



MEANINGFUL HAND HYGIENE SURVEILLANCE

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Learning Objectives

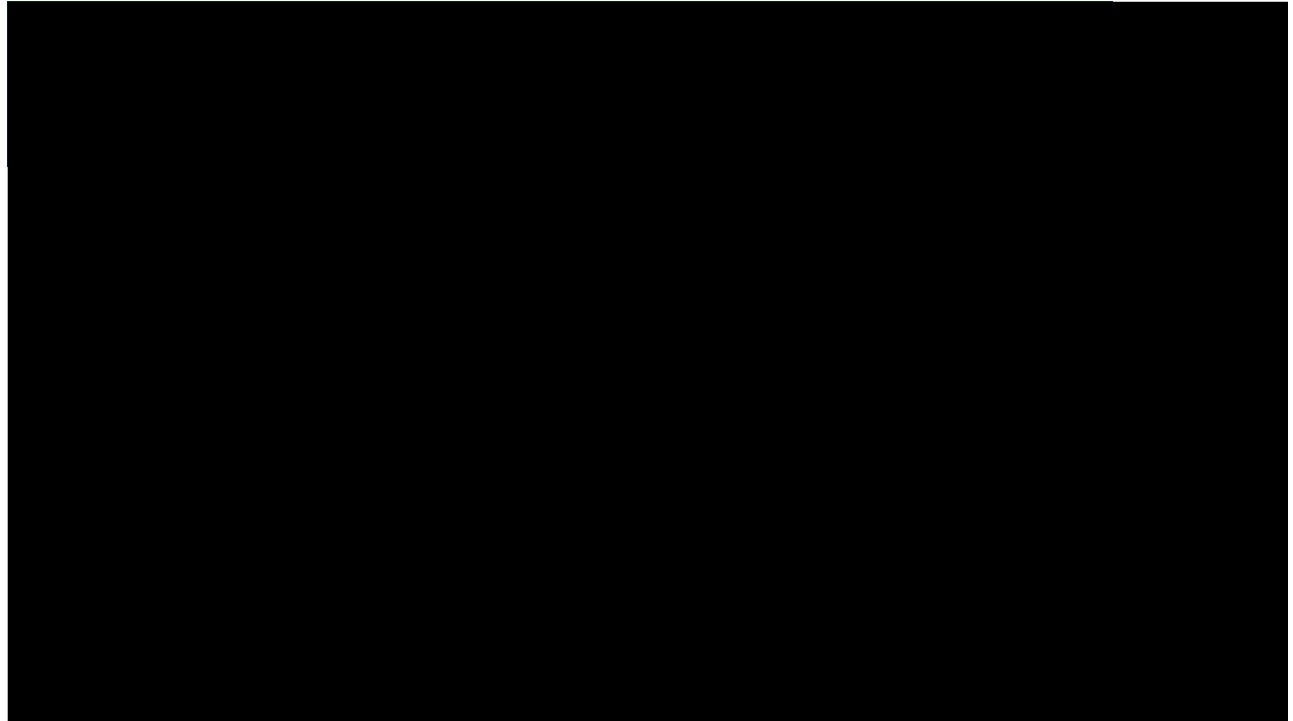
Understand the impact poor hand hygiene can have on patient outcomes

Identify useful hand hygiene monitoring tools

Understand how to conduct meaningful hand hygiene surveillance



2



3

What's the Problem?

- Studies show that on average, HCP clean their hands **less than half** of the time they should.
- Healthcare-associated infections **affect 1 in 31** hospital patients on any given day.



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Scholarly Studies Conclusions

“The overall level of hand hygiene compliance among health-care providers was poor.”

“Educational programs need to be developed to address the issue of poor hand hygiene.”

“A lack of positive role models and social norms may hinder compliance.”

“The level of knowledge about HAI was inadequate.”

“Hand hygiene noncompliance is associated with significant attributable hospital costs. Minimal improvements in compliance lead to substantial savings.”

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The Solution?

Most HAIs are **preventable** through good hand hygiene practices

Cleaning hands at the **right times** and in the **right way**



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Infection Control

CMS 416.51: Condition for Coverage - Infection Control

The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases



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Infection Control Surveyor Worksheet

- Observations are to focus on staff **directly involved in patient care**
- Hand hygiene should be observed not only during the case being followed, but also while making **other observations in the ASC** throughout the survey



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Exhibit 351
AMBULATORY SURGICAL CENTER (ASC) INFECTION CONTROL SURVEYOR WORKSHEET
(Rev. 206; 06-21-22)

Name of State Agency or AO (please specify) _____

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the infection control Condition for Coverage. Items are to be assessed primarily by surveyor observation, with interviews used to provide additional confirming evidence of observations. In some cases information gained from interviews may provide sufficient evidence to support a deficiency citation.

The interviews and observations should be performed with the most appropriate staff person(s) for the items of interest (e.g., the staff person responsible for sterilization should answer the sterilization questions). A minimum of one surgical procedure must be observed during the site visit. The surveyor(s) must identify at least one patient and follow that case from registration to discharge to observe pertinent practices. For facilities that perform brief procedures, e.g., colonoscopies, it is preferable to follow at least two cases. When performing interviews and observations, any single instance of a breach in infection control would constitute a breach for that practice.

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567 when deficient practices are observed.

PART 1 – ASC CHARACTERISTICS

1. ASC Name _____

2. Address, State and Zip Code _____
Address

City State Zip

3. 10-digit CMS Certification Number _____

4. What year did the ASC open for operation? _____
Y Y Y Y

5. Please list date(s) of site visit: _____
m m d d y y y y to m m d d y y y y

6. What was the date of the most recent previous federal (CMS) survey: _____
m m / d d y y y y

7. Does the ASC participate in Medicare via accredited "deemed" status? YES NO

7a. If YES, by which CMS-recognized accreditation organization(s)? Accreditation Association for Ambulatory Health Care (AAAHC) American Associate for Accred. of Ambulatory Surgery Facilities (AAAASF) Accreditation Commission for Health Care (ACHC) The Joint Commission (TJC)

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Infection Control and QAPI



Integrated into
QAPI Program



Mitigation



Monitoring



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Key Drivers

1

EFFECTIVE EDUCATION

2

TECHNIQUE

3

COMPLIANCE

10



Effective Education

- Assists Healthcare Professionals become more aware of **the impact ineffective hand hygiene** can have on patients and the overall healthcare system.

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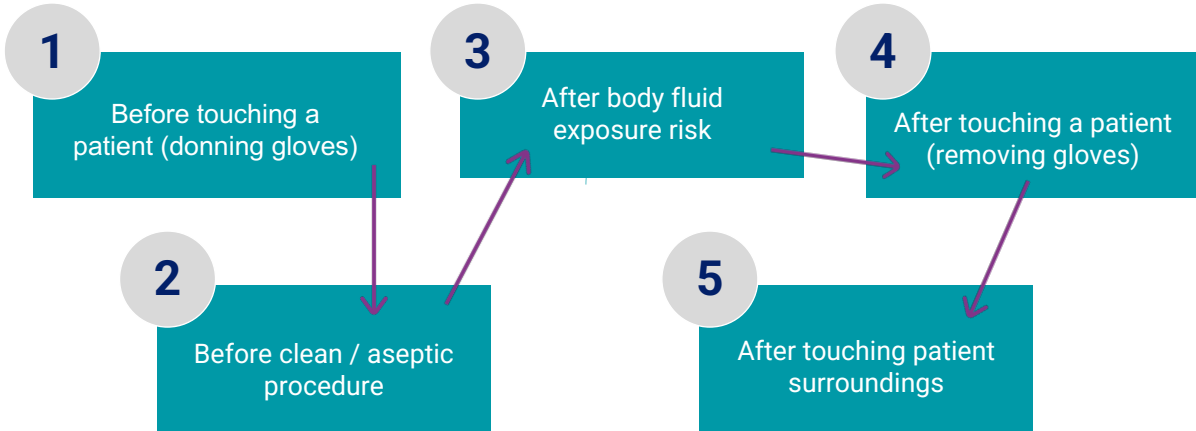


Hand Hygiene Technique

- Washing with Soap and Water
- **Alcohol-Based Hand Sanitizer**
- Surgical Hand Antisepsis

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My 5 Moments for Hand Hygiene



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TECHNIQUE | Glove Use




14

TECHNIQUE | Skin & Nail Care




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Compliance

- Ongoing surveillance



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Make it Meaningful

- Integrated into QAPI
- Performance Improvement – Quality Improvement (QI) Study



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Establish a Baseline

- Baseline data
- Use Hand Hygiene (HH) Observation Tool
- Demonstrate the problem



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Hand Hygiene (HH) Calculation Form

HH OBSERVATION TOOL CALCULATION FORM

Facility Name:		Start Time:	
Department:		End Time:	
Observer:			
Date:			

	RN		ST		IT		SE		MD		Anesthesia		Total
	Opportunity	Action	Opportunity	Action	Opportunity	Action	Opportunity	Action	Opportunity	Action	Opportunity	Action	
1													
2													
3													
4													
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Total By Categories	/	/	/	/	/	/	/	/	/	/	/	/	
x 100=%													
Compliance													

Action/Opportunitiesx100=compliance %



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Test Effectiveness

- Use a GloGerm black light kit
- Document results as a starting baseline to compare to at the completion of the study




<https://www.glogerm.com/mm5/merchant.mvc>

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QI Study


- ✓ Definition / Statement of the Problem
- ✓ Goal / Purpose
- ✓ Data Sources
- ✓ Data Findings
- ✓ Action Plan
- ✓ Reporting Structure

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QI STUDY

State the **Problem/Definition**



Hand hygiene is the single most important procedure for preventing HAI.

The WHO developed the Five Moments for Hand Hygiene from their guideline on hand hygiene.

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Determine hand hygiene compliance rate.

Develop educational program and utilize observational tool to improve hand hygiene compliance.

QI STUDY


**Set the Standard/
Performance Goal**

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QI STUDY


**Collect the
DATA**



DATA SOURCES

Hand Hygiene (HH)
Observation Tool

Findings from baseline data



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Compliance rates from baseline data.

Demonstrate need for an increase in hand hygiene compliance.

QI STUDY



Analyze the
DATA




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QI STUDY

Define & Implement
Corrective Action



- ✓ Provide hand hygiene educational inservice to all HCP
- ✓ Compliance monitoring utilizing HH Observation Tool after education
- ✓ Set a realistic compliance goal
- ✓ Use different staff to do monitoring
- ✓ Redo black light exercise



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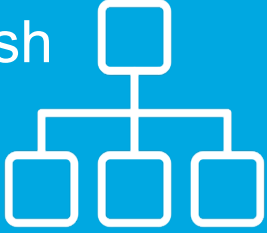
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This study will be reported to QAPI committee, and the Governing Body at the next quarterly meeting.

QI STUDY

Establish

Reporting Structure






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QI STUDY

Re-Measure

Follow Up



- ✓ Monitoring hand hygiene should be done each quarter.
- ✓ QI Study when compliance goal is not being reached.
- ✓ Hand hygiene education should happen annually, at a minimum.



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Available to Members on eSupport

eSupport > Infection Control

- CMS Infection Control Surveyor Worksheet

eSupport > Infection Control > Hand Hygiene

- Hand Hygiene Observation Tool
- Hand Hygiene Calculation Form
- Hand Hygiene Quarterly Monitoring Tool
- CDC, WHO, and GOJO Resource links
- How to Hand Hygiene Poster

eSupport > Quality Management > QI Study Library

- Hand Hygiene QI Study Examples



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Questions?

Contact Crissy Benze

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Thank You



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 <p>1 CE Contact Hour per RN attendee</p> <p>1 AEU per CASC attendee</p>	 <p>Complete Course Evaluation sent via email by Friday 8/26</p>	 <p>Allow up to 2 weeks for processing your certificates</p>	 <p>Any questions regarding CE Credit, contact Jenna@pss4asc.com</p>
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Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
SEP 26	20		Excel for Nurse Leaders	Nancy Stephens
OCT 28	60	RN, CASC	Revenue Cycle Management: Improving the Bottom Line	Kylie Kaczor
NOV 28	20		Annual Survey Watch Report 2022	Cyndi Krause
DEC 16	60	RN, CASC	Life Safety Risk Assessment: What is it and what is Required?	John Crowder, Jr.



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