



**Indiana Patient
Safety Center**

of the Indiana Hospital Association

SOAP UP

Hand Hygiene and Sepsis

Sept. 19, 2017

Agenda

- Welcome, Introductions & Housekeeping
- UP Campaign Overview
- SOAP UP Webinar Series Recap
- Hand Hygiene and Sepsis
- SOAP UP Resources & Support
- What's UP Next?

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**

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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.

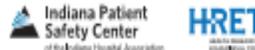
O **OWN**
Your role in preventing HAIs.

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.

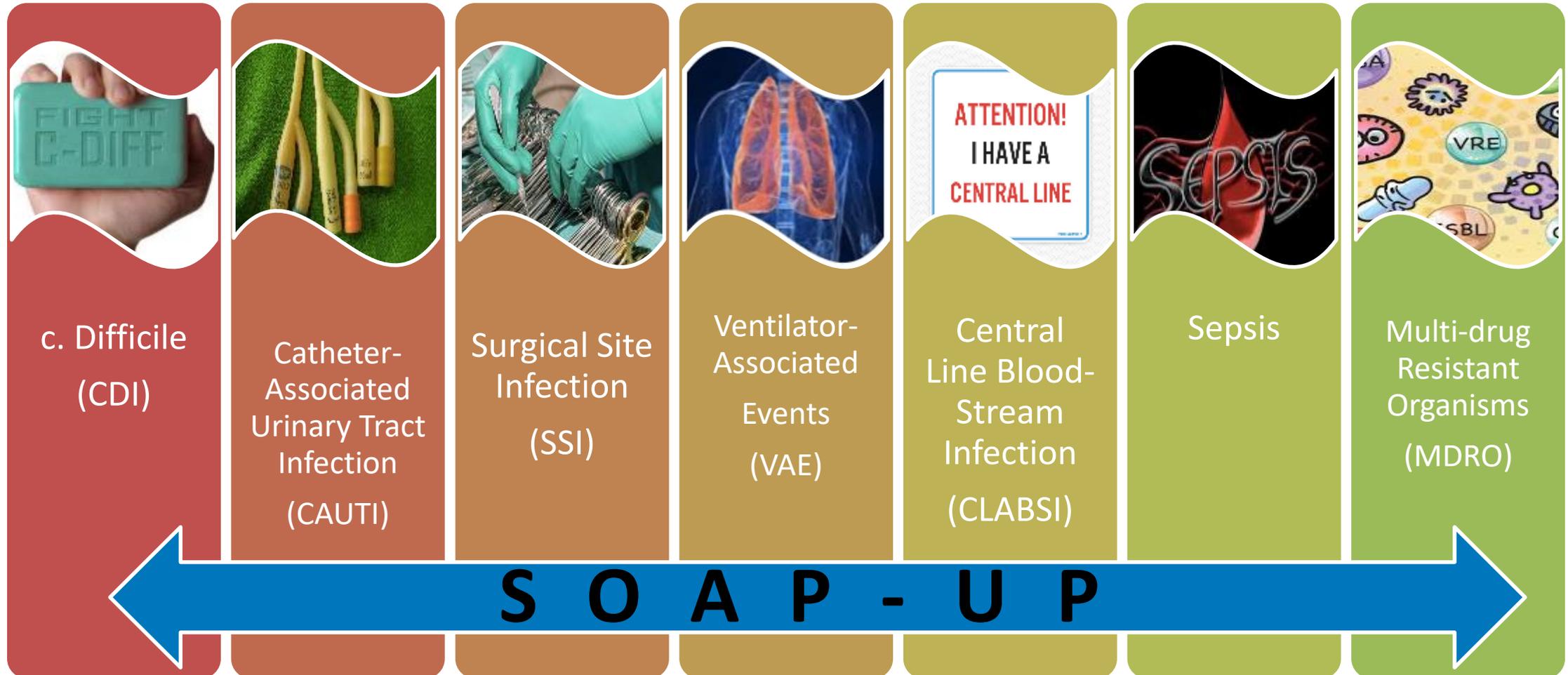
E **ENGAGE**
Patients and families to set realistic pain expectations, use of non-sedating analgesics, risks of opioids.

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

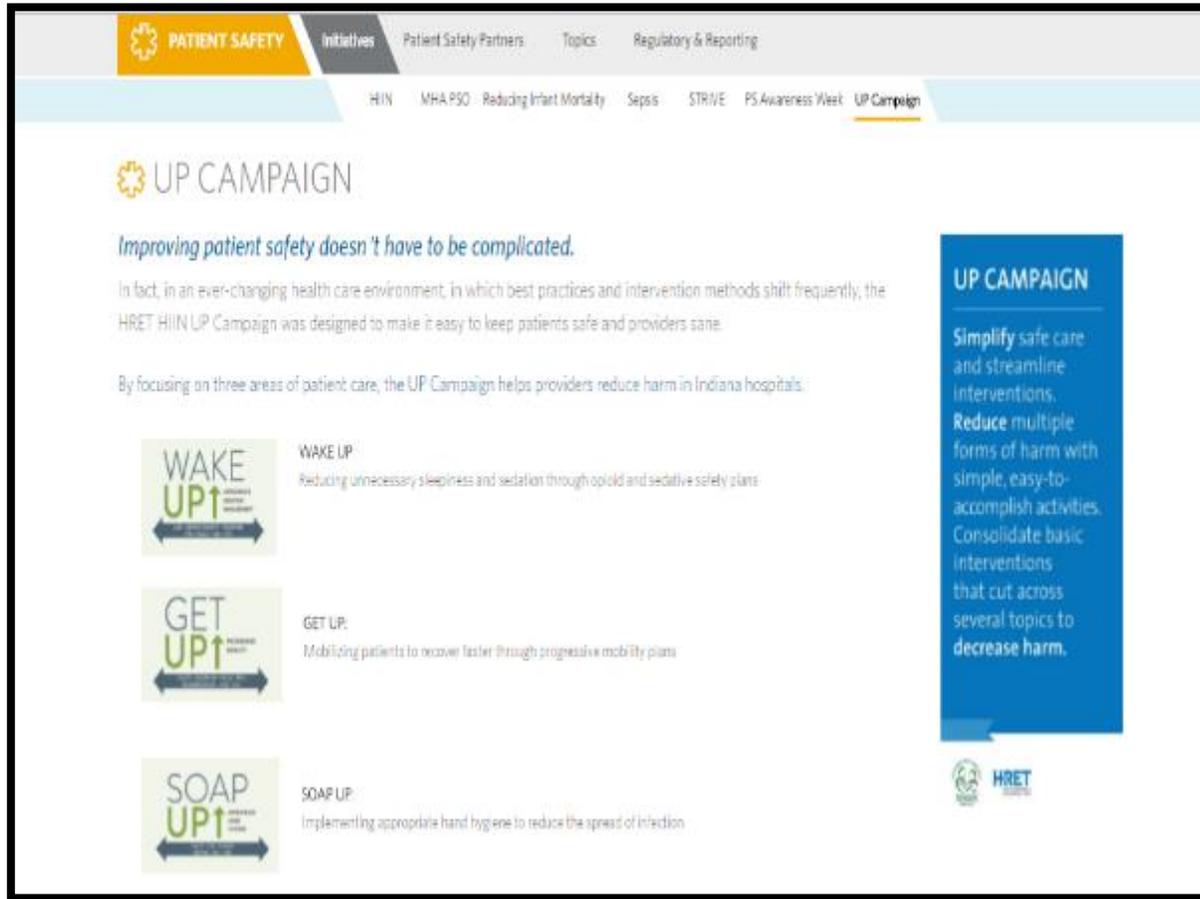
P **PROTECT**
The patient...our ultimate job.



Hand Hygiene



Access to UP Campaign Materials



IHA SOAPUP Webinar Series

[SOAP UP Webinar Information Sheet](#)

[SOAP UP Resource Page](#)

[SOAP UP social media for hospital use](#)

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

- 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
 - Topic: Accountability: Connecting Practice to HAI and Costs to Organization
 - [Download slides](#) or [view the recording](#) 
- September 19 at 3 p.m. ET
 - Dial-in: 888-441-7458
 - [Participant link](#)
 - Topic: Connecting Hand Hygiene and Sepsis



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2017 Hospital Survey

IHAconnect.org/Quality-Patient-Safety

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**

Global Survey Themes

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

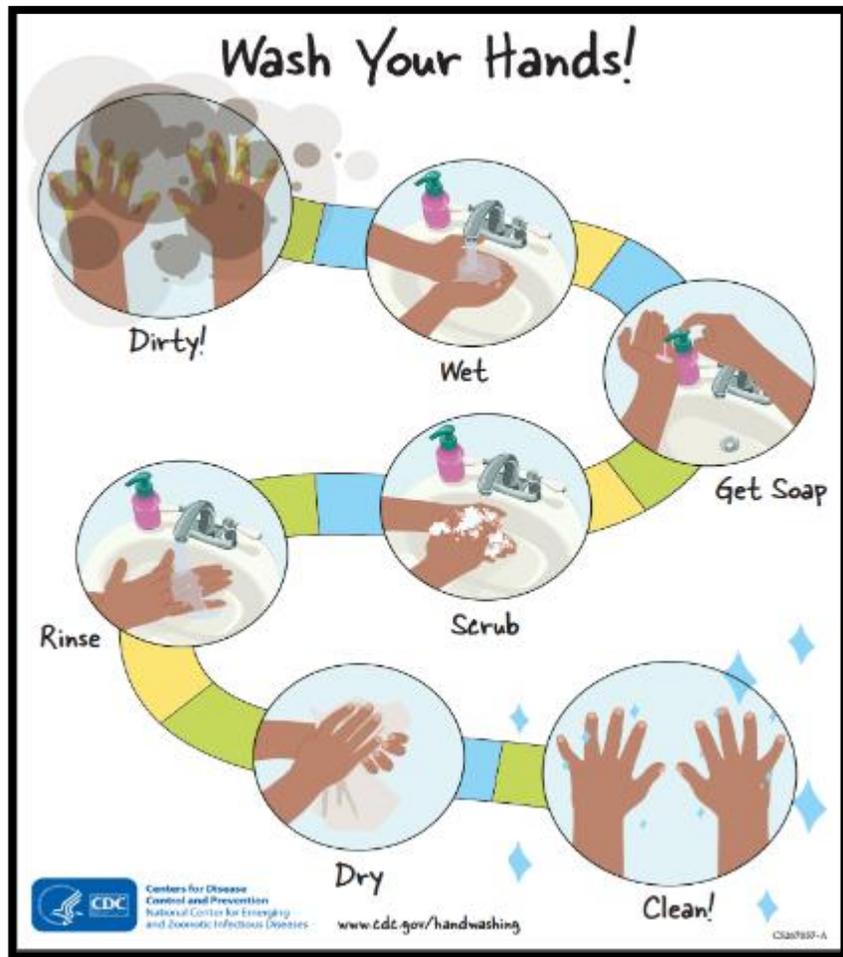
Leaders Lifesaver Competency Foam
Observations Monitoring Results Rates
Family Education Facility
Hand Hygiene Rounding Staff
Secret Shoppers Posters SPEAK Signage Reinforcement
Sharing Audits

Engaging Hospital Teams



Leaders Lifesaver Competency Foam
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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



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Reliable Data Collection

IHAconnect.org/Quality-Patient-Safety

Lessons Learned – Peer Sharing

Courtesy of IU Health (system approach) and Franciscan Health Michigan City



- Validate observers - intentional training
- Observe units other than “home base”
- Standardize education while also permitting individual creativity and innovation
- “All Hands on Deck” – hand hygiene belongs to everyone as the role of the Infection Preventionist is changing
- Have FUN!

Lessons Learned – Peer Sharing

Courtesy of IU Health (system approach) and Franciscan Health Michigan City

- Keep measurement simple
- Leverage technology when possible
- Incorporate surveillance with existing processes
- Empower staff to provide immediate, on-the-spot peer performance feedback and education – use hand signals



Hand Hygiene Data Validity Call to Action

- Critically evaluate your current process
What is working, what is NOT working?
Are results reliable/accurate?
- Assess new strategy for feasibility to incorporate at your organization

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



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Safety Culture & Speaking Up

IHAconnect.org/Quality-Patient-Safety

Culture & Speaking UP

Think Tank Prompt

What is your Hand Hygiene Culture?

- Who owns hand hygiene at your organization?
- How is your senior leadership engaged with hand hygiene efforts?
- Does your team recognize and link hand hygiene to health outcomes?

How is your staff speaking up?

- How do you provide staff with performance feedback whether individual, unit level or hospital-wide?
- How are you coaching your team to speak up for safety?
- Does your team use universal language for peer-to-peer observation findings?

Lessons Learned – Peer Sharing

Courtesy of IU Health Blackford Hospital and Elkhart General Hospital

- Have fun - Be a Lifesaver!
- The ability to access materials to perform hand hygiene is something that not everyone has across the globe
- 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



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Accountability & Connecting to HAI

IHAconnect.org/Quality-Patient-Safety

Accountability and Connecting to HAI

Think Tank Prompt

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?

Lessons Learned – Peer Sharing

Courtesy of The Women's Hospital and Deaconess Hospital

- Hand Hygiene compliance results often follow stages of grief



- Leadership is essential to permit transparency, set standards so that the safety culture supports accountability for ALL
- Build strong multidisciplinary teams
- Leverage community partnerships
- Analyze performance data and link to outcomes

Lessons Learned – Peer Sharing

Courtesy of The Women's Hospital and Deaconess Hospital

"PAY IT FORWARD AND PASS THE PACKET"

As we continue to strive for excellent patient care, TWH has implemented a hospital wide program to meet the new "Non-Negotiable" standard of hand hygiene. This means that hand hygiene and hand hygiene observations are required to deliver the best possible care for our patients safety. You have been selected to be a "secret observer" and collect hand hygiene observations. Everyone must participate.

INSTRUCTIONS

1. Do 40 Observations a month (i.e. 10 a week). Forms can be found on [Intranet>Forms](#). Be sure to select the correct one (NICU or OTHER Clinical Areas)
2. Fax or Interdepartmental mail observation forms to Annette Carter by end of the month once completed.
3. At the end of the month after your forms are submitted, YOU get to pay it forward and find a friend to pass the packet to. Call or email Annette Carter with the persons name you selected, as we will need to keep track of ongoing observations. ANY staff (housekeeping, EVS, dietary, social services, admitting, purchasing, etc....) that are around patient care areas can participate so MIX IT UP! Please restock packet before passing it off. Be sure to physically hand off this packet (don't stick in mailbox)
4. You will receive an incentive and certificate for your competency binders if your forms are received by the end of the month AND get entered for a Quarterly Drawing.

WOW! Based on our hospital size, the estimated number of hand hygiene opportunities in a months time is: NICU- 207,360 ADULT & WELL BABY- 302,400

Thank you for all of your hard work and help in implementing this project.
Your efforts are greatly appreciated!

Annette Carter
Phone- (812) 842-4590
Fax- (812) 842-4581



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

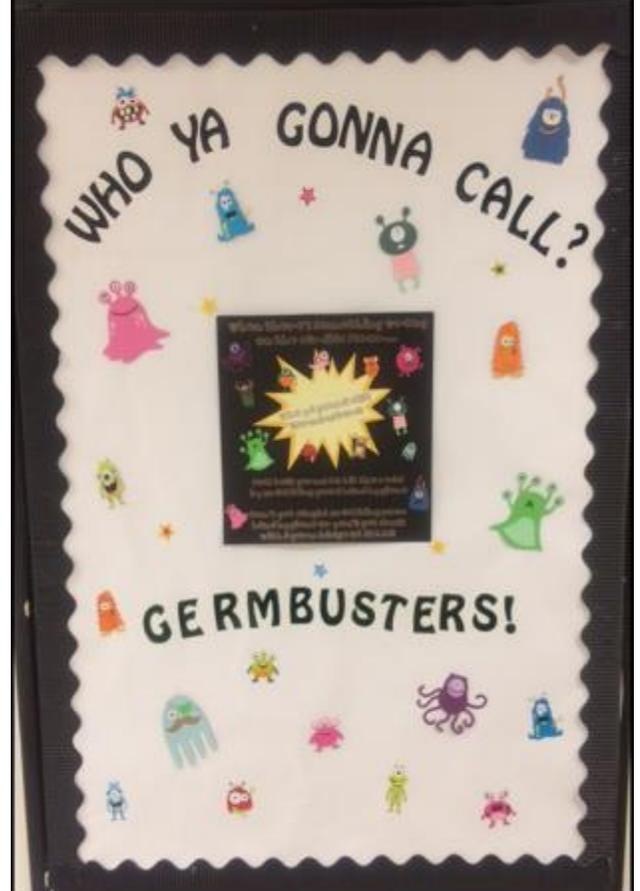
Date



GERM WARS

...the most effective and most important of all hand hygiene practices is the proper use of hand sanitizer. ...

"May the Gel be with you"



WHO YA GONNA CALL?

GERMBUSTERS!

CELEBRATE!



Speak Up Cards




Date: _____
Department: _____ Discipline: _____
*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



Free Smoothie

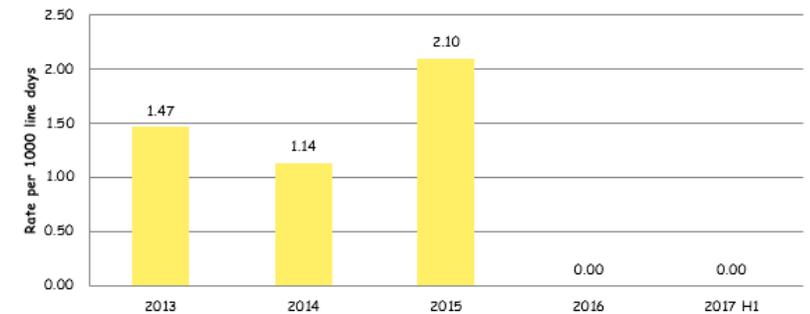
This coupon is good for one smoothie in The Women's Hospital Coffee Shop
Good for one visit only—No change will be given.

Date: _____ Department: _____

Issued by: _____



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!

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 ↑

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 HAs.

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.

How are you incorporating SOAP UP within your organization?



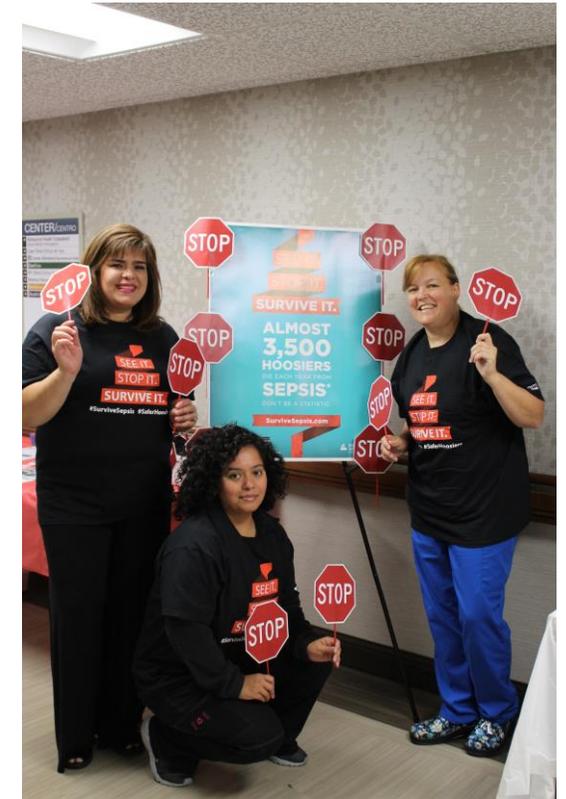
Franciscan Health Rensselaer



St. Catherine – East Chicago



St. Catherine – East Chicago



Greene County General Hospital



Hand Hygiene & Sepsis





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Sepsis

Hand Hygiene



Why Does IHA Focus On Sepsis?

- Since 2008, IHA has tracked sepsis mortality in Indiana's hospitals as the leading cause of inpatient deaths
- In 2015, IHA's Council on Quality and Patient Safety restated its commitment to reduce sepsis mortality in Indiana
 - Sepsis is the most frequent inpatient discharge, aside from deliveries
 - Over 3,000 Hoosiers died in hospitals from sepsis in 2016
 - In 2016, there were more inpatient deaths from sepsis from any other diagnosis
 - The average charges for an inpatient with a sepsis diagnosis in Indiana was about \$44,000



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NEW Sepsis Mortality Reports

IHAconnect.org/Quality-Patient-Safety

How is Sepsis Defined for Measurement?

- **Type of Patient** – all Indiana acute care hospitals' inpatients
- **Source of Infection** – includes community and hospital acquired
- **Definition** – inpatient discharges that group to the All-Payer Refined DRG 720 – Septicemia
- Excludes patients coded as palliative care

What Do the New Reports Track?

- **State Trends**
- **Patient Safety Coalition Trends**
- **Hospital specific information**
 - Compared to coalition, state and benchmark rates
 - Trend lines over time
 - Select action-oriented patient demographics

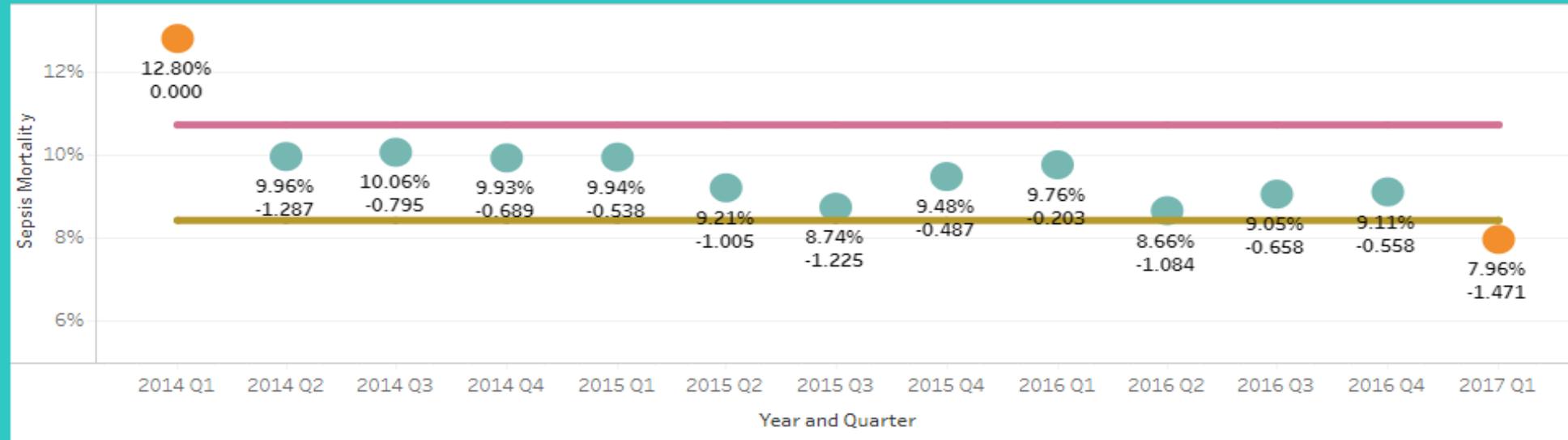


For calendar year 2018, Indiana hospitals will achieve a collective septicemia mortality rate of 5% or below

Indiana Sepsis Mortality



Statewide Trendline

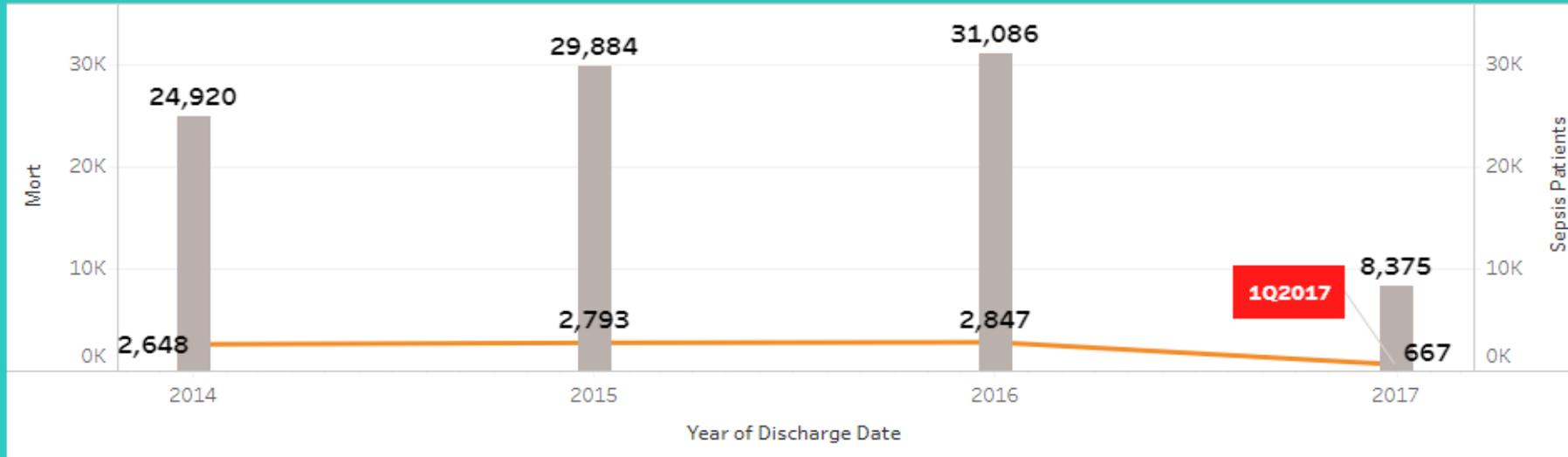


NOTE: Septicemia mortality is calculated using all discharges grouped to APR-DRG 720 Septicemia, excluding records with a diagnosis code V66.7 ICD-9-CM and Z51.5 ICD-10 Palliative Care.



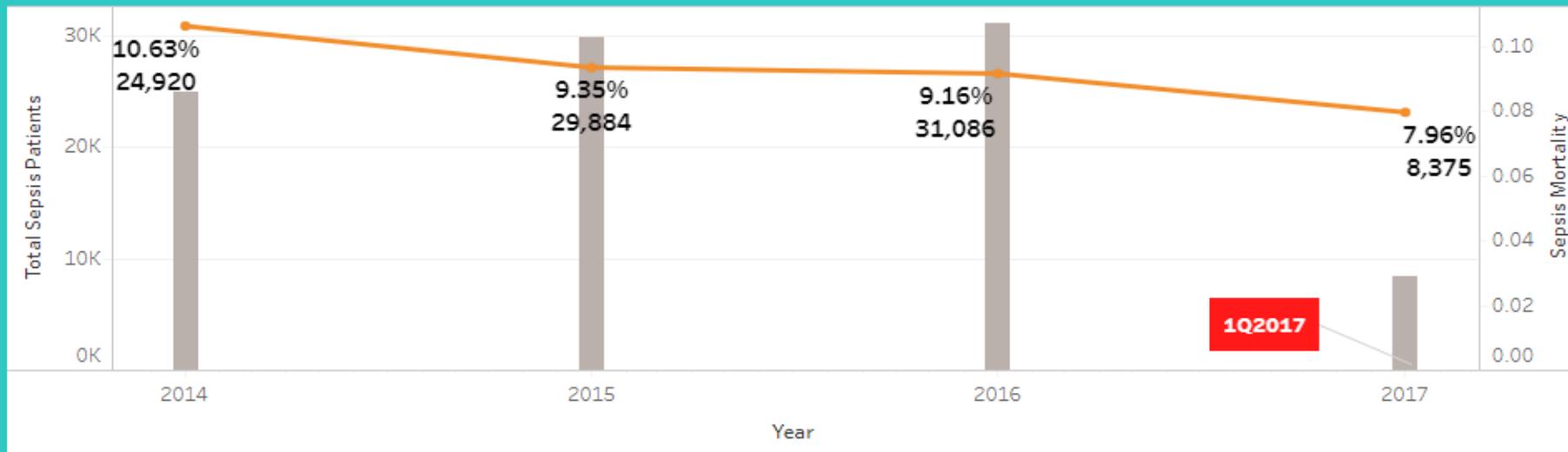
Total Sepsis Patients VS. Sepsis Deaths

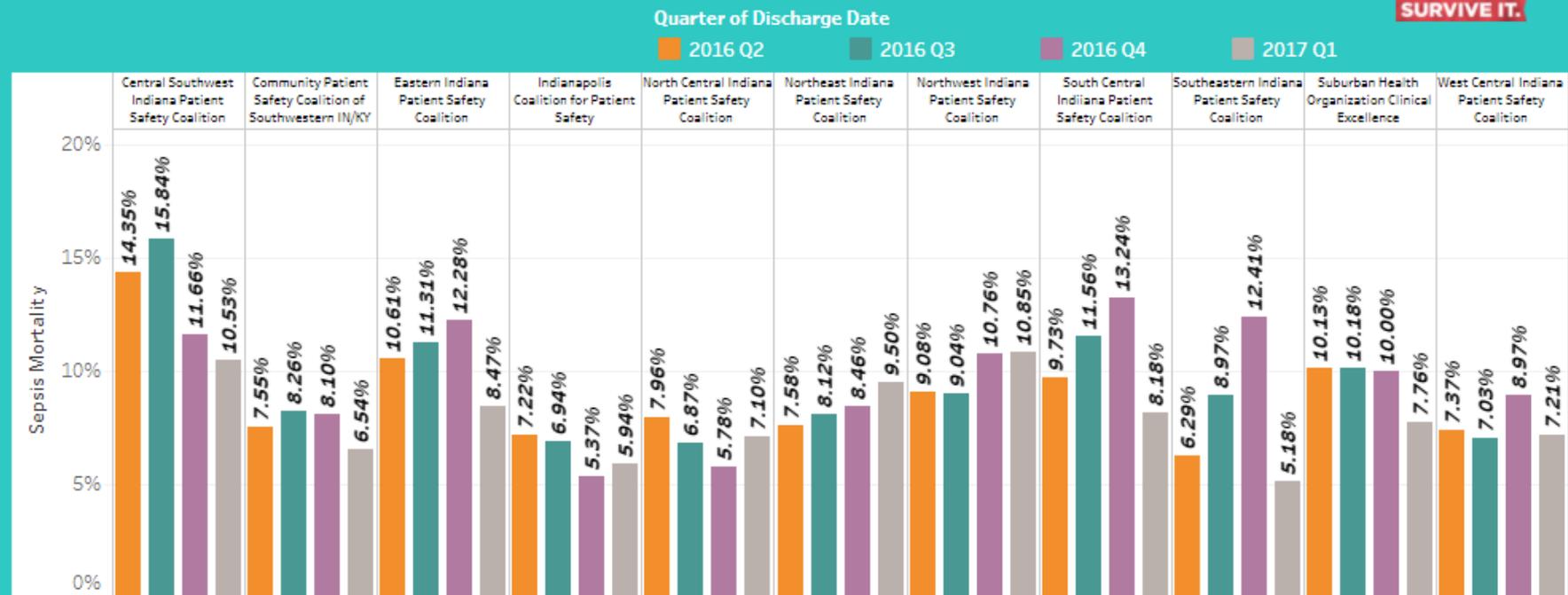
Measure Names
■ Sepsis Deaths ■ Total Sepsis



Total Sepsis Patients VS. Sepsis Mortality Rate

Measure Names
■ Sepsis Mort ■ Total Sepsis





Coalition	Sepsis Patients that Died				Total Sepsis Patients				Sepsis Mortality Percentage			
	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1
Central Southwest Indiana Patient Safety Coalition	30	32	19	18	209	202	163	171	14.35%	15.84%	11.66%	10.53%
Community Patient Safety Coalition of Southwestern IN/KY	53	57	62	50	702	690	765	764	7.55%	8.26%	8.10%	6.54%
Eastern Indiana Patient Safety Coalition	63	71	78	57	594	628	635	673	10.61%	11.31%	12.28%	8.47%
Indianapolis Coalition for Patient Safety	109	101	91	107	1,509	1,455	1,694	1,801	7.22%	6.94%	5.37%	5.94%
North Central Indiana Patient Safety Coalition	48	41	37	47	603	597	640	662	7.96%	6.87%	5.78%	7.10%
Northeast Indiana Patient Safety Coalition	53	55	63	74	699	677	745	779	7.58%	8.12%	8.46%	9.50%
Northwest Indiana Patient Safety Coalition	95	94	116	113	1,046	1,040	1,078	1,041	9.08%	9.04%	10.76%	10.85%
South Central Indiana Patient Safety Coalition	87	89	121	78	894	770	914	953	9.73%	11.56%	13.24%	8.18%
Southeastern Indiana Patient Safety Coalition	20	26	33	16	318	290	266	309	6.29%	8.97%	12.41%	5.18%
Suburban Health Organization Clinical Excellence	47	50	52	50	464	491	520	644	10.13%	10.18%	10.00%	7.76%
West Central Indiana Patient Safety Coalition	28	27	41	33	380	384	457	458	7.37%	7.03%	8.97%	7.21%

**Blanks indicate there were no sepsis patients in the timeframe.*

Hospital Specific Sepsis Mortality



Hospital Name
Hospital B

Coalition
Coalition 5

Hospital Na..	2016 Q2	2016 Q3	2016 Q4	2017 Q1
Hospital B	7.53%	8.64%	7.73%	8.29%

Sepsis Mortality
7.53% 8.64%

Coalition	2016 Q2	2016 Q3	2016 Q4	2017 Q1
Coalition 5	7.58%	8.12%	8.46%	9.50%

Statewide	2016 Q2	2016 Q3	2016 Q4	2017 Q1
Statewide	8.66%	9.05%	9.11%	7.96%

Statewide Benchmark Sepsis Mortality Rate*

	2016 Q2	2016 Q3	2016 Q4	2017 Q1
	4.23%	4.61%	4.22%	3.07%

*Benchmark is computed after removing hospitals with <10 sepsis patients for each quarter statewide. Hospitals are then put into percentiles and the benchmark rate displayed is the 10th percentile rate.

The Statewide Benchmark is the 10th percentile rate of all hospitals' sepsis mortality rates arrayed from lowest to highest. Hospitals must have 10 or more cases annually to be included in the ranking.

Hospital Name
Hospital B

Top 10 Zip Codes

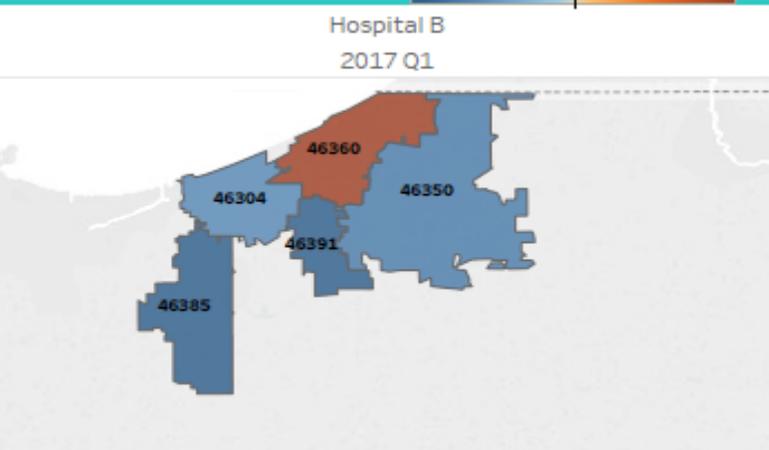
		Hospital B	
Index	Zip Code	2017 Q1	
1	46360	39	
2	46304	9	
3	46350	7	
4	46385	2	
5	46391	2	

Hospital Specific Point of Origin for Sepsis Patients

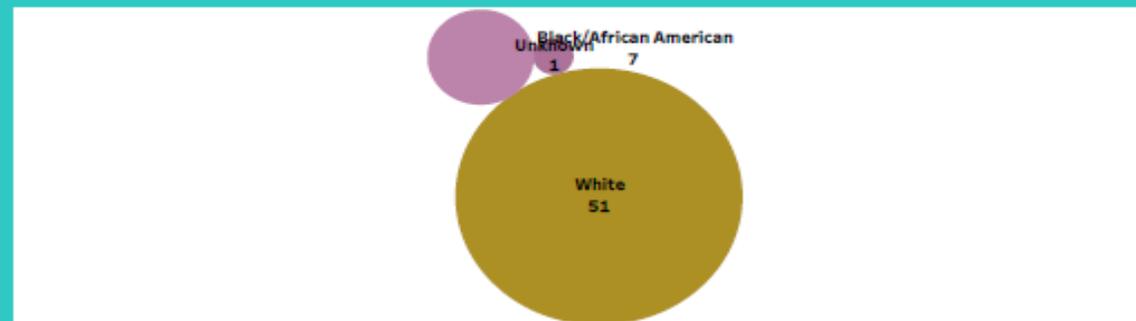
Point Of Origin	Quarter of Discharge Date			
	2016 Q2	2016 Q3	2016 Q4	2017 Q1
Non-Health Care Facility	66	63	54	56
Transfer from a Different Hospital Facility	1			
Transfer from SNF		2	2	3

What action-oriented demographic detail would you like to see included, such as age, race, ethnicity, language, etc.?

Top 10 Zip Codes



All Sepsis Patient Demographics for 1st Quarter



Sepsis Awareness Month

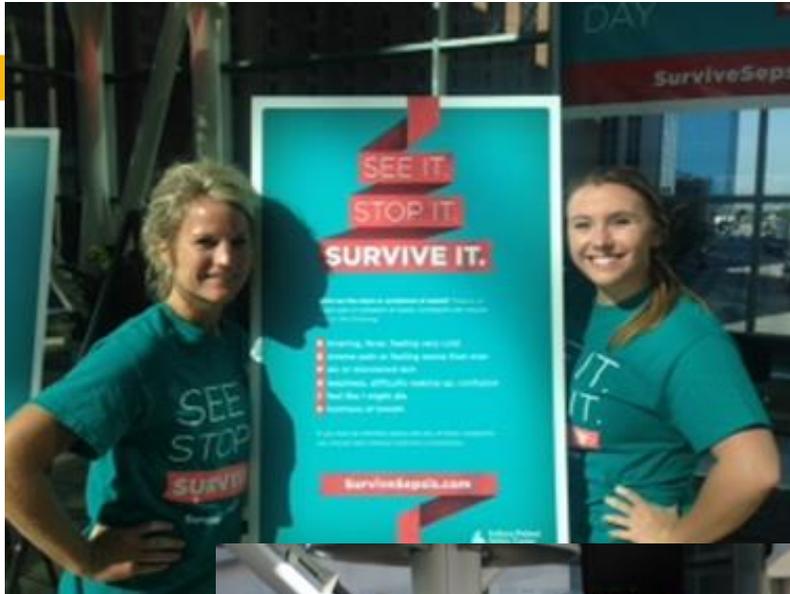


What are you planning?
IHA asks that during the month, your team

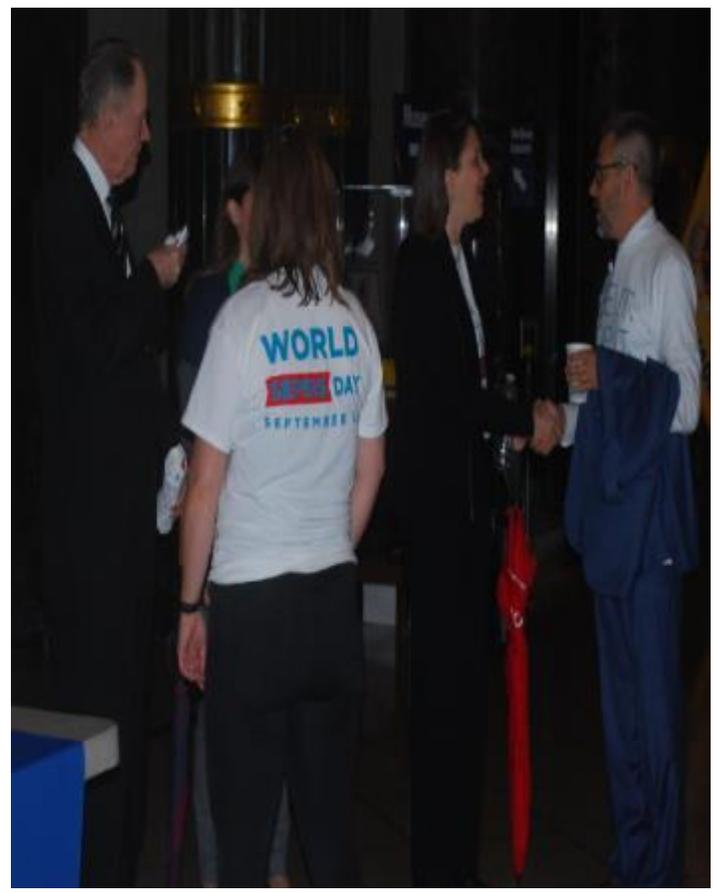
1. Conduct a staff development activity
2. Engage community through outreach

2017 Toolkit & Resources Available by visiting [HERE](#)

2016 Rally Against Sepsis



World Sepsis Day – Sept. 13, 2017



2017 Rally Against Sepsis



2017 Rally Against Sepsis

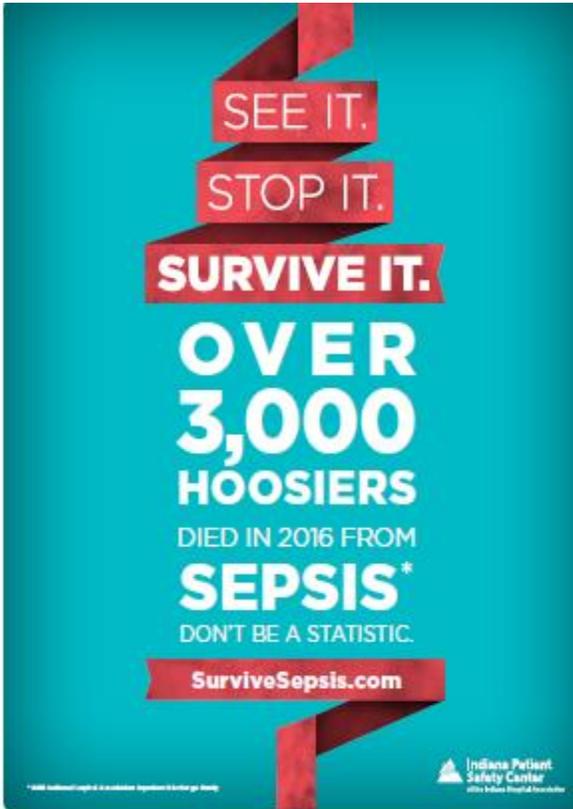


2017 Sepsis Spotlight



2017 Sepsis Awareness Toolkit

<https://www.ihaconnect.org/patientsafety/Initiatives/Pages/Sepsis.aspx>



SEE IT.
STOP IT.
SURVIVE IT.

**OVER
3,000
HOOSIERS**
DIED IN 2016 FROM
SEPSIS*
DON'T BE A STATISTIC.

SurviveSepsis.com

© 2017 Indiana Patient Safety Center. All rights reserved. *Source: CDC

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SEE IT.
STOP IT.
SURVIVE IT.

sepsis

[sep-sis] • n. The body's overwhelming and potentially life-threatening response to an infection. It can lead to tissue damage, organ failure and even death.

Know how to spot it and how to stop it.

SurviveSepsis.com

Indiana Patient Safety Center
of the Indiana Hospital Association



SEE IT.
STOP IT.
SURVIVE IT.

What are the signs or symptoms of sepsis? There is no single sign or symptom of sepsis. Symptoms can include any of the following:

- hivering, fever, feeling very cold
- xtreme pain or feeling worse than ever
- ale or discolored skin
- loepiness, difficulty waking up, confusion
- feel like I might die
- hortness of breath

If you have an infection along with any of these symptoms, you should seek medical treatment immediately.

SurviveSepsis.com

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Use these hashtags throughout the month:

#SurviveSepsis #SaferHoosiers #SepsisAwarenessMonth

[IHAconnect.org/Quality-Patient-Safety](https://www.ihaconnect.org/Quality-Patient-Safety)



**Indiana Patient
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Hand Hygiene Resources

Partnering to Heal

<https://health.gov/hcq/trainings/partnering-to-heal/index.html>

Partnering to Heal



Partnering to Heal:
TEAMING UP AGAINST HEALTHCARE-ASSOCIATED INFECTIONS

Partnering to Heal is a computer-based, video-simulation training program on infection control practices for clinicians, health professional students, and patient advocates.

The training highlights effective communication about infection control practices and ideas for creating a "culture of safety" in healthcare institutions to keep patients from getting sicker. Users assume the identity of the following five main characters and make decisions about preventing Health Care-Associated Infections (HAIs):



A Physician, Nathan Green, Director of a Hospital Post-op Unit, ready to start new prevention efforts in the unit;



A Registered Nurse, Dena Gray, working to learn effective communications skills that could make the difference for her patients;



An Infection Preventionist, Janice Upshaw, a new employee charged with using a team-based approach to reducing infections;



A Patient Family Member, Kelly McTavish, whose father was just admitted to the hospital;



A third-year Medical Student, Manuel Hernandez, who wants to gain confidence to make a difference for his patients.

How the training works

The training focuses on prevention of surgical site infections, central line-associated bloodstream infections, ventilator-associated pneumonia, catheter-associated urinary tract infections, *Clostridium difficile* and methicillin-resistant *Staphylococcus aureus* (MRSA). In addition, it includes information on basic protocols for universal precautions and isolation precautions to protect patients, visitors, and practitioners from the most common disease transmissions. The training promotes these key behaviors:

- Teamwork;
- Communication;
- Hand washing;
- Vaccination against the flu;
- Appropriate use of antibiotics; and
- Proper insertion, maintenance, and removal of devices, such as catheters and ventilators.

Users assume the identity of characters in a computer-based video-simulation and make decisions as each of those characters. Based upon their decisions, the storyline branches to different pathways and patient outcomes. The training may be used by groups in facilitated training sessions and by individuals as a self-paced learning tool. While each of the five character segments can be done in about an hour, it may be desirable to schedule more time in order to allow for extended discussion.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

When? YOUR 5 MOMENTS FOR HAND HYGIENE



1 BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2 BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4 AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5 AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

How to Handwash?

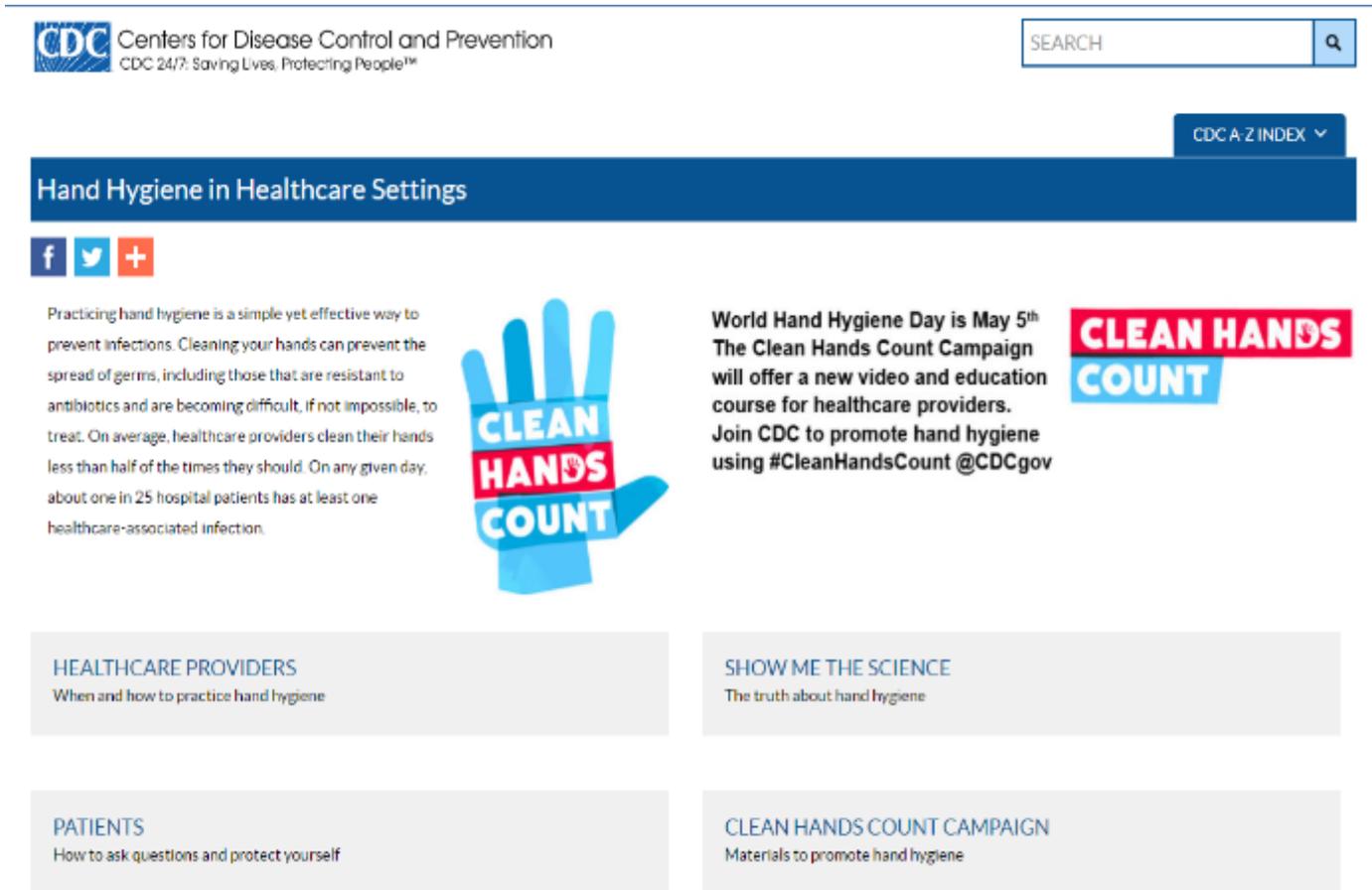
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

Centers for Disease Control and Prevention



The screenshot shows the CDC website page for "Hand Hygiene in Healthcare Settings". At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People™". To the right is a search bar with the word "SEARCH" and a magnifying glass icon. Below the search bar is a "CDC A-Z INDEX" dropdown menu. The main heading is "Hand Hygiene in Healthcare Settings". Below the heading are social media icons for Facebook, Twitter, and a plus sign. The main text reads: "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." To the right of this text is a graphic of a blue hand with a red band that says "CLEAN HANDS COUNT". Further right is a red and blue graphic that says "CLEAN HANDS COUNT". Below the main text and graphic are four grey boxes with blue text: "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", and "CLEAN HANDS COUNT CAMPAIGN Materials to promote hand hygiene".



Indiana State Department of Health

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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 harmful illnesses (such as salmonellosis, hepatitis A, and shigellosis) can be passed from person to person by individuals who fail to wash their hands after using the toilet and then pass the bacteria or virus by hand-to-hand, 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 handwashing is everyone's responsibility.

- For Kids
- For Adults
- For Healthcare Workers

Page last updated: September 16, 2016
Page last reviewed: September 15, 2016

Online Services

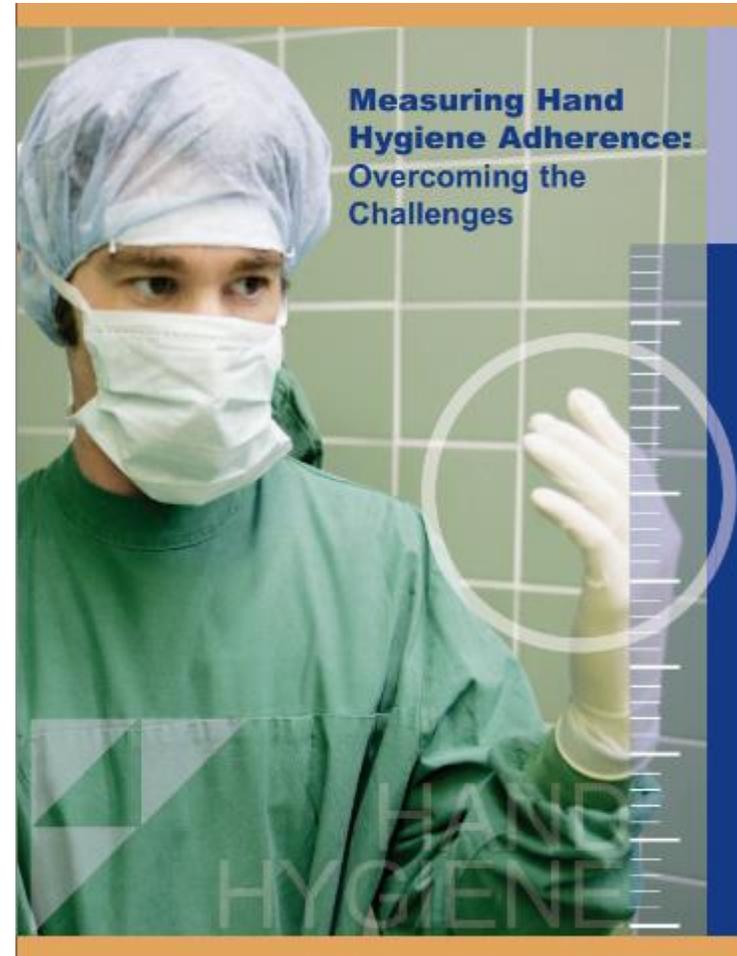
- Indiana Birth Registration System (2015)
- Indiana Immunization Registry
- Tooth Protection Complaint Form
- Unwed Child
- Vaccine Adverse Registry
- Neurological Licensure Renewal
- Permit Sign

Top FAQs I Want To

- Apply for a Birth Death Certificate
- Register for the IDIS
- Don't smoking
- Find information on recent food recalls
- Get a Health Star

HiP2.0
HEALTHY INDIANA PLAN
Health Coverage • Peace of Mind

in 13

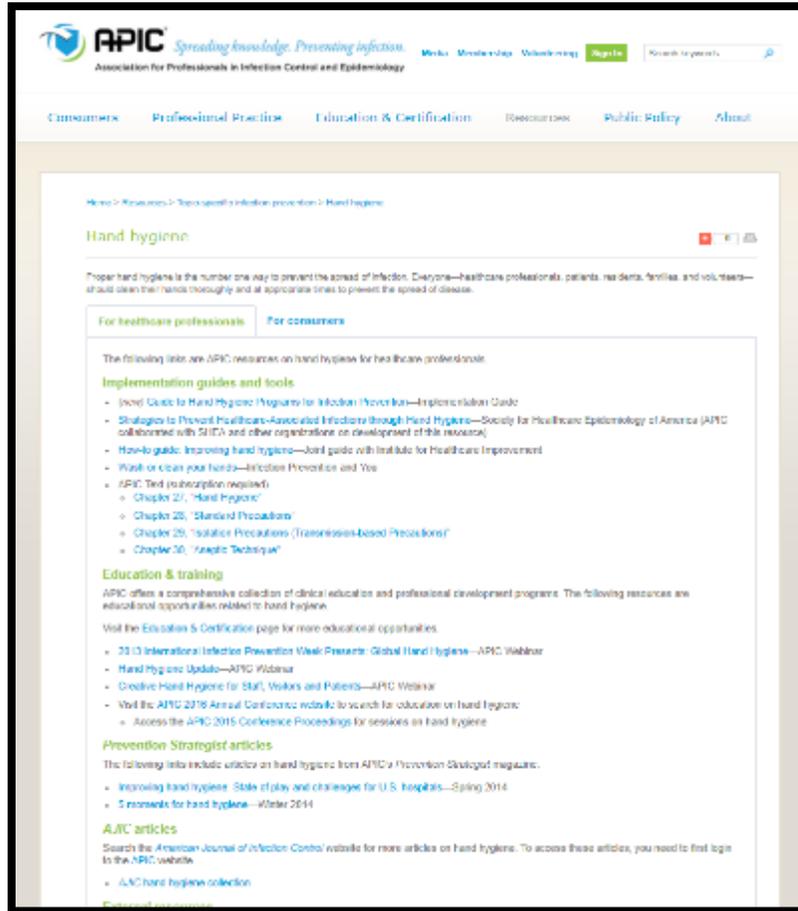


This monograph was authored by The Joint Commission in collaboration with the following organizations:

- 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

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Association for Professionals in Infection Control and Epidemiology - APIC



APIC Spreading knowledge. Preventing infection.
Association for Professionals in Infection Control and Epidemiology

Home > Resources > Topic specific infection prevention > Hand hygiene

Hand hygiene

Proper hand hygiene is the number one way to prevent the spread of infection. Everyone—healthcare professionals, patients, residents, families, and volunteers—should clean their hands thoroughly and at appropriate times to prevent the spread of disease.

For healthcare professionals | **For consumers**

The following links are APIC resources on hand hygiene for healthcare professionals:

Implementation guides and tools

- [Infectious Disease Society of America \(IDSA\) Guidelines for Hand Hygiene—Implementation Guide](#)
- [Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene—Society for Healthcare Epidemiology of America \(SHEA\) collaborated with IDSA and other organizations on development of this resource.](#)
- [How-to guide: Improving hand hygiene—Joint guide with Institute for Healthcare Improvement](#)
- [Wash or clean your hands—Infection Prevention and Yee](#)
- [APIC Text \(subscription required\)](#)
 - Chapter 27: "Hand Hygiene"
 - Chapter 28: "Standard Precautions"
 - Chapter 29: "Isolation Precautions (Transmission-Based Precautions)"
 - Chapter 30: "Aseptic Technique"

Education & training

APIC offers a comprehensive collection of clinical education and professional development programs. The following resources are educational opportunities related to hand hygiene.

Visit the [Education & Certification](#) page for more educational opportunities.

- [2013 International Infection Prevention Week Presenters: Global Hand Hygiene—APIC Webinar](#)
- [Hand Hygiene Update—APIC Webinar](#)
- [Creative Hand Hygiene for Staff, Visitors and Patients—APIC Webinar](#)
- Visit the [APIC 2015 Annual Conference website](#) to search for education on hand hygiene.
 - Access the [APIC 2015 Conference Proceedings](#) for sessions on hand hygiene.

Prevention Strategies articles

The following links include articles on hand hygiene from APIC's [Prevention Strategist](#) magazine:

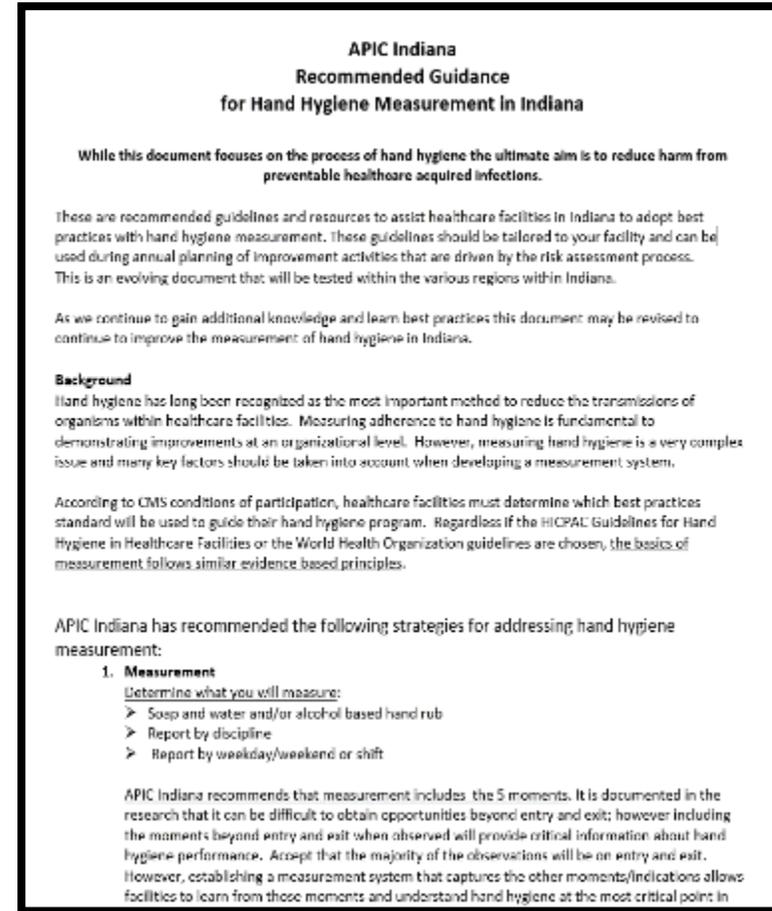
- [Improving hand hygiene: State of play and challenge for U.S. hospitals—Spring 2014](#)
- [5 moments for hand hygiene—Winter 2014](#)

APIC articles

Search the [American Journal of Infection Control](#) website for more articles on hand hygiene. To access these articles, you need to first login to the APIC website.

- [APIC hand hygiene collection](#)

<https://apic.org/>



APIC Indiana Recommended Guidance for Hand Hygiene Measurement in Indiana

While this document focuses on the process of hand hygiene the ultimate aim is to reduce harm from preventable healthcare acquired infections.

These are recommended guidelines and resources to assist healthcare facilities in Indiana to adopt best practices with hand hygiene measurement. These guidelines should be tailored to your facility and can be used during annual planning of improvement activities that are driven by the risk assessment process. This is an evolving document that will be tested within the various regions within Indiana.

As we continue to gain additional knowledge and learn best practices this document may be revised to continue to improve the measurement of hand hygiene in Indiana.

Background

Hand hygiene has long been recognized as the most important method to reduce the transmissions of organisms within healthcare facilities. Measuring adherence to hand hygiene is fundamental to demonstrating improvements at an organizational level. However, measuring hand hygiene is a very complex issue and many key factors should be taken into account when developing a measurement system.

According to CMS conditions of participation, healthcare facilities must determine which best practices standard will be used to guide their hand hygiene program. Regardless if the HICPAL Guidelines for Hand Hygiene in Healthcare Facilities or the World Health Organization guidelines are chosen, the basis of measurement follows similar evidence based principles.

APIC Indiana has recommended the following strategies for addressing hand hygiene measurement:

- 1. Measurement**
 - **Determine what you will measure:**
 - Soap and water and/or alcohol based hand rub
 - Report by discipline
 - Report by weekday/weekend or shift

APIC Indiana recommends that measurement includes the 5 moments. It is documented in the research that it can be difficult to obtain opportunities beyond entry and exit; however including the moments beyond entry and exit when observed will provide critical information about hand hygiene performance. Accept that the majority of the observations will be on entry and exit. However, establishing a measurement system that captures the other moments/indications allows facilities to learn from those moments and understand hand hygiene at the most critical point in

<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=EtCQ8nCVH 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



October 13, 2017
7:30 a.m. – 4:00 p.m.

Indianapolis Marriott North
3645 River Crossing Parkway
Indianapolis, IN 46240

To access the agenda and
register, visit:

http://apicin.org/images/downloads/apic_2017_fall_brochure_final.pdf

FREE Fall Pre-Conference - Sponsored by IHA

October 12, 2017

12:00 – 4:00 p.m.

Indianapolis Marriott North

***Cultivating Infection Preventionist as
Improvement Leaders***

Featuring Jackie Conrad,
Cynosure Health Improvement Advisor

To register for this **FREE** event, email, Rhonda
Blevins, Rhonda.Blevins@Parkview.com

What's UP Next? GET UP!

GET UP focuses on mobilizing patients to return to function more quickly

Keeping a patient mobile is key to helping them avoid various types of harm

Maintaining a continued emphasis on mobility can assist in the prevention of multiple harms

GET UP: Improving Mobility in Indiana

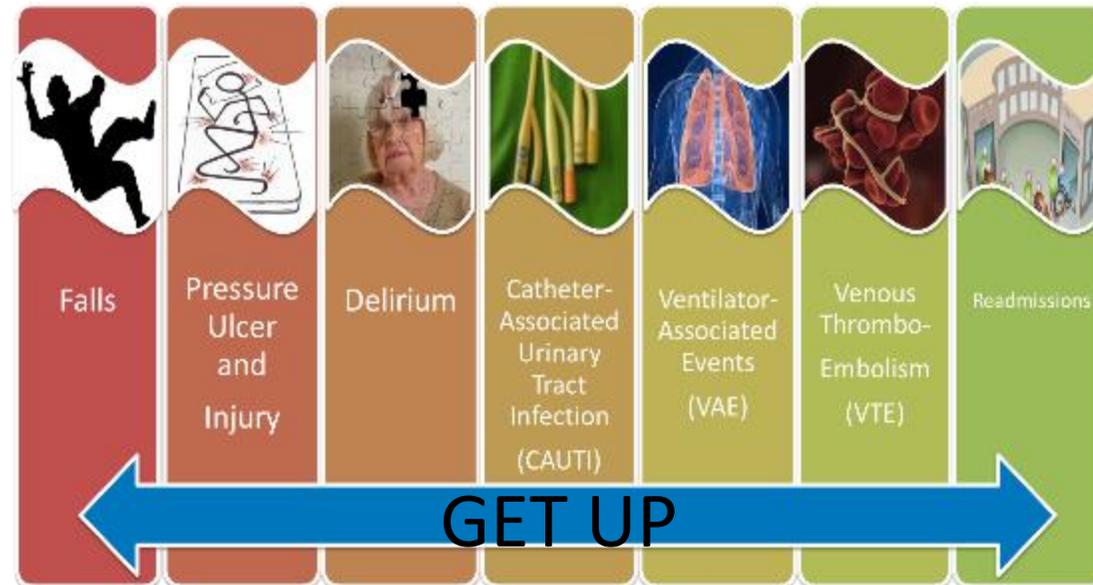
Webinar Dates:

- October 10 at 3 p.m. ET
- October 31 at 3 p.m. ET
- November 14 at 3 p.m. ET
- December 12 at 3 p.m. ET

Use the following to join each installment in the series:

Dial in number: (888) 645-4404

Participant link: <https://join.onstreammedia.com/go/68131182/improvingmobilityinindiana>



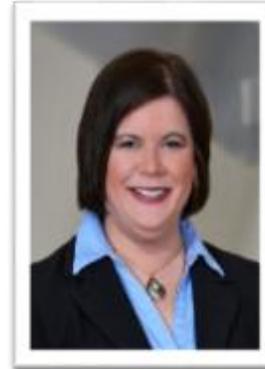
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