STOP! CLEAN YOUR HANDS DAY
May 5th 2011
Our Vision:
*Safe healthcare for all Canadians*

Our Mission:
*To inspire extraordinary improvement in patient safety*

*Safe Care…Accepting No Less*
Marie Owen, Anne MacLaurin & Denise Sorel
CPSI / SHN
Edmonton

Paule Bernier
Safety Improvement Advisor, SHN
Québec Region

Dr. Michael Gardam & Leah Gitterman
Intervention Leads for Hand Hygiene and NACS, SHN

Alicia Cortwright & Alison Devine
Infection Control Professionals
Red Deer Hospital, Alberta Health Services
This call will be in English only
Earlier today, a French only call was held
Both sessions will be recorded

Please visit the *Hand Hygiene!* website to view these recorded sessions.

www.handhygiene.ca
Did you Join the Call Correctly?

You Joined Correctly! 😊
There IS a phone icon beside your name. You will be able to join the breakout sessions.

You Joined Incorrectly! 😔
There is NO phone icon beside your name. We will be unable to mute your line to allow you to speak during the call.

Login before making phone connection.
If there is NO phone icon beside your name you can....

1. Hang up your phone
2. Click the audio Icon.
3. A popup will display the phone information.

Direct Line
Enter number

Or/ou

Line with Extension
“ I will call in”
What I will see? What I can do on WebEx

- Tabs
  - Info – provides webinar details
  - Presentations
  - Whiteboards

- Annotate

- List of Panelists, Presenters, Hosts

- List of Attendees

- Mute/Unmute Audio

- Raise hand
- Yes/No
- Go Faster/Slower

- Emoticons
- Poll Results

- Chat
  - To all or private

- Re-size Display

- Presentations are viewed on left hand side of screen
I want to wash my hands: Brantford, Ontario
STOP! Clean Your Hands Day May 5th 2011
Agenda

• Welcome by: Marie Owen:
  – *Safer Healthcare Now!* and Hand Hygiene
  – Canada’s Second National STOP! Clean your hands Day

• Presentation by: Dr. Michael Gardam & Leah Gitterman

• Presentation by: Alison Devine & Alicia Cartwright

• Questions & Answers
Where are you?

Click on arrow and then click on the map.
Where do you work?

- Acute Care
- Home Care
- Long Term Care
- Community
- Administration
- Something Else
STOP! Clean Your Hands Day May 5th 2011
New Look

www.handhygiene.ca
Tools and Resources

Hand Hygiene Tool Kit

Patient Family Guide

“4 Moments” Cards

Hand Hygiene Human Factors Tool Kit

These resources can be ordered at www.handhygiene.ca
Online Educational Module

www.handhygiene.ca

FREE
Hand Hygiene Self Assessment

Online and Free

STOP! Clean Your Hands Day
May 5, 2011
CLEAN HANDS SAVE LIVES

System Change

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>My Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. More soap is available in alcohol-based hand rub in your healthcare facility?</td>
<td>1. Not available 2. Available but efficacy and tolerability have not been proven 3. Available only in some wards or in discontinuous supply (with efficacy and tolerability proven) 4. Available facility-wide with continuous supply (with efficacy and tolerability proven) 5. Available facility-wide with continuous supply at the point of care (with efficacy and tolerability proven)</td>
<td></td>
</tr>
<tr>
<td>1.2. What is the sink bed ratio?</td>
<td>1. Less than 1:10 2. At least 1:10 in most wards 3. At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units</td>
<td></td>
</tr>
<tr>
<td>1.3. Is there a continuous supply of clean, running water?</td>
<td>1. No 2. Yes</td>
<td></td>
</tr>
<tr>
<td>1.4. Is soap available at each sink?</td>
<td>1. No 2. Yes</td>
<td></td>
</tr>
<tr>
<td>1.5. Are single-use towels available at each sink?</td>
<td>1. No 2. Yes</td>
<td></td>
</tr>
<tr>
<td>1.6. Is there dedicated/available budget for the continuous procurement of hand hygiene products (e.g., alcohol-based hand rubs)?</td>
<td>1. No 2. Yes</td>
<td></td>
</tr>
<tr>
<td>1.7. Is there realistic plan in place to improve the infrastructure in your healthcare facility?</td>
<td>1. No 2. Yes</td>
<td></td>
</tr>
</tbody>
</table>

www.handhygiene.ca
Welcome

Dr. Michael Gardam and Leah Gitterman
Improving hand hygiene compliance: what every hand hygiene committee needs to know

Michael Gardam
Leah Gitterman

Intervention leads for *Hand Hygiene* and
*A New Approach to Controlling Superbugs*
Outline

• The challenge
• What to think about
• How we can help
Truly improving hand hygiene compliance is difficult
The Hand Hygiene Hurdles
Things to think about

• Education
• Human factors
• Auditing and feeding back performance
• Who is involved
• Marketing
• Healthcare culture
Education

Hand Hygiene Education

Want to learn more about hand hygiene and how you can improve hand hygiene in your organization?

The Canadian Patient Safety Institute and Discovery Campus offer an online hand hygiene education module for healthcare workers and volunteers. Please allow yourself 15 minutes to complete the training session. You will receive a certificate of completion at hand.

Take the module now.

Get other training materials:
- Hand Hygiene Toolkit Presentation
- Your 4 Moments for Hand Hygiene
- Hand Hygiene Compliance Observation and Analysis
- Scenario DVD Answer Key
- Instructions for Using the Observation Analysis Tool
- Observation Analysis Tool (Digital workbook: Hand-Hygiene.xls)
Education to think about

• Hand hygiene technique
• Product selection
• Jewelry
• Nails

• Dermatitis
• Appropriate glove use
• When and where to clean hands (the 4 moments)
Reality check

• Traditional education i.e. lectures, is unlikely to have any significant impact on compliance

• Education is necessary but not sufficient
Hand Hygiene Human Factors Toolkit

Hand Hygiene is the study of how humans interact with the world around them. Studying how people interact with equipment and materials allows us to change the environment in which we work to make the interaction more useful or helpful.

A user-friendly hand hygiene environment is one where staff, patients, and visitors are supported in such a way that participating in optimal hand hygiene activities can take place in the right place and at the right time.

Developed by the Canadian Patient Safety Institute in conjunction with 3M and the University Health Network, the Hand Hygiene Human Factors Toolkit is designed to help you conduct the assessments necessary to ensure that hand hygiene products are located where they are needed, available in the right quantity, visible, within reach, fully stocked and functional, and in the best form.

Click here to order the full-colour, spiral-bound toolkit. Extra copies of the assessment forms can be downloaded in PDF format:

- Product tool
- Process tool
- Ongoing assessment tool

Hand Hygiene Human Factors Toolkit
A Human Factors Approach to a User-Friendly Hand Hygiene Environment

www.handyhygiene.ca
Auditing and feedback

Knowing where you are is essential to knowing where you need to go

• Who is auditing?
• How much auditing?
  – Is it accurate?
• How are you feeding back the data?
• Is anybody listening?
Culture Eats Strategy For Breakfast.

-Attributed to Henry Ford
Why do healthcare workers clean their hands?

• To protect themselves and their families
• Peer pressure
• Role models, leaders, champions
• “they are expected to”
• Habit, ritual

• ...and sometimes to protect their patients
Cultural strategies

• Multimodal interventions
• Multidisciplinary teams
  – Invite the unusual suspects
• Front line empowerment
• “Top down, bottom up, and sideways”
• Key influencers
• Competition
• ....
What to expect over the coming two years

We will provide you with the “WHAT TO DO” and the “HOW TO DO IT”.
The details...

• Collaborative approach
• Training in “WHAT TO DO”
  – Hand hygiene education
  – Auditing and data feedback
  – Human factors
• Training in “HOW TO DO IT”
  – Change methodologies
  – Front line empowerment
  – Social marketing
  – Enlisting key opinion leaders

We’ve got Faculty!
It’s a lot easier for an organization to adopt new words than it is to actually change anything.

Real change is uncomfortable. If it’s not feeling that way, you’ve probably just adopted new words.

-Seth Godin
Information

- Michael.gardam@uhn.on.ca
- Leah.gitterman@uhn.on.ca
- http://www.handhygiene.ca
How to ask a Question

1. Raise your hand
2. Mute/Unmute Audio
3. Chat
   - To all or private
Welcome

Alison Devine and Alicia Cortwright
Dirty Little Secrets

Alicia Cortright & Alison Devine, Infection Control Professionals, Alberta Health Services

Acute Care Units Take on the Mission of Increasing Hand Hygiene Compliance

www.albertahealthservices.ca
A Tale of Two Units

- Initiated in 2008
- By groups of concerned surgical nurses
5 Strategies for prevention of MRSA Infection

Strategy 1: Focus all groups – Increase hand hygiene compliance
Social Marketing Framework

- Based on behavioral theory, persuasion psychology, and marketing science

- Based on principles from commercial sector.

- Goal: to influence action/behaviour
Identify the Leaders – Form workgroup

- Nursing
- Nursing Management
- Environmental Services
- Unit Assistants
- Infection Control
Research

Research Your Target Audience – Healthcare Providers on the unit

Identify barriers to hand hygiene by discussing in staff work groups. Some barriers tumbled easily, some we continue to chip away at.
Infrastructure

Make It Easy – sinks and ABHR
They will tell you where.
They will tell you why.

Make it enticing: identify and address the psychological and cultural barriers

Incorporate this into the educational & marketing interventions
Method

Promote the Action of Hand Hygiene: Where do you start?
Final Tip: They will tell you the way in.

- Let the group focus on the IC strategy they believe in:

  management of the MRSA+ patient, screening admission process, environmental cleaning, visitors and patients performing hand hygiene.

All IC initiatives lead back to hand hygiene.
Clean Care is Safe Care

It's Everyone's Responsibility
Results
Monthly Compliance with Performing Hand Hygiene Before or After Patient Care

Average compliance: 77% (range: 65-94%)
Average compliance: 77% (range: 62-93%)
Monthly Compliance with Performing Hand Hygiene Before or After Patient Care

Average compliance: 71% (range: 63-90%)
Monthly Compliance with Performing Appropriate Hand Hygiene Before or After Patient Care

Average compliance: 70% (range: 56-77%)
Average compliance: 62% (range: 56-77%)
Monthly Compliance with Performing Appropriate Hand Hygiene

- Nov 2010: 31%
- Dec: 22%
- Jan 2011: 20%
- Feb: 34%
- Mar: 62%

Month
Qualitative Results

- “We had to change things here because people are getting infections. I know we can’t stop everything from happening, but we have to do what we can to stop transmission.”
- “It’s hard to believe we used to think that way, but we did.”
- “I saw that our compliance was down this month and made sure to wash my hands on rounds. A lot. In an obvious way.”
Qualitative Results

- Survey of initial unit, 61% response rate
- Asked about usefulness of project components like monthly data posting, information board, marketing posters
- “I support the interventions of the campaign” – 100%
- “This project has increased my compliance with hand hygiene” – 100%
Qualitative Results

“How would you rate your overall satisfaction with the project?”

81% = Satisfied
14% = Neither satisfied nor dissatisfied
5% = Blank
Impacts?

- Overall rate of HA-MRSA for units who have participated in project for at least 8 months: *Pre-project* – 2.94 cases/month  
  *Post-project* – 0.53 cases/month
- One unit has not had a single case of HA-MRSA for over a year
- Another unit has not had a single case of HA-CDI for 10 months
Success Strategies

- Staff led and driven
- Support from managers and senior administration
- Finding an “in” with whatever IP&C concern staff want to start with
- Relationship building
- Persistence and commitment
“If everyone is moving forward together, then success takes care of itself.” -Henry Ford
Contact info

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Alicia Cortright:
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403-343-4702
Questions?

Raise your hand

Type in the chat box

Send us an email after the session
www.info@cpsi-icsp.ca