



HOW TO SCORE WELL ON THE LEAPFROG HAND HYGIENE SURVEY THIS YEAR

The year has brought some unexpected changes while reinforcing Leapfrog's commitment to hand hygiene. Are you prepared to maximize your score?

What is Leapfrog?

The Leapfrog Group is a not-for-profit organization that advocates for public access to data from all U.S. hospitals.

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 Leapfrog survey contains 19 questions specifically related to hand hygiene. These questions cover training and education, infrastructure, and monitoring and feedback.

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How Safe is Your Hospital?



Leapfrog's popular "**How Safe is Your Hospital**" website search gives patients easy access to a variety of quality and safety metrics for your hospital.



Temporary Changes in 2022

Historically, to meet Leapfrog's hand hygiene standards, facilities must collect 200 observations per month in each patient care unit. In the face of staffing shortages, staff fatigue and decreased financial resources due to loss of revenue linked to COVID-19, some hospitals asked Leapfrog to loosen their hand hygiene standards.

Leapfrog detailed why it won't lower hand hygiene standards in [Becker's Hospital Review](#), explaining that hospital hand hygiene protocols and monitoring remain a top patient safety concern, now more than ever.

As the Leapfrog Group's CEO put it:

*“Given the **increase** in resistant bacterial infection in hospitals, there has never been a more important time to practice excellent hand hygiene. It's the first line of defense, for patients and workers. While recognizing the stress that hospitals are under, hand hygiene still has to happen. Otherwise, we're putting lives at risk.”*

Leah Binder, CEO, The Leapfrog Group

While making it abundantly clear that 200 observations is “the absolute standard,” The Leapfrog Group introduced a **temporary alternative path** in 2022 that requires 100 observations per month in each patient care unit (if a facility can answer “yes” to all questions in the feedback, training and education, infrastructure, and culture domains of the hand hygiene standard).

[The Summary of Changes to the 2022 Leapfrog Hospital Survey & Responses to Public Comments](#) details the alternative, which is also mentioned in the [Fact Sheet on Hand Hygiene](#).



According to the [Leapfrog Survey's Patient Safety Practices](#), the 100 observation route comes with some additional requirements. Hospitals that have met the standard for hand hygiene by collecting compliance data on:

- **At least 200 hand hygiene opportunities** must have also met all elements for the Feedback domain, as well as 2 of the 3 remaining domains for hand hygiene: Training and Education Domain, Infrastructure Domain, Culture Domain.
- **At least 100 hand hygiene opportunities** must have also met all elements for all 4 remaining domains for hand hygiene: Feedback Domain, Training and Education Domain, Infrastructure Domain, Culture Domain.

The number of monthly hand hygiene opportunities smaller facilities are required to monitor may be slightly lower based on a unit's average daily census, average number of monthly procedures or average number of monthly emergency department visits ([see #47, Tables 4, 5, 6; pg. 195](#)).

Given that the Leapfrog Group has underscored the vital importance of hand hygiene in light of the [increase in HAIs during the pandemic](#), it's doubtful that the 100 observations per unit per month alternative will remain an option for long. And while hospitals may be able to achieve Leapfrog's hand hygiene standard in 2022 with just 100 observations per unit per month, healthcare facilities should continue to aim for at least 200 – and plan to invest resources in technology that will enable them to consistently meet that standard in the future.



Which units are counted?

Leapfrog requires hospitals to collect hand hygiene data from “each patient care unit,” which includes post-anesthesia care units (PACUs), observation units, dialysis units, and emergency departments.

Direct Observation vs. Electronic Monitoring Standards

Observations must be made via either **Direct Observation** or **Electronic Monitoring**. Key requirements for each method include, but are not limited to:

Direct Observation Standards

- ✓ Observers must immediately intervene when individuals are noncompliant. The observations must include both opportunities and compliance rate.*
- ✓ The observation must be specific to an individual, not aggregated.
- ✓ 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 observations (nurses, physicians, techs).

Electronic Monitoring Standards

- ✓ 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.
- ✓ The hospital must validate the electronic monitoring system.



The Hawthorne Effect

*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."



Direct Observation: A Resource- Intensive Route

Based on data collected by our hospital partners, it takes 6-8 minutes to record a hand hygiene observation. If a hospital has 250-beds with 8 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 doesn't factor in the time needed to discuss times when the staff do not perform hand hygiene. This means that a FTE will be needed for every 250 beds in the health system.

While few hospitals have the resources to hire additional support for hand hygiene observations, this labor-intensive route diverts existing resources from providing patient care. For nurses that are already spread thin in understaffed facilities, this extra workload can contribute to burnout.

An Easier Way To Meet Leapfrog's Standards

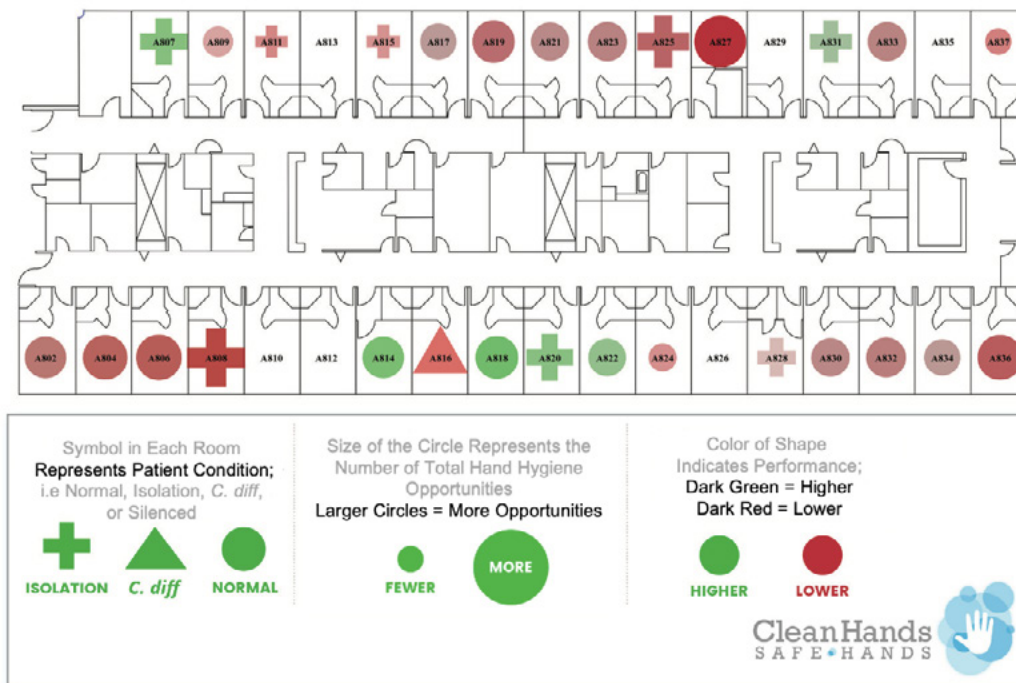
Meeting Leapfrog's standards is a lot easier and much cheaper with an electronic hand hygiene monitoring system. The Clean Hands – Safe Hands system passes the monitoring assessment with flying colors, though not all electronic monitoring systems meet the guidelines.

Clean Hands — Safe Hands easily helps hospital partners meet all of Leapfrog's criteria. The system automatically identifies hand hygiene opportunities and performance, and all clinicians receive a badge reel, which ensures that the data is individualized and that all clinicians and roles are accounted for.

Simple Intervention With an Electronic Hand Hygiene System

Leapfrog requires observers to intervene if individuals fail to perform proper hand hygiene, whether a facility is using direct observation or an electronic system. The Clean Hands — Safe Hands system simplifies this intervention.

In many electronic systems, intervention requires someone to log in and navigate through a series of dashboards to figure out where to go look. The Clean Hands – Safe Hands system makes 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.



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.

4 Common Mistakes That Can Lower Your Leapfrog Score

Some of these all-too-common mistakes can lower your Leapfrog score by a whole letter grade. Avoid these pitfalls to help your hospital earn top grades on the Leapfrog Hand Hygiene Survey.

Failing to monitor all bedside areas

Leapfrog requires you to collect hand hygiene compliance data each month in each patient care unit. A "patient care unit" is defined as any unit of the hospital "where patients are receiving direct bedside nursing care." This includes post-anesthesia care units (PACUs), observation units, dialysis units, and emergency departments. Make sure all of your patient care units have a system in place to collect hand hygiene data in order to achieve the highest possible Leapfrog score.

Not validating the accuracy of your hand hygiene data

Hospitals are encouraged to use electronic hand hygiene monitoring systems. However, to earn a top Leapfrog score, individual hospitals must validate the accuracy of the electronic system. Leapfrog states that "validation should ideally be performed by hospital personnel or independent third-party personnel, in addition to any validation conducted by the manufacturer."

Skipping executive involvement

The Leapfrog survey asks hospitals if their Chief Executive Officer, Chief Medical Officer, and Chief Nursing Officer have all demonstrated a written or verbal commitment to support hand hygiene improvement in the last year. This is due to evidence of a **strong correlation between leaders' and followers' hand hygiene**. Skipping this step can significantly impact your hand hygiene compliance rate.

Ineffectively tying hand hygiene to performance reviews and compensation

The Leapfrog Hand Hygiene Survey asks if "senior administrative leadership, physician leadership, and nursing leadership [are] held directly accountable for hand hygiene performance through performance reviews or compensation." This can be tricky because hospital leaders can't control the behavior of those who report to them.

The most effective approach is to tie bonuses (or performance reviews) to structural changes like the implementation of electronic compliance monitoring systems or regular meetings to review units' hand hygiene data and create plans to **optimize workflow** to improve hand hygiene.

Earn a High Leapfrog Grade and Improve Hand Hygiene

Clean Hands – Safe Hands provides facilities with the tools to earn great marks on the Leapfrog Hand Hygiene Survey, while continuously improving your facility's hand hygiene and reducing HAIs. The system:

- Collects individual data
- Doesn't interfere with clinical workflows
- Offers real-time feedback with a Natural Language Voice Reminder™
- Automatically adapts to changing clinical conditions
- Offers unmatched flexibility, data and insights
- Uses a systematic six-phase process proven to support behavior change

Learn more about arming your hospital with the best system to score well on the Leapfrog Hand Hygiene Survey.

Get in Touch

info@cleanhands-safehands.com
404-975-1686

