Hand Hygiene Matters: Why It’s an Indicator of Safe and Effective Care

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Megan J DiGiorgio MSN, RN, CIC
Clinical Specialist
GOJO Industries, Inc.

Background
• Long-term care (LTC) regulations have evolved over the last several decades in an effort to improve quality of care, quality of life, and emphasize resident-centered care
• The recent Proposed Rule issued by the Department of Health and Human Services includes major changes in the care and safety of residents
• Infection prevention activities in LTC should focus on following the framework and intent of F Tag 441
• Hand hygiene is the cornerstone of every infection prevention program and is a universal indicator of safe and effective infection prevention practices.

Learning Objectives
• Describe why hand hygiene is so critical in the long-term care setting
• Describe the unique challenges to implementing a hand hygiene program in long term care
• Explain why a multimodal approach is needed to build and sustain hand hygiene compliance
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### Long-Term Care vs. Acute Care

**Different**
- Payment systems
- Patient acuity
- Availability of laboratory resources
- Caregiver to patient ratio
- Technology capabilities and needs
- Treatment goals
- Therapeutic environment

**Similar/Same**
- Goal of HAI reduction
- External pressures/mandates to increase quality, decrease cost
- Connected by the “revolving door” concept


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### We are All in This Together!

*Facilities work together to protect patients.*

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### Unique Factors in LTC

- Absence of or limited infection control personnel and policies
- Nurse understaffing and underqualified employees
- High staff turnover
- Inappropriate antibiotic therapy
- Infrequent physician visits
- High frequency of social contact

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Risk Factors for Microbial Colonization and Infection in the Elderly
- Malnutrition
- Immunosuppression
- Long-term urinary catheterization
- Feeding tubes
- Pressure ulcers
- Chronic immobility

Infections are a Problem in LTCF
- 1.8 to 13.5 infections per 1000 resident days
- Estimated 3 to 15% of the 1.43 million residents acquire infections in LTCF annually
- Between 350,000 and 400,000 deaths from infections annually in LTCF.
- Cost is between $673 million to $2 billion
- Most common are respiratory infections and gastroenteritis

Hands are Still the #1 Way to Transmit Pathogens, Even in LTCF
- Lots of contact with residents in LTCF
- Hand hygiene likely remains the most important infection control measure in the LTCF as well as in the hospital.
- Unfortunately, poor compliance has been noted in LTCF as in other settings.
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### Lack of Attention to Infection Prevention is a Problem in LTCF

- A 2011 survey of LTCF found that 15% had citations for F441
- These facilities were more likely to have lower staffing levels, were for-profit, had higher Medicaid occupancy rates, and more quality of care citations

**Reference:**


### CMS F Tag 441 is the Framework for IC in LTCF

- The Facility must establish and maintain an infection control (IC) program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection
  - New Proposed Rule would place even more emphasis on Infection Control

**Reference:**

CMS F Tag 441 is the Framework for IC in LTCF

### The Consequences of Inaction: Serious Infections and Outbreaks in LTCF

- Reminders of the serious consequences that can result when healthcare personnel fail to follow basic principles of infection control.
- 25 examples of outbreaks in outpatient settings can be found on CDC website.
  - Investigation findings include lack of BASIC infection prevention

**Reference:**

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**Hand Hygiene is Key for Prevention**
- It is the single most important measure for preventing the transmission of pathogens in healthcare settings.
- It is a universal indicator of safe and effective infection prevention and control practices.
- It is the right thing to do – First, do no harm.

**More Research on Hand Hygiene in LTCF is Needed**
- Some of the contact that occurs between residents and HCW does not “fit” into the World Health Organization and CDC’s recommendations for hand hygiene.
- The homelike setting may include such minor, unplanned contact as:
  - Holding hands, spontaneous hugs, safety alarms, clothing adjustments, body adjustment in wheelchair.
- More study is needed in LTCF.

**Hand Hygiene Knowledge, Attitudes, Practices, and Barriers in LTCF**
- Survey of 1143 employees in 17 nursing facilities.
- 86% believe CDC guidelines are relevant to LTCF, but 30% said they would not change their practices regardless of recommendations.
- Nurses were more likely than other job categories to answer knowledge questions correctly.
- 20% of respondents did not receive any hand hygiene training or orientation in the prior year or were not sure whether they had received training.
IMPLEMENTING A HAND HYGIENE PROGRAM DOES NOT MEAN SIMPLY PLACING DISPENSERS ON WALLS

How do you build successful and sustained hand hygiene improvement?

• The WHO Multimodal Strategy:
  – System change
  – Training and education
  – Evaluation and feedback
  – Reminders in the workplace
  – Institutional safety climate

System Change

• A systematic approach to ensure that the healthcare facility has the necessary infrastructure (equipment and facilities) in place to allow HCW to perform hand hygiene
• Priority for facilities just starting out on their journey of HH improvement
• May need to revisit existing infrastructure periodically to ensure it is maintained
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System Change
• Involve HCW in product selection process
• Involve HCW in product placement
• Provide options outside of dispensers (point-of-care)
  – Bottles
  – Med cart systems
  – Personal carriage
  – Wipes

Achieving Clinical Benefit with ABHR: Whole Systems Model

Training and Education
• HCWs need continuous training on hand hygiene’s importance, when, and how to perform
• We assume HCW know more than they do
• Training must be specific to their role
• Without appropriate practical training – it is unlikely that system change will lead to behavioral change
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Training and Education

Your Moments for Hand Hygiene
Health care in a residential home

1. Before removing gloves
2. Before setting aside any equipment you used while care
3. After providing comfort measures
4. Before leaving the care area

The ITM always knows to see the resident!
Regulations of the Federal Department of Health and Community Services

Training and Education

Training and Education

Training and Education
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Evaluation and Feedback
• Evaluating and repeated monitoring hand hygiene compliance, knowledge and perception is vital
• You can’t improve what you don’t measure
• Focus should be on obtaining baseline compliance and setting incremental goals for improvement

Reminders in the Workplace
• Tools used to remind and prompt HCW about the importance of hand hygiene
• Reminders can also inform patients/residents/families of the standard of care they should expect

Reminders Can Work for Residents, Too
• In one study, a LTCF undertook massive education for HCW and residents
• They implemented wipes on food trays and installed ABHR dispensers outside of the dining hall and provided education to residents

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Institutional Safety Climate

- Creating an environment and the perceptions that facilitate raising awareness around resident safety issues with hand hygiene as a high priority at all levels

Top down + Bottom up

Culture eats strategy for breakfast.

If you could see the germs, you would perform hand hygiene!

- Patient with MRSA colonization of anterior nares
- HCW’s ungloved hand after abdominal exam, then after using alcohol-based hand rub

After exam After using ABHR

It is Time for Personal Accountability

- Hand hygiene and use of alcohol-based handrub must become a ritual, automatic behavior
- We must change the rules so that healthcare workers expect to be observed and given direct, immediate feedback until the behavior of role models becomes everyone’s ritual