



## NEWS RELEASE

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### **New Journal Articles on Improving Hand Hygiene Compliance to Prevent Healthcare-Associated Infections**

Featured in January 2015 issue of *The Joint Commission Journal on Quality and Patient Safety*

(Oak Brook, Ill., January 6, 2015) Joint Commission Resources today released the January 2015 issue of [The Joint Commission Journal on Quality and Patient Safety](#). The issue includes two articles and an accompanying editorial on hand hygiene compliance, which reduces rates of healthcare-associated infections in hospitals but has proven difficult to improve on a sustained basis.

In the first article, "Improving Hand Hygiene at Eight Hospitals in the United States by Targeting Specific Causes of Noncompliance," Mark R. Chassin, M.D., FACP, M.P.P., M.P.H., president and chief executive officer of The Joint Commission, and co-authors provide a detailed account of The Joint Commission Center for Transforming Healthcare's first patient safety project on hand hygiene. The Center convened teams of experts in performance improvement and infectious diseases from eight hospitals for the project, which was conducted from December 2008 to September 2010. Lean, Six Sigma and change management methods were used to measure the magnitude of hand hygiene noncompliance, assess specific causes of hand hygiene failures, develop and test interventions targeted to the specific causes, and sustain improved levels of performance.

Hand hygiene compliance averaged 47.5 percent across all eight hospitals, and initial data revealed 41 different causes of hand hygiene noncompliance. Key causes varied greatly among the hospitals. To address the high rate of noncompliance, each

hospital developed and implemented specific interventions targeted to its most important causes of hand hygiene noncompliance. The improvements were associated with a 70.5 percent increase in compliance across the eight hospitals —to 81 percent, a level of performance that was sustained for 11 months through the end of the project period.

Following the project, the Center worked with an additional 19 hospitals to create Web-based tools to enable health care organizations to use the same methods employed by the original eight hospitals without needing any knowledge or experience with Lean, Six Sigma or change management. In the second article, “Beyond the Collaborative: Spreading Effective Improvement in Hand Hygiene Compliance,” Dr. Chassin and colleagues chart the development of the Center’s Targeted Solutions Tool<sup>®</sup> (TST<sup>®</sup>) for hand hygiene. The tool helps organizations discover the most important, specific causes of hand hygiene noncompliance in their facilities and target interventions at those causes.

In the first three years, 289 health care organizations used the TST<sup>®</sup> to initiate 1,495 projects to improve hand hygiene compliance. Of the 769 projects at 174 organizations for which baseline and improvement data were available, average compliance improved from 57.9 percent to 83.5 percent. Similar improvement was observed in many clinical care settings, including ambulatory, long term care, inpatient pediatrics, critical care and adult medical/surgical units.

In an accompanying editorial, “Toward More Reliable Processes in Health Care,” Peter Pronovost, M.D., Ph.D., Johns Hopkins Medicine, Baltimore, supports the implementation of using Lean, Six Sigma and change management methods in health care. Dr. Pronovost emphasizes the importance of managers and leaders championing quality improvement processes as a way to manage and lead their health care organizations. The editorial concludes, “In the struggle to find the balance between art and science, patients would be better served if more emphasis was placed on management science.”

The remaining articles from the January 2015 issue are:

### **Performance Improvement**

#### **Using Lean Management to Reduce Blood Culture Contamination**

*Patricia L. Sinnott, PT, Ph.D., M.P.H.; Julia S. Breckenridge, Ph.D.; Paul Helgerson, M.D.; Steven Asch, M.D., M.P.H.*

At a medical center, Lean management methods were used to identify root causes of variation in blood culture procedures, and countermeasures (potential improvement strategies) to address each problem were developed. The blood culture contamination (BCC) rate improved significantly from the baseline period in each year of follow-up, decreasing from 4.2 percent in the 19-month baseline period to 2.8 percent in the last 12 months of follow-up (April 2013–March 2014)—with an estimated 261 BCCs avoided. In contrast, BCC rate changes from baseline at a comparison site were significant in only one year.

### **Teamwork and Communication**

#### **Implementation of a Standardized Postanesthesia Care Handoff Increases Information Transfer Without Increasing Handoff Duration**

*Thomas J. Caruso, M.D.; Juan L. Marquez, B.A.; Diane S. Wu, B.S.; Jenny A. Shaffer, RN, B.S.N.; Raymond R. Balise, Ph.D.; Marguerite Groom, RN, B.S., M.P.A., PHN; Kit Leong, RHIT, CPHQ; Karley Mariano, M.S.N., PNP; Anita Honkanen, M.D.; Paul J. Sharek, M.D., M.P.H.*

In a prospective cohort study at an academic pediatric hospital, a standardized, team-based approach to operating room–to–postanesthesia care unit (PACU) handoffs increased the quantity of patient information transferred and PACU nurse satisfaction.

### **Departments, Field Notes**

#### **Inviting Families to Participate in Care: A Family Involvement Menu**

*Rhonda M. Wyskiel, RN, B.S.N.; Kristina Weeks, M.H.S., DrPH(c); Jill A. Marsteller, Ph.D., M.P.P.*

A surgical oncology intensive care unit at an academic medical center has used its Family Involvement Menu (FIM) tool to engage patients and families in care. The FIM helps meet patient and family member needs and may free up time for nurses to focus on more complex clinical tasks.

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