


# Housekeeping


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# Hand Hygiene

## Session 1

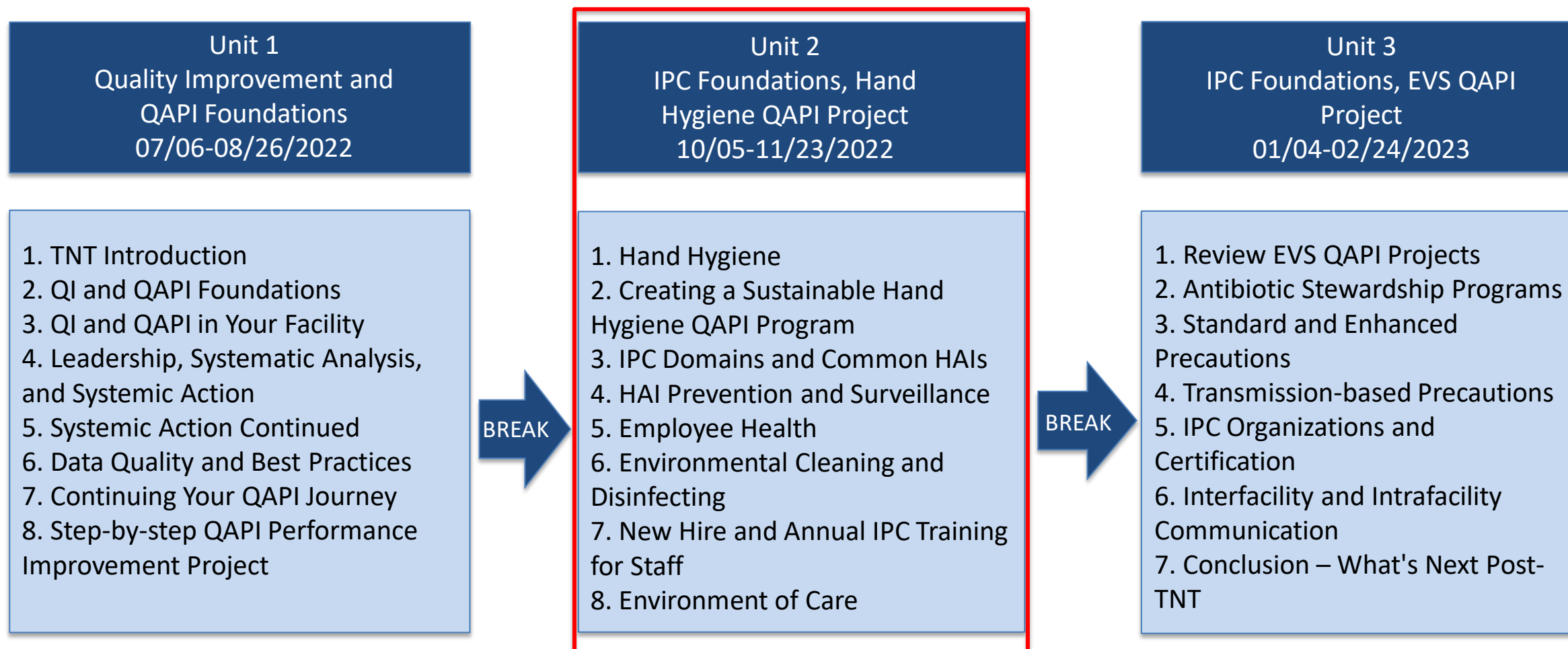
*Marco Marquez, MPH, CIC*  
*Walteena Brooks, LVN*



# TNT Program Objectives

- Enhance quality assurance performance improvement (QAPI) in LA County SNFs by providing foundational quality improvement education across all roles in SNFs
- Empower SNF staff to initiate performance improvement projects (PIPs) and own QI in their facility
- Improve patient safety and clinical outcomes

# Didactic Sessions Schedule and Structure: Total 8 Months



# Quality Improvement Education and Project Development Timeline

Didactic Sessions

Unit 1  
Quality Improvement and  
QAPI Foundations  
07/06-08/26/2022

BREAK

Unit 2  
IPC Foundations, Hand  
Hygiene QAPI Project  
10/05-11/23/2022

BREAK

Unit 3  
IPC Foundations, EVS QAPI  
Project  
01/04-02/24/2023

QI/QAPI Project

QI & QAPI Education

- Small groups: discuss education content from didactic sessions

Hand Hygiene QI/QAPI Project

- Step by step
- Regular check-ins
- Small group: sharing wins, barriers, challenges of project

EVS QI/QAPI Project

- Facility independently performs project
- Regular check-ins
- A3 for QI project due by end of unit

# Session Schedule

Topics	Date	Link
<b>1 - Hand Hygiene</b>	<b>Wednesday, October 5th, 1:30-2:30 pm</b>	<a href="https://lacpublichealth.webex.com/j.php?MTID=m0b8fbd7e7d3374055b8ca2c8be5145c3">https://lacpublichealth.webex.com/j.php?MTID=m0b8fbd7e7d3374055b8ca2c8be5145c3</a>
2 – Creating a Sustainable Hand Hygiene QAPI Program	Wednesday, October 12th, 1:30-2:30 pm	
3 - IPC Domains and Common HAIs	Wednesday, October 19th, 1:30-2:30 pm	
4 - HAI Prevention & Surveillance	Wednesday, October 26th, 1:30-2:30 pm	
5 - Employee Health	Wednesday, November 2nd, 1:30-2:30 pm	
6 - Environmental Cleaning & Disinfecting	Wednesday, November 9th, 1:30-2:30 pm	
7 - New Hire & Annual IPC Training for Staff	Wednesday, November 16th, 1:30-2:30 pm	
8 - Environment of Care	Wednesday, November 23rd, 1:30-2:30 pm	

# Session 1 (Hand Hygiene) Objectives

- Provide key terms that are essential to the topic of Hand Hygiene
- Highlight the importance of hand hygiene and the many components involved that go into routine hand washing
- Showcase common barriers to hand hygiene
- Review the pros and cons of various adherence monitoring methods for hand hygiene

## Audience Question: Why should we care about Hand Hygiene?





# Key Terms for Hand Hygiene

**Hand Hygiene:** a general term that applies to handwashing, antiseptic hand rub, or surgical hand antisepsis

Method/Technique	Product Type
<b>Hand washing:</b> washing hands with plain soap and water	<b>Plain soap:</b> Non-antimicrobial soap.
<b>Hand antisepsis:</b> Either antiseptic handwash or antiseptic hand rub. <ul style="list-style-type: none"><li>• <b>Antiseptic hand rub:</b> Applying an antiseptic hand rub product to all surfaces of the hands to reduce the number of microorganisms present without rinsing with water</li><li>• <b>Antiseptic hand wash:</b> Washing hands with water and soap containing an antiseptic agent. Antiseptic handwash preparations often have persistent antimicrobial activity</li><li>• <b>Surgical Hand Antisepsis:</b> An antiseptic handwash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient hand flora and reduce resident hand flora</li></ul>	<ul style="list-style-type: none"><li>• <b>Antiseptic agents:</b> antimicrobial substances that are applied to the skin to reduce the number of microbial flora<ul style="list-style-type: none"><li>• Examples: alcohols, chlorhexidine, hexachlorophene, iodine, chloroxylenol (PCMX), or quaternary ammonium compounds</li><li>• Alcohol-based hand rub: A solution that contains 60% to 95% alcohol</li><li>• Antimicrobial soap: A soap that contains an antiseptic agent</li></ul></li></ul>

# Routine Handwashing vs Hand Antisepsis

- Handwashing is washing your hands with plain soap and water, while using hand antisepsis is using a soap or other form of wash with an antiseptic agent i.e., hand sanitizer

# Things to Consider

- Product Selection (What?)
- Dispenser Location/Accessibility (Where?)
- Indication/Reason for Hand Hygiene(When?)
- Hand Hygiene technique (How?)
- Staff & Resident Education/ Intervention (Who?)

# WHAT: Product Selection

- What type of product will be used, and in what form?
- Cost should not be a factor in determining products
- Standing or “covered” products under existing purchasing agreements, may be a place to start looking for products, but should not be limited to this
- Employee feedback needs to be a core component in trying products and selecting products to be used

# WHAT: Product Selection

- Areas with high workload or high intensity and volume of care anticipated: alcohol-based hand rub (or hand sanitizer) is recommended as the routine method of hand antisepsis
  - Must be 60-95% alcohol to be considered effective in this setting, for this particular use
  - Foam vs gel vs liquid vs wipe (depends on setting)



# WHAT: Product Selection

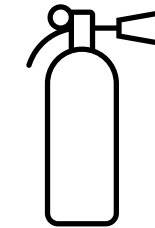
- When to order plain soap vs antimicrobial soaps vs both
  - Use antimicrobial soap when indicated
- Choosing products with lowest skin irritability
- CDC guideline recommends hand lotions or creams be provided to HCP “to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing”

## WHERE: Dispenser Location/Accessibility

- Captures “where” you will be placing your tools necessary for convenient hand hygiene moments
- Alcohol-based products are highly flammable and special storage considerations should be taken
- When to use individual “pocket sized” hand sanitizers



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## WHEN: Indication for Hand Hygiene

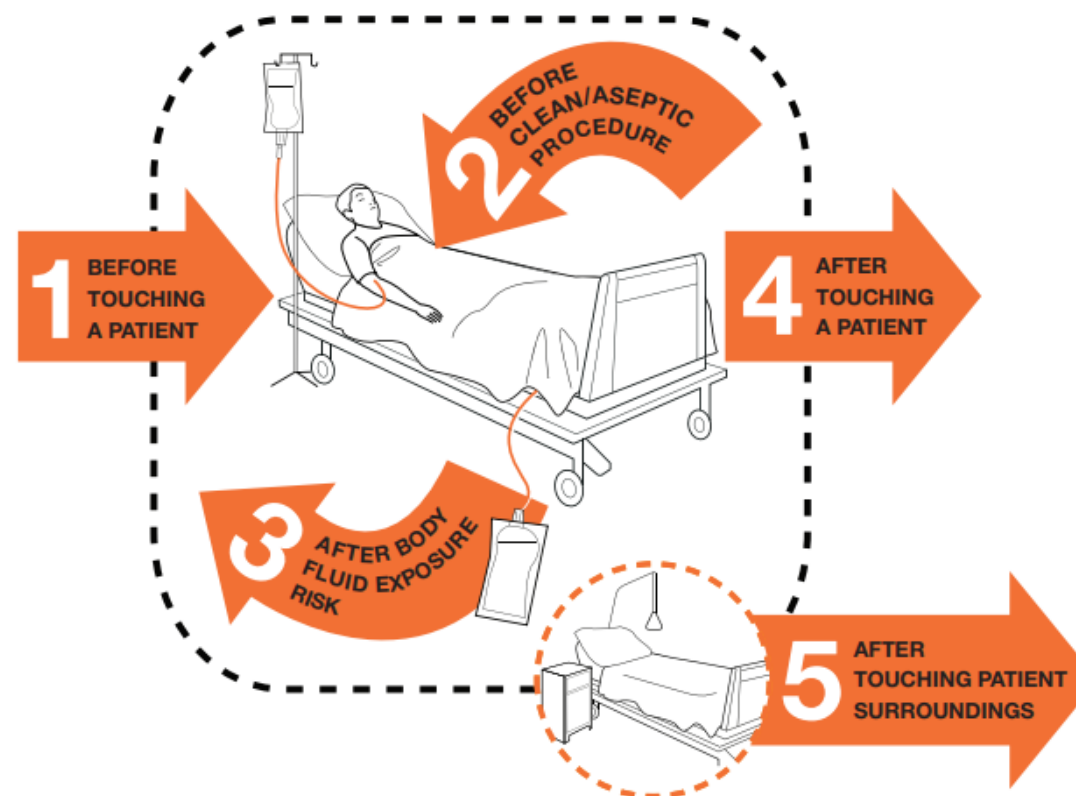
- When to use soap and water vs alcohol-based hand sanitizers
- Handwashing with soap and water when hands are visibly soiled, before eating, and after using the restroom, and if HCP (Health care personnel) are exposed to a spore forming organism (I.e. CDI)



## WHEN: Indication for Hand Hygiene

*BUT, there are more than just 5 moments for Hand Hygiene!*

# Your 5 Moments for Hand Hygiene



Reference: 1. APIC Text, Chapter 27: Hand Hygiene,

<https://text.apic.org/> 2. WHO

<https://www.who.int/campaigns/world-hand-hygiene-day>

[https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e\\_16](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_16)

## Audience Question: What are other moments for hand hygiene beyond the WHO 5 Moments?



# Essential Moments for Hand Hygiene

## When should you be cleaning your hands?

### Before & After

- Donning and Doffing PPE
- Touching a resident
- Handling, preparing and eating
- Entering or exiting the facility
- Touching shared equipment
- Performing a resident care task – i.e.: medication

### After

- Contact with bodily fluid exposure
- Contact with contaminated surfaces
- Handling garbage
- Touching resident surroundings
- Blowing your nose, coughing or sneezing.
- Hands are visibly dirty

## WHEN: Indication for ABHS

- Before and after patient care
- Before donning sterile gloves
- Before inserting invasive devices
- After contact with a patient's intact skin
- After removing gloves
- After contact with objects and equipment in the patient's immediate vicinity
- When moving from a contaminated to a clean site on the same patient



# LTCF Hand Hygiene Resource

## KEEP HANDS CLEAN

✓ Prevent the spread of germs  
✓ Protect your residents, yourself and your coworkers

### How to Hand RUB



**Steps**

1. Dispense alcohol-based hand sanitizer (at least 60% alcohol) into hands
2. Rub all surfaces of hands or at least 20 seconds including:
  - ☐ Palms
  - ☐ Back of hands
  - ☐ Fingers
  - ☐ Fingernails
  - ☐ Back of fingers
  - ☐ Thumb creases
  - ☐ Top of wrists
3. Allow hands to air dry

### How to Hand WASH

**Steps**

1. Wet hands with water
2. Apply soap and lather
3. Scrub all surfaces of hands for at least 20 seconds including:
  - ☐ Palms
  - ☐ Back of hands
  - ☐ Fingers
  - ☐ Fingernails
  - ☐ Back of fingers
  - ☐ Thumb creases
  - ☐ Top of wrists
4. Rinse hands with water
5. Dry hands with towel
6. Use towel to turn off faucet
7. Discard hand towel

## WHEN to perform hand hygiene

Before	After
<input type="checkbox"/> Donning PPE	<input type="checkbox"/> Doffing PPE
<input type="checkbox"/> Touching a resident	<input type="checkbox"/> Touching a resident
<input type="checkbox"/> Eating	<input type="checkbox"/> Eating
<input type="checkbox"/> Entering or exiting the facility	<input type="checkbox"/> Entering or exiting the facility
<input type="checkbox"/> Touching shared equipment*	<input type="checkbox"/> Touching shared equipment*
<input type="checkbox"/> Food preparation	<input type="checkbox"/> Food preparation
<input type="checkbox"/> Entering a resident room	<input type="checkbox"/> Entering a resident room
<input type="checkbox"/> Performing a resident care task	<input type="checkbox"/> Performing a resident care task
	<input type="checkbox"/> After toileting
	<input type="checkbox"/> Entering a resident room
	<input type="checkbox"/> Bodily fluid exposure
	<input type="checkbox"/> Handling garbage
	<input type="checkbox"/> Touching resident surroundings
	<input type="checkbox"/> Blowing your nose, coughing or sneezing

\*Examples of shared equipment: Blood pressure cuffs, thermometers, glucometers, walkers, wheelchairs, shower chairs

Los Angeles County Department of Public Health  
[publichealth.lacounty.gov/acd/SNF.htm](http://publichealth.lacounty.gov/acd/SNF.htm)  
 Hand Hygiene 7.20.22

COUNTY OF LOS ANGELES  
**Public Health**

# HOW: Hand Hygiene Technique

## Steps for Handwashing

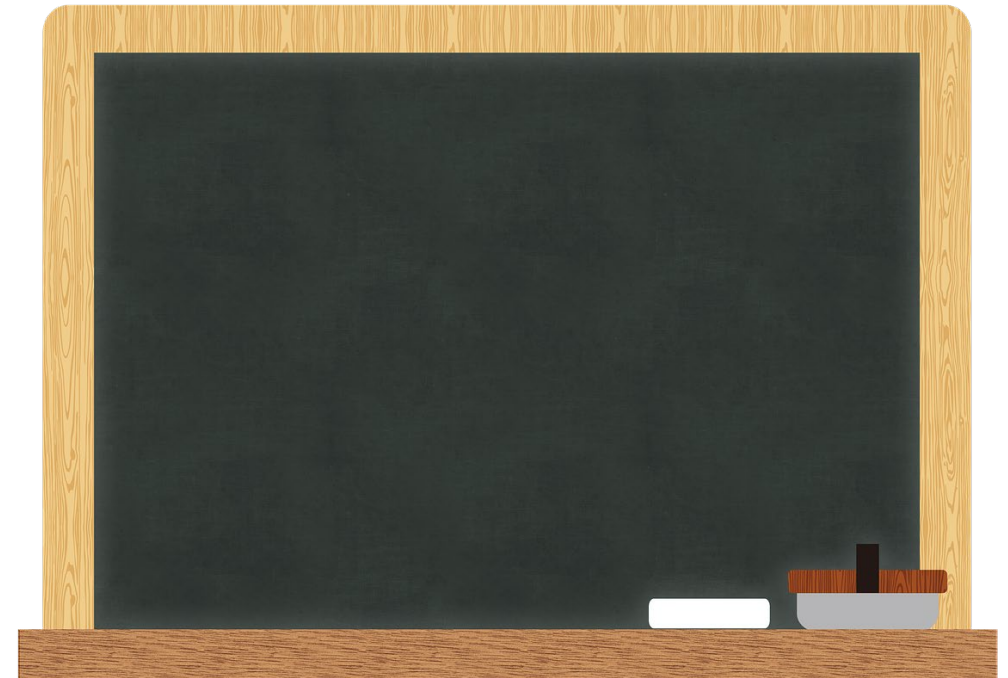
1. Wet hands with water
2. Apply soap and lather
3. Scrub all surfaces of hands for at least 20 seconds
4. Rinse hands with water
5. Dry hands with towel
6. Use towel to turn off faucet/sink
7. Discard hand towel

## Steps for using Alcohol-based hand sanitizer

1. Dispense alcohol-based hand sanitizer (At least 60% alcohol) into hands
2. Rub all surfaces of hands for at least 20 seconds
3. Allow hands to air dry

# WHO: Staff Education

- Multimodal, multidisciplinary approach
  - Administrative support
  - Appropriate products and dispensers
  - Monitoring feedback
  - Motivational/incentive programs
  - Role modeling
- Behavioral and motivational components of hand hygiene adherence have a profound impact on practice



# Common Barriers for Staff Hand Hygiene: Gloves

- Improper use of gloves
- Using gloves, does not replace hand hygiene
- When an indication for hand hygiene applies while gloves are on, gloves must be removed to perform hand hygiene, and a new pair of gloves should be worn if needed
- Always wear gloves when contact with blood or infectious material is possible
- Wear gloves only when indicated





## Common Barriers for Staff Hand Hygiene: Gloves

- Remove gloves after caring for each patient
- Remove gloves, perform hand hygiene, and re-glove when transitioning care from a soiled to a clean area on the same patient/resident
- Perform hand hygiene when removing gloves
- Do not wash gloves
- Do not use hand sanitizer on your gloves
- Do not reuse gloves



Reference: CDPH

[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/FrontLineStaffTraining\\_Flipchart\\_HH\\_Update.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/FrontLineStaffTraining_Flipchart_HH_Update.pdf)

# Common Barriers to Staff Hand Hygiene: Nails/Artificial Nails

- Artificial nails and gel polishes should not be worn by healthcare workers
- Polish may be worn but must be intact (not chipped or peeling)
- Nail tips should be kept to  $\frac{1}{4}$  inch in length
- Artificial nails are an ideal place for many pathogens to grow



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# WHO: Patient/Resident Education

- Educational in-service
- Fun interactive activities
- Incentives
- Patients and families can be engaged to observe and remind healthcare providers to clean their hands
- Example: Pledge for clean hands initiative from HSAG
  - <https://www.hsag.com/globalassets/12sow/cleanhandspledge.pdf>

## WHO: Residents/ Patients with Dementia or Cognitive Impairments

- Use simple, exact phrases
- Reassure
- Don't argue
- Stay relaxed and smile
- Don't force
- Help residents to the sink to wash hands, or dry hands
- Lead by example
- Use signs and whiteboard, if nonverbal

Reference: Alzheimer's Caregiving Tips Compassionate Communication

Alzheimer's Caregiving Tips THERAPEUTIC FIBS CAN REDUCE ANXIETY, AGITATION

[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ReferenceSheet\\_COVIDandMemoryCareFINAL\\_Oct2020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ReferenceSheet_COVIDandMemoryCareFINAL_Oct2020.pdf)

# Monitoring for Adherence

- There are several possible performance indicators for hand hygiene compliance:
  - Performance of hand hygiene when indicated
  - Hand hygiene technique
  - Duration of hand hygiene
- Types of Adherence Monitoring:
  - Direct Observation
  - Product Volume Monitoring
  - Automated Monitoring





# Direct Observation: Adherence Monitoring Tools

Sample different  
units and shift  
(night/weekends  
shifts



## Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? <input checked="" type="checkbox"/> or <input type="checkbox"/>
Example	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room <small>*Remember: Hand hygiene should be performed before <u>and</u> after glove use</small>	<input checked="" type="checkbox"/>
HH1.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH2.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH3.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH4.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH5.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH6.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH7.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH8.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	

Reference: CDPH

# Direct Observation: Adherence Monitoring Tools

<b>Disciplines:</b> <b>CNA</b> = Nurse Assistant <b>D</b> = Dietary <b>N</b> = Nurse	<b>P</b> = Physician <b>RT</b> = Respiratory Therapist <b>S</b> = Student <b>VIS</b> = Visitor	<b>VOL</b> = Volunteer <b>W</b> = Social Worker <b>OTH</b> = Other, Specify <b>U</b> = Unknown	<b>Opportunities:</b> ✓ = Opportunity Successful ∅ = Opportunity Missed
<b>For HH1-HH10:</b>			
Total # HH Successful ("# ✓"): _____	Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)	

Reference: CDPH

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringHandHygiene>

Approved101516.pdf

# Direct Observation: Adherence Monitoring Tools



## Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene for EVS Staff

Assessment completed by:

Date:

Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Use a single tool to observe 10 hand hygiene (HH) opportunities for an individual staff member. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or Ø
Example	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input checked="" type="checkbox"/> upon leaving room <b>Remember:</b> Hand hygiene should be performed before and after glove use	✓
HH1.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH2.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH3.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH4.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH5.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH6.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH7.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH8.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH9.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH10.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	

Reference: CDPH



# Direct Observation: TST (Targeted Solutions Tool)



## Baseline Results



Reference: CDPH

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringHandHygiene>

Approved101516.pdf

## Direct Observation (PROs)

- Gold standard for hand hygiene monitoring
- Real time corrections/feedback can be given
- This method is great if you would also like to assess technique and duration of hand hygiene
- Another advantage is that factors leading to missed hand hygiene opportunities, such as poorly placed, malfunctioning, or empty dispensers, can be identified and corrected
- Patients and families who are observing lapses in hand hygiene (real time) are urged to speak up as well

## Direct Observation (CONs)

- This can be time consuming
- Difficult to recruit observers within the facility
- Only a fraction of observations are observed
- Can be biased (depending on role, shift, department)
- Hawthorne effect: healthcare worker behavior changes due to the identification of the observer

# Product Volume Monitoring

- Monitor the volume of specific hand hygiene products (e.g., soap, hand rub, hand lotion) used per 1,000 patient days

Volume of hand hygiene product  
(mL, oz, # of wipe containers)

---

1,000 patient days

# Product Volume Monitoring (PROs)

- Less time than direct observation
- Less resources involved than direct observation
- Captures around the clock
- Not dependent on observer availability

## Product Volume Monitoring (CONs)

- Dependent on accurate information regarding supply distribution on unit and department levels
- Data documentation may delay release of product in a timely fashion
- Technique and duration of hand hygiene cannot be observed
- Quantity of product used by HCP vs patients vs visitors is all cumulative

# Automated Monitoring

- Employ a system of sensing devices to detect hand hygiene activity

## Automated Monitoring (PROs)

- Unobtrusive, and able to capture a variety of settings
- Hawthorne effect minimized, due to lack of visibility of observer
- Observations are not time consuming
- Variability among observers not a problem
- Some systems offer just-in-time reminder



## Automated Monitoring (CONs)

- Costly
- Specific equipment
- Technology
- Automated systems cannot distinguish all opportunities for hand hygiene, relies heavily on entry and exit opportunities
- No real-time immediate corrections/feedback
- Improved observations do not correlate with improved hand hygiene or improved patient outcomes



## UNIT 2 Hand Hygiene QAPI Project



# Integrating Quality - Mission, Vision, and Values

## Mission should...

- Include:
  - **Who You Serve:** residents, families, and communities.
  - **What Services You Provide:** excellent care for residents, families, and communities.
  - **Why You Provide Those Services/Goal:** To enhance/improve/extend the quality of life for residents who are elderly/disabled/at the end of life.

**Los Angeles  
County  
Department of  
Public Health**

To protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County

# Integrating Quality - Mission, Vision, and Values

## Vision should...

- **Inspire:**
  - Vision Statements need to connect with people at both the intellectual and the emotional level.
- **Be clear and vivid:**
  - If one can see it or vividly picture it in their mind, one has a much better chance of achieving it.
- **Describe a better future:**
  - People connect personally when they can see that the future holds something desirable that doesn't currently exist.

**Los Angeles  
County  
Department of  
Public Health**

**Healthy People in Healthy Communities**

# Integrating Quality - Mission, Vision, and Values

- Values should...
- **Include the business core values and the behaviors a facility's leadership wants to see in staff:**
    - Integrity, accountability, ownership, accessibility, ethical, impact, compassion, teamwork, courage, diversity, inclusion (may reflect companies' founders/owners).

## Los Angeles County Department of Public Health

- **Leadership:** We are recognized throughout the field for our innovative and effective approach to public health.
- **Service Excellence:** We provide exceptional service with professionalism and respect.
- **Quality:** We utilize state-of-the-art science, evidence-based best practices, and performance monitoring to maintain and improve program efficiency and efficacy.
- **Collaboration:** We develop, nurture, and leverage key partnerships.
- **Accountability:** We act with transparency and integrity as responsible stewards of public funds.
- **Diversity:** We respect people of all cultures, communities, ethnicities, and perspectives.
- **Professionalism:** We maintain a well-trained, high-performing workforce.
- **Compassion:** We treat each other and those we serve with kindness and empathy.

## A3 8 Step Review- Framework for Hand Hygiene QAPI Project

1. Coordination/Forming a Team
2. Problem Statement
3. Current State and Goals
4. RCA (Root Cause Analysis)
5. Solution Development and Prioritization Matrix
6. Implement/Do
7. Check
8. Act



**A3 Project Title**

Project Lead:  
Facilitator: **COORDINATION**  
Project Champion(s):

Project Team:

Date Updated:

**1) Problem Statement:** (description of the problem and its effect)

**2) Current State:** (depiction of the current state, its processes, and problems)

Best Practices/Literature Search:

**3) Goal:** (how will we know the project is successful; standard/basis for comparison)

**PLAN**

**4) Root Cause Analysis:** (investigation depicting the problems' root causes)

**5) Solutions:** (action plans and findings of tested solutions)

Root Cause	Tested Solution	Responsible	Due	Finding
		<b>DO</b>		

**6) Check:** (summary of the solutions' results, overall goal success, and any supporting metrics)

Goals and Metrics	Baseline	Target	Current
Goal		<b>CHECK</b>	
Supporting Metric			
Supporting Metric			

**7) Act:** (action taken as a result of the Check, and a plan to sustain results)

- 1.
- 2.
- 3.

**ACT**

## A3 Example for Hand Hygiene QAPI Project –Step 1

<b>A3 Project Title</b>	<b>Project Lead:</b> <b>COORDINATION</b>	<b>Project Team:</b>
	<b>Facilitator:</b>	
	<b>Project Champion(s):</b>	
<b>Date Updated:</b>		

Project Lead: Who will be responsible for leading this project

Facilitator: Who will aid in the facilitation of the project (Can be same as lead)

Who is on the team: Who are the key stakeholders in your Hand Hygiene team?

Project Champions: Who will aid in the sustainability of the program? (Can be same as who is on team)

## Form a Team- Example

- **Project Lead:** Infection Preventionist, Leader at SNF
- **Facilitator:** Infection Preventionist, Leader at SNF
- **Project Champion(s):** key influential department heads who can help remove barriers
- **Project Team:** key staff members and/or leadership that are a part of the team, which meets on QAPI measures frequently
- **Date Updated:** 10/12/22, update this if anything changes on your A3 or with your project, also, as we go through a cycle or cycles of PDCA(PDSA), that is a great time to update this

### A3 Hand Hygiene

**Project Lead:** Infection Preventionist or SNF Leader

**Date Updated:**

10/12/2022

**Facilitator:** Infection Preventionist or SNF Leader

**Project Champion(s):** EVS Manager, IP, DON, DSD, Laundry Manager

**Project Team:** IP, Admin, DSD, Dietary Manager, Laundry Manager, Purchasing Manager

## Additional Resources

APIC Text: <https://apic.org/Resources/Topic-specific-infection-prevention/hand-hygiene/>

CDC Hand Hygiene Campaign:  
[www.cdc.gov/handhygiene/campaign/promotional.html](http://www.cdc.gov/handhygiene/campaign/promotional.html))

CDPH Adherence Monitoring Tools:  
<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringHandHygieneApproved101516.pdf>

Joint Commission HH Resources: [www.jointcommission.org/en/resources/patient-safety-topics/infection-prevention-and-control/hand-hygiene](http://www.jointcommission.org/en/resources/patient-safety-topics/infection-prevention-and-control/hand-hygiene)

Joint Commission TST:  
<https://www.centerfortransforminghealthcare.org/products-and-services/targeted-solutions-tool/hand-hygiene-tst/>

Who Hand Hygiene Tools and Resources: [www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/tools-and-resources](http://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/tools-and-resources)



# Questions?