As we continue our journey toward excellence and zero harm, I was reflecting on the journey of nursing as a profession. Nursing as the “most trusted profession” has an obligation to the public to ensure we are practicing to our fullest extent and within our professional standards.

The American Nurses Association (ANA) has set forth two very important documents to lead us in our professional practice; the Guide to the Code of Ethics for Nurses and Nursing: Scope and Standards of Practice. These guides help us meet the standards expected by our community.

A crucial aspect of patient safety is ensuring nurses are practicing within these standards. Addressing this are the ANA in the Nursing Scope and Standards in Standard 15, Professional Practice Evaluation. Standard 15 states, “The registered nurse evaluates one’s own and others’ nursing practice.”

Within this standard there are nine competencies outlined for the registered nurse. They include:

1. Engages in self-reflection and self-evaluation of nursing practice on a regular basis
2. Adherence to the guidance about professional practice as specified in the Nursing: Scope and Standards of Practice and the Code of Ethics for Nurses
3. Ensures that nursing practice is consistent with regulatory requirements pertaining to licensure, relevant statutes, rules and regulations
4. Uses organizational policies and procedures to guide professional practice
5. Influences organizational policies and procedures to influence inter-professional evidence-based practice
6. Provides evidence for practice decisions and actions as part of the formal and informal evaluation processes
7. Seeks formal and informal feedback regarding one’s own practice from healthcare consumers, peers, colleagues, supervisors, and others
8. Provides peers and others with formal and informal constructive feedback regarding their practice or role performance
9. Takes action to achieve goals identified during the evaluation process

I encourage all of us as professional nurses to embrace this feedback as a “gift” from our colleagues and to aspire to meet the standards of our professional practice.

Tracy Carlino DNP, MA, RN, NEA-BC
Sr. Vice President and Chief Nursing Officer

Continued on p. 2
So how does Virtua nursing ensure the practice of nursing? I’m sure everyone is familiar with our Best People Review, also known as our performance evaluations. Within that process is the opportunity to do a self-evaluation and reflect on our own performance and behaviors. We likewise survey our patients and families who share their thoughts on our service and how we practice. There are opportunities for peer evaluation with SWAT rounds, bedside handoff and other practices that require two RNs to complete. Through shared governance, professional practice committees, root cause analysis sessions and chart reviews, we have the opportunity to review our peers and provide recommendations for improvement.

Though peer review is present in nursing practice at Virtua, our strength comes when all nurses are formally reviewed by their peers.

ANCC Magnet also addresses the importance of peer review in the exemplary professional practice (EP) component. Specifically, EP15 requires “nurses at all levels engage in periodic formal performance reviews that include a self-appraisal and peer feedback process for assurance of competence and continuous professional development.”

Peer review is not new within our profession. The ANA published the Guidelines for Peer Review in 1988. Peer review is also referenced in the Code of Ethics for Nurses. Provision 4.3 states, “Nurses must plan, establish, implement, and evaluate review mechanisms to safeguard patients, nurses and colleagues, and the environment. These safeguards include peer review, staffing plans, credentialing process and quality improvement and research initiatives.”

The National Association of Healthcare Quality (NAHQ) identifies professional practice and peer review principles and methods as a competency to ensure healthcare quality. This practice is referred to as ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE). Both of these evaluations are practiced by the medical staff at Virtua using peer review.

I am proud to be a professional nurse and aspire to be the best professional nurse in my field. Feedback and input is something I have always valued, and I have always looked at it as a gift, to help me be the best I can be.

Maintaining the standards of practice and code of ethics is a professional obligation we should all share. Assessing our practice includes self-evaluation and reflection, supervisory reviews, customer review, and certainly not least, peer review.

Peer review may seem difficult or stressful to some of us, but if given with genuine concern, and intent for the betterment of the nurse and patient care, the message is often received with gratitude. I encourage all of us as professional nurses to embrace this feedback as a “gift” from our colleagues and to aspire to meet the standards of our professional practice.

REFERENCES


We refer to Helen-Ann as our “Informationist” because her skills go beyond simply searching for evidence. She is an expert in critiquing evidence and has extensive clinical knowledge. As our informationist, Helen-Ann does a lot of clinical outreach. Helen-Ann makes frequent rounds within the hospital and pushes information for educational purposes to the care teams.

At the end of 2016, we also introduced a new information resource called NursingReferenceCenterPlus.com.

Many times Nursing Reference Center Plus has an Evidence Based Care Sheet or Skill Sheet to provide the information clinicians need.

In her teaching and coaching, Helen-Ann reminds us that CINAHL, the premier database for Nursing and Allied Health can be accessed through Nursing Reference Center Plus. To help increase efficiency and effectiveness, Nursing Reference Center Plus is a “one stop shop” for our information needs.

Helen-Ann Brown Epstein, MLS, MS, AHIP, FMLA

If you would like to learn more about NursingReferenceCenterPlus, or any of our information resources, Helen-Ann would be happy to help. Please email hepstein@virtua.org or call at 13843.
Greetings!

I am excited to introduce myself as Virtua’s new Director of Clinical Practice.

I am a Clinical Nurse Specialist (CNS) with a master’s degree in critical care and a Doctor of Nursing Practice degree (DNP). During my career, I have held many different roles, including nursing supervisor and various CNS positions with experience in homecare and hospice. Much of my work has been focused on patient safety and quality.

As I begin to learn more about the Virtua system, I am in what I refer to as my “clinical integration” phase. I have already had the pleasure of observing many staff members and am grateful to those who have hosted me. They have helped me to understand the nursing practice at Virtua. So far, I have been impressed with the care, commitment and passion I have seen. My plan, and my pledge to you, is to spend 1 – 2 days a month in a clinical environment in order to understand the frontline work. I welcome the opportunity to shadow you (if I haven’t already done so). This will help me to become familiar with as many nurses and clinical areas as possible.

One key component of my role is to ensure that we are practicing with the best available evidence. Our policies must support our practice. We are working on an overhaul of the policy process. To make it more user friendly, we will provide resources for you with a simple click. We are integrating Nursing Reference Center Plus (NRC) resources into each policy via a link. For example, as you read the policy on NG tubes, there will be several links to evidence-based resources that contain procedures, pictures, videos, checklists, etc. We will incorporate all of the bundles into policies to guarantee that everyone is providing the same standards of care, and the bundles will be reviewed along with the policies.

Next to our patients, you are the most important people in our organization. You are the ones providing day-to-day, minute-to-minute care. Healthcare is ever changing, and we have many challenges ahead, but, together, we will work to be successful.

I am honored to be a part of this great team.

Sincerely yours,

Joanne Phillips
One year ago, Virtua Memorial SPA, ED nurses, some Medical/Surgical units and PACU nurses successfully completed rigorous didactic and hands on training on caring for the neurosurgical patient. Their education included Neurological Anatomy and Physiology, Neurological Assessment, Neurological Monitoring and Intracranial Drains. Pathological conditions and Stroke were also highlighted. The training enabled nurses to meet the needs of the neuro surgical patient pre and post operatively.

The OR nursing team also embarked on a highly advanced and highly technical neurosurgical education and training protocol.

Their specialized education and training included all aspects of preparation for the patient undergoing multiple types of Craniotomy for tumor or masses, Intracranial Bleeds and Advanced Neurosurgical Spine procedures. Critical thinking skills were constantly in demand with regard to utilizing complex OR beds/tables and positioning tools to ensure patient safety and successful surgical outcomes. An additional accomplishment of the OR nursing team was learning about a host of complex navigational instrumentation and equipment required for intraoperative use.

Prior to this training the OR nurses and surgical technologist had very limited prior experience with neurosurgical patients. We added a Neurosurgery Care Coordinator and Assistant Nurse Manager to our surgical team who brought significant amounts of OR experience using various neurosurgical procedures. Today, the OR team members skillfully participate in complex neurosurgical procedures involving the head and spine with confidence and professional precision.

This year we celebrate the first of many anniversaries to come in our commitment to provide the latest and greatest healthcare experience to our neurosurgical patient population. In the future, we will continue to challenge ourselves as the beauty of surgical technology evolves, and we grow in skill and knowledge.
“There are two certainties in life, Jennifer, death and taxes.” These were the firm words spoken by my great social studies teacher, Mr. Berdosh, in my senior year of high school. However, if I could talk to my then 17-year-old self, I would add a third certainty in life, CHANGE. Change is inevitable. It happens in our social, personal, and professional lives. It can position us to be uncomfortable, uncertain, unwilling, and most of all, uninterested. Change can push us towards a perfect storm of mental and physical breakdown.

As healthcare professionals, we are subjected to a wide array of patient care areas, departments, and situations. Our expertise and experience guides our inner moral compasses from one patient to the next as we learn to adapt in a variety of less-than-perfect scenarios. In these challenging situations, whether you realize it or not, we actually GROW.

Where opportunity intersects with an admirable character trait lies RESILIENCE. Tugade & Fredrickson (2004) define resilience as the ability to adapt to life’s ever-changing landscape and recover quickly from stressors and potential stressors. On the Virtua horizon, big changes and potential stressors are right around the corner. In pursuit of achieving Magnet accreditation and becoming a high reliability organization, Virtua nurses continue to align exemplary care with all components of the Virtua nurse practice and care delivery models. The OneVirtua conversion to EPIC is planned for Go-Lives on October 4, 2017 (Wave 1), March 1, 2018 (Wave 2). surveys are expected shortly thereafter.

Our ability to accept these changes will help resilience grow.

When resilience wavers:
- Patient satisfaction and outcomes can drop
- Environment of tension amongst peers with potential for volatile impulsive responses spawns
- Increased potential for medical mistakes
- Nurse vulnerability and burnout leading to turnover

A person’s education, age, and experience are not factors that determine one’s resilience capability or capacity (Hart, et al., 2014). Rather, resilience can be measured by factoring in hope, coping, self-efficacy, emotional intelligence with optimism taking first place (Glass, 2009). With each difficult and challenging workplace scenario we have choice. The crossroads are before us. Road “A” takes us down the “been-there-done-that” path. Road “B” guides us to a place where things may never be perfect, but by imparting a positive attitude and an open mind in spearheading change, the ammunition of emotion becomes a lot less fueled. Positive outcomes are sure to follow.

If we embrace optimism, our patients and families will benefit, because we become more balanced and whole as we surrender to this life certainty of change. The American Nurses Association has deemed 2017 as the “Year of Healthy Nurse”. It is essential for nurses to focus on themselves in maintaining a balance of physical, intellectual, social, spiritual, and emotional well-being. When clinicians are truly healthy including their psychological wellness, they can be better clinicians, advocates, and educators to the patients and families they serve. In the end, the important question is this: on the forefront of big changes ahead for Virtua, which will undoubtedly test your resilience barometer, will you decide to bend or break?

Tips on being optimistic and owning your inner resilience
- Be willing to try being mindful of our actions and thoughts
- Exhibit a tone of respect both in deed and in speech
- Self-reflect on if you come to work happy, are you able to leave personal issues at home and vice versa.
- Plan for change when possible instead of waiting for it to happen
- Seek out education and information regarding the change to decrease fear and anxiety related to the change
- Practice at the fullest scope of your license and seek out professional development opportunities
- Ask for help from your peers.
- Take care of yourself.


A new pilot program has been initiated in several of our Emergency Departments, called the Emergency Department Nurse Residency Program. This program was established to address one of the recommendations of the Future of Nursing: Leading Change, Advancing Healthcare recommendations that suggests new nurses should complete a transition-to-practice program (nurse residency) following completion of a prelicensure program as they transition into a new clinical area.

A total of sixty-six panel interviews were completed by members of the Clinical Learning Team and the Emergency Department Leadership Team. Eight offers were made, and all were accepted. The eight nurse residents began their employment in July. The uniqueness of this program highlights the nurse residents who began their employment without their New Jersey licenses. Currently, all the nurse residents have successfully passed their NCLEX-RN examination. Moving forward, any new nurses hired into the emergency department will have the opportunity to participate in a nurse residency cohort.

The ED Nurse Resident Program consists of curriculum designed to meet the needs of the nurse residents. Contents of the program were extrapolated from a variety of sources that included the Commission an Collegiate Nursing Education (CCNE), Quality and Safety Education for Nurses (QSEN) and the Emergency Nurses Association (ENA) Core Curriculum. The curriculum composition consists of a variety of classroom, didactic, and simulated experiences. Some of the education opportunities include: New to Practice classes, Basic Dysrhythmia, ED Critical Care Course, Cohort Huddles, ACLS, PALS, Shared Governance and Relationship Based Care and attendance at a Nursing Congress. The ED Nurse Residents will also complete several surveys throughout the next year to measure changes in their development.

Where do we go from here? We have already established new to practice cohorts at the Memorial campus and the Voorhees campus for medical/surgical nurse residents who have less than one year of experience in the acute care setting. We are also planning to create this opportunity for nurses in our long term care site and subacute. Sue Politsky PhD, RN, NE-BC is thrilled to oversee the ED Nurse Resident Program.

Sue Politsky PhD, RN, NE-BC
Director of Continuing Education
NEW QUALITY/PRACTICE COUNCIL STRUCTURE

To continue efforts towards zero harms, we have established several new quality/practice councils. Each council has an advanced nurse clinician lead, quality co-lead, medical director lead, executive sponsor and clinical nurse representation. The quality/practice councils will all report through the Virtua Nurse Practice Coordinating Council.

The goals of each quality council include:
- Establishing interdisciplinary teams
- Assessing current state of practices affecting quality outcomes
- Determine actionable interventions with measurable outcomes
- Define and measure standards of practice across the health system

Council Structure

Clinical Quality Council Spotlight
System CLABSI Council
(Central Line Associated Blood Stream Infection)

Divisional champions report out at Local HAI monthly meetings, track and trend CVC audits, participate in drill downs, communicate information up and down by attending all CLABSI and HAI meetings.
System CLABSI Council Action Items

- Establishment of System CLABSI Council April 2017
- System SharePoint site established for increased communication and sharing of data
- Weekly CVC Audit tool and process established and started system wide
- Monthly CVC Audit Report database and process implemented for tracking and trending system data to develop effective Action Plans
- Implemented practice changes to support RNs with sterile dressing change compliance:
  - STOP sign for patient's doorway
  - RNs phone hand off
  - 2 RN present during CVC dressing change in high risk areas
- Setting up pilot of all inclusive sterile CVC dressing change kits
- Meeting with Nephrology and vascular surgeons for insertion and line criteria, surveillance of insertion practices across Virtua
- Conducting literature review to establish best practice for insertion, maintenance, and products related to CLABSI prevention
  - CHG impregnated dressing vs discs
  - Alcohol caps for all HD catheter patients verses all patients with CVC
  - Daily CHG baths for all HD catheter patients verses all patients with CVC
  - Double lumen vs Trialysis for HD patients
- Monitor Virtua’s policy and practice to ensure CDC guidelines compliance

Virtua CLABSI Rates, 2017

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THE CHALLENGE OF BEHAVIORAL HEALTH CARE.....
“GOLDEN TICKET” MULTIDISCIPLINARY CARE PLANNING

A Solution to Improve Clinical Quality and Safety Outcomes for the Complex Patient

Kim Briggs RN
Behavioral Health Program Manager

**Complex patient definition:**
A patient who presents frequently with medical and psychiatric comorbidities presenting interpersonal and/or behavioral challenges to delivery of care.

Reimbursement to providers and clinical care models for medical and mental health have made achieving the Triple Aim (see insert) an elusive goal in the treatment of complex patients. This fragmentation has created an episodic, crisis-driven approach to care for these chronically ill patients. This approach results in repetitive acute care encounters that do not add value or clinical quality; utilize a disproportionate amount of clinical and administrative resources; and may also contribute to the opiate crisis. At Virtua, we have identified a solution to achieve the Triple Aim despite these barriers. We developed a multidisciplinary collaborative process for achieving integrated care.

**The Process**
Under the leadership of the behavioral health program manager, the multi-disciplinary care team convenes to create an integrated, individualized, patient-centered plan of care that reduces complexity by:

- Completing a comprehensive review of the patient’s encounters within our health system and summarizing clinical findings and differential diagnosis
- Identifying the individual social and clinical precipitants to episodes of clinical decompensation
- Identifying individualized, multi-disciplinary evidence-based interventions that engage the patient and the care team in mutual goal directed behavior
- Creation of an individualized scheduled and PRN medication regimen
- Identifying patient-centered, achievable, short and long term goals
- Eliminating repetitive diagnostic and interventional steps that do not add value or clinical quality

Once complete, the Plan of Care is entered into the patient’s record and is easily accessible to all members of the care team. A “Golden Ticket” flag appears in the electronic medical record whenever the patient is registered through the Virtua ED system.

The hand-off process ensures that the Plan follows the patient throughout the system.

**The Results**
Implementation of “Golden Ticket” Plans of Care at Virtua has closed the gap between medical and mental health care for some of our most complex patients. We are beginning to stabilize Mental Health/Substance Use Disorder (SUD) patients with medical comorbidities regardless of point of entry. Implementation of this process has resulted in:

- Reduction in ED visits, admissions, and length of stay
- Decreased allocation of clinical and diagnostic resources
- Decrease in duplication of attempts at differential medical diagnosis for SUD population
- Increase in use of medication regimen proven to be beneficial to patient
- Decreased use of opiates in SUD population
- Decreased episodes of agitation and violence among SUD and mentally ill patients

Efforts are in progress to expand use of the Golden Ticket in order to improve the experience for our patients while also providing effective tools for our clinicians. Anyone can request that a patient be evaluated for a “Golden Ticket” Plan of Care. Contact Kim Briggs at (856) 669-1976 to initiate the process.

**TRIPLE AIM:**
Institute for Healthcare Improvement
Three goals to reform the health care system and provide for population health

- Improve Health
- Lower Costs
- Better Care
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- Provides free language services to people whose primary language is not English, such as qualified interpreters
- Information written in other languages

If you need these services, contact the Virtua Access Center at 1-888-Virtua-3, TTY 1-888-847-8823 or the Corporate Compliance Officer at 856-355-0722. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, contact Corporate Compliance Officer – Susan Hatch, 20 West Stow Road, Suite 9, Marlton, NJ 08053.


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ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-VIRTUA-3 (1-888-847-8823).

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-VIRTUA-3 (1-888-847-8823).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-VIRTUA-3 (1-888-847-8823) 번으로 전화해 주십시오.

Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-VIRTUA-3 (1-888-847-8823).

Gujarati
સુનાવણી: તમે ગુજરાતી ભાષાના સમાવેશને મળી શકશો. તમને પ્રાથમિક ભાષા છે. ફલક 1-888-VIRTUA-3 (1-888-847-8823).

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French Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-VIRTUA-3 (1-888-847-8823).

Russian
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Hindi
यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-VIRTUA-3 (1-888-847-8823) पर कॉल करें।

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-VIRTUA-3 (1-888-847-8823).

French
ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-888-VIRTUA-3 (1-888-847-8823).

Urdu
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You’re a Virtua Nurse – share it with pride.

Write to NursingNews@virtua.org if you want a magnet to display.

VirtuaNurse welcomes contributors and editorial review board members. Contact Melissa Bown and Marianne Everett at NursingNews@virtua.org.

SPOTLIGHT ON PATIENT SAFETY

ACUTE CARE HAND HYGIENE COMPLIANCE

(YTD through August 2017)

80% of infections are spread by dirty hands.

Hand washing compliance rates are unacceptable (average 40 percent).

99,000 patients die each year from HAIs.

Approximately 1 out of every 20 hospitalized patients will contract an HAI.

HAIs account for an estimated 1.7 million infections per year.