

C3IC Facility Survey

Topic: Hand Hygiene in OR

Date: March 2013

Question(s)	City of Hope Cancer Center (California)	Fox Chase Cancer Center (Pennsyl)	H Lee Moffitt Cancer Center & Research Inst	Karmanos Cancer Institute (Michigan)	Memorial Sloan-Kettering Cancer Center (New York)	University of Texas/MD Anderson Cancer Center	UCSan Diego Health care
Are you actively working with the OR areas in your facility?	Yes	Yes	Yes	No OR contracted out	Yes	Yes	Yes
How is IC education provided to OR staff, including physicians?	blank	The Joint Commission Targeted Solution Tool, All staff trained (not physicians)	OR staff-staff meetings.	N/A	Pending	OR nursing meetings, Anesthesia tech meetings. TBD phsicians	As needed, Upon Request, Annually
Are you monitoring Hand Hygiene compliance in your OR areas?	Yes, but not very often	Yes	No but discussing plan with with anesthesia/OR manager.	N/A	Yes, peer monitoring	Yes, IC and trained observers.	Yes
If yes, what definition are you using to monitor compliance? A. <input type="checkbox"/> "Wash In" and "Wash Out" in regards to entering individual suites? Or B. <input type="checkbox"/> The WHO (5 defined opportunities)?	A. "Wash In and Wash Out"	see tool A." Wash In" and "Wash Out"	in discussion	N/A	B. the WHO 5 defined opportunities	A. "Wash in and Wash out".	A. "Wash In and Wash Out"
Is monitoring electronic or manual?	Manual	TJC tool	in discussion	N/A	Manual	Manual	Manual
Is individual feedback provided regarding compliance/non-compliance?	Not yet	Yes	in discussion	N/A	Yes	Yes, monthly rates from database.	Yes
If so, how is it provided and to whom?	blank	Monthly charts sent to Nursing mgmt		N/A	Peered review with immediate feedback regarding WHO 5 moments	via email. Additional opportunities being determined.	Real time and in documented reports