

Back to Basics: Automated Hand Hygiene Competency-based Training Collaborative

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Project Goals

- Promote electronic reporting capabilities.
- Ensure competency-based training on hand hygiene.
- Onboard facilities to report data in REDCap and Tableau.
- Increase hand hygiene process audits.
- Provide quarterly assessments to demonstrate sustainability.



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Project Timeline: Active planning

- Planning 11/2021
- Created tools
- Built dashboard in Tableau
- Developed educational resources
- Established training process for participants



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Project Timeline: Cohorts

Cohort/Date	Recruitment Strategy
(1) January 2022	ICAR partners
(2) April 2022	ICAR partners
(3) July 2022 (4) October 2022	Targeted LTCFs with CMS Quality Rating Scores of 1, 2, & 3



Project Timeline: Outcomes

- Developed new educational resources.
- Increased access to facility specific data visualization
- Continued participation
 - Increased compliance
- Compiling best practice resources.



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Education Series- Examples

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CDS INFECTION CONTROL ASSESSMENT & RESPONSE

IPRO REDCap Hand Hygiene Project Issue 1

Look for these quarterly bulletins to help you use your facility's hand hygiene data to drive quality improvement.

Next Step: Using Your Tableau Data

Key messaging
Use these talking points to share the importance of hand hygiene with staff and residents:

- Our commitment to enhance and expect excellent hand hygiene practices supports safe resident care.
- We want staff and residents to feel empowered to speak up related to cleaning hands.

Steps to be successful

- Develop a team approach to management of hand hygiene; this initiative is for all staff always.
- Educate the staff on how competency rates are calculated so that audit data is gathered the same way by all involved in the audit process.
- Set a target or threshold for desired competency rates (90-100%).
- Review needs for additional hand sanitizers throughout the facility. Talk to staff to gather their input.
- Review results of audits in QAPI and conduct root cause analyses (RCAs) for

Suggested Use of Data

Facility level:

- Present data graphs at QAPI: data to enable the leadership team to perform RCA on any low performers.
- Generate Tableau reports showing competency rates by unit to identify areas for improvement. Conduct annual reviews of overall competency compliance by unit to identify areas for improvement over the next year (targeted improvement).
- Use Tableau reports over time to demonstrate sustained high competency rates. If rates decrease in certain months, try to discover the underlying cause.
- Analyze Tableau reports to compare your facility to others of similar size that are using the same REDCap tool. This can provide your staff with encouragement if you compare positively, or highlight an opportunity for improvement.
- Use Tableau reports to track hand hygiene competency for specific types of roles in the facility (Nursing, Dietary, Environmental Services, Medical etc.).

Leadership level:

- Use in leadership committee to review and drive improvement.
- Perform RCA on any outliers.
- Identify opportunities to improve, identify mitigation strategies, initiate corrective action and present your plan and results to QAPI. Consider types of positive reinforcement when units are achieving high levels of performance.
- Share results in your internal newsletter to highlight progress and sustained effort (include data).

Department level:

- QAPI: Quality Assurance Performance Improvement
- CMS requires LTCF Infection Preventionist report to QAPI
- Using data for action



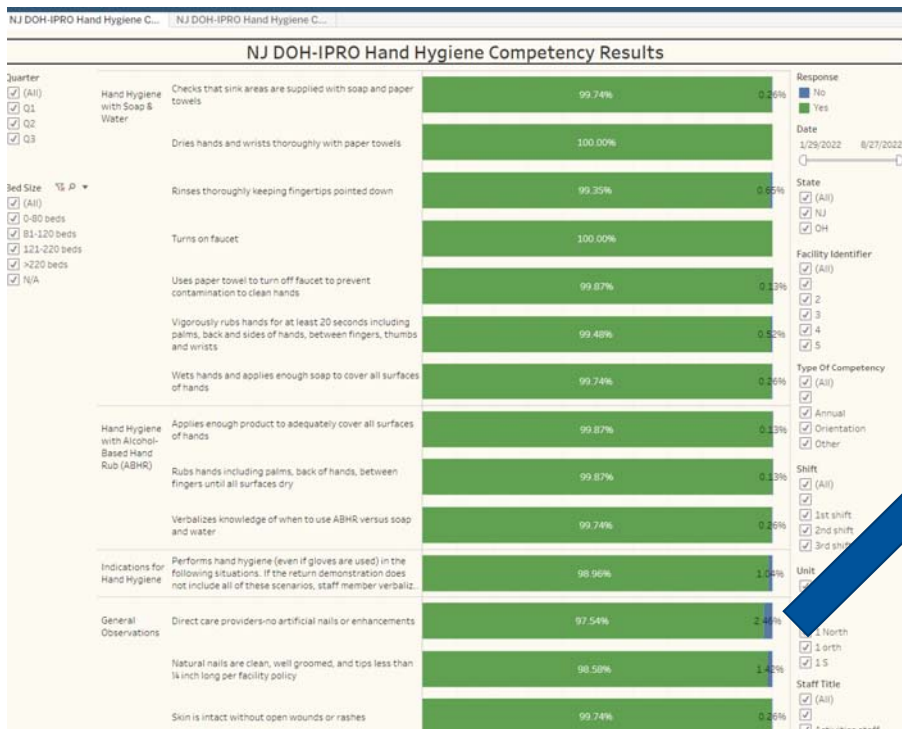
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Data for (internal) Action



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IPRO REDCap Hand Hygiene Project

Issue 2

Look for these quarterly bulletins to help you use your facility's hand hygiene data to drive quality improvement.

Next Step: Nail Care Reminders

- Evidence - Bacteria and Nails**
Guideline for Hand Hygiene in Health-Care Settings, Morbidity and Mortality Weekly Report 10-25-2002 - Fingernails and Artificial Nails
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>
- Resident Rights and Staff Safety**
Rights & protections in a nursing home | Medicare
<https://www.medicare.gov/what-medicare-covers/what-part-a-covers/rights-protections-in-a-nursing-home>

- Patient safety concern including scratches on residents/patients
- Glove tears/puncture events may lead to contamination of healthcare worker hands

To help prevent the spread of germs and nail infections:



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Pre and Post Test Learning Assessment

Clean Hands: Combat COVID-19!
CDC COVID-19 Prevention Messages for Frontline Long-term Care Staff

Pre-Test

Staff member: _____
 Test Scorer: _____

Post-Test

The post-test score will be used to compare with the pre-test score to evaluate the effectiveness of this training and should be used in conjunction with a return demonstration competency.

Staff member: _____ Date: _____
 Test Scorer: _____ Post-Test Score: _____

Question	True	False
1. The four important moments when you must wash your hands are: 1. Before Initial Resident/Resident Environment Contact. 2. After Aseptic Procedures. 3. After Body Fluid Exposure Risk. 4. After Resident/Resident Environment Contact.	<input type="checkbox"/>	<input type="checkbox"/>
2. Soap and water can be used to re-use gloves between residents as long as soap and water is used for 20 seconds and covers all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
3. Alcohol-based hand sanitizers are preferred.	<input type="checkbox"/>	<input type="checkbox"/>
4. Gloves can replace hand washing in some circumstances.	<input type="checkbox"/>	<input type="checkbox"/>

7. Skin becomes dry after frequent handwashing.

CDC COVID-19

- CDC ICAR definitions
 - Competency Assessment: The verification of IP competency through the use of knowledge-based testing and direct observation.

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>



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Competency Checklist

Type of validation: Return demonstration		<input type="checkbox"/> Orientation
		<input type="checkbox"/> Annual
		<input type="checkbox"/> Other: _____
Employee Name: _____		Job Title: _____
Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 20 seconds including palms, back and sides of hands, between fingers, <u>thumbs</u> and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
11. Verbalizes knowledge of when to use ABHR versus soap and water		
Indications for Hand Hygiene		
12. Performs hand hygiene (even if gloves are used) in the following situations. If the return demonstration does not include <u>all</u> of these scenarios, staff member verbalizes all the touch points where hand hygiene is required:		
a. When hands are visibly soiled (e.g., body fluids)		
b. Before and after contact with the resident		
c. After contact with blood, body fluids, or visibly contaminated surfaces		
d. After contact with objects and surfaces in the resident's environment		
e. After removing personal protective equipment (e.g., gloves, gown, facemask)		
f. Before performing a procedure such as an aseptic task (e.g., insertion of an		

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Accomplishments

56 long-term care facilities

897 competency-assessments

1521 completed observations /audits



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Questions



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