Chasing Zero Infections
Webinar: SOAP UP / Hand Hygiene
October 24, 2017
Welcome & HIIN Update
- Sally Forsberg, RNC-OB, BSN, MBA, NEA-BC, CPHQ, Clinical Performance Improvement Advisor, FHA

Hospitals in Action: Implementing Appropriate Hand Hygiene to Reduce Spread of Infection
- Megha Patel, RN, BSN, MS, CPHQ, CIC, Manager of Infection Prevention and Control, Martin Health System
- Carol Riggio, RN, BS, MSM, MSHA, CPHQ, Corporate Director of Quality/Infection Control, Central Florida Health

Presentation: Hand Hygiene and the SOAP UP Campaign
- Linda R. Greene, RN, MPS, CIC, FAPIC, Manager of Infection Prevention, UR Highland Hospital, Rochester, NY

Chasing Zero Infections In-Person Meeting
Evaluation & Continuing Nursing Education
HIIN Core Topics – Aim is 20% reduction

- Adverse Drug Events (ADE)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Clostridium Difficile Infection (CDI)
- Central line-associated Blood Stream Infections (CLABSI)
- Injuries from Falls and Immobility
- Pressure Ulcers (PrU)
- Sepsis
- Surgical Site Infections (SSI)
- Venous Thromboembolisms (VTE)
- Ventilator Associated Events (VAE)
- Readmissions (12% reduction)
- Worker Safety
MTC HIIN Resources

- Change Packages & Top 10 Checklists – 2017 Updates
- Listservs- Infection Focused & Sepsis Listserv
- TeamSTEPPS training
- Chasing Zero Infections Series: Webinars and In-person Meetings
- Up Campaign- Soap Up (Hand Hygiene)
- Hospital Consultation with Experts
- QI Fellowships & PFE Fellowship

Check the weekly email: MTC HIIN Upcoming Events and [www.HRET-HIIN.org](http://www.HRET-HIIN.org) for additional resources
LISTSERV® Collaboration

- Subscriber-based email group
- Each email group covers a different topic or group of topics
- Monitored by national experts
- Ideal for:
  - Peer-shared learnings
  - Asking questions about barriers
  - Sharing data-collection opportunities
  - Clarifications about measures or inclusion/exclusion criteria
www.HRET-HIIN.org

- UP Campaign
- HAI-specific Change Packages & Top 10 Checklists
- Past Webinars & Podcasts
- Implementation Tools
- Additional Resources
UP Campaign: Hand Hygiene

CDI  CAUTI  SSI  VAE  CLABSI  Sepsis

SOAP - UP
SOAP UP!
IMPLEMENTING APPROPRIATE HAND HYGIENE TO REDUCE THE SPREAD OF INFECTION.

S
SCRUB for 20 seconds with the right product

O
OWN your role in preventing HAIs

A
ADDRESS immediately intervene if breach is observed

P
PLACE hand hygiene products in strategic locations

U
UPDATE hand hygiene products policies as needed to promote adherence

P
PROTECT involve patients and families in hand hygiene
SOAP UP Must Do’s

1. Prompt Peer Performance
2. Track Quietly and Trend Loudly
3. Drive Drift Down
1. Review policies and procedures for hand hygiene to assure that they are current and evidence–based practices
2. Educate all staff in appropriate hand hygiene. Provide training at orientation and at regular intervals for all staff.
3. Assure adequate supplies are available for hand hygiene and that they are in the appropriate locations to support consistent hand hygiene
4. Conduct observation & surveillance of hand hygiene as the optimal way to ensure appropriate compliance
5. Schedule regular unscheduled observation of hand hygiene by trained observers
6. Track and trend compliance to hand hygiene and share results with all levels of the organization
7. Use an interdisciplinary team to develop an implementation plan to improve hand hygiene throughout the organization
8. Intervene immediately if a breach in hand hygiene is observed and provide scripts for reminding peers to perform hand hygiene
9. Promote culture of safety through leadership support and engagement with reinforcing appropriate hand hygiene practices
10. Engage patients, families and visitors to perform hand hygiene, and to speak up if they witness a breach in hand hygiene
# Chasing Zero Infections Series

<table>
<thead>
<tr>
<th>Didactic Webinars</th>
<th>Interactive Coaching Calls</th>
<th>In-Person Meetings</th>
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<tbody>
<tr>
<td>Apr. 11 – SSI</td>
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<td>June 6 – CLABSI</td>
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<td>Sept. 12 – Sepsis</td>
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<tr>
<td><strong>Oct. 24 – Soap Up (Hand Hygiene)</strong></td>
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<td><strong>Nov. 16 at Signature Grand in Davie, FL (Ft. Lauderdale area)</strong> – <strong>SSI, Hand Hygiene &amp; all HIIN infection topics</strong> – <strong>Hospital Speakers</strong></td>
</tr>
</tbody>
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Check your **MTC HIIN Upcoming Events** Weekly Email for details and registration. To request an archived webinar, email **HIIN@fha.org**
What HIIN infection topic(s) would you like for a Chasing Zero Infections Webinar in 2018?

- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Bloodstream Infection (CLABSI)
- Surgical Site Infection (SSI) Colon
- Ventilator-Associated Event (VAE)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Clostridium Difficile Infection (CDI)
- Other
Upcoming Meetings & Virtual Events

Virtual Events:
- **Oct. 25** – FHA HIIN | Coordinating System Patient and Family Engagement Activities and Improvement Initiatives
- **Oct. 26** – HRET HIIN | WAKE UP Virtual Event
- **Oct. 30** – FHA HIIN Quarterly Virtual Meeting
- **Oct. 31** – HRET HIIN | Physician Virtual Event: Portfolio Program (MOC IV) Informational Overview

In-Person Meetings:
- **Oct. 25** – TCAB Cohort 2 Nursing Unit Launch Meeting | Harry P. Leu Gardens, Orlando, FL
- **Nov. 7-8** – TeamSTEPPS Master Trainer Course | Indian River Recreation Center, Vero Beach, FL (Sept. 28 Pre-meeting webinar)
- **Nov. 15** – Recognition and Treatment of Sepsis in the Emergency Department: Using TeamSTEPPS Concepts | Harry P. Leu Gardens, Orlando, FL
- **Nov. 16** – Chasing Zero Infections: Connecting the Dots to Reduce Patient Harm-Hot Topics in Infection Prevention | Signature Grand, Davie, FL
- **Nov. 17** – Readmissions Stakeholder Summit | Westin Lake Mary Orlando North

Check your **MTC HIIN Upcoming Events** Weekly Email for details and registration
Hospital in Action: Clean Hands Save Lives

• Megha Patel, RN, BSN, MS, CPHQ, CIC, Manager of Infection Prevention and Control, Martin Health System
Clean Hands Save Lives

Megha Patel RN BSN MS CPHQ CIC
Manager, Infection Prevention Department
Martin Health System
Florida
Mission:
Together we create “Peace of Mind”
Provide exceptional health care, hope and compassion to every person, every time

- Serves 2 counties
- 5000 employees
- Three acute care hospitals
- One free standing ED
- 15 outpatient clinics
- One ambulatory surgery center
- Home care
2015 - Hand Hygiene Compliance

Self Reported Data By Unit Managers

Summer Intern Collected Data – Revealing the true challenge
Root Cause - Poor Hand Hygiene Compliance

- Non-compliance
  - Sensitive skin
  - No rigorous observer process

- Materials
  - No supplies/Empty Dispensers

- Methods
  - Do not know proper technique

- Workflow
  - No consistent process Leadership Rounding Focus
  - No consistent process for replenishing

- "Dead" Batteries in Dispensers?
  - Not enough sinks

- "Dead" Batteries in Dispensers?
  - Inconsistent Measurement (Believe doing well)

- Machine
  - Data not shared with staff consistently

- Measures
  - Prepared by TRD; 2/3/15

- Poor Hand Hygiene Compliance

CONFIDENTIAL PATIENT SAFETY WORK PRODUCT
Disclosure is prohibited unless authorized by the Patient Safety Officer or Chief Legal Officer
2015 Hand Hygiene Campaign

• Sub-committee developed
• Secret shoppers recruited
• Data
  – Compliance Reports on Martin Link
    • By unit and profession
• Advertising
  – Posters and Badge buddies ordered
Just In Time Observation Cards

- Concept from TJC – Just in time coaching

- Cards giving out to associates/ LIP’s/ ancillary teams members

Positive Cards

Reinforcement Cards
Hand Hygiene – “Help US save lives”

Clean ‘em (Hands)

Collect ‘em

Win ‘em!!
Hand Hygiene Campaign Continues..

Patient Involvement
Fans in the admission packet
TJC Tracer Program for data collection
Hand Hygiene Compliance 2015 - 2017

- Cards/ Appreciation
- Pins/ Gift cards/
- Unit Parties

Patient
Fans/ TJC
Tracer

Percent Compliance

1Q15: 78.30
2Q15: 46.00
3Q15: 49.00
4Q15: 53.00
1Q16: 67.60
2Q16: 60.20
3Q16: 75.30
4Q16: 75.40
1Q17: 79.20
2Q17: 88.00
3Q17: 87.50

CONFIDENTIAL PATIENT SAFETY WORK PRODUCT
Disclosure is prohibited unless authorized by the Patient Safety Officer or Chief Legal Officer
Hospital in Action: Lifesaver Program

- Carol Riggio, RN ,BS, MSM, MSHA, CPHQ, Corporate Director of Quality/Infection Control, Central Florida Health
Successful Hand Hygiene Programs Consist of **Rewards** and Sanctions

LIFESAVER CARD and a Livesaver candy will be handed out to Team Members observed following CFH Hand Hygiene Policy.

**LIFESAVER!**

Thank you for following our HAND HYGIENE policy – Hand hygiene really saves lives (maybe your own!)
Successful Hand Hygiene Programs Consist of Rewards and **Sanctions**

- Team Members observed not following our hand hygiene policy will receive an Opportunity Ticket.
- The TM will receive coaching and instructions on completing an educational module and video on VISION.
- One portion of ticket to TM and other portion sent to Infection Prevention.
- Infection Prevention will deliver portion of ticket to TM director.
- This is a progressive program and if a TM receives a 3rd ticket they are in serious violation of the **Red Rule** for hand hygiene and written counseling should be done.

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<thead>
<tr>
<th>1000 Name:__________</th>
<th>1000 OPPORTUNITY</th>
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<tbody>
<tr>
<td>Signature:___________</td>
<td>T I C K E T</td>
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<tr>
<td></td>
<td>Complete Opportunity Infection Control Module on Vision Under Staff Development and watch hand hygiene video within two weeks of receipt &amp; deliver to your leader</td>
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<tr>
<td>Return to Inf. Control</td>
<td>DATE:____________</td>
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<tr>
<td>TVRH LRMC</td>
<td>ISOLATION</td>
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<tr>
<td>Date: ____ Unit:_____</td>
<td>HAND HYGIENE</td>
</tr>
<tr>
<td>Shopper:___________</td>
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DO THE RIGHT THING FOR YOUR PATIENTS
Hand Hygiene
and the SOAP UP Campaign

Linda R. Greene, RN, MPS, CIC, FAPIC
Manager, Infection Prevention
UR Highland Hospital Rochester, NY
linda_greene@urmc.rochester.edu
SOAP UP

CDI  CAUTI  SSI  VAE  CLABS  Sepsis  MDRO

S O A P - U P
Let’s Look Ahead

Imagine a world where hand hygiene was not an important part of our infection prevention practices.

The Future
NEXT EXIT
Objectives

- Discuss why hand hygiene is such an essential component of infection prevention practice
- Review literature to support hand hygiene
- Describe social and psychological factors associated with compliance to hand hygiene

Let the evidence speak
Reduction of Healthcare-Associated Infections by Exceeding High Compliance with Hand Hygiene Practices

Emily E. Sickbert-Bennett, Lauren M. DiBiase, Tina M. Schade Willis, Eric S. Wolak, David J. Weber, William A. Rutala

Improving hand hygiene from high to very high compliance has not been documented to decrease healthcare-associated infections. We conducted longitudinal analyses during 2013–2015 in an 853-bed hospital and observed a significantly increased hand hygiene compliance rate (p<0.001) and a significantly decreased healthcare-associated infection rate (p = 0.0066).

Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 22, No. 9, September 2016
Findings

Healthcare-Associated Infections and Hand Hygiene

Figure. Overall healthcare-associated infection (HAI) rate and hand hygiene compliance by month, October 2013–February 2015. Numbers above data bar indicate monthly compliance percentages. Error bars indicate 95% CIs.
Hand Hygiene, Cohorting, or Antibiotic Restriction to Control Outbreaks of Multidrug-Resistant *Enterobacteriaceae*

Camille Pelat, PhD; Lidia Kardaś-Słoma, PhD; Gabriel Birgand, PhD; Etienne Ruppré, PhD; Michaël Schwarzinger, PhD; Antoine Andremont, Prof; Jean-Christophe Lucet, Prof; Yazdan Yazdanpanah, Prof

**Background.** The best strategy for controlling extended-spectrum β-lactamase-producing *Enterobacteriaceae* (ESBL-PE) transmission in intensive care units (ICUs) remains elusive.

**Objective.** We developed a stochastic transmission model to quantify the effectiveness of interventions aimed at reducing the spread of ESBL-PE in an ICU.

**Methods.** We modeled the evolution of an outbreak caused by the admission of a single carrier in a 10-bed ICU free of ESBL-PE. Using data obtained from recent multicenter studies, we studied 26 strategies combining different levels of the following 3 interventions: (1) increasing healthcare worker compliance with hand hygiene before and after contact with a patient; (2) cohorting; (3) reducing antibiotic prevalence at admission with or without reducing antimicrobial duration.

**Results.** Improving hand hygiene compliance from 55% before patient contact and 60% after patient contact to 80% before and 80% after patient contact reduced the nosocomial incidence rate of ESBL-PE colonization by 91% at 90 days. Adding cohorting to hand hygiene improvement intervention decreased the proportion of ESBL-PE acquisitions by an additional 7%. Antibiotic restriction had the lowest impact on the epidemic. When combined with other interventions, it only marginally improved effectiveness, despite strong hypotheses regarding antibiotic impact on transmission.

**Conclusion.** Our results suggest that hand hygiene is the most effective intervention to control ESBL-PE transmission in an ICU.

Evidence of hand hygiene to reduce transmission and infections by multi-drug resistant organisms in health-care settings

<table>
<thead>
<tr>
<th>Year</th>
<th>Country</th>
<th>Setting</th>
<th>Effect on hand hygiene compliance and/or consumption of alcohol-based hand rubs (ABHR)</th>
<th>Impact on MDROs’ transmission and/or infection</th>
<th>Reference</th>
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<tbody>
<tr>
<td>2000</td>
<td>Switzerland</td>
<td>Hospital-wide</td>
<td>Significant increase in HH compliance from 48% to 66%. Increased consumption of ABHR from 3.5 to 15.4 L/1000 patient-days</td>
<td>Significant reduction in the annual overall prevalence of HAI (42%) and MRSA* cross-transmission rates (87%). Continuous increase in ABHR use, stable HAI rates and cost savings, in a follow-up study</td>
<td>Pittet D et al (9)</td>
</tr>
<tr>
<td>2008</td>
<td>Australia</td>
<td>1: 6 pilot hospitals 2: all public hospitals in Victoria (Australia)</td>
<td>1) Increase of HH compliance 21% to 48% . Increased consumption of ABHR from 5.3 to 27.6 L/ 1000 bed-days 2) Increase of HH compliance from 20% to 53%. Mean ABHR supply increased from 6.0 to 20.9 L/1000 bed-days</td>
<td>1) Significant reduction of MRSA bacteremia (from 0.05/1000 to 0.02/1000 pt-discharges per month) and of clinical MRSA isolates 2) Significant reduction of MRSA bacteremia (from 0.03/1000 to 0.01/1000 pt-discharges per month) and of clinical MRSA isolates</td>
<td>Grayson ML et al (11)</td>
</tr>
<tr>
<td>2009</td>
<td>USA</td>
<td>Hospital-wide 7 acute care facilities</td>
<td>Significant increase of HH compliance from 49% to 98% with sustained rates greater than 90%</td>
<td>Significant reduction of MRSA rates from 0.52 to 0.24 episodes/1000 patient days</td>
<td>Lederer JW et al (23)</td>
</tr>
<tr>
<td>2010</td>
<td>USA</td>
<td>2 acute hospitals</td>
<td>Significant increase of HH compliance from 65% to 82%</td>
<td>51% decrease in hospital-acquired MRSA cases during the 12-month*</td>
<td>Carboneau C et al (20)</td>
</tr>
<tr>
<td>Year</td>
<td>Country</td>
<td>Setting</td>
<td>Effect on hand hygiene compliance and/or consumption of alcohol-based handrubs (ABHR)</td>
<td>Impact on MDROs’</td>
<td>Reference</td>
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<td>2011</td>
<td>Australia</td>
<td>Nationwide (521 hospitals)</td>
<td>In sites not previously exposed to the campaign. Increase of HH compliance went from 43.6% to 67.8%</td>
<td>Significant reduction of overall MRSA BSI (from 0.49 to 0.3497 per 10,000 patients-days) but not of hospital-onset MRSA BSI</td>
<td>Grayson ML et al (10)</td>
</tr>
<tr>
<td>2012</td>
<td>Hong Kong (China)</td>
<td>18 LTCFs (4 months)</td>
<td>Significant increase of HH compliance in intervention arms (27% to 61% and 22% to 49%)</td>
<td>Significant decrease of respiratory outbreaks (IRR, 0.12; 95% CI, 0.01–0.93) and MRSA infections requiring hospital admission (IRR, 0.61; 95% CI, 0.38–0.97)</td>
<td>Ho M et al (12)</td>
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<td></td>
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<td></td>
<td>The proportions of ABHR usage among compliant actions increased from 33.9% - 53.2% to 90.3% - 94.6%</td>
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<tr>
<td>2013</td>
<td>Saudi Arabia</td>
<td>Hospital-wide</td>
<td>Significant increase of HH compliance from 38% in 2006 to 83% in 2011</td>
<td>Significant reduction of MRSA infections (from 0.42 to 0.08), VAP (from 6.1 to 0.8), CLA-BSI (from 8.2 to 4.8), catheter-associated UTI (from 7.1 to 3.5)</td>
<td>Al-Tawfiq AA et al (24)</td>
</tr>
<tr>
<td>2013</td>
<td>Spain</td>
<td>Hospital-wide</td>
<td>Significant HH compliance increase from 57% to 85%</td>
<td>Significant reduction of MRSA infections/colonization/10 000 pt-days*</td>
<td>Mestre G et al (25)</td>
</tr>
</tbody>
</table>
Face to Face interviews with 13 senior managers at a large university hospital

Seven distinct themes:

- Culture change starts with leaders
- Refresh and Renew the message
- Connect the 5 moments to the whole patient journey
- Actionable audit results
- Empower patients
- Reconceptualize non compliance
- Start the hammer
Polling Question

Which of the following is your biggest challenge regarding hand hygiene?

1. Lack of accountability
2. Lack of actionable data
3. Lack of physician buy-in
4. Accurate measurement
Participants
All affiliated nurses of the nursing wards. Wards were randomly assigned to either the team and leaders-directed strategy (30 wards) or the state-of-the-art strategy (37 wards).

Methods
The control arm received a state-of-the-art strategy including education, reminders, feedback and targeting adequate products and facilities.
The experimental group received all elements of the state-of-the-art strategy supplemented with interventions based on social influence and leadership, comprising specific team and leaders-directed activities.
Strategies were delivered during a period of six months.
Results

10,785 opportunities for appropriate hand hygiene in 2733 nurses.

The compliance in the state-of-the-art group increased from 23% to 42% in the short term and to 46% in the long run.

The hand hygiene compliance in the team and leaders-directed group improved from 20% to 53% in the short term and remained 53% in the long run.

The difference between both strategies showed an Odds Ratio of 1.64 (95% CI 1.33–2.02) in favour of the team and leaders-directed strategy.

Conclusions

Our results support the added value of social influence and enhanced leadership in hand hygiene improvement strategies.

The methodology of the latter also seems promising for improving team performance with other patient safety issues.
A successful multifaceted strategy to improve hand hygiene compliance rates

John K. Midturi DO, MPH a, *, Aarthi Narasimhan MD a, Teresa Barnett RN, CIC a, Jamie Sodek BSN, RN a, William Schreier RN a, Jesse Barnett CHSP a, Charlotte Wheeler BSN, RN, CIC a, Libby Barton BSN, RN a, Eileen M. Stock PhD b, Alejandro C. Arroliga MD a

a Division of Infectious Disease, Department of Medicine, Baylor Scott & White Health/Texas A&M College of Medicine, Temple, TX
b Center for Applied Health Research, Central Texas Veterans Health Care System with Baylor Scott & White Health, Texas A&M College of Medicine, Bryan, TX

Key Words:
Health care–acquired infections
Hand hygiene
Compliance rates

Health care–acquired infections are a major contributor of mortality; therefore, prevention of these infections is a priority. Hand hygiene compliance among health care workers is low. We report the process at our institution to increase the hand hygiene compliance rate (HHCR). We implemented interventions over 6 months. The periods were divided into preintervention, intervention, and post-intervention, and the monthly HHCR was calculated. The primary objective was to measure the HHCR after the intervention period and ensure sustainability. There were 25,372 observations, with 22,501 compliant events, for an overall HHCR of 88.7%. The HHCR improved over time (preintervention, 72.7%; invention, 79.7%; postintervention, 93.2%), with significance between pre- and postintervention periods (P < .002). The HHCR stabilized after all interventions and was sustained over 22 months. Our study highlights a multifaceted intervention, including administrative leadership, that led to an increase in the HHCR. Institutions should individualize their multimodal approach to include administrative leadership to achieve a high, sustained HHCR.

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Hand Hygiene

- UC insertion and maintenance
- Central line insertion and Maintenance
- Prevention of diarrheal outbreaks
- Prevention of c difficile
- Prevention of MDRO
- Surgical scurb
Engaging Patients

Washing hands saves lives.

Does healthcare have clean hands?

Your Roadmap to Engaging Patients & Families in Hand Hygiene

1. Start with this aim. Engage your patients and families in hand hygiene.
2. Pick a floor & team a team. Include a bedside nurse, nurse manager, Infection Preventionist, staff, and at least one family member.
3. Hold a kick-off meeting. Discuss the need for hand hygiene, the importance of hand hygiene, and the steps to take.
4. Schedule ongoing training. Include hand hygiene training in your ongoing education.
5. Engage at the bedside. Give patients and families a hand hygiene demonstration.
6. Build engagement into existing workflows. Make hand hygiene part of the standard workflow.
7. Make it the new normal. Provide feedback and reinforce hand hygiene practices.
8. Spread the word. Share your success stories and promote hand hygiene.

Tools:
- Handwashing stations
- Hand sanitizer
- Hand hygiene signs
- Hand hygiene training
- Hand hygiene champions
- Hand hygiene audits

Learn More:
- Hand hygiene protocols
- Hand hygiene guidelines
- Hand hygiene best practices
- Hand hygiene research
- Hand hygiene case studies
- Hand hygiene success stories

Framework for spread: Includes strategies for promoting and sustaining hand hygiene.

Don't be afraid to ask.

ימהיה פלאנטס
Hand Hygiene – those we care about deserve no less!
Don’t Forget to Register!

Nov. 16: Chasing Zero Infections Hot Topics In-person Meeting
Signature Grand in Davie, FL (Ft. Lauderdale area)
Registration Link:  http://www.cvent.com/d/55qyy9/2K

Agenda includes:

– SOAP UP: Improving Hand Hygiene as a Comprehensive Infection Prevention Strategy
– How Are You “SOAPing UP:” Hospital Roundtable Discussion
– Surgical Site Infections - The Perfect Storm: Current Guidelines Including Environmental and Sterilization Challenges
– Connect the Dots to Reduce Patient Harm: SSI Gap Analysis
– Hospital Roundtable: Sharing Your Best Tips for Achieving Zero Infections with CAUTI, CLABSI, C. diff and MRSA
– Hospitals in Action to Reduce Infections: Successful Strategies
– What Will You Do By Next Friday?
Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education:

https://www.surveymonkey.com/r/ChasingZero102417

Share this link with all of your participants if viewing today’s webinar as a group (Survey closes Nov. 3)

Be sure to include your contact information and Florida nursing license number

FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail (Please allow at least 2 weeks after the survey closes)
Sally Forsberg, RNC-OB, BSN, MBA, NEA-BC, CPHQ
Florida Hospital Association
sally@fha.org  |  407-841-6230

Linda R. Greene, RN, MPS, CIC
Manager of Infection Prevention
UR Highland Hospital, Rochester, NY
linda_greene@urmc.rochester.edu