



# **ARE YOU PREPARED FOR THE LEAPFROG HAND HYGIENE SURVEY?**

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**CleanHands**  
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**The Leapfrog Group** is a not-for-profit organization founded to bring vital healthcare information to patients. The Leapfrog Group advocates for public access to data from all U.S. hospitals.

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## **How Safe is Your Hospital?**

Leapfrog's website has a search function labeled "**How Safe is Your Hospital**" where anyone can search a hospital by name and discover a variety of quality and safety metrics.

The Leapfrog Hospital Survey is an annual, optional survey that asks hospitals to reveal infection rates, patient safety practices, C-section rates, and more. The survey contains 19 questions specifically related to hand hygiene. These questions cover training and education, infrastructure, and monitoring and feedback.

## Direct-Observation Standards

If a facility decides to use direct observation to assess hand hygiene, there are **very specific standards they have to meet**.

- Observers must immediately intervene when individuals are non-compliant. The observations must include both opportunities and compliance rate.
- The observation must be specific to an individual, not aggregated.
- Sample size of observations must be 200 observations or 1.7% of all possible hand hygiene opportunities, per unit.
- Observations must be conducted across all days of the week and all shifts proportional to individuals who interact with the patients.
- A variety of roles must be represented in the observations (nurses, physicians, techs).



Note that direct observers must immediately intervene, which means they can't truly be "secret." **This will artificially inflate hand hygiene rates by up to 300% due to the Hawthorne Effect.** The only practical way to combat this is to have a separate team of rotating observers to try and remain "secret."

## Challenges of Direct Observation

Meeting the standards for direct observation on the Leapfrog survey is both very difficult and extremely resource intensive.

To put some numbers behind this, based on data that has been collected by Clean Hands – Safe Hands hospital partners, it takes on average 6-8 minutes to record a hand hygiene observation. If a hospital has 250-beds with 8 different clinical units, it will need 1,600 observations per month.

On the low end, this equates to 160 hours per month just for observations. This does not even factor in the time needed to discuss times when the staff do not perform hand hygiene. This means that an FTE will be needed for every 250 beds in the health system!

## An Easier Way to Meet Leapfrog's Standards

If a facility chooses to implement an electronic hand hygiene system, meeting Leapfrog's standards becomes a lot easier and much cheaper. With the Clean Hands – Safe Hands system, the monitoring assessment is passed with flying colors.

## Electronic Hand Hygiene Monitoring Criteria

- The system has to identify the hand hygiene opportunity and that hand hygiene was actually performed.
- Opportunities must be tied to individuals, and the observations should represent different roles.
- Direct observations must also be conducted for coaching and intervention purposes.

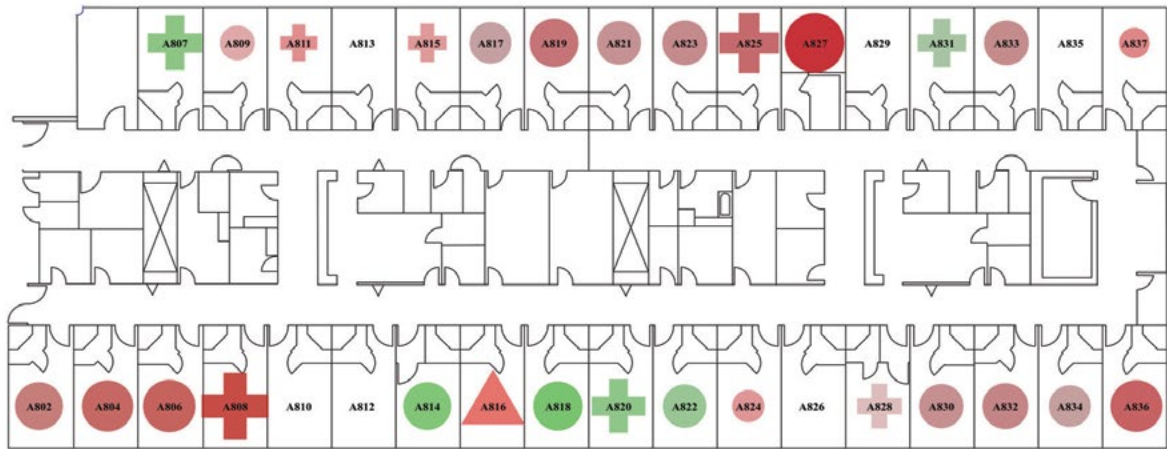
It's important to note that not all electronic monitoring systems meet the above guidelines. The Clean Hands – Safe Hands system easily meets all of Leapfrog's criteria. The system automatically identifies hand hygiene opportunities and performance, and all providers receive a badge reel, which ensures that the data is individualized and that all providers are accounted for.







## Simple Intervention With an Electronic Hand Hygiene System

In units with an electronic system, observers are still required to intervene if individuals fail to perform proper hand hygiene. With many of the traditional systems, this requires someone having to go log in and then navigate through a series of dashboards to figure out where to go look.

The Clean Hands – Safe Hands system make this much easier by providing real time interventions to target areas required by Leapfrog. **The Real Time Intervention Blueprint™** (below) alerts unit leaders to problem areas as they occur.

In the blueprint, each symbol represents a room. The larger the symbol, the more opportunities captured, the redder the symbol, the worse the hand hygiene performance. The system can alert unit leaders in real time to an area that might be problematic.



<p>Symbol in Each Room Represents Patient Condition; i.e Normal, Isolation, <i>C. diff</i>, or Silenced</p> <p>  ISOLATION          <i>C. diff</i>  NORMAL       </p>	<p>Size of Shape Represents the Number of Missed Hand Hygiene Opportunities; Larger Shape = More Clinician Entries and Exits</p> <p>  FEWER          MORE       </p>	<p>Color of Shapes Indicates Performance: Darker Green = Higher Darker Red = Lower</p> <p>  HIGHER          LOWER       </p>
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## High Safety Grade and Improved Hand Hygiene

Not only does Clean Hands – Safe Hands provide a facility with the tools to earn great marks on the Leapfrog hand hygiene survey, the system creates a process for continued hand hygiene improvement and reduced HAIs.

To learn more about arming your hospital with the best system for the Leapfrog hand hygiene survey, **contact Clean Hands – Safe Hands.**