Report and Recommendations from the HAI Advisory Committee and the Hand Hygiene and Infection Prevention Subcommittee

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Hand Hygiene Initiative

- Evidence-Based Medicine Work Group Recommendation calling for implementation of Statewide Hospital Hand Hygiene Campaign adopted at June 10, 2009 Council meeting
- Letter from Secretary Colmers requesting advice and recommendations from the HAI Advisory Committee on Statewide Hospital Hand Hygiene Initiative
  - Guiding Principles
  - Methodology
  - Data Collection

Development of the Maryland Hospital Hand Hygiene Collaborative

June 2009
- Hand Hygiene and Infection Prevention Subcommittee Established

August 2009
- Survey of Maryland Hospital Hand Hygiene Monitoring
  - Subcommittee Report and Recommendations adopted at the August 2009 HAI Advisory Committee meeting

September/October 2009
- HAI Advisory Report and Recommendations adopted at September 2009 meeting of the Maryland Health Quality and Cost Council
  - Implementation Plan Developed by Maryland Patient Safety Center in partnership with the Maryland Hospital Association and Delmarva Foundation for Medical Care
Principles to Guide the Development of a Hospital Hand Hygiene Campaign in Maryland

- A statewide Hand Hygiene Campaign should be of value to participating hospitals in promoting infection prevention and control, be part of a larger public health initiative to promote and spread community awareness about the benefits of hand hygiene; and, inform State health policy efforts designed to improve quality and reduce the burden of illness.
- A statewide Hand Hygiene Campaign should complement and strengthen the on-going work of all Maryland hospitals to promote adherence to hand hygiene guidelines. All Maryland hospitals should participate in the statewide hand hygiene campaign.
- A statewide Hand Hygiene Campaign should adopt a uniform approach for measuring and reporting hand hygiene compliance that can be easily implemented, and provide performance measure benchmarks to participating hospitals that can drive improvement.
- The development of a statewide Hand Hygiene Campaign should include: support for training; provisions for enhancing the infrastructure required to report and analyze hand hygiene data; and, an evaluation of the impact of the campaign and recommendations for sustaining an on-going program, including an assessment of the role of public reporting in promoting and maintaining adherence to hand hygiene guidelines.

Public Education

- **Recommendation 1.** In conjunction with the statewide hospital Hand Hygiene Campaign, the Maryland Council on Health Quality and Cost, and the Commission’s Healthcare-Associated Infections Advisory Committee should develop a public awareness campaign to emphasize the importance of hand hygiene in preventing HAIs, including influenza.

Measurement of Hand Hygiene Compliance

- **Recommendation 2.** The Healthcare-Associated Infections Advisory Committee recommends that hospital hand hygiene programs be supervised by Infection Preventionists.
- **Recommendation 3.** The Healthcare-Associated Infections Advisory Committee recommends that hospital programs measuring adherence to hand hygiene protocols be required to use trained non-Infection Preventionist staff to conduct observations.
- **Recommendation 4.** The Healthcare-Associated Infections Advisory Committee recommends that hospital programs measuring adherence to hand hygiene protocols be required to use trained observers to perform data collection. A formal, statewide program should be developed to train observers to ensure the collection of consistent and reliable data on hand hygiene adherence.
Measurement of Hand Hygiene Compliance

- **Recommendation 5.** The Healthcare-Associated Infections Advisory Committee recommends that hospital programs be required initially, at a minimum, to collect data on adherence to hand hygiene protocols:
  - after touching a patient or touching a patient’s surroundings;
  - by major discipline of health care worker, including nurses, physicians, environmental services, food services, and ancillary support staff who enter patient environments; and,
  - for inpatient and intensive care units and the emergency department.
  
  There should be a minimum of 30 observations per month for each unit.

Data Collection and Implementation

- **Recommendation 6.** The Healthcare-Associated Infections Advisory Committee and its Hand Hygiene and Prevention Subcommittee should work with the Maryland Patient Safety Center (MPSC) to implement a statewide Hand Hygiene Campaign. The MPSC:
  - should identify a limited number (e.g., 2-3) of existing tools that could be used to support a statewide hand hygiene campaign;
  - develop a common approach to calculate adherence rates that provides comparable data across hospitals;
  - define the minimum number of inpatient units to be reported by each hospital; and,
  - develop a training program to support the collection of valid hand hygiene compliance data.