

I've been thinking...



Washing My Hands of the Whole Mess

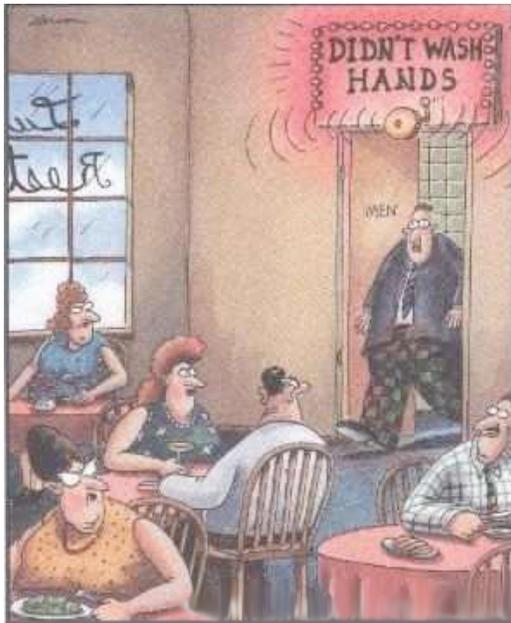
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I've been thinking about neckties, kindergarten, stethoscopes, and staph.

I don't wear neckties. As a matter of fact, when friends see me wearing something other than a black silk crewneck, they ask if something's wrong.

My dress code didn't impress one clinical director at a hospital where I had been brought in to help them craft a master plan for implementing bar-code and RFID-verification technologies. I learned, long after the engagement, that she was upset when I showed up without a white shirt and a double Windsor. (*I should mention that her portfolio included instituting measures to reduce the spread of hospital-induced infections.*) Anyway, while exploring how bar coding might improve patient safety in her department, her first question was bold: "What if we installed RFID readers on faucets and sanitizers to identify physicians who fail to disinfect their hands between patients?"

The idea might be ahead of its time, but I found it interesting.



In October 2008, the American Society for Quality (ASQ) issued a news release entitled "From Hand Washing to Handheld Devices,"¹ in which James Lelvett, M.D., chair of ASQ's Healthcare Division, said, "Hand washing is still the most important thing that anyone can do to prevent hospital-acquired conditions."

Good reminder. But healthcare professionals learned that hand washing was the right thing to do long before they received degrees or began reading journals. In his coffee-table classic, *All I Really Need to Know I Learned in Kindergarten*, Robert Fulghum makes the case that we all learned this when we were

¹ <http://www.asq.org/media-room/press-releases/2008/20081014-quality-report.html>

five. *Wash your hands before you eat* and *Flush* are the center-two lessons of his Kindergarten Credo after all.

Candidly, I'd like to see *Wash your hands* repeated after *Flush*—especially when I land on articles like "Half of doctors' neckties contained dangerous bacteria, new study."²

This study, conducted five years ago at the New York Hospital Medical Center of Queen's, revealed that nearly half the neckties worn by 42 doctors contained bacteria, which could cause serious infections. When the research team scraped samples off the ties and cultured them, they found that one in three harbored staphylococcus aureus.

A year earlier, the *British Medical Journal* had weighed in on the issue with an article entitled "Doctors should abandon ties and avoid nose rings."³—a serious paper that's a fun read. Come on. Nose rings?

Anyway, UK physician Jim McCaul's analysis makes sense: "There is no point being careful about gelling your hands between patients if your tie has just landed in something nasty and then landed on the next patient."

Makes me wonder where straightening neckties typically falls in sequence with flushing and washing. Perhaps hospitals should consider providing access to hand sanitizer in bathroom stalls as well as in hallways.

This got me thinking about patient-care tools. Physicians may ditch neckties but not their stethoscopes. Here's an idea for a *60-Minutes* segment: *A week in the life of a stethoscope*.

Fourteen years ago, a disturbing study⁴ published in the *Annals of Emergency Medicine* revealed that 89 percent of the stethoscopes evaluated (133 of 150) in an emergency-practice setting were contaminated with staphylococci. The study noted that while contamination is greatly reduced by frequent cleaning with alcohol or nonionic detergent, only 48 percent of healthcare providers cleaned their stethoscopes daily or weekly, 37 percent monthly, and 7 percent yearly. Seven percent had *never* cleaned their stethoscopes.

Is it unreasonable to expect that they be cleaned between patients?

Before I wash my hands and eat lunch, think with me about the plethora of automated tools caregivers are using with patients these days—from computer keyboards, mice, and touch screens, to handhelds, bar-code scanners, and infusion pumps. It seems foolish to be obsessive about

² <http://www.medicalnewstoday.com/articles/8655.php>

³ BMJ. 2003 June 7; 326(7401): 1231.

⁴ Ann Emerg Med.1995 Sep;26(3):296-9.

entering accurate rates into infusion pumps or giving the exact dose of the right medications to the right patients while being *laissez-faire* about cleaning these devices and the hands that touch them between patients.

I used to think it would be a while before we would find RFID readers monitoring hand washing in hospitals. Then I read about a new Breathalyzer for the hands⁵ that is in testing at a Florida hospital. Check it out. In any instance, when we find ourselves in hospitals, we do well to remember what we learned in kindergarten.

I think I'll clean my keyboard and pass on the nose ring.

What do you think?



Mark Neuenschwander
mark@hospitalrx.com

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⁵ <http://www.sciencedaily.com/releases/2009/06/090603142002.htm>