Measurement & Feedback Tools

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Outline

- Introduction
  - Current evidence on impact of audit and feedback approaches on provider behaviors
  - Our experience with HH measurement & feedback tools
  - Demo of available tools for HH collaborative: Web Reporting Tool and standardized training
  - Questions and answers

Are audit & feedback approaches effective in improving healthcare?

- Feedback Intervention Theory
- Characteristics of Effective feedback
- Format, content, timing, and frequency
- Context and its implications
- Goal setting
Are audit & feedback approaches effective in improving healthcare? (cont’d)

- Tailored feedback models
- Computerized interventions
- Implementation and feasibility

Our experience: HH measurement and feedback at Hopkins

- The problem
- Measurement challenges
- Solutions
- Implementation
- Results

The problem

- Poor Hand hygiene
- Results of early audits:
  - Sent administrative staff to units: HH compliance was in the 90’s..
  - Sent undercover observers and HH compliance dropped to the 20’s!!
Measurement challenges

- What to measure? (Selection issues)
- How to measure it? (Need for clear definition)
- Who should measure? (Hawthorne effect)
- When to measure? (Periodic vs. ongoing)

HH Monitoring Method

- Direct observations by ‘undercover observers’ to reduce Hawthorne effect.
- Observe hand hygiene behaviors upon Entry & Exit from patient environment (includes Before & After donning gloves, as well as between patients).
- Obtain enough data points to provide feedback on ongoing basis down to the unit level.

HH observer training: Standardized video clip based online training with post test.
Transparent Data Reporting

HH compliance institution wide, during the WIPES Infection Prevention Program implementation

HH compliance by healthcare worker type during the WIPES Infection Prevention Program
Results summary

- More than three fold increase in average HH compliance at hospital: 21% in Oct 2007 to 78% in Apr, 2009 (p<0.0001).
- Similar increase in alcohol-based hand rub consumption from 15.6 L per 1000 patient-days in Oct 2007 to 44.5 L per 1000 patient-days in Dec 2008.
- HH compliance has increased across all units and among all HCW categories.

[ Nurses' category compliance increased from 24% in Oct 2007 to 72% in Jan 2009 (p< 0.0001); physicians' increased from 24% to 57% (p<0.0001); environmental services increased from 12% to 69% (p= 0.002) ]

Recognition of individuals & teams
Available tools for HH collaborative:

- Data Entry and Web Reporting Tool
- Standardized Training for HH observers

Data Entry and Web Reporting Tool

- **Security Features**
  - Password protection
  - Hospital administrator role

- **Customization features:**
  - Measures selection
  - Unit/service names
  - HCW categories
Standardized training for HH observers: Online course

- **Use & assessments**
  - Password access
  - Assigning observer status and tracking credentials

- **Adapting training to your needs:**
  - Measures selection
  - Clarification to observers

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Training Demo