

# SPECTRUM HEALTH



# **Wash In/ Wash Out- An Innovative Approach to Hand Hygiene**

**Spectrum Health- Helen DeVos  
Children's Hospital**

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**October 1, 2009**

# Objectives

Learner will :

1. List vital behaviors for improving hand hygiene
2. Recognize benefits of the application of a behavior change model to drive performance improvement

No Disclosures

# Spectrum Health – West Michigan

- 7 hospitals & over 140 service sites
  - Our Hand Hygiene Program- Grand Rapids Hospitals- (1000 beds)
  - Helen DeVos Children's Hospital
  - Blodgett Hospital
  - Butterworth Hospital
- 8,000 employees
- 1,500 medical staff members

# Wash In / Wash Out



## What is it?

A recognized “best practice” for increasing patient safety by “Washing in and Washing out” at entrance/exit of patient’s room. (Other moments for hand hygiene monitored elsewhere)

## How is it done?

Through the use of alcohol degermer (multiple products) or soap and water.

# Observation Tool-

**Hand Hygiene Observation Tool**

Facility: ☐ Blodgett ☐ Butterworth ☐ DVCH ☐ Ambulatory      Shift: ☐ 7am - 3pm ☐ 3pm - 11pm ☐ 11pm - 7am  
Unit: \_\_\_\_\_ ☐ 7am - 7pm ☐ 7pm - 7am

Please select the month observations were observed  
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

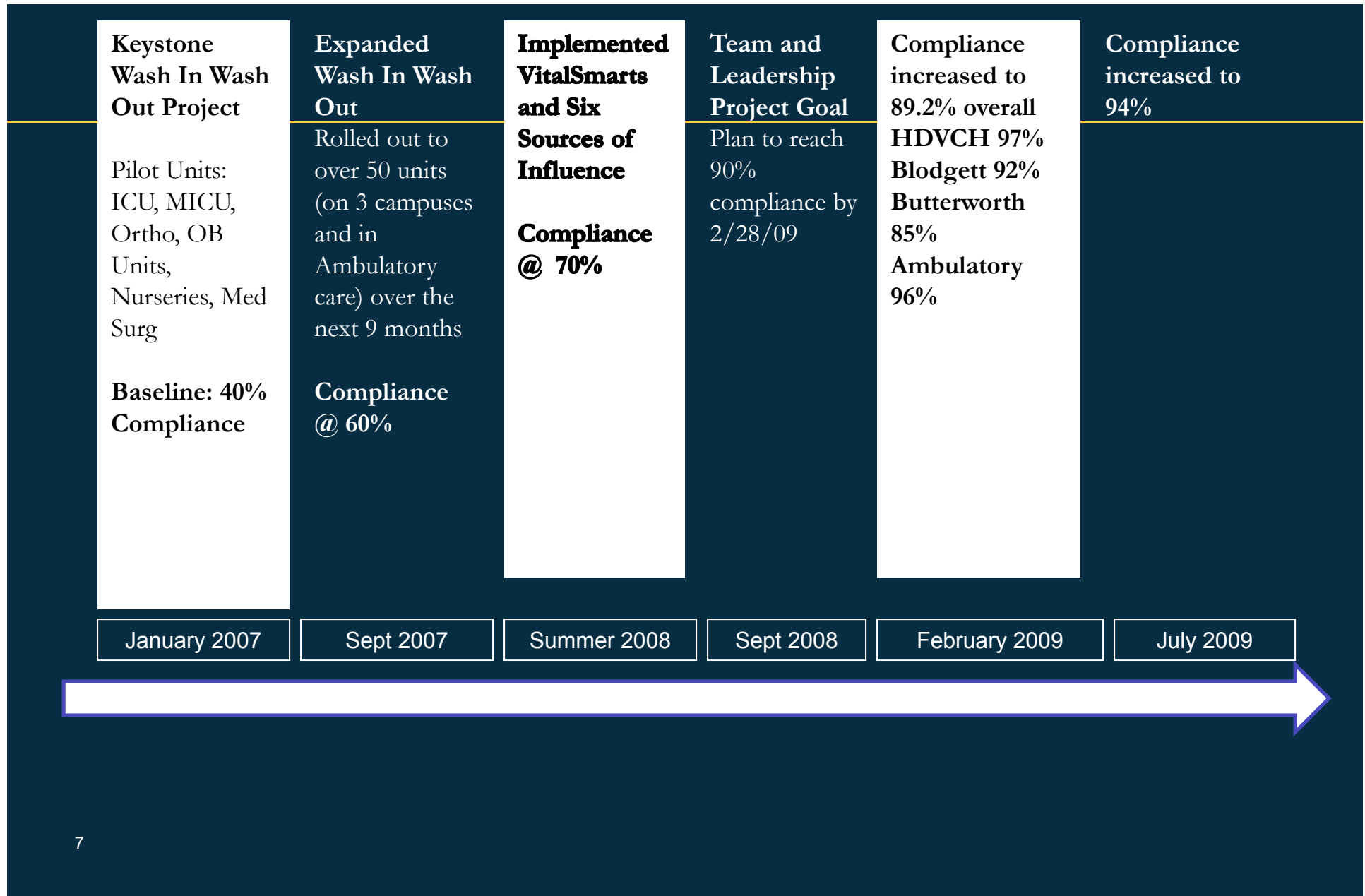
Observation Number	Staff Member's Job Title	Did observation occur before or after staff entered patient's room? (circle one) *	Did staff perform appropriate hand hygiene?
1	<input type="radio"/> RN <input type="radio"/> MD <input type="radio"/> Resident <input type="radio"/> Resp. Therapy <input type="radio"/> NT/LPN <input type="radio"/> Lab <input type="radio"/> Nurs/Med Student <input type="radio"/> Environmental Services <input type="radio"/> PT/OT <input type="radio"/> PA/NP	<input type="radio"/> Before <input type="radio"/> After	<input type="radio"/> Yes <input type="radio"/> No
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7	<input type="radio"/> RN <input type="radio"/> MD <input type="radio"/> Resident <input type="radio"/> Resp. Therapy <input type="radio"/> NT/LPN <input type="radio"/> Lab <input type="radio"/> Nurs/Med Student <input type="radio"/> Environmental Services <input type="radio"/> PT/OT <input type="radio"/> PA/NP	<input type="radio"/> Before <input type="radio"/> After	<input type="radio"/> Yes <input type="radio"/> No
8	<input type="radio"/> RN <input type="radio"/> MD <input type="radio"/> Resident <input type="radio"/> Resp. Therapy <input type="radio"/> NT/LPN <input type="radio"/> Lab <input type="radio"/> Nurs/Med Student <input type="radio"/> Environmental Services <input type="radio"/> PT/OT <input type="radio"/> PA/NP	<input type="radio"/> Before <input type="radio"/> After	<input type="radio"/> Yes <input type="radio"/> No
9	<input type="radio"/> RN <input type="radio"/> MD <input type="radio"/> Resident <input type="radio"/> Resp. Therapy <input type="radio"/> NT/LPN <input type="radio"/> Lab <input type="radio"/> Nurs/Med Student <input type="radio"/> Environmental Services <input type="radio"/> PT/OT <input type="radio"/> PA/NP	<input type="radio"/> Before <input type="radio"/> After	<input type="radio"/> Yes <input type="radio"/> No
10	<input type="radio"/> RN <input type="radio"/> MD <input type="radio"/> Resident <input type="radio"/> Resp. Therapy <input type="radio"/> NT/LPN <input type="radio"/> Lab <input type="radio"/> Nurs/Med Student <input type="radio"/> Environmental Services <input type="radio"/> PT/OT <input type="radio"/> PA/NP	<input type="radio"/> Before <input type="radio"/> After	<input type="radio"/> Yes <input type="radio"/> No

\*Each observation consists of one opportunity for hand hygiene

Date Collected: \_\_\_\_\_

Observer: \_\_\_\_\_

Please fax to 391-2233 or return to mail code 175



# Our Challenge –Summer 2008

**Infection Control's 5 staff members needed to motivate a staff population of 8,000 to 100% hand hygiene compliance.**





## Challenge

“I haven’t got the slightest idea how to  
change people,  
but I keep a long list of prospective  
candidates, just  
in case I should ever figure it out.”

David Sedaris

## Wash In / Wash Out Vital Behaviors

1. Everyone Washes In / Washes Out
2. Everyone holds everyone accountable for this behavior
3. Everyone will say “Thank you” and proceed to wash when reminded

# Six Sources of Influence

- Spectrum Health partnered with Vital Smarts to utilize the Six Sources of Influence to “close the gap” for hand hygiene.
- Six Sources is a behavior change model- helpful when stuck
- Goal is to create sustainable change
- Concepts to embrace
  - Overwhelm the Problem
  - Use all Six Sources
  - It requires all of us to be fully engaged!

# Six sources of influence

	Motivation	Ability
Personal	1 Make the Undesirable Desirable	2 Surpass Your Limits
Social	3 Harness Peer Pressure	4 Find Strength in Numbers
Structural	5 Design Rewards and Demand Accountability	6 Change the Environment

The goal: To overwhelm the problem with influence strategies that change becomes inevitable.

*Influencer,*  
VitalSmarts,  
McGraw-Hill 2008

# Explore all six sources

	Motivation	Ability
	<i>Make the Undesirable Desirable</i>	<i>Surpass your limits</i>
<b>Personal</b>	<ul style="list-style-type: none"> <li>- Lecture with the use of the glow light</li> <li>- Telling Stories of actual patient experiences.</li> </ul>	<ul style="list-style-type: none"> <li>- Obtain individual staff and physician commitment statements annually.</li> <li>- Provide disposable hand wipes for patients with meal tray.</li> </ul>
<b>Social</b>	<p><i>Harness Peer Pressure</i></p> <ul style="list-style-type: none"> <li>- Create a Hand Hygiene banner for all staff to sign for public display</li> <li>- Develop tokens to utilize for reinforcement of appropriate behavior (to be given by peers)</li> <li>- Hand Hygiene Rates posted visibly on each unit.</li> </ul>	<p><i>Find Strength in Numbers</i></p> <ul style="list-style-type: none"> <li>- Patient Visitor Campaign <ul style="list-style-type: none"> <li>•Elevator Signs</li> <li>•Brochures/Pamphlets</li> <li>•SH Education Channel</li> <li>•Info on White Boards</li> </ul> </li> <li>- Computer Screen Saver displays "Wash In /Wash Out"</li> <li>- Phone Hold Message</li> </ul>
<b>Structural</b>	<p><i>Demand Rewards and Accountability</i></p> <ul style="list-style-type: none"> <li>- Have Hand Hygiene rates an agenda item on every meeting.</li> <li>- Dashboard set up by director that is shared with executive team and directors for review.</li> <li>- Dr. Dobbie to send out letters to physicians that are not compliant. Team to raise up repeat</li> </ul>	<p><i>Change the Environment</i></p> <ul style="list-style-type: none"> <li>- Structural Assessment formally done to determine Needed Changes</li> <li>- Automated Alcohol hand sanitizer trial Purell- Automated approval by Products Committee</li> </ul>

## Six Sources of Influence / Personal

### Motivation:

- \* Patient Experiences
- Mandatory SHLIO Hand Hygiene Training Module
- \*Unit-Based Education Using Glow Light
- Pediatric Grand Rounds
- Physician Education
- Pay Check Reminder – “Clean Hands Save Lives Wash in Wash out”

### Ability:

- Dr. VanEnk Presents to Leadership
- FAQ Memo to Physicians
- \*Empowerment of Unit and Physician Champions
- \*Validate and Re-educate Observers
- Propose Utilizing Resource Staff for Data Collection

# Physician Champions Reign



# Commitment Cards

## Hand Hygiene

Everyone

Wash  
IN

Wash  
OUT

Every Time

**Our unit is committed to the safety and health of our patients.**

- We will Wash In and Wash Out every time we enter and exit a patient room.
- We will hold one another accountable for performing hand hygiene.
- We will respond graciously when reminded to wash our hands.

All those who enter the patient care area have the potential to contaminate their hands and the environment.

**We will Wash In Wash Out 100 percent of the time.**



# Commitment Cards

## Hand Hygiene

**Our unit is committed to hand hygiene.**

Each person who enters and exits a patient room is expected to wash their hands with Purell hand sanitizer or soap and water.

**Wash In** - before entering or at the door of the patient room

**Wash Out** - before or immediately after exiting the patient room

All those who enter the patient care area have the potential to contaminate their hands and the environment. We ask that you perform Wash In Wash Out 100 percent of the time.

Thank you for your commitment to the safety and health of our patients, visitors and staff.

Wash  
IN

Wash  
OUT

# Six Sources of Influence / Social

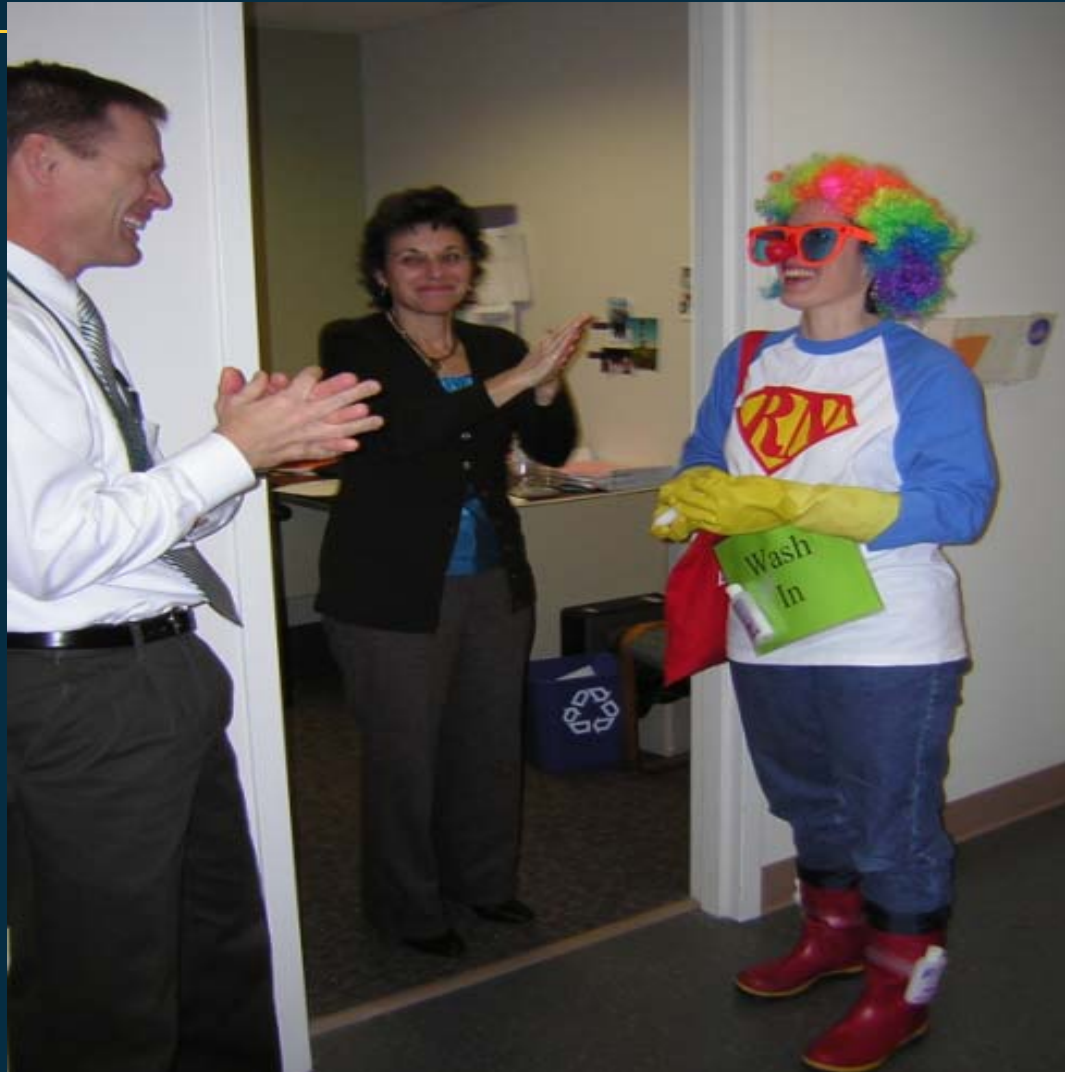
## Motivation:

- SH Compliance Data Submitted to Keystone Monthly
- \*Scripting Utilized for Missed Opportunities
- \*Posters Developed for Staff Commitment
- \*Hand Hygiene Rates Posted on Each Unit
- MHA Keystone Exec. Presented to Leadership
- \*Post names of those “Caught in the WiWo Act”

## Ability:

- **\*Unit Observers Empowered to Intervene and Educate**
- **Collaboration With Patient and Family Advisory Committee**
- **Leadership to Give Gift of Hand Sanitizer at Holiday Dinner**
- **\*Determine staff perception of barriers**

# WIWO Peer Pressure



# Top 5 Obstacles to Remind Others

1. I can't always tell whether a person has Washed In or Washed out.
2. I don't feel comfortable confronting someone when I'm not sure if they Wash In Wash Out.
3. Some people are just too hard to confront.
4. I worry that I'll offend people if I ask them.
5. Not always time to remind others.

# Social Motivation- Scripting

- “Oh, if you were looking for the Purell it is over there.”
- “Let’s take a moment to wash our hands for Mr. Smith’s safety.”  
(Even if you already washed.)
- “I will go ahead and put the head of the bed up while you wash your hands.” (Identify task and speak about it, as you remind your peer.)
- Non Verbal's-
- ARCC

# Six Sources of Influence / Structural

## Motivation:

- **\*Development of Hand Hygiene Dashboard**
- **\*HDVCH Letter Sent to All Staff**
- **\*Accountability at the Manager Level for Outcomes**
- **\*Treat patterns of missed opportunities as a performance issue- memo**
- **\*Physician Accountability**
- **Updated Hand Hygiene Policy**
- **\*Rewards- pocket Purell; STICKERS**

## Ability:

- **\*Annual Structural Assessment Completed**
- **\*Hand Sanitizer Changed Purell Automated Dispensers in Hallways**
- **Current Soap Dispensers Replaced With Foam Variety of Current Product**
- **Facilities to change batteries annually**
- **\*Environmental Services to check product daily**
- **\*Supply Chain to keep variety of product in stock**

# Leadership Endorsement

## How Can you Help?

- Model Wash In / Wash Out as you round
- Hold those that report to you accountable
- Executive rounding on Wash In / Wash Out
- Wash In / Wash Out rates on agenda for every meeting
- Signage and Purell dispensers in public areas
- Support utilization of external observes (resource pool staff)
- Purell dispenser outside of Executives offices
- Support Purell dispensers being placed outside every patient room
- Distribute Purell at Holiday Dinner (along with candy cane)



# Plan for Success





# Rounding Rewards...



# Painful Beginnings



Spectrum Health

## Hand Hygiene Compliance by Unit

November 1, 2007 - April 30, 2008

Unit	November 2007	December 2007	January 2008	February 2008	March 2008	April 2008
<b>Campus</b>						
SH Overall	77% (1113/1452)	76% (1221/1601)	75% (1220/1618)	77% (1453/1888)	77% (1402/1831)	75% (1430/1900)
BLODGETT	79% (357/451)	80% (285/355)	87% (309/354)	83% (339/408)	83% (404/487)	84% (349/417)
BUTTERWORTH	75% (608/807)	75% (790/1059)	76% (724/951)	76% (848/1113)	73% (763/1042)	73% (871/1190)
DVCH	65% (57/88)	72% (84/117)	55% (145/263)	64% (133/209)	69% (133/192)	69% (137/200)
AMBULATORY	87% (83/95)	89% (62/70)	84% (42/50)	90% (120/134)	93% (102/110)	83% (69/83)



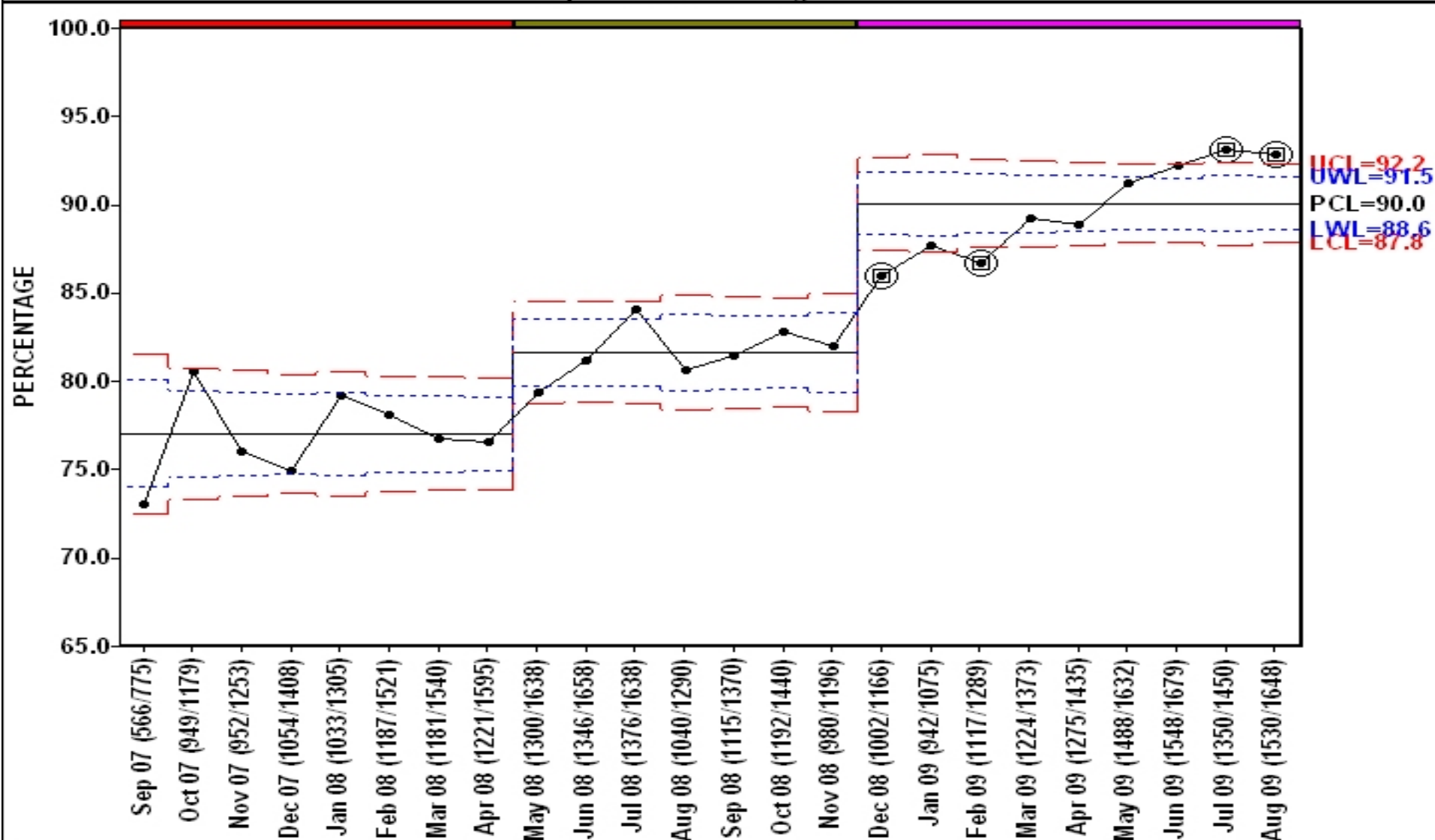
## Hand Hygiene Compliance

	March 2009	April 2009	May 2009	June 2009	July 2009	August 2009
<b>SH Overall</b>	<b>89%</b> <b>(1307/1461)</b>	<b>90%</b> <b>(1390/1552)</b>	<b>92%</b> <b>(1614/1762)</b>	<b>93%</b> <b>(1645/1777)</b>	<b>94%</b> <b>(1499/1600)</b>	<b>93%</b> <b>(1658/1782)</b>
<b>Blodgett</b>	<b>92%</b> <b>(386/420)</b>	<b>90%</b> <b>(403/448)</b>	<b>93%</b> <b>(596/641)</b>	<b>95%</b> <b>(404/424)</b>	<b>93%</b> <b>(409/438)</b>	<b>95%</b> <b>(469/496)</b>
<b>Butterworth</b>	<b>88%</b> <b>(838/953)</b>	<b>88%</b> <b>(872/987)</b>	<b>90%</b> <b>(892/991)</b>	<b>91%</b> <b>(1144/1255)</b>	<b>93%</b> <b>(941/1012)</b>	<b>92%</b> <b>(1061/1152)</b>
<b>Ambulatory</b>	<b>94%</b> <b>(83/88)</b>	<b>98%</b> <b>(115/117)</b>	<b>97%</b> <b>(126/130)</b>	<b>99%</b> <b>(97/98)</b>	<b>99%</b> <b>(149/150)</b>	<b>96%</b> <b>(128/134)</b>



# SPECTRUM HEALTH

Spectrum Health (BL & BW) Hand Hygiene Compliance  
September 2007 - August 2009





# SPECTRUM HEALTH



## Hand Hygiene Compliance by Unit March 2009 - August 2009

	March 2009	April 2009	May 2009	June 2009	July 2009	August 2009	Spectrum Health Target
HDVCH	92% (354/385)	96% (278/290)	94% (259/277)	96% (275/286)	96% (224/234)	95% (214/226)	100%
3W	94% (93/99)	96% (77/80)	91% (73/80)	99% (78/79)	98% (59/60)	97% (58/60)	100%
7C	94% (34/36)	100% (70/70)	100% (39/39)	100% (40/40)	90% (27/30)	100% (30/30)	100%
7N	96% (48/50)	90% (27/30)	90% (27/30)	93% (28/30)	90% (27/30)	93% (27/29)	100%
7S	97% (58/60)	96% (48/50)	97% (56/58)	96% (64/67)	98% (43/44)	100% (37/37)	100%
8C	78% (39/50)	97% (29/30)	98% (39/40)	100% (30/30)	97% (29/30)	85% (34/40)	100%
9C	91% (82/90)	90% (27/30)	83% (25/30)	88% (35/40)	98% (39/40)	93% (28/30)	100%

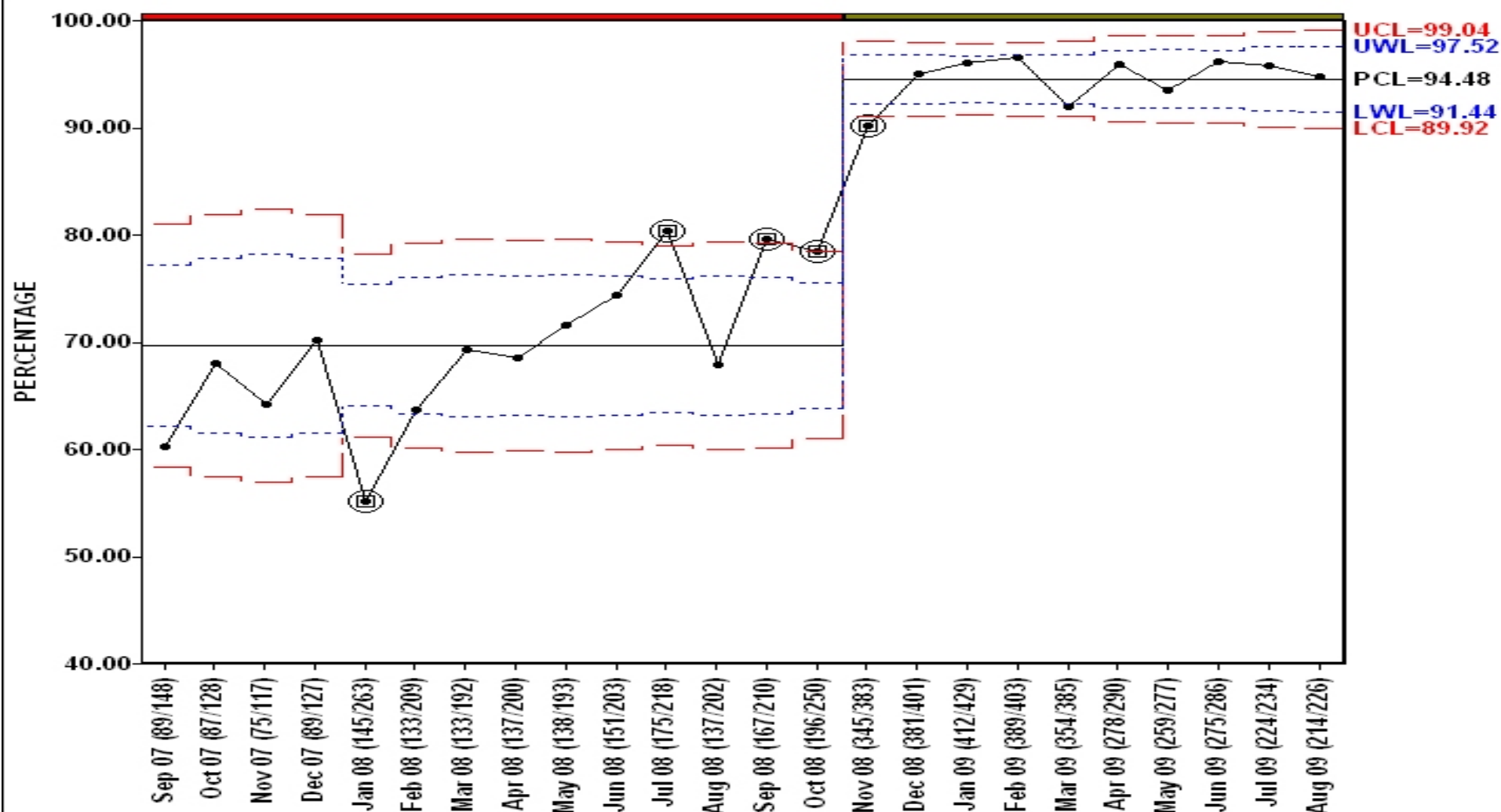
Percentages	No data reported	>= 90% Completed or compliant with target	89 - 80% Developing program or progressing toward target	<= 79% Behind goal - needs assistance
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Keystone observation measurement criteria: Hand hygiene should normally be done as the Healthcare Personnel enters the room, before they touch the patient, and as they leave the room, after finishing the encounter, for no less than twice per patient encounter.



# SPECTRUM HEALTH

## HDVCH Hand Hygiene Compliance September 2007 - August 2009





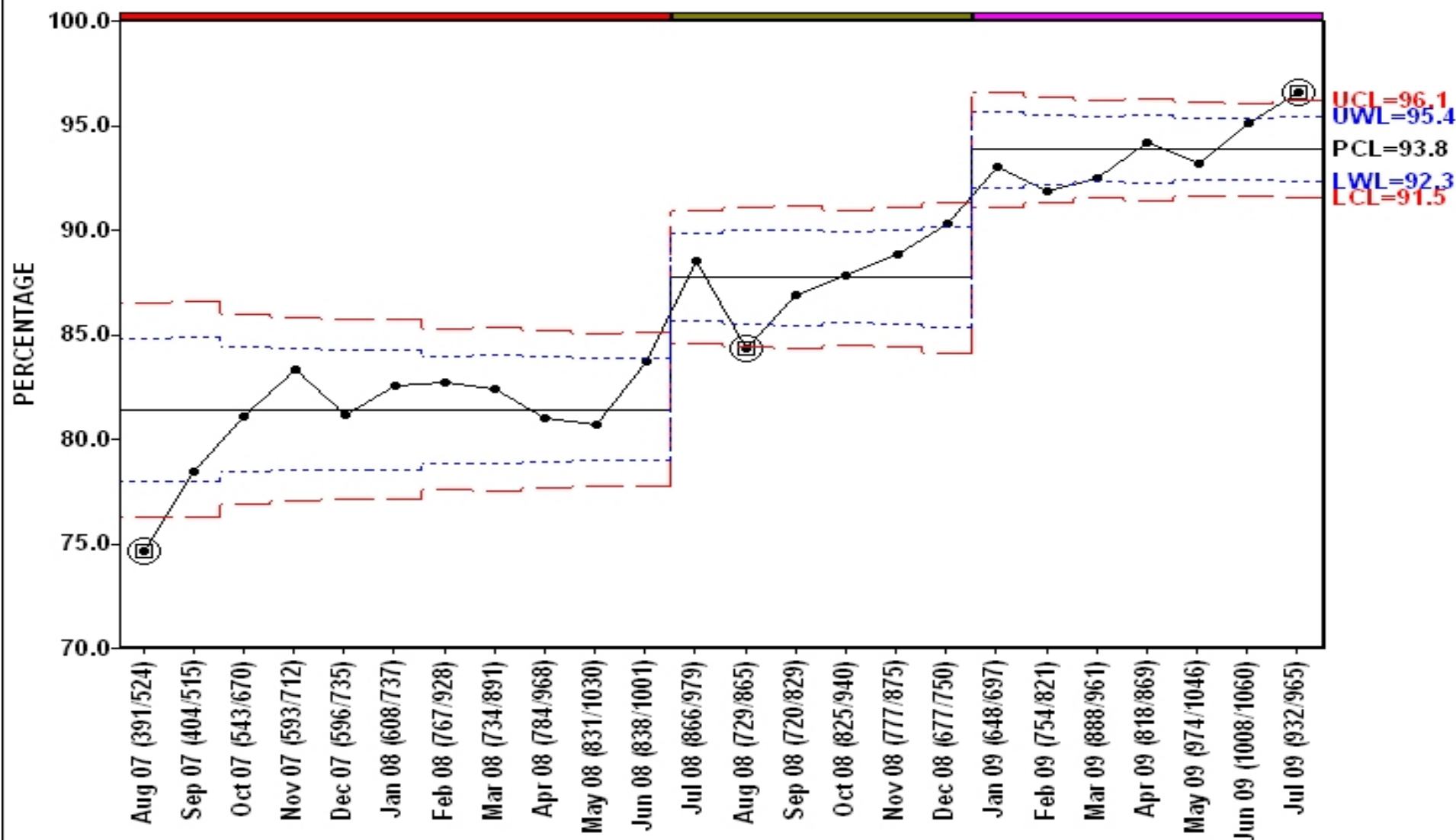
Women Services	March 2009	April 2009	May 2009	June 2009	July 2009	August 2009
2C3C	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	100% (20/20)
4C	92% (72/78)	82% (23/28)	97% (29/30)	97% (29/30)	97% (30/31)	100% (30/30)
5C	90% (9/10)	73% (11/15)	89% (8/9)	100% (25/25)	100% (15/15)	100% (25/25)
5C Nursery	73% (11/15)	81% (13/16)	87% (13/15)	95% (20/21)	90% (18/20)	100% (20/20)
6C	80% (8/10)	80% (12/15)	90% (18/20)	100% (12/12)	95% (21/22)	100% (27/27)
6C Nursery	100% (10/10)	100% (20/20)	100% (20/20)	98% (39/40)	100% (28/28)	
5W	100% (10/10)	87% (27/31)	87% (13/15)	87% (13/15)	90% (18/20)	100% (15/15)
5W Nursery	70% (14/20)	65% (13/20)	90% (18/20)	93% (14/15)	100% (10/10)	93% (14/15)





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## Registered Nurse Hand Hygiene Compliance

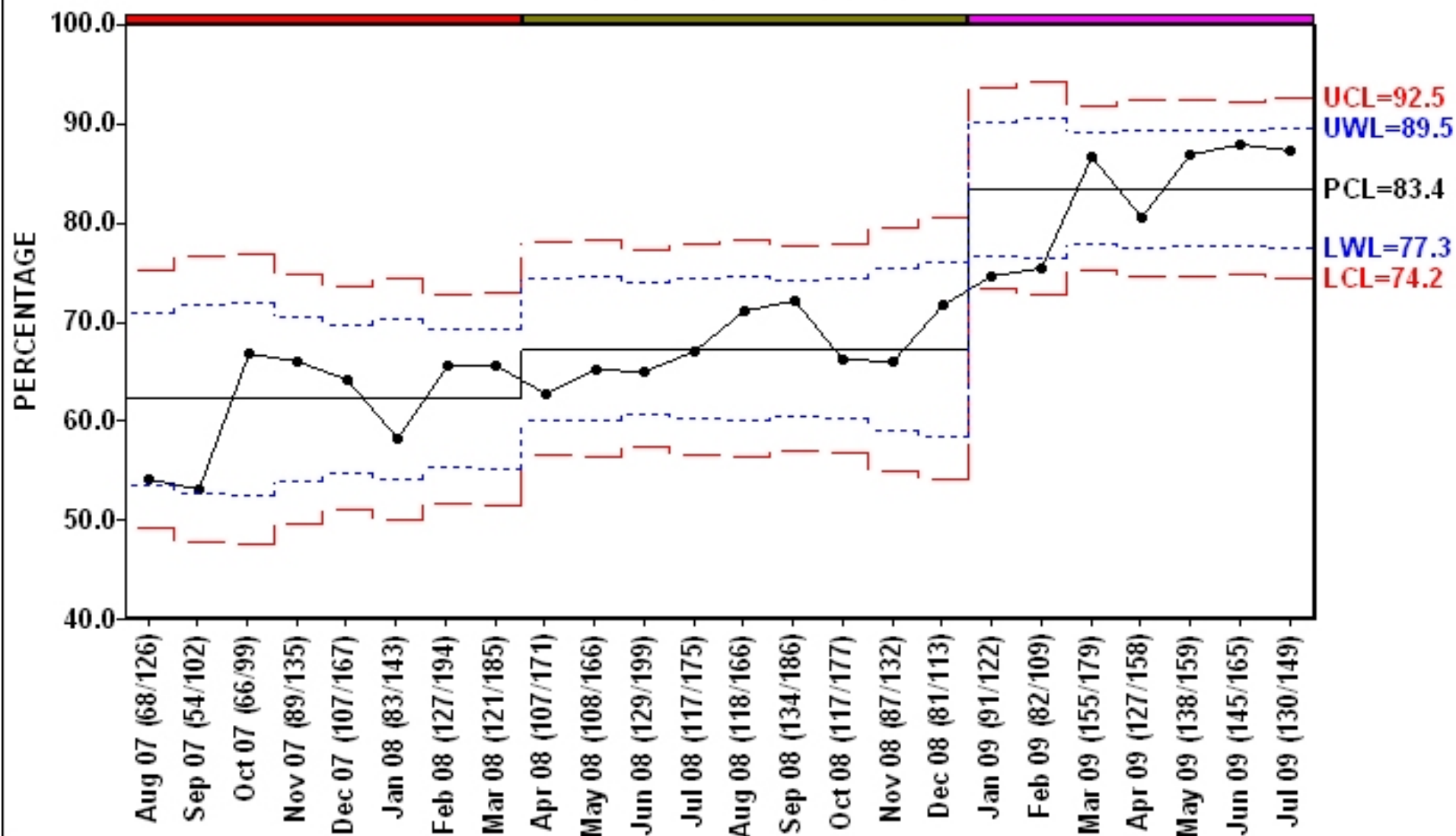




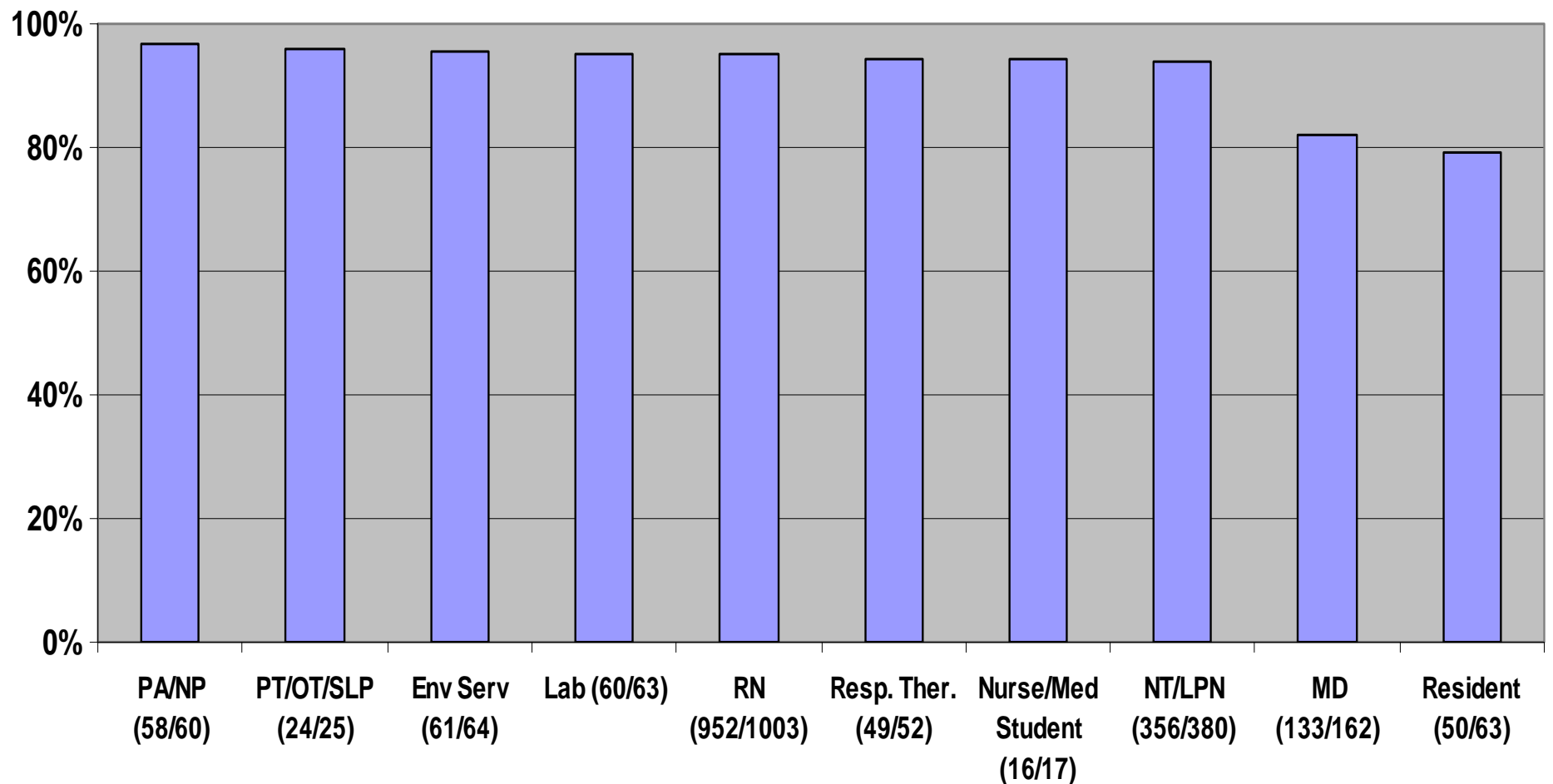


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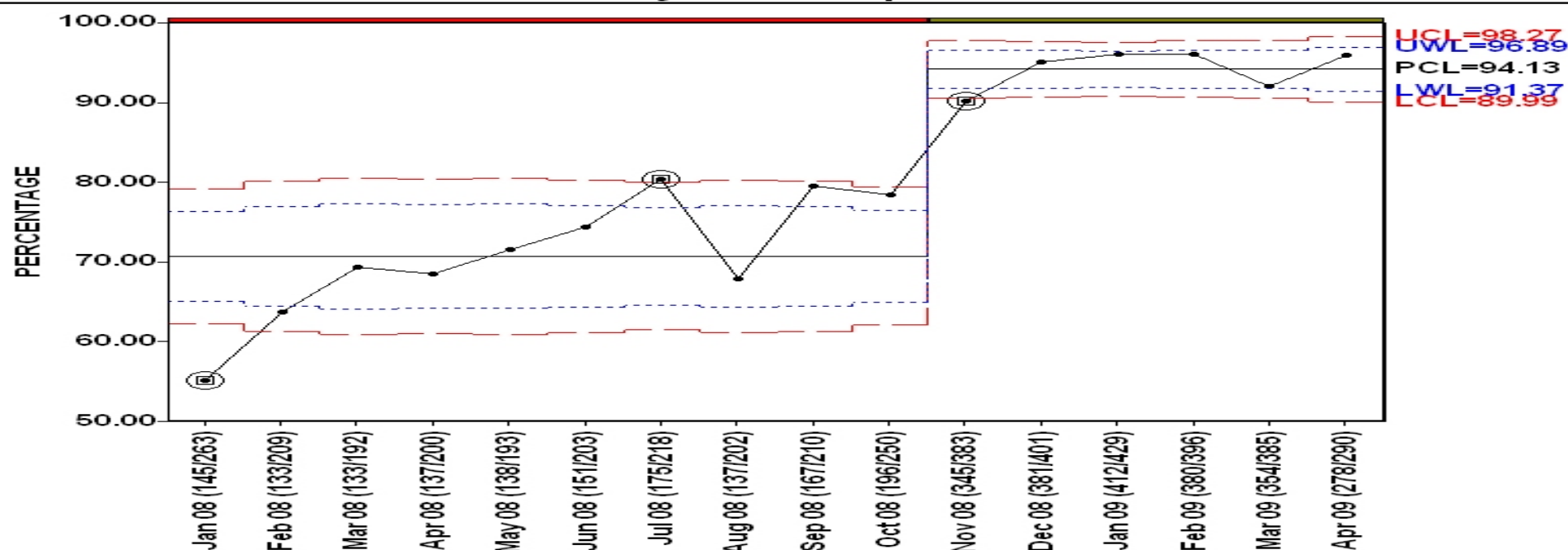
### Physician Hand Hygiene Compliance



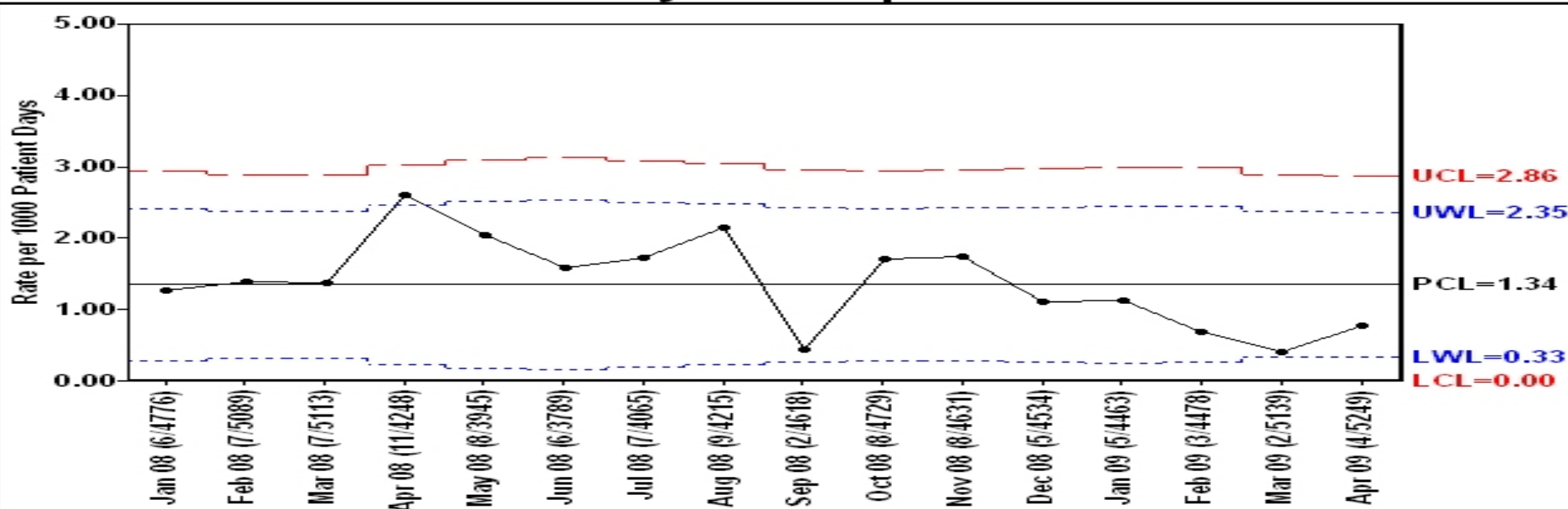
## Hand Hygiene Compliance August 2009



## HDVCH Hand Hygiene Compliance January 2008 - April 2009



## HDVCH HA MRSA, VRE, ESBL/Amp C, C. diff, RSV January 2008 - April 2009



# The Marathon...

- Continue measuring compliance and keep rates visible
- Raise the Dashboard Goal
- Staff and Physician surveys
- Improve 200% accountability ( Safety education in SH)
- Celebrate successes
- Share with community
  - Hand washing awareness day @ Boo Zoo

# Summary of hand hygiene- behavior change

Identified measurable objectives

Define vital behaviors necessary to achieve the results

Implementation of strategies in each of the six sources influence cells

Improvements have been rapid and substantial

Wash In/ Wash Out is now the standard

Success due to “overwhelming the problem” with many strategies and full engagement throughout the organization

Patient safety demands that we not be satisfied with our current rate of compliance.

Pursuit of perfection is never ending.



# SPECTRUM HEALTH

FOR A BETTER LIFE.®