



# 2008 Share Conference Working Together for Quality and Service



**Quality Coaches in Action:  
St. Vincent's Hospital Manhattan  
January 09, 2008**

## **“The Heart and Soul of Infection Control”**

Sharing Outcomes from the  
Infection Prevention Coach Training Program





# Project Participants

## Site Coordinator

*Rory P. Sweeny McGovern, RN*

## Union and Management Representatives

*Coraminita Mahr*

*Wanda Barnes*

*George Brown*

*Maritza Boyce-Duncan*

*Anne Marie O'Brien, RN*

*Cynthia Mersmann, RN*

*Kathleen O'Donnell, RN*





## Project Participants (2)

### *Pilot Units and Coaches:*

#### **Labor and Delivery**

*Ann Clampet, RN  
Sonia Legister, Surg Tech  
Kathleen Rodriguez, HK*

#### **Coleman 10 South - CCU**

*Barbara Choy, RN  
Freddie Noteman, NA*

#### **Coleman 10East- MICU**

*Ellen Brady, RN  
Marie Gonezie, NA  
Maria Orta, HK*

#### **Coleman 14 East**

*Maureen Sullivan, RN  
Charmaine Dennis, NA  
Lourdes Rivera, HK*

#### **Transportation**

*William McKinney*





# Background



St. Vincent's Hospital Manhattan is a 490 bed tertiary care teaching hospital located at 7<sup>th</sup> Avenue and 12<sup>th</sup> Street on the border of Greenwich Village and Chelsea.

The institution consists of:

- Level I Trauma Center and Critical Care Center
- Level III NICU
- Comprehensive Cancer, Cardiovascular and HIV Centers
- Inpatient and outpatient psychiatric and addiction services





## Background (2)



- Healthcare Associated Infections [HAI] are infections that patients acquire while under the care of a healthcare institution.
- Healthcare workers can prevent the spread of infections by:
  - Getting their flu shot as recommended
  - Practicing good hand hygiene
  - Decontaminating the environment
  - Wearing the appropriate personal protective equipment





# Project Goal



The goals of the Project Team are:

1. Improve hand hygiene compliance before and after patient contact
2. Increase rates for immunization against the flu for healthcare workers
3. Improve the cleanliness of the environment





# Data Collection Methods



## Hand Hygiene Compliance

- Direct observation of hand hygiene compliance pre and post education on pilot units
- Multiple disciplines were observed
- Data collection tool\*
- Data collector: NCM, IPC

## Immunization against the flu

- Compared 2006 –2007 rate of immunization for healthcare workers staffing pilot units
- Information obtained from PHS and employee survey (some employees vaccinated by source other than PHS) \* See attached forms





## Data Collection Methods (2)



### Environment of Care

- Environmental rounds of pilot units pre and post education
- Team included Infection Prevention Coaches
- Data collection tool\* Chose 8 indicators to monitor
- Compliance Rate was calculated using # of instances the units were in compliance with the chosen indicators divided by the total # of indicators times 100.







# Hand Hygiene Compliance Tool

Job Title	Cleansed Hands	Did Not Clean Hands	Comments	Summary Job Category	Summary # Cleansed Hands
				# RN's =	# =
				# NA's =	# =
				# MD's-Att.	# =
				#MD's-Res.	# =
				# CMHW	# =
				# Techs.	# =





# Flu Immunization Survey Tool



Name of Coach: Name of Unit:	Dates Survey Completed: 11/07/07 to 12/31/07
1) Name (first, last): Title/Discipline Immunized: Yes No	2) Name (first, last): Title/Discipline Immunized: Yes No
3) Name (first, last): Title/Discipline Immunized: Yes No	4) Name (first, last): Title/Discipline Immunized: Yes No





# Environmental Rounds Tool



Surveyors:	1= Yes [Compliant] 0=No [Non-compliant] N/A= Not Applicab							
Date:								
Location:								
Room #								
<b>INFECTION CONTROL</b>								
Trash can clean								
Clean and Soiled Linen is covered								
Area is clean, not cluttered								
Bathroom vents are clean								
Soap and Paper towels for handwashing available								
Alcohol-based hand sanitizer available								
Ceiling tiles not stained								
No mildew present								
% Compliant								





## How we achieved results



- Publicized the IPC initiative in the hospital newsletter, “Vital Signs”
- Infection Control Chairman sent a memo to the Physicians and Directors of Departments in support of the initiatives
- Posted signage at key locations throughout the hospital
- Began disinfecting stretchers and wheelchairs with wipes
- Glogerm, DVD and Flu Q & A cards





## How we achieved results



- Convened regular meetings with IPCs to outline strategies, to review progress reports and to share lessons
- Researched literature to see how people may change behavior
- Reinforced Personnel Health Services initiative to improve healthcare workers Flu vaccination rate
- Pilot units shared educational efforts
- Increased the number of hand hygiene direct observations to assure representative sample





# Pre and Post Hand Hygiene Results

Unit	Hand Hygiene [%]		
	Pre	Post	Var
HIV/Vent			
RN	100%	100%	
NA	100%	100%	
MICU			
RN	100%	86%	14% (1)
NA	100%	100%	
CCU			
RN	100%	100%	
NA	100%	100%	
L&D			
RN	100%	100%	
NA	100%	100%	





# Pre and Post Immunization and Clean Environment Rates

Units	Immunization [%]			Environment Clean [%]		
	Pre	Post	Var	Pre	Post	Var
HIV/Vent	53%	42%	11% ↓	47%	84%	37% ↑
MICU	46%	77%	31% ↑	75%	78%	3% ↑
CCU	38%	35%	3% ↑	90%	93%	3% ↑
L&D	28%	24%	4% ↓	85%	89%	4% ↑





## Results –Qualitative



1. Initial encounters with physician staff were not well received but the leadership of the IPCs' persisted. In one case this resulted in an apology from an MD.
2. The opportunities for labor and management to discuss issues and concerns for compliance with infection prevention practices promoted collaboration, improved relationships and resulted in strategies that were acceptable to all.
3. Participants appreciated the education they received, were grateful for the opportunity to interact with staff members from other units, shared lessons learned and felt a sense of accomplishment.
4. Empowerment enhanced our sense of pride in our actions, and gave us the courage and motivation to “charge on” and extend our efforts.







# Challenges and Strategies



## Challenges:

- Turnaround time for implementation of strategies short
- Access to audiovisual equipment limited
- NYSNA decision for non-participation in coach fellowship

## Strategies:

- Recognize performance improvement is incremental and that coaching efforts are a 24/7 responsibility year round
- Increase signage in patient rooms, e.g., Hand Hygiene posters at head of patient's bed
- Open Education Sessions by a pilot unit to all pilot units, e.g., MICU and CCU.
- Be respectful of NYSNA membership and negotiation status; provide education session





## Challenges and Strategies (2)



### Challenges:

- Physician response to IPC recommendation
- Current staffing

### Strategies:

- Recognize no one likes to be told they've made a mistake
- Remember the principle to acknowledge or reward proper behavior in Infection Prevention Practices
- Enlist the aid of dedicated physician champions
- Glo Germ is an eye opener for all caregivers and healthcare workers
- Refer to leadership





# Challenges and Strategies (3)



## Challenges:

- Proper isolation attire may not be available
- Linen may be stored in isolation rooms
- Habits are hard to change; bad habits are harder to change

## Strategies:

- Refer issues w/par levels for isolation gowns and linens to Leadership
- Adjust par levels
- Limit Supplies “hoarded”
- Provide Feedback, Feedback, Feedback
- Break down feedback by units and by discipline





# What's Next?



## Next Steps

- Continue to educate staff and monitor compliance
- Provide feedback to units at regular intervals
- Roll out successful strategies to other units
  - **Coaches**
  - **Q & A cards**
  - **Glogerm activities**
- Promote the concept “Caught in the Act of Doing Something Great”
- Apply the model employed by this project to other opportunities for improvement e.g., prevention of pressure ulcers
  - **Staff Education**
  - **Labor and Management collaboration**
  - **Data collection, review and analysis**
  - **Feedback**

