ANNE OF GREEN GABLES

PATIENT & FAMILY ENGAGEMENT

IPAC Conference PEI
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“Helping Hands & Point-of Care Patient Hand Hygiene Programs”
• 400 bed regional hospital in Central East Ontario with a mission to build healthier communities with our patients and partners

• Well-established hand hygiene program for healthcare workers based on Ontario’s 4 Moments

• Increasing risk of transmission of pathogens by patient hands

• Community-acquired and nosocomial MRSA colonization(s) and infections on the rise

• Patients and families wanted better access to product and information:
  • “I had nothing to clean my hands with when I was in my bed.”
  • “There are a lot of reminders to clean your hands in the hallways but nothing in the patient room.”
Early tests of change

What they tried:
• Placed a bottle of alcohol-based hand rub (ABHR on every over-bed table (with patient specific exceptions)
• Provided wipes on meal trays
• Encouraged nurses to help patients clean their hands

What they found:
• > 70% of wipes were unopened or used after eating
• 17% of ABHR bottles were on the over-bed table(s) and/or within reach for patients
• Patient hand hygiene was not a priority for most patients and staff
• Many patients did not know the ABHR bottle was for their use
NEW Initiative 1: HELPing Hands

• Volunteer-led program
• Volunteers are recruited and trained to:
  • Educate patients and their families about the importance of hand cleaning to reduce the spread of infections
  • Support patients directly with hand cleaning, opening food packaging and seasoning their meals
  • Provide social interaction and encourage proper nourishment and hydration to help patients in their recovery
  • Program started during lunch meal on 1 complex continuing care/geriatric treatment unit (C2)
• Plan to spread to 3 additional units over the course of the next year
Process measures confirmed that patient hand hygiene was occurring.
No transmission of MRSA since initiating HELPing Hands

C2: Nosocomial MRSA Rate by Month

Implementation of HELPing Hands on C2
NEW Initiative 2: Point-of-Care ABHR

• The goal was to ensure that patients had access to the information and tools they needed to clean their hands at key moments
• Team scanned the literature and adapted 6 moments for Patient Hand Hygiene
• Each patient bed space in the trial unit was equipped with:
  ➢ A bottle of alcohol-based hand rub (ABHR) that was affixed to their over-bed table with a specific point-of-care (POC) holder
  ➢ A laminated patient-friendly card wrapped around the bottle that showed the 6 patient moments for hand hygiene and outlined strategies and rationale for effective hand cleaning
Point-of-Care Information Wrap

Germs

Germs are found on all surfaces. Unclean hands can spread germs, including harmful germs, everywhere! Once germs are on your hands, they can get into your body and cause illness.

Cleaning your hands can remove germs.

This is Hand Sanitizer

Medicinal Ingredients 70% Ethanol

When you should clean your hands

1. Before and after eating
2. When your hands look dirty (soap and water if possible)
3. After using the washroom
4. Before touching any bandages, tubes or breaks in your skin
5. After sneezing, coughing, or blowing your nose
6. Before and after contact with family/visitors

3 Ways to Clean Your Hands

1. Hand Sanitizer Found on every patient's over-bed table.
2. Soap & Water Every patient room has a sink and soap.
3. Hand Wipes Found on every meal tray, use before eating!

Remember to focus on all areas of your hands, and to rub with friction for 15-20 seconds for maximum effectiveness.

Tip: Try cleaning your hands while singing "Happy Birthday!"

PRHC

Purchaser Regional Health Centre

Guided by you, Doing it right, Depend on us
6 MOMENTS FOR PATIENT HAND HYGIENE

- Before and after eating
- When your hands look dirty (soap and water if possible)
- After using the washroom
- Before touching bandages, tubes or breaks in your skin
- After sneezing, coughing or blowing your nose
- Before and after contact with family or visitors
• Trial on A2 (Integrated Stroke)
  ➢ Was the ABHR on the over-bed table and within reach?
    70-10% of the time
  ➢ Was the ABHR used?
    ABHR use increased by almost 50 times
  ➢ Do patients know what it is and use it?
    60% of patients asked knew what ABHR was; 80% of those patients reported using it
Patient Feedback

The foam is nice, dries quickly and it doesn’t leave a residue. Where can I buy it for home?

Having the hand sanitizer right there was great when mom wasn’t mobile.

This is so much better than the wipes on meal trays!

I really liked having this information to read.
Lessons Learned

• Start small, learn and then spread
  ➢ Trial for each initiative and a structured plan for spread
• Engage teams (including patients) and put them in the driver’s seat
  ➢ HELPing Hands
    • Recreation therapists, ICP, Nutrition services, volunteers helped design, deliver and improve the training
  ➢ Point of Care
    • Environmental Services staff introduced point-of-care to her peers and develop guidelines for cleaning and disinfection of holder and wrap
    • OT helped decide on a standard location for the holder
    • Patients and families informed content and format of the wrap
• Talk to patients and families about hand hygiene - these are essential conversations!
  ➢ The same messages that we use with staff apply re: hand health, why ABHR is the gold standard, how transmission occurs via hands