THE 4 DATA POINTS YOU NEED TO REDUCE HAIs

Healthcare-associated infections (HAIs) are a challenge for all hospitals. Part of the problem is that there are so many potential causes of HAIs that it can be hard to pinpoint a particular culprit. Despite this, it's widely recognized that hand hygiene is the most important factor in preventing—or spreading—infections.

Improving hand hygiene reduces HAIs—this has been demonstrated time and again by multiple research studies over the past 150 years. So, the question becomes, how can we improve hand hygiene?

There are four data points that hospitals need to monitor and leverage in order to improve hand hygiene and reduce HAIs.

1 · INDIVIDUAL HAND HYGIENE PERFORMANCE

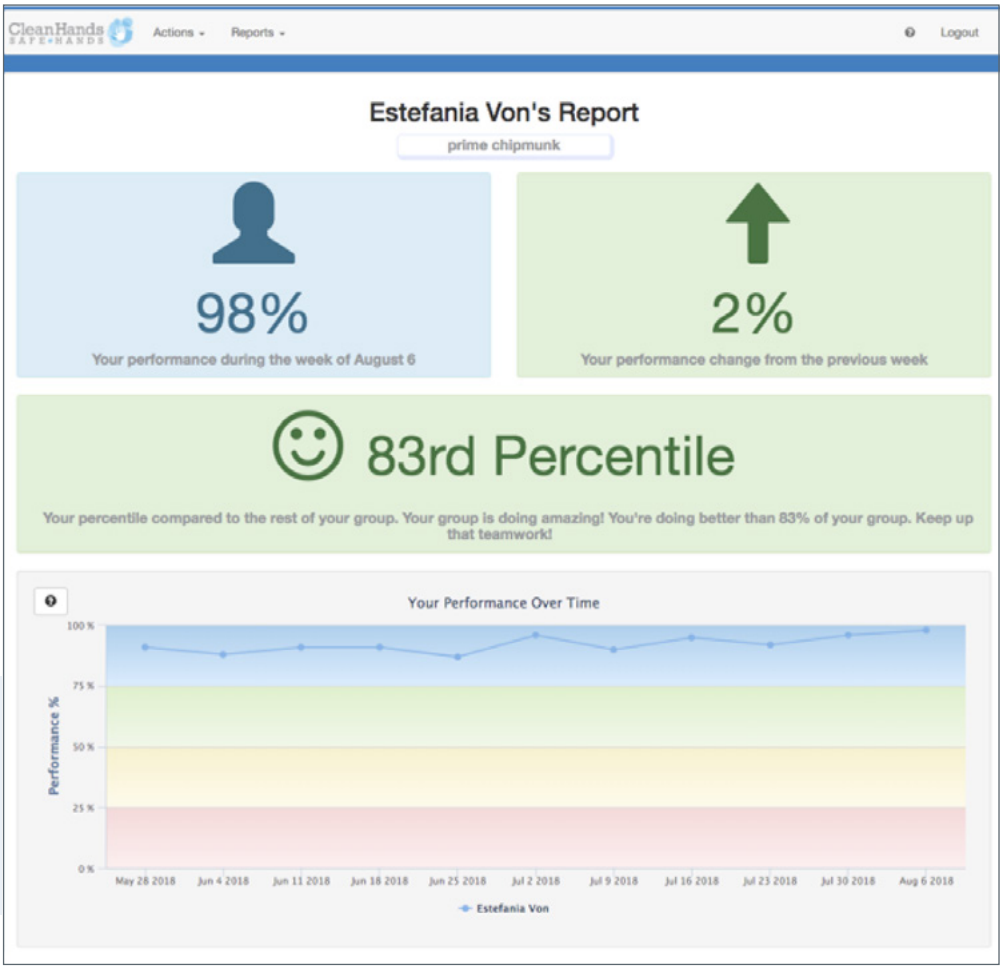
In order to *improve* individual hand hygiene performance, you must *monitor* individual hand hygiene performance. It may seem obvious, but some healthcare organizations only track aggregated hand hygiene data and then expect each individual in the group to change their behavior.

This doesn't work for two reasons. First, in these scenarios, each clinician typically does not have visibility into their own data, so they don't know what they're being asked to improve upon. It's human nature to assume that you're already doing the best you can, and providers are usually surprised to find out that their hand hygiene performance isn't as high as they had thought.

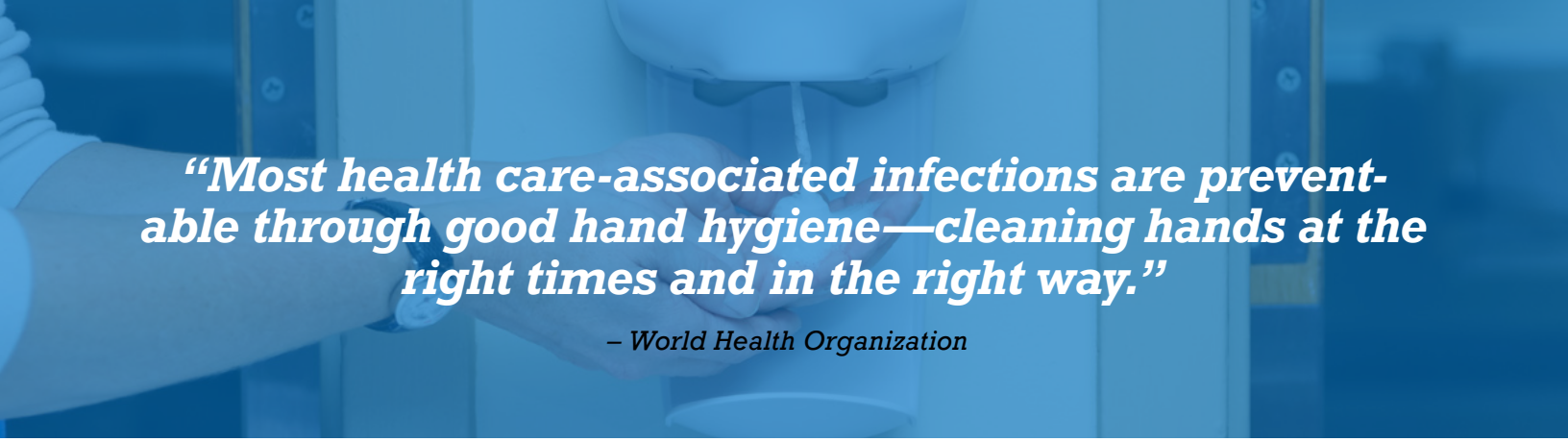
The second reason that monitoring data at an aggregate, or group, level doesn't work is that managers can't identify the individuals that are struggling. Lower performing clinicians typically either need further hand hygiene education, or they're facing workflow issues. Without individual-level data, managers are only guessing at who may need more help, and no one is held accountable.

With individual level data, both the provider and their manager can see where they stand and watch their improvement over time. The clinician is motivated to improve their performance—to beat their own score or outperform their peers. Managers can easily identify providers that are struggling so they can work with them, one-on-one.

Some organizations are resistant to monitoring individual performance, afraid that the data may be used punitively. It doesn't have to be this way. The most effective hospitals leverage individual data in a supportive, positive way.



This is a sample **Individual Report** available to providers using the Clean Hands – Safe Hands system. They can log in and view their own data anytime, and they also receive an emailed report weekly.



"Most health care-associated infections are preventable through good hand hygiene—cleaning hands at the right times and in the right way."

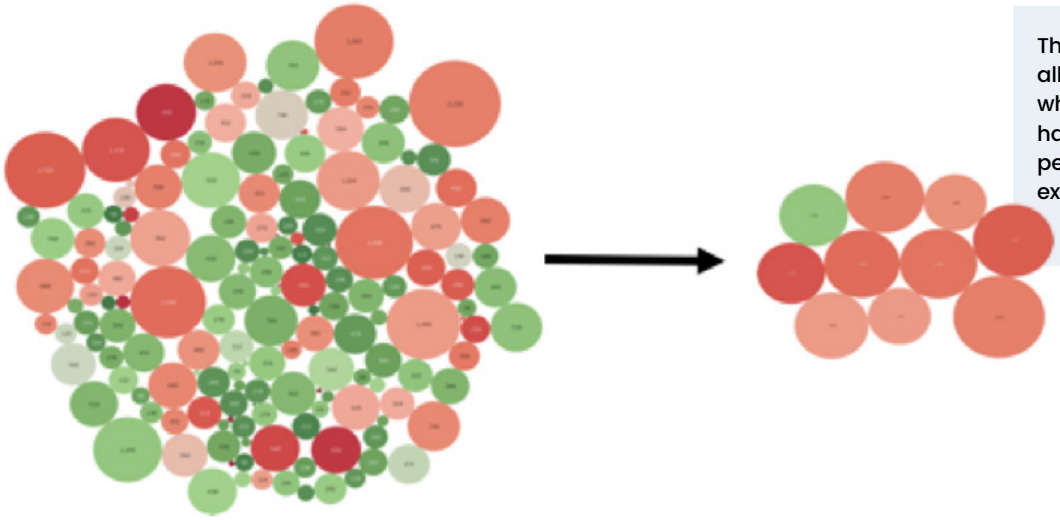
– World Health Organization

2 · NUMBER OF OPPORTUNITIES BY INDIVIDUAL

There are many different types of people moving in and out of patient rooms, ranging from physicians, nurses and therapists to technicians, environmental services and meal delivery. Some of these roles entail a great deal of patient interaction (we're looking at you, nurses!). Others, not so much (environmental and food services).

While the ultimate goal is for everyone entering and exiting patient rooms to clean their hands every time, the most efficient way to get there is to first work with the providers that have the most hand hygiene opportunities.

One way to do that is to utilize our suite of data visualization tools, including our **Performance Bubble Plots.™** Each circle is a badged individual. The size of the circle indicates the number of hand hygiene opportunities—larger circles mean more patient room entries and exits. The color of the circle indicates hand hygiene performance—darker green means higher performance and darker red means lower performance.



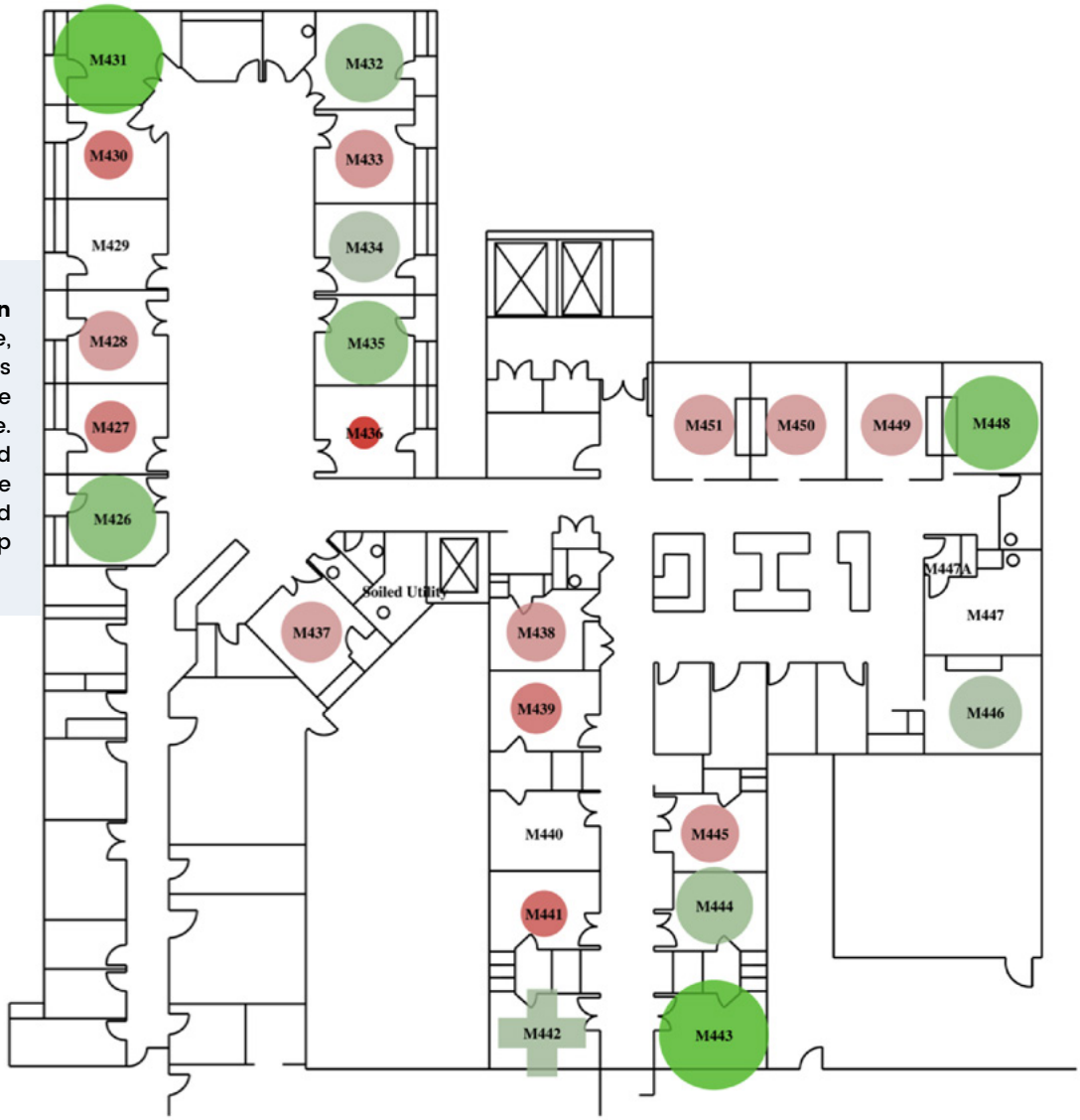
This sample **Performance Bubble Plot™** allows managers to see, at a glance, which providers have a high number of hand hygiene opportunities with lower performance. These clinicians may need extra support with education or workflow improvements.

3 · HAND HYGIENE PERFORMANCE BY ROOM

Hand hygiene performance can vary by patient room and by shift. Hand hygiene can dip in rooms based on the room layout and where the sanitizer or sink is located. If hand hygiene data isn't monitored by room, important opportunities for improvement can be missed.

One option for monitoring patient room data is to use our **Real-Time Intervention Blueprints.™** A blueprint of a hospital unit is overlaid with hand hygiene data. Again, the size of the circle indicates the number of hand hygiene opportunities—larger circles mean more room entries and exits. The color of the circle indicates hand hygiene performance—darker green means higher performance and darker red means lower performance.

This sample **Real-Time Intervention Blueprint™** allows managers to see, at a glance, which patient rooms have a high number of hand hygiene opportunities with lower performance. This allows managers to walk over and find out what's happening in these rooms and what needs to be changed to improve performance and keep each patient safer.



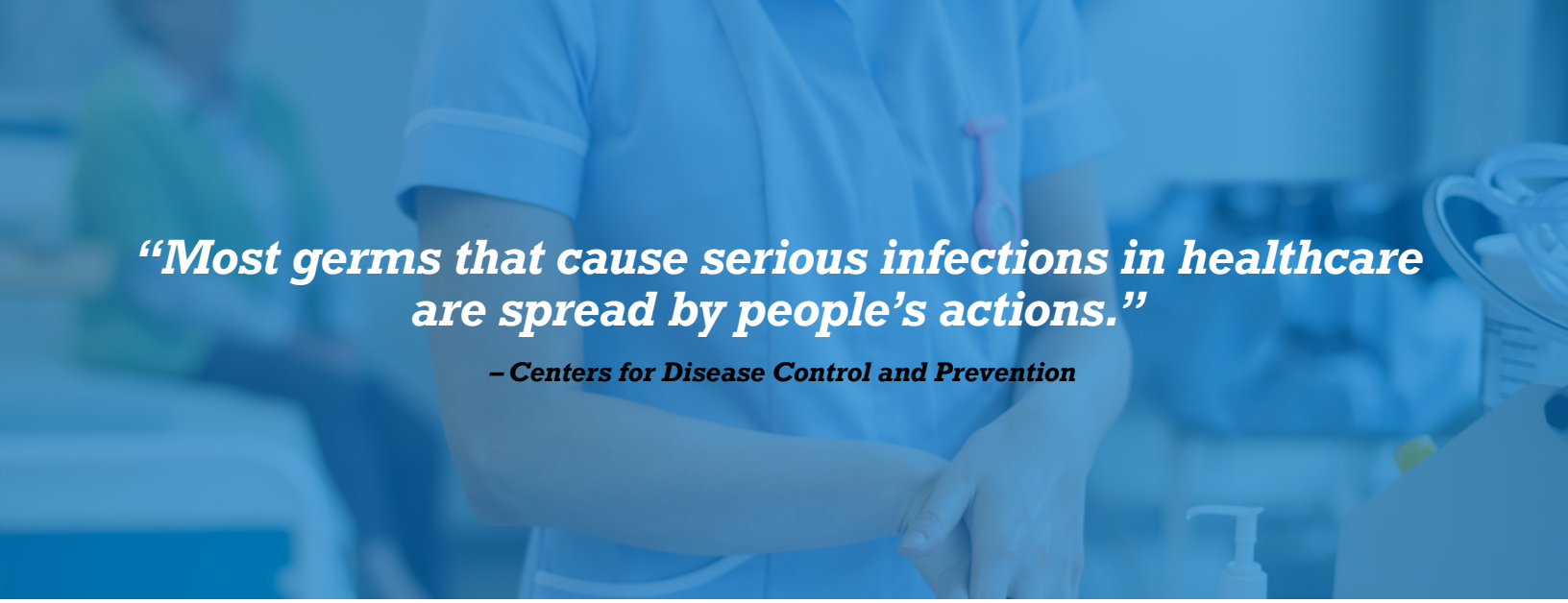
4 · HAND HYGIENE PERFORMANCE BY PATIENT CONDITION

Hand hygiene performance can also vary by patient condition. For isolation rooms, some clinicians don't realize they need to sanitize before donning and after doffing gloves. For rooms with patients suffering from *C. diff*, providers must wash their hands with soap and water before exiting, since sanitizer does not kill the *C. diff* bacteria.

While proper hand hygiene is important for all patients, it's even more critical when clinicians are leaving isolation or *C. diff* rooms so that they don't spread an HAI. Hand hygiene should be monitored by patient condition in order to minimize risk.

Real-Time Intervention Blueprints™ can do this. Isolation rooms have a plus sign instead of a circle, and *C. diff* rooms have an X. In addition to viewing the blueprints online, we can send managers a text message mid-shift, showing them any hotspots that may need help right away.

Different symbols for high risk patient conditions allow managers to see, at a glance, which patient rooms may need immediate attention before an HAI can spread.



"Most germs that cause serious infections in healthcare are spread by people's actions."

– Centers for Disease Control and Prevention

CONCLUSION

As Peter Drucker famously said, "You can't manage what you can't measure." Having accurate, up-to-date, and actionable data readily available is critical in the fight against healthcare-associated infections. When Infection Preventionists and Unit Managers can view hand hygiene data by individual, by number of opportunities, by hospital room, and by patient condition, they'll be able to quickly identify where they need to step in. This is the most efficient way to increase hand hygiene, reduce HAIs, and improve patient safety.

And it works. Hospitals using the Clean Hands — Safe Hands system have seen **HAIs drop by up to 81%.** Contact us today to learn more.

Clean Hands SAFE HANDS

Clean Hands—Safe Hands. Improving Everyone's Performance.™

Contact us today at 404.975.1686 • info@cleanhands-safehands.com