

Patient Hand Hygiene: the Missing Link

Project using quality improvement strategies



PICNet

PROVINCIAL INFECTION CONTROL
NETWORK OF BRITISH COLUMBIA

A program of the Provincial Health Services Authority

Quality Academy Project

We have been promoting hand hygiene to HCPs for many years with limited and short term success

I had been wanting to explore patient hand hygiene for some time

Many thanks to NHA, the Hemodialysis unit and ICPs at UHNBC

Why Patients?

People often self-innoculate with micro-organisms (MRSA, VRE, Cdiff) that they have acquired on their hands.

Interactions with health care expose people to higher levels of organisms

It is often difficult to attend to ones own hand hygiene during illness/injury/surgery – may be reliant on others for this

Why Hemodialysis Patients?

Hemodialysis patients are at high risk for infections due to:

- compromised immune system,
- frequent invasive procedures and
- frequent use of antibiotics.

They are admitted to acute care more often than the average individual.

Stable patient population for follow-up and evaluation

Aim of the Project

To raise the profile of hand hygiene in this patient population

- To engage patients into thinking about how they contribute to their care (or not)
 - To empower patients in making better contributions into their care

To increase patient hand hygiene compliance



Original Plan

- Explain project to unit staff and gain their approval and support
get baseline info on patient and HCP hand hygiene, patient perceptions etc.
- Develop relationships with key patients such as Kidney Foundation members and the newly formed peer support group

Original Plan

- Do a patient process map to determine if there are specific points when hand hygiene is key and easy to do
- Develop education materials
- Develop visual aids to post in unit
- Give presentations to groups of patients, glow germ blitzes, one on one demos

Original Plan

Assess project effectiveness by :

Outcome Measures:

Number of bacteremias/month
Number of new MRSA/month
Number of new VRE/month
Number of new Cdiff/month

Process Measures:

and score of patients educated
Pt. confidence survey
HH audits of patients (biweekly)
Consumption of HH products

Balancing Measures:

Patient satisfaction survey
Staff satisfaction survey
HH audits of staff (pre and post)

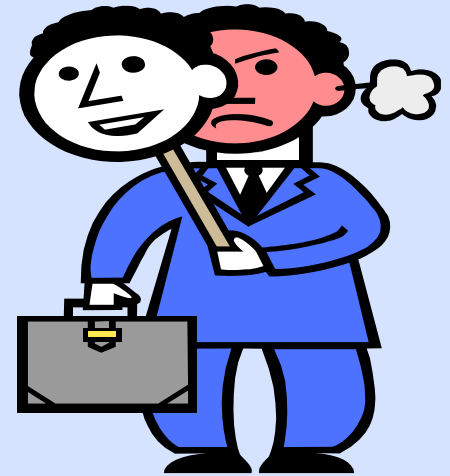
How did the plan shake out?

- Speaking with staff and gaining their support terrific!!
- Develop relationships with key people
 - Kidney Foundation
 - Patient Peer Support group

..... **WHOA NELLY!**



Patient Perspectives



Patients often feel like they are blamed for requiring hemodialysis

- they have had many choices taken from them by this condition
- they are frustrated with how much this condition dominates their lives
- many do not have optimal family support
- many feel very vulnerable and have trust issues
(some have contemplated suicide)

Some openly expressed a great deal of anger

Whoa Nelly!



- I really needed to listen to patients and allow them to tell their stories
- I really needed to find ways to incorporate their perspectives into the education approach
- Need to ensure that I don't contribute to them feeling like they are being blamed

Patient Perspectives

Questionable whether some saw that they had an important role in hand hygiene (it's the other guys problem)

They have had enough of their life dictated to them and are not eager to take more instruction

Patients do not feel able to speak to HCPs about hand hygiene – feel very vulnerable

Patients have complex intrapersonal and health condition dynamics

- even within their treatment population

New Plan



- Walk a mile in the HCPs shoes
 - Shadow shifts
- Walk a mile in the patients shoes
 - Patient journey map – their stories
 - Casual conversation time
- Ask patients to assist in the creation of education materials
 - They were helping me rather than me doing something to/for them

New Plan

- Accept that “one size fits all” approach will bomb
 - meet patients where they are (peer support meetings, renal luncheon, kidney walk)
 - use many approaches
 - One on one
 - Small groups of patients who chum together
 - Glow germ challenge table at entrance to unit
 - Visual cues
 - Staff involvement (cheerleading role)

Your Good Buddies

SOAP and WATER: You can find these almost anywhere and they work so well! Just lather up and rub down all the skin on your fingers and hands (take at least 15 seconds for this). While doing this tell yourself how smart you are for taking such good care of yourself!



Alcohol Based Hand Rub: You can find these on the walls in the hospital and you can even buy little pocket size ones at the drug store. Put a quarter size dab on your hands and rub it into the fingers and whole hand like a hand lotion. Keep rubbing it in until your hands are mostly dry.

DID YOUR **DOCTOR** CLEAN
Her/His **HANDS** ?



DID YOUR
NURSE CLEAN
Her/His **HANDS** ?

DID **YOU** CLEAN
YOUR **HANDS** ?

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**CLEAN HANDS.....Who'd Have
Thought it Could be That
Easy ?**

*A Simple Way — That You
Can Count On — to Stay
Away From Germs!*



CLEAN HANDS are the Best Way to Avoid Getting an Infection

Did you know that there are germs on everything we touch? Not all germs are bad; some are needed for body functions. The problem is that we can't see them and the ones that make us sick are mixed in with the good germs. After we touch something and pick up those germs (good and



bad), we often rub our eyes, rub our nose, or put our fingers in our mouths without

even thinking about it (we all do this). This gives the germs that make us sick a free ride right in to our bodies! You can imagine what happens next: we get sick (cough, fever, vomiting, diarrhea etc.).

So how do we avoid this?

CLEAN OUR HANDS!

When You Are at Home

Usually family members have the same, or similar germs that hang around their bodies, (e.g. on their skin, in mouth and nose). Unless one family member has become sick or has a chronic health condition (e.g. cancer) these regular germs don't really pose any danger. Keeping your house clean and tidy and good personal hygiene (bath daily, clean mouth and teeth twice a day) is all that is needed. When you are at home make sure you clean your hands: **BEFORE** preparing food, eating or smoking and **AFTER** using the toilet, blowing your nose, covering your cough or sneeze or handling raw meat.

When You Are Out in Public

Remember: Everyone brings with them a gang of good and bad germs and leave a few here and there: whenever they touch something. The best way to avoid picking those freeloaders up is to avoid touching your face, rubbing your nose or eyes and clean your hands often when out in public. It's a good idea to keep some alcohol hand rub in your car or wash your hands well with soap and water as soon as you return home.

If You Are Admitted to a Hospital For Any Reason:

The risk of contacting bad germs with your hands is higher when you are a patient in a hospital because that's where all the really sick people are.



Make sure you clean your hands:

- 1) Before you eat
- 2) Before you leave your room
- 3) After using the toilet, commode or bedpan (ask for a cloth or wipe to clean your hands with).
- 4) After returning to your room

Don't be afraid to remind your health care providers (Doctors, Nurses, Physio, Dietician, Social Worker etc.) to clean their hands. You have the right to be cared for by people with clean hands and you don't want the germs that every other patient they saw before you had!





HELLO!

Hey there !

I'm a handy little magnet that you can put on your fridge. Please take me home with you.

I hope that whenever you see me that it will remind you that it's probably a good time to clean your hands.

By keeping your hands clean you are really helping your body stay away from germs that can make you sick.

My motto? Stay as healthy as you can so that you can have as much fun as possible!

FRONT



Talking to Health Care Workers about Hand Hygiene

As a patient, you are the most important member of the health care team.

One of the best things health care workers can do to keep you safe is to wash their hands, but sometimes they get busy.

Part of your job is to protect yourself, and so if you're not sure, ask your health care workers:

“Are your hands clean?”

“Did you remember to clean your hands?”

BACK

Sometimes it can feel hard to talk to health care workers

Here are some tips:

- Ask the health care worker for his/her name and his/her role in your care
- Introduce the health care worker to your family/visitors
- Be prepared. Make a list of questions you have about your care and have it ready

It is important that you ask your family / visitors to clean their hands frequently.

Infections can be spread by simple contact with many different surfaces, so we all have to work together to keep you safe by practicing hand hygiene often.

Adapted from Safer Healthcare Now
“How to Speak to Healthcare Workers About Hand Hygiene”

 **northern health**
the northern way of caring





HOSHIZAKI
ICE DISPENSER

ICE

WATER

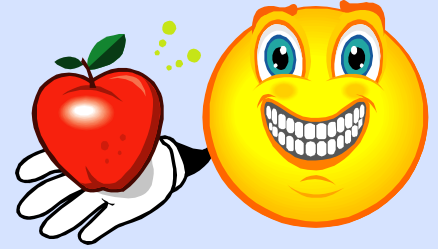
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Results

- Feedback from point of care staff indicates an increased awareness and attention to their own hand hygiene
- Other outpatient areas have requested pamphlets to distribute to their patients
- A couple physicians are distributing pamphlets to patients in their office

Patient Results



- A couple “breakthrough moments”:
 - patient asked a HCP about hand hygiene
 - several discussed this topic together
- Many said they would chat with their family especially grandchildren about this
- Many said they would be paying closer attention to hand hygiene
- Staff have observed a much higher use of ABHR by patients

Patient Results

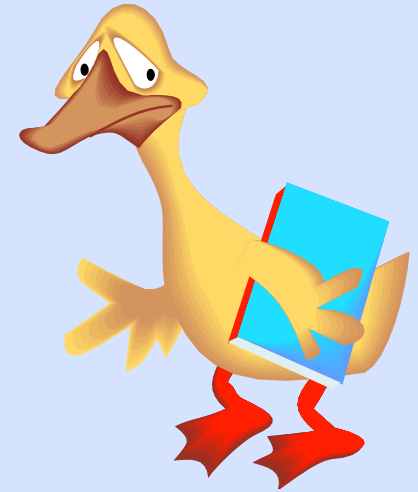
- Tests of the material on patients has been very well received
- Patients who I have met seem very open to my presence and have invited me back to future meetings
- Actual outcomes difficult to measure



Other results

- Audits for hand hygiene compliance of HCPs improved during the project;
 - 3 audits done by ICPs showed a gradual increase in compliance to a peak of 35% points higher than baseline
- None of the audits were done on days that I was present
- Hand hygiene done after project completion showed a drift back towards baseline rates

What I learned:



- I don't really know anything
- The patient as the missing link is still missing
 - Need to learn from them how that link could be joined
- Patients should not have to be responsible for the hand hygiene of health care providers
 - We are supposed to be the care providers. Patients should not have to be our best practices enforcers



What I would like to try in the future:

- Nurture conversation between patients and HCPs to include hand hygiene (casual and consistent)
- Explore ways that will make it easier for HCPs to provide opportunities to patients for hand hygiene

Prior to eating,

Prior to self-care

After using bed pan

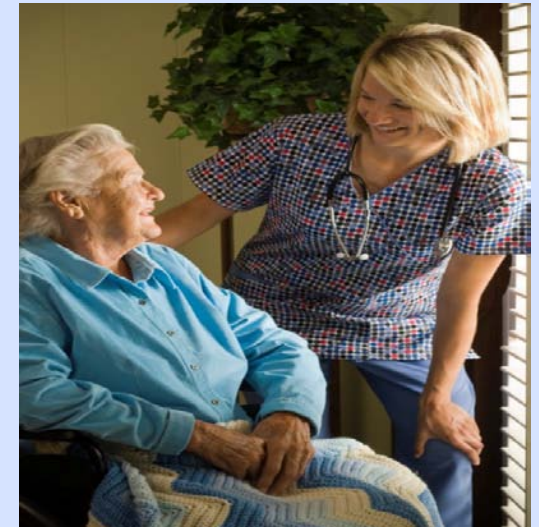


What I Would Like to Try in The Future

Start with a patient group such
Patient Voices



Explore whether a peer to peer approach to hand hygiene would be more feasible and sustainable



How Will We Know When There is Improvement? (aka what do we measure?)

- TBA – going to require consultation with patients.



- Proceed with caution:
 - “I’m not just a thing, my life isn’t just something you measure and report to others in numbers like I’m some rat in a cage. I am a HUMAN BEING”.

Thank you



Questions?