World Health Organization’s 5 Moments for Hand Hygiene in the Behavioral Health setting:

Can it be accomplished?
Objectives

• Describe at least 3 steps that can be taken to increase staff hand hygiene compliance in the behavioral health setting.

• Identify two risk factors in the behavioral health population resulting in increased risk of transmission of significant organisms.

• Verbalize required elements in effective Just-in-Time training.

• List 3 differences in the safety needs of the behavioral health patient.

• Describe the use of Infection Prevention Risk Assessment in mitigation of potential risks.

Some Team Members
Behavioral Health Population Infection Risk

- Chemical dependency
- Group Homes
- Homeless
- Lack of primary care
- Frequent readmissions
Isolation In Behavioral Health

- Hand Hygiene stressed
- Respiratory Hygiene encouraged
- If the patient has an oozing wound, it must be contained with a dressing and the patient provided clean clothing
- Incontinent for urine and feces may not allow participation in the milieu. Patients will need to be evaluated on an individual basis whether they may need transfer to a med/surg unit.
- Airborne Precautions will require transfer to a medical unit with an airborne infection isolation room.

Hand Hygiene at TMC

- Infection Prevention staff discovered hand hygiene was often inadequate
- Strides to improve the practices with the adoption of the WHO 5 Moments for Hand Hygiene
- Hand hygiene champions trained
- Developed a documentation system
Initial Hand Hygiene Findings

- Low hand hygiene among personnel during their observations due in large part to the lack of product availability
- No simple solution found
- Minimal information in the literature regarding hand hygiene in this unique healthcare setting\(^1,2,3,4\)

5 Moments For Hand Hygiene

1. Before touching a patient
2. Before an aseptic procedure
3. After contact with body fluid risk
4. After touching a patient
5. After touching patient surroundings

TOTAL WASH IN: 1,2,4
TOTAL WASH OUT: 3,5

\(www.apic.org\)
Keep Trying

- Staff were provided individual 2 ounce bottles of alcohol hand sanitizer
- Individually packaged hand hygiene wipes were provided at meal times to patients
- Opportunity to join a collaborative

Collaborative Requirements

- Commitment signature
- Units identified
- Training of observers and coaches
- Data collection
- Evaluating results
- Implementing changes
- Improvement and sustain the gains!
Entry = before patient contact  Exit = after patient contact
**Entry**= Before Patient Contact  
**Exit**= After Patient Contact

Specific times monitored during this project include:
- Vitals check
- Blood draws (including blood glucose checks)
- Passing trays
- Passing medications
- Assisting with patient grooming

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**Baseline Data**

<table>
<thead>
<tr>
<th>Behavioral Health Unit</th>
<th>Campus</th>
<th>Baseline Sample Size</th>
<th>&quot;Baseline Begin&quot;</th>
<th>Baseline Compliance</th>
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<tbody>
<tr>
<td>Substance Abuse 2C/2D</td>
<td>Hospital Hill</td>
<td>140</td>
<td>9/5/2013</td>
<td>45.70%</td>
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<tr>
<td>Geriatric Psychiatric</td>
<td>Lakewood</td>
<td>99</td>
<td>10/21/2013</td>
<td>30.30%</td>
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</table>

*National Baseline Compliance Rate as of 09/16/13 is 58%*

Figure 5
Interventions and Discussion

• Education was provided

• Provided staff with personal (2 ounce) ABHR on lanyards

• ABHR dispensers were attached to all rolling equipment (e.g., vital signs machines), as these were never left unattended

• TMC held discussions with colleagues and vendors to brainstorm solutions and to determine if there were alternatives that we had not considered

Just-in-Time Training

Hand Hygiene Champions were given scripts for approaching and communicating non-compliance:

– Staff informed of the collaborative
– Script for staff non-compliance
– Script for physician non-compliance
  • Script to be used during physician rounds if some did not perform hand hygiene
Persistence

- Daily huddles on the unit were utilized to remind staff
- Continued education
- TMC worked with a vendor to install steel casings (that could be locked with a small padlock) around the dispensers
  - These casings are being used in various correctional institutions successfully and safely

GEOGRAPHY AND COMMUNITY

Truman Medical Centers is inclusive of a Level I Trauma Center, tertiary care facilities that focus on services in ambulatory care and practice management acute care, emergency services, behavioral health, community & family medicine: neonate (including NICU) to geriatric populations (including LTC). Patient population includes self pay, indigent care, Medicare and Medicaid. High incidence of TB, HIV/AIDS, Hepatitis C, MultiDrug Resistant Organisms (MDRO), drug & alcohol abuse. New Services include Wound Care Clinics (2014) and Ambulatory Care Center (2015).

EVENT PROBABILITY OF OCCURRENCE PATIENT EFFECT INTENSITY OF ORGANIZATION’S RESPONSE NEEDED TO ADDRESS THE RISK ORGANIZATION’S PREPAREDNESS TO ADDRESS SUCH A RISK AT THIS TIME RISK LEVEL

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY OF OCCURRENCE</th>
<th>PATIENT EFFECT</th>
<th>INTENSITY OF ORGANIZATION’S RESPONSE NEEDED TO ADDRESS THE RISK</th>
<th>ORGANIZATION’S PREPAREDNESS TO ADDRESS SUCH A RISK AT THIS TIME</th>
<th>RISK LEVEL</th>
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<tbody>
<tr>
<td>Misuse of ABHR due to dispenser placement BHU</td>
<td>High (3) Medium (2) Low (1) None (0)</td>
<td>Life Threat (3) Perm Harm (2) Temp Harm (1) None (0)</td>
<td>High (3) Med (2) Low (1) None (0)</td>
<td>Poor (3) Fair (2) Good (1)</td>
<td>Total Ranking</td>
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</table>

This risk assessment is inclusive of Ambulatory Care/Behavioral Health/ Hospital Hill/LTC.

*Risk assessment will be utilized to prioritize needed resources/interventions

Total ranking score by multiplying all column scores and discussed at IP&C

<table>
<thead>
<tr>
<th>High</th>
<th>Medium</th>
<th>Low</th>
<th>None</th>
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<tbody>
<tr>
<td>24-54</td>
<td>6-23</td>
<td>0 &amp; under</td>
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## Baseline/ Improvement Data

<table>
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<th>Behavioral Health Unit</th>
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<th>Baseline Sample Size</th>
<th>Improve Sample Size</th>
<th>*Baseline Begin</th>
<th>Improve Begin</th>
<th>Baseline Compliance</th>
<th>Improve Compliance</th>
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<td>43.8%</td>
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</table>

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Figure 5

### Challenges with Maintenance and Continued Improvement

- Change in BHU management, IP and BHU staff
- Maintenance of Hand Hygiene Champions
- When charge nurse identified a patient at risk the dispensers were disabled
  - Led to EVS disengagement with refill
  - When system malfunctioned it was not reported
  - Key to the device lost and no notification
As problems were identified:

- Manufacturer made aware of the issues with the internal mechanism of the device
- Additional keys requested
- Communication regarding battery change
- Additional individual bottles with lanyards provided including reordering information
- Reemphasis staff use of individual bottles and lanyards

- Additional hand hygiene education provided
- Fluorescent powder was utilized to emphasize quality of hand hygiene
- Additional Hand Hygiene Champions trained
- Encouraged huddle communications restart
Lessons Learned

- The WHO 5 Moments for Hand Hygiene can be monitored effectively in psychiatric units when clear definitions for hand hygiene moments are identified.

- Hand hygiene education of staff on psychiatric units needs to be tailored to their setting to ensure compliance.

- Psychiatric-safe hand hygiene products are not always readily available, but an internal risk assessment should be completed to provide insight on safe structure for those products to be used on units.

- Although ABHR generally poses no risk to acute care patients, behavioral health patients have been known to ingest ABHR, especially if they have a history of substance abuse.

- Agitation or an increase in aggression due to the presence of ABHR, may necessitate the temporary need to remove the product.

- Don’t let a temporary problem with an agitated patient allow a permanent removal of the product from lack of oversight.

- There is a need to collaboratively work with colleagues and vendor associates to develop safe alternatives for ABHR use in the behavioral health setting.

- Research needs to be strengthened in the behavioral health setting for the basics in infection prevention.
References:
