

HAND HYGIENE PROGRAM

The following processes are in place at Rome Health to ensure compliance with the World Health Organization's and Leapfrog's definition of a safe and effective hand hygiene program.

TRAINING AND EDUCATION

- Individuals who touch patients or who touch items that will be used by patients¹ in your patient care units receive hand hygiene training from a professional with appropriate training and skills at **both**:
 - the time of onboarding and annually thereafter
- In order to pass the **initial** hand hygiene training, individuals who touch patients or who touch items that will be used by patients in your patient care units need to physically demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer
- **All** six of the following topics are included in your hospital's initial and annual hand hygiene training:
 - Evidence linking hand hygiene and infection prevention
 - When individuals who touch patients or who touch items that will be used by patients should perform hand hygiene
 - How individuals who touch patients or who touch items that will be used by patients should clean their hands with alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails
 - When gloves should be used in addition to hand washing (e.g., caring for *C. diff.* patients) and how hand hygiene should be performed when gloves are used
 - The minimum time that should be spent performing hand hygiene with soap and water and alcohol-based hand sanitizer
 - How hand hygiene compliance is monitored

INFRASTRUCTURE

- A process is in place to ensure that **all** of the following are done, as necessary, and quarterly audits are conducted on a sample of dispensers in your patient care units to ensure that the process is followed
 - Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty
 - Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the patient care units)
- **All** rooms and bed spaces in your patient care units have:
 - An alcohol-based hand sanitizer dispenser located at the entrance to the room or bed space; and
 - Alcohol-based hand sanitizer dispenser(s) located inside the room or bed space that are equally accessible to the location of all patients in the room or bed space
- Audits are conducted on the volume of alcohol-based hand sanitizer that is delivered with each activation of a wall-mounted dispenser (manual and automated) on a sample of dispensers in your patient care units at **all** of the following times:
 - upon installation;
 - whenever the brand of product or system changes; and
 - whenever adjustments are made to the dispensers;
- All of the audited dispensers deliver, with one activation, a volume of alcohol-based hand sanitizer that covers the hands completely and requires 15 or more seconds for hands to dry (on average)



MONITORING

- Individual units collect hand hygiene compliance data on at least 200 hand hygiene opportunities **each month in each patient care unit**?
- Utilization of hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients in your patient care units with feedback on both when they are and are not compliant with performing hand hygiene?

DIRECT OBSERVATION MONITORING

- Direct observations meet **all** of the following criteria:
 - Observations identify both opportunities for hand hygiene and compliance with those opportunities
 - Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct
 - Observations within a unit are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of individuals who touch patients or who touch items that will be used by patients on duty for that shift
 - Observations are conducted to capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients (e.g., nurses, physicians, techs, environmental services workers)
- A system is in place for both the initial and recurrent training and validation of hand hygiene compliance observers

FEEDBACK

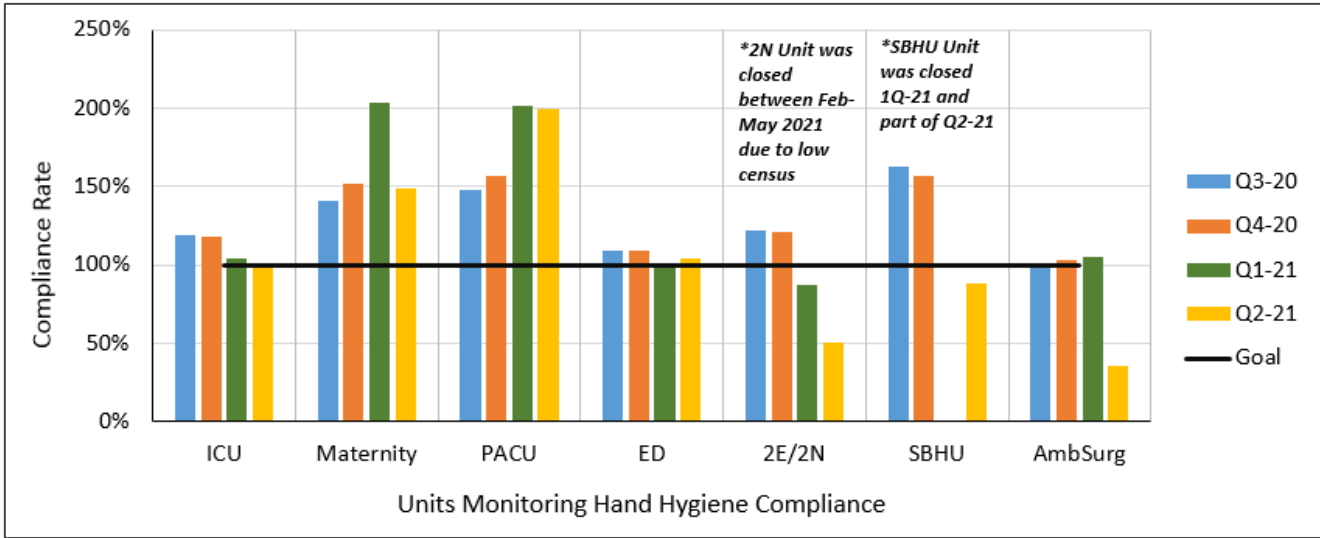
- Unit-level hand hygiene compliance data is fed back to individuals who touch patients or who touch items that will be used by patients at least monthly for improvement work
- Unit-level hand hygiene compliance data is used for creating unit-level action plans
- Regular (at least every 6 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to:
 - Senior administrative leadership, physician leadership, and nursing leadership;
 - Board (governance); and
 - Medical executive committee
- Senior administrative leadership, physician leadership, and nursing leadership are held directly accountable for hand hygiene performance through performance reviews or compensation

CULTURE

- Patients and visitors are invited to remind individuals who touch patients or who touch items that will be used by patients to perform hand hygiene
- **All** rooms and bed spaces in your patient care units have a sink for hand washing within 20 feet of the patient's bed that is easily accessible to individuals who touch patients or who touch items that will be used by patients



PROGRAM RESULTS



The low census had an effect on both the 2N (Med-Surg) and SBHU units causing them to close temporarily during the reporting periods. 2E and 2N have always been collected as a joint unit, considering the closing of 2N, 2E did not make up for the difference in observations. Monitoring for compliance will continue and a plan for improvement in the data collection process will be established with the department director.

The following individuals continue to demonstrate a commitment to support hand hygiene improvement:

	Print	Signature
Chief Executive Officer	<u>ANDOMARIE CRYZ</u>	<u><i>Andomarie W. Cryz</i></u>
Chief Medical Officer	<u>S. W. SWERMAN</u>	<u><i>[Signature]</i></u>
Chief Nursing Officer	<u>Samantha Vining</u>	<u><i>[Signature]</i></u>