Introduction

Historically, Compliance was Suboptimal Despite a Program & Champions

Champion Responsibilities:

- Annual credentialing (Health Stream module)
- Sign the Hand Hygiene Pledge annually
  1. Accept responsibility for my own hand hygiene behavior;
  2. Accept responsibility to remind my coworkers about their hand hygiene behavior;
  3. Accept reminders from my co-workers with appreciation.
- Attend a monthly Hand Hygiene Improvement Team meeting
- Conductor a minimum of 6 monthly audits (preferably no more than 2 per shift)
- Enter measures into the database

Why we fell short...with sustaining Hand hygiene (Goal > 90%)

- The program lacked accountability
- Good performance was not being recognized
- Suboptimal performance was not systematically addressed
- Hand Hygiene was not a standard element for performance reviews

Materials and Methods

Database Modifications

- Built a simple to use web-based application with observation elements
- Interfaced our existing intranet backbone and staff data repository
- Enabled automated notification of compliance status

Instilling Accountability

First Intervention:

- On August 30, 2013 - Name of the observed staff member, along with their results, was entered into the modified database.
- An automated message was sent to non-compliant staff, with copies forwarded to Infection Prevention staff for targeted education and to the individual’s manager or chief to facilitate performance reviews.

Automated message for non-compliance:

Hand hygiene is the single most important means to prevent the spread of infections. You were observed practicing inappropriate hand hygiene before or after patient care. This message has also been sent to your supervisor. The expectations for hand hygiene are available in our policy.

Automated message for compliance:

We couldn’t help noticing that you were doing the right thing. We were observing you and your colleagues the other day and caught you washing your hands. Thanks for all you do to keep our patients safe and prevent infection! Keep up the good work and help us help others do the right thing. The Infection Prevention Team

Second Intervention:

- On July 8, 2014 - The Medical Executive Committee endorsed hand hygiene as a metric for ongoing professional practice evaluations.

Hand Hygiene Compliance Results

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>80</td>
<td>95</td>
<td>90</td>
</tr>
<tr>
<td>Q2</td>
<td>75</td>
<td>90</td>
<td>95</td>
</tr>
<tr>
<td>Q3</td>
<td>90</td>
<td>95</td>
<td>90</td>
</tr>
<tr>
<td>Q4</td>
<td>95</td>
<td>90</td>
<td>90</td>
</tr>
</tbody>
</table>

Templates and Process for Feedback

Process for Feedback (1st episode in the calendar year):

Dear ________,

I know you take hand hygiene seriously. We all forget from time to time. Please let me know if you need clarity on the policy/expectations or how our organization can do better in supporting you to achieve exceptional hand hygiene compliance each and every time.

Thanks,

Name of Infection Prevention Team Member

Process for Feedback (2nd episode in the calendar year):

Dear ________,

I am reaching out to offer assistance and provide a brief training module to help you do better with hand hygiene compliance. You have been notified about 2 episodes of hand hygiene non-compliance (first episode _______, for lack of hand hygiene before/after patient contact). After you review the attached module, please let me know if you would like to meet to further clarify organizational expectations about this fundamental infection prevention practice. I will be happy to answer any questions you may have. I recognize that perfect compliance can be a challenge, but 90% compliance is achievable by all of us.

Thanks for your help and doing your part to keep our patients safe.

Name of Infection Prevention Team Member

Process for Feedback (3rd episode in the calendar year):

Dealt with by Chief, Manager or Senior Leader

Conclusion

Hand hygiene compliance of at least 90% was achieved and maintained for more than 2 years with a program that instills individual accountability. Staff leadership and support have been instrumental in sustaining this effort.

Acknowledgements

Janet Burke, IT; Mary Samost, RN, PhD; Deb Bears, RN and CHAs Hand Hygiene Champions.

For more information, contact: Lou Ann Bruno-Murtha: lbruno-murtha@challiance.org