

Back to the Basics to Help Reduce HAIs

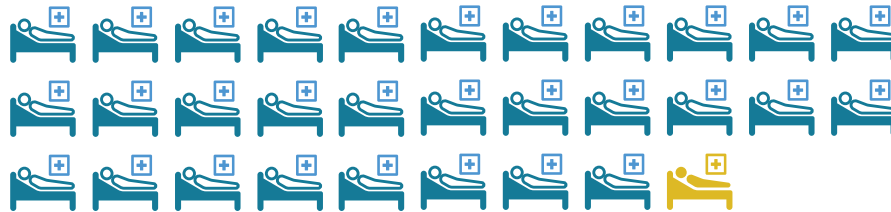
Empowering your caregivers in the
infection control fight



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1 IN 31 HOSPITAL PATIENTS HAS AN HAI

(Healthcare-Associated Infection)



HAIs can have **devastating effects** on physical, mental/emotional and financial health. In addition, **they cost billions of dollars** in added expenses to the healthcare system¹



You know it better than anyone: healthcare-associated infections pose a serious threat to patients. At any given time, about one in thirty one patients suffer from an HAI.¹ And with new penalties being leveraged against hospitals for high rates of bloodstream and other types of infections, the stakes could be higher than ever.

The good news: it may be possible to lower the number of HAIs by empowering your team to coach each other through common infection control measures.

KEEP READING FOR DETAILS ABOUT:

- 👉 Encouraging caregivers to watch for hand hygiene areas that commonly get overlooked
- 👉 Rewarding your caregivers for mentoring others
- 👉 Committing to stay abreast of innovations in infection control

1. CDC. Current HAI Progress Report. Retrieved from: <https://www.cdc.gov/hai/data/portal/progress-report.html>

WASH BEFORE ALL PROCEDURES

Most of us know to wash our hands after removing gloves when we complete activities like wound care, but bacteria has been found on caregivers' hands following so-called "clean" contact procedures like taking patients' pulses, temperatures or blood pressures.¹ Challenge your team to champion those they see performing hand hygiene before and after patient care.

Alcohol-based hand sanitizer is generally more effective and less drying than using soap and water. When C. diff is present, soap and water is more effective.²

HAND HYGIENE & GLOVE USE

Gloves became "universal precautions" for healthcare workers (HCWs) after HIV was identified—they were a way to protect patients from microorganisms that could be transferred from the hands of health professionals.³ World Health Organization (WHO) guidelines recommend glove use for contact with blood or body fluids, mucous membranes and non-intact skin.⁴ However, evidence suggests that gloves are now being used beyond these indications³ and that hand hygiene compliance may be reduced while using gloves.⁵

The bottom line: if non-sterile clinical gloves (NSCG) are worn during care delivery without proper hand hygiene, their use could increase, rather than decrease, the risk of transmission between patients.³ For this reason, consider posting these quick reminders for your caregivers:

1. Gloves are not sterile hand coverings.
2. Gloves may become contaminated.
3. Gloves may pass infections just like dirty hands.

GUIDELINES FOR HAND HYGIENE DURING NSCG USE:⁶

- Hand rubbing with an alcohol-based handrub or hand washing with soap and water should be performed before donning gloves.
- Hand rubbing or hand washing should occur after removing gloves.
- Used gloves should be properly discarded.

1. Healio. Infection prevention in hospitals. Retrieved from: <https://www.healio.com/infectious-disease/nosocomial-infections/news/print/infectious-disease-news/%7Bdd1e115b-8a00-4889-9e85-8566391f2541%7D/infection-prevention-in-hospitals-the-importance-of-hand-hygiene>

2. Promotional Materials | Hand Hygiene | CDC. (n.d.). Retrieved from: <https://www.cdc.gov/handhygiene/pdfs/Provider-Factsheet-508.pdf>

3. J. Wilson, Hand hygiene: to glove or not to glove. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5074137/>

4. Tools for training and education. (2011, October 21). Retrieved from: https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf

5. Low rate of compliance with hand hygiene before glove use Hakkio, Elif et al. American Journal of Infection Control, Retrieved from: [https://www.ajicjournal.org/article/S0196-6553\(10\)00812-6/fulltext](https://www.ajicjournal.org/article/S0196-6553(10)00812-6/fulltext)

6. CDC. Healthcare Providers. Retrieved from: <https://www.cdc.gov/handhygiene/providers/index.html>

HELP YOUR STAFF WATCH FOR THESE COMMONLY OVERLOOKED HAND HYGIENE DETAILS

REMEMBER THUMBS AND FINGERTIPS

Encourage caregivers to be meticulous in their hand hygiene behavior. One study¹ showed the thumb and fingertip areas were missed nearly 50% of the time during the hand cleansing process. According to the WHO guidelines,² thumbs should be cleaned with rotational rubbing of the left thumb clasped in the right palm and vice versa. Fingertips should also be cleaned using rotational rubbing backward and forwards with clasped fingers of the right hand in the left palm and vice versa.



Thumbs should be cleaned by rubbing them rotationally into the other hand's palm.

EDUCATE YOUR CAREGIVERS ON THE DANGERS OF GLOVE MISUSE

When NSCGs are used properly, they can help reduce chances for cross-contamination and the number of HAIs.³ But their misuse may have the potential to spread disease.

Though gloves were found to be effective in protecting hands in a 2015 study by Picheansathian,⁴ their protection was shown to be incomplete, due to tiny perforations and small defects found in gloves. It was also shown that the hands of HCWs might be contaminated with microorganisms after glove removal.⁵ Another study found failure to change or remove contaminated gloves to be a major component in poor compliance with hand hygiene and carried a high-risk of microbial transmission.⁶



Fingers should be cleaned by rubbing them rotationally forwards and backwards in the other hand's palm.

REMINDER: POST-PROCEDURE HAND HYGIENE COUNTS

Remind caregivers to clean hands after glove use and change into a fresh pair immediately after each patient procedure. Consider asking your nurses to coach each other by reminding their peers to wash hands and change gloves if they witness a break in procedure.

***In 2004,
researchers
recovered
pathogens from
86% of the NSCGs
used by HCWs.⁷***

1. Smith, S. M. A review of hand-washing techniques in primary care and community settings. *Journal of Clinical Nursing* - Wiley Online Library. Retrieved from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2702.2008.02546.x>
2. World Health Organization. Hand Hygiene: Why, How & When? Retrieved from: https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf
3. E. Girou et al, Misuse of gloves: the foundation for poor compliance with hand hygiene and potential for microbial transmission? Retrieved from: [https://www.journalofhospitalinfection.com/article/S0195-6701\(04\)00105-7/abstract](https://www.journalofhospitalinfection.com/article/S0195-6701(04)00105-7/abstract)
4. Picheansathian, W. A systematic review on the effectiveness of alcohol-based solutions for hand hygiene. Retrieved from: <https://pdfs.semanticscholar.org/2f3b/03c6a45398a77d0033257c0e3887a232826d.pdf>
5. Eveillard, M. (2011, August). Wearing gloves: The worst enemy of hand hygiene? Retrieved from: <https://www.futuremedicine.com/doi/10.2217/fmb.11.77>
6. Glove utilization in the prevention of cross transmission: JBI Database of Systematic Reviews and Implementation Reports. (n.d.). Retrieved from: https://journals.lww.com/jbisrir/Abstract/2015/13040/Glove_utilization_in_the_prevention_of_cross.13.aspx
7. J. Wilson, Hand hygiene: to glove or not to glove. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5074137/>

WORK TO BUILD A COLLABORATIVE CULTURE WITHIN YOUR CAREGIVING TEAM

WHAT DOES IT MEAN TO HAVE A “CULTURE OF SAFETY”?

Surveyed about safety culture challenges, nurses fault problems of blame among team members, authority gradients and low expectations. Hierarchical structures may add reluctance to call out other members of a patient’s care team.¹ For example, nurses might be hesitant to reveal lapses in technique with doctors and nursing assistants may feel uneasy commenting on a nurse’s technique for fear of being ridiculed or treated differently.

Consider your nurses. You might ask them about their environments, then determine how you can work together to create accountability—at every level—for the safety of their patients and themselves.² The key to moving a caregiver from *feeling* accountable to actually *acting* accountable could be you.



“Improving the culture of safety within healthcare is an essential component of preventing or reducing errors and improving overall healthcare quality.”¹

-Agency for Healthcare Research and Quality (AHRQ), 2019

BE SURE TO:

- ✓ Model behavior that shows you’re open to feedback that helps you improve your clinical techniques.
- ✓ Foster an atmosphere that makes it okay to point out a healthcare practitioner procedural breakdown when it happens.
- ✓ Remind cross-departmental teams that staff members should never be embarrassed or get “into trouble” for pointing out a breakdown to anyone, including physicians.
- ✓ Consider ways to build more personal connections with frontline HCWs—try to stay visible, available and approachable—so you can help rally your team on a common goal like reducing HAIs.

1. Patient Safety Network. Culture of Safety. Retrieved from: <https://psnet.ahrq.gov/primers/primer/5/Culture-of-Safety>

2. Martin GP, Aveling E, Campbell A, et al Making soft intelligence hard: a multi-site qualitative study of challenges relating to voice about safety concerns BMJ Qual Saf 2018;27:710-717. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/29459365>

WE'VE COVERED IPC BEFORE—HOW WILL THIS TIME BE DIFFERENT?

Consider adding some novelty to your infection prevention and control (IPC) training by facilitating positive interaction between your caregivers. Use strategies to spark engagement and reinforce proper procedural behaviors. You might tally points for team members who “get caught” employing safety best practices. Go head-to-head in a competition with those on your hospital’s wider, interdisciplinary IPC team. Think about recognizing those who adhere to the proper barrier and PPE controls. Then, reward the ones who’ve discovered them in the act.



HOW CAN WE ENLIST THE HELP OF PATIENTS AND THEIR FAMILIES?

Patients and their caregivers should be important members of their medical teams. Empower HCWs to educate patients and families in the following ways¹ so that they can aid in infection prevention and control:

- Observe healthcare teams and remind them to wash hands before touching the patients.
- Pay attention to any changes in the patient's health and recuperation such as diarrhea, swelling or redness around surgical sites—and mention it to the staff.
- Ask if it's time for an IV catheter or Foley catheter to be removed since these are potential sites for infection.
- Most importantly, encourage patients and families to voice any concerns or questions they may have.



1. CDC. Retrieved from: <https://www.cdc.gov/hai/pdfs/patientsafety/HAI-Patient-Empowerment.pdf>



INNOVATION: THE HOPEFUL SECRET TO DIMINISHING HAIs

The prevention of HAIs has never been more critical, so many team leaders make it a priority to educate themselves on developments in the field. Consider subscribing to newsletters and other resources from your professional organizations to keep up with new technologies as they arise.

With the Center for Disease Control and Prevention's latest estimation of 1 in 31 patients suffering from a healthcare-associated infection on any given day,¹ the number of HAIs is on a downward trend in the United States. "Among acute care hospitals there was about 1-13% statistically significant decrease in specific HAI types between 2016 and 2017."¹ One of the factors that may contribute to this decrease is great innovations being instituted and embraced throughout the healthcare community, such as:

- Europe-based SureWash interactive hand washing kiosk teaches medical staff, patients and visitors proper hand washing hygiene.²
- Dash Analytics LLC's Surgical Site Infection module utilizes real-time patient information during surgery to reduce infections and improve patient outcomes.³
- Ultraviolet and germicidal light technologies allow quick, easy and trackable disinfection solutions to prevent and reduce infections.

By implementing these and other medical innovations, the fight against HAIs will continue with the goal of making these infections an anomaly.

DAILY DILIGENT DETAILS TO HELP REDUCE HAIs

- ✓ Keep appropriate PPE in-stock and on-hand for caregivers.
- ✓ Disinfect rooms between patients:
 - This includes any surfaces, furniture, linens and even equipment that a patient may come in contact with.
 - Keep a regular cleaning schedule for employee areas such as breakrooms, restrooms and supply areas.
- ✓ Continually monitor efforts:
 - Schedule regular reminder meetings.
 - Random spot checks on cleanliness.

1. CDC. HAI Data. Retrieved from: <https://www.cdc.gov/hai/data/index.html>

2. SureWash. Retrieved from: <https://surewash.com/>

3. Dash Predict. Retrieved from: <https://www.dashpredict.com/>



The fight against healthcare-associated infections has never been more important. Your role is pivotal in creating an overall environment where collaborative learning of IPC strategies is valued and reinforced every day. From the details of hand hygiene and patient education to the importance of openness at all levels, reducing HAIs may require an evolution within the culture of your team and others.



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