



Question 7. Is staff empowered to speak up and remind colleagues about proper hand hygiene and personal protective equipment use?

You indicated that staff are not empowered to speak up to remind colleagues to perform proper hand hygiene and use personal protective equipment (PPE). A key aspect of preventing CDI is preventing *C. difficile* transmission. Staff should be encouraged and empowered to remind colleagues about strict glove use, wearing proper PPE and performing hand hygiene. Consider using a facility-wide common reminder phrase to get everyone on the same page and keep reminders from feeling punitive; it's about patient safety, not punishment.

A. Hand Hygiene and PPE Use Essentials for Preventing CDI

- Implement a process for early detection of CDI to promptly place patients into Contact Precautions.
- Promote strict glove use. Change gloves immediately if soiled, and remove gloves as well as other PPE used during patient care when leaving the patient room.
- Hand hygiene, using alcohol-based hand rub (ABHR) is the preferred method of hand hygiene in hospitals unless a hospital or unit has high endemic rates of CDI or hands are visibly soiled.
- In hospitals or units with high endemic (baseline) rates of CDI, promote hand hygiene with soap and water because *C. difficile* spores are not killed by alcohol.
- Perform hand hygiene prior to donning and doffing gloves; glove use is not a replacement for hand hygiene.
- Incorporate hand hygiene procedures and techniques and PPE use into routine, competency-based training for all staff.
- Conduct regular hand hygiene audits to ensure staff are performing hand hygiene effectively.
- Conduct regular PPE audits to ensure staff are correctly donning and doffing PPE.

B. Strategies for Creating a Culture of Safety and Empowering Staff to Remind Colleagues

Staff should be empowered to speak up and remind colleagues if they see something wrong in the hospital or a hospital unit; this should be part of a hospital's or unit's culture. However, culture can be difficult to change. Moving a hospital or unit from punitive environment to one that focuses on and emphasizes open communication can have a profound impact on patient care and health

outcomes. In a just culture, people are encouraged to report problems rather than hide them so issues can be addressed and prevented.

- Use of Champions. Recruit champions from different hospital disciplines to help bring the initiative to various hospital peer groups and units. Champions can help spearhead the initiative, provide support and guidance and empower colleagues to voice concerns. They can also help be a voice for frontline staff, relating ideas, barriers or concerns to the CDI prevention team and leadership.
- Create mutual understanding, using a common strategy or language to provide and receive feedback. Provide staff with the tools to help them speak up when Contact Precaution procedures are not being followed or when anything happens that could impact patient safety. The TeamSTEPPS Module 3 Communication and Module 6 Mutual Support can assist you in devising a strategy that will work for your hospital.
- Share stories to help highlight the impact CDI and other infections have on patients. Staff engagement can be fostered or enhanced if all health care personnel appreciate the true risk associated with CDI. Sharing stories will also help tap into individuals' internal motivators (knowledge, attitudes, beliefs and values), which help to inspire human behavior.
- Share infection prevention data with staff. Data transparency can help motivate and engage staff to continue prevention efforts. Consider sharing the days that the hospital or unit has gone without a CDI. Staff can use this information to remind colleagues that proper hand hygiene and proper PPE use will help them continue the hospital or unit's success of days since the last infection.

Tools, Resources and Further Reading

- STRIVE Content:
 - [Uber-Adaptive Strategies for Infection Prevention](#) (UA101, UA102, UA103, UA104)
 - [Giving Infection Prevention Feedback](#) (CBT103)
 - [Hand Hygiene](#) (HH101, HH102, HH103)
 - [Personal Protective Equipment Use](#) (PPE101, PPE102, PPE103, PPE104)
 - [CDI Tier 1](#) (CDI1103, CDI104)
- [APIC Reducing C. difficile Infections Toolkit](#). Best Practices from the GYNHAU/UHF Clostridium Difficile Collaborative. Greater New York Hospital Association, United Hospital Fund. 2011.
- TeamSTEPPS Fundamentals Course: Module 3. Communication. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at

<https://www.ahrq.gov/teamstepps/instructor/fundamentals/module3/igcommunication.html>

- TeamSTEPPS Fundamentals Course: Module 6. Mutual Support. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at <https://www.ahrq.gov/teamstepps/instructor/fundamentals/module6/igmutualsupp.html>
- Dubberke ER, Carling P, Carrico R, Donskey CJ, Loo V, McDonald C, et al. Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals: 2014 Update. *Infect Control Hosp Epidemiol.* 2014; 35(6):628 – 645.
- Ellingson K, Haas J, Aiello A, Kusesk L, Maragaksi L, Olmstead R, et al. Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene. *Infect Control Hosp Epidemiol.* 2014; 35(8):937-960.
- Grant AM, Hofmann DA. It's Not All About Me: Motivating Hand Hygiene Among Health Care Professionals by Focusing on Patients. *Psychol Sci.* 2011; 22(12):1494-9.
- Stickbert-Bennett EE, DiBiase LM, Willis TMS, et al. Reducing Health-Care Associated Infection by Implementing a Novel All Hands on Deck Approach for Hand Hygiene Compliance. *Am J Infect Control.* 2016; 44(5 Suppl):e13-6.