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# Welcome

## INSTRUCTION FOR CONTACT HOUR

- Your display name MUST match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by July 26, 2024, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by Aug 15, 2024

BEFORE WE BEGIN, ANSWER IN THE CHAT:

**What was your best  
summer vacation  
location?**



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# San Diego Skilled Nursing Facility Infection Prevention Collaborative

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Grow - Collaborate - Succeed

Coordinated by the County of San Diego  
Healthcare-Associated Infections (HAI) Program

# Reminders

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Recording is on!



PHS.HAI.HHSA@ sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



Type into the chat your:

- Name
- Title
- Facility





# Land Acknowledgement



**Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.**

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# Agenda



**Welcome**

**General Updates**

**Announcements**

**Featured Topic: " Adherence Monitoring & Tracking The Data"**

**Next Collaborative**

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SNF IP  
Email List



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# CAHAN Alerts



**To:** CAHAN San Diego Participants

**Date:** June 28, 2024

**From:** Public Health Services

**Health Advisory:** Increased Risk of Dengue Infections in the U.S.

## Key Messages

- Anticipate an increase in travel-associated dengue infections due to increased global dengue cases.
- No local transmission of dengue has occurred in San Diego County, but local transmission is possible due to the presence of invasive *Aedes* mosquitoes.
- Healthcare providers should report cases of suspected dengue to the County Epidemiology Unit by calling 619-692-8499 (Monday-Friday 8 AM-5 PM) or 858-565-5255 (after hours and holidays).

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# Respiratory Virus Update

## San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

July 11, 2024

### COVID-19

Cases  
**973**

Deaths  
**0**

Outbreaks\*  
**1**

6/30/2024 – 7/6/2024

### Influenza

Cases  
**99**

Deaths  
**0**

Outbreaks\*  
**0**

6/30/2024 – 7/6/2024

### RSV

Cases  
**4**

Deaths  
**0**

Outbreaks\*  
**0**

6/30/2024 – 7/6/2024

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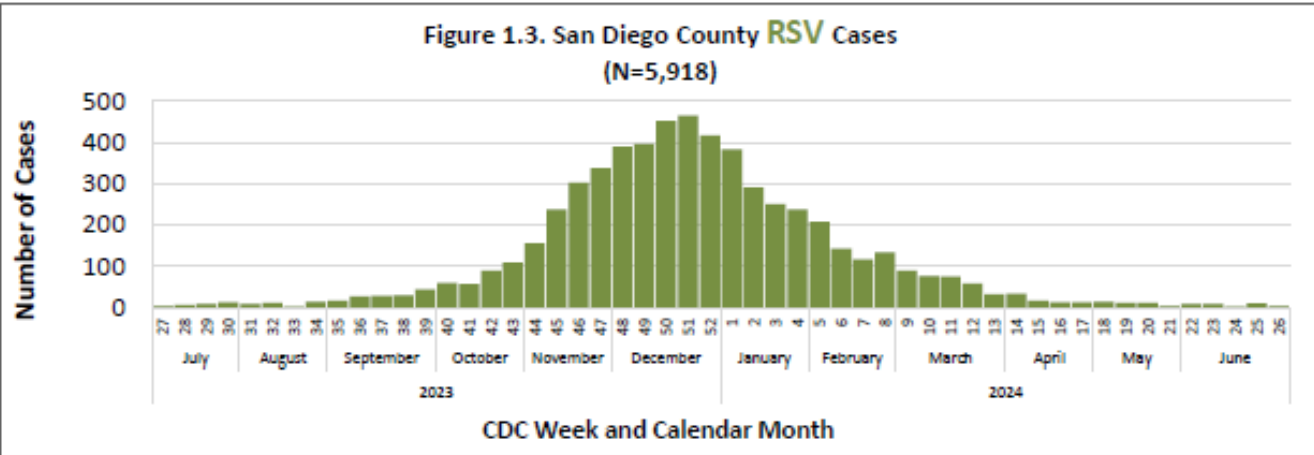
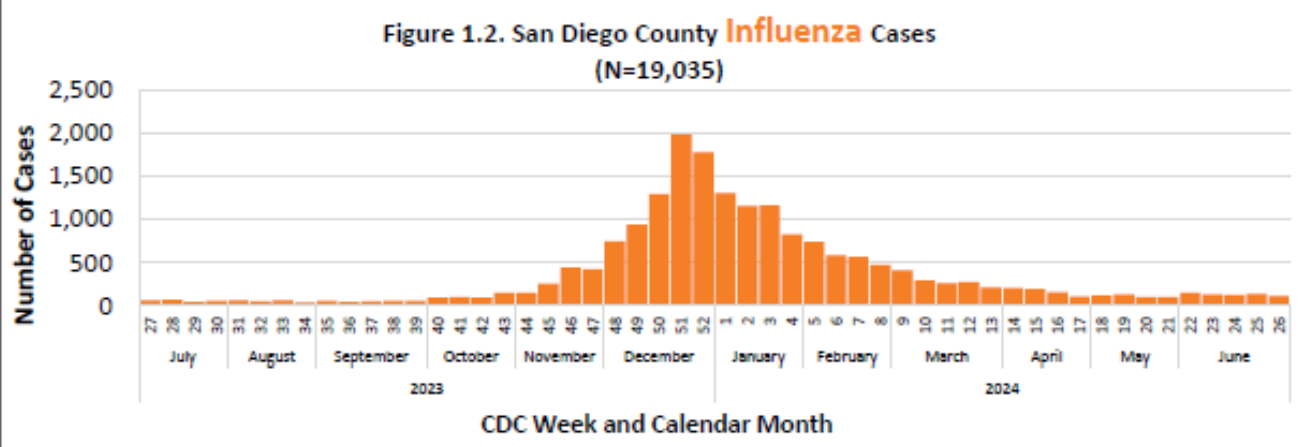
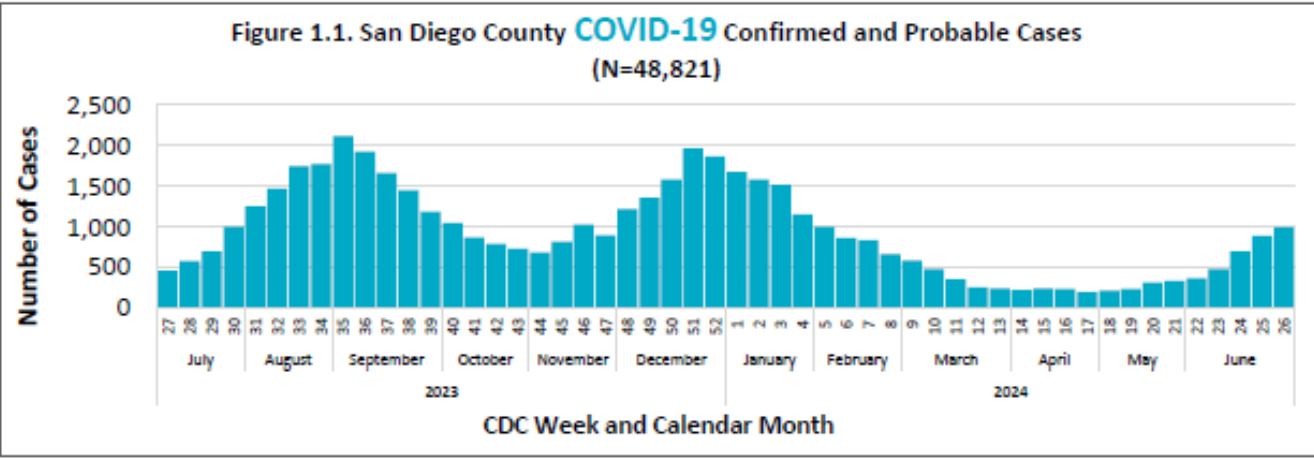
\*In residential congregate settings



# Respiratory Virus Update

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\*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.



# COVID Reminders



## Reporting Guidelines

- [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/Reporting.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/Reporting.html)

## Where to find guidance:

- CDPH All Facilities Letters <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx>
- CDPH Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA\\_RecsPrevControl\\_RespVirus\\_SNFs.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf)

## Outbreak Reporting Thresholds

- $\geq 2$  cases of probable or confirmed COVID-19 among residents identified within 7 days  
OR
- $\geq 2$  cases of suspect, probable or confirmed COVID-19 among HCP AND  $\geq 1$  case of probable or confirmed COVID-19 among residents, with epi-linkage  
OR
- $\geq 3$  cases of acute illness compatible with COVID19 among residents with onset within a 72h period

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# Healthcare-Associated Infections Program



Page last updated 7/1/2024.

The Healthcare-Associated Infections (HAI) Program is in the Epidemiology and Immunization Services Branch (EISB) of the Public Health Services (PHS) department, of the County of San Diego Health and Human Services Agency (HHS). This program facilitates the prevention, surveillance, and reporting of HAIs and emerging antimicrobial-resistant (AR) pathogens in San Diego's healthcare facilities.



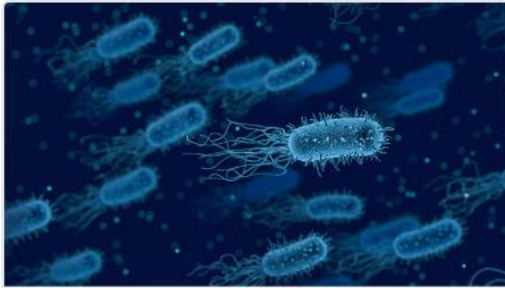
County of San Diego Public Health derives its authority from the state, Title 17, California Code of Regulations, (CCR) §2500, §2505, and §2641.30-2643.20.

**\*\*UPCOMING\*\* 7/24/24 at 11AM PST HAI Collaborative Meeting: Adherence Monitoring & Tracking the Data: Tips and Tricks to Get the Message Out**

**\*\*NEW\*\* Select Thursdays from March 21 — October 24, Vaccine Hours with the Experts, 12:00 PM — 1 PM PST**



Events



Antimicrobial Resistance



Transmission Based Precautions



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# Transmission Based Precautions



Page last updated 6/26/2024.

This webpage provides resources for implementing transmission-based precautions in healthcare facilities. These materials can be used to enhance infection control communication at your facility. All materials are available in multiple languages.

For more information about the principles on this webpage, visit the [California Department of Public Health Enhanced Standard Precautions Website](#) or the [Centers of Disease Prevention and Control Transmission Based Precautions Website](#).

See below, or click the following links, to access the signs:

- [Transmission Based Precautions](#)
- [Enhanced Stand Precautions](#)
- [Contact](#)
- [Enteric Contact](#)
- [Droplet](#)
- [Airborne](#)



## Transmission Based Precautions

Use Transmission Based Precautions for patients/residents known or suspected to be infected with pathogens transmitted by through contact, droplet, and aerosols. (e.g., COVID-19).

[English](#) | [معلومات باللغة العربية \(Arabic\)](#) | [中文信息 \(Chinese\)](#) | [فارسی \(Farsi\)](#) | [한국어 정보 \(Korean\)](#) | [Macluumaad Af-Soomaali ah \(Somali\)](#) | [Español \(Spanish\)](#) | [Impormasyon sa Tagalog \(Tagalog\)](#) | [Thông Tin Bằng Tiếng Việt \(Vietnamese\)](#)





# County/CDPH Briefings



- **CDPH/HSAG SNF IP Webinars:**
  - Bi-monthly 4th Wednesday @ 3PM-4PM
  - Next webinar is on **\*\*7/24/24\*\***
- **County LTC Sector COVID Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is on **7/25/24**
- **NHSN & HAI Nursing Home Office Hours:**
  - Monthly 3<sup>rd</sup> Tuesday @ 11:30AM-12:30PM
  - Next session is **8/20/24**
- **HSAG/CalTCM Vaccine Office Hours:**
  - 2<sup>nd</sup> and 4<sup>th</sup> Thursdays monthly at 12PM-1PM
  - Next session is **7/25/24**



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# Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Zoom

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

## Presenters



Shelby Canino, BSN, RN, PHN  
Senior Public Health Nurse  
County of San Diego  
Healthcare-Associated Infections



Elizar Perez, BSN, RN, HN  
Public Health Nurse  
County of San Diego  
Healthcare-Associated Infections

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Healthcare  
Associated  
Infections  
Program



# Adherence Monitoring & Tracking The Data

Elizar Perez, BSN, RN, PHN

Shelby Canino, BSN, RN, Senior PHN

July 24, 2024

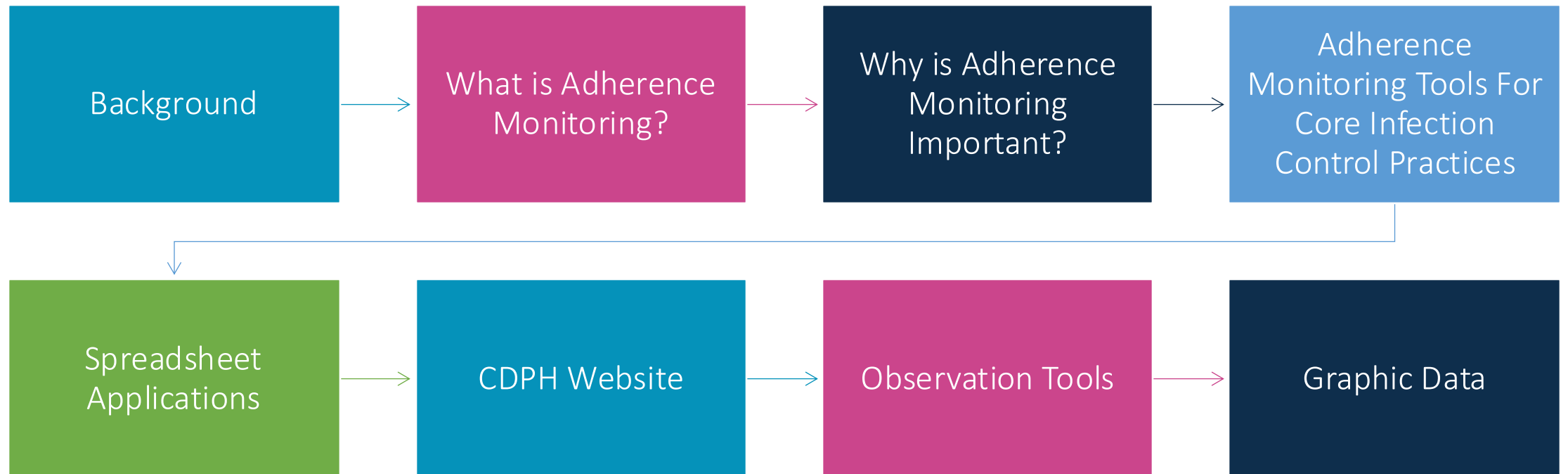
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## Upon completion of this training, the nurse will be able to:

- Define the purpose of adherence monitoring for infection control and prevention.
- Identify 2 resources for implementing an adherence monitoring program.
- Convert 1 set of adherence monitoring data into a graphic representation.
- Name 3 utilizations for adherence monitoring data in an infection control and prevention program.

# Outline

---



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# Poll

## How is your adherence monitoring program?

- I am able to do adherence monitoring regularly.
- I have support from leadership.
- I am able to provide feedback for quality improvements.
- I have an adherence monitoring program, but I would like to improve it.
- What is adherence monitoring?
- I am interested but have not been able to implement an adherence monitoring program.
- Other; please comment in chat.

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# Background



Healthcare Infection Control Practices Advisory Committee (HICPAC)



## HAI Prevention is an Evidence Based Practice!!!!

- Core infection prevention practices are recommendations based on "best practices" associated with sustained low HAI Rates.
- Adherence monitoring is part of core infection prevention practices.

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[https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF\\_KOlguin.pdf](https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF_KOlguin.pdf)



# What is Adherence Monitoring?



## One of the CDPH's Core Infection Prevention Practices

*For Use in All Health Care Settings at All Times*

- Visible, tangible **leadership** support for infection control
- Infection prevention **training** for all Healthcare Providers (HCP)
- Patient, family, caregiver HAI prevention **education**
- Performance monitoring and feedback**
- Early, prompt **removal of invasive devices**
- Occupational health
- Standard precautions**
  - Hand hygiene
  - Environmental cleaning and disinfection
  - Injection safety, medication safety
  - Assess risk, use PPE appropriately
  - Minimize potential exposures
  - Clean and disinfect reusable medical equipment/environment
- Transmission-based precautions** as necessary (Contact, Droplet, Airborne)



# What is Adherence Monitoring?



According to CDC, adherence monitoring is a tool for healthcare facilities to conduct internal quality improvement audits.

There are 2 components:

- 1. Direct observation** of HCP adherence to job-specific infection prevention measures
- 2. Feedback of observation findings** shared with staff and leadership to target performance improvement.



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[https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF\\_KOlguin.pdf](https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF_KOlguin.pdf)



# What is Adherence Monitoring?



## Additional Components and Considerations:

- Utilize a **standardized process** to keep observations and data collected consistent.
- Helps to **establish a baseline percentage** for each key infection control measure and **monitor trends over time**.
- **Share the "WINS"** along with the "Losses" with staff and leadership to celebrate the improvement with the staff.



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[https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF\\_KOlguin.pdf](https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF_KOlguin.pdf)



# Why is Adherence Monitoring Important?



- Monitoring healthcare personnel practices help to **assess for infection control gaps and develop action items.**
- **Providing feedback regularly** to frontline staff can lead to compliance and HAI prevention.
- Sharing performance data with leadership can increase **support for infection prevention.**
- Using a standardized process to assess compliance **enhances patient safety, care quality, and reduce the risk of HAIs.**



# CDPH & CDC Website



These two websites are full of great resources for IP's to use for adherence monitoring.



Home | Programs | Center For Health Care Quality | Healthcare-Associated Infections Program | HAI Program Home

## HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

- HAI Reports/Maps
- HAI Advisory Committee
- How to Contact Us
- Me and My Family
- HAI Prevention and Reporting
- Antimicrobial Resistance
- Antimicrobial Stewardship
- Public Health Partners

California Health Alert Network (CAHAN) HAI/AR Advisories

Request for Application: California Nursing Home and Long-Term Care Infrastructure and Preparedness

The Healthcare-Associated Infections (HAI) Program in the California Department of Public Health Center for Health Care Quality oversees the prevention, surveillance, and reporting of HAI and antimicrobial resistance (AR) in California's hospitals and other healthcare facilities. Unfortunately, infections acquired as a result of receiving health care remain a public health problem; most HAI are preventable by following infection prevention care practices. Since 2010, the HAI Program:

- Receives and publicly reports California hospital HAI data to provide hospital quality information to the public and prompt providers to take action to prevent infections;
- Follows up with hospitals that have high infection rates;
- Convenes statewide and regional HAI/AR prevention collaboratives to coordinate prevention efforts among facilities that commonly share patients;
- Assists local public health agencies to investigate unusual infection occurrences and outbreaks that occur in healthcare facilities.

[Join our mailing list](#) to learn about the HAI Program, recent highlights and to sign up for our [newsletters](#)!



Q

I am looking for

I am a

Programs

A-Z Index



## Healthcare-Associated Infections (HAIs)

Q SEARCH

HAIs

Health Department HAI/AR Programs

VIEW ALL >



### About HAIs

HAIs are infections that patients get while or soon after receiving health care.



### HAIs: Reports and Data

CDC publishes data reports to help track progress and target areas that need assistance.

HAI Prevention and Control for Healthcare

HAI Prevention, Control and Outbreak Response for Public Health and Healthcare

Introduction to the Patient Notification Toolkit

Laboratory Resources for HAIs

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx>

<https://www.cdc.gov/healthcare-associated-infections/index.html>

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# Adherence Monitoring Tools

## CDPH adherence monitoring tools

Downloaded PDFs to use  
digitally or print out.

## Create your own

Create an individualized  
facility specific adherence  
monitoring tools.



I am looking for

I am a

Programs

A-Z Index

[Home](#) | [Programs](#) | [Center for Health Care Quality](#) | [Healthcare Associated Infections](#) | [Monitoring Adherence to Healthcare Practices that Prevent Infection](#)

## HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM

### Monitoring Adherence to Health Care Practices that Prevent Infection

Healthcare facilities have infection control and prevention policies in place and are highly encouraged to develop a plan to regularly monitor staff adherence to evidence-based infection prevention practices. The following tools developed by the California Department of Public Health Healthcare-Associated Infections (HAI) Program may be used to measure healthcare worker adherence to care practices critical in preventing infections. Local public health may also use these tools to assist with healthcare facility infection prevention consultations. Select tool(s) based on type of infection control assessment to be conducted.

Suggestions for tool use:

- Make use of "secret shoppers." Monitoring by a designated staff member, such as the infection preventionist, may result in inflated adherence percentages.
- Calculate an 'adherence percentage' after each monitoring session. Share performance data with staff and leadership to gain support for infection prevention interventions.
- Conduct adherence monitoring and provide feedback to frontline staff on a regular basis to assess improvement over time, increase compliance, and prevent HAI.

[Monitoring Adherence to Healthcare Practices that Prevent Infection](#)

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# Adherence Monitoring Tools for CDPH Core Practices



Healthcare-Associated Infections Program Adherence Monitoring  
Contact Precautions

Assessment completed by:  
Date:  
Unit:

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Healthcare-Associated Infections Program Adherence Monitoring  
Environmental Cleaning and Disinfection

Assessment completed by:  
Date:  
Unit:

CP1.  
CP2.  
CP3.  
CP4.  
CP5.

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and opp  
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"No"). C



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 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 and 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	
HH9.		<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	
HH10.		<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	

Disciplines: P = Physician, RT = Respiratory Therapist, VOL = Volunteer, W = Social Worker, OTH = Other, Specify, U = Unknown  
CNA = Nurse Assistant, D = Dietary, N = Nurse, S = Student, VIS = Visitor

Opportunities:  = Opportunity Successful,  = Opportunity Missed

For HH1-HH10:  
Total # HH Successful ("# "): \_\_\_\_\_ Total # HH Opportunities Observed: \_\_\_\_\_ Adherence: \_\_\_\_\_ %  
(Total # HH Successful ÷ Total # HH Opportunities Observed x 100)

- Hand Hygiene
- Safe Injection Practices
- Blood Glucose Meter
- Environmental Cleaning and Disinfection
- Central Line Care and Maintenance
- Urinary Catheter Care
- Fluorescent Marker
- Ventilator Care Practices
- Contact Precautions

# of C

\*Examples  
Bed rail  
Tray table  
Side table  
Side table

# of Co



# Observation Tools



- Data collection, organization, and analysis of data
- Utilize existing facility applications
- Available in pay or free access
- Use existing tools available that fits your needs




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# Observation Tools - Examples





**Patient Safety**

A World Alliance for Safer Health Care

**SAVE LIVES**

Clean Your Hands

### Observation Form

**Facility:**  **Period Number\*:**  **Session Number\*:**   
**Service:**  **Date:** (dd/mm/yy)  /  /  **Observer:**   
**Ward:**  **Start/End time:** (hh:mm)  :  /  :  **Page N°:**   
**Department:**  **Session duration:** (mm)  **City\*\*:**   
**Country\*\*:**

Prof.cat			Prof.cat			Prof.cat			Prof.cat		
Code			Code			Code			Code		
N°			N°			N°			N°		
Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action
1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves
2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed <input type="radio"/> gloves

<https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/monitoring-tools>

### Hand Hygiene Adherence Observations

*Complete as many observations as possible during the visit. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.*

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify):	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify):	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	
		<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before patient/resident contact* <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After patient/resident contact* <input type="radio"/> After glove removal <input type="radio"/> Other (specify):	<input type="radio"/> ABHS <input type="radio"/> Hand Wash <input type="radio"/> No hand hygiene done	

[www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html](http://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html)

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# Observation Tools



## CDPH Hand Hygiene Tool

- Simple and easy to use
- Standardized
- Printable
- Graphing options for data



### Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene

Assessment completed by:  
Date: 07/2024  
Facility / 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? ✓ or ∅
<i>Example</i>	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>	✓
HH1.	CNA	<input checked="" 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	Yes
HH2.	CNA	<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	Yes
HH3.	U	<input checked="" 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	No
HH4.	EVS	<input checked="" 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	Yes
HH5.	EVS	<input type="checkbox"/> before care/entering room <input checked="" type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	Yes
HH6.	EVS	<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	Yes
HH7.	S	<input checked="" 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	Yes
HH8.	S	<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	Yes
HH9.	CNA	<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	No
HH10.	CNA	<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	Yes
Disciplines: CNA = Nurse Assistant D = Dietary N = Nurse P = Physician RT = Respiratory Therapist S = Student VIS = Visitor VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown			Opportunities: ✓ = Opportunity Successful ∅ = Opportunity Missed
Total # HH Successful ("# ✓"): <u>14</u>		Total # HH Opportunities Observed: <u>20</u>	Adherence: <u>70</u> % (Total # HH Successful ÷ Total HH Opportunities Observed x 100)

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# Graphing Data



## ■ Observation Data

- 14 Correct
- 20 Hand Hygiene Observations
- Total # of successful / total observations x 100% = 70%



Healthcare-Associated Infections Program Adherence Monitoring  
**Hand Hygiene**

Assessment completed by:  
Date: 07/2024  
Facility / 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"/>
<i>Example</i>	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.	CNA	<input checked="" 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	Yes
HH2.	CNA	<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	Yes
HH3.	U	<input checked="" 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	No
HH4.	EVS	<input checked="" 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	Yes
HH5.	EVS	<input type="checkbox"/> before care/entering room <input checked="" type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	Yes
HH6.	EVS	<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	Yes
HH7.	S	<input checked="" 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	Yes
HH8.	S	<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	Yes
HH9.	CNA	<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	No
HH10.	CNA	<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	Yes
Disciplines:		P = Physician RT = Respiratory Therapist S = Student VIS = Visitor	VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown
Opportunities:		<input checked="" type="checkbox"/> = Opportunity Successful <input type="checkbox"/> = Opportunity Missed	
Total # HH Successful ("# <input checked="" type="checkbox"/> "): 14		Total # HH Opportunities Observed: 20	Adherence: 70% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)

:t/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? <input checked="" type="checkbox"/> or <input type="checkbox"/>
after care* <input checked="" type="checkbox"/> upon leaving room <u>and</u> after glove use	<input checked="" type="checkbox"/>
after care <input type="checkbox"/> upon leaving room	Yes, after task
after care <input checked="" type="checkbox"/> upon leaving room	No
after care <input type="checkbox"/> upon leaving room	Yes
after care <input type="checkbox"/> upon leaving room	Yes
after care <input checked="" type="checkbox"/> upon leaving room	No
after care <input type="checkbox"/> upon leaving room	No
after care <input type="checkbox"/> upon leaving room	No
after care <input type="checkbox"/> upon leaving room	Yes
after care <input checked="" type="checkbox"/> upon leaving room	Yes
after care <input checked="" type="checkbox"/> upon leaving room	Yes

Is successful hand hygiene possible?	Yes/No; Comments
HHQ1. There is visible and easy access to hand washing sinks or hand sanitizer where most needed.	
HHQ2. There is a sufficient supply of soap at hand washing stations.	
HHQ3. There is a sufficient supply of paper towels at hand washing stations.	
HHQ4. There is sufficient supply of alcohol-based hand sanitizer (e.g. no empty containers).	

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# Graphing Data

- CDPH Feedback Template
- Observation Data
  - 14 Correct
  - 20 Hand Hygiene Observations
  - Total # of successful / total observations x 100% = 70%



Healthcare-Associated Infections Program  
Adherence Monitoring Feedback Tool  
Hand Hygiene

Regular monitoring with feedback of results to staff can maintain or improve adherence to hand hygiene practices. Use this tool to share adherence monitoring observations and results with your staff and facility leadership.

### Instructions:

1. Right click on the graph to be updated.
2. Click on "Edit Data." The *Chart in Microsoft Word* window will open.
3. Fill out the number of correct practices observed (Column B) and the total number of observations (Column C) for each month. The percent adherence column (Column D) will automatically calculate.
4. Close the *Chart in Microsoft Word* window.
5. Check your graph. The graph will populate with percent adherence.
6. Include a brief summary and action items as appropriate.
7. Share your adherence results with your staff and facility leadership.

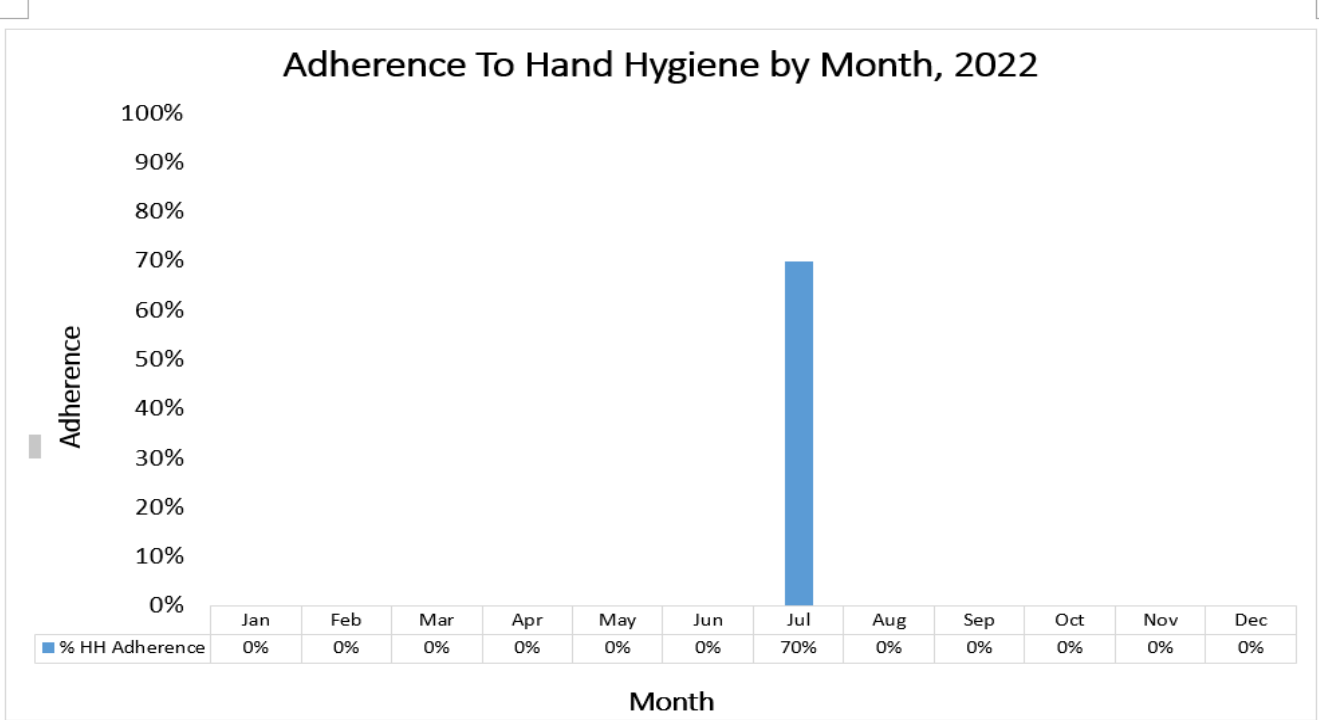
	A	B	C	D	E
1		Number of correct practices observed (HH)	Total number of observations (HH)	% HH Adherence	
2	Jan			#DIV/0!	
3	Feb			#DIV/0!	
4	Mar			#DIV/0!	
5	Apr			#DIV/0!	
6	May			#DIV/0!	
7	Jun			#DIV/0!	
8	Jul	14	20	70%	
9	Aug			#DIV/0!	
10	Sep			#DIV/0!	
11	Oct			#DIV/0!	
12	Nov			#DIV/0!	
13	Dec			#DIV/0!	
14					
15					
16					

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# Graphing Data



- **CDPH Feedback Template**
- **Observation Data**
  - 14 Correct
  - 20 Hand Hygiene Observations
  - Total # of successful / total observations x 100% = 70%



Summary: *Insert [brief summary](#) here.*  
Action items:

- *Insert [action item 1](#)*
- *Insert [action item 2](#)*
- *Insert [action item 3](#)*

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# Graphing Data



- Entering data over time

- Graph elements

- Titles
- Labels
- Legend
- Trendline

Chart in Microsoft Word

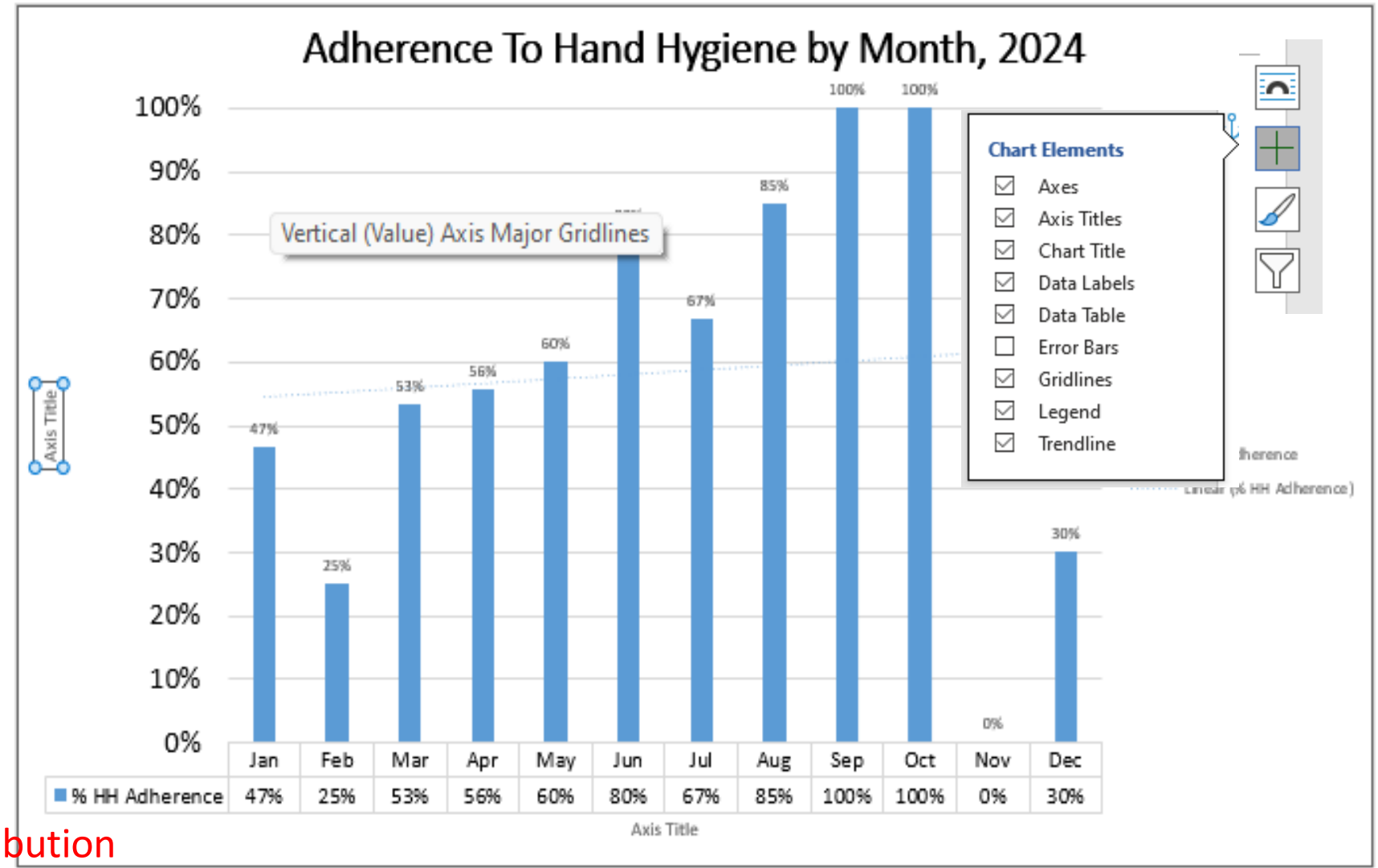
	A	B	C	D	E	F	G
1		Number of correct practices observed (HH)	Total number of observations (HH)	% HH Adherence			
2	Jan	7	15	47%			
3	Feb	5	20	25%			
4	Mar	8	15	53%			
5	Apr	10	18	56%			
6	May	12	20	60%			
7	Jun	16	20	80%			
8	Jul	14	21	67%			
9	Aug	17	20	85%			
10	Sep	20	20	100%			
11	Oct	20	20	100%			
12	Nov			#DIV/0!			
13	Dec	12	40	30%			
14							
15							
16							
17							
18							
19							
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22							
23							
24							
25							
26							
27							

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# Graphing Data



- Entering data over time
- Graph elements
  - Titles
  - Labels
  - Legend
  - Trendline



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# Graphing Data



- **Excel spreadsheet**

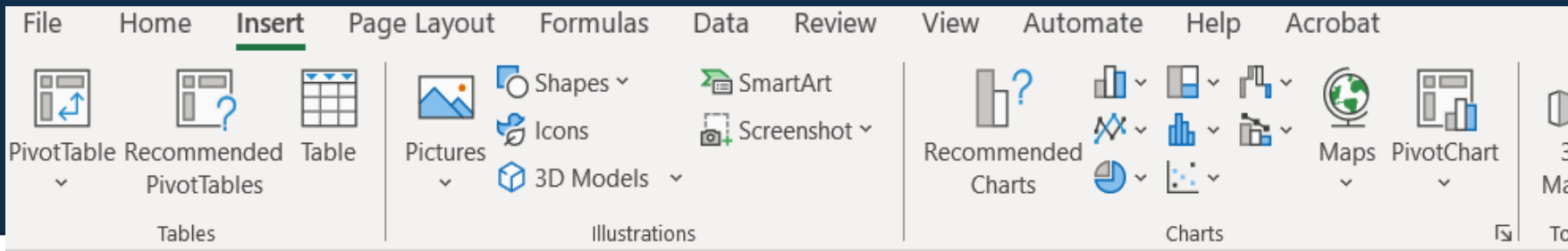
- Add headers and month
- Highlight cells you want graph
- Click insert tab
  - Select recommended charts or graph bar icon
  - Select graph style
- Modify graph elements

	A	B	C	D	E	F	G
1	<b>Date</b>	<b>CNA</b>	<b>PT</b>	<b>OT</b>	<b>RT</b>	<b>RN</b>	
2	Jan	87%	20%	100%	85%	78%	
3	Feb	89%	27%	100%	88%	70%	
4							

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# Graphing Data



- **Excel spreadsheet**

- Add headers and month
- Highlight cells you want graph
- Click insert tab
  - Select recommended charts or graph bar icon
  - Select graph style
- Modify graph elements

	A	B	C	D	E	F
1	Date	CNA	PT	OT	RT	RN
2	Jan	87%	20%	100%	85%	78%
3	Feb	89%	27%	100%	88%	70%

The image shows the 'Insert Chart' dialog box in Excel. The 'Recommended Charts' tab is active. Under 'Column', the 'Clustered Column' option is selected. A preview of the 'Clustered Column' chart is shown, displaying data for CNA, PT, OT, RT, and RN for both Jan and Feb. The chart has a title 'Chart Title' and a legend at the bottom. The y-axis ranges from 0% to 120%.

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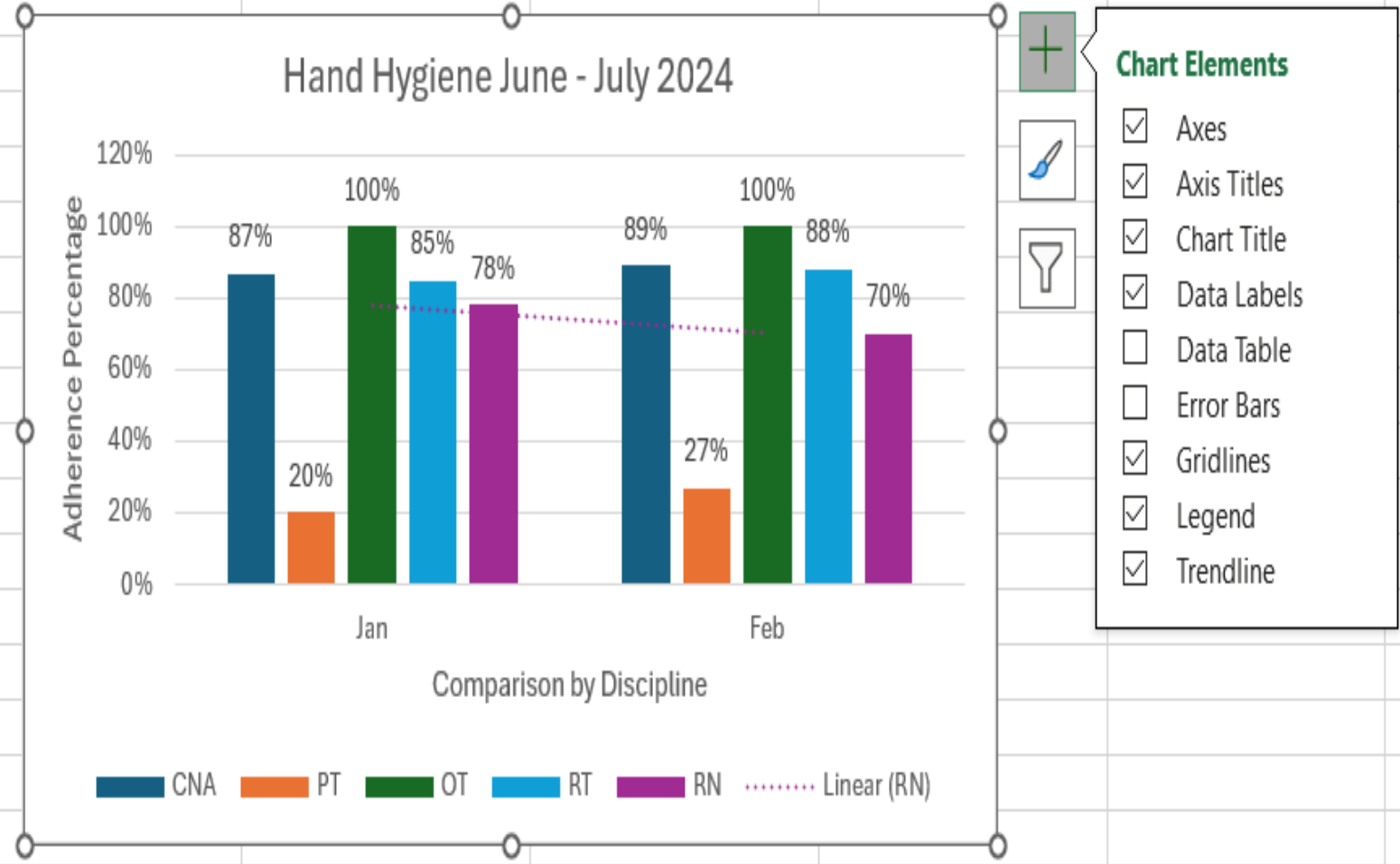


# Graphing Data

	A	B	C	D	E	F
1	Date	CNA	PT	OT	RT	RN
2	Jan	87%	20%	100%	85%	78%
3	Feb	89%	27%	100%	88%	70%

- **Excel spreadsheet**

- Add headers and month
- Highlight cells you want graph
- Click insert tab
  - Select recommended charts or graph bar icon
  - Select graph style
- Modify graph elements



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# Utilizing Observation Data



## Who are you sharing the data with?

- Healthcare personnel
  - Front-line staff
  - Ancillary departments
  - Vendors, Volunteers & Students
- Leadership
- Residents and families



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# Utilizing Observation Data



- **How will the data be shared or utilized?**
  - Electronically
    - Emails, intranet
  - Verbally
    - Immediate observation feedback, huddles, in-services
  - Hard copies
    - Quality boards, break rooms, nursing station, common areas, strategic areas



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# Utilizing Observation Data



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## How can you utilize the data?

- Identifying gaps or trends
  - Compare on-going observations to baseline
- Awareness
  - Share data and provide feedback
- Administrative proposals
  - Support for interventions and IC changes





# What can the HAI Program do to help?

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## The HAI Team



# Resources



- <https://www.cdc.gov/infection-control/hcp/core-practices/index.html>
- <https://www.cdc.gov/infection-control/media/pdfs/Strive-HH102-508.pdf>
- <https://stacks.cdc.gov/view/cdc/11996>
- [https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF\\_KOIguin.pdf](https://sdapic.org/wp-content/uploads/2018/08/Preventing-HAI-in-SNF_KOIguin.pdf)
- <https://www.cdc.gov/healthcare-associated-infections/index.html>
- <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx>
- <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx>

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# In Summary



## Adherence Monitoring.....

- Is a Core Infection Control practice.
- Tracks and assesses for infection control gaps.
- Improves patient safety, care quality, and reduce the risk of HAIs.
- Data should be presented visually to maximize impact.
- Data shared with staff and leadership can gain support for your infection control program.



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# Contact Hour Instructions

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- **Ensure your Zoom name is your full name**
- **Complete by July 26th, 5:00 PM**
- **Expect your certificate by Aug 15<sup>th</sup>.**



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# Next Collaborative

**\*\*\* Aug 28, 2024 \*\*\***

**11:00AM – 12:00PM**

**Microsoft TEAMS**

Featured Topic:

**FLUNOVID+RSV**

**1 Contact Hour Offered**

Submit questions or  
feedback about today's meeting to:

[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)

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# Contact us at:

[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

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