

Session #2 • Cohort 2

KHC HIIN Hand Hygiene Collaborative

Aug 16, 2019
11:00 a.m. to 12:00 p.m.

What Have YOU Touched Today?

Viruses and bacteria can live for several hours on many surfaces.

Scrub Those Germs Away!

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

Welcome and Introduction

Dial-in and Chat

- Participants may listen in on their computer speakers or by phone.
- Dial-in number: (800) 311-9409
- Passcode: SCRUB

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Welcome and Introduction

Presenters

Cynosure Health

- Barbara DeBaun, RN, MSN, CIC
Improvement Advisor
bdebaun@cynosurehealth.org

Qualaris Healthcare Solutions

Daniel Bishop, Co-Founder, CEO
Daniel@qualaris.com

Hospital Sharing

Mitchell County Hospital Health Systems

- Christine Winkle

Republic County Hospital

- Stevie Swiercinsky

Kansas Healthcare Collaborative

- Chuck Duffield
Performance Improvement Manager
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- Eric Cook-Weins
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- Michele Clark
Program Director
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Agenda

- Welcome, Intros, and Announcements
- Hand Hygiene Advisor
 - Recap of May 3
 - Survey Results
 - Hospital Sharing
 - Q&A Polling
 - Open discussion
- Enrollment, PDSA, AIM, Homework
- Data reports
 - KHC
 - Qualaris
- Resources and Upcoming Events
- Open Discussion

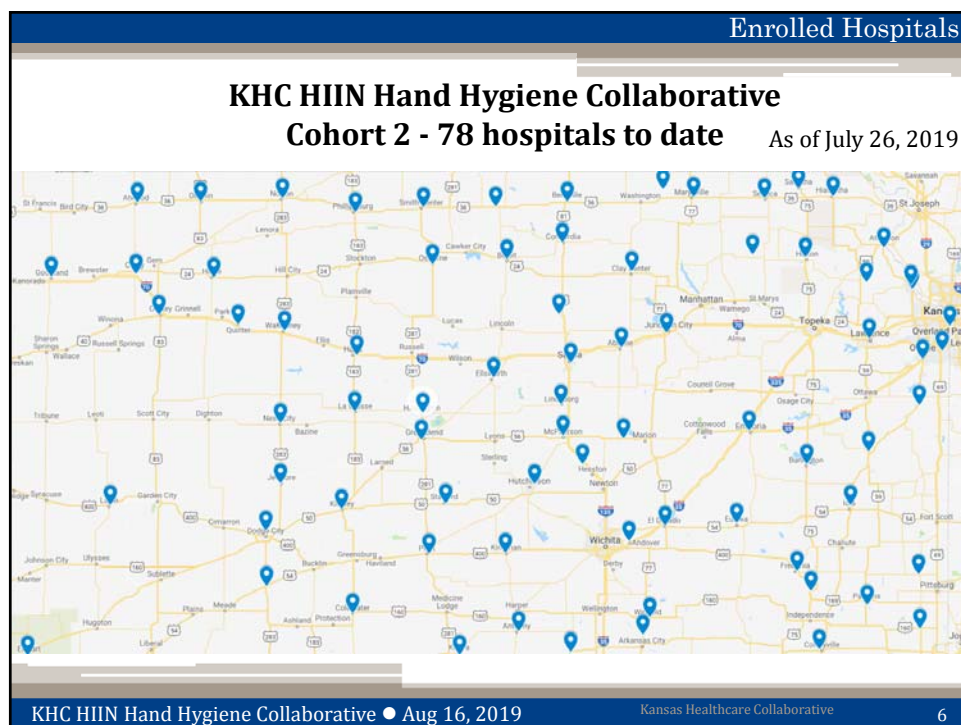


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Enrolled Hospitals		
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Cohort 2 - 78 hospitals		Enrolled since May 3
Allen County Regional Hospital	Hodgeman County Health Center	Norton County Hospital
Anderson County Hospital	Holton Community Hospital	Olathe Medical Center, Inc.
Atchison Hospital	Hospital District 6 Anthony Campus	Osborne County Memorial Hospital
Citizens Medical Center	Hutchinson Regional Medical Center	Ottawa County Health Center
Clara Barton Hospital	Jewell county Hospital	Phillips County Hospital
Clay County Medical Center	Kansas Medical Center	Pratt Regional Medical Center
Cloud County Health Center	Kearny County Hospital	Rawlins County Health Center
Coffey County Hospital	Kingman Community Hospital	Republic County Hospital
Coffeyville Regional Medical Center	Kiowa District Hospital	Rush County Memorial Hospital
Comanche County Hospital	Labette Health	Sabetha Community Hospital
Community HealthCare System, Inc.	Lindsborg Community Hospital	Saint John Hospital
Community Memorial Healthcare, Inc.	LMH Health	Saint Luke Cushing Hospital
Decatur Health Systems, Inc.	Logan County Hospital	Saint Luke's South Hospital
Edwards Co. Hosp. and Healthcare Ctr.	McPherson Hospital Inc.	Salina Regional Health Center
Ellsworth County Medical Center	Meade District Hospital/Artesian Valley Health System	Sheridan County Health Complex
F.W. Huston Medical Center	Memorial Health System	Smith County Memorial Hospital
Fredonia Regional Hospital	Mercy Hospital Columbus	South Central Kansas Medical Center
Geary Community Hospital	Mercy Hospital Inc.	Stafford County Hospital
Girard Medical Center	Miami County Medical Center, Inc.	Sumer Community Hospital
Goodland Regional Medical Center	Minneola District Hospital	Sumner County Hospital District No. 1
Gove County Medical Center	Mitchell County Hospital Health Systems	Susan B. Allen Memorial Hospital
Greenwood County Hospital	Morton County Health System	Trego County Lemke Memorial Hospital
Hanover Hospital	Nemaha Valley Community Hospital	University of Kansas - Great Bend Campus
Hays Medical Center	Ness County Hospital District No. 2	University of Kansas Health System
Hiawatha Community Hospital	Newman Regional Health	Western Plains Medical Complex
Hillsboro Hospital		William Newton Memorial Hospital
		Wilson Medical Center
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Hand Hygiene Advisor

Welcome and Introductions



- Barbara DeBaun, RN, MSN, CIC
- Improvement Advisor
- Cynosure Health

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Recap – May 3

Recap of the Hand Hygiene webinar
May 3, 2019

- Welcome to the Hand Hygiene Collaborative cohort 2.
- Introduced our new improvement advisor Barb DeBaun.
- Presentation on recognizing Barriers and Excuses.
- Reviewed the cohort 2 goals.
- KHC data presentation
- Qualaris information and presentation
- Hospital sharing.
- Started the cohort 2 homework assignment of collecting Barriers and Excuses - why people do not wash their hands.
- Presented information about resources and upcoming events.

The May 3 webinar recording link is available from the KHC Hand Hygiene Collaborative members page.

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Recap – May 3

Download the worksheet in the resource pod



Why do you think people don't wash their hands when they should?"

Reason	Barrier	Excuse

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Recap – May 3

Is it a 'barrier' or an 'excuse'?

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Recap – May 3

“Barrier” examples

- Soap dispensers are empty
- Hand sanitizer dispensers are in an inconvenient location
- Paper towel dispensers are broken



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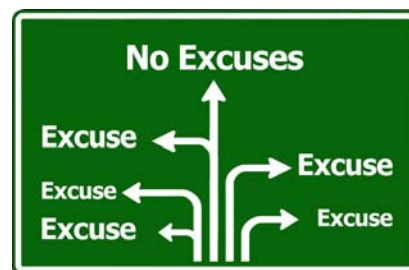
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Recap – May 3

“Excuse” examples

- I am too busy
- Hand washing is over rated
- I wear gloves so I don’t need to wash
- Hands are too dry
- It will ruin my manicure



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Poll #1

Poll #1: Do people find more Barriers or
Excuses to hand washing?

- Barriers
- Excuses

Survey Results

Why do you think people don't wash their
hands when they should?



Feel free to type in your thoughts in the chat box!

Interview Results	
<h2>Barriers and Excuses results</h2>	
<h3>Not Categorized</h3> <ul style="list-style-type: none"> • Don't know. Do we lead by example? • It's just an overlooked process • No good reason • Poor work ethic/attitude/lack of work pride - this thought process probably affects other areas of their job duties as well • Sometimes not monitored correctly (washed hands in patient room and not observed) • The water doesn't get hot or even warm • Too many patients • We do it so much so we think we are doing as often as it is needed • What the proper procedure is when hands are full and taking items out of room to dirty utility • They Don't Know The Consequences Of Not Washing Their Hands • I Don't Know Why People Wouldn't Wash Their Hands • They Aren't In The Habit Of Doing It • They Underestimate The Contamination Of What They Touch 	<h3>Forget</h3> <ul style="list-style-type: none"> • Absent minded • Because people don't prioritize or they forget • Because they get busy and simply forget • Don't think about it after taking off gloves • Forget • Forget - comfortable in routine • Forget - in a hurry • Forget because in a hurry • Forget due to inconsistent • Forget to complete • Forget, not hardwired • Forgetting to do it. • Forget • Forget (especially when using alcohol so often) • I don't work in a direct care area so I forget I need to • In a hurry and "forget" • Lack of thought to do it • Simply forget • Takes too much time/people forget • They forget • They forget because they have other priorities • They forget or are in a hurry • They forget. It's just not top of mind • They get interrupted, called to do something else • When entering room, forget because feel like my hands are clean • They Forget
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Interview Results	
<h2>Barriers and Excuses results</h2>	
<h3>Hurry</h3> <ul style="list-style-type: none"> • Always rushing around • Because they are in a hurry • Busy • Busy - too many tasks on the mind • BUSY, Patients/People need help & yelling name as enter room; Call light next door going off; distracted • Don't think have enough time, don't think about it, don't think are dirty, don't think need • Don't want to waste the time • During a busy case (ex. Trauma, stroke cardiac arrest) • Feels like too much time in the moment • Focused on task at hand - busy • Hurry • In a hurry - focused on a task • In a hurry (patient care) • In a hurry /busy • In a hurry, don't think they got their hands dirty enough for the need to wash, if they wore gloves maybe they think don't need to • In a hurry, lazy, don't think they are dirty • In a hurry-rushed • In a hurry-trying to take care of pt. who is falling or crashing • In a rush • In a rush - autopilot • In a rush - hurrying • In ED - Rushing around • Inconvenience, timing, may think they don't need it, may not if in a hurry • It takes too much time • It's a hassle • Lack of time/worried more about patient care • Not a priority- rushing • Not enough time • People are in a hurry • People are in a hurry to move on to next task 	<ul style="list-style-type: none"> • People get distracted • People get in a hurry • Perception of lack of time. • Rushed for time • So much to do on the floor so they don't think about it • Super busy • Takes too much time • Task list focused • They are in a hurry - don't take the time • They are in a hurry. • They space off and in a hurry • They think it takes too much time • They're too focused on their other work tasks • Thinking they are too busy • Time • Time Factor • Time Management • Too big of a hurry • Too big of a hurry x 4 responses • Too busy • Too busy - not enough time • Too busy to take the time • Too busy, try get to new spot • Too focused on task • Too much in a hurry • Too much on my mind- priority is on getting the patient needs resolved (admin medication) • Too much on their mind - already thinking about next patient • Too rushed • We get busy and just didn't think of it. • In A Hurry/Rush • They Think Its Too Time Consuming • They Are Trying To Save Time • Pre-Occupied/Busy/Caught Up With Another Task • They Get Distracted
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Interview Results

Barriers and Excuses results

<p>Lazy</p> <ul style="list-style-type: none"> • Because they are just lazy • Feel it isn't necessary, in a hurry, lazy • I think people just get lazy • Laziness • Lazy • Lazy and in a rush • People are lazy - mindset that it isn't important • people are lazy x 4 responses • People are too lazy • They are plain lazy • Too busy, lazy • Too lazy to take the time to do it and they don't stop to think about the germs that may be spread • They Are Too Lazy • They Don't Think About It 	<p>Not Important</p> <ul style="list-style-type: none"> • Careful it didn't get dirty • Don't feel they are dirty • Don't think they are dirty • Don't believe it is important • Don't feel the need • Don't take it seriously • Don't think hands are dirty • Don't think they need to • Fast look - hands not really dirty • Haven't touched anything • I just did it, why again? • I was only in the room for a second and didn't touch anything • I'm clean so I don't need to • Inconvenience • It is an inconvenience • It is not necessary • Just washed hands • Might not think hands are dirty • Not necessary when continuing wearing of gloves • That's what gloves are for. • They do not think it is that important • They don't care much about infection control as they should • They don't realize the importance of hand hygiene • They think their hands are already clean - "I just washed them and I haven't touched anything" • They think they are safe • Think it isn't that important • Will be using gloves so don't need to HH
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Interview Results

Barriers and Excuses results

<p>Education</p> <ul style="list-style-type: none"> • Do not see it as necessary; out of sight out of mind never contaminated so no need to do hand hygiene • Don't realize how important it is • Don't realize potential harm • Don't think important, even though educated on it, "I just washed them." • Don't think it is important • Don't Understand how critical it is • Education to new hires • Education/accountability • Ignorance (think) • Importance of it, just washed • Improperly aware when to wash hands during certain scenarios or process -ex after touching a patient surroundings • It is not convenient to do so, lack of education. • lack of education • Lack of education • lack of knowledge • Not informed about bacteria they touch • Not understanding when they should do it. • Just Doing What They Do At Home • They Don't Think Their Hands Are Dirty • Their Hands Aren't Visibly Soiled 	<p>Unique</p> <ul style="list-style-type: none"> • Attitude: I don't forget to wash them when needed, don't care, believe (person/self) they are awesome at wiping after they use bathroom? • Because they will get dirty again • Can't teach an old dog new tricks • Enjoy being disgusting • Germs are a myth • I have Bad habits • Just dirty people • Men don't think it's (Hand washing) needed because they don't wipe • Mom did not teach them right • Observations: It does not matter; don't see many using for when enter or leave patient rooms • Patient is violent or out of control. • People are gross • People have bad habits • Person grew up with bad hygiene • Person not taught at an early age • Some people just want to see if anyone says anything to them • They can't see the germs • Town shut water off • Was not taught proper hygiene growing up
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Interview Results

Barriers and Excuses results

<p>Soap Problems</p> <ul style="list-style-type: none"> • Access to soap & water • Allergic to the soap. • Allergy to alcohol foam • Disability-hypersensitivity • Don't have proper tools to wash hands (no soap, no paper towels, out of hand alcohol, not convenient) • Don't like the hand sanitizer • Faucet in the way of the soap dispenser • Fearful of chemicals - wants pure organic soap • Hallway has no alcohol rub dispensers. • Location of dispenser • Not available - PT/OT • Soap and/or alcohol dispensers are empty. • Soap dispenser is hard to reach. • Sometimes the dispensers are empty • The alcohol and soap dries hands too much. • The batteries are out on the sanitizer dispensers • The paper towels never come out of the holders • Their hands get too dry • There isn't a hand sanitizer right next to that room • They get so dry • They think hand sanitizer is just as fine • Too irritating or drying of hands • Using sanitizer too much 	<p>Inconvenient</p> <ul style="list-style-type: none"> • Convenience of a sink • Disability - sink inaccessible • Frequent entries in and out of room • Hands full • Have to walk to sink when exiting contact rooms • I feel like I wash my hands all the time • In accessible supplies • Inconvenient • It takes too long • Just washed my hands • Sink not close enough • Something or someone in the way • Too many things in hands to stop • Too much trouble
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Interview Results

Barriers and Excuses results

<p>Don't Care-Habit</p> <ul style="list-style-type: none"> • Don't want to • Don't care • Don't think the rules apply to them or that they don't have to follow them if they don't want to - "no one will know if I don't wash" • Habit • It's not their habit • Not enough of a habit • Not in the habit • Not yet an ingrained habit • They probably just don't care • They think no one is watching • They think no one will know 	<p>Not Needed</p> <ul style="list-style-type: none"> • Because they think they are not going to touch anything in patient room (just going in to ask a question, etc.) • Didn't touch patient just talked • Don't think my hands are soiled/dirty • Don't think they will get sick • Had gloves on • Hands clean before putting gloves on • I wear gloves • I wore gloves and traffic patterns • Isolation rooms: Not gowning or doing hand hygiene • No good reason - just don't • Patients aren't overly infectious, don't need to • Repetitiveness: In & out of room & don't do hand hygiene • They didn't touch anything • They don't plan on touching the patient x 3 responses • They don't think they are dirty • Unplanned patient contact • We overlook the process
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Hand Hygiene Advisor


And – the best answer sent in to this survey!

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Hand Hygiene Advisor

And – the best answer sent in to the survey!


“No good reason”



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Hand Hygiene Advisor


What did you discover?
What will you do with all of this new information?



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Hand Hygiene Advisor

What did you discover?
What will you do with the new information?



Type your comments in the chat window!

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Hand Hygiene Advisor

Have you implemented a “code phrase” that a staff member can say to prompt a co-worker

1. We say Medline (it is our hand sanitizer company)
2. We have implemented a code action but not a phrase. This can be known as the “tap our badge” method.
3. We use "Tap the badge" or "Frog" to remind them that friction rubs out germs
4. Some of our units use a hand signal to remind their colleagues to perform hand hygiene. I think a friendly reminder is a great idea and helps hold people accountable.
5. We do not have a code. We are working through crucial conversations as an organization and believe that plain language conversations allow the addition to the pool of meaning where code signals do not add to the shared pool of meaning. There is another great book that addresses the reluctance of our culture to have difficult conversations. Daring greatly by Brenee' Brown. Be courageous and say what you intend to.

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Hand Hygiene Advisor

Have you implemented a “code phrase” that a staff member can say to prompt a co-worker

6. I am encouraging the finger SNAP Scrub Now and Prevent “SNAP”. It seems natural since that’s what a lot of people do when they forget something.
7. We just initiated the “I washed” campaign, our staff have committed to our hand hygiene plan and proudly display a sticker on their badge that states “I washed” just like the sticker “I voted”. So when staff witness non-compliance they can simply say “I washed” and point to their sticker.
8. We use a kind and simple “Foam please”. When the initiative was rolled it out, we emphasized that the only appropriate response to this gentle nudge is a respectful “Thank you” followed by hand hygiene.
9. We are implementing “Dr Hands needs to see you”
10. We do not currently have a signal but I took the little frog picture and put it on a badge, if you are caught not washing your hands you have to wear it until you catch someone else not washing or the end of your shift. We have not caught a single person not washing yet! We started the middle of July and our hand washing went from 78% to 95%. Can't wait to see what August will be!

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Poll #2

Poll #2: Do you have a code phrase you use at your hospital?

- Yes (Please share in the chat box)
- We don't use codes
- No, but I want to try one of these
- Not interested

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Poll #3

Poll #3: Is the interaction helpful for sharing on the Listserv?

- I love it
- I would like more
- I like hearing what everyone is doing
- It's just okay
- I don't think I am on the Listserv
- I don't like using the Listserv


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Hospital Sharing

Hospital Sharing

Mitchell County Hospital Health Systems

- Christine Winkel



The image shows the exterior of a modern hospital building with large glass windows and a brick facade. In the foreground, there is a brick wall with a sign that reads 'MCHS' and 'MITCHELL COUNTY HOSPITAL'. The sign also includes the text 'Innovation • Commitment • Compassion'.

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Hospital Sharing

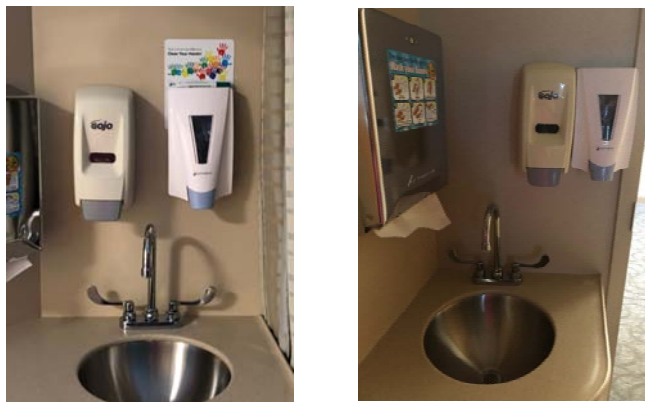
Hospital Sharing

Christine Winkel, MLS(ASCP)CM

- “Aha” Moments
- Faucet in the way of the soap dispenser
- Hand washing – “But I just washed my hands!”

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Before and After



“WHY” hand hygiene is so important



Hospital Sharing

Hospital Sharing

Republic County Hospital

- Stevie Swiercinsky, RN, CIC






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Hospital Sharing

Hospital Sharing - Republic County Hospital

Stevie Swiercinsky

- The question was asked in a non-threatening way
- Formed a committee – hoping to have a PFAC member join
- Stop Sign for patients
- Omni-Cell hand hygiene
- Hand Hygiene t-shirts



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Poll #4

Poll #4: What have you learned today about Hand Hygiene?

- I learned something new
- That we can all do better
- That we can overcome barriers
- Excuses are not the solution
- All the above

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Commitments

Cohort 2 Reminders

**COMMITMENT MEANS
STAYING LOYAL TO
WHAT YOU SAID YOU
WERE GOING TO DO
LONG AFTER THE
MOOD YOU SAID IT IN
HAS LEFT YOU.**

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Commitments

KHC HIIN Hand Hygiene Collaborative Participant Commitments

By enrolling in Cohort 2 of the KHC HIIN Hand Hygiene Collaborative, your hospital's hand hygiene leaders are committing to be active in the following ways:

- Attend quarterly hand hygiene webinars (Nov. 1 and Feb. 7, 2019-20)
- Create and implement a team-based action plan with SMART goals.
- Collect at least 30 hand hygiene observations each month.
- (Optional) Utilize the Qualaris web-based tool for monitoring hand hygiene compliance.
- Submit hand hygiene data monthly to NHSN or QHi.
- Share hand hygiene data with others in your facility.
- Be engaged in learning and sharing with your colleagues and peers.
- Engage in the collaborative's "SOAP UP" list-serv.
- Participate in occasional coaching calls.

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Commitments

Participant Aims/Hopes - How your hospital hopes to benefit through the Hand Hygiene Collaborative

- Hope to get new ideas on how to monitor effectively, creative ideas for educating staff on hand hygiene, get access to Qualaris and effectively track audits and analyze data
- Improve and maintain hand hygiene compliance in accordance with your action plan and SMART goals.
- Conversations about it and sharing results with departments has improved our compliance rate. Also the fun facts that are sent out, we share within our organization and everyone has really enjoyed those.



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PDSA

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

The diagram shows a funnel with three questions: 'What are we trying to accomplish?', 'How will we know that a change is an improvement?', and 'What change can we make that will result in improvement?'. Below the funnel is a circular PDSA cycle with four quadrants: Plan, Do, Study, and Act, connected by arrows in a clockwise direction.

Source: Institute for Healthcare Improvement
www.duke.edu/resources/Pages/HandImprovement/ScienceofImprovementTestingChanges.aspx

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Hand Hygiene Project template

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Aim Statement

Box 1

(complete by Aug. 16)

Why is this focus important?

Box 2

(complete by Aug. 16)

Changes Being Tested

Box 3

(update monthly through Feb 2020)

Hand Hygiene Data

Box 4

(Add after Aug 16, update regularly with chart from HIIN report and/or Qualaris reports)

Hospital Name
Progress Report as of (date)

Lessons Learned

Box 5

(Start by Aug. 16, update monthly)

Next Steps

Box 6

(Start Aug 16, update monthly)

Team Members

Box 7

(complete by Aug. 16)

Add team photo (optional)

Adapted from the Institute for Healthcare Improvement, 2012
When completed, email to info@kchonline.org
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Hand Hygiene Project template

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Aim Statement
By when, what, for whom, how much
eg: By _____, improve _____ for _____ by ____%.

Why is this focus important?
Preventing the spread of germs is especially important in hospitals and other facilities such as dialysis centers and nursing homes. Hand hygiene is a great way to prevent infections.

According to the CDC, studies show that on average, healthcare providers clean their hands less than half of the times they should. This contributes to the spread of healthcare-associated infections that affect 1 in 25 hospital patients on any given day.

Changes Being Tested
Add a bullet for each change currently being tested (T), Implemented (I), or Spread(S).

- Change (X)
- Change (X)
- Change (X)

Hand Hygiene Data

Hospital Name
Progress Report as of (date)

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

← Add team photo (optional)

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Hand Hygiene Homework Assignment

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Homework assignments

1. **Pre-register for remaining webinar series:** Nov. 1, Feb. 7
2. **Review your hand hygiene aim statement** and update your project template. Send an updated copy to Chuck by Sept. 30.
3. **Collect data:** A minimum of 30 observations monthly.
4. **Submit data:** Into NHSN or QHi. July data is due by Aug. 31.
5. **Identify next steps:** Type into chat pod your next steps to advance your hand hygiene program between now and our Nov. 1 webinar.

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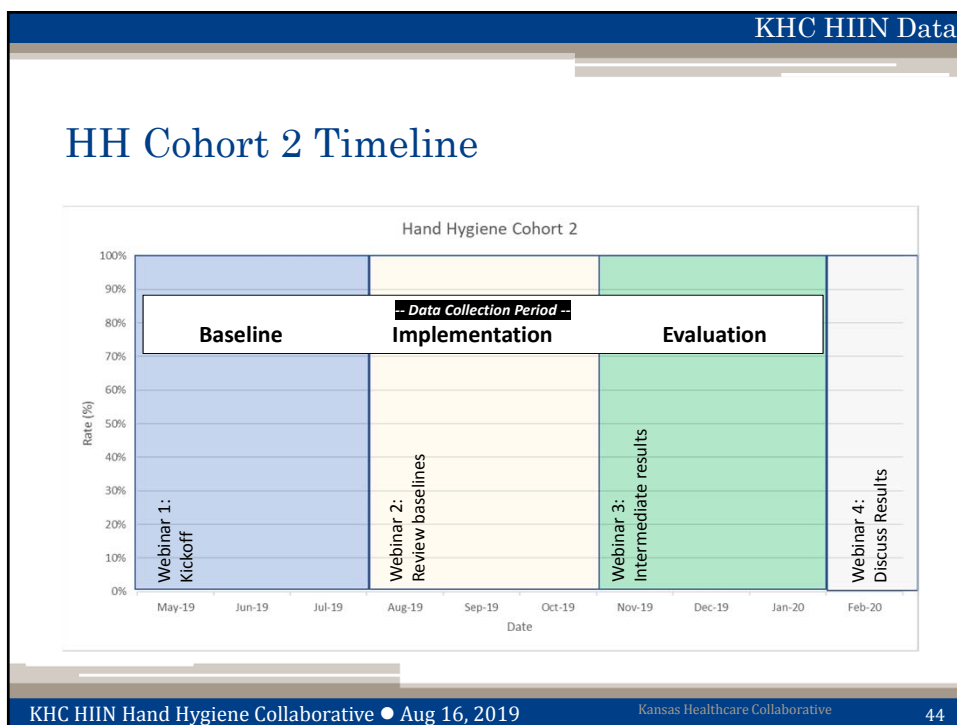
KHC HIIN Data

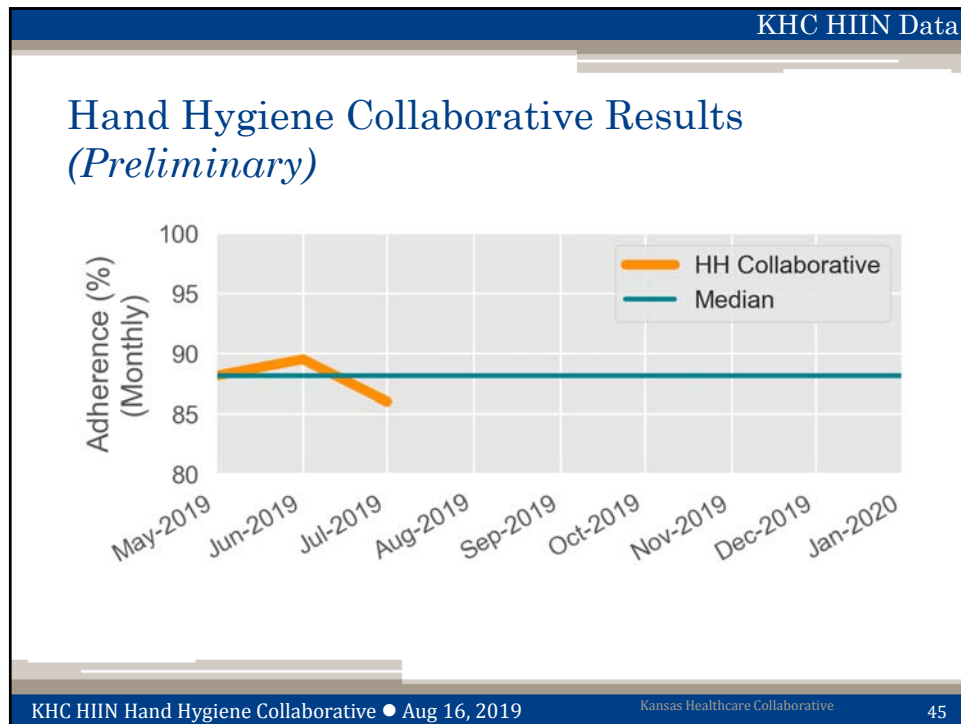
Hand Hygiene Collaborative Cohort 2

- Cohort 2 Timeline
- Results (Preliminary)
- Data Submission (QHi or NHSN)

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MPH, CPHQ
Data and Measurement Director
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KHC HIIN Data

HH Cohort 2 Collaborative *Data collection*

Baseline Period

- May, June and July 2019

Implementation Period

- August, September, October 2019

Evaluation Period

- November, December, 2019 and January 2020

Expectations for full participation

- Observations for EACH month
- At least 30 observations per month per facility

NHSN or QHi will be used for the evaluation.

NOTE:

Turnaround time before quarterly HH webinars is short. Could everyone strive to submit data a week early in July, October and January?

This would allow us to have as complete of data as possible for the webinars.

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KHC HIIN Data				
Data Collection				
Period	Month	Submitting data	Hospitals in Collaborative	Submitting (%)
Baseline	May	46	78	59.0%
	June	42	78	53.8%
	July	8	78	10.3%
Implementation	August			
	September			
	October			
Evaluation	November			
	December			
	January			

For Evaluation, data MUST be submitted through either QHi or NHSN.

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KHC HIIN Data	
HH Cohort 2 Collaborative <i>Evaluation</i>	
<ul style="list-style-type: none"> • KHC will collect and aggregate data for each period. • New facility-specific reports will include: <ul style="list-style-type: none"> ▫ Submitted hand hygiene data over time ▫ Comparative hand hygiene data for the collaborative ▫ Current status of related infection measures <ul style="list-style-type: none"> • Ex. CAUTI, CLABSI, SSI, CDI, MRSA • Only facilities with complete data will receive reports. • Look for HH Collaborative data report <ul style="list-style-type: none"> ▫ First report: End of September, 2019 	
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KHC HIIN Data

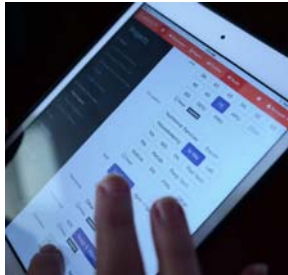
Eric Cook-Wiens
MPH, CPHQ
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Qualaris

Qualaris Data and reports

- What is Qualaris
- Qualaris Data
 - Overall Compliance
 - Overall Audit Collection
 - Active Hospitals
 - Active Hospitals Meeting Compliance Goal (95%)
- Product Enhancements
 - Conditional logic for audit forms
 - Streamlined plan and task management



Qualaris



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

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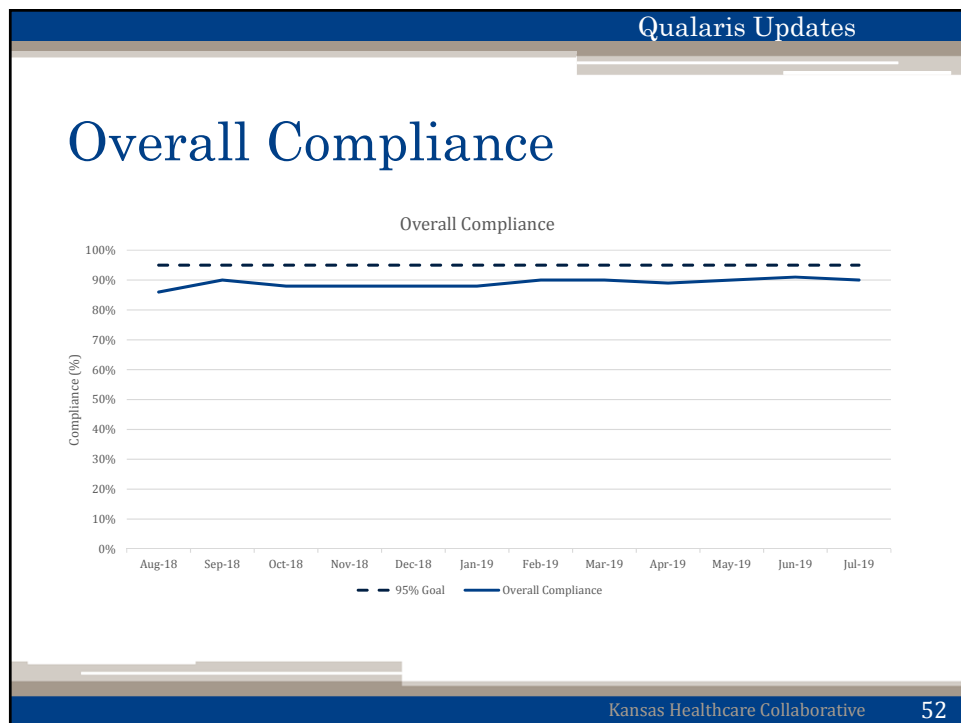
Qualaris

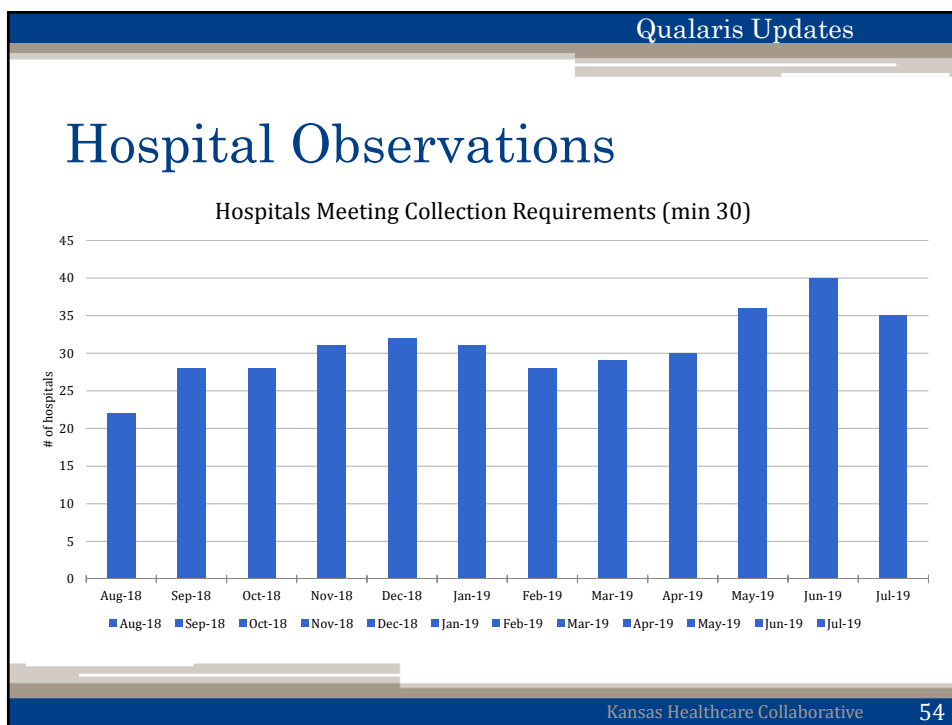
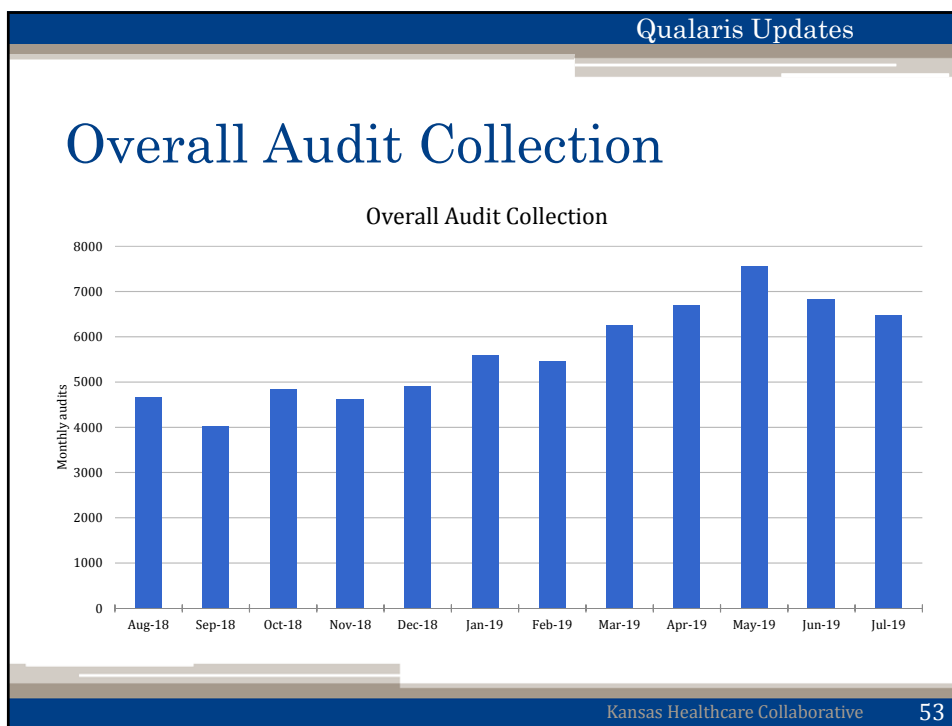
What is Qualaris Health Solutions?

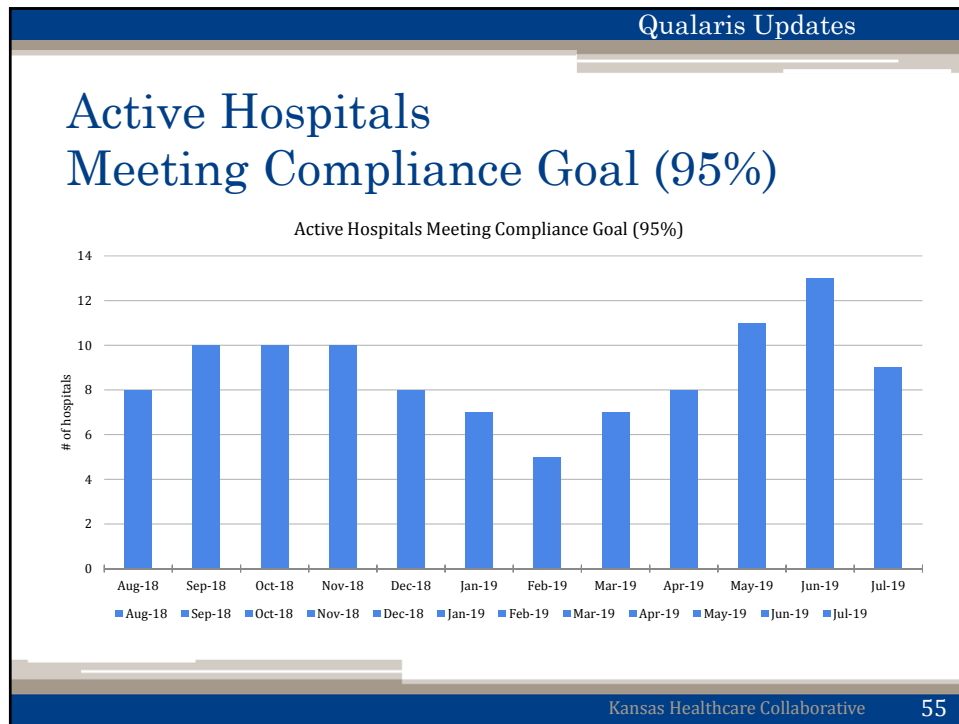
Partnering with Qualaris gives your hospital access to automated tools that help collect Hand Hygiene observances. The web-based audit tool helps your observers easily collect observation data digitally on mobile devices and computers. The system also includes other features, including data analytic reports.

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Qualaris Updates

NEW – conditional logic for audits

- Show, hide, and filter options based on selections in other fields
- Add roll-up hierarchy for grouping multiple units
- Show checklist questions only when applicable (e.g. only ask about correct product usage if HH actually completed)
- Gather more information with comments or choice fields if a checklist item is marked “No” or “N/A” to find out why

Hand Hygiene-

Collect Explore Projects Settings

Observed Date: Aug 6, 2019 Keep

Location: Inpt Output Periop Keep

Unit: Select an Option Keep Required

Occupation: Select an Option Keep Required

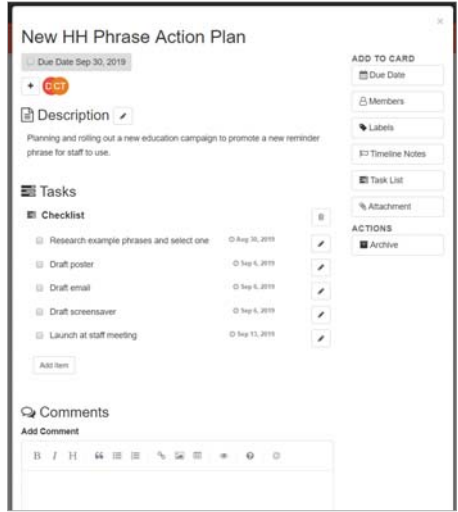
Filtered by Location selection.

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Qualaris Updates

NEW – streamlined task and plan management for Improve

- Use cards to organize plans, tasks, ideas and more
- New capabilities like assignable tasks, file attachments, comments, and more
- Integrates with My Tasks feature so everyone can see what they're assigned




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Qualaris

For additional information on Improving

- Visual management for compliance, data collection, and project outcomes
- Keeping track of your project documentation
- Managing opportunities for improvement

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Resources and Upcoming Events

Resources and Upcoming Events

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Resources and Upcoming Events

Additional Resources


MMWR Guideline for Hand Hygiene in Health-care Settings



Guideline for Hand Hygiene in Health-Care Settings
Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>

Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene



Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene


<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/strategies-to-prevent-healthcare-associated-infections-through-hand-hygiene/2AA26D45C59B8F983DF991EE760C2AAD>

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Resources and Upcoming Events

Additional Resources


Patient Education Posters: Hand Hygiene for Patients From CDC



<https://www.cdc.gov/handhygiene/pdfs/Patient-Poster-Ask-For-Safe-Care-508.pdf>



<https://www.cdc.gov/handhygiene/pdfs/patient-poster-its-ok-to-ask-508.pdf>



<https://www.cdc.gov/handhygiene/pdfs/patient-poster-speak-up-for-clean-hands-508.pdf>

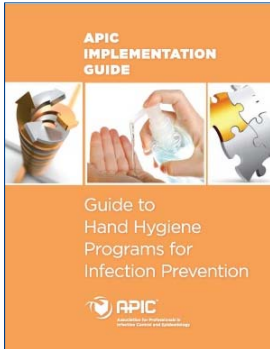
https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555100516

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Resources and Upcoming Events

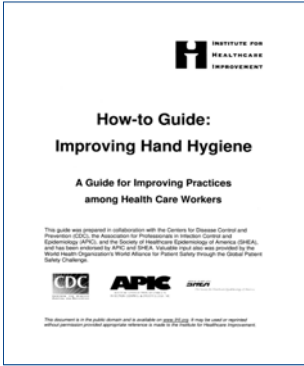
Additional Resources

APIC Guide to Hand Hygiene Programs for Infection Prevention



[Click here for the PDF Guide](#)

IHI How to Guide: Improving Hand Hygiene



[Click here for the PDF Guide](#)

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Resources and Upcoming Events

CDC Quick Observation Tools (QUOTS)

Standard Precautions: Observation of Hand Hygiene
Provision of Supplies

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Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

Standard Precautions: Observation Categories		Room 1		Room 2		Room 3		Room 4		Room 5		Summary of Observations	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Total Observed
1	Are functioning sinks readily accessible in the patient care area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are all handwashing supplies, such as soap and paper towels, available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Is the sink area clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Are signs promoting hand hygiene displayed in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are alcohol dispensers readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are alcohol dispensers filled and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total YES and TOTAL OBSERVED													

<http://ipcobobservationtools.site.apic.org/observation-tools-library>

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Resources and Upcoming Events

Learn more at: <http://www.hret-hiin.org/engage/up-campaign.shtml>

Communication Resources

- [Watch The UP Campaign | How It Helps YOU The Patient video](#)
- [Download the Up Campaign Brief](#) More Info
- [Download the UP Campaign Sample Presentation](#) More Info
- [View The UP Campaign: Patient Facing Posters](#) More Info

Audience Specific Resources

- [Download The Up Campaign Leadership Focus Poster](#) More Info
- [Download The Up Campaign Physician Focus Poster](#) More Info
- [Download The Up Campaign Quality Leaders Focus Poster](#) More Info
- [Download The Up Campaign Nursing Staff Focus Poster](#) More Info
- [Download The Up Campaign State Leaders Focus Poster](#) More Info


Rabbit 1

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Resources and Upcoming Events

Up Campaign Posters

For Patients



For Nursing Staff



<http://www.hret-hiin.org/engage/up-campaign.shtml>

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Resources and Upcoming Events

HRET HIIN Soap Up Campaign

Recorded “Soap Up” Webinars

“Making It Fun Makes A Difference”

“Soap Up Hand Hygiene Game”



<http://www.hret-hiin.org/resources?topic=soap-up>



<http://www.hret-hiin.org/engage/up-campaign.shtml>

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Resources and Upcoming Events

Learn more at: <http://www.hret-hiin.org/engage/up-campaign.shtml>

Implementation Tools	
Download The Up Campaign Implementation Self-Assessment Tool	More Info
Download The Up Campaign Performance Monitoring Tool	More Info

Virtual Events	
Watch Past GET Up Webinars	
Watch Past SOAP Up Webinars	
Watch Past WAKE Up Webinars	
Watch Past SCRIPT Up Webinars	

Other Up Campaign Resources	
Access Additional Up Campaign Resources	



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Resources and Upcoming Events

KHC Hand Hygiene Website Access

- Hand Hygiene Web page for members
 - <https://www.khconline.org/>
- The Hand Hygiene members page and the Hand Hygiene Toolkit access instructions will be sent to all members of the Cohort 2 on Monday May 6, 2019 in a message using the SoapUp Listserv. Be sure to watch your mail for more information coming soon.



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Resources and Upcoming Events

KHC Hand Hygiene Listserv

- The Hand Hygiene LISTSERV serves as a primary communication platform for the members of the KHC Hand Hygiene (HH) Collaborative – Cohort 2
- The primary goal of this LISTSERV is to provide participants an engaging community to seek and share information, practical strategies, resources and project updates in support of your continued growth in Hand Hygiene development.
- To send an email to the HH LISTSERV: KHC-SOAPUP@LIST.KHCONLINE.ORG
 - (Note: The email address is case-sensitive, so be sure to use all upper-case letters. A slight delay may be expected as your message is processed.) [Recommended guidelines](#) (pdf)




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Resources and Upcoming Events

Hand Hygiene Resources

- [Joint Commission-updated hand hygiene standards for 2019](#)
- North Carolina Statewide Program for Infection Control and Epidemiology [hand hygiene competency checklist](#)
- APIC [2016](#), [2017](#) and [2018](#) Festival Winners
- [Veteran's Administration hand hygiene posters](#)



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Resources and Upcoming Events

General discussion and questions?

- **Suggestions for next six months**
- **Upcoming Hand Hygiene Events**
 - Nov 1, 2019 – [Register here](#)
 - 11:00 am - 12:00 pm CT
 - Feb 7, 2020 – [Register here](#)
 - 11:00 am - 12:00 pm CT
- **Past events**

For state and national archived hand hygiene events, visit our private web page for the KHC HIIN Hand Hygiene Collaborative.

<https://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events>

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Resources and Upcoming Events

Upcoming HIIN Webinars

KHC HIIN Webinar
Aug 28, 2019 • 11:00 to 10:00 am
Register Here: <https://khconline.adobeconnect.com/khc-hiin-08-28-19/event/registration.html>

HRET HIIN: **Upcoming Events**
<http://www.hret-hiin.org/events/index.dhtml>

For other upcoming events, visit:
www.khconline.org and
<http://www.hret-hiin.org/events/index.dhtml>



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Open Discussion



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Resources and Upcoming Events

Please provide feedback to this webinar.
Let us know your next steps.

<https://www.surveymonkey.com/r/HH-Webinar-08-16-2019>

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Kansas Healthcare
COLLABORATIVE

Contact us anytime:
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-  @KHCqi
-  KHCqi

For more information:
→ KHConline.org

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