

LTCare Webinar: Hand Hygiene and Competency Validation



MARYLAND
Department of Health

"Practice Makes Perfect" in Healthcare Education



**LTC
Webinar
Series
Webinar#
5 Hand
Hygiene**

Peggy Pass RN, BS, MS, CIC, FAPIC
Nurse Manager, ICAR Assessments
Nurse Consultant, Infection Prevention & Control
Maryland Department of Health



Infection Control Assessment and Response Project

A word cloud where the word "assessment" is the largest and most prominent at the bottom center. Other words are arranged in various sizes and orientations around it, including "standards", "criteria", "balance", "teaching", "principles", "manageability", "consistency", "moderation", "fairness", "qualifiers", "learning", "grades", "reliability", "equity", "decisions", "explicitness", "expectations", "achievement", "alignment", "certification", "validity", "attributes", "reporting", "challenge", "levels", "transparency", "feedback", "descriptors", "weighting", "judgments", "quantifiers", "outcomes", "verbs", "tasks", and "forward". The colors used include blue, green, purple, red, and orange.

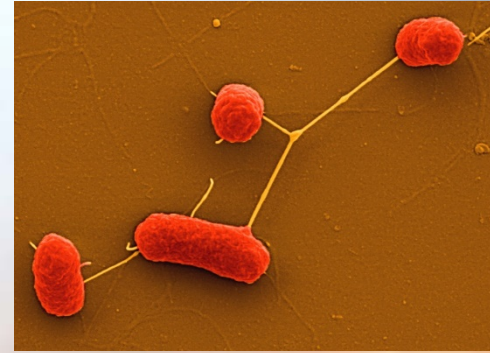


What happened between 2014 – 2015?

Ebola Virus Outbreaks



Antibiotic Resistance on the Rise



Both of these focused the attention of the CDC on improving the nation's ability to combat infectious diseases effectively and quickly if necessary...

What is CDC really after?

- If facilities have adopted evidence-based practices to prevent healthcare-acquired infections
- If facilities use competency-based training, audit, validation, and feedback to ensure staff knowledge and practice
- The vehicle used to find the gaps in knowledge and practice is the ICAR Assessment
 - We have assessed over 32 nursing homes in Maryland
 - We have analyzed our data for “gaps” to use for the educational phase of the ICAR project and our collaboration with you-our pilot group for the other roughly 200 nursing homes in Maryland



The objectives of today's education, Hand Hygiene
The learner will be able to:

1. List the three types of hand hygiene used in the LTC environment and when to use each.
 1. Alcohol based hand gel or foam products
 2. Handwashing at the sink
 3. Washing hands of our residents
2. Describe the purpose of competency validation and why you think CMS has mandated this methodology for training of healthcare workers.
3. When does competency validation need to be done and what topics are mandated by CMS for this type of training?

Infection Control 483.80 Timeline

Phase 1	Phase 2	Phase 3
Effective November 28, 2016	Effective November 28, 2017	Effective November 2019
<ul style="list-style-type: none">Isolation should be least restrictive for the residentFlu vaccination offered each year 10/1-3/31Does not require provider order if part of facility policyAnnual review of policies	<ul style="list-style-type: none">Antibiotic Stewardship(Facility Assessment) <p><i>New F Tags</i> F 880 (rather than F 441) Infection Control</p> <p>F 881 Antibiotic Stewardship Program</p>	<ul style="list-style-type: none">Infection Preventionist (IP)IP participation on QAA Committee



Federal Regulatory Groups for Long Term Care Facilities

* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

F730 Nurse Aide Perform Review – 12Hr/Year in- service
F731 Waiver-Licensed Nurses 24Hr/Day and RN Coverage
F732 Posted Nurse Staffing Information

483.40 Behavioral Health Services

F740 Behavioral Health Services
F741 Sufficient/Competent Staff-Behav Health Needs
F742 *Treatment/Svc for Mental/Psychosocial Concerns
F743 *No Pattern of Behavioral Difficulties Unless Unavoidable
F744 *Treatment /Service for Dementia
F745 *Provision of Medical/Related Social Services

483.45 Pharmacy Services

F755 Pharmacy Svcs/Procedures/Pharmacist/Records
F756 Drug Regimen Review, Report Irregular, Act On
F757 *Drug Regimen is Free From Unnecessary Drugs
F758 *Free from Unnec Psychotropic Meds/PRN Use
F759 *Free of Medication Error Rates of 5% or More
F760 *Residents Are Free of Significant Med Errors
F761 Label/Store Drugs & Biologicals

483.50 Laboratory, Radiology, and Other Diagnostic Se

F770 Laboratory Services
F771 Blood Blank and Transfusion Services
F772 Lab Services Not Provided On-Site
F773 Lab Svcs Physician Order/Notify of Results
F774 Assist with Transport Arrangements to Lab Svcs
F775 Lab Reports in Record-LabName/Address
F776 Radiology/Other Diagnostic Services
F777 Radiology/Diag. Svcs Ordered/Notify Results
F778 Assist with Transport Arrangements to Radiology
F779 X-Ray/Diagnostic Report in Record-Sign/Dated

483.55 Dental Services

F790 Routine/Emergency Dental Services in SNFs
F791 Routine/Emergency Dental Services in NFs

483.60 Food and Nutrition Services

F800 Provided Diet Meets Needs of Each Resident
F801 Qualified Dietary Staff
F802 Sufficient Dietary Support Personnel
F803 Menus Meet Res Needs/Preo in Advance/Followed
F804 Nutritive Value/Appeal .Palatable/Prefer Tempo
F805 Food in Form to Meet Individual Needs

F806 Resident Allergies, Preferences and Substitutes
F807 Drinks Avail to Meet Needs/Preferences/ Hydration
F808 Therapeutic Diet Prescribed by Physician
F809 Frequency of Meals/Snacks at Bedtime
F810 Assistive Devices - Eating Equipment/Utensils
F811 Feeding Asst -Training/Supervision/Resident
F812 Food Procurement, Store/Prepare/Serve - Sanitary
F813 Personal Food Policy
F814 Dispose Garbage & Refuse Properly

483.65 Specialized Rehabilitative Services

F825 Provide/Obtain Specialized Rehab Services
F826 Rehab Services- Physician Order/Qualified Person

483.70 Administration

F835 Administration
F836 License/Comply w/Fed/State/Local Law/Prof Std
F837 Governing Body
F838 Facility Assessment
F839 Staff Qualifications
F840 Use of Outside Resources
F841 Responsibilities of Medical Director
F842 Resident Records - Identifiable Information
F843 Transfer Agreement
F844 Disclosure of Ownership Requirements
F845 Facility closure-Administrator
F846 Facility closure
F849 Hospice Services
F850 *Qualifications of Social Worker >120 Beds
F851 Payroll Based Journal

483.75 Quality Assurance and Performance Improvem

F865 QAPI Program/Plan, Disclosure/Good Faith Attempt
F866 {PHASE-3} QAPI/QAA Data Collection and Monitoring
F867 QAPI/QAA Improvement Activities
F868 QAA Committee

483.80 Infection Control

F880 Infection Prevention & Control
F881 Antibiotic Stewardship Program
F882 {PHASE-3} Infection Preventionist Qualifications/Role
F883 *Influenza and Pneumococcal Immunizations

483.85 {PHASE-3} Compliance and Ethics Program

F895 {PHASE-3} Compliance and Ethics Program

483.90 Physical Environment

F906 Emergency Electrical Power System
F907 Space and Equipment
F908 Essential Equipment. Safe Operating Condition
F909 Resident Bed
F910 Resident Room
F911 Bedroom Number of Residents
F912 Bedrooms Measure at Least 80 Square Ft/Resident
F913 Bedrooms Have Direct Access to Exit Corridor
F914 Bedrooms Assure Full Visual Privacy
F915 Resident Room Window
F916 Resident Room Floor Above Grade
F917 Resident Room Bed/Furniture/Closet
F918 Bedrooms Equipped/Near Lavatory/Toilet
F919 Resident Call System
F920 Requirements for Dining and Activity Rooms
F921 Safe/Functional/Sanitary/Comfortable Environment
F922 Procedures to Ensure Water Availability
F923 Ventilation
F924 Corridors Have Firmly Secured Handrails
F925 Maintains Effective Pest Control Program
F926 Smoking Policies

483.95 Training Requirements

F940 {PHASE-3} Trainee Requirements - General
F941 {PHASE-3} Communication Training
F942 {PHASE-3} Resident's Rights Training
F943 Abuse, Neglect, and Exploitation Training
F944 {PHASE-3} QAPI Training
F945 {PHASE-3} Infection Control Training
F946 {PHASE-3} Compliance and Ethics Training
F947 Required In-Service Training for Nurse Aides
F948 Training for Feeding Assistants
F949 {PHASE-3} Behavioral Health Training

Facility Assessment Tool

Infection Control: **Competencies**

Infection Control Competencies

Infection control- hand hygiene, isolation, standard universal precautions including use of personal protective equipment, MRSA/VRE/CDI precautions, environmental cleaning

Use methods like:

- Return demonstration
- Pre and Post-tests
- Skills Checklists



All staff must show EVIDENCE of Education & Competency

Definition

- Competency is the ***application of knowledge and skill in performance***. Competency is best assessed via return demonstration and observation. Additional methods include, but are not limited to, simulation, mock reviews, and case studies.
- Competency is NOT assessed via an education module with a post-test. An education module with a post-test measures knowledge, not competence (or proficiency). One may be very knowledgeable about a skill, but incompetent to actually safely perform that skill.

Competency Assessment Tool

Employee Name:	Job Title:	Check one: [] Initial Assessment Date: Use this tool for initial competency assessment if no Orientation Skills Checklist is used or if there are additional competencies that require validation.
Manager Name:	Department:	[] Annual Performance Review/Date:
Review Period (Dates Covered) From: _____ To: _____		[] Ongoing Assessment/Date: Ongoing also includes low volume, high risk, new procedure, problem prone areas, the result of QI activities, or when new skills are required.
Reviewer Signature(s) X _____ X _____ X _____		Reviewer Initial(s) X _____ X _____ X _____

Instructions

The Reviewer/Preceptor rates, comments and selects assessment method as the employee demonstrates competency throughout the assessment timeframe (orientation or annual). If at the end of the assessment period, certain skills have not been demonstrated, the Reviewer either, assesses the skill and indicates so in the Assessment Method box or the Manager extends the assessment timeframe.

Note: During the initial assessment, the preferred and most effective way to determine competency is through direct observation of the skill being performed. When an opportunity to observe the skill is not available, a test (e.g., dysrhythmia exam), mock scenario, or return demonstration may be used or in some situations, a review of clinical documentation in the medical record (related to the behavior or skill, if appropriate).

Performance Standard

Rating

M - Meets

DNM – Does Not Meet

N/A – Not Applicable

Assessment Method

DO – Direct Observation

CD – Clinical Documentation

RD – Return Demonstration

MS – Mock Scenario/Simulation

O - Other (Describe):

Skills Competency Checklist	Rating	Comments (Required for "Does Not Meet")	Assessment Method	Date Assessed	Initials
1. Dosing <ul style="list-style-type: none">Set up properly by flushing and calibrating pumpCorrectly follows identification procedureOperates <u>Methasoft</u> to dispense and record dosingLabels and dispenses take homes appropriately and according to policy	<div><input type="checkbox"/> M</div> <div><input type="checkbox"/> DNM</div> <div><input type="checkbox"/> N/A</div>	SAMPLE	<div><input type="checkbox"/> DO</div> <div><input type="checkbox"/> RD</div> <div><input type="checkbox"/> MS</div> <div><input type="checkbox"/> CD</div> <div><input type="checkbox"/> O _____</div>		

Performance Standard					
Rating		Assessment Method			
M - Meets DNM - Does Not Meet N/A - Not Applicable		DO - Direct Observation CD - Clinical Documentation RD - Return Demonstration MS - Mock Scenario/Simulation O - Other (Describe):			
Skills Competency Checklist	Rating	Comments (Required for "Does Not Meet")	Assessment Method	Date Assessed	Initials
<ul style="list-style-type: none"> Enforces policy to ask patients to speak after dosing Closes pump properly at end of day Able to engage in hand dosing if electronic systems are unable to operate 					
2. Correctly administers breathalyzer.	<input type="checkbox"/> M <input type="checkbox"/> DNM <input type="checkbox"/> N/A	SAMPLE	<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> MS <input type="checkbox"/> CD <input type="checkbox"/> O _____		
3. Maintains glucometer competency using hospital's glucometer competency process	<input type="checkbox"/> M <input type="checkbox"/> DNM <input type="checkbox"/> N/A		<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> MS <input type="checkbox"/> CD <input type="checkbox"/> O _____		
4. Performs TB testing and reading.	<input type="checkbox"/> M <input type="checkbox"/> DNM <input type="checkbox"/> N/A		<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> MS <input type="checkbox"/> CD <input type="checkbox"/> O _____		
5.	<input type="checkbox"/> M <input type="checkbox"/> DNM <input type="checkbox"/> N/A		<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> MS <input type="checkbox"/> CD <input type="checkbox"/> O _____		

CMS Surveyor Guidelines – 483.80 Infection Control

Hand Hygiene:

- ☐ Staff implement standard precautions (e.g., hand hygiene and the appropriate use of personal protective equipment (PPE)).
- ☐ Appropriate hand hygiene practices are followed.
- ☐ Alcohol-based hand rub (ABHR) is readily accessible and placed in appropriate locations. These may include:
 - Entrances to resident rooms;
 - At the bedside (as appropriate for resident population);
 - In individual pocket-sized containers by healthcare personnel;
 - Staff work stations; and
 - Other convenient locations.
- ☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected *C. difficile* infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.
- ☐ Staff perform hand hygiene (even if gloves are used) in the following situations:
 - Before and after contact with the resident;
 - After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment;
 - After removing personal protective equipment (e.g., gloves, gown, facemask); and
 - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).
- ☐ When being assisted by staff, resident hand hygiene is performed after toileting and before meals.
- ☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.
- ☐ Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas.

Elements of a complete program for Hand Hygiene?

- List of who requires this training
- Determine frequency of training-orientation & annually
- Knowledge based training
- Competency validation
 - Demonstration of the proper way
 - Practice by the learner
 - Observation by the trainer and an assessment
- Documentation and how education records will be kept
- Underlying policy –accessible, signed and reviewed annually by IP, DON, Administrator along with strong support
- Audit program with documentation and feedback mechanism with range and accountability
- Display and sharing of the real data



Hand Hygiene in Healthcare Settings

Hand Hygiene in Healthcare Settings

Healthcare Providers -

Guideline

Education Courses

Patients

Show Me the Science +

Clean Hands Count Campaign +

[CDC](#) > [Hand Hygiene in Healthcare Settings](#) > [Healthcare Providers](#)

Education Courses



CDC offers two education courses for healthcare providers on hand hygiene.

Hand Hygiene, Glove Use, and Preventing Transmission of *C. difficile* (2017) – WD2703

This course is a supplement to the below course, Hand Hygiene & Other Standard Precautions to Prevent Healthcare-Associated Infections (2005). Free continuing education is available and this course is SCORM compliant.



HAND HYGIENE

RESOURCE WEB PAGE



WELCOME

to the CDC Hand Hygiene Resource web page.

This course reviews key concepts of hand hygiene and Standard Precautions.

LAUNCH THE COURSE

Hand Hygiene, Glove Use, and Preventing Transmission of *C. difficile* (2017) – WD2703

This course is a supplement to the below course, Hand Hygiene & Other Standard Precautions to Prevent Healthcare-Associated Infections (2005). Free continuing education is available and this course is SCORM compliant.



Get Email Updates

To receive email updates about this page, enter your email address:

What's this?

Submit

Hand Hygiene, Glove Use, and Preventing Transmission of *C. difficile*

A supplemental training course for healthcare providers

<https://www.cdc.gov/handhygiene>

This material was developed by CDC. The Clean Hands Count Campaign is made possible through support by GOJO to the CDC Foundation.

**CLEAN HANDS
COUNT**



Hand Hygiene-not a new concept!!

- Equally acceptable - Handwashing with **soap and water** and hand cleansing with **waterless hand sanitizer gel**
- Hand hygiene is recognized as the **most important prevention measure** to help reduce the spread of infections - in the hospital, at home, at day care, everywhere



- Any individual whose responsibilities include direct hands-on patient care may only have **natural fingernails**. No artificial fingernails or nail enhancements, including but not limited to overlays, wraps, tips or attached decorations are permitted.

2-7. Hand Hygiene Competency

Hand Hygiene Competency Validation

Soap & Water

Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)


Type of validation: Return demonstration	<input type="checkbox"/> Orientation
	<input type="checkbox"/> Annual
	<input type="checkbox"/> Other

Employee Name: _____ Job Title: _____

Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 15 seconds including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than 1/4 inch long		
13. Skin is intact without open wounds or rashes		

Comments or follow up actions:

Employee Signature:  _____

Validator Signature:  _____ / Date: _____

References

CDC at: <http://www.cdc.gov/mmwr/PDF/rr/r9316.pdf>

NC SPICE, 9-2016

Facility Name:

Observer:

The Long-term Care Facility Hand Hygiene Observation Tool is intended to promote recommended hand hygiene practices in long-term care facilities. The tool can be used by individuals, including residents or family members, when assessing facility staff hand hygiene practices. Please complete each question as appropriate at this point in time.

Under 'opportunity successful', use a ✓ if successful and leave blank if not.

	Day	Shift	Discipline of Staff Observed	Hand Hygiene Opportunity Successful?	Product Used		Describe any missed attempts** (this can include location)
					Soap and Water	Alcohol-based Sanitizer	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Day: M Tu W Th F Sa Su Shift: 1st 2nd 3rd Other

Discipline: P=physician, N=nurse, A= Aide (e.g., CNA, MA, etc.) S=student, D=dietitian, W=social worker, O=other

** See hand hygiene opportunities list on the back of this form

Total Number of Successful Observations:

Hand Hygiene Audit Record

Guide to Hand Hygiene Opportunities in Long-term Care Facilities

Hand Hygiene Audit page 2

Hand hygiene opportunity category	Examples
1. Prior to touching a resident	<ul style="list-style-type: none"> • Prior to entering room to provide care to resident • Prior to contact with resident care devices (urinary devices, intravenous lines, dressings) • Prior to assisting a resident with meals* • Prior to assisting a resident with personal care (e.g., oral care, bathing)
2. Prior to aseptic procedures	<ul style="list-style-type: none"> • Prior to performing urinary catheter insertion • Prior to suctioning resident • Prior to fingerstick blood sampling • Prior to administering IV medications or infusions
3. After body fluid exposure risk	<ul style="list-style-type: none"> • When hands are visibly soiled* • After contact with a resident's mucous membranes and body fluids or excretions • After drawing blood or collecting stool or urine sample • After performing wound care or dressing changes • After assisting a resident with toileting* • After removing gloves
4. After touching a resident	<ul style="list-style-type: none"> • When leaving room after performing resident care • After performing aseptic procedures • After assisting a resident with meals* • After contact with a resident with infectious diarrhea*
5. After touching a resident's surroundings	<ul style="list-style-type: none"> • After leaving isolation precaution settings • After touching items of a resident with infectious diarrhea* • After handling soiled or used linens, dressings, bedpans, catheters and urinals • After removing gloves

*Hand washing with soap and water required

12/14/2017

Please make note of the following during this session

	Y	N	Comments:
There is a sufficient supply of alcohol-based hand sanitizer			
There is a sufficient supply of soap at hand washing stations			
There is a sufficient supply of paper towels at hand washing stations			
There is visible and easy access to hand washing sinks or hand sanitizer			

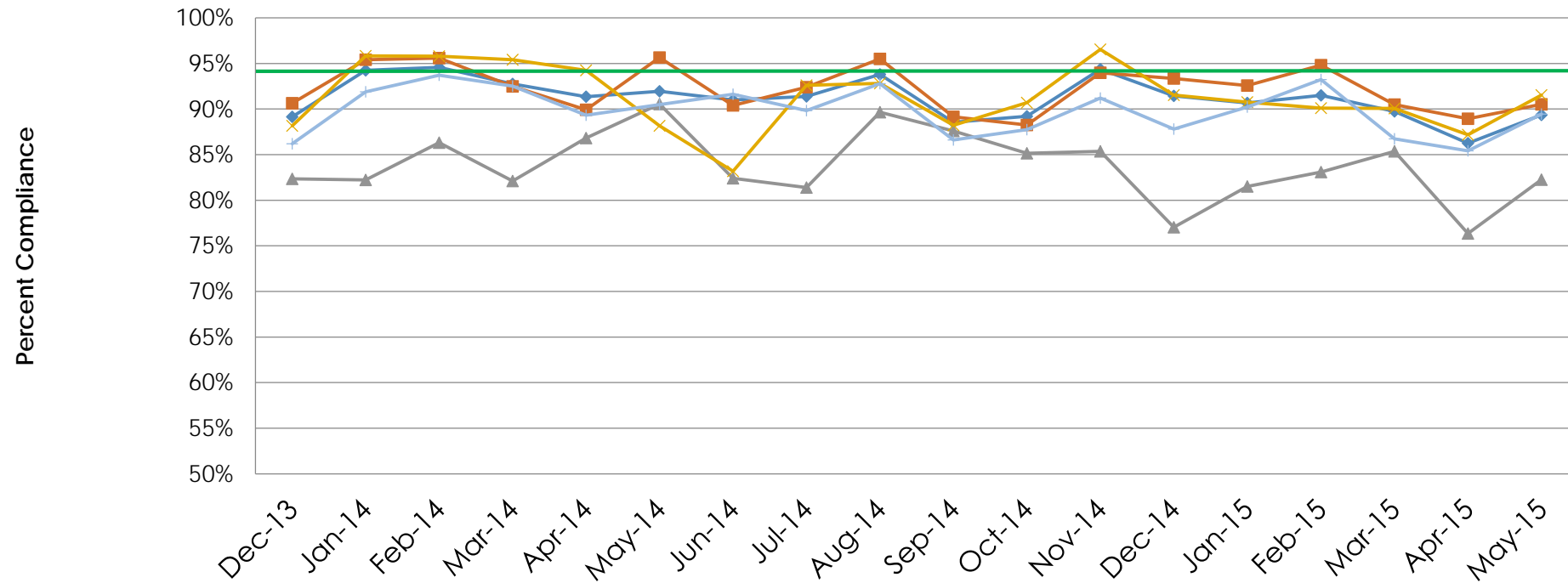
Reference

Oregon Patient Safety Commission



Sample Graphic Representation of Hand Hygiene Audits

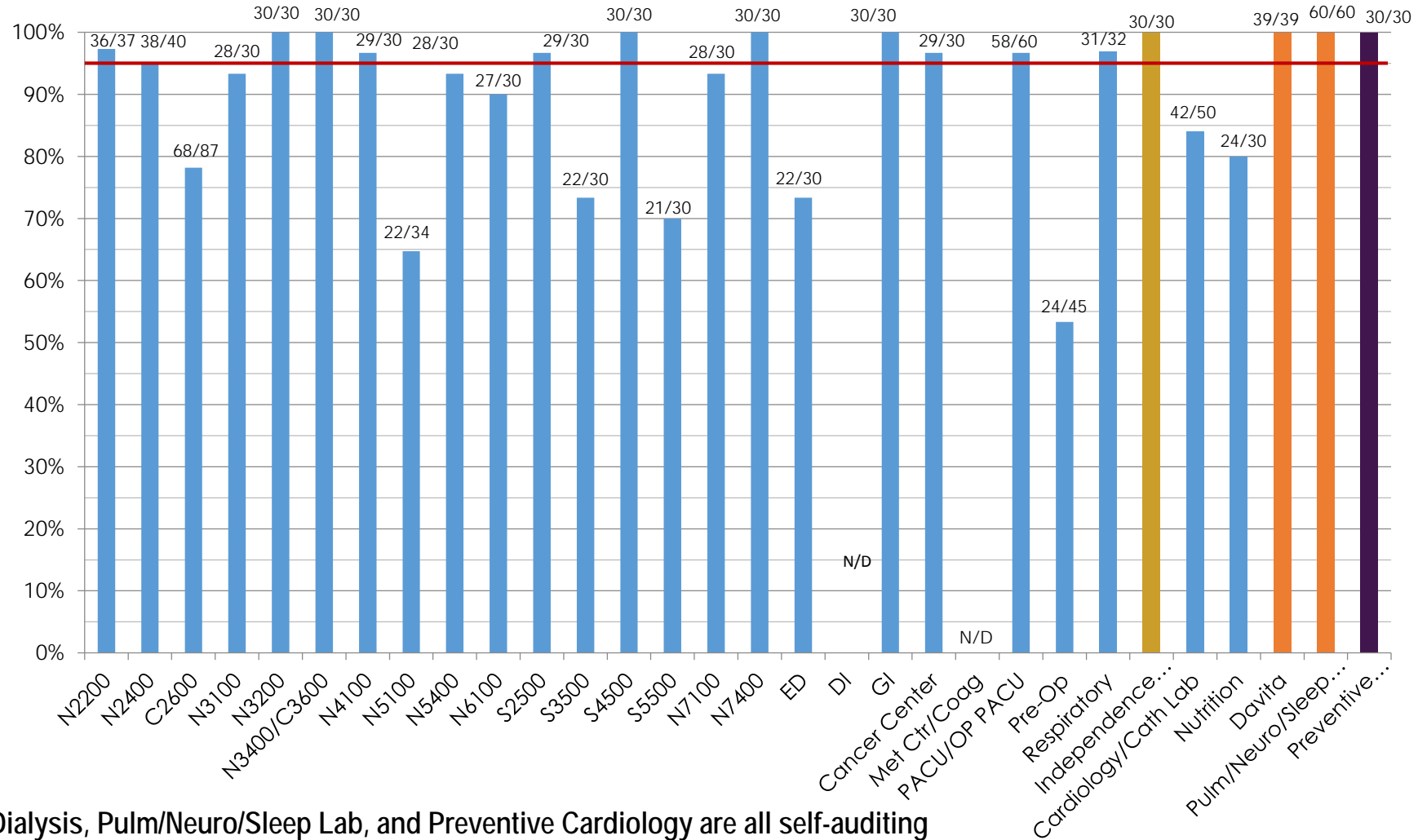
Hand Hygiene Practice Compliance -- All Units SAMPLE OF GRAPHIC REPRESENTATION ONLY



	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
All Staff	89%	94%	95%	93%	91%	92%	91%	91%	94%	89%	89%	94%	91%	91%	91%	90%	86%	89%
RNs	91%	95%	96%	92%	90%	96%	90%	92%	96%	89%	88%	94%	93%	93%	95%	90%	89%	91%
MDs	82%	82%	86%	82%	87%	91%	82%	81%	90%	88%	85%	85%	77%	82%	83%	85%	76%	82%
Other	88%	96%	96%	95%	94%	88%	83%	93%	93%	88%	91%	97%	92%	91%	90%	90%	87%	92%
Numerator	682	834	944	1,023	929	776	910	773	878	913	851	819	833	816	1,054	1,023	1,110	915
Denominator	765	885	998	1,103	1,017	844	1,000	846	936	1,031	954	868	911	900	1,152	1,140	1,287	1,024
HandStats	86%	92%	94%	93%	89%	90%	92%	90%	93%	87%	88%	91%	88%	90%	93%	87%	85%	89%

Hand Hygiene Practice Compliance by Unit

SAMPLE OF GRAPHIC PRESENTATION ONLY



Hand Hygiene Practice Compliance By Employee Type – SAMPLE OF GRAPHIC REPRESENTATION ONLY

