



How the New Joint Commission Hand Hygiene Standards Could Impact Your Hospital

As of January 1, 2018, if a Joint Commission surveyor sees *one clinician* fail to clean their hands *one time*, the hospital will be *cited as a deficiency* resulting in a Requirement for Improvement (RFI).

This is a momentous change over TJC's previous hand hygiene standard, which was for hospitals to implement a hand hygiene program and improve results over time. While well-intentioned, the previous standard (launched in 2004), didn't set a particularly high bar. In theory, a hospital could report a hand hygiene performance rate of 20%, improve it by 5% a year, and be compliant.

The new standard is the polar opposite, essentially requiring every clinician to sanitize *every time* in order to prevent healthcare-associated infections (HAIs) and protect patient safety.

How Can Hospitals Increase Hand Hygiene Performance?

Most healthcare organizations find hand hygiene to be a challenge. Changing the behavior of clinicians can be a daunting task. But it can be done – and it can be done in a positive, supportive way. Here are five key steps to improving hand hygiene performance.

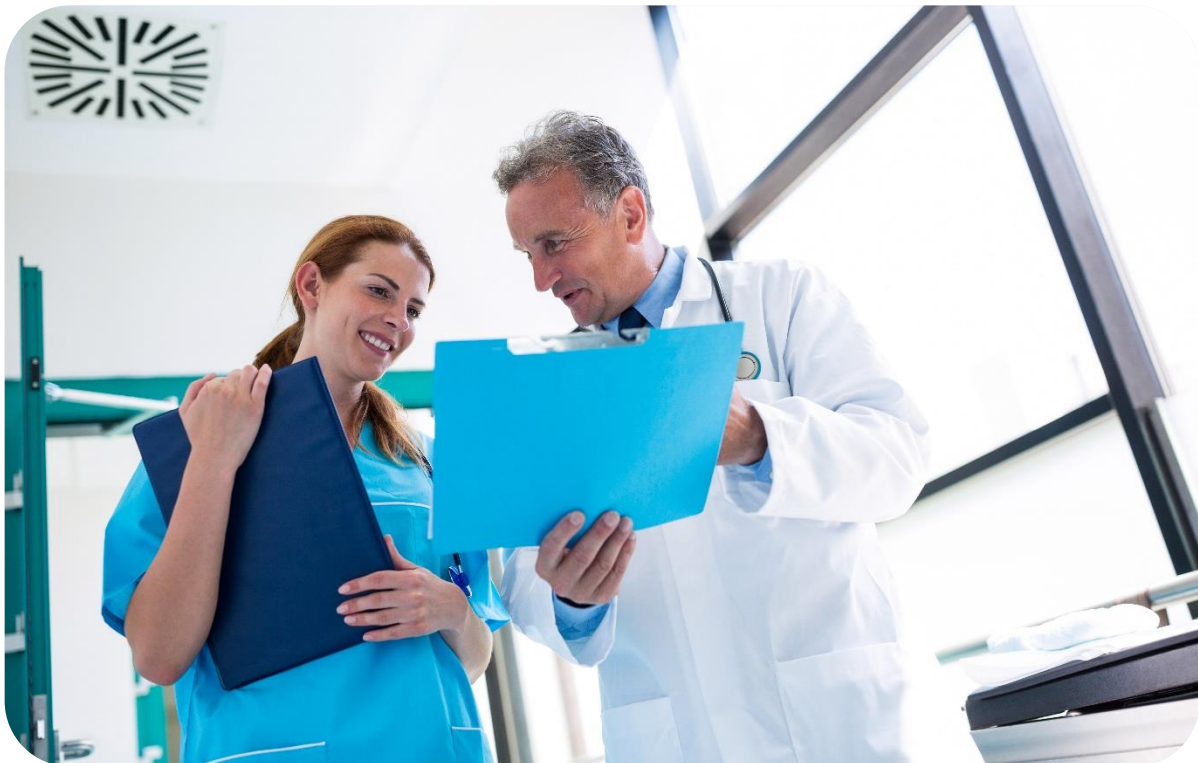
1. ***Measure Accurately.*** Direct observation is by far the most common method to measure hand hygiene performance, but it's flawed. The Hawthorne Effect^{1,2} means that when people know they're being watched, they're up to three times as likely to sanitize. There are about a dozen additional issues with direct observation, ranging from confirmation bias and small sample size to the inability to see into patient rooms. The data collected through observation is seriously flawed. Electronic hand hygiene reminder systems capture virtually every hand hygiene opportunity accurately. But gathering data is only the start; what you really want to do is change behavior.
2. ***Remind providers to sanitize in the moment.*** Clinicians are extremely busy and, most of the time, all they need is a reminder in the moment. Many electronic hand hygiene systems provide these reminders. Some use lights or beeps, while we utilize a Natural Language Voice Reminder™, which captures providers' attention with a human voice.



¹ Srigley, J.A., et al., Quantification of the Hawthorne effect in hand hygiene compliance monitoring using an electronic monitoring system: a retrospective cohort study. *BMJ Qual Saf*, 2014. 23(12): p. 974-80.

² Hagel, S., et al., Quantifying the Hawthorne Effect in Hand Hygiene Compliance Through Comparing Direct Observation With Automated Hand Hygiene Monitoring. *Infect Control Hosp Epidemiol*, 2015. 36(8): p. 957-62.

3. *People don't know what they don't know.* Even the most senior physicians may have some gaps in their knowledge about your hospital's hand hygiene protocol. One advantage of our voice reminder is that it delivers specific messaging to remind and educate clinicians of your infection prevention protocols. This brings any misunderstandings to light and allows the manager or IP to educate the provider right then and there.
4. *Solve workflow issues.* It's difficult for hospitals to identify workflow issues without sufficient data. Our system can identify if there are particular patient rooms, times of day, or people that are struggling with hand hygiene. Once the bottlenecks have been pinpointed, the solution is typically easy. It may be as simple as moving where dispensers are located.
5. *Meet with high performers and those with the most missed opportunities.* It's impossible to have individual conversations with every clinician...and it's not necessary. Using electronic hand hygiene reminder systems allows hospitals to identify the 5% or so of providers that are responsible for most of the missed opportunities. Some people need education, and some may be able to learn efficiency and workflow tips from higher performers. You'll know who they are and be able to focus your time and attention on a minority of clinicians rather than everyone.





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A Physician / Technology Partnership

Clean Hands – Safe Hands began through a research consortium of the Centers for Disease Control and Prevention (CDC), Emory University, Children's Healthcare of Atlanta, the Georgia Institute of Technology and the Georgia Tech Research Institute. Knowing that the primary accepted method of direct observation is ineffectual in reducing HAIs, physicians and technologists worked together to develop an innovative solution to the problem.