



Indiana Patient Safety Center

of the Indiana Hospital Association

SOAP UP Hand Hygiene

Sept. 5, 2017

Agenda

- Welcome, Introductions & Housekeeping
- UP Campaign Overview
- SOAP UP August Webinar Recap
- Hospital Features
- Call to Action
- SOAP UP Resources & Support

Indiana's Bold Aim



To make Indiana the safest
place to receive health care
in the United States...
if not the world



**Indiana Patient
Safety Center**

of the Indiana Hospital Association

UP Campaign

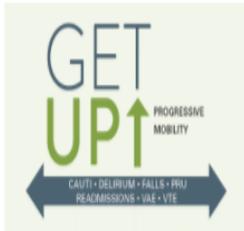
IHAconnect.org/Quality-Patient-Safety

UP Campaign



WAKE UP:

Reducing unnecessary sleepiness and sedation through opioid and sedative safe



GET UP:

Mobilizing patients to recover faster through progressive mobility plans



SOAP UP:

Implementing appropriate hand hygiene to reduce the spread of infection

Goal: Simplify safe care and streamline cross-cutting interventions to reduce the risk for multiple patient harms

IHA Launches UP Campaign

- Supports Hospital Improvement Innovation Network (HIIN) harm reduction efforts
- June 6 Indiana Patient Safety Summit Kick-off
- Strategic Deployment of Three Campaigns:

SOAP UP	3Q 2017
GET UP	4Q 2017
WAKE UP	1Q 2018

SOAP UP ↑
Implementing appropriate hand hygiene to reduce the spread of infection

S **SCRUB**
For 20 seconds with the right product. Remember soap for CDI.

O **OWN**
Your role in preventing HAIs.

A **ADDRESS**
Immediately intervene if breach is observed.

P **PLACE**
Hand hygiene products in strategic locations.

U **UPDATE**
Hand hygiene products policies as needed to promote adherence.

P **PROTECT**
Involve patients and families in hand hygiene.



GET UP ↑
Mobilizing patients to return to function more quickly

G **GO**
Determine the resources in your institution and how you will implement a mobility program.

E **EVALUATE PATIENT CAPABILITIES**
Which scale, tool or evaluation method will you use to evaluate?

T **TEAM UP FOR PROGRESSIVE MOBILITY**
Rehab, nursing and respiratory join together to implement the mobility plan.

U **UNITE**
Engage patients, families and friends in mobility progression.

P **PROMOTE PROGRESS**
Measure and report unit mobility performance.



WAKE UP ↑
Reducing unnecessary sleepiness and sedation

W **WARN YOURSELF**
This is high risk.

A **ASSESS**
Use tools: STOP BANG, POSS, RASS, PA-PSA.

K **KNOW**
Your drugs, your patient.

E **ENGAGE**
Patients and families to set realistic pain expectations, use of non-sedating analgesics, risks of opioids.

U **UTILIZE**
Dose limits, layering limits, soft and hard stops.

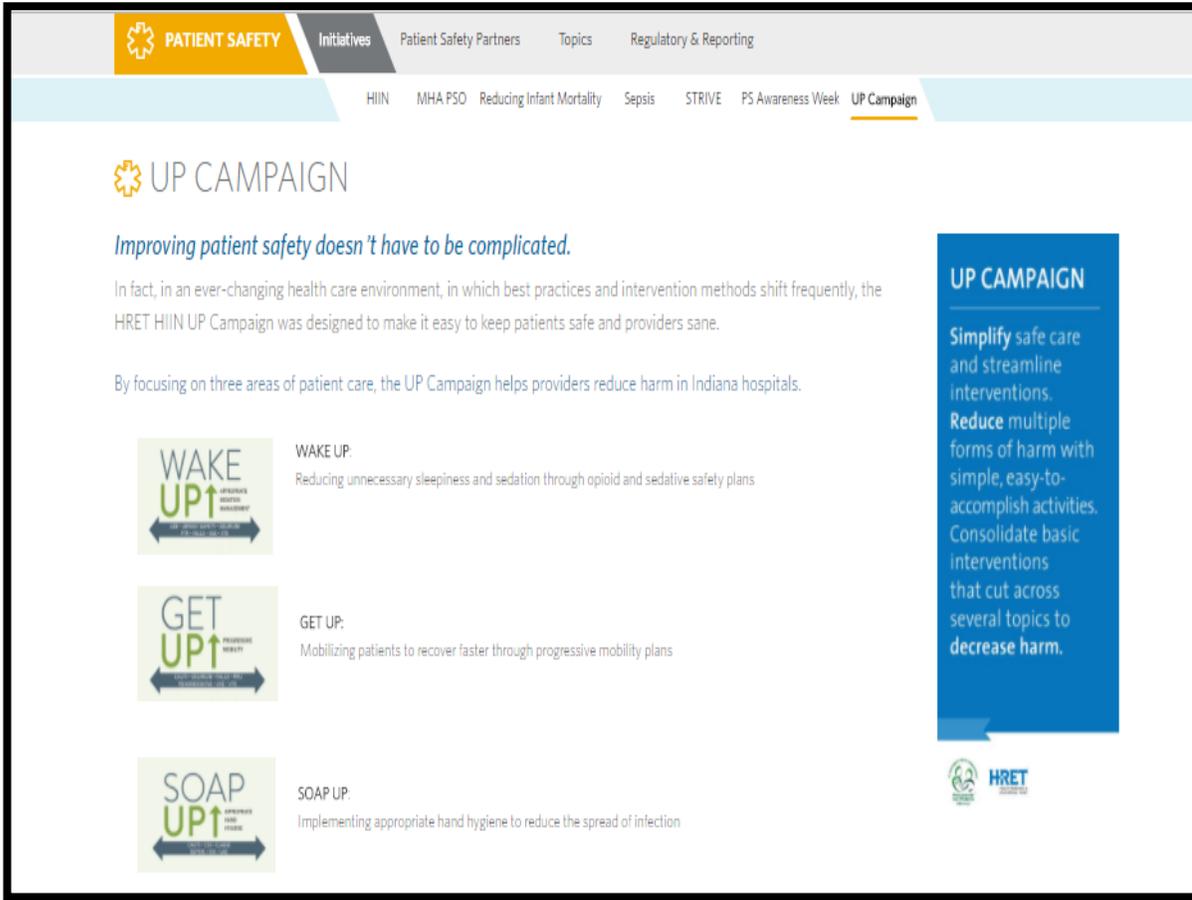
P **PROTECT**
The patient...our ultimate job.



Hand Hygiene



Access to UP Campaign Materials



The screenshot shows the IHA UP Campaign website. The navigation bar includes "PATIENT SAFETY", "Initiatives", "Patient Safety Partners", "Topics", and "Regulatory & Reporting". The "UP Campaign" link is highlighted in the navigation bar. The main content area features the heading "UP CAMPAIGN" and the tagline "Improving patient safety doesn't have to be complicated." Below this, there are three main initiatives: "WAKE UP" (reducing unnecessary sleepiness and sedation), "GET UP" (mobilizing patients to recover faster), and "SOAP UP" (implementing appropriate hand hygiene). A blue sidebar on the right contains the text: "UP CAMPAIGN Simplify safe care and streamline interventions. Reduce multiple forms of harm with simple, easy-to-accomplish activities. Consolidate basic interventions that cut across several topics to decrease harm." The HRET logo is visible at the bottom right of the sidebar.

IHA SOAPUP Webinar Series

As a portion of IHA's SOAPUP efforts for 3rd quarter, we are hosting a webinar series.

[SOAP UP Webinar Information Sheet](#)
[SOAP UP Resource Page](#)
[SOAP UP social media for hospital use](#)

- July 18, 2017
 - Topic: Indiana Hospital Survey Results and Reliable Data Collection
 - [Download slides](#) or [view the recording](#). 
- August 8, 2017
 - Topic: Hand Hygiene Culture and Speaking Up
 - [Download slides](#) or [view the recording](#). 
- September 5 at 3 p.m. ET
 - Dial-in: 888-441-7458
 - [Participant link](#)
 - Topic: Accountability: Connecting Practice to HAI and Costs to Organization
- September 19 at 3 p.m. ET
 - Dial-in: 888-441-7458
 - [Participant link](#)
 - Topic: Connecting Hand Hygiene and Sepsis

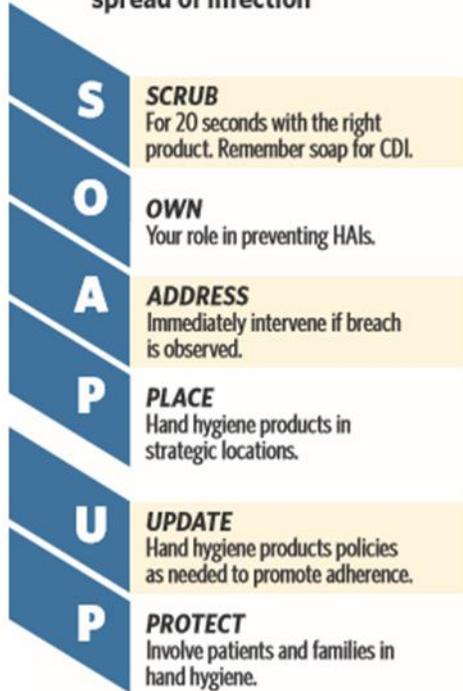
If you're interested in more information about how you can implement the UP Campaign at your hospital, contact Annette Handy.

For additional UP Campaign resources, [visit the UP Campaign website](#).

<https://www.ihconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx>

SOAP UP ↑

Implementing appropriate hand hygiene to reduce the spread of infection



How are you incorporating SOAP UP within your organization?





**Indiana Patient
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2017 Hospital Survey

Global Survey Themes

- Reliable Data Collection
- Hand Hygiene Culture and Speaking Up
- Accountability: Connecting Practice to HAI and Costs to the Organization

Leaders Lifesaver Competency Foam
Observations Monitoring Results Rates
Family Education Facility
Hand Hygiene Rounding Staff
Secret Shoppers Posters SPEAK Signage Reinforcement
Sharing Audits

Engaging Hospital Teams



Leaders Lifesaver Competency Foam
Observations Monitoring Results Rates
Family Education Facility
Hand Hygiene Rounding Staff
Secret Shoppers Posters SPEAK Signage Reinforcement
Sharing Audits

Engaging Patients & Families



Bottle Process Encourage Patients Handouts
Wash Nursing Staff Education Not Doing
Hand Hygiene Given Rooms Opportunity
Ask Foam Packet CDC Clean Hands Count



Engaging the Community



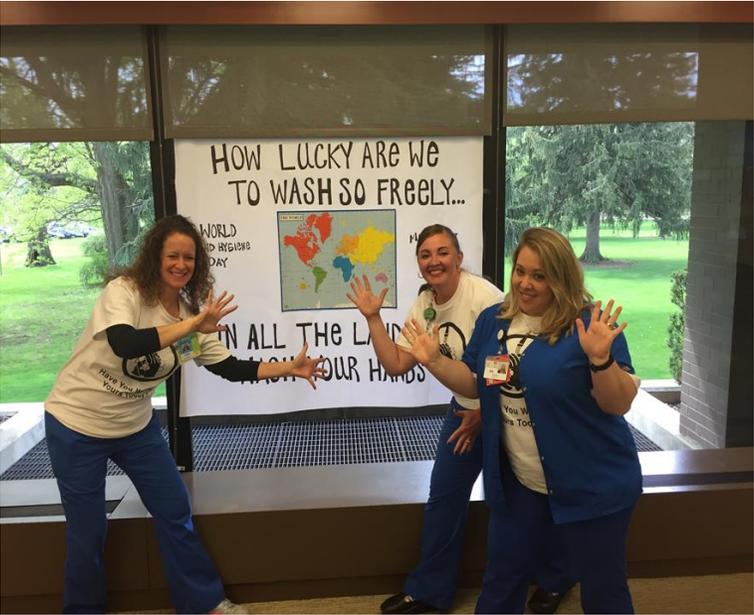
Health Fairs Events Patient Safety Week
Signage Program Education Poster
Hand Hygiene Hand Washing Facility
Promotions Public Outreach Signs

8.8.17 Webinar Recap

- Focus: Hand Hygiene - An Integral Part of Patient Safety Culture and Speaking Up
 - * Have fun - Be a Lifesaver!
 - * Transparency & posting compliance publicly - sends message of organizational commitment
 - * A multidisciplinary approach is essential
EVERYONE owns hand hygiene

Lessons Learned – Peer Sharing

Courtesy of IU Health Blackford Hospital and Elkhart General Hospital



Safety Culture & Speaking Up Call to Action

- Evaluate how you are engaging both clinical and non-clinical personnel in a FUN WAY!
- Conduct a small test of change to provide immediate, non-punitive performance feedback not only when hand hygiene is not conducted but also when it IS done
- Implement a new visual strategy to communicate success and opportunities to front-line staff

Chat in how you have responded to the August SOAP UP Call to Action

Global Survey Themes

- Reliable Data Collection
- Hand Hygiene Culture and Speaking Up
- **Accountability: Connecting Practice to HAI and Costs to the Organization**

Leaders Lifesaver Competency Foam
Observations Monitoring Results Rates
Family Education Facility
Hand Hygiene Rounding Staff
Secret Shoppers Posters SPEAK Signage Reinforcement
Sharing Audits

Think Tank Prompt from August

What is your process to hold teammates accountable for hand hygiene?

- How do you provide staff with performance feedback whether individual, unit level or hospital-wide?
- Do you link and share identified HAI with individuals involved with care?
- Who coaches teammates for accountability?

How are you sharing the fiscal and personal impact of HAI to your teams?

- How do you link hand hygiene to health outcomes?
- If your hospital has received value-based purchasing or hospital-acquired condition reimbursement penalties, is this shared with your team and if so, how?
- How do you personalize HAI events beyond reporting rates?

Chat in how your team is tackling these aspects to hand hygiene success

According to the CDC,

- On average, healthcare providers clean their hands less than half of the times they should
- On any given day, **about one in 25 patients as at least one healthcare-associated infection**

HAI Facts

- In the U.S., healthcare associated infections (HAI's) affect more than 2 million people every year resulting in approximately 100,000 deaths.¹
- HAI's lead to long-term disability, preventable deaths, and additional financial burden on the healthcare system.⁶
- An HAI increases the average length of stay 7.4 to 9.4 days and the risk of morbidity by 35%.⁹
- Compliance by healthcare workers with optimal hand hygiene is considered to be less than 40%.⁷
- Several studies of hand washing in high-acuity units with vulnerable patients have found that as few as one in seven staff members wash their hands between patients: compliance rates in the range of 15% - 35% are typical; rates above 40% are the exception.¹⁰⁻¹¹
- **It is well established that the hands of HCWs are the principal cause of transmission of infection from patient to patient.⁹**
- Hand hygiene, a very simple action, remains the primary means to reduce HAI's and the spread of antimicrobial resistant organisms.²⁻⁵
- **Global research indicates that improvements in hand hygiene activities could potentially reduce HAI rates by up to 50%^{4,8}**

HAI Fiscal Risk to Hospitals

Pay for Performance Penalties

Value-based Purchasing

Category	Baseline Period	Performance Period	Weighting																																								
Patient and Caregiver-Centered Experience of Care/Care Coordination	January 1, 2013 - December 31, 2013	January 1, 2015 - December 31, 2015	25%																																								
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Clinical Care Process	January 1, 2013 - December 31, 2013	January 1, 2015 - December 31, 2015	5%																																								
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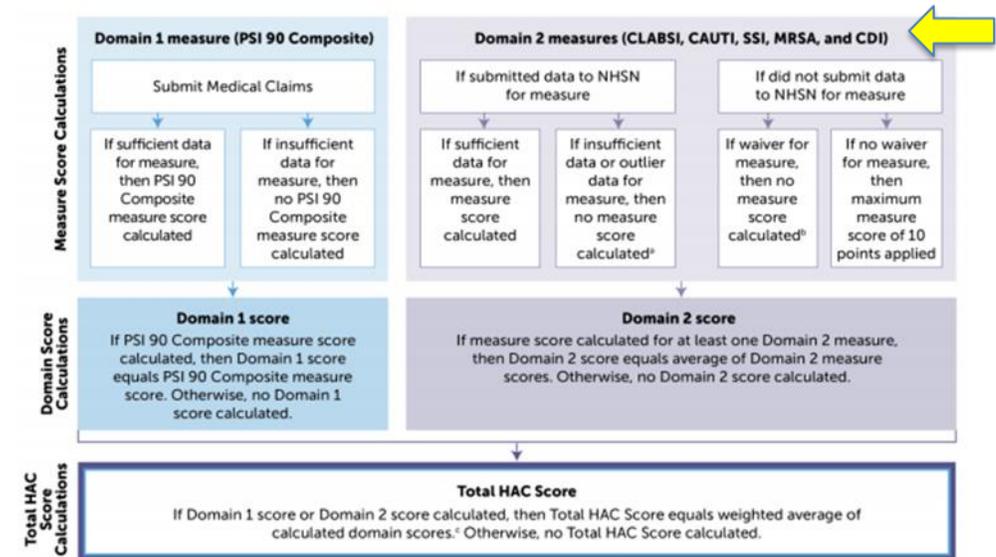
FY 2017 Value-Based Purchasing Domain Weighting
(Payment adjustment effective for discharges from October 1, 2016 to September 30, 2017)

* Lower rates indicate better quality
 * New Measure

Payments Withheld
 FY 2013 1.00% FY 2014 1.25% FY 2015 1.50% FY 2016 1.75% FY 2017 2.00%

This material was prepared by the Hospital Inpatient Value Incentives and Quality Reporting (VQR) Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHS/00-00013-1-00074, H-0204-04-01 (2/08/16)

Hospital-Acquired Condition Reduction



Most Importantly, the Human Impact!



HAI Prevalence Study – Published 2014

<http://www.nejm.org/doi/full/10.1056/NEJMoa1306801#t=articleResults>

- In 2011, there were an estimated 722,000 HAIs in U.S. acute care hospitals

HAI Estimates Occurring in US Acute Care Hospitals, 2011	
Major Site of Infection	Estimated No.
Pneumonia	157,500
Gastrointestinal Illness	123,100
Urinary Tract Infections	93,300
Primary Bloodstream Infections	71,900
Surgical site infections from any inpatient surgery	157,500
Other types of infections	118,500
Estimated total number of infections in hospitals	721,800

- Additionally about 75,000 patients with HAI died during their hospitalization

Healthcare-associated infections (HAIs) are infections patients can get while receiving medical treatment in a healthcare facility. Working toward the elimination of HAIs is a CDC priority. The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The infection data are reported to CDC's National Healthcare Safety Network (NHSN). HAI data for nearly all U.S. hospitals are published on the Hospital Compare website. This report is based on 2014 data, published in 2016.



CLABSIs

↓ 39% LOWER COMPARED TO NAT'L BASELINE*

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

When a tube is placed in a large vein and not put in correctly or kept clean, it can become a way for germs to enter the body and cause deadly infections in the blood.

- Indiana hospitals reported a significant decrease in CLABSIs between 2013 and 2014.
- 7% Among the 59 hospitals in Indiana with enough data to calculate an SIR, 7% had an SIR significantly higher (worse) than 0.50, the value of the national SIR.

CAUTIs

↑ 3% HIGHER COMPARED TO NAT'L BASELINE

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

When a urinary catheter is not put in correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys.

- Indiana hospitals reported a significant decrease in CAUTIs between 2013 and 2014.
- 6% Among the 70 hospitals in Indiana with enough data to calculate an SIR, 6% had an SIR significantly higher (worse) than 1.00, the value of the national SIR.

MRSA Bacteremia

↓ 23% LOWER COMPARED TO NAT'L BASELINE*

LABORATORY IDENTIFIED HOSPITAL-ONSET BLOODSTREAM INFECTIONS

Methicillin-resistant *Staphylococcus aureus* (MRSA) is bacteria usually spread by contaminated hands. In a healthcare setting, such as a hospital, MRSA can cause serious bloodstream infections.

- Indiana hospitals reported no significant change in MRSA bacteremia between 2013 and 2014.
- 7% Among the 45 hospitals in Indiana with enough data to calculate an SIR, 7% had an SIR significantly higher (worse) than 0.87, the value of the national SIR.

SSIs

SURGICAL SITE INFECTIONS

When germs get into an area where surgery is or was performed, patients can get a surgical site infection. Sometimes these infections involve only the skin. Other SSIs can involve tissues under the skin, organs, or implanted material.

SSI: Abdominal Hysterectomy ↓ 30% LOWER COMPARED TO NAT'L BASELINE*

- Indiana hospitals reported no significant change in SSIs related to abdominal hysterectomy surgery between 2013 and 2014.
- 5% Among the 20 hospitals in Indiana with enough data to calculate an SIR, 5% had an SIR significantly higher (worse) than 0.83, the value of the national SIR.

SSI: Colon Surgery ↑ 6% HIGHER COMPARED TO NAT'L BASELINE

- Indiana hospitals reported no significant change in SSIs related to colon surgery between 2013 and 2014.
- 6% Among the 50 hospitals in Indiana with enough data to calculate an SIR, 6% had an SIR significantly higher (worse) than 0.98, the value of the national SIR.

C. difficile Infections

↓ 6% LOWER COMPARED TO NAT'L BASELINE*

LABORATORY IDENTIFIED HOSPITAL-ONSET C. DIFFICILE INFECTIONS

When a person takes antibiotics, good bacteria that protect against infection are destroyed for several months. During this time, patients can get sick from *Clostridium difficile* (*C. difficile*), bacteria that cause potentially deadly diarrhea, which can be spread in healthcare settings.

- Indiana hospitals reported no significant change in *C. difficile* infections between 2013 and 2014.
- 11% Among the 94 hospitals in Indiana with enough data to calculate an SIR, 11% had an SIR significantly higher (worse) than 0.92, the value of the national SIR.



* Statistically significant

ACUTE CARE HOSPITALS

Healthcare-associated infection (HAI) data give healthcare facilities and public health agencies knowledge to design, implement, and evaluate HAI prevention efforts.

Learn how your hospital is performing: www.medicare.gov/hospitalcompare
For additional information:

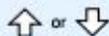
- 2014 HAI Progress Report: www.cdc.gov/hai/progress-report/
- NHSN: www.cdc.gov/nhsn
- HAIs and prevention activities in Indiana: www.in.gov/isdh/25479.htm
- Indiana validation efforts: www.cdc.gov/hai/pdfs/state-progress-landscape.pdf



LEGEND



2014 state SIR is significantly lower (better) than comparison group in column header



Change in 2014 state SIR compared to group in column header is not statistically significant



2014 state SIR is significantly higher (worse) than comparison group in column header



2014 state SIR cannot be calculated

HAI TYPE	# OF INDIANA HOSPITALS THAT REPORTED DATA TO CDC'S NHSN, 2014 [†] Total Hospitals in Indiana: 147	2014 STATE SIR vs. 2013 State SIR	2014 STATE SIR vs. 2014 Nat'l SIR	2014 STATE SIR vs. Nat'l Baseline [‡]	2014 STATE SIR	2014 NAT'L SIR
CLABSI Nat'l Baseline: 2008	101	↓ 12%	↑ 23%	↓ 39%	0.61	0.50
CAUTI Nat'l Baseline: 2009	106	↓ 16%	↑ 3%	↑ 3%	1.03	1.00
SSI, Abdominal Hysterectomy Nat'l Baseline: 2008	98	↓ 17%	↓ 16%	↓ 30%	0.70	0.83
SSI, Colon Surgery Nat'l Baseline: 2008	101	↓ 1%	↑ 8%	↑ 6%	1.06	0.98
MRSA Bacteremia Nat'l Baseline: 2011	107	↓ 6%	↓ 12%	↓ 23%	0.77	0.87
C. difficile Infections Nat'l Baseline: 2011	104	↑ 5%	↑ 2%	↓ 6%	0.94	0.92

[†]The number of hospitals that reported to NHSN and are included in the SIR calculation. This number may vary across HAI types; for example, some hospitals do not use central lines or urinary catheters, or do not perform colon or abdominal hysterectomy surgeries.

For additional data points, refer to the technical data tables.

[‡]Nat'l baseline time period varies by HAI type. See first column of this table for specifics.

WHAT IS THE STANDARDIZED INFECTION RATIO?

The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The SIR for a facility or state is adjusted to account for factors that might cause infection rates to be higher or lower, such as hospital size, teaching status, the type of patients a hospital serves, and surgery and patient characteristics.

WHAT IS INDIANA DOING TO PREVENT HEALTHCARE-ASSOCIATED INFECTIONS?

Indiana has a state mandate to publicly report at least one HAI to NHSN.

Prevention efforts to reduce specific HAIs:

- Central line-associated bloodstream infections
- Catheter-associated urinary tract infections
- Surgical site infections

- Multidrug-resistant infections (CRE)
- Long-term care facilities
- Antibiotic stewardship

For prevention effort details, see glossary.



**Indiana Patient
Safety Center**

of the Indiana Hospital Association

Hospital Features

The Women's Hospital



- 74 bed, Acute Care, Women's Specialty Hospital
- Located in Newburgh
- Member of the Community Patient Safety Coalition of Southwestern Indiana/Kentucky

Hand Hygiene Monitoring

The Women's Hospital



CERTIFICATE OF COMPLETION

This certificate is awarded for your successful participation
in Hand Hygiene Observations.

To: _____

Thank you for your participation
in keeping our patients safe and making TWH great!

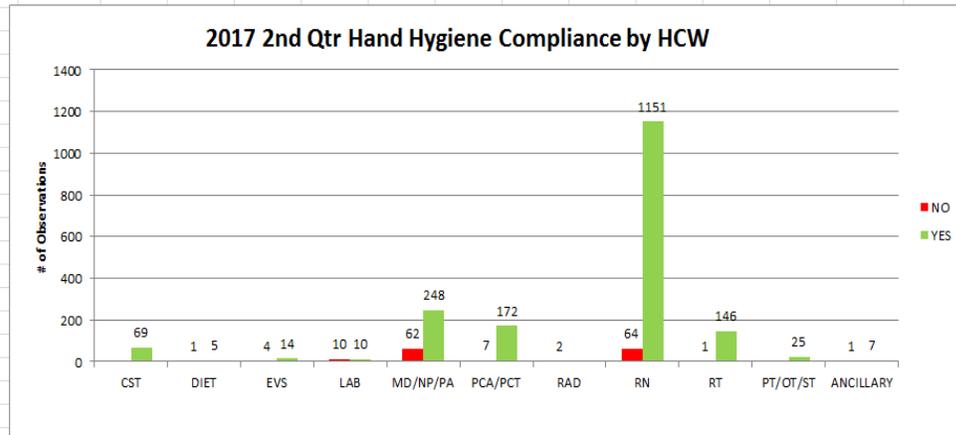
Signature

Date

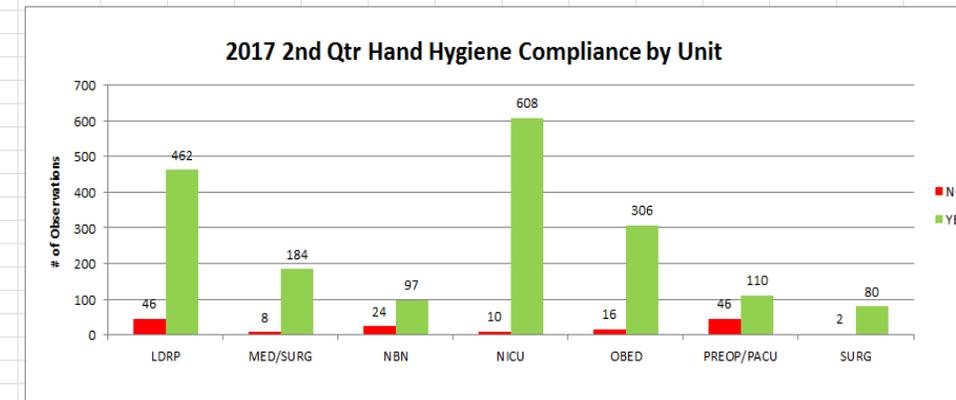


TWH Hand Hygiene Compliance

opportunity	(All)			80%
Month	(Multiple Items)			90%
Count of Unit				
Row Labels	NO	YES	Grand Total	
CST		69	69	100%
DIET	1	5	6	83%
EVS	4	14	18	78%
LAB	10	10	20	50%
MD/NP/PA	62	248	310	80%
PCA/PCT	7	179	186	96%
RAD	2		2	0%
RN	64	1151	1215	95%
RT	1	146	147	99%
PT/OT/ST		25	25	100%
ANCILLARY	1	7	8	88%
Grand Total	152	1847	1999	

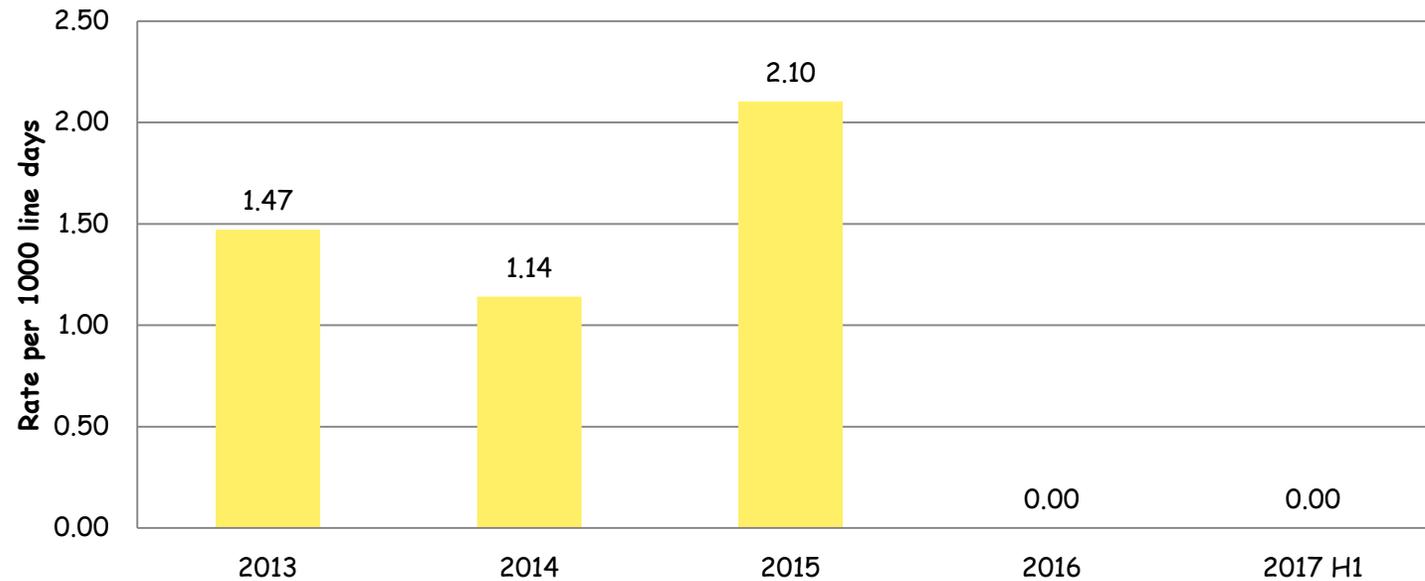


opportunity	(All)			
Month	(Multiple Items)			
Count of Month				
Row Labels	NO	YES	Grand Total	
LDRP	46	462	508	91%
MED/SURG	8	184	192	96%
NBN	24	97	121	80%
NICU	10	608	618	98%
OBED	16	306	322	95%
PREOP/PACU	46	110	156	71%
SURG	2	80	82	98%
Grand Total	152	1847	1999	



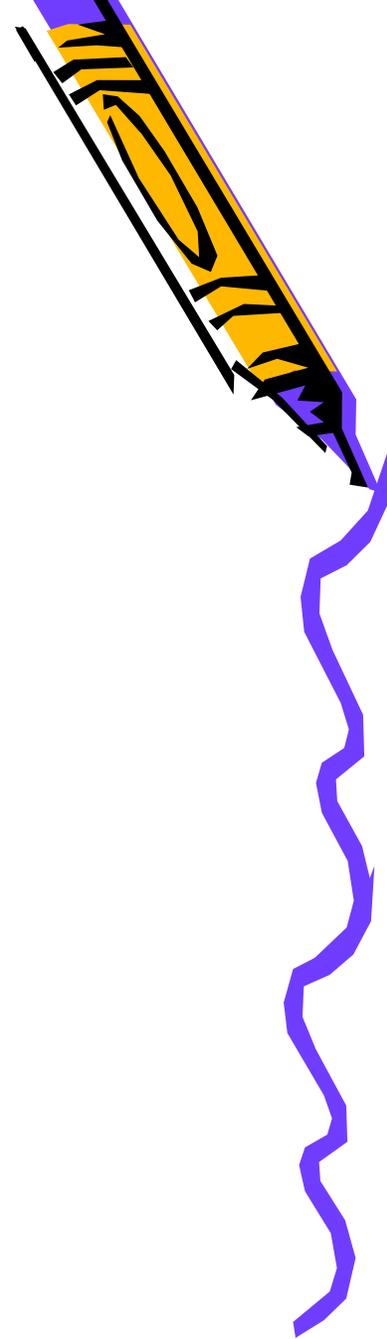
NICU CLABSI's: 2013-2017 (2nd Qtr) Reported to CDC/NHSN

NICU CLABSI Rates

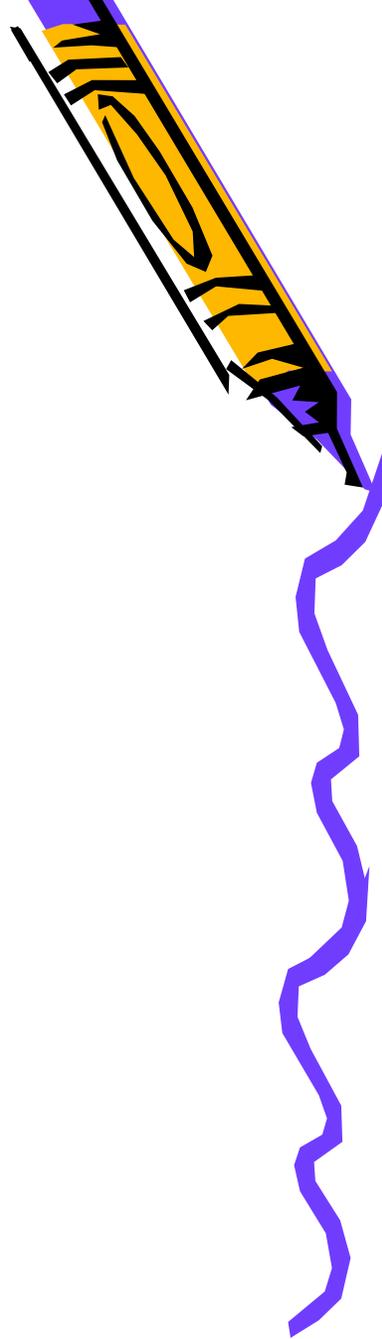
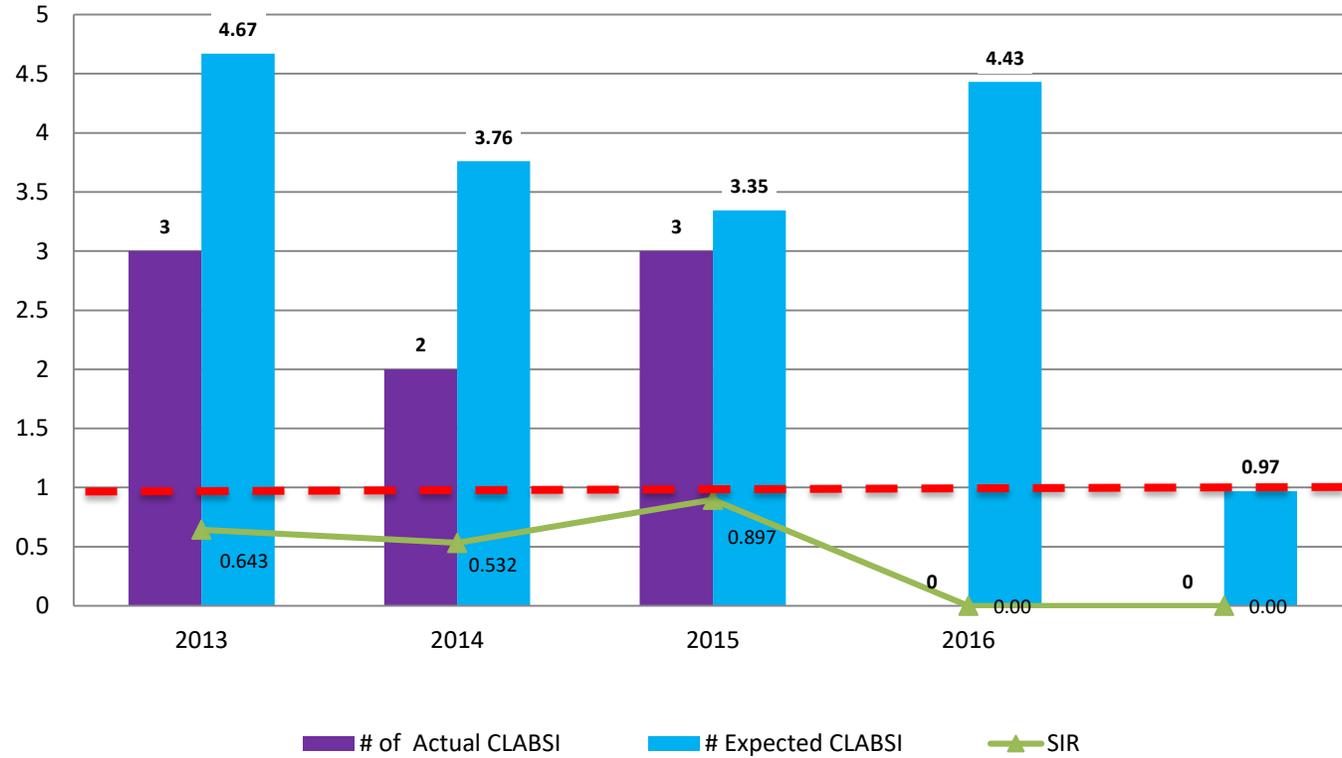


Year	2013	2014	2015	2016	2017 H1
# of CLABSI Infections	3	2	3	0	0

Of interest - there were 1,426 line days in 2015, compared to 2,051 line days in 2016!



NICU Standardized Infection Ratio Trends



Deaconess Hospital

- 379 Bed, Acute Care Hospital
- Located in Evansville
- Member of the Community Patient Safety Coalition of Southwestern Indiana/Kentucky



Hand Hygiene Journey

Dawn Rogers, MSN, RN, FNP-C, MT, ASCP, Patient Safety &
Infection Control Officer

Katie Gretler, MHA, Patient Safety Coordinator
9/5/2017

In the Beginning..... (Feb 2016)

Hospital
Compliance
40-50%





Clean hands stop germs.
Ask us if we washed.

Learn more: www.apic.org/IPandYou 

We are asking ALL units and departments to increase our organizations accountability for hand hygiene! Let's join together and hold each other accountable to this!

Why? Everyone knows that hand hygiene is the foundation of patient safety and it is the simplest way to protect our patients and prevent the spread of infection!

How can you help? Pick an initiative for your unit or department! Call Infection Prevention if you need ideas! Alert Infection Prevention & Patient Safety as to what your initiative will be and provide a start date!

When does this start? NOW!!! Don't wait, just choose something and create awareness while creating a safer environment for our patients!

Prices? Each month, one unit or department will receive a pizza treat. Monthly voting for the winner could be based on ANY of the following:

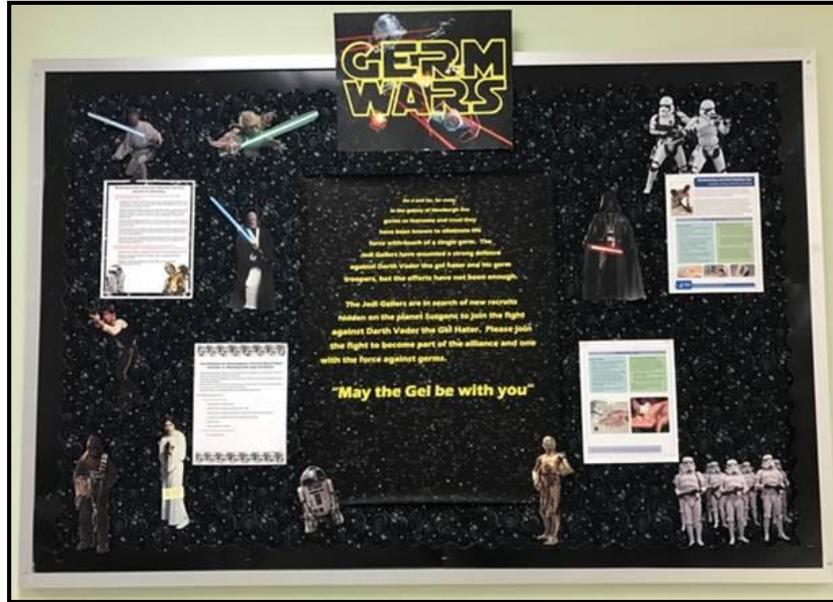
1. Most significant improvement in hand hygiene compliance
2. Highest hand hygiene compliance
3. Most unique initiative

Winners will be announced the first week of each month! Unit/Dept. will win a pizza party and be recognized as a leader in patient safety! Any department/unit that participates will be recognized in the Patient Safety Newsletter!

Infection Prevention & Patient Safety Team



Department Initiatives



The 5 Stages of Grief.....

1. Those numbers couldn't be accurate. Must be another department bringing my numbers down!
2. Well that isn't right that radiology non-compliance makes my unit look bad!
3. If you can just come and see that my unit is different, that is why our numbers are low!
4. I can't believe how non-compliant we are!
5. Our staff is speaking up for hand hygiene!



Denial



Anger



Bargaining

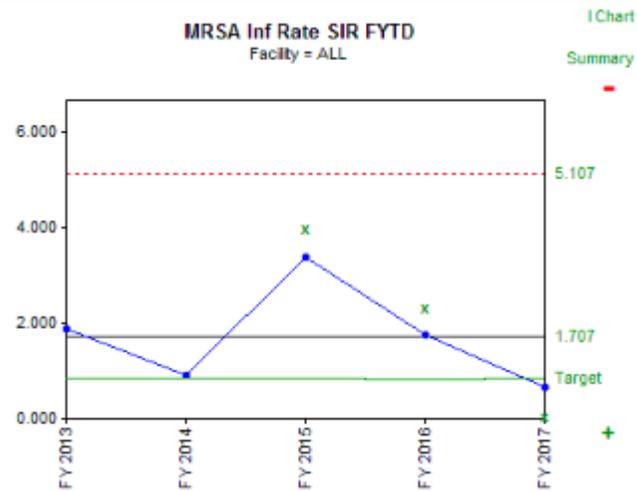
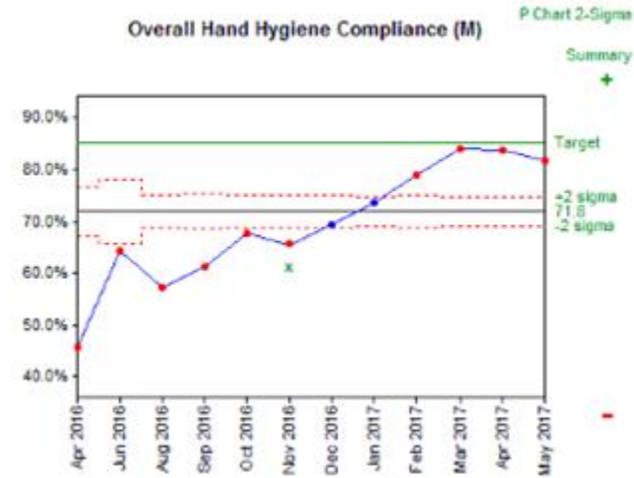
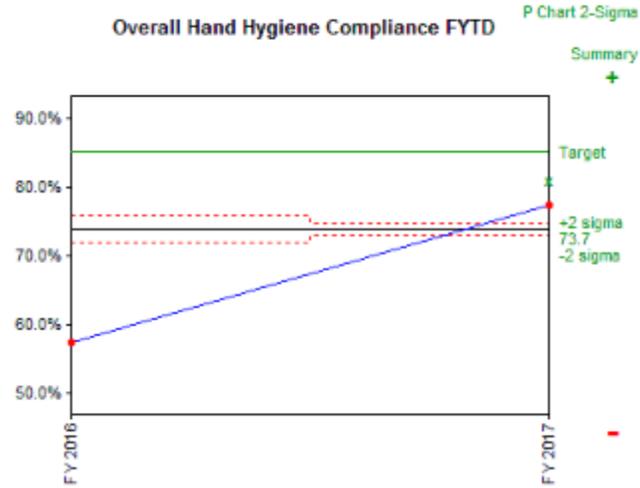


Depression

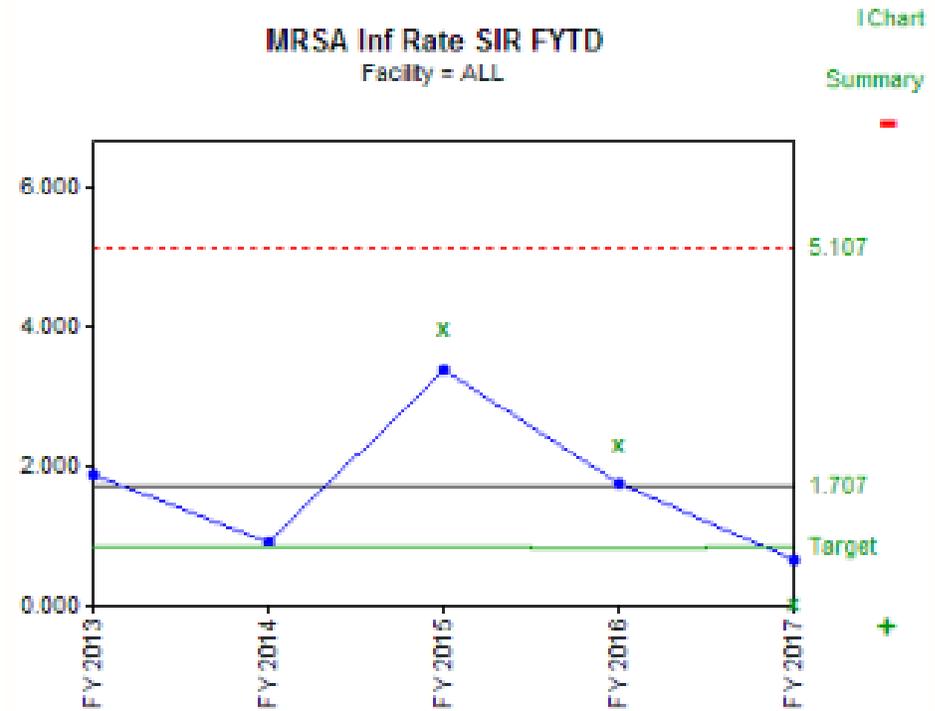
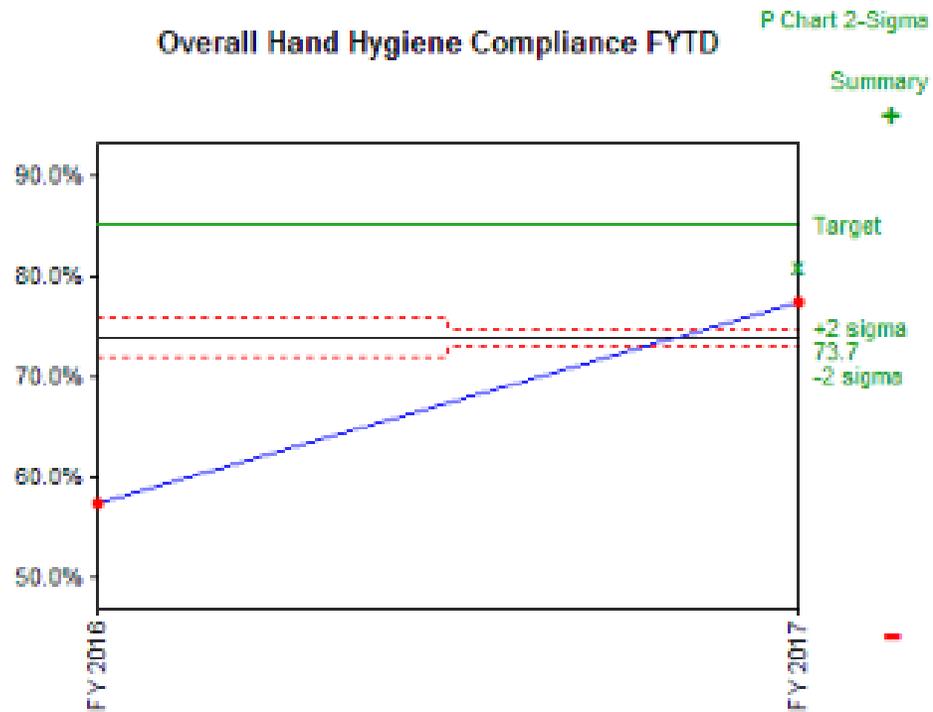


Acceptance

Hand Hygiene Compliance Trends



Hand Hygiene vs. MRSA Bacteremia



Hand Hygiene Strategy Timeline

Initiative	Date
<u>Hand Hygiene</u>	
• On-boarding	Jan 2016
• Department Initiatives encouraging staff to “speak up”	Feb 2016
• Presentation of trophy at monthly Leadership (Most Creative, Most Improved, Most Compliant)	Mar 2016
❖ Participation	
❖ Unit compliance rates	
❖ Discipline compliance rates	
• New strategic goal set	Oct 2016
• Public postings on units	Oct 2016
• Breakdown of compliance by discipline	Nov 2016
• Physician champion	Dec 2016
• <u>Speak Up Challenge</u>	<u>Mar 2017</u>
• Wed report out on Safety Call	Mar 2017



Involvement of Roles for Success

Infection Prevention

- Real time education
 - Create awareness
 - Barriers: Take time to listen!
- Provide tools
- Timely reporting
 - Honor requests for additional data
- Be resilient
- Make it fun!



May 5 is World Hand Hygiene Day

Thanks for doing your part to reduce the spread of infection by cleaning your hands to protect your patients and yourself. Please enjoy a few life savers in our appreciation. **You are a life saver!**



- Infection Prevention & Patient Safety



Involvement of Roles for Success

Units/Departments

- Own hand hygiene!
 - Audits
 - Speak UP
- Hold EVERYONE accountable
 - Development of policy
- Have fun!



Involvement of Roles for Success

Leadership

- Allow transparency
- Set the standards
- Create accountability
- Own hand hygiene
- Allow fun!



March Madness “Speak Up!” Challenge

Speak Up Cards

dh Deaconess

Speak

Date: _____ Discipline: _____

Department: _____

*Department/Discipline you “Spoke up!” to: _____

*“Spoke up!” regarding: (circle below):

Medication	Patient ID	Time Out	Bed Alarm
PPE	Patient Care	Hand Hygiene	

Other: _____

*Did you speak up to a Physician, Manager or Team Leader? (circle below):

Yes or No

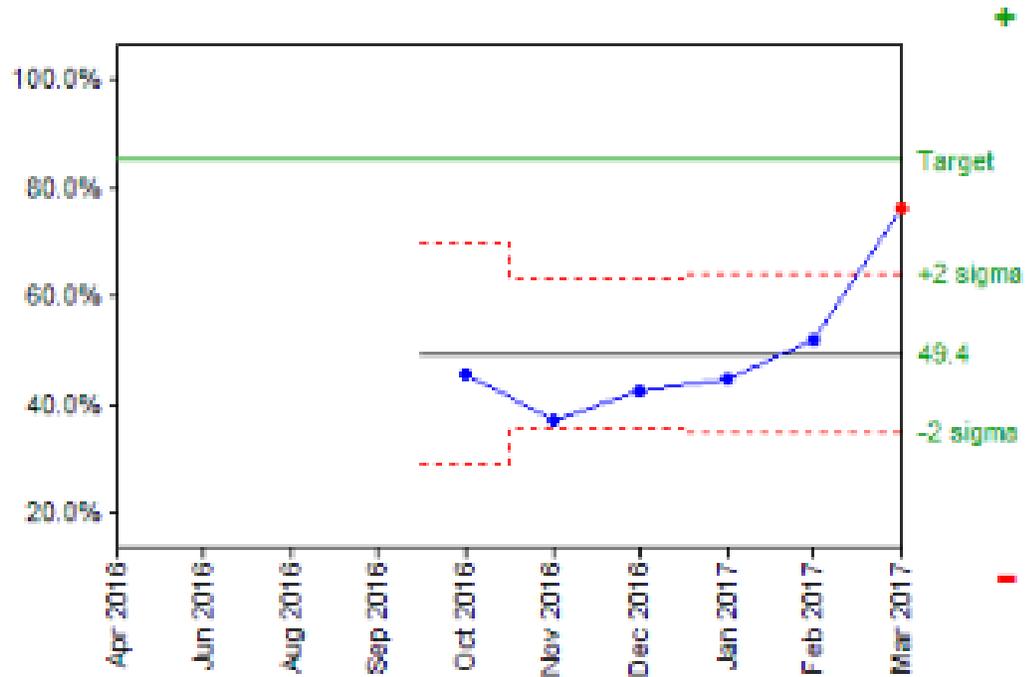
MARCH MADNESS

- ✓ 4 weeks
- ✓ 66 departments
- ✓ 16 teams
- ✓ 3 hospital campuses/Eagle Crest
- ✓ Nearly 2,500 cards submitted
- ✓ More than 3,500 points accrued
- ✓ Patients’ safety heightened ...

Lessons Learned from March Madness!

- **Just Culture is an issue**
 - Employees feared they were “snitching” on their peers
 - Employees feared discipline if they were “caught”
 - These concerns were pervasive
- **Hand Hygiene compliance**
 - #1 “Speak Up!” subject

One Unit's Success Story



Future State

- Greater involvement of ancillary areas
 - Secret auditing in areas where patients are seen
 - Radiology
 - Outpatient Lab
 - Posting discipline compliance rates
- Patient engagement
- Standardized leadership rounding
- Continuous drive for improved safety culture

Accountability & Connecting to HAI – Call to Action

- Assess how you are reporting HAI within ALL levels of your organization
- Make the connection of HAI with the human/personal impact – consider reporting in raw numbers versus rates, percentages or deciles
- While HAI prevention is multifaceted, challenge your team to decrease HAI through proper hand hygiene practices
- Consider reporting HAI incidents back to ALL staff caring for that patient for practice reflection and to assist with RCA

SOAP UP Series Wrap UP

Sept. 19 - Hand Hygiene and Sepsis



World Sepsis Day – Sept. 13

IHA is hosting two events
on this day at the
Indiana War Memorial,
Pershing Auditorium
In downtown Indianapolis

To learn more and register
for these **FREE** events, visit:

<https://www.ihaconnect.org/member/professional-development/Pages/2017-Rally-Against-Sepsis.aspx>

Rally Against Sepsis

10 – 11 a.m. ET

Sepsis Spotlight

12 – 3 p.m. ET



Three Indiana hospitals will
share their innovative
approaches to sepsis care



**Indiana Patient
Safety Center**

of the Indiana Hospital Association

Hand Hygiene Resources

IHAconnect.org/Quality-Patient-Safety

Centers for Disease Control and Prevention

Hand Hygiene in Healthcare Settings



Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half of the times they should. On any given day, about one in 25 hospital patients has at least one healthcare-associated infection.



World Hand Hygiene Day is May 5th
The Clean Hands Count Campaign will offer a new video and education course for healthcare providers.
Join CDC to promote hand hygiene using #CleanHandsCount @CDCgov

CLEAN HANDS COUNT

HEALTHCARE PROVIDERS

When and how to practice hand hygiene

SHOW ME THE SCIENCE

The truth about hand hygiene

PATIENTS

How to ask questions and protect yourself

CLEAN HANDS COUNT CAMPAIGN

Materials to promote hand hygiene



Indiana State Department of Health

ISDH HOME

- About the Agency
- Meetings & Events
- Newsroom
- Contact Us

DIVISIONS

- Health Care Quality & Regulatory
- Health and Human Services
- Healthy Hoosiers Foundation
- Public Health Performance Management
- Public Health Protection & Laboratory Services
- Tobacco Prevention & Cessation
- Center for Deaf and Hard of Hearing Education
- Long Term Care
- Vital Records
- Women, Infants & Children (WIC)
- Epidemiology Resource Center (ERC)
- PUBLICATIONS & BROCHURES
- Newsletters
- Brochures
- Reports
- Rules

ISDH Home > About the Agency > Health Information by Topic - A-Z >> Handwashing Campaign

HANDWASHING CAMPAIGN

Keeping your hands clean is one of the most important ways you can avoid getting sick and spreading germs to others. Many illnesses often happen due to unwashed or improperly washed hands. Many diarrheal illnesses (such as salmonellosis, hepatitis A, and shigellosis) can be spread from person to person by individuals who fail to wash their hands after using the toilet and then pass the bacteria or virus by handling food, shaking hands, or touching other objects. Many respiratory illnesses (such as influenza, RSV, and pneumonia) can be spread if the bacteria or virus gets into another person's mouth and is swallowed, that person then becomes sick. Proper hand washing is everyone's responsibility.

- For Kids
- For Adults
- For Healthcare Workers

Page last updated: September 16, 2016

Page last reviewed: September 16, 2016

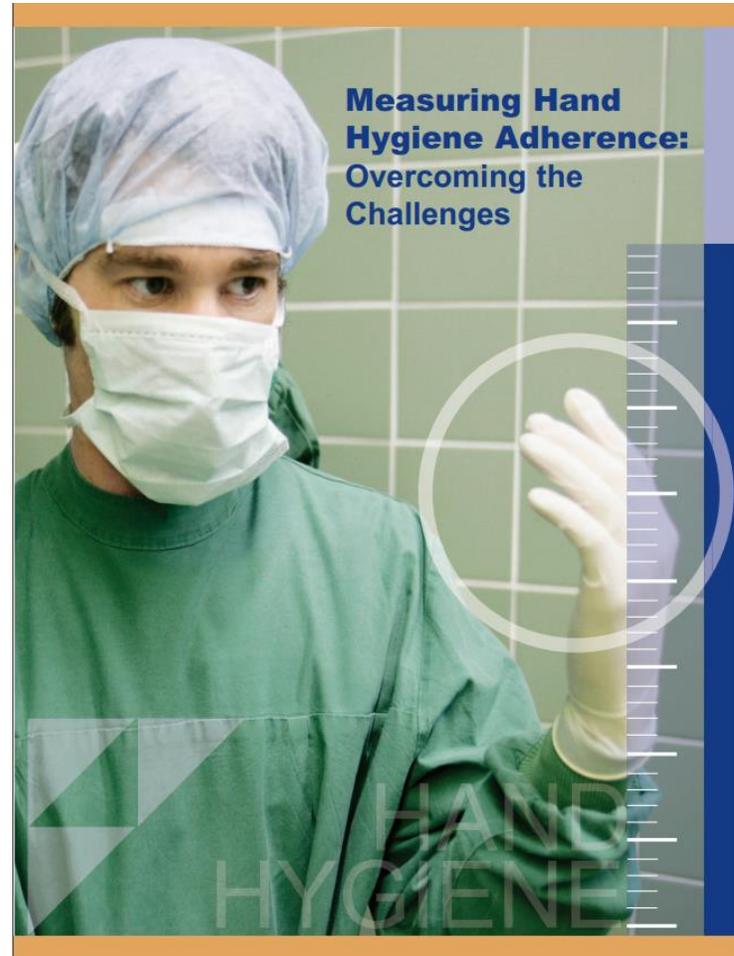
Online Services

- Indiana Death Registration System (IDRS)
- Indiana Immunization Registry
- Food Protection Complaint Form
- MyVaxIndiana
- Nurse Aide Registry
- Radiography License Renewal
- Forms IN.gov

[MORE ONLINE SERVICES >](#)
[SUBSCRIBER CENTER >](#)

Top FAQs I Want To...

1. Apply for a Birth/Death Certificate
2. Register for the IDRS
3. Quit smoking
4. Find information on recent food recalls
5. Get a Flu Shot

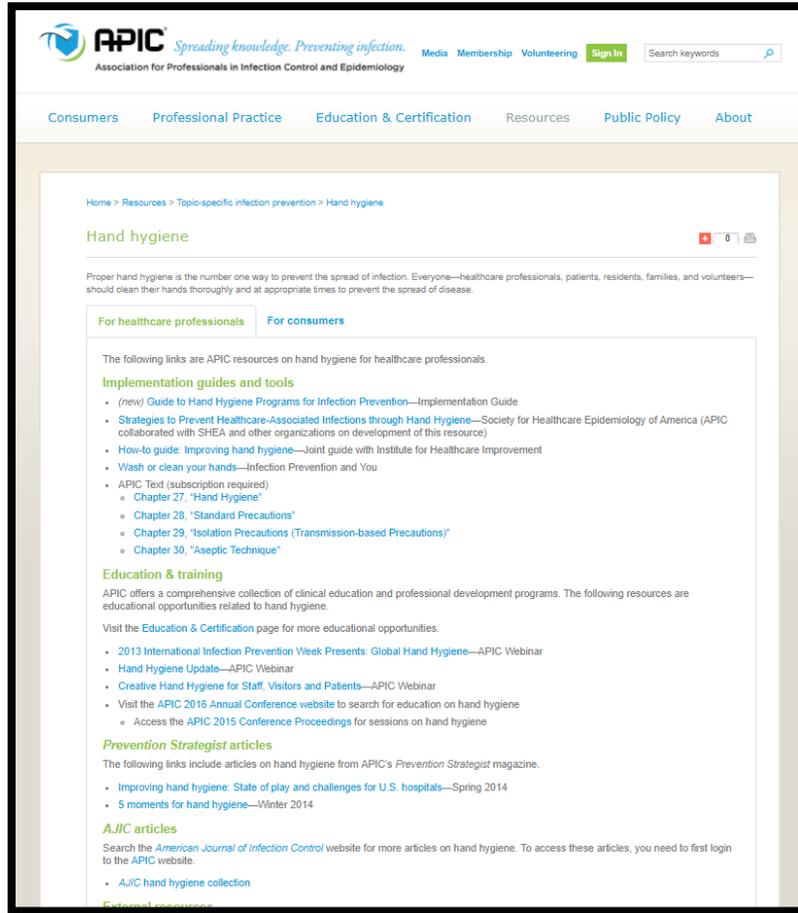


This monograph was authored by The Joint Commission in collaboration with the following organizations:

- The Association for Professionals in Infection Control and Epidemiology, Inc.
- The Centers for Disease Control and Prevention
- The Institute for Healthcare Improvement
- The National Foundation for Infectious Diseases
- The Society for Healthcare Epidemiology of America
- The World Health Organization World Alliance for Patient Safety

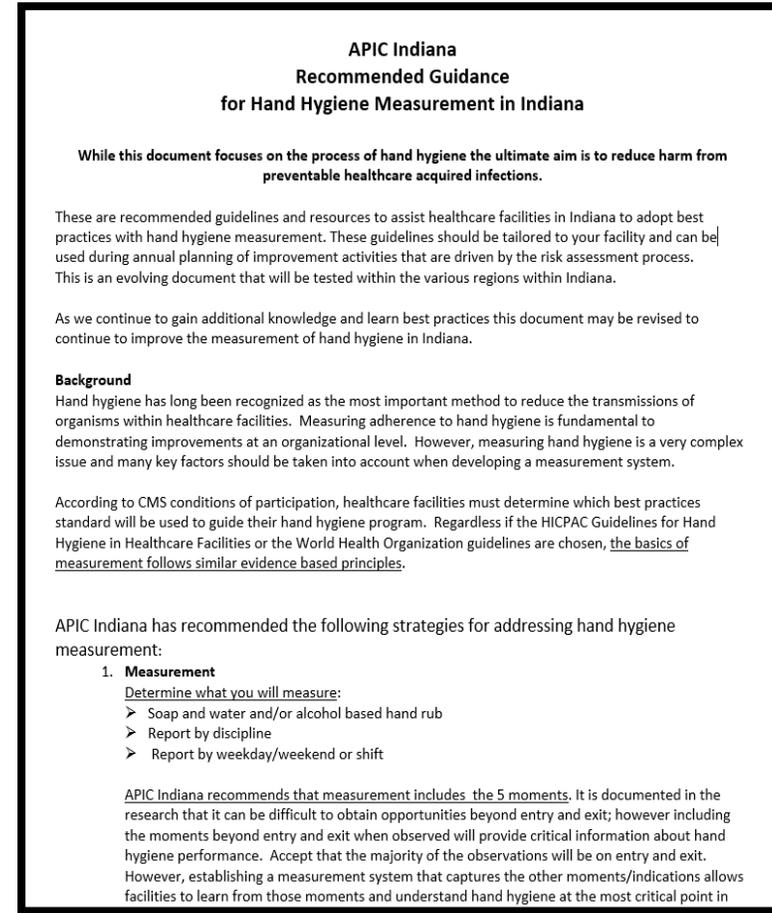
This monograph was supported in part by an unrestricted educational grant provided by GOJO Industries, Inc., Akron, Ohio

Association for Professionals in Infection Control and Epidemiology - APIC



The screenshot shows the APIC website interface. At the top, the APIC logo and tagline "Spreading knowledge. Preventing infection." are visible, along with navigation links for Media, Membership, Volunteering, and Sign In. A search bar is also present. Below the navigation, the page is titled "Hand hygiene" and includes a brief introductory paragraph. The main content area is divided into sections: "Implementation guides and tools" with a list of links to various guides and articles; "Education & training" with a list of webinars and conference resources; "Prevention Strategist articles" with links to magazine articles; and "AJIC articles" with a link to the American Journal of Infection Control website.

<https://apic.org/>



The screenshot shows a document titled "APIC Indiana Recommended Guidance for Hand Hygiene Measurement in Indiana". The document includes a statement of purpose: "While this document focuses on the process of hand hygiene the ultimate aim is to reduce harm from preventable healthcare acquired infections." It provides recommended guidelines and resources for healthcare facilities in Indiana, noting that these should be tailored to the facility and used during annual planning. The document also mentions that it is an evolving document that will be tested within various regions. A "Background" section explains the importance of hand hygiene in reducing transmissions and the complexity of measuring adherence. It references CMS conditions of participation and HICPAC/WHO guidelines. The document concludes with a list of recommended strategies for addressing hand hygiene measurement, starting with "1. Measurement" and "Determine what you will measure:" followed by three bullet points: "Soap and water and/or alcohol based hand rub", "Report by discipline", and "Report by weekday/weekend or shift".

<http://apicin.org/index.php>

IHAconnect.org/Quality-Patient-Safety

IHA Resource Sheet



SOAP UP

SOAP UP promotes appropriate hand hygiene to reduce the spread of infection.

Effective hand hygiene decreases the risk of infection and can help prevent several harm events: CDI, CAUTI, CLABSI, MDRO, Sepsis, SSI and VAE



There are many resources available at HRET-HIIN.org, including those below, to help your organization address these harm events and engage with the UP Campaign.

SOAP UP Resources	
Topic	Link
Introduction to the UP Campaign	https://www.youtube.com/watch?v=E1rCQ8nCVI4 or http://www.hret-hiin.org/Resources/up_campaign/17/up_campaign_presentation_generic.pdf
Catheter-Associated Urinary Tract Infection (CAUTI)	http://www.hret-hiin.org/topics/catheter-associated-urinary-tract-infection.shtml
C. Difficile (CDI)	http://www.hret-hiin.org/topics/clostridium-difficile-infection.shtml
Central Line Bloodstream Infection (CLABSI)	http://www.hret-hiin.org/topics/central-line-associated-bloodstream-infection.shtml
Multi-drug Resistant Organisms (MDRO)	http://www.hret-hiin.org/topics/multi-drug-resistant-organisms.shtml
Sepsis	http://www.hret-hiin.org/topics/sepsis.shtml
Surgical Site Infection (SSI)	http://www.hret-hiin.org/topics/surgical-site-infection.shtml
Ventilator-Associated Events (VAE)	http://www.hret-hiin.org/topics/ventilator-associated-event.shtml



SOAP UP

More Hand Hygiene Resources

Handwashing How-To and Education:

Health care Workers

- Centers for Disease Control and Prevention (CDC) #CleanHandsCount Campaign <https://www.cdc.gov/handhygiene/campaign/index.html>
- World Health Organization (WHO) Hand Hygiene: Why, How & When?: http://who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf
- Health Research & Educational Trust (HRET) Hospital Improvement Innovation Network (HIIN) UP Campaign
 - All UP Campaign Resources: <http://www.hret-hiin.org/engage/up-campaign.shtml>
 - UP Campaign PowerPoint: Soap Up slides 60 – 72: http://www.hret-hiin.org/Resources/up_campaign/17/up_campaign_presentation_generic.pdf

Patients, Visitors and the Community

- Association for Professionals in Infection Control (APIC) Indiana Handwashing Tips: <http://consumers.site.apic.org/infection-prevention-basics/wash-your-hands-often/>
- Mayo Clinic Handwashing Do's and Don'ts: <http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/hand-washing/art-20046253>
- CDC Hand Hygiene Tips:
 - <https://www.cdc.gov/features/handwashing/index.html>
 - <https://www.cdc.gov/handwashing/when-how-handwashing.html>

Social Media Messaging

- IHA has created messaging for both general public, health care providers
<https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx>
- Messaging provided for various formats:

Twitter



Facebook



LinkedIn



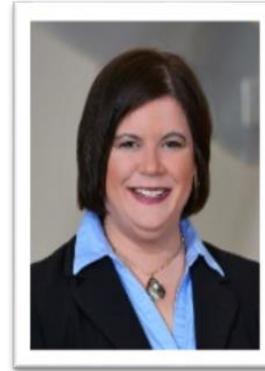
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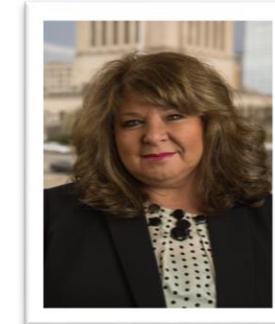
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References

- 1Klebens RM, Edwards JR, Richards CL, Jr., et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. Public Health Rep 2007; 122:160-166.
- 2 Pittet D, Mourouga P, Perneger TV. Compliance with handwashing in a teaching hospital: infection control program. Ann Intern Med. 1999;130(2):126-130.
- 3 World Health Organisation. WHO Guidelines on Hand Hygiene in Health Care. Geneva, Switzerland: World Health Organisation; 2009. http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf. Accessed July 15, 2009.
- 4 Pittet D, Hugonnet S, Harbarth S, Mourouga P, Sauvan V, Touveneau S, Perneger TV. Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. Infection Control Programme. Lancet 2000 Oct 14;356(9238):1307-12.
- 5 Sax H, Allegranzi B, Uçkay I, Larson E, Boyce J, Pittet D. 'My five moments for hand hygiene': a user-centred design approach to understand, train, monitor and report hand hygiene. J Hosp Infect. 2007 Sep;67(1):9-21. Epub 2007 Aug 27.
- 6Backman, Chantal, RN, BScN, MHA "Patient Safety: It's in your hands!" PowerPoint presentation, slide 15.
- 7Gautham Suresh, M.D., D.M., M.S., Cahill, John, M.D., "National Patient Safety Goals. How 'User Friendly' is the Hospital for Practicing Hand Hygiene?: An Ergonomic Evaluation." The Joint Commision Journal on Quality and Patient Safety 33. 3 (March 2004).
- 8Brachman PS, Dan BB, Haley RW, Hooten TM, Farner JS, Allen JR. Nosocomial surgical infections: incidence and cost. Surg Clin North Am 1980;60:15-25.
- 9Larson, E. (1988). A causal link between handwashing and risk of infection? Examine the evidence. Infection Control, 9(1), 28-36.
- 10Albert. R.K. & Condie, F. (1981). Handwashing patterns in medical intensive-care units. New England Journal of Medicine, 304(24), 1465-1466.
- 11Graham, M. (1990). Frequency and duration of handwashing in an intensive care unit. American Journal of Infection Control, 18(2), 77-81