

## HAND HYGIENE MEASUREMENT METHODS SOUGHT

by Dave Gourley RRT



Our parents taught us proper hand washing as young children and proper hand hygiene was again stressed during our clinical training and orientation. Unfortunately, all of the efforts to improve hand hygiene and reduce nosocomial infections have not produced the expected results. Healthcare workers disinfect their hands approximately only half of the time when indicated. Studies have shown that non-compliance with hand hygiene guidelines is primarily a laxity of practice. A study in the *Annals of Internal Medicine* showed that nurses had the highest compliance rate at 52% and physicians the lowest rate at 30%. Healthcare workers are most likely to wash their hands after patient care, but, regrettably, extremely poor compliance was shown when providing care between a dirty and clean body site. Not unexpectedly, hand washing compliance decreases during periods of increased workload. The Centers for Disease Control and Prevention (CDC) released Guidelines for Hand Hygiene in Healthcare in 2002. These guidelines included:

- Recommendation for proper use of alcohol based hand rubs
- Washing with soap and water when hands are visibly soiled
- Use of hand rubs before and after removal of gloves
- Avoidance of artificial nails and keeping natural nails less than 1/4 inch long
- Implementing a system of measuring improvement with adherence to the hand hygiene recommendations.

At the time of the release of these guidelines, Dr. Julie Gerberding, Director of the CDC stated, "Clean hands are the single most important factor in preventing the spread of dangerous germs and antibiotic resistance in health care settings. More widespread use of these products that improve adherence to recommended hand hygiene practices will promote patient safety and prevent infections." The CDC estimated that nearly two million patients in the U.S. acquired a nosocomial infection and that 90,000 of these patients died as a result of the infection.

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Most healthcare organizations are challenged with finding ways to improve hand hygiene compliance and appropriate methods to measure and monitor compliance. The JCAHO is currently seeking measurement methods that are based on the hand hygiene guidelines issued by the CDC in 2002. The Joint Commission is looking for measurement methods that are comprehensive, innovative, and cost effective. They are planning on sharing these methods with other healthcare organizations worldwide, as part of the Consensus Measurement in Hand Hygiene (CMHH) project.

The Joint Commission has collaborated with other organizations on this 18 month project and plans on publishing a monograph in early 2008. The monograph, available at no charge, will include the strategies identified through this project and will recommend practices for measuring hand hygiene compliance. The other organizations participating in this effort are the Association for Professionals in Infection Control and Epidemiology (APIC), the Centers for Disease Control and Prevention, the Society for Healthcare Epidemiology of America (SHEA), the World Health Organization (WHO) World Alliance for Patient Safety, the Institute for Healthcare Improvement (IHI), and the National Foundation for Infectious Diseases (NFID).

The JCAHO recognizes that measuring compliance with hand hygiene practices during patient care is difficult due to the resources needed to monitor practice in all care settings. Without standardized approaches to measurement of performance, it is virtually impossible to assess compliance and determine if performance is improving, deteriorating, or is unchanged.

It is believed that many organizations have trialed different methods for measuring compliance, and that some have proven successful. The Joint Commission is seeking examples of measuring compliance from multiple care settings, including hospitals, ambulatory care, home care, long term care, and behavioral health. Organizations interested in submitting examples are requested to include supporting documentation, such as published studies or summaries of results. In addition, they are requesting any statistical displays, such as charts or graphs.

An expert panel, directed by Professor Elaine Larson of Columbia University will review all submissions. All submissions will remain confidential. The submitting organization will be contacted for further information and permission to include in the monograph, if their submission has potential value.

If your organization has been successful at measurement of the hand hygiene guidelines, you are encouraged to participate in this important project. You may submit your examples electronically or by mail to: Linda Kusek, Division of Research, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. Ms. Kusek's email address is lkusek@jointcommission.org. They may also be faxed to (630) 792-4616. If you would like to speak to Ms. Kusek, the project coordinator, directly, you may reach her at (630) 792-5616.

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