



## Splash, Soap, Rinse, Dry

*How to assess hand hygiene and stay compliant*

BY SAHELY MUKERJI

Despite years of hard work to promote and attain hand hygiene compliance in the health care setting, the industry continues to struggle to achieve goals that are set by external agencies and within the facilities themselves, says Phenelle Segal, RN, president of Infection Control Consulting Services in Delray Beach, Florida.

“Approximately 20 years ago, the first product for waterless hand hygiene was released in the US and since then, alcohol-based hand rub is the ‘gold standard’ in health care facilities except in certain circumstances, for example, when hands are visibly soiled or a patient infected with *Clostridium difficile* is involved,” she says. “While

### Tips on How to Stay Compliant

Phenelle Segal, RN, president of Infection Control Consulting Services in Delray Beach, Florida, offers the following tips:

- Ongoing education during new hire orientation, annual updates and any time a new product or issue arises that warrants hand-hygiene reminder in-services.
- Developing and maintaining an ongoing system for monitoring, writing policies and procedures and ensuring that responsible parties are carrying out monitoring tasks.
- Active observers should write down noncompliant employees’ names and department and provide their manager or supervisor with this information.
- If any staff member observes noncompliance, he or she should say something to the offender on the spot in a respectful manner since, many times, offenders do not realize their violations.
- Departments that have full compliance should be acknowledged and even rewarded for their efforts.
- Hand hygiene compliance rates should be reported at infection control and Quality Assurance and Performance Improvement (QAPI) meetings.
- Facilities that are accredited through The Joint Commission need to ensure that they are in compliance with the National Patient Safety Goals (NPSG) for hand hygiene.

many health care facilities have seen improvement due to perseverance and persistence as well as newer products and easier access to products, compliance rates across the board, remain at approximately 50 percent overall.”

Segal recommends that facilities comply with either the current Centers for Disease Control and Prevention (CDC) hand-hygiene guidelines or the current World Health Organization (WHO) hand-hygiene guidelines.

Over the last couple of years, hand hygiene has become more of a focal point for accreditation surveyors since the endoscope infection broke across the country, says Alice Heiser, director of nursing/quality improvement coordinator at The Reading Hospital SurgiCenter at Spring Ridge in Reading, Pennsylvania. “The Centers for Medicare & Medicaid Services now has a whole section devoted to hand hygiene requirements, complete with survey worksheets,” she says. “They just want to make sure that we are following best practices.”

ASCs traditionally assess compliance by direct observation where ASCA Board member and administrators and/or directors of nursing assign staff members to “secretly” observe others, also known as “secret shoppers” or “known observers,” Segal says. “Staff members that are aware who the observers are tend to change their behavior when they know they are being watched,” she says. “This is known as the ‘Hawthorne Effect.’”

The surveyors also want to see if you are monitoring hand hygiene in your ASC, says Cindy Young, RN, CASC, ASCA Board member and administrative director of Surgery Center of Farmington in Farmington, Missouri.

“We have a secret nurse monitoring hand hygiene in our ASC,” she says. “I switch up the secret nurse position every month so everybody gets to share the responsibility and look out for each other.”

### Hand Hygiene Training through ASCA

ASCA will add a new program titled “The Importance of Hand Hygiene Compliance” to its online Regulatory Training Series this fall. For more information, go to [www.ascassociation.org/TrainingSeries](http://www.ascassociation.org/TrainingSeries).

Young has hung signs designed by the CDC and WHO (like the one on page 11) throughout her facility to remind staff how to wash hands and prevent germs from spreading. “You have to educate your staff on hand hygiene constantly,” she says. “If we find a problem, I address it with the person. We also discuss it in staff meetings once a month.”

Heiser has a hand hygiene team that works in the preop and postop areas and the operating room (OR). “They watch as the nurses and doctors provide care to patients and do hand hygiene,” she says. “My ‘spies’ watch for those certain hand hygiene opportunities. I require them to do at least 30 observations a quarter, sometimes more. Sometimes staff forget, and then, we re-educate and move forward from there.”

Educating and re-educating staff is key to staying on top of hand-hygiene requirements, Heiser says. “Do it when a lapse happens,” she says. “Give your staff the opportunity to correct themselves. I use the occasion of a staff meeting to review lapses. Hand hygiene opportunities, before gloving, seem to be forgotten the most. I also post compliance graphs quarterly on our quality improvement boards for all to review.” The quality improvement boards are two bulletin boards that she uses to post graphs, notices, etc., related to infection prevention, quality improvement, benchmarking and other items of inter-

est to employees and physicians at the ASC, she says.

Heiser does an annual staff survey on the products that her ASC uses for hand hygiene because if the products are not good, the staff won’t use them, she says. “You have to find out if they don’t know about the opportunity or if they don’t like the product,” she says. “You can’t fault them if they are not being compliant without knowing the reason why.”

Over the course of the past few years, several companies have developed electronic hand-hygiene monitoring systems that appear to be more reliable and accurate than observers but are very costly, Segal says. “However, despite the costs, many health care facilities have begun to calculate the benefit and have introduced them into the facilities. Infection preventionists agree that electronic monitoring increases compliance because the staff members know that they are being monitored 24/7 without having a colleague secretly watching them.”

Maintaining compliance requires a multi-disciplinary approach with “buy-in” from the administration team to the front-line staff, she says. “Every department is responsible for ensuring that staff members, including the medical staff, practice strict hand hygiene as per written guidance and policies,” she says.

Historically, it seems the physicians are scrutinized more when it comes to hand hygiene compliance. “It can get aggravating when a surveyor dings you because a physician did not foam up after taking off his gloves in the OR, although he walked straight to the preop area and did foam up before he talked to the next patient,” Young says.

Despite the challenges, Heiser says, she has seen improvements amongst both nurses and physicians. As nurses put more emphasis on the need for consistent hand hygiene for themselves, they also get better at speaking up and reminding the physicians to wash their hands. <<