Hand Hygiene Working Group Meeting

October 20th 2011 12:00pm – 2:00pm

AGENDA

12:00pm – 12:05pm	Introductions *(Janet Matemu – Client Services and Training)*
12:05pm – 12:15pm	HandyAudit Feature Presentation *(Michael Tsang – Managing Director)*
12:15pm – 12:45pm	Discussion Topic 1: *Challenges with auditing in non-acute care settings*
12:45pm – 1:15pm	Discussion Topic 2: *Tricky auditing scenarios*
1:15pm – 1:45pm	Discussion Topic 3: *Revisiting definitions*
1:45-pm – 2:00pm	Closing Remarks *(Janet Matemu)*

PARTICIPANTS

Janet Matemu, Michael Tsang and Eve Moore	**HandyMetrics (Host)**
Cindy Rogers	Hamilton Health Sciences
Colleen Snelgrove and Hilary McIver	Thunder Bay Regional Health Sciences Ctr
Dana Kovach and Krista Cardamone	Sick Kids Hospital, Toronto
Donna Lyle	Cambridge Memorial Hospital
Elizabeth Anne Bialachowski and Dana Stallard	St. Joseph's Healthcare, Hamilton
Hajira Hafeez and Naureen Siddiqui	St Michaels Hospital, Toronto
Heather Hall	Bruyère Continuing Care, Ottawa
Ian Kudryk	Hotel Dieu Hospital, Kingston
Josée Shymanski and Marie Andree	Hôpital Montfort, Ottawa
Judy Dennis	Children's Hospital of Eastern Ontario (CHEO), Ottawa
Lisa Hope and Lesley Rines	Providence Care, Kingston
Michelle Grouchy	The Council of Academic Hospitals of Ontario (CAHO)
Obed Adore	Centre for Addiction and Mental Health (CAMH), Toronto
Renee Freeman	Toronto Rehab

CHALLENGES WITH AUDITING IN NON ACUTE CARE SETTING

How are hospitals addressing the challenges of positioning Alcohol Based Hand Rub (ABHR) in Mental Health Facilities?

- Having the ABHR dispensers on mobile vital signs machines has allowed for easier accessibility when there is a dynamic point of care. ABHR dispensers are also mounted in treatment rooms, near the hand washing sinks.

- One facility positions the ABHR dispensers outside patient rooms and take necessary precautions such as removing the cartridges if they see substance abuse.

Does the definition of environments (patient and hospital) remain the same for non acute care settings?

- Three hospitals mentioned adopting the concept of the 'floating bubble' patient environment to accommodate the dynamic nature of non acute care settings.

  What differences in compliance levels can we anticipate based on this definition?

How do you deal with not capturing enough opportunities?

- In some cases auditors start to observe a health care provider (HCP) when they are already in the sequence of care and miss capturing M1 opportunities. Some facilities have addressed this issue by:

  - Auditing during high traffic periods

  - Extending their observation sessions per HCP observed.

  - Auditing in units that produce the most auditing results such as Geriatric units.

  If auditing is only focused in one high-traffic area, will there be a shift in compliance results? Is this a good representation of the rest of the facility?

- It is important to keep in mind that the 4 moments of care were developed for acute care settings and built to be adapted rather than followed as a rigid set of rules.

  How can facilities leverage their current resources to have more meaningful data outcomes?

Consensus Statement:
- There appears to be decreased value in auditing mental health facilities using the current auditing protocols and should we explore alternative protocols

Food for thought:
- Should data from Mental Health Units be excluded from inter – hospital comparisons?

TRICKY AUDITING SCENARIOS AND DEFINITIONS

What is a high privacy area and how are hospitals auditing in these areas?

- A high privacy area can be a private patient room or patient environment within the curtain boundaries.

- Because of a lack of visibility some hospitals feel that you cannot make assumptions based on what they cannot see and opt to only record observations when the HCP is visible.

- In these situations the placement of the ABHR dispensers would substantially change the assumptions made by auditors outside the patient room.

How do you record observations for dispensing patient medication?

- One hospital mentioned that they do not audit scenarios where medication is given orally. However, HCP's are required to clean their hands before preparing the medication and if they come into contact with the patient or patient environment when giving medication. HandyAudit encourages users to only record what they see and not make assumptions

How are hospitals auditing in the Operating Room (OR)?

- The OR poses a complex environment for auditing and hospitals either opt not to audit in those units or develop specialised auditing tools.

How can HandyAudit be improved to accommodate auditing in specialised units such as the operating room, post anaesthesia care unit or ICU Care Unit?

How does your hospital identify Aseptic Procedures (ASP)?

- The Ministry of Health and Long Term care defines an ASP as *"touching or manipulating a body site that should be protected against colonization (e.g., wound care including dressing change and wound assessment) or manipulating an invasive device that could result in colonization of a body area that should be protected against colonization (e.g. priming intravenous infusion set, inserting spike into opening of IV bag, flushing line, adjusting intravenous site, administering medication through IV port, changing IV tube)."*

  What is the difference between a Surgical ASP and a Medical ASP?

  What is considered a sterile or clean object. Would it be beneficial to have a 'clean' or 'sterile' objects button in HandyAudit

- It was agreed that an ASP describes the moments when you come into contact with the patient mucous membrane or body fluid. How about eye drops or food? Some hospitals consider food to be an ASP while others define it as the patient environment.

  How do we create consistency across hospitals on the use of these definitions?

Food for thought:
- Interesting Infection Control Initiatives: HCPs and Infection control practitioners ensure that patients wash their hands before eating.

Did you know?
- Training CEOs and senior managers on the HandyAudit system has made it easier for Infection Prevention and Control team members and senior management to work more closely together in advancing hand hygiene initiatives. It has also been beneficial to improving the hospitals' environmental services and auditing processes.

HOW WOULD YOU RECORD THIS SCENARIO IN HANDYAUDIT?

SCENARIO 1:
A patient care worker exits the patient room after contact with the patient and carefully picks up a clean towel off the linen cart, she does not touch anything else in the hospital environment and returns directly to the same patient

Inside Patient Environment

Leave Pat ENV

T.EXT or T.ENV?

T.PAT

Is the towel the hospital environment or patient environment? Some hospitals consider towels and clean objects to be part of the patient environment except if they are located outside of the patient environment. However other hospitals feel that this may adversely affect their compliance rates. HandyAudit is evidence based and therefore requires factual data to calculate compliance. This would create confusion if there are other areas in the hospital that are not using HandyAudit and they have lower compliance rates.

SCENARIO 2:
A physician is standing by the patient bedside completing the patient chart. She places the chart by the bedside table and uses ABHR before examining the patient. She then documents in the chart and leaves the patient room.

Inside patient environment

T.EXT (Chart)

RUB

T.PAT (Patient)

SCENARIO 3:
A kitchen aid goes from room to room delivering meal trays from a cart that is left outside the patient room

T.EXT (Meal tray and if there is a doorknob or curtain leading to the patient environment)

Inside patient environment

T.ENV (If there is a doorknob or curtain in the patient environment)

Leave Pat ENV

RUB (Before picking up the next meal tray)

WHATS NEW WITH HANDYAUDIT?

NEW FEATURES:
- HandyAudit on the iPad
- Shared Reports
- Trending and Comparative Reports

Please send an email to support@handyaudit.com if you are interested in the above features

SPECIAL INTEREST GROUPS
- Auditing in Mental Health Units
- Auditing in Ambulatory Care Units
- Tricky Auditing Scenarios

If you are interested in signing up for the groups please send an email to support@handyaudit.com

Join the discussion by clicking 'Community' on the Web Application

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Thank you for attending the Working Group Meeting. Your participation and feedback was greatly appreciated.
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