

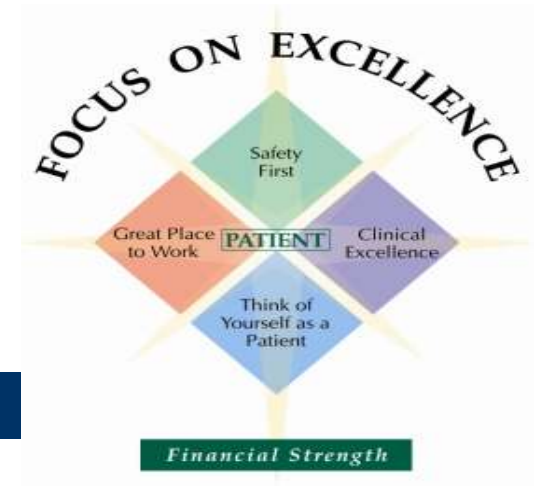
# Making Quality & Safety Fun

- Tired of using the same solutions to fix ongoing, recurrent problems?
- Has innovation taken a back seat in lieu of standardized responses?
- Look outside of the possible, the familiar, the expected problem-solving tactics to push your creative envelope and gain interest!

# Innovative Strategies in Performance Improvement

- Staff investment in any venture affecting the unit or its practices is essential
- Christiana Care Nursing adopted a shared governance model in 2003
- Of the five shared decision-making councils, the Quality & Safety committee is responsible for improved compliance with the National Patient Safety Goals.

# Opportunity for Improvement



- To improve compliance with proper hand hygiene practices by 20% and decrease infection rates by 10% within 12 months from December 2009 to December 2010.

## Say No To Nosocomial

# Team Members

- 4D's Quality and Safety Council
  - **Katie Abernethy, BSN, RN-BC, Chair**
  - **Myrna Cuevas, RN, Chair-Elect**
  - **Kristen Foulk, BSN, PCCN, PCC**
  - **Joan Baker, BSN, RNC**
  - **Tiffany Seymour, BSN, RN-BC**
  - **Danyell Bishop, BSN**
  - **Maxann McKeown, BSN**
  - **Justine Harrington, RN**
  - **Karen McCloud, MS, RN-BC**

# Background/Current Knowledge

- **Poor hand hygiene is one of the most preventable routes for transmission of infection (CDC 2011) and it is the responsibility of all health care providers to uphold a standard of care that instructs first to do no harm.**
- **Practicing proper hand hygiene is singly the most effective measure in preventing nosocomial infections (CDC, 2011). Despite advances in infection control and hospital epidemiology the message is not consistently translated into clinical practice, and healthcare workers adherence to recommended hand hygiene practices is unacceptably low.**
- **Perceived barriers by health care staff for lack of hand hygiene include skin irritation, inaccessible supplies, forgetfulness, ignorance of guidelines, insufficient time, high workload and lack of scientific information demonstrating impact of improved hand hygiene on hospital infections rates.**

# Background/Current Knowledge

- One of the 2010/2011 goals for 4D, a 35-bed surgical stepdown unit, was to decrease infections rates by improving hand hygiene compliance.
- The initial handwashing compliance score in December 2009 was 71%, lower than the overall system score of 75%.
- According to CDC, healthcare-associated infections (HAI) account for nearly 100,000 deaths per year, nearly 6% of the HAIs.

# Baseline Data

- Data is gathered and analyzed by the Data Acquisition and Measurement Department and follows fiscal year calendar, July 1 to June 30.
  - From July 2009 to June 2010:
    - Hand hygiene compliance averaged 81%
    - 2 incidences of MRSA and
    - 12 cases of C-Diff
- Initial monitoring was performed by council members using a standardized tool developed by the Infection Control department.

  
**CHRISTIANA CARE**  
**NURSING HAND HYGIENE WEEKLY MONITORING TOOL**

Last Name, First Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Unit: \_\_\_\_\_

Healthcare worker: ONLY observe (IC, LPN, student nurse, and Patient Care Tech) COMPLETE 10 OBSERVATIONS PER WEEK

Observation period (1 item for each)	1	2	3	4	5	6	7	8	9	10	Comments
Circle 1 or 0 1. Appropriately when entering or exiting room											
2. Appropriately before donning or after removing gloves											
3. Appropriately before or after patient contact											
4. Appropriately before or after contact with patient environment (including contact with inanimate objects)											

Appropriate hand hygiene:  
 A) Alcohol hand gel rub to thoroughly on both sides of hands between the finger spaces until dry  
 B) Use hand, soap, scrub all surfaces of hands using friction for 15 seconds; rinse, dry with paper towel, turn off faucet with paper towel

Please fax completed original to: Maureen Barry, Infection Control Dept., by Friday 11AM. Fax (302) 733-4419

# Measurable Goal/Key Outcomes

## Goals:

- To improve compliance with proper hand hygiene practices on 4D by 20%
- To decrease infection rates by 10%

## Key Measures tracked:



- Five moments of hand hygiene: when entering or exiting a room, before donning or after removing gloves, before and after patient contact, before and after contact with patient environment
- MRSA and C-Diff rates on unit





# Action Plan: Solutions Implemented

**Strategies to improve hand hygiene compliance included:**

	<b>Monthly hand hygiene monitoring using a standardized tool</b>	<b>Jan 2010</b>
	<b>Development of a handwashing game</b>	<b>Feb 2010</b>
	<b>Educating on the importance of hand hygiene compliance through e-mails, monthly staff meetings, visual cues at sinks, bulletin boards, and newsletters</b>	<b>Mar 2010</b>
	<b>Creation of a music video titled “Get Your Clean On” (3<sup>rd</sup> place winner in 3M Innovation Contest)</b>	<b>Apr 2010</b>

# Action Plan: Solutions Implemented

3M Innovation Contest Winner 3<sup>rd</sup> place

## “Get Your Clean On” Music Video



# Action Plan: Solutions Implemented

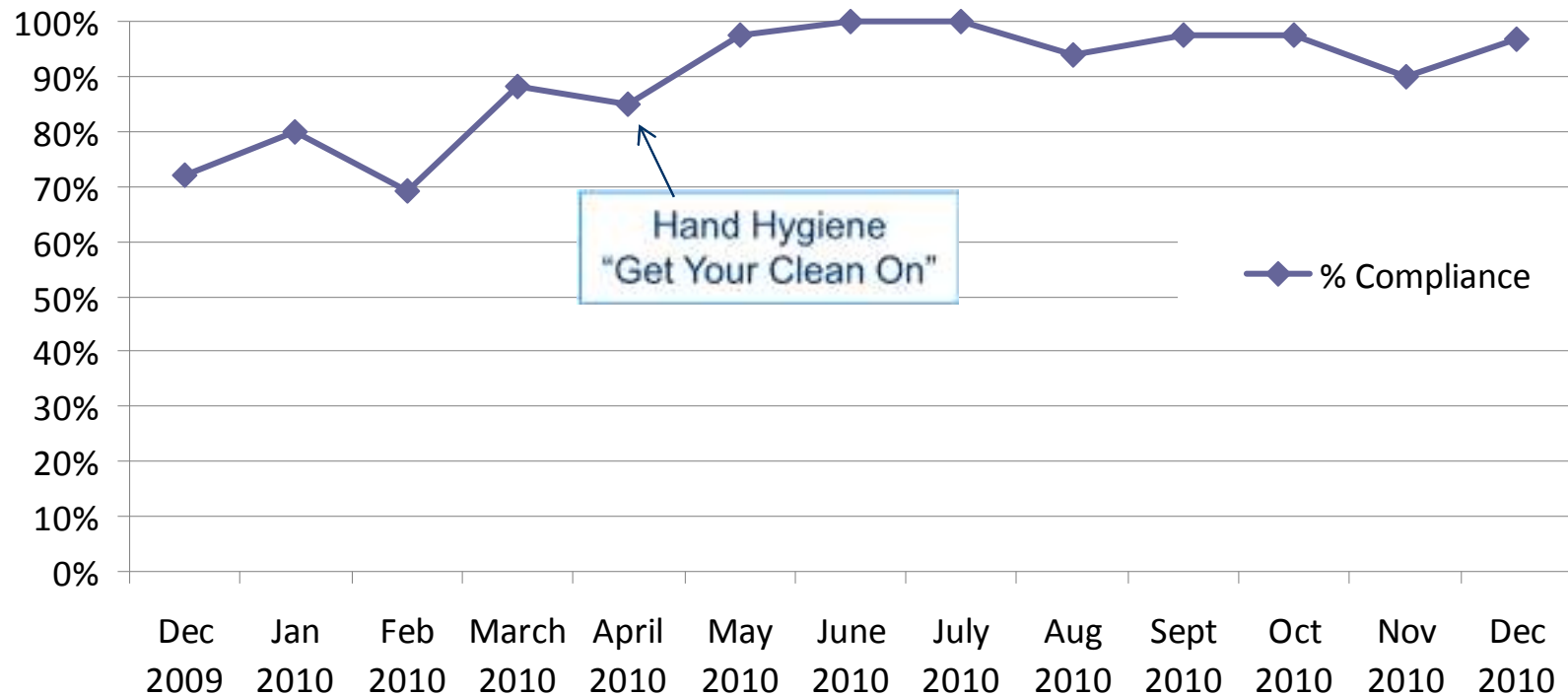


## Results

- Rates from July 2010 to May 2011 note a 93.5% hand hygiene compliance, MRSA rates at 3 and C-Diff cases numbering 6.
- Overall system compliance was 80% in July 2010 and 82% in May 2011.
- Our original goal of a 20% increase in handwashing compliance and a 10% reduction in C-Diff rates was exceeded, providing this project a measure of success.
- This data could also propose that increased hand hygiene compliance yielded a decrease in hospital-acquired infections.

# Results

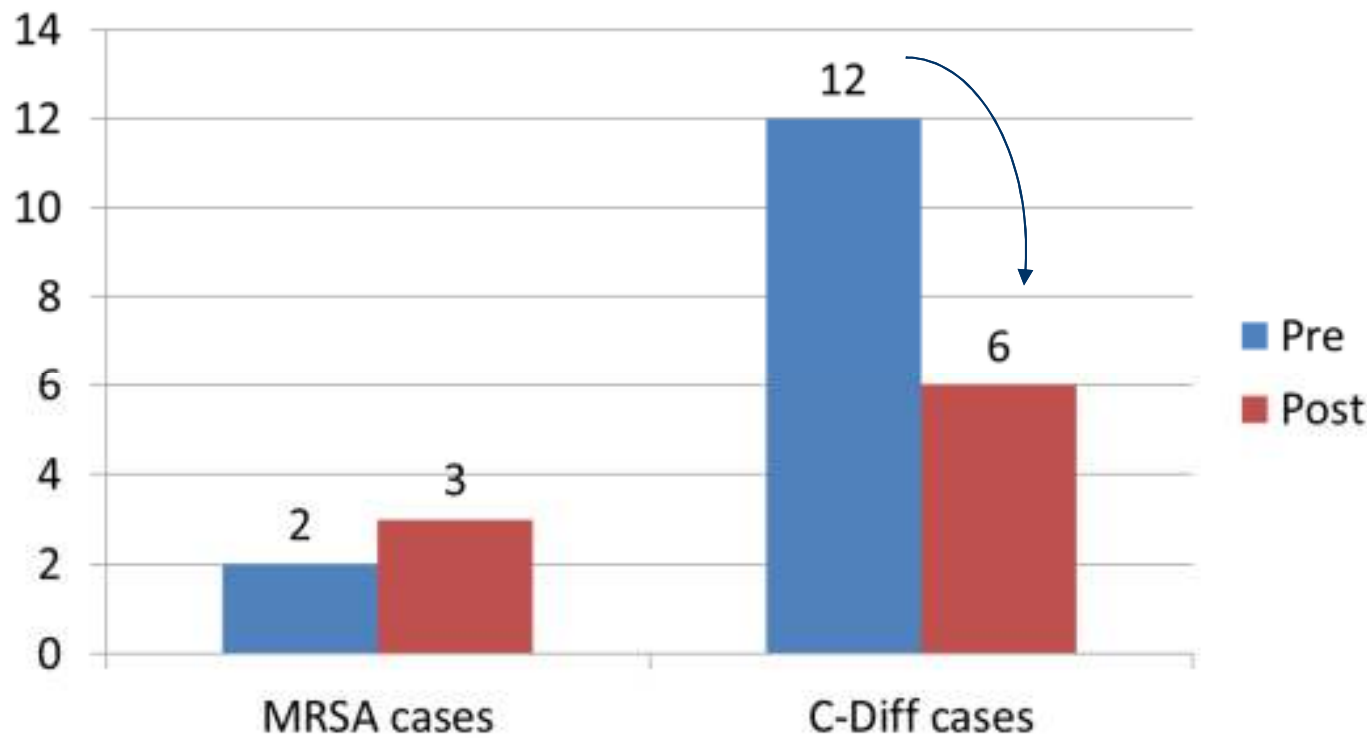
## 4D Handwashing Compliance Scores



**December 2009 to December 2010**

# Results

## MRSA and C-Diff Infections (4D)



July 2009 to  
June 2010

July 2010 to  
May 2011

■ Pre

■ Post

# Analysis

- **Consistent monitoring of hand hygiene compliance allowed an ongoing focus on this initiative and its relation to infection prevention.**
- **Promoting a culture of safety through shared decision making activities at the unit level can potentially impact system wide compliance with best practices.**
- **Nurturing a workplace where creativity and innovation drive the staff to make gains, do better, and strive for excellence in nursing measures can only have positive effects on the care they provide to our patients.**

# Path Forward/ Next Steps

- **Our unit success can be translated to the success of other departments in this initiative through sharing of ideas and processes. The real power in reporting deficits comes from the transparency and accountability it imposes on the health care system. Inversely, without knowledge of errors and deficits, the status quo continues unchanged and unchallenged.**
- **Promoting infection prevention is a message worth sharing inside and outside of the workplace. The 4D Quality and Safety Council, self-dubbed 'The Clean Team' have developed and continue to implement their hand hygiene program in the community. To date, 3 elementary schools, totaling some 260 children, have been visited by 'The Clean Team'. The program, developed around the video concept, includes hand hygiene games and interactive question and answer sessions.**



# Path Forward/ Next Steps

- **The group has successfully sponsored and coordinated a contest (using all of the units under surgical services) within another department to help their hand hygiene rates. The Escort Services had hand hygiene compliance nearing 70% in December of 2010, the contest ran in March 2011, and their hand hygiene scores increased to 88%.**
- **Efforts will continue through sharing and implementation of the program with other departments whose handwashing rates are below standard.**

# Lesson Learned

- **Lessons learned include that focused commitment toward goal attainment can be achieved through perseverance and innovation, ongoing monitoring and reinforcement of education and expectations, and a multi-faceted approach in project implementation is essential for optimal outcomes.**

