



2008 Share Conference Working Together for Quality and Service

Quality Coaches in Action:

Morgan Stanley Children's Hospital-

New York-Presbyterian Hospital – 5 Tower Oncology

January 9, 2008

**Sharing Outcomes from the
Infection Prevention Coach Training Program**



1199SEIU United Healthcare Workers East • 1199SEIU Training and Employment Funds •
Greater New York Hospital Association



Project Participants

Site Coordinator:

*Grimilda Mendez-Augsburg, MBA
Director of Operations
Department of Epidemiology*

Management Representatives:

*Shirley Stagner, RN
Patient Care Director*

Department:

5 Tower Oncology

Coaches:

- *Yvette Vega
Nursing Assistant*





Project Goal

The goal for this project are three-fold:

- 1) Improve hand hygiene compliance before and after patient contact
- 2) Increase staff immunization rates, and
- 3) Improve cleanliness of the environment.





What is different?

- ❖ **Most significant achievement:**
 - Identified 52 additional locations requiring Purell® dispensers
- ❖ **Compliance data collection method:**
 - **Hand Hygiene:**
 - Sanitarians (aka: mystery observers) conduct anonymous rounds
 - Observations are recorded on Palm Pilots and downloaded to central database
 - **Flu Vaccination:**
 - Occupational Health Services monitors compliance
- ❖ **Quantitative Results:**
 - Hand Hygiene compliance increased **18%**
 - Flu Vaccination compliance is **51%** higher than the national average for healthcare workers
- ❖ **Qualitative Results:**
 - Increased staff awareness of the importance of infection prevention measures
 - Engaged Spanish speaking staff to discuss the myths of flu vaccination
 - Modeled behavior for other staff members to increase compliance





What is different?

❖ Hand Hygiene Compliance:

Month	Overall		Before Touching Patient			After Touching Patient			After Touching Patient Environment			After Removing Gloves		
	Count	Rate	Count	Portion	Rate	Count	Portion	Rate	Count	Portion	Rate	Count	Portion	Rate
September	54	69%	16	30%	75%	21	39%	76%	10	19%	40%	7	13%	71%
October	64	83%	23	36%	87%	20	31%	85%	16	25%	81%	5	8%	60%
November	84	87%	41	49%	88%	11	13%	100%	18	21%	78%	14	17%	86%

❖ Flu Vaccination Compliance: 87%





What did you do to achieve results?

- ❖ **Increase access and quantity of Purell® on the unit**
- ❖ **Engaged staff and visitors in their native language to discuss the importance of hand hygiene and flu vaccination**
- ❖ **Ongoing reminders to non-complaint staff regarding hand hygiene**
- ❖ **Encourage unit staff to maintain a clean environment by cleaning-up lounge and meeting room**





Challenges and Strategies

❖ Biggest challenges:

- Need for additional IPC Quality Coaches on day and evening shifts
- Lack of hand hygiene signs to remind staff
- Lack of scales on patient rooms leading to poor hand hygiene compliance after touching environment

❖ Steps taken to meet or manage the challenge:

- Advised Patient Care Directors of good candidates for coaches
- Obtained hand hygiene signs from Epidemiology





What's Next?

Describe the commitments you have or will make to continue progress.

- Unit Teams or Department
- Hospital-wide
- ❖ Continue to reinforce infection prevention methods
- ❖ Seek assistance from management and epidemiology
- ❖ Request increase in the number of IPC Quality Coaches

