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For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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Are your staff washing their hands of basic practices?

Provide education, then make it easy to implement

Like most health care institutions, Sacred Heart Medical Center in Spokane, WA, has made hand hygiene the cornerstone of infection-control policy. "When we have more of a particular organism in an area than we would normally see, we re-emphasize hand-washing techniques to the staff, and the rates go down," says **Kathy Caldero**, RN, infection control coordinator at Sacred Heart.

"As basic as hand washing is, it plays a vital role in patient care and in controlling the spread of infections," agrees **Virginia Reyes-Vargas**, RN, MSN, infection control practitioner at the New Mexico VA (Veterans Affairs) Health Care System in Albuquerque. When organisms are on the hands of a health care worker, they can be introduced to a patient.

EXECUTIVE SUMMARY

News headlines in recent months have brought the importance of infection control to the public's attention once again. All health care workers know that organisms are spread when they fail to wash their hands frequently. But it still is important to reinforce staff education on hand hygiene on a regular basis and provide reminders about this task, according to the experts. This month, we look at different ways to educate staff and patients about hand hygiene and how to keep them practicing what they have learned.

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Inserted in this issue:

— Fax-Back Survey
— Staff Education: Hand Hygiene handout
— Infection Prevention and Control Tips on Handwashing handout

COMING IN FUTURE ISSUES

- Targeting at-risk groups for HIV/AIDS with education
- Selecting appropriate instructors for support groups
- Information consumers need to know about flu shots
- Incorporating outcome measurements into educational programs
- The pros and cons of using one form for documentation

Organisms that are resistant to antibiotics are the most worrisome, she says.

Evidence that hand washing is effective in the prevention of infection dates back to the mid-1800s when researchers demonstrated the link between the spread of infection and the hands of health personnel, says **Susan M. Slavish**, BSN, MPH, infection control coordinator at Queen's Medical Center in Honolulu.

Formal recommendations for hand-washing practices in hospitals have been in place since 1975 when the Atlanta-based Centers for Disease Control and Prevention (CDC) first published hand-washing guidelines. The Association for Professionals in Infection Control and Epidemiology in Washington, DC, also has published guidelines, reports Slavish.

The Healthcare Infection Control Practices Advisory Committee, which is a CDC advisory committee, is in the process of publishing a "Guideline for Hand Hygiene in Healthcare Settings." "This guideline will provide all of us with the most current state of the science associated with hand washing and the use of alcohol-based hand rubs for routine hand sanitizing as well as surgical scrubs," she says.

While proper hand washing is an important element of staff and patient education to prevent the spread of infection, knowing the proper technique and doing it often are two different issues. Time frequently is a factor. In a study completed in Switzerland, researchers found more than 40 opportunities per hour for hand washing in an intensive care unit, says Caldero.

"There are a huge number of opportunities for health care providers to wash their hands. Yet if they spent an average of one minute each time, that would take 40 minutes in the course of an hour. There isn't time to take care of the patient," she explains.

In an effort to comply with the CDC-updated hand-hygiene guidelines currently in draft form, the infection control department at Grant/Riverside Methodist Hospitals in Columbus, OH, uses four methods to increase compliance. They include education, providing facilities for staff hand washing, reminding staff about hand washing, and the use of alcohol-based hand disinfectants, says **Judy Bournique**, RN, MT, ASCP, infection control coordinator.

There are many opportunities to teach staff proper hand-washing techniques and remind them to be compliant, says Bournique. The best place to start is in new employee orientation. Teaching tools at Grant/Riverside Methodist

include a video on infection control that was produced in-house that has information on how and when to wash hands in a health care setting.

To help emphasize the ease at which germs can spread, the group is given a ball that is passed around several times after they are told that whatever is on their hands gets transferred to whatever they touch. "Ultimately, I ask the group how many people they had contact with," she says.

A similar teaching technique is used during an infection control presentation for residents and medical students. This time, "GloGerm," a florescent compound, is smeared onto a ball before it is passed around. Then residents are asked to place their hands under a special lamp that illuminates the compound to see how much of it was transferred to their hands. "That florescent compound is supposed to show the bacteria that can be transmitted," she explains.

Following the demonstration, everyone is asked to wash their hands and then put them under the lamplight again to determine if they are washing their hands correctly. Sometimes, the florescent compound is put on a chart because residents and medical students pick up charts throughout the day.

Make it convenient

On the annual competency for infection control, staff are required to complete questions on hand washing, says Bournique. These questions often focus on when hand washing is appropriate. "Most studies show that reinforcement of hand-washing education should recur fairly frequently, which is why we include it with our annual competency," she says.

Another opportunity to provide education on hand hygiene is via staff newsletters. "We publish a quarterly newsletter and one [issue] covered hand washing. That particular issue was mailed to all the physicians," says Bournique.

Rather than devote an entire issue to hand washing, Queen's Medical Center periodically publishes articles on hand washing in the employee newsletter, says Slavish.

This year during infection control week, staff at Grant/Riverside Methodist will set up display boards in the atrium on infection control that will include hand washing. The atrium was selected rather than the employee cafeteria because it is more public and therefore patients and their family members will see the information as well, says Bournique**. (For more information about how to educate patients and family members about hand washing, see article on p. 112. For more information on staff education, see staff teaching sheet on hand hygiene produced by The Ohio State University Medical Center in Columbus inserted in this issue.)**

In addition to education, it is important to make hand washing convenient to ensure that it gets done. At Northwestern Memorial Hospital in Chicago, there is a foot-operated sink in each patient room to eliminate touching handles after hand washing, says **Trish Bednarz**, BSN, RN, infection control coordinator. The sinks turn on automatically for 15 seconds, the amount of time that should be allocated to hand washing.

Convenience was one reason the new alcohol-based hand disinfectant was introduced at the New Mexico VA Health Care System. The disinfectant is located in the hallways and in patient rooms. "The philosophy of our epidemiologist is to make hand washing as easy and available as possible so staff really don't have a reason not to perform hand hygiene either conventionally or with the alcohol-based disinfectant," says Reyes-Vargas.

Signs can prompt hand washing as well. Laminated signs that resemble stop signs are located near sinks in patient rooms at Grant/Riverside Methodist Hospitals. They read: "Stop. Wash your hands," and are printed in English and Spanish. They act as a reminder for staff, patients, and visitors, says Bournique.

On the bone-marrow transplant units at City of Hope National Medical Center in Duarte, CA, a surgical mask frequently is hung over the patient's door so those entering the room will take extra infection control precautions, says **Daryl Allen**, RN, ICP, infection control practitioner at the medical center. "It triggers hand washing as well," she says.

Once staff have been educated, hand washing has been made convenient, and reminders have been set in place, it is time to evaluate the effectiveness of the teaching. The coordinator of licensure and accreditation performs hand-washing audits to measure compliance with required hand washing at Northwestern Memorial Hospital.

The hand-washing audits are done by observation with the person in charge of accreditation, or the charge nurse on a specific unit, walking around and observing practice. They note the title of the health care worker, length of wash, product used, and when the hand washing is completed. Whether staff see patients without washing their hands or if they touch equipment without hand washing, also is noted, says Bednarz.

SOURCES

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A member of the Oakbrook Terrace, IL-based Joint Commission on Accreditation of Healthcare Organizations' mock inspection team at Grant/Riverside Methodist Hospitals adopts a unit and visits it on a regular basis, looking for compliance with the Joint Commission standards. "One of the items we ask these inspectors to look for is personnel hand-washing compliance," says Bournique. They observe a couple of staff members washing their hands to determine if they are washing them correctly and at the right time.

During a Joint Commission survey at the New Mexico VA Health Care System in July, hand washing seemed to be something that was evaluated by observation, says Reyes-Vargas. The health care system did prepare a binder addressing all standards for infection control that included hand-hygiene policy.

The policy is that staff wash their hands any time they have contact with a patient and gloves are provided. Staff are encouraged to wear gloves with every patient encounter and wash their hands whether they were wearing gloves or not.

"Gloves sometimes have microscopic tears in them," explains Reyes-Vargas. In addition to washing hands before and after patient care, employees are required to wash before eating and after going to the restroom or toileting a patient. Although alcohol-based hand disinfectant can be used, if hands are soiled, they need to use soap and water, says Reyes-Vargas.

Generally, health care workers have poor hand-washing compliance, in spite of the fact that it is a simple procedure, takes only a short time, and can protect both the patient and the health care worker from exposure to potentially harmful organisms, says Slavish. "It is time that we get back to basics and do what we were taught as children and in our health care educational programs — 'wash your hands,'" she says. ■

Teach your patients, too, for good infection control

Post hand-washing techniques and provide info

While Queen's Medical Center in Honolulu does not have a major hand-washing initiative focused on patients, staff currently are reviewing a brochure on infection prevention strategies that is directed at patients and families, says **Susan M. Slavish**, BSN, MPH, infection control coordinator.

Staff do educate patients about infection control practices, including hand washing, in the medical center's critical care units. Staff have placed signs in the rooms that outline specific infection control practices and hand washing is No. 1. Families also are encouraged to use the alcohol hand sanitizers that are available in all clinical areas of Queen's Medical Center.

A flyer about preventing the spread of infection was placed in a patient information binder at Grant/Riverside Methodist Hospitals in Columbus, OH. "We also plan to stock the visiting areas and waiting rooms with this flyer so it will not only reach the patients but also their families," says **Judy Bournique**, RN, MT, ASCP, infection control coordinator. **(See an example of a patient education sheet on hand washing published by The Ohio State University Medical Center in Columbus, inserted in this issue.)**

To improve education with patients and families at Northwestern Medical Center in Chicago, the nursing staff distribute a hand-washing bulletin that is published by the infection control department.

Staff also distribute hand-washing articles to those visiting patients in isolation, says **Trish Bednarz**, BSN, RN, infection control coordinator.

Infection control professionals across the country have been teaching children about hand washing in creative and imaginative ways through community outreach efforts for many years, says Slavish. "Developing good hand-washing habits begins when we are children so introducing the information at an early age is important," she says. **(To learn an innovative way to teach hand-washing techniques to children, see article in *Focus on Pediatrics.)*** ■

Teaching fibromyalgia sufferers to take control

Management helps people take their life back

To control the symptoms of fibromyalgia, sufferers must take control of their disease. That means getting the upper hand on pain, fatigue, and emotion. "A lot of fibromyalgia patients get into this mode where the disease is taking over their lives. They no longer have control. Fibromyalgia is controlling them, and they have to reverse that," says **John Klippel**, MD, medical director of the Arthritis Foundation in Atlanta.

The term fibromyalgia means pain in the muscles, ligaments, and tendons, according to the foundation. Pain is the most prominent symptom.

About 90% of people with fibromyalgia experience fatigue and sleep disturbances. Some also have cognitive dysfunction where they can't think clearly or become forgetful. This condition is called "fibro fog," according to the Arthritis Foundation.

Fibromyalgia is diagnosed by a set of criteria established by the American College of Rheumatology in Atlanta. Symptoms that indicate a person has the disease include:

- **A history of widespread pain on both sides of the body and above and below the waist for at least three months.**
- **Pain in at least 11 of 18 tender-point sites.**

These points are located in front and back of shoulders, at the shoulder blades, top of the buttocks, crook of the elbow, knees, and upper back of the thighs. These areas are considered tender points if they are sensitive to pressure. However, people with fibromyalgia often describe their pain as tenderness all over the body.

The first step in gaining control of the pain, fatigue, and emotional swings caused by this disease is to reduce the amount of stress in one's life, because the severity of the disease often fluctuates with the amount of stress a person is experiencing. To reduce stress, fibromyalgia sufferers must identify the stressors, says Klippel.

Those who cannot do this on their own should seek professional help. A psychologist or psychotherapist can help people with fibromyalgia not only determine the cause of stress in their lives but also develop coping strategies.

Emotions, such as depression, that frequently plague those with fibromyalgia are intertwined with the stress. "The feeling that the disease is taking over their life contributes to the stress, so there is this spiral effect where things just keep getting worse and worse," says Klippel. Stress reduction helps people gain control and reduces the negative emotions, such as depression, that accompany fibromyalgia.

Stress also intensifies the pain of fibromyalgia, and because medications do not help reduce the type of pain caused by this disease, stress reduction is vital. For most arthritis sufferers, the source of pain is clear. For example, they have pain in their knee, so they take an analgesic to control the pain. "Analgesics are generally not effective in fibromyalgia pain. For most people, the pain is generalized, and they can't be quite as specific about it," he says.

The role of exercise

Another important factor in taking back control is a regular exercise regimen. "What is quite clear is that people with fibromyalgia can benefit enormously by paying attention to fitness," says Klippel. A daily exercise routine helps anyone feel better, yet because of their pain, many fibromyalgia sufferers do not exercise. It also helps people

EXECUTIVE SUMMARY

In July, *Patient Education Management* began a series on educating patients about symptom management with an article on cancer fatigue. Since that time, topics covered have included menopause and chronic pain. This month, we tackle fibromyalgia, an arthritis-related condition that is characterized by generalized muscular pain and fatigue, according to the Arthritis Foundation, based in Atlanta. There are several techniques important to symptom management, with the most important being stress reduction.

SOURCE

For more information about controlling the symptoms of fibromyalgia, contact:

- **John Klippel**, MD, Medical Director, Arthritis Foundation, P.O. Box 7669, Atlanta, GA 30357-0669. Telephone: (800) 283-7800.

sleep more soundly so they are less fatigued, and exercise is widely used to combat stress.

The Arthritis Foundation recommends a walking regimen for those just starting to exercise. Recently, the foundation launched a tai chi program, which Klippel says is very helpful for people with fibromyalgia. They also are doing some exploratory work in developing yoga programs. "Yoga combines mental discipline with attention to awareness and body, and there is a clear exercise component to it. All those things should be valuable to someone with fibromyalgia," he says.

Although exercise helps with the problem of fatigue, often medications also are used to help with sleep disturbance. Generally, these are medications that are used to treat depression, but they are used in lower doses for fibromyalgia sufferers who have trouble sleeping.

While no two people experience exactly the same symptoms or can manage the disease in the exact same way, it does help when people share coping strategies, says Klippel. Therefore, a support group is a good disease-management tool for people with arthritis. "People can be very creative in coming up with ways to make their lives better," he says.

Managing symptoms through stress reduction and regular exercise can help fibromyalgia sufferers take back their lives, says Klippel. "Many people who get into effective treatment programs find their symptoms are substantially relieved or completely go away." ■

Helpful resources for managing fibromyalgia

Arthritis Foundation booklets, videos available

The Arthritis Foundation of Atlanta has a wide selection of resource materials that help people with fibromyalgia manage their disease. The following list is a sample of the selections, which can be ordered via the internet at www.arthritis.org or by telephone at (800) 207-8633.

- ***Change Your Life***

This 131-page book helps fibromyalgia sufferers get fit by providing information on how to assess one's diet and fitness challenges, create nutritious menus, select energizing exercises, and conquer the causes of stress. The cost is $19.95.

- ***Fibromyalgia***

This 12-page booklet contains information on fibromyalgia symptoms and treatments, along with effective management strategies. The brochure is free.

- ***Fit with Fibro Combo Pack***

This packet of information includes books, a workbook, and a water exercise video to help people understand and manage their condition. The price is $47.95.

- ***Guide to Good Living with Fibromyalgia and Fibromyalgia Workbook***

These materials help people with fibromyalgia learn how to overcome their pain, sleep more soundly, have more energy, and explore alternative treatments that might help them take control of their lives. The cost is $23.95. ■

Don't assume that 'if we offer it, they will come'

Good group facilitation/interesting topics key

It sometimes is difficult to know why some support groups flounder and others thrive, yet there are several tactics organizers can take to help ensure that their group will be successful. The first may seem obvious, but it is vital that those who may benefit from the support group learn about the meetings so that they might attend.

Organizers often turn to the local advertising outlets such as the newspaper, and that is a good place to start, says **Barb Roseborough**, MSN, RN, CCE, education specialist at Saint Vincent Health Center in Erie, PA. "People who are interested in attending or have specific concerns that might prompt them to try a support group have a place to look for that information and that is helpful," she explains.

However, many people who would benefit from a support group might not be motivated to look for a group on their own initiative, so it is important to reach the target population in some other way as well. The Erie Ostomy Support Group reaches new

EXECUTIVE SUMMARY

In September, *Patient Education Management* began a series on the anatomy of a successful support group. The first article covered the setup process. In this issue, we discuss attracting participants. There are several tactics that can be used to make sure participants are attracted and they remain active. Future pieces in this series will cover selecting and training leaders and using the groups as an opportunity for ongoing education.

ostomy patients by placing a flyer about the group in their discharge education packet. The flyer describes the support group and lists the dates and times it meets. It also lists the topics to be covered at future meetings.

Many of the support group leaders at Ridgecrest (CA) Regional Hospital place flyers in the waiting room at the hospital as well as the local clinics and physician offices, says **Kristin Henden**, CHES, education director at the hospital.

A hard sell approach is not necessary. "Simply provide information and invite patients," advises **Rita R. Miller**, RN, RRT, coordinator of patient education at Indiana University Hospital in Indianapolis. However, the appeal of a support group seems to depend upon the individual, she says.

"We see similarities in specific generations of people. For example, baby boomers are by far the most interested group. The newest generation to come of age — I think they are calling them the 'netsters' — never want to participate," says Miller. There almost seems to be a 'support-group personality,' says Roseborough. Many who attend seem to enjoy the interaction and sharing of information. Yet there are those who attend who are very quiet and seem to just want to listen. They only speak if a skilled facilitator is able to draw them out, she says.

Help people belong

To keep people coming back, groups need to be kept interesting but also all-inclusive. Group leaders must go out of their way to welcome the new participants and perhaps, over time, ask a few of the people who attend regularly to become greeters, says Roseborough.

Creating a social environment by offering coffee, tea, or some sort of refreshment seems to break the ice, she says. But it is important to strike a balance. Most people who attend support groups are not looking for a social club. It is important that groups not be a waste of time. Group leaders who are trained in facilitation and come prepared to help create an interesting discussion are vital to a group's success, says Roseborough.

"It is always good for a facilitator to have a couple of discussion topics or a newspaper article they have read that will spark interest," she says. Leaders who understand group dynamics will be able to generate discussion that makes the group beneficial to those who participate.

Yet discussion is not always enough. A support group for prostate cancer survivors is the most successful at Ridgecrest Regional Hospital, and many come to hear the guest speaker. "I think they have a very high attendance at their meetings because there is new information, and they aren't just sitting around talking among themselves," says Henden.

At Indiana University Hospital, the most successful support groups are those for childbirth. "The people who attend these groups are hungry for any and all information. The more specific the information is to an individual's particular circumstance, the more they like it," says Miller.

At the end of the year, **Rose Konsel**, RN, BSN, CWOCN, coordinator of the Erie Ostomy Support Group, asks participants what topics they would like covered during the upcoming months and then does her best to find people willing to come speak for free, because there is no money to pay speakers. Last year, the group asked to hear a pharmacist speak about over-the-counter medications that affect the bowel and for someone to address stress management. Representatives from three companies always come once a year to talk about new products.

"In my field, ostomy supplies change every year. So unless people come to the meetings, they don't really hear about new products. Many attend the meetings to keep current on new supplies and new treatment," says Konsel.

Other factors that keep group attendance between 15 and 25 participants include well-organized and well-run meetings that start and end on time. The monthly meetings are from 6:30-7:30 p.m. on Thursday evenings, and people don't have to do much more than show up. "People want to have minimal involvement. They don't want to be involved in leadership or have anything that is required of them," says Konsel.

Being allowed to bring their spouses or significant others seems to improve attendance as well,

SOURCES

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she says. Henden agrees. The prostate cancer survivors are encouraged to bring their wives to the support group meetings at Ridgecrest Regional Hospital, and that seems to be one factor that keeps attendance high. ■

Multidisciplinary plan multiplies teaching

Patients hear warfarin instruction once and again

Education about warfarin, a drug that prevents clot formation, is important because it is the leading drug involved with adverse drug events year after year, says **Steve Pickette**, RPH, assistant director of Pharmacy Clinical Services at Sacred Heart Medical Center in Spokane, WA.

"The drug is dangerous even when taken properly. At best, you are looking at a 5%-per-year event rate, which is high, and goes up dramatically if you are not taking it appropriately," he says. People who take too little of the medication are more likely to have a stroke, and those who take too much are more likely to bleed internally.

That's why the pharmacy department at Sacred Heart has implemented a mandatory interdisciplinary education program for everyone discharged home on the medication. If patients are discharged to a nursing home, the education is not mandatory. The policy was changed from education upon physician request when a quality assurance audit revealed that only 60% of patients on warfarin who were being discharged home received teaching because physicians were forgetting to order it.

Now when the pharmacy department receives an order for warfarin therapy, the pharmacist that processes the order screens the computer system looking for an intervention note attached to the patient's profile. If there isn't, they make sure one is added, says Pickette.

"We have clinical pharmacists on each unit of the hospital who receive these intervention notes from a patient profile. They are printed every hour," he says. They also are made aware of the need for teaching during their own profile reviews or upon a nurse's request.

When a patient is identified as a candidate for warfarin education, a combination of teaching strategies is used. Verbal instruction is important and usually is given by the physician first. "The first question we ask when we walk into the room is, 'What has your doctor told you about this medication?' Of course, the physician has educated the patient about it and explained how it fits into their therapy as well," says Pickette.

The pharmacist covers the fact that warfarin is an important part of the patient's therapy. Also covered are the things patients must do to reduce the risks of an adverse event, including:

- **Taking the medication as ordered.**

Patients are told to set up a system that reminds them when to take the medication because doses cannot be missed or doubled.

- **Reporting any signs of bleeding.**

Patients learn to look for the signs that would indicate internal bleeding. These include black, tarry stools, bleeding of the gums, and bruising.

- **Understanding adverse drug interactions.**

"Warfarin interacts with more medications than any other drug," says Pickette. Patients are told that it is their responsibility to check with their physician before taking any medication, including over-the-counter purchases. They also are told about food and drug interactions and warfarin's interaction with alcohol.

A dietitian covers dietary restrictions with the patient. The pharmacy computer system prints a list of all patients on warfarin for the dietitian, says Pickette. The nurse also is involved in the education by making sure that patients watch the video on warfarin following the pharmacist's teaching. Also, nursing reinforces what is taught by pharmacy up to the time of discharge, says Pickette. A booklet on warfarin is given to each patient.

It's important to involve several disciplines in the education process because it helps to emphasize the

SOURCE

For more information about incorporating multidisciplinary instruction into Warfarin teaching plan, contact:

- **Steve Pickette**, RPH, Assistance Direct, Pharmacy Clinical Services, Sacred Heart Medical Center, Attention Pharmacy Department, W. 101 Eighth Ave., Spokane, WA 99220-4045. Telephone: (509) 474-3244. E-mail: pickets@shmc.org.

importance of what is being taught and provides opportunities for patients to hear the message several times. "A second reason is that we all bring our expertise to the teaching," says Pickette. ■

Better cancer education through focused research

Design focus groups to determine point of view

There is no shortage of cancer information available. The difficulty for educators is not in finding facts as much as it is sorting through all the information to find out what is appropriate and delivering it in a way their patient population understands, says **Cathy D. Meade,** RN, PhD, director of the Education Program at H. Lee Moffitt Cancer Center and Research Institute in Tampa, FL.

That's why the center developed education toolboxes on prostate cancer for men and breast and cervical cancer for women tailored for two underserved populations: African-Americans and Hispanic farm workers. The materials for the Hispanic toolbox are in Spanish.

The 10-by-13-inch toolboxes contain information to be used in community-based settings. The contents include a video, a flip chart, educational pamphlets for patients, and three laminated teaching sheets that can be used by outreach workers or health care providers. The components of the toolbox were developed with the aid of focus groups so that the content would be acceptable to the target population, says Meade.

An anthropologist was part of the interdisciplinary team that helped conduct the research and provided valuable information. The anthropologist suggested that the focus group discussions first center on how individuals within these patient groups viewed their situation, what their priorities were in life.

After that information was gathered, discussion focused on the groups' cancer knowledge, attitudes, and beliefs. "In this way, we were better able to glean the issues that are most important to them and hook our cancer message on what their everyday lives are," says Meade.

Through this method of discussion, many ways to tailor the information to each group were discovered. For example, it was difficult to convey the meaning of the term prevention to the men in the Hispanic focus groups. However, one participant identified it as similar to getting your car tuned up. In the videotape, when the narrator talked about getting a checkup for prostate cancer, viewers saw a group of their community members looking under the hood of a car so that they could relate to an everyday situation, explains Meade.

"No matter what level of education, we need to better connect the message to the target population's own reality," she says. That means doing some investigative work to find out how groups view such things as prevention.

In the African-American group, participants emphasized the importance of religion, prayer, and spirituality. Researchers came to understand that pastors were very respected in the community and people valued their input. Therefore, on the video designed for the African-American community, there are clips of a pastor at a church delivering the cancer prevention message.

When the research team created the educational materials based on the information from the focus groups, they took them back to the people in that population before finalizing them to make sure they were right. People even were asked to evaluate the colors used in the material design to make sure they were appropriate.

Flexible, useful components

In addition to the patient population, the toolbox was designed with input from health care providers and community outreach workers and can be used in a variety of ways. In a group setting, the video can be shown. To teach a person with limited reading skills, the provider could go through the flip chart and reinforce the teaching with the videotape. "It's the same information; it's just presented differently," says Meade.

The usual 20- to 30-page facilitator's guide was eliminated from the toolbox on the recommendation of those who planned to use it for education. "They said they didn't have time to go through it,

so we came up with three very simple teaching sheets," says Meade.

One teaching sheet covers getting started with the program and has teaching tips and resources. A second sheet covers cancer facts and figures on the particular target cancer, either prostate or breast and cervical. The third sheet covers culture and literacy and has abbreviated types of teaching strategies and tips for outreach workers. "We wanted to tailor the sheets to whomever would be using them," says Meade.

A total of 4,000 toolboxes were produced with 1,000 in each category: Education on breast and cervical cancer in English, targeting African-American women; education on breast and cervical cancer in Spanish, targeting Hispanic women farm workers; education on prostate cancer in English, targeting African-American men; and education on prostate cancer in Spanish, targeting male Hispanic farm workers.

The toolboxes, which were produced with a $250,000 appropriation from the Florida Department of Health, were distributed to a variety of grass-roots and clinical agencies throughout Florida. These included federally funded clinics, missions, and senior centers.

Although the effectiveness of the educational materials that make up the toolbox has not been evaluated formally, informal comments on surveys in each kit have revealed that the content is very useful and relevant. A more formal evaluation to determine if the toolboxes have increased cancer screenings among the target population needs to be done, says Meade.

This project was successful because the team that created the toolbox first determined what their intended audience needed to know and how best to deliver the message, she says. To uncover such facts about a particular population, patient education managers can talk to health care providers who see them as their patients, they can look at the literature, and talk with community members via focus groups, interviews, or surveys.

If a group has low literacy skills, a written survey may not be appropriate. Health care providers often can provide information about the educational levels of the patient population, says Meade.

Don't assume that high-risk populations don't want to learn or are unable to learn. The people in the focus groups for the creation of cancer toolboxes revealed that they were interested in learning about themselves and their bodies, she explains. Most will learn if given the right information in the right setting and environment, Meade says. "The folks who we talked with very much liked getting into small groups and having discussions and looking at videotapes. They liked an interactive social setting." ■

SOURCE

For more information about the cancer education toolbox, contact:

- **Cathy D. Meade**, RN, PhD, Director, Education Program, H. Lee Moffitt Cancer Center and Research Institute, Associate Professor, College of Medicine University of South Florida, 12902 Magnolia Drive, Tampa, FL 33612. Telephone: (813) 632-1414. E-mail: cdmeade@moffitt.usf.edu.

Cooking class is recipe for diabetes awareness

Preparing old favorites with a healthy twist

The University of California (UC) Health Promotion Workgroup at UC Davis, which is part of the university's cooperative extension program, is developing an education program on diabetes prevention for African-Americans. All of the specialists, advisors, and faculty involved in the project have been working with this population group and saw a need for the education, says **Lucia Kaiser**, PhD, RD, UC Davis Community Nutrition Specialist. **(For a definition of the cooperative extension program, see editor's note at the end of this article.)**

Working with the public, members of the Health Promotion Workgroup consistently ask what issues people want to know more about. Kaiser even took a survey and found that people in this patient population wanted to know more about diabetes.

At the university, the workgroup assembled focus groups to determine what African-Americans needed to know and how to make the information culturally specific. When the participants were asked what they thought contributed to the high rate of diabetes among African-Americans, most of the conversation centered on poor dietary habits.

Another issue that came up in the discussion frequently was the lack of information available to them about diabetes prevention. They felt that their health care providers were not educating

SOURCE

For more information about the diabetes prevention program for African-Americans, contact:

- **Lucia Kaiser**, PhD, RD, UC Davis Community Nutrition Specialist, Department of Nutrition, University of California Davis, One Shields Ave., Davis, CA 95616.

them on this topic, and they weren't being screened for diabetes, says Kaiser.

Using the data from the focus groups, the Health Promotion Workgroup decided to emphasize education in two areas in their program. One area focuses on cooking and how to prepare the foods many African Americans prefer, in a healthy manner, to prevent diabetes or help manage it. "Because people talked quite a bit about dietary changes and the barriers that are involved, we thought we would spend a lot of time working with cooking techniques and getting those to be very appealing," says Kaiser.

Materials are being developed to help people learn how to get the kind of health care they want; however, this marketing campaign will be accompanied by small classes that cover the more difficult issues that people have, such as reducing risks for diabetes and managing the disease through diet.

The curriculum being developed for small-group classes pairs an informational component with a cooking demonstration. There will be three classes with the first covering general information about diabetes, such as the two types of the disease. The second class will cover how diabetes is managed and the importance of medical nutrition therapy that includes learning carbohydrate management. The third class will cover the community resources available, such as diabetes screening. All classes will have a cooking demonstration.

"The class participants may be involved in preparing the foods themselves. There certainly will be a lot of tasting and discussion on how to overcome family resistance to changing recipes," says Kaiser.

Most of the advisors participating in the project are African-Americans who have worked extensively with this cultural group so they know the types of foods often preferred. "They have suggested the kinds of recipes we need and we have been testing them with small groups of the target audience," says Kaiser.

The workgroup also is using another model for diabetes education created through the university cooperative extension program in West Virginia titled "Dining with Diabetes." "We decided that we could use what they have by adapting it and updating the information," says Kaiser.

The curriculum should be completed the fall of 2002, and the program then will be pilot tested in the different counties in California. Agencies in each county will be asked to recruit about 150 people for the pilot test. Before the first class begins, a survey will be given to participants with questions about dietary changes related to diabetes. One to three months later, a follow-up survey will be given to the same participants to see what types of dietary changes people have made.

"We won't just focus on diet but look at other key indicators," says Kaiser. For example, as a result of the program, were they screened for

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Editorial Questions

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CE Questions

13. Experts on infection control say that basic hand-washing skills should be reinforced from time to time in which of the following ways?
A. During annual employee competencies
B. With articles in employee newsletters
C. As part of new employee orientation
D. All of the above

14. According to the Arthritis Foundation of Atlanta, fibromyalgia sufferers should take control of their disease by getting the upper hand on pain, fatigue, and emotion.
A. True
B. False

15. To boost participation in support groups, health care institutions should do which of the following?
A. Physician mandate participation
B. Provide incentives to attend
C. Give appropriate patients a flyer at discharge
D. Solicit potential participants by telephone

16. To make sure that patients prescribed warfarin at Sacred Heart Medical Center in Spokane, WA, receive appropriate education before dis charge, the institution relies on physicians to initiate the teaching process with the pharmacy department.
A. True
B. False

Answers: 13. D; 14. A; 15. C; 16. B

diabetes, and did they encourage someone in their family to be screened as well?

A diabetes awareness education program designed by UC Davis targeting Latinos did help change behavior according to the data gathered from the follow-up surveys, she says. Participants were more likely to have encouraged someone else to be screened for diabetes, increased physical activity, and changed their dietary behavior, such as reducing fat in their diet.

Once completed, the program on diabetes prevention for African-Americans focusing on dietary changes will be available to any health care institution interested in purchasing it. The price has not yet been set, but university extension programs are usually sold at cost, says Kaiser.

(Editor's note: The Cooperative Extension Service is a partnership of the U.S. Department of Agriculture, state land-grant universities, and local governments.) ■

CE objectives

After reading *Patient Education Management*, health professionals will be able to:

• identify management, clinical, educational, and financial issues relevant to patient education;

• explain how those issues impact health care educators and patients;

• describe practical ways to solve problems that care providers commonly encounter in their daily activities;

• develop or adapt patient education programs based on existing programs from other facilities. ■

Focus on Pediatrics
PATIENT EDUCATION MANAGEMENT'S MONTHLY SUPPLEMENT

Henry the Hand teaches kids hand awareness

Message is simple, fun, and memorable

Every year during cold and flu season, families struggle to keep everyone in the household well. But no matter how careful you are, sick children always manage to spread germs at school and at home. Soon children, their families, and teachers are sick.

But communicable diseases such as colds can be kept from spreading, and the solution is quite simple, says **William Sawyer**, MD, a family practice physician in Cincinnati. It's hand awareness, which is more than hand washing. It means people who are aware of where their hands are and what they are doing at all times. When people cough into their hand, they create a vector for the transmission of disease, he says. If people stopped contaminating their eyes, nose, and mouth, they wouldn't contract communicable diseases such as the flu. **(To learn how hand awareness works to prevent food poisoning, see article, p. 2.)**

To improve hand awareness, Sawyer created Henry the Hand, a hand character that can be used to teach children, grab people's attention at health fairs and other community events, and even teach staff in-house. No matter what the target group is, four principles of hand awareness are promoted:

- **Wash your hands when they are dirty and before eating.**
- **Do not cough into your hands.**
- **Do not sneeze into your hands.**
- **Above all, do not put your fingers into your eyes, nose, or mouth**.

The Henry the Hand Foundation offers low-cost hand-washing / awareness reinforcement tools and curriculum to make outreach and in-house education easy to accomplish. "We have hand-wash stations so when Henry the Hand attends community events, people come and talk to him and wash their hands," says Sawyer.

Part of the education is teaching people the correct way to wash their hands that includes using soap and running water, scrubbing for 15 seconds, and turning the faucet off with a paper towel. The use of the paper towel shows hand awareness because touching the faucet could contaminate hands. The awareness part often means that people must break old habits such as rubbing their nose with their hand when they speak, scratching their eye when it itches, or covering their mouth with their hand when they cough.

"People must learn to cover their mouth with anything but a bare hand when they cough or sneeze. It can be their elbow, the crook of their arm, their sleeve, or a tissue," says Sawyer. To scratch an eye that itches, they may use a tissue or part of their shirt sleeve.

To help educate the public, the Henry the Hand Foundation has created a coloring / activity book for preschool and grades K-3 and 4-6. Each page in the coloring book is a lesson plan that teachers can use in their classrooms. Children take the activity pages home to help educate their family.

To help get hand awareness curriculum into the schools, Sawyer encourages physicians, other health care professionals, and parents to "adopt a school." They would then supply the coloring / activity books, which are the curriculum and reinforcement tools for use throughout the school year. Reinforcement tools include refrigerator magnets, stickers, hand-washing instruction posters, and weekly hand-washing charts. Those wishing to get more involved could play act the skit the foundation developed, which is based on Henry the Hand's Principles of Hand Awareness.

Another educational opportunity is to teach all health care professionals how to teach patients the four principles of hand awareness.

With nosocomial infections impacting about 2 million patients annually in acute care facilities, a new approach to educating health care workers is needed, he says. Henry the Hand's message is meant to be simple, fun, and memorable. ■

SOURCE

For more information about the hand awareness program, contact:

- **William Sawyer**, MD, Henry the Hand Foundation, 11714 U.S. Route 42, Cincinnati, OH 45241. Telephone: (513) 769-3660. E-mail: henrythehand@henrythehand.com.

Hand awareness can halt foodborne illness

Frequent hand washing fights infection

About 5,000 Americans die each year from foodborne illness, yet the spread of organisms causing these infections can be prevented, says **William Sawyer**, MD, a family practice physician in Cincinnati. Washing hands frequently when preparing food is one step. A second step is preventing cross-contamination. People use a knife to cut vegetables and then use it to cut meat and go back and forth, he explains.

Another cause of foodborne illness is the sponge that traps grease and food, making it a site for bacterial growth. Communal kitchen towels can be dangerous as well, says Sawyer. The cutting board also is a hazardous kitchen instrument. If this tool is kept in the kitchen, it should be a solid, nonporous board. Wooden boards can hold blood and juices, he says.

While the temperature of food is important as well, personal hygiene plays a big role in the prevention of foodborne illness, says Sawyer. ■

Lead still a hazard for small children

Good maintenance key in preventing poisoning

Although the federal government banned lead use in paint nearly 25 years ago, lead poisoning still is a major environmental health problem affecting about 900,000 children every year, according to the U.S. Environmental Protection Agency (EPA) in Washington, DC. That's why this agency has designated Oct. 20-26, 2002, as National Childhood Lead Poisoning Prevention Week. The awareness week is part of the October celebration of Children's Health Month.

The two most important audiences for the message on lead poisoning prevention are parents of children at risk of lead poisoning and property owners who may have or could create lead hazards in their properties where children live, says **Robert Camara**, MPA, coordinator of communications and outreach for the National Program Chemicals Division of the EPA.

Children most at risk are younger than 6 years old and live in homes built before 1978 when lead-based paint was used. Homes built before 1960 have the most lead-based paint. Young children's bodies absorb more lead, which can damage the development of their brains and central nervous system, resulting in learning problems, slowed growth, and hearing problems.

Lead gets into children's bodies when they are around peeling or chipping leaded paint or lead dust and they breath it or put their hands or objects in their mouth.

Owners of older homes need to know that lead paint is a hazard when it is deteriorated or when it is on a surface children can chew. It also is a hazard if it is dry-scraped, sanded, or heated creating dust. Soil where children play can be contaminated around homes that have chipping or peeling leaded paint on the outside.

"Lead-based paint is usually not a hazard when it is in good condition, and it is not on an impact or friction surface, like a window," says Camara.

While homes built before 1978 that are not well maintained are a problem, an even greater problem are those older model homes that are being remodeled or renovated. Every parent should know how to prevent lead poisoning, he cautions, and recommends that parents:

- Have their home checked for lead if it was built before 1978, especially if they are planning on remodeling. If any lead hazards are found, they should hire a professional to fix them.
- Have their children tested for lead poisoning. Blood tests are recommended for children at ages 1 and 2.
- Contact the National Lead Information Center in Silver Spring, MD, at (800) 424-5323.
- Visit the EPA's Lead Awareness Program web site at www.epa.gov/lead. ■

SOURCES

For more information about lead poisoning prevention, contact:

- **Robert Camara**, MPA, Coordinator, Communications and Outreach, National Program Chemicals Division, US EPA-Office of Pollution Prevention and Toxics, 1200 Pennsylvania Ave. N.W. (7404T), Washington, DC 20460. Telephone: (202) 566-1979.
- **National Lead Information Center**, 801 Roeder Road, Suite 600, Silver Spring, MD 20910. Telephone: (800) 424-LEAD (5323).

STAFF EDUCATION: HAND HYGIENE

Overview

Numerous studies have shown that maintenance of excellent **hand hygiene** is one of the most important, effective, and simple means of preventing the transmission of microorganisms among patients, staff and visitors in healthcare facilities. Hand-hygiene techniques include:

- **Hand washing**
- **Hand antisepsis**
- **Handrub**
- **Surgical scrub**

HAND WASHING

1. Purpose

The purpose of **hand washing** is to mechanically remove soil and debris from the skin and to reduce the number of transient microorganisms, i.e., those microorganisms that have been acquired by recent contact with infected or colonized patients and/or contaminated environmental surfaces.

2. Indications

In the absence of a **true** emergency, The Ohio State University Medical Center staff members and employees must wash their hands immediately or as soon as possible:

- Whenever hands are visibly soiled
- Before and after patient contact
- After contact with patient blood, body fluids or substances, mucous membranes, and nonintact skin
- After contact with inanimate objects and surfaces that are likely to be contaminated
- After gloves are removed
- Between tasks and procedures on the same patient to prevent cross-contamination to different body sites
- After personal use of the restroom

3. Product

For routine hand washing, a mild nonantimicrobial soap should be used.

4. Technique

The technique for routine hand washing is:

- Thoroughly wet hands.
- Apply a hand washing soap.
- Rub with friction all areas of hands and fingers for at least 10-15 seconds, paying close attention to the areas under the fingernails and between the fingers.
- Rinse hands thoroughly.
- Dry hands with a paper towel or hot air dryer.
- If the sink does not have foot controls or an automatic shut-off, use a paper towel when turning off the water.

HAND ANTISEPSIS

1. Purpose

The purpose of **hand antisepsis** is to mechanically remove soil and debris from the skin and to significantly reduce both transient and resident microorganisms on health care workers' hands. Resident microorganisms are those that are normally present on the skin of most persons. They usually are of low pathogenicity (i.e., not disease-producing), but can cause infections in patients whose normal host defense mechanisms are compromised. Resident microorganisms are not easily removed by mechanical friction, but can be usually killed or inhibited by hand antisepsis with products that contain antimicrobial ingredients.

2. Indications

Hand antisepsis should be performed in those clinical situations where removal of microorganisms from the hands is of particular importance. Hand antisepsis should be completed before the performance of invasive procedures, such as placement of a urethral or intravascular catheter, before contact with highly susceptible patients, such as neonates, patients in intensive care units and immunosuppressed patients (e.g., neutropenic patients, transplant patients), and after contact with patients in Contact Isolation and/or contact with items or surfaces which may be contaminated by microorganisms from those patients.

3. Product

In order to accomplish hand antisepsis, an antimicrobial soap, such as 2% chlorhexadine gluconate (CHG) should be used.

4. Technique
The technique for hand antisepsis is:

- Thoroughly wet hands.
- Apply an antimicrobial soap.
- Rub with friction all areas of hands and fingers for at least 10-15 seconds, paying close attention to the areas under the fingernails and between the fingers.
- Rinse hands thoroughly.
- Dry hands with a paper towel or hot air dryer.
- If the sink does not have foot controls or an automatic shut-off, use a paper towel when turning off the water.

HANDRUB
1. Purpose
The purpose of a **handrub** is to inhibit or kill transient and resident flora, and involves the use of a waterless alcohol-based handrub agent; **A HANDRUB MAY BE UTILIZED IN LIEU OF HAND WASHING OR HAND ANTISEPSIS UNLESS HANDS ARE VISIBLY SOILED, IN WHICH CASE MECHANICAL REMOVAL OF SOIL AND DEBRIS USING SOAP AND WATER MUST BE PERFORMED PRIOR TO USE OF A HANDRUB AGENT.**

2. Indication
A handrub should be performed in those clinical situations where removal of microorganisms from the hands is of particular importance. A handrub should be completed before the performance of invasive procedures, such as placement of a urethral or intravascular catheter, before contact with highly susceptible patients, such as neonates and immunosuppressed patients, and after contact with patients in Contact Isolation and/or contact with items or surfaces that may be contaminated by microorganisms from those patients.

3. Product
Handrub involves the use of a waterless alcohol-based handrub or hand rinse.

4. Technique
The technique for waterless handrub is:

- Apply enough alcohol-based hand rinse or foam to cover the entire surface of hands and fingers.
- Rub the solution vigorously into hands until dry (approximately 30 seconds).

SURGICAL SCRUB
1. Purpose
The purpose of a **surgical scrub** is to mechanically remove soil, debris, and transient microorganisms, and to reduce resident microorganisms for the duration of a surgical procedure.

2. Indications
A surgical scrub should be performed prior to the performance of an invasive surgical or radiologic procedure that involves access to sterile body sites, such as tissues or organs.

3. Product
An antimicrobial surgical scrub agent must be used. Acceptable products include 4% CHG or an iodophor.

4. Technique
The general surgical scrub technique is:

- Remove rings, watches, and bracelets.
- Thoroughly cleanse hands and forearms to the elbow.
- Clean nails with a nail cleaner.
- Rinse thoroughly.
- Apply 3 to 5 ml of antimicrobial agent.
- Vigorously scrub all surfaces of hands, fingers, and forearms for at least 2 minutes. If a disposable brush or sponge is used, it should be discarded after scrub. If a reusable brush or sponge is used, it should be decontaminated and sterilized before reuse.
- Rinse hands and arms thoroughly, holding the hands higher than the elbows.
- Keep hands up and away from the body, do not touch any contaminated surface or article, and dry with a sterile towel.

Source: The Ohio State University Medical Center, Columbus.

INFECTION PREVENTION AND CONTROL

TIPS ON HANDWASHING

WHAT ARE INFECTIONS?

Infection is the process by which germs, such as bacteria and viruses, enter the body, multiply, and damage tissues, resulting in illness. Having cancer and undergoing certain types of cancer treatment can increase a person's risk of developing an infection.

HOW CAN INFECTIONS BE PREVENTED?

HANDWASHING, both at home and in the hospital, is the single most important measure for preventing the development and spread of infections.

Hands should be washed with soap for 10 to 15 seconds, followed by rinsing with water.

Alternatively, hands may be cleansed with a waterless, alcohol-based solution, which is rubbed into the hands and allowed to dry. Alcohol hand rubs have been shown to be as effective as handwashing for removing germs from the hands.

WHEN SHOULD HANDS BE CLEANSED?

Hands should be washed frequently, especially when visibly soiled, before preparing food, before eating, after using the bathroom, after contact with pets, and after contact with any body fluids, secretions, or excretions.

WHO SHOULD WASH THEIR HANDS?

Good hand hygiene should be practiced by patients, family members, visitors, and health care providers. Insist that persons who care for you wash their hands, or use an alcohol hand rub, especially before any treatment or procedure.

Source: The Ohio State University Medical Center, Columbus.