


Session #1
KHC Hand Hygiene Collaborative
July 7, 2017
11:00 a.m. to noon CT



KHC
Kansas Healthcare Collaborative

623 SW 10th Ave. • Topeka, KS 66612 • (785) 235-0763 • www.khonline.org

KANSAS MEDICAL SOCIETY
Established 1859

KHA
KANSAS HOSPITAL ASSOCIATION


American Hospital Association

HRET
HOSPITAL REFORMATION EDUCATION TRAINING

ADDITIONAL PARTNERS

Adobe Connect

New Webinar Platform / Quick Reference



Mute computer audio

Dial In information

Today's presentation

Handout

Chat with participants (Yay!)

Links to resources

Register for upcoming events

Links to documents shared

Kansas Healthcare Collaborative

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Agenda

Agenda

- Welcome and Introductions
- About the Collaborative
- Initial Implementation
- Coaching and peer-to-peer sharing
- Discussion
- Next Steps

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Introductions

New to our Team

Improvement Leader, Facilitator



Tanya McIntosh, BSN, RN
Infection Prevention Nurse
The University of Kansas Hospital

New KHC Staff Member



Chuck Duffield
Performance Improvement Manager
Kansas Healthcare Collaborative

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Introductions

Presenters

Kansas Healthcare Collaborative

- Michele Clark, Program Director
- Rob Rutherford, Senior Health Care Data Analyst
- Chuck Duffield, Performance Improvement Manager

The University of Kansas Hospital

- Tanya McIntosh, RN, BSN
Infection Prevention and Control
tmcintosh2@kumc.edu
913-588-1457

Qualaris Healthcare Solutions, Inc.

- Daniel Bishop, Co-Founder, CEO
Daniel@qualaris.com
602-448-9933

Plus, Guest Presenters

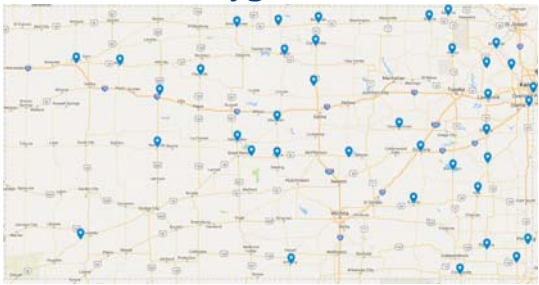
- Art Crider
Risk and Quality Manager
Ness County Hospital
arthurc@nchospital.org
- Sue McGann
Infection Preventionist
Lawrence Memorial Hospital
sue.mcgann@lmh.org
- And YOU!

Please type a greeting into the chat window to let everyone know who is in the room.

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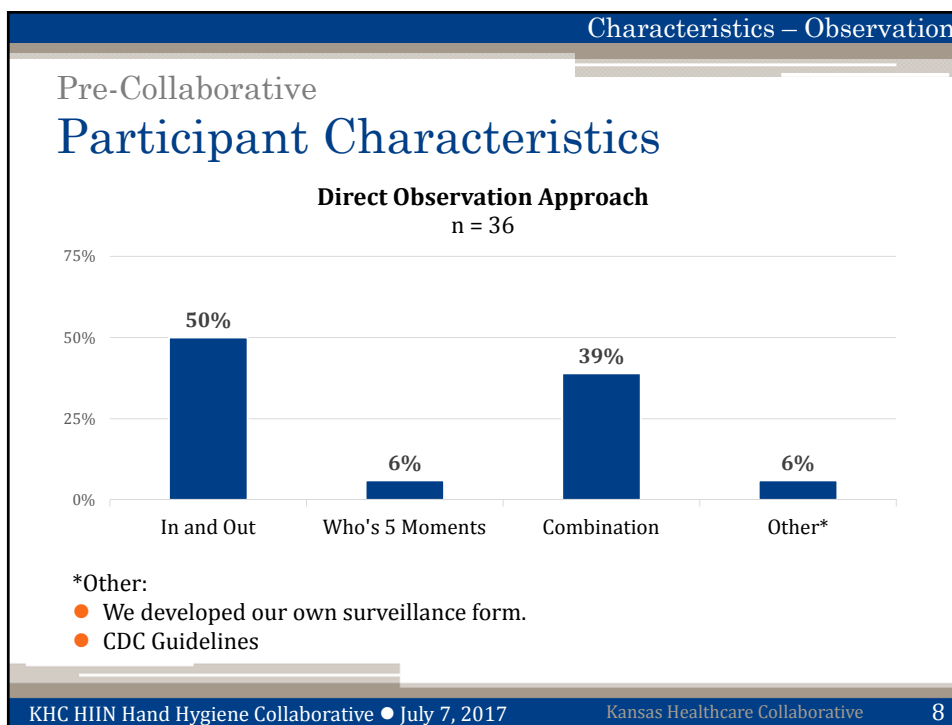
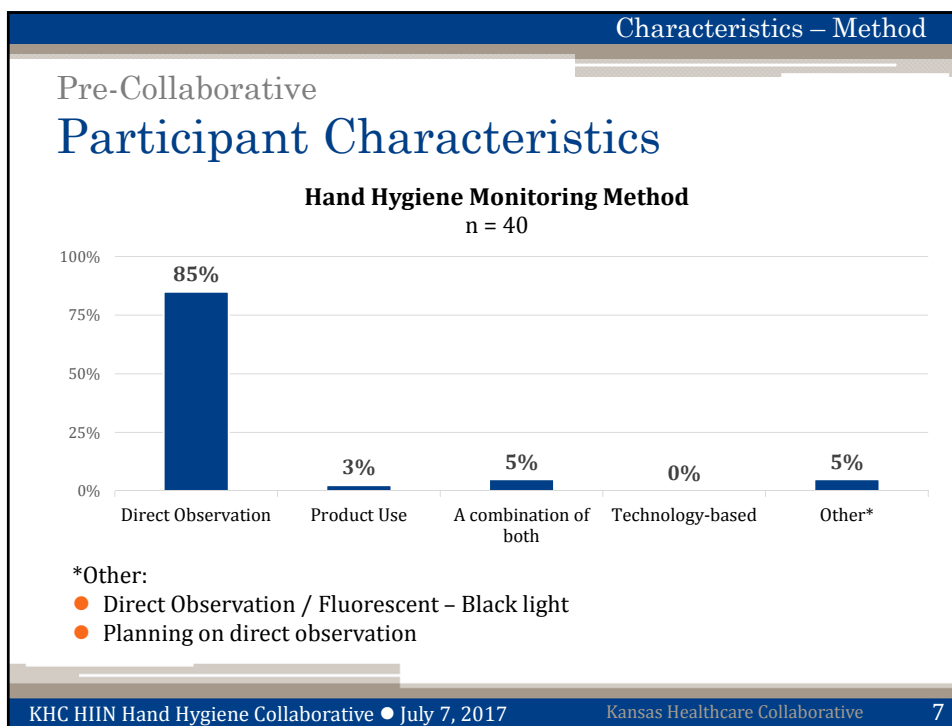
Kansas Participants

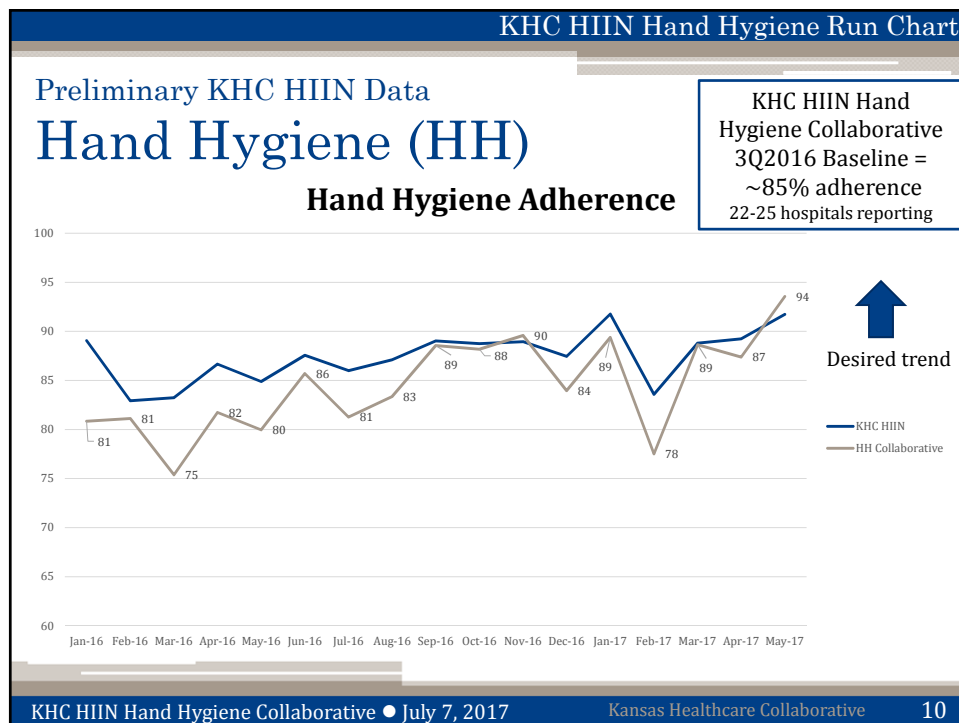
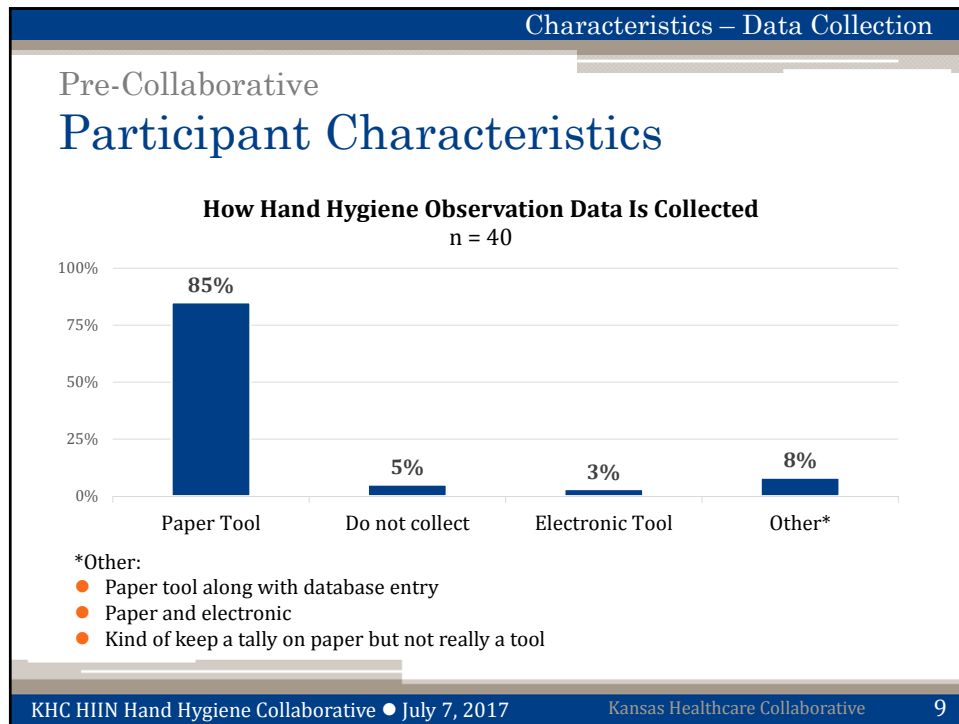
2017-18 Kansas Hand Hygiene Collaborative



Allen County Regional Hospital	F.W. Huston Medical Center	Mitchell County Hospital Health Systems	Rooks County Health Center
Anderson County Hospital	Greenwood County Hospital	Morris County Hospital	Sabetha Community Hospital, Inc.
Anthony Medical Center	Hillsboro Community Hospital	Nemaha Valley Community Hospital	Saint Luke Cushing Hospital
Atchison Hospital	Holton Community Hospital	Ness County Hospital District No. 2	Saint Luke's South Hospital
Citizens Medical Center, Inc.	Hospital District No. 1 of Rice County	Newman Regional Health	Satanta District Hospital
Clara Barton Hospital	Jewell County Hospital	Ottawa County Health Center	Sheridan County Health Complex
Cloud County Health Center	Labette Health	Phillips County Hospital	Smith County Memorial Hospital
Coffey County Hospital	Lawrence Memorial Hospital	Ransom Memorial Hospital	Trego County Lemke Memorial Hospital
Coffeyville Regional Medical Center	Logan County Hospital	Republic County Hospital	Via Christi Hospital Pittsburg, Inc.
Ellinwood District Hospital	Mercy Hospital Columbus		The University of Kansas Hospital
Ellsworth County Medical Center			

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Baseline Data

Baseline Data

We currently have at least 3 months of HIIN hand hygiene data for the following hospitals in the HH Collaborative:

- Allen County
- Anderson County
- Anthony Medical Center
- Cloud County Health Center
- Coffey County Hospital
- Ellinwood District Hospital
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Holton Community Hospital
- Jewell County Hospital
- Labette Health
- Mercy Hospital Columbus
- Mitchell County Hospital
- Nemaha Valley Community Hospital
- Ness County Hospital District #2
- Ottawa County Health Center
- Ransom Memorial Hospital
- Rooks County Health Center
- Saint Luke Cushing Hospital
- Satanta District Hospital
- Sheridan County Health Complex
- Trego County Lemke Memorial Hospital

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Baseline Data

Baseline Data

If you're not on the list, no problem!

- Select the measure in QHi if you haven't already done so.

OR

- Add the measure to your NHSN reporting plan.

For assistance, contact Rob Rutherford, KHC, call 785-235-0763 x1326 or email RRutherford@khconline.org.

Among HH collaborators, 25 facilities are submitting hand hygiene data:


- 8 using NHSN
- 23 using QHi

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Enrollment Survey

Participant Aims/Hopes

- Prevent patient infections by developing use of good handwashing techniques.
- Increase appropriate hand hygiene compliance among our employees.
- Improve our hand hygiene rates, particularly our “in” rate.
- Achieve hand hygiene for the proper length of time, with the proper amount of product, and the proper procedure.
- Education for staff on appropriate hand hygiene practices.
- Identify and correct barriers to hand hygiene compliance.
- Gain tools and strategies to improve CONSISTENT compliance – Hard-wire hand hygiene habits.




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Enrollment Survey

Participant Aims/Hopes

- To improve in our overall numbers of staff, patients and family members in handwashing faithfully, and continuing to educate them and new employees of the importance of it.
- Learn how to engage staff to participate in observing each other for hand hygiene on a daily basis. (Using a code word?)
- To get more staff involved in observations.
- Improve hand hygiene by using the 5 Moments for observations instead of just entry and exit.




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Enrollment Survey

Participant Aims/Hopes

- To have a more efficient and timely manner to document and report our hand hygiene monitoring.
- To have better accuracy of hand hygiene rate, better organization of data collection.
- Provide more meaningful feedback to staff.
- To have the ability to compare where my facility stands with other facilities.
- To achieve an easy approach to recording the information, including combined results from multiple observers on different shifts and areas.
- The idea of real-time data is appealing.
- And more



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Goal / Aim

Our aim is to provide KHC HIIN hospitals with valuable software resources paired with a collaborative learning environment for improving hand hygiene to $\geq 95\%$ by September 2018.



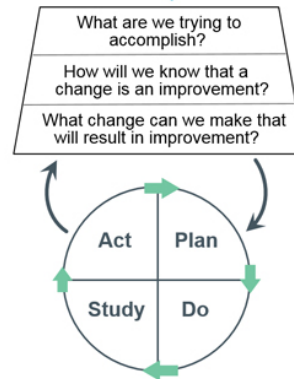
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Science of Improvement: Testing Changes

Reasons to Test Changes

- To increase your belief that the change will result in improvement.
- To decide which of several proposed changes will lead to the desired improvement.
- To evaluate how much improvement can be expected from the change.
- To decide whether the proposed change will work in the actual environment of interest.
- To decide which combinations of changes will have the desired effects on the important measures of quality.
- To evaluate costs, social impact, and side effects from a proposed change.
- To minimize resistance upon implementation.

Model for Improvement



Source: Institute for Healthcare Improvement
www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

Hospital Name

Hand Hygiene Progress Report as of (date)

KHC Hand Hygiene Collaborative

SAMPLE TEMPLATE

Lessons Learned

- Bullet 1
- Bullet 2

Next Steps

- Bullet 1
- Bullet 2

Team Members

- Team Leader name, title
- Team Member, title
- Team Member, title
- Team Member, title

Aim Statement

To increase hand hygiene adherence to (how much, by when, and how)

Why is this project important?

Add narrative here

Hand Hygiene Data

Changes Being Tested, Implemented or Spread

- Add a bullet for each change currently in process. Indicate at the beginning or end whether the change is being Tested (T), Implemented (I) or Spread (S).
- Change
- Change

Add team photo (optional)

Adapted from the Institute for Healthcare Improvement, 2012

Hospital Name

Hand Hygiene Progress Report as of (date)

KHC Hand Hygiene Collaborative

SAMPLE TEMPLATE

Aim Statement

To increase hand hygiene compliance rates in (specify whether hospital-wide or in certain units) from XX% to ≥95% by July 2018, thereby contributing to a projected 20% decrease in the number of HAIs. This project also will test the use of a web-based observation tool and real-time data reports.

Why is this project important?

Hand hygiene is the single most effective intervention to reduce the cross transmission of healthcare-associated infections. Nationally, compliance for handwashing for health care personnel is only 40 to 60%. Many quality improvement and consumer groups are demanding better performance from hospitals. Our hospital is committed to safe, quality care.

Hand Hygiene Data

Lessons Learned

- Ensure education includes appropriate use of gloves.
- Unit-level accountability through data sharing is encouraging a positive, “soft” competition while elevating awareness of opportunities.

Next Steps

- Consider expanding observer pool, provide training.
- Consider ways to involve patients/families.
- Share progress with unit leaders and senior leadership.
- Recommend automated dispensers be placed at XX locations.

Team Members

- Team Leader name, title
- Team Member, title
- Team Member, title
- Team Member, title

Changes Being Tested, Implemented or Spread

- Share performance feedback on adherence rates. (T)
- Develop a reward system for compliance. (T)
- Develop non-verbal ways of communicating non-compliance. (T)
- Expand team to include (eg, positions or departments). (I)
- Provide in-service education for employees and observers. (I)
- Distribute hand hygiene education posters throughout the facility. (I)
- Ensure hand hygiene products are readily available. (S)

← Add team photo (optional)

Adapted from the Institute for Healthcare Improvement. 2012

Implementation


Time to Chat!

How is your hospital getting started?

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The University of Kansas Health System

KHC Hand Hygiene Collaborative

Hand Hygiene Progress Report as of 7/6/2017

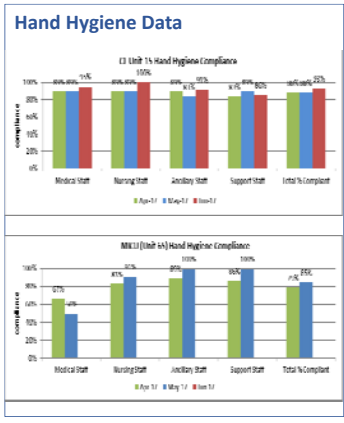
Aim Statement
By October 2017, The University of Kansas Health System will increase hand hygiene compliance rates on the Cystic Fibrosis unit and Medical ICU to 95% by using the electronic monitoring tool and providing leadership with real-time actionable data.

Why is this project important?
Hands are the main pathways for germ transmission in the health-care setting. Hand hygiene is a critical means of preventing healthcare-associated infections. Yet hand hygiene rates remain low even with evidence that they reduce the risk of infection.

Changes Being Tested, Implemented or Spread

- Engage Unit Leadership (T)
- Identify and train hand hygiene observers on the inpatient units (T)

Hand Hygiene Data



Lessons Learned


- In process

Next Steps

- Set start date for test of change
- Share data with unit leadership
- Evaluate training and collection process
- Consider expanding to other locations

Team Members

- Tanya McIntosh, BSN, RN, Alumnus PCCN, Infection Control Nurse
- Cord Lipsey, Administrative Assistant
- Jill Hardy, BSN, RN, Infection Control Nurse
- Lance Williamson, BSN, RN, Infection Control Nurse

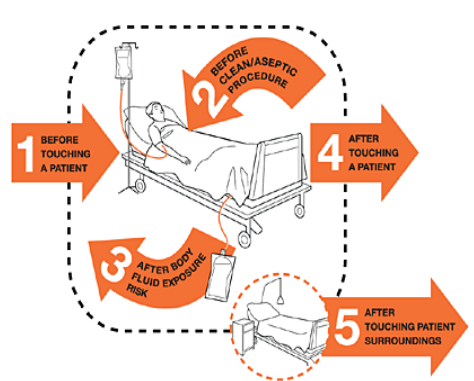


Adapted from the Institute for Healthcare Improvement, 2012

Observation Opportunities

Step 1: Define the Opportunities

- Define opportunities for hand hygiene monitoring
- Variations in collecting data
 - Simplifying observations
 - Missed opportunities within patient encounters



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Engaging colleagues

Time to Chat!

- How are you engaging colleagues in gathering observations?




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Engaging colleagues

Tips from Qualaris

How to make the observation tools more easily accessible, eg,:

- Placing helpful browser links
- Setting up mobile collection
- Creating accounts for staff without (regular) email access
- Checking on collection progress

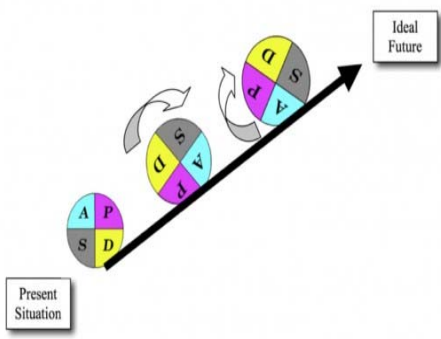


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Develop A Plan

Step 2: Develop a Plan

- Start with a small test of change
- Engage stakeholders
- Identify observers
- Train observers
- Validate
- Report results to front line staff
- Use data for action




The diagram illustrates a process of continuous improvement. It starts with a box labeled 'Present Situation' at the bottom left. An upward-sloping arrow points towards a box labeled 'Ideal Future' at the top right. Along this arrow, there are three circular icons, each divided into four colored quadrants (yellow, purple, blue, and grey) containing letters. The first circle has 'A', 'P', 'S', and 'D'. The second circle has 'C', 'S', 'A', and 'V'. The third circle has 'Q', 'S', 'A', and 'V'. Curved arrows indicate a cyclical process between these stages.

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Poll #1 – Who Observes?

Observers

- Poll: Who in hospital performs the observations?
Check all that apply.
 - Medical staff
 - Nursing staff/Aides
 - Managers/Educators
 - Unit Secretaries
 - Infection Control Nurses
 - Volunteers/Secret shoppers
 - Other (comment in chat box)



The illustration shows a stylized orange figure wearing a white lab coat and a stethoscope. The figure is holding a clipboard and looking towards the left.

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Poll #2 – Which shifts?

Observers

- Poll: What shifts are you collecting hand hygiene data? Check all that apply
 - Day shift
 - Night shift
 - Weekends
 - Other (Comment in chat box)



Training Observers

Time to Chat!

- Are your hand hygiene observers trained? If so, how?



Training Observers

Training Observers

- Explain why we collect data
- Importance of hand hygiene
- Define the opportunities for HH
- Alcohol hand rub vs soap and water
- Standardize observations



Validating Observers

Time to Chat!



- How do you validate your observers?



Validating Observers

Validating Observers

- Validation at time of training
- Ensure knowledge of the process
- Clear expectations

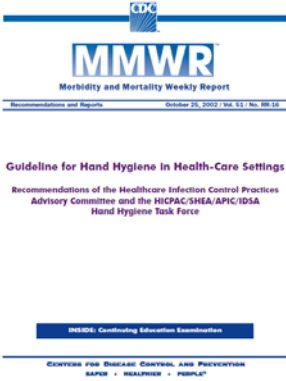



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Resources

Additional Resources

MMWR Guideline for Hand Hygiene in Health-care Settings



Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene

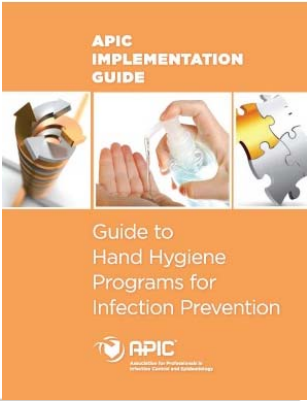


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Resources

Additional Resources

APIC Guide to Hand Hygiene Programs for Infection Prevention




APIC IMPLEMENTATION GUIDE

Guide to Hand Hygiene Programs for Infection Prevention

APIC

IHI How to Guide: Improving Hand Hygiene



INSTITUTE FOR HEALTHCARE IMPROVEMENT

How-to Guide:
Improving Hand Hygiene

A Guide for Improving Practices among Health Care Workers

This guide was prepared in collaboration with the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology (APIC), the Society of Healthcare Epidemiology of America (SHEA), and the Society of Hospital Medicine (SHM). It is available for use by the World Health Organization's World Alliance for Patient Safety through the Global Patient Safety Challenge.

CDC APIC SHEA SHM

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Next Steps

Next Steps

Mark your calendar for upcoming virtual events for the KHC HIIN Hand Hygiene Collaborative.

11:00 a.m. to Noon CT

2017

July 7 and October 6

2018

January 5, April 6, and August 3

(all are first Fridays, ~quarterly)

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Next Steps

Next Steps

- Consider how to use the ideas and tools shared today. Make follow-up contacts as needed.
- Try the Hand Hygiene Collaborative project template. Use it (or another format) with your team to plan and track your improvement efforts.
- Utilize your Qualaris tools to collect monitoring data and to share real-time feedback to your staff.
- Continue (or begin) submitting monthly Hand Hygiene data to QHi or NHSN for the HIIN initiative. (Contact Rob for assistance.)
- Contact KHC, Tanya or Qualaris for assistance, as needed.
- Register for upcoming collaborative events. Watch your email for additional project supports, such as coaching call times and a list-serv.

Next Steps

Post A Catchy Sign? Share with Us?



Q&A / Discussion





Chuck Duffield, Michele Clark
or Rob Rutherford
info@khconline.org
785-235-0763



Daniel Bishop
Co-Founder, CEO
daniel@qualaris.com
602-448-9933

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