The Greater Baltimore Medical Center

Team Members
EVS reps, Lois Lorenz, Karen Mackie, CJ Marbley, Stephanie Mayoryk, Matt Miller, Janis Radcliffe, Jennifer Spahn and U45 reps

Executive Sponsor
Jody Porter, Senior VP of Patient Care Services/CNO
Located in Towson, Maryland

350 licensed beds

Specialty Services include: high-risk OB, Neonatology, Medical/Surgical, Oncology, large ambulatory surgery services

Approximately 3500 employees

Participating Units- 12 M/S units including 3 ICUs (MICU, SICU, NICU)

- 10 ancillary departments obtaining 15 additional audits (psych, pre-op/PACUs, MCH, ED, cardiac cath, endoscopy etc)
Pre-Collaborative Hand Hygiene Program

• Communication/branding:
  – Our program known as “Team Hand Hygiene” was developed in early 2007
  – Marketing and Patient Safety assisted in developing our “Because Campaign” in fall 2008

• Oversight:
  – Program was developed and managed by Infection Prevention and reported through the Senior VP of Patient Care Services/CNO

• Measurement Strategy:
  – Unit-based auditors to include not only nursing units but PreOp/PACU, Endo, Radiology Svcs etc.
• Outcomes- compliance data on three indicators
  – before contact, after contact, after the removal of gloves
• Outcome of Change:
  – HAI MRSA and C. difficile infection demonstrated an inverse relationship to our HH compliance rates
HAI MRSA/C. diff vs. HH compliance

Infections per 1000 Pt Days

Jan-Mar 07, Apr-Jun 07, Jul-Sep 07, Oct-Dec 07, Jan-Mar 08, Apr-Jun 08, Jul-Sep 08, Oct-Dec 08, Jan-Mar 09, Apr-Jun 09

HH compliance
MRSA
C. diff

% compliance
Team HH Ideas that Worked:  

Because Marketing Campaign

Thanks to our employees and volunteers
for your participation in GBMC’s “Because…” 
healthy hand hygiene campaign!

I Wash My Hands BECAUSE...

I Wash My Hands BECAUSE...

By pledging your commitment to healthy hand hygiene, you are helping ensure a safe and clean environment for all of us to work in, and for our patients to receive care in. Thanks, and keep washing!

Signed: ____________________________
Department Name: ____________________

Signed: ____________________________
Department Name: ____________________
Ideas that worked continued:

- Incorporating Hand Hygiene and Isolation compliance into department managers’ KPIs
  - (most effective strategy attempted to date)
- Communication from CEO to employee and volunteer homes regarding hand hygiene commitment and necessity
- Monthly feedback of rates to Leadership and Medical Department Chairs
  - Requests for Managers to “share the data” with staff
We Celebrated Our Data

• Party for Management when we reached 95% compliance
• Continued success through Joint Commission survey in January 2009
• Historically, after such survey’s…
  – Dips are expected
• GBMC continued to see >90% compliance in almost all areas through 2009 with little to no major educational campaign
  – A seed of doubt started to grow in our minds…..
Starting to Plan for Team HH 2010

• Questions began to arise at Infections Committee as to “validity” of our data

• Decided to:
  – Perform validation study using UMM student & IPs
  – Survey our current HH auditors re their practices
What We Found

- Validation data of 12 units via secret-shoppers collected by volunteer from July 14th through August 18th, 2009

- Mean compliance rate: 47%

- Median compliance rate: 51%
Auditor Survey

- Email survey sent to Team Hand Hygiene Auditors (n=83) on 8/4/09
- Auditors were asked to complete a 10-question survey via Survey Monkey ™ for feedback on program
- Response Rate (27/83) = 33%
- Completion Rate among those accessing survey (27/27) = 100%
- 100% of questions were answered by each respondent
Question 4:
Knowledge of Criterion

- Using Avagard or soap/water after glove removal: 88.9% (24 respondents)
- Washing hands with soap/water after lunch: 40.7% (11 respondents)
- Using Avagard while walking down the hallway: 14.8% (4 respondents)
- Using Avagard or soap/water before touching a patient: 88.9% (24 respondents)
- Washing with soap/water after restroom: 59.3% (16 respondents)
- Using Avagard or soap/water after touching a patient: 88.9% (24 respondents)

Percentage of respondents

Using Avagard or soap/water after glove removal
Washing hands with soap/water after lunch
Using Avagard while walking down the hallway
Using Avagard or soap/water before touching a patient
Washing with soap/water after restroom
Using Avagard or soap/water after touching a patient
Question 10: Free Text; Comments, RFI’s, Suggestions...

- “I appreciate the feedback on how each unit and the hospital as a whole is doing in your charts”
- “I feel what I am doing now is great”
- “Suggest rotation off every 2 years, with brief auditor orientation”
- “increase signage for HH and education”
- “Mystery auditors for more accurate data collection”
- “Someone not affiliated with unit should do audit”
Invitation Arrives…

- Interest expressed by Executive Team
- Interest expressed by Infections Committee
- Attended “kick-off” Seminar
- Formulated “action plan” which was approved by Execs and IC
- Appointed Oversight Committee
Oversight Committee

• Tried to have representation from various areas of the hospital
  – Nursing, Lab, Respiratory, EVS, Dietary, Education, etc
  – Opportunity missed: Marketing

• IP is Chair of Committee

• Executive Sponsor is Sr. VP Pt. Care Services/CNO [my boss]
Unknown Observers

• Collaborated with several other IPs because idea of having employee from unit A do observation on unit B rejected by Nursing Leadership

• Decided to utilize employees from departments/services that “walk around for a living” as our observers
  – Ex: respiratory, dieticians, IV nurses, Nsg Directors, night mentors, etc.
Unknown Observers, cont.

• Directors of these “walk around” departments were contacted 1:1 to discuss new plan and the need for one or more of their employees to participate

• Directors were responsible for “recruiting” these employees to participate
Training our Observers

• Relatively trouble free
• We used the on-line training module
  – All trainers selected had private office space to view training or elected to do it at home
• Many positive comments re the training module’s use of “scenarios”
  – Increase understanding of exactly what to count and not count
Remaining Unknown

- Only very select few people know who the unknown observers are
- The people that know are not directly “vulnerable” to auditing
  - Ex: nurse mgrs do not know who is auditing their units and don’t know who the auditors are
- Each auditor signed a confidentiality statement
Feedback

• We continue to provide monthly rates [hospital as a whole & unit specific] to hospital Leadership & Medical Department Chairs

• We continue to encourage Department Managers to post and discuss data with their staff
GBMC’s 2010 Hand Hygiene Program

- Secret Shoppers are working well and data collection is clean
  - Very much in line with what our “validation study” showed
- Have lost 5 Secret Shoppers since start of program—challenge in terms of scheduling their observations
- Handstats.org is helpful in terms of computing the data immediately and removing data entry from Infection Control
  - Ability to download the graphs needs to be improved to prevent need to “re-work” the data in order to share
Change Strategies

Changes the team plans to implement during the collaborative

2. Newsletter detailing personal GBMC stories
3. Hand Hygiene Superstar program
4. New Marketing Material: “Wash IN, Wash OUT, REPEAT!”
Outcomes of Change

We will continue to utilize Infection Rates such as MRSA, C. difficile and CLBASI as other outcomes related to Hand Hygiene performance.

GBMC: HH Compliance vs House Wide CLABSI Rate
Where We Are Today

- 52% compliant
- 492 observations submitted
- GBMC and Statewide Goal of 90%
What would GBMC’s hand hygiene program look like if we made all of the changes we would like to see?

1) Continuation of support for secret-non-unit based auditors
2) Physician champion
3) Continuous marketing involvement
4) Continuous positive reinforcement of Superstars
Acknowledgement

- Gratefully acknowledge the dedication and hard work put into HH by Stephanie Mayoryk, BSN, CIC, our Secret Observers for willingly taking on this challenge, and our Executive Team for their support of Infection Prevention.
Questions??

MISSION
The mission of GBMC is to provide medical care and service of the highest quality to each patient leading to health, healing and hope.

VISION
Medical sophistication with personalized service.
The vision of GBMC is to be the preferred medical center in Maryland for the best physicians, nurses and staff by providing medical sophistication with personalized service, enhanced by clinical education and research with the guiding principle that "the patient always comes first."

GREATER VALUES
The values of GBMC are our GREATER Values of Respect, Excellence, Accountability, Teamwork, Ethical Behavior and Results.