



Practice Forum

Making change easy: A peer-to-peer guide on transitioning to new hand hygiene products



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This report summarizes our experiences planning and implementing the transition to a new commercial line of hand hygiene products and their dispensing systems in a large academic health care facility in Toronto, Canada. Our lessons learned are organized into a practical guide made available in 2 different formats: this article and an illustrated peer-to-peer guide (http://www.baycrest.org/wp-content/uploads/HCE-PROG-HH_HighQuality.pdf).

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DRIVERS OF CHANGE

Over the last decade, hand hygiene products (HHPs), including alcohol-based handrubs (ABHRs), soaps, hand lotions, and so forth, have become ubiquitous in health care facilities across the United States and Canada.¹ A significant portion of HHPs is delivered through wall-mounted dispensers of proprietary design.² In these circumstances, transition to a new line of HHPs translates into an upgrade or replacement of existing dispensers. In a facility with a large number of dispensers, the magnitude and complexity of the task can be an impediment to a successful HHP transition.

The need for transition can be for a variety of factors, such as superior product quality, potential cost savings, advanced dispensing systems, and compatibility of dispensers with electronic hand hygiene compliance monitoring systems.³ However, health care facilities are often reluctant to consider transition, even when the change could bring about significant benefits.⁴ At least partly, this reluctance can be explained by insufficient guidance available to lead them through transition.⁴ This report summarizes our experiences planning and implementing the transition to a new commercial line of HHPs in a large academic health care facility in Toronto, Canada. We identified 3 critical phases in the process: planning, implementation, and

postimplementation follow-up, which are described in detail. Key steps and lessons learned were also summarized in a concise, illustrated guide available for a free download here (http://www.baycrest.org/wp-content/uploads/HCE-PROG-HH_HighQuality.pdf).

PLANNING

Evaluate available options

Planning the transition should begin with evaluation of available options for HHPs. There are 5 criteria essential to product evaluation: quality, safety, serviceability, standardization, and cost.^{3,5} An important subset of quality criterion is the type of ABHRs and soaps (eg, gel vs foam), efficacy, skin tolerability, and user experience.⁵ It plays an important role in staff satisfaction with HHPs and, ultimately, hand hygiene compliance.^{1,5-8} Mental disorders and substance use disorders (alcohol abuse) co-occur in adults. Hence the criterion of safety of HHPs is of particular importance in mental health settings.⁶ In the case with HHPs, serviceability refers primarily to ease of maintenance and repair of dispensing systems. Standardization helps avoid redundant HHPs and ensures their mutual compatibility (eg, alcohol handrub compatible with hand lotion).

As a result of rapid growth in health care expenditures, cost has become an increasingly significant evaluation criterion and a driver of change.⁹ The economic consequences of medical interventions and the importance of economic analysis in infection control has been frequently highlighted.¹⁰⁻¹² The Society of Healthcare Epidemiology of America outlines the fundamental goals of infection

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control as follows: (1) protect the patient, (2) protect others in the health care environment, and (3) do both in a cost-effective manner whenever possible.¹³ In our experience, particularly with multisupplier contract awards, it is frequently possible to improve on the product quality while at the same time attaining a double-digit rate of cost savings. To maximize the savings, in addition to the core product costs, we strongly recommend examining the entire package of product rebates, signup bonuses, perquisites and incentives (eg, free batteries for the lifetime of dispensers), and education or other value-added programs available through suppliers.

We propose 2 additional criteria for evaluation of HHPs: (1) availability of touch-free dispensers and (2) compatibility of dispensers with electronic systems for hand hygiene compliance monitoring. Touch-free dispensers are generally preferred by staff and have been shown to improve hand hygiene compliance.¹⁴ Recent improvements in battery technology have made it possible for touch-free dispensers to run for 2-3 years before batteries need to be replaced. When evaluating HHP contracts, we strongly recommend exploring hardware options for a touch-free technology. Another factor to consider is compatibility of dispensers with electronic systems for hand hygiene compliance monitoring. This emerging technology has been gaining popularity, spurring the development of dispensers as integral hardware components of compliance monitoring systems.¹⁵ If your facility relies on such a system, or considers using it in the future, it may be prudent to select compatible dispensers.

Link with your group purchasing organization

The starting point for evaluating your available options is connecting with your group purchasing organization (GPO). Nearly every hospital in the United States and Canada uses GPO contracts for their purchasing functions.¹⁶ GPOs conduct extensive clinical reviews when deciding which products and health care technologies will be listed in purchasing contracts and made available for use.¹⁶ Typically, HHP contracts fall in the category of multisupplier awards, whereby multiple vendors bid for the contract. To examine the contract specifications and allow sufficient time for planning and implementation, plan on connecting with your GPO well in advance (6-9 months) of the existing contract expiry.

Engage stakeholders

Every change, even for the better, will elicit some resistance. When changes in products are made by 1 or 2 individuals, this increases the chances of subsequent negative response or lack of acceptance of the product by users.¹⁷ Conversely, eliciting product selection input from various stakeholders upfront will help to assure the success of the process and is known to assist in driving overall hand hygiene practice and compliance once implemented.^{3,18,19} Roles and responsibilities of the stakeholders are summarized in Table 1.

Pilot testing of products to ensure stakeholder acceptance is recommended by the World Health Organization.⁵ Stakeholders should be asked to assess products for dermal tolerance and aesthetic considerations, such as fragrance, consistency, and color. Standardized, validated surveys that enable objective evaluation of product tolerability and acceptability by and observer and subjective evaluation by health care workers are available within the Implementation Toolkit of the World Health Organization's multimodal hand hygiene improvement strategy.²⁰ Method 1 assesses 1 single product, and method 2 is designed for the comparison of >1 product. Additionally, careful planning through stakeholder mapping (Fig 1) and engagement can minimize resistance and maximize buy-in.^{17,19,21,22}

Table 1
Key stakeholder responsibilities

Key stakeholder	Responsibility
Infection prevention	Provide on-site project coordination and be the point of contact for the project Plan meetings and coordinate with stakeholders Map out hand hygiene dispensers Provide facility-wide communication on HHP transition
HHP vendor	Coordinate timely delivery of HHPs and dispensers Interface between HHP manufacturer, distributor, and health care facility Provide training to staff on new products Hire installation company
Point-of-care staff	Provide input into the HHP selection decision Provide input into the point-of-care placement of HHPs
Installation company	Develop an installation schedule Perform installation as per the project schedule Perform quality checks on dispensers installed
Housekeeping	Ensure appropriate and timely replacement of HHPs Dispose of and manage leftover stock of old HHPs Manage project recyclables and arrange garbage disposal
Facilities management	Provide facility floor plans (for mapping out dispenser locations) Provide storage space and staging area Provide input on safe placement of dispensers
Purchasing	Assist in review of potential vendor contracts Determine the facility-wide usage and inventory of HHPs Place product orders and manage gradual transition from old to new HHPs
Group purchasing organization	Conduct clinical reviews of HHPs Notify the customer organization of upcoming contract expiration Assist in review of potential vendor contracts

HHP, hand hygiene product.

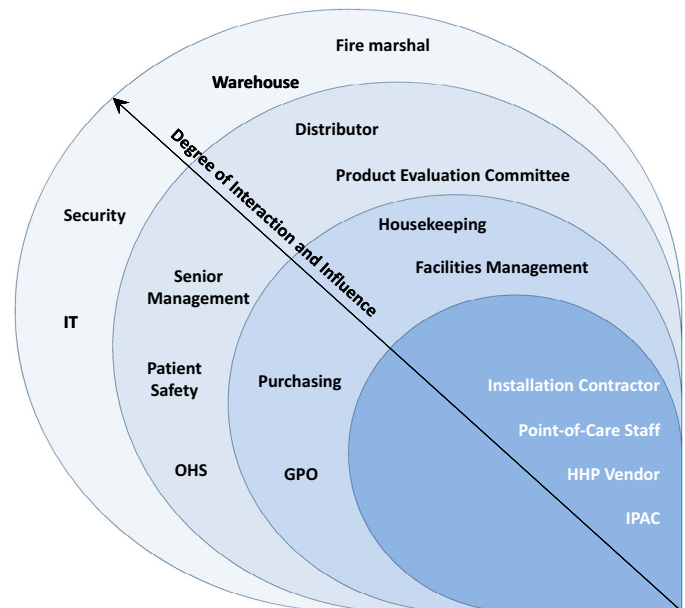


Fig 1. Baycrest Health Sciences' stakeholder map for hand hygiene product transition project. GPO, group purchasing organization; HHP, hand hygiene product; IPAC, infection prevention and control; IT, information technologies; OHS, occupational health and safety.

Map out dispensers

Our health care center's 992 beds are spread between a chronic care hospital, nursing home, assisted living facility, and a variety

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