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Hand Hygiene Measurement, Past, Present, and Future

McGuckin Methods International focuses on the future of patient empowerment, with the following update to our research and programs:

Ten years ago, while at University of Pennsylvania, I decided to take on the mentoring task of producing for IP's based on my research, a monthly report that would provide them with their hand hygiene compliance rate based on product usage and bed days. The crucial component was patient empowerment, a practice that has since gained wide acceptance, and the program as most of you know as *Partners in your Care*. From a pilot program in four New Jersey hospitals, to a multi-national collaborative in 41 US states and 9 countries, I am proud we have shown that compliance and empowerment can be sustained and cost effective. Now more than ever, patients are partnering with their healthcare worker to encourage good hand hygiene!

I always considered education of my colleagues a part of their enrollment in our program. To that end, my team provided updates on significant research and helped several IPs develop presentations and abstracts at scientific meetings.

The most important role for a mentor is to provide the necessary skills to ensure that those trusted to them can become independent and continue on their own. I am very proud that so many of our IPs have learned our methodology and are now able to develop their own program for measuring HH compliance through easy-to-implement product volume measurement. MMI's role of providing reports has reached its objective: to instill IPs with the necessary skills and background to continue on their own.

Many organizations like CDC, WHO, and NPSF noted our pioneering work with product volume measurement and patient empowerment and in fact included us in their programs and research. I believed ten years ago and continue to believe that product volume measurement is a cost-effective, time saving method for IPs and when combined with direct observation will give the most useful data.

A good mentor must also share their concerns and future direction for hand hygiene compliance measurement and empowerment.

Concerns: Too many companies are seeing and trying to convince us that electronic interventions will be the answer to greater compliance. My advice is buyer beware. Do we really need automated measurement devices? Will they really be the solution for sustained compliance? For my

colleagues that have been in IP, have you ever seen any other technology rise so rapidly to save us all? Within a period of about two years, we went from a few laboratory inventions to over 40 devices on the market (or recruiting test facilities). Makers of these new interventions promise reduced bias (compared to data gathered from human recording), reduced human error (forgetting to count product usage), and more detailed reports on hand hygiene activity, for the purpose of feedback to healthcare workers. However, with the desire to collect data without human impact does come with a price, both financially and logistically. Remember devices should be simple, robust and sustainable and should be seen as an aid to health-care workers and not as a complication. More research is needed to prove not just the concepts, but the commercial end-devices as they are for sale to the hospital. How much will this cost? What new problems will arise (technology solves old problems but yet may introduce new ones).

Future: My advice is Patient Empowerment. An important part of your HH program needs to be healthcare worker, patient and consumer empowerment. I believe that empowerment is the missing link in our compliance programs. Mandatory reporting and disclosure is opening the door for us to empower consumers before they become patients and at the same time empower our healthcare workers to encourage patient participation.

Evolving from Research to the Bedside to the Consumer: To this end, in order to focus our resources on research and program evaluation, McGuckin Methods International will no longer be accepting new contracts nor renewals for hand hygiene measurement; currently enrolled facilities may complete their terms. As I have said, our goal was to develop a proven methodology for HH measurement that the IP can implement on their own. Due to our extensive period of evaluation, improvement, and rigorous peer-review of our methodology, I can safely and proudly claim, mission accomplished!

The team at MMI and I personally wish to thank all the IPs that were part of our HH measurement program and look forward to continued work with patient empowerment initiatives and health services research.

A mentor always remains a mentor, so please feel free to contact us if you have any questions. For those that did not attend national APIC, I have attached the power point for the General Session the MMI team presented which will give you an overview of our future directions and some suggestions for your programs.

Best of luck in your future measurement efforts! You can find more information on our research, programs, and publications at www.mcguckinmethods.com

Sincerely,

Dr. Maryanne McGuckin, FSHEA