patient room or patient care environment have a personal responsibility to prevent the development and transmission of infections in patients by performing hand hygiene. Information about hand hygiene program administration, education, observation criteria, reports, corrective actions and other resources are presented on this site.
Observer Training and Test

HAND HYGIENE TRAINING
The Hand Hygiene Improvement program is based on the direct observation model and standards from the Joint Commission's Center for Transforming Healthcare's Targeted Solutions Tool.

Hand Hygiene is required each time the Healthcare Worker (HCW) enters and exits the patient's room or patient care area (e.g., crosses the door or curtain track threshold). Basic Hand Hygiene Observer training demonstrates the following thresholds and summarizes key observation principles:

- Door sweep
- Sliding Door track
- Curtains and curtain tracks
- Zones and realms

Training Resources:
1. Review the general Hand Hygiene Observer Training Powerpoint
2. Review each powerpoint training for the Unique Workflow situations described above.
3. Complete the Observer Competency test and answer review.
4. Please RSVP to Hand Hygiene email
5. Group training is periodically available. The next training session is:
   - Thursday, August 11 at 11am-Noon LPP Auditorium
   - Wednesday, September 21 Noon-1p LPP Auditorium

Some modifications to the basic entry/exit standard have been approved by HEIC to guide compliance monitoring for selected workflow and occupational groups. Photos of these approved standards and workflow are presented for:
1. Hospitality - Cleaning
2. Hospitality - Linen, Trash, & Stericycle
3. Nutrition and Food Services
Where to find the Data Gathering Tool?
# Hand Hygiene Observation Form

**Month of Observation:** [Name & Dept.]

**Instructions:** Use a separate row for each entry or exit observed.
1. Enter the shift observed AM or PM (Day shift/AM = 07:00hrs to 19:00; Night shift/PM = 19:00hrs to 07:00hrs).
2. Circle the job category RN, MD or RT or check the box corresponding to the job category. Describe "Other" or "Physician Specialty" in space provided.
3. Circle Entry or Exit.
4. Circle gel/wash compliance, Yes or No.
5. Patients on **Clostridium difficile** precautions: HCW must wash with soap and water on exit to receive a "Yes" score.
6. HCW must clean hands before donning gloves and entering the room or after removing gloves and exiting the room to receive "Yes".
"Any student observation should be included in the applicable occupational category.

**Special Circumstances:**
1. Do not enter data when you are uncertain whether hand hygiene occurred.
2. Refer to the unique hand hygiene guidance for exceptions to the standard gel in/gel out requirements. Exceptions are found on the back of this data collection tool and are limited to the specific tasks or occupational groups.
3. Emergency situations are EXCLUDED from the data collection process.

## Unit or Bed (as needed)

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<th>Pro</th>
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**ATTENTION:** enter observations onto the SharePoint drive

[Hand Hygiene Observation Audit](http://handhygiene.ucsfmedicalcenter.org/)

All data must be entered by midnight of the last day of the observation month.

If you have any questions contact Hospital Epidemiology & Infection Control 353 4343
Scoring Tips

- Allow 30 seconds after entry or exit for the person to complete hand hygiene
- Each ENTRY and each EXIT is a unique observation
- Staff exiting a room cleaning their hands and entering another room is counted as
  - Yes for the Exit &
  - Yes for the entry to the next room
- Score no more than one set of entry and exit for an individual at one time unless different scoring principles apply e.g. 30 second rule for exit-re-entry, hands full; Do not continue to score the same person or group going room to room
- Scoring applies even when no patient contact is anticipated
Scoring Tips

- Observations for Students are assigned to the appropriate occupational category.
- Gloves do not substitute for hand hygiene; perform hand hygiene after glove removal, including gloves worn for surgical scrub.
- Hand hygiene applies to empty patient care rooms, clean or dirty.
- Do not enter data when you are uncertain whether hand hygiene occurred.
- Emergency situations are EXCLUDED from the data collection process.
- All data must be entered by midnight of the last month of observation.
Access hand hygiene data entry here or go directly to http://handhygiene.ucsfmedicalcenter.org
Click Add New Item for a new observation entry.
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<th>Shift</th>
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<th>Compliant</th>
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Additional data options when MD/Provider group is selected
Additional options when MD/Provider group is selected

Click here to continue entering data for same unit, same month

Click Save to save individual record and return to home page

Click Save to save individual record and return to home page
To edit, delete, or duplicate your own entries, click here.
### Hand Hygiene Data Capturing System

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**Observation Summary**

- **November 2012** (238)
  - 6L PEDS/MS (7)
  - 6PICU (2)
  - 7L PED/ON/O/R (4)
  - 15 NESW ICN (1)
  - 3NE MS ICU (2)
  - 11NE NICU (206)
  - 14M MS-H/ACUITY (4)
  - 14L MEDICINE (2)

**Questions**

- **Sort for my unit’s entries**
- **How many entries does my unit have?**
- **Export to Excel to Print Out Raw Data**
- **What is my unit’s compliance score?**
Compliance Results are Available Immediately After Data Entry
Display and Print: Click “Convert” then “Convert Web Page to PDF”

Or Click “Export to Excel”
Corrective Actions

• Key Elements
  – Post Data in Highly Visible Location
  – Discuss results in regular staff meetings
  – Demonstrate strong leadership support
  – Educate
  – Behavioral Contracting
  – Reminder Cues (visual signage and words)
  – Just-In-Time Coaching***