Monitoring Hand Hygiene in the Ambulatory Setting

Organization Name: Johns Hopkins Hospital
Contact Person: Suzanne LaMarche
E-Mail: slamarc2@jhmi.edu

Type: Acute Care Hospital
Title: Manager, Ambulatory Quality & Patient Safety
Phone: 443.287.2088

IDENTIFICATION:

In considering the inpatient model of hand hygiene monitoring for adaptation to the ambulatory setting two primary criteria were considered. The first was cost. Developing a cost-efficient model of compliance monitoring was considered to be very important. In the JHOPC the hand sanitizer dispenser and sink are inside the patient exam room. Relocating either or both to the outside of the room to facilitate monitoring was not cost justified. Having clinical staff enter the patient’s exam room during the clinical encounter to observe if proper hand hygiene protocol was followed would require an enormous commitment of staff time and would likely result in disruption of the patient care process and compromise privacy. This leads to the second criterion, minimal disruption to the flow of clinical activity. A process to monitor hand hygiene compliance should not detract from or impede the clinical encounter. Self reporting and product usage would meet the criterion of being low cost, but assuring the validity of the data in both instances would be a constant challenge and would likely require frequent audits to confirm results. These audits would require additional resources and therefore increase the overall costs.

We considered the traditional models of monitoring compliance, but for all the reasons previously reviewed all were readily dismissed as either too expense, too cumbersome, or not capable of providing reliable data. The notion of involving the patient in the monitoring process was intriguing and we elected to develop a proof-of-concept, which included a turn-key description of process implementation.

PROCESS:

The JHOPC initiated an outpatient hand hygiene monitoring process using the “patient-as-observer” process. The patient is asked at the time of check-in if they would be willing to participate as a hand hygiene observer. Prior to this program, there was no monitoring in the ambulatory environment.
**SOLUTION:**

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The program was successful and has rolled out to other Johns Hopkins Medicine satellites. We are now able to report compliance levels for our Ambulatory areas that are participating. This program encouraged patients to participate and give them a say or a “voice” in their care.

**OUTCOMES:**

Overall compliance with hand hygiene protocol in the ambulatory setting, as observed and recorded by the patient, is a mean of 88% (range 74%-100%). The response rate defined to be the number of survey cards returned from a specific practice divided by the actual number of patients seen in that practice during the survey period ranges from 12%-71%, with a mean of 32%. In order to validate the accuracy of the patient observations, selected physicians agreed to have an independent observer go into the exam room with them. The patient was asked if they would allow the observer to be present but was not informed why the observer was there. The observer would record the provider’s compliance with the hand hygiene protocol and compare that to the patient’s recorded observation on the survey card at the conclusion of the visit. Based on audits of 35 encounters to date, the patient and observer recorded observations matched 100% of the time. We plan to continue to randomly validate patient observations for the next several months. Currently, as designed, the patient-as-observer hand hygiene monitoring process costs $0.17 per patient encounter, not including the cost of centralized data entry and analysis, which is equivalent to approximately 0.25 FTE.