**Solution:** Involving Patients in Hand Hygiene Observation

**Organization:** Johns Hopkins Hospital-JHOPC

**Type:** Acute Care

**Primary Contact:** Suzanne LaMarche, Manager, Ambulatory Quality & Patient Safety

**E-mail:** slamarc2@jhmi.edu

**Phone:** 443.287.2088

**IDENTIFICATION:**

It is difficult to monitor Hand Hygiene in an Ambulatory setting since the majority of sinks and Purell Dispensers are located in the patient exam rooms. As part of the National Patient Safety Goals established by the Joint Commission, we combined Goal 7 (Reduce the risk of health-care associated infections) and Goal 13 (Encourage patient’s active involvement in their own care as a patient safety strategy). We asked patients to fill out a simple, anonymous card that they drop off as they exit their appointment. Patient surveys revealed that 86% of patients were willing to participate. Based on this information, we began piloting several high volume ambulatory clinics. Previous hand hygiene monitoring could only be estimated with the measurement of soap or Purell. This new hand hygiene measurement method which has been endorsed by the Joint Commission and Infection Control gives us a better understanding of the Hand Hygiene compliance within our Ambulatory Center and allows the patients to be actively involved in the process.

**PROCESS:**

When first asked to take on Hand Hygiene for the Johns Hopkins Outpatient Center, I immediately contacted the Joint Commission who put me in touch with a VA hospital in Hawaii who will be featured as a best practice facility for Hand Hygiene compliance and monitoring. My contacts shared their information with us and we used this information as a baseline for our own program. Given the size of our outpatient center and the sheer volume of patients we see on a daily, monthly and annual basis, we customized the plan to fit the needs of our organization.

**SOLUTION:**

We developed cards that were given to patients titled “Be a Partner in Your Healthcare”. The cards simply asked, did your provider use proper hand hygiene; yes, no or unsure. On the back of the cards was a description of acceptable forms of hand hygiene techniques. Each patient also received an anti-bacterial wipe made specifically for this program. Ballot boxes were place at the clinic exits where patients could drop off their cards as they exited the clinics.

Prior to implementation, one-on-one patient surveys were conducted with random patients to determine how the patient felt about this process. They were asked questions such as: would you be willing to participate? Would you feel uncomfortable? 86% of the patients surveyed supported the plan. High volume areas were approached to volunteer to be a pilot area. Two areas selected for the pilot were General Internal Medicine and Otolaryngology.

Baselines were established for each of these areas. In order to prevent the Hawthorne effect from occurring, random times were selected per the department each month.