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## New CDC Hand-Hygiene Guideline Released

The CDC notes that at least one-third of all healthcare related infections can be prevented, and that hand hygiene (“handwashing”) is the single most important practice in preventing the spread of infections in healthcare facilities. Yet repeated studies have shown that handwashing is overlooked by healthcare workers *at least 50% of the time*. In an effort to boost healthcare worker attention to this aspect of care, the U.S. Centers for Disease Control and Prevention (CDC) recently released its *Guideline for Hand Hygiene for Healthcare Settings*. The Guideline is relevant to all sectors of healthcare, including the rapidly expanding long term care (LTC) industry.

### New Guideline Sets Higher Standard for Hand Hygiene

The CDC Guideline makes it clear that healthcare organizations must *permanently change the culture of handwashing* to improve and to sustain adherence with recommended hand-hygiene practices. The most striking CDC recommendations relate to the agents individual caregivers should use to decontaminate their hands, and the overall nature and scope of an organization’s hand-hygiene compliance program.

The CDC recommends:

- “Point-of-need” alcohol handrubs become the preferred method of hand antisepsis, as these agents have been found to be a time-saving tool for hand decontamination.

However, the CDC cautions that “Making an alcohol-based handrub available to personnel without ongoing educational and motivational activities may not result in long-lasting improvement in hand-hygiene practices.”

- Organizations should implement a comprehensive, multi-modal hand-hygiene education and compliance program in order to overcome all of the known obstacles to hand-hygiene adherence.

The Guideline states: “Long-term, multi-modal, multi-disciplinary programs that address individual and institutional barriers are necessary to achieve enduring improvements in hand-hygiene adherence.”

### Why is Caregiver Hand Hygiene Behavior Lacking?

According to the CDC, caregivers and researchers have identified numerous barriers to hand-washing compliance, including, but not limited to:

- Poor quality hand-washing agents that cause irritation and dryness
- Sinks are inconveniently located
- Empty soap and paper towel dispensers
- Insufficient time/too busy/overworked
- Lack of knowledge or awareness of hand-hygiene protocols
- Lack of explicit institutional priority for hand hygiene

### How Does Your Facility’s Hand Hygiene Program Rate?

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# Checklist for Implementing Effective Hand-Hygiene Protocols

## Administrative Measures

- Is there a written statement regarding the value of, and institutional support for, rigid adherence to recommended hand-hygiene practices?
- Has the facility earmarked an appropriate budget for improving hand hygiene?
- Are there objective methods in place to accurately measure hand-hygiene behaviors and institutional infection rates?
- Are individual workers observed in order to assess hand-hygiene compliance?
- Is there regular feedback to all healthcare workers regarding hand-hygiene compliance and infection rates?
- Are employees sanctioned for failure to comply with hand-hygiene standards?

## Selecting Hand-Hygiene Products

- Are hand-hygiene products selected by an interdepartmental team that takes product efficacy and skin compatibility into consideration?
- Was input from healthcare personnel solicited regarding the feel, fragrance, and skin tolerance of hand-hygiene products under consideration?

## Hand-Hygiene Product Types and Availability

- Are alcohol-based, plain, and/or antimicrobial hand-hygiene agents available to all healthcare workers?
- Does the facility promote and endorse the pocket carriage of alcohol-based handrub solutions as well as availability on medicine carts, in patient rooms, and at other strategic locations in the facility?
- Are healthcare workers provided with hand lotions or creams in order to minimize the occurrence of irritant contact dermatitis?

## Healthcare Worker and Patient Education

- Are healthcare workers required to participate in ongoing educational programs focused on the practices and techniques of good hand hygiene?
- Are healthcare workers educated as to the types of patient activities that can result in hand contamination?
- Are reminders posted throughout the facility to motivate caregivers to use approved hand-hygiene practices?
- Are patients, their families and visitors encouraged to participate in improving hand hygiene by reminding healthcare workers to decontaminate their hands?

### Your Distributor Can Help You!

- Product training and demonstrations
- Information for product evaluation
- Product samples
- Education about compliance requirements



# The Challenge of Infections in LTC

## Infections Compromise Resident Quality of Life

- Facilities report *at least one infection per resident, per year*<sup>1</sup>
- Reports of the incidence rate of infection range from 1.8 to 9.4 per 1,000 resident days<sup>2</sup>
- Infections are the leading cause of death among LTC residents<sup>3</sup>

## Costs of Infections in LTC Facilities

- Each resident infection costs an average of \$1,100 to treat
- Infections can cost more than \$90,000 in the average facility per year
- Infection treatment costs total more than \$1.4 billion in the United States each year

## Infections and Labor Shortages in LTC

- More than 90% of all LTC facilities are understaffed
- The labor of at least two full-time employees is needed just to treat residents with infections

## Licensing and Certification Implications

- Survey citations in 2001 averaged five per facility
- Fines for violations total \$1,000 per deficiency and up to \$10,000 per day
- Hygiene and infection control-related citations are common
- Facilities risk losing their status as participating providers in Medicare and Medicaid if they have uncorrected deficiencies

### References

1. Haley RW, Culver DH, White JW, et al. The nationwide nosocomial infection rate—a new need for vital statistics. *Am J Epid* 1985;121:159-67.
2. Nicolle LE, Garibaldi RA. Infection Control in Long-Term Care Facilities. ICHE, June 1995.
3. Albrecht H, Shearen C, Degalau J, and Guay DRP. Team approach to infection prevention and control in the nursing home setting. *AJIC*, February 1999.

## Is It Cost-Effective to Implement the Guideline in LTC?

While there may be modest one-time and recurring expenses associated with implementing the CDC's hygiene recommendations, the investment is easily offset by the savings that result from preventing infections. Use the table below to estimate the savings that may be realized when the Guideline is successfully implemented.

### Infection Control Cost Savings Calculator

Facility Infection Rate per 1,000 days	Annual Infections # (cost)	Hand Hygiene Program Success (% of all infections prevented)			
		5%	10%	15%	20%
2	73 (\$80,300)	4 \$4,400	7 \$7,700	11 \$12,100	15 \$16,500
3	110 (\$121,000)	6 \$6,600	11 \$12,100	17 \$18,700	22 \$24,200
4	146 (\$160,600)	7 \$7,700	15 \$16,500	22 \$24,200	29 \$31,900
5	183 (\$201,300)	9 \$9,900	18 \$19,800	27 \$29,700	37 \$40,700

This example assumes a 100 bed facility, fully occupied, and an average infection cost of \$1,100.

