



Wash Your Hands

A little over two years ago, I ended up in an Emergency Room with Covid-19. At the time I was not exactly functioning at my best. In fact, I could not seem to catch my breath or my thoughts.

I was immediately sent to a “covid” room. Even in my dazed condition, I noticed that the attending physician, a very amicable person, did not wash his hands on entering the room. Nor was he gloved. He was masked, but just wore an N-95, while all other staff looked something akin to astronauts with portable breathing apparatus and full gown and glove attire.

At some point during my few hour stay I asked Dr. ER about hand washing. Oh, he said, “I used hand sanitizer before I entered the room. Besides, I’m not going to touch you.” But he did touch me later, using his stethoscope (also not sanitized in front of me) to listen to my heart and lungs, and patting me on the back.

I contrasted that to the experience my son and I had at Cincinnati Children’s Hospital. We saw posters about staff hand hygiene on the wall in halls and in the elevator. We noticed that all staff members washed their hands upon entering the room, and they washed at the sink in the room a second or third time if they touched any other surface before they touched my son. So, when they used their computers, for example, they washed their hands prior to examining my son, their patient. Then, they washed their hands at the sink prior to leaving the room.

Patients who know about the importance of hand washing often report that providers balk when asked to wash their hands. Like the physician I encountered in the ER, they may say they washed before they entered the room. But just the act of entering the room generally means they touched another surface, like a door handle, prior to touching the patient. Also, washing in front of the patient shows a commitment to infection protection and safety.

What about hand sanitizer? The United States Centers for Disease Control notes that alcohol based hand sanitizers can effectively kill germs if hands are not covered in dirt or other substances. However, hand sanitizer is NOT effective in killing the germs that cause C. Difficile infection. Hand washing with soap and water remains the best option to clean hands thoroughly and limit infection.

I have a skin reaction to antibiotic soaps. They make my skin flake and peel. Fortunately, there are alternative soaps that are similarly effective that I can use. If staff object to washing hands frequently due to skin issues, consider offering options for soaps that effectively eliminate germs but are less harsh for skin. Also, staff should be trained to moisturize, if they choose to do so when they wash, after patient contact, not between hand washing and patient contact.

According to the CDC and the World Health Organization, the best way to monitor hand hygiene compliance among staff is to observe hand washing compliance. Some organizations choose to monitor product use, such as

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the frequency they replace wall mounted hand sanitizer. While product use may be a leading indicator of compliance it will not give actual insight into practice.

Consider asking your patients to support your hand hygiene efforts. Patients need to know that hand washing and/or sanitizing is the number one way to make sure they do not get an infection in a health care setting. Empower them to ask staff, and prepare staff to be asked, to wash. Ilene Corina, founder of the **TakeCharge** campaign, offers providers a Twizzlers brand licorice candy if they wash their hands in front of her. You may not need to offer your staff candy but do consider regular hand hygiene training and compliance monitoring along with patient education as one of the best ways to reduce healthcare acquired infections. -**Lisa Morris**

CDC When and How to Wash Your Hands: <https://www.cdc.gov/handwashing/when-how-handwashing.html>

CDC Hand Hygiene in Healthcare Providers: <https://www.cdc.gov/handhygiene/index.html>

International Society of Infectious Diseases Guide to Infection Control in Healthcare Settings / Hand Hygiene Monitoring: <https://isid.org/guide/infectionprevention/hand-hygiene-monitoring/>

CAPS Consumer Advisory Panel Profile



Laura Batz Townsend and her family have turned heartbreak and loss into the promise of improved safety for hospital patients in San Antonio and across the country. Laura grew up in the medical community of San Antonio, with five physicians in her family. Laura entered the sports marketing and sports grant management field, where she worked for over 13 years. That family medical background combined with Laura's organizational and development skills equipped her family to create the **Louise H. Batz Patient Safety Foundation** in the hope that others could avoid the family tragedy they experienced upon the untimely loss of their mother.

Laura's hope is that families, patients, and caregivers will work together as a team to improve safety in our hospitals. The Batz Foundation has worked with major hospitals in San Antonio and medical systems from across the country to successfully develop safety initiatives to reduce preventable medication errors. Now, the Batz Foundation is extending their outreach to a global market. Laura and her family live in Austin, Texas, where she juggles her work with the Louise Batz Foundation with the demands of raising an active family. Laura Batz Townsend is also a member of the Consumers Advancing Patient Safety Board of Directors.

CAPS: When did you start your advocacy?

Laura: It is hard to believe that 13 years ago my Mom lost her life to a preventable medical error. What did that even mean?

My Mom went in to have routine knee surgery. She had been in pain for such a long time, but she always put on a brave face. Mom scheduled her surgery right before Fiesta. She hated to miss Fiesta, a local weeklong celebration. She was bound and determined, however, to be up and mobile before the birth of her fourth grandchild – Riley - who was going to be born in June that year. I honestly wasn't too worried about it at all.

My Dad had just recovered from Quintuple bypass surgery two months prior, so this was supposed to be no big deal.

I will always remember the doctor coming out to the waiting room and telling us that Mom did great, and she had a beautiful new knee.

A huge weight lifted from my shoulders, and I was so incredibly grateful that she had made it through with flying colors. We thought we were in the clear. I will never forget leaving her that night after the nurse told us to go home so Mom could get her rest. Mom gave me a big kiss and one of her beautiful smiles. I told her I would see her in the morning and that I was so proud of how she was handling her recovery. Dad and I left, and I will wish every single day for the rest of my life that I had never left her room that night.



In one split second with a phone call at 3 am our world came crashing down in the blink of an eye. My Mom had gone into the hospital to get a knee replacement with such high hopes for the future. However, a preventable medical error destroyed all of those dreams. Mom was given three medications that could suppress respiratory function. She was not on any respiratory or heart monitors. She was not checked for several hours after the medications were given. By then she was in cardiac arrest. Efforts were made to revive her, and she was ventilated and moved to the ICU. She never regained consciousness.

I will never forget running down the long white hallway of the hospital and seeing the security guard standing outside my Mom's room and then feeling like a thousand knives went through my body all at once when I saw my Mom laying almost lifeless in her hospital bed. Everything had gone so terribly wrong.



I will never forget the devastation of learning that my Mom's accident was not unique; that over 200,000 people die each year from preventable medical errors, making it the 3rd leading cause of death in the United States behind heart disease and cancer. I asked myself "how did I not know this? How did our family with five doctors do not know this or ever talk about it?"

I sat with my Mom every day wishing to hear her voice, begging her to wake up. She had so much more life to live. She had so many more of her grandchildren's sporting events, art shows, music performances, birthdays, and family trips. I wished I could turn back the clock and ask the right questions and take care of my Mom and save her life. I wish every day for one more chance. I just needed one more chance.

So many people tried to help Mom and save her life. We had so many friends around us during this time. Sharing stories of Mom, encouraging her to wake up by sharing fun stories. The outpouring of love during that

time meant more to our family than we will ever be able to express in words. Those precious moments with friends and family are so very close to my heart. I remember all the bible verses that were taped all around her bed. I still have them in my drawer. All of our friends that came from all over Texas and around the country to be there and sit with us at our most vulnerable and heart wrenching moments, giving us grace, comfort, love, hope, and serenity. Allowing us to be mad and cry yet find times to laugh. I know my Mom could feel all the love around her. Unfortunately, it was not enough to save her.

The realization that my Mom was never going to get better and that we were powerless to help her was pure heartbreak. Having to say goodbye to Mom on April 26, 2009, was the hardest day of my life. Thirteen years ago, My brother and I lost the best Mom and friend in the world. Ella, Mary Louise, and Sawyer lost their grandmother, Riley lost the chance to ever meet his grandmother. Joanne, Charlie, Johnny, lost their sister. Will, Carl, Clay and Tommy lost their Aunt. So many of her friends lost a true and loyal friend. My Dad lost the love of his life.

13 years ago, we wrote the mission for the Louise H. Batz Patient Safety Foundation, because Her story and her legacy were not going to end that day in the hospital.

My Mom always taught me that in times of great heartbreak to always have your faith, to never ever give up when times are hard. She would say we can fix any problem together, Most importantly she always taught me to never lose HOPE. Ten years ago, Today my Heart broke in a million pieces, but every single day for 10 years our Heartbreak has turned into a Heart FULL of HOPE.



CAPS: How has your advocacy evolved over the years?

Laura: Together we have all gone on this amazing journey to change the culture of healthcare and patient safety not only in San Antonio but across the country and around the world. Our greatest hope is that patients, families, and healthcare professionals will work together, as a team, to improve patient safety through education and support in our hospitals and communities

No patient should have to go through their healthcare journey alone. We recognize these difficulties and have banded together from different backgrounds, educations, and cultures to advocate for those with no voice, to educate others about decisions regarding their healthcare, to provide support to those who need more than just a treatment plan, and to foster confidence in an area where our intuition needs to stand alongside expertise.

CAPS: What projects have you been involved in?

Laura: Over the past 13 years we have:

- Raised \$3.0 million dollars for Patient Safety.
- Published 10 unique “Batz Guides for Bedside Advocacy” in English, Spanish and Dutch to help patients and families ask the right questions while navigating their healthcare.

- Developed the Batz Patient Guide App for IOS and Android.
- Printed and downloaded over 40,000 Batz Guides that have been distributed to hospitals, patients, and families around the world.
- Shared Louise's story across the United States, Canada, Europe, South America, and India.
- Established the Batz Foundation Europe in Amsterdam, Netherlands
- Begun work to establish the Batz Foundation South America in Buenos Aires, Argentina

CAPS: What would you recommend to persons who want to advocate for quality and safety?

Laura: I think that being able to advocate for patient safety, quality and education has been an incredible journey for two reasons. One it is healing for us as a family. I know that this is what my Mom would have wanted, and I want to honor each and every day. Every life that we can save honors my Mom and the millions of people that have died to preventable medical error.

Secondly, I think being an advocate in healthcare requires a very team based approach. No one wanted my Mom to die that day. Doctors and Nurses are heroes. They save lives every day. They system failed all of us. You can't come at this accusatory or blaming others. That won't fix the problem. The only way to fix this problem is working together to come up with solutions. My job is to make SURE that any of these solutions involve the patient and family. I have learned so much over the past 13 years, and we all still have so much to learn.

I am so thankful that I have had the opportunity to share my Mom's story over the years. It is not an easy one to share, I will always cry when I tell it, but I know that her story saves lives, that is how we change the future. If everyone was willing or had an outlet to share their story, I think it would be amazing.

CAPS: What would you recommend to health care systems to improve quality and safety?

Laura: I really encourage Health care systems to find ways to empower the patient and the family. Until we all work together as a team, we will never hit zero preventable deaths.

For example: I was visiting with a hospital about how they were so excited on how they were doing team rounding with the patient and family. They told me how they had the nurse, doctor, PT, Pharmacy, and other specialists in the room telling the patient about their care and what was happening next. They were so happy. I was happy for them, but then I asked, "What questions did the family and patient ask, did you allow for them to have conversations with you, express their thoughts?" They looked at me with a blank face. They forgot to do that. They forgot to truly include the most important member of the team rounding. I think Patient Advocates like myself and other offer a fresh set of eyes and a new perspective. We didn't go to medical school or nursing school, but no one knows you like you or your family.



CAPS: What are your future plans?

Laura: I have learned so much over the past 13 years, and we all still have so much to learn.

I am so thankful that I have had the opportunity to share my Mom's story over the years. It is not an easy one to share, I will always cry when I tell it, but I know that her story saves lives, that is how we change the future. If everyone was willing or had an outlet to do share their story, I think it would be amazing.

We Want to find ways to get information to people faster by improving our website and really making it a virtual patient safety education center for patients, families, and healthcare workers. So many times, we get calls from people when the rubber has hit the road and they need help now in the hospital. We want the ability to not just help a few but millions. The other day I received an email from a woman telling me her story of how she lost her mom to a medical error. She found our site after her Mom had died. This breaks my heart, because I wish she had found it before our website before she died and that we could have helped to prevent her death. My greatest hope is that we can help more and more people before tragedy strikes.

Thank you, Laura! Contact Laura Batz Townsend at laurabtownsend@gmail.com.

Check out the Louise Batz Foundation at <https://www.louisebatz.org>

Find Louise Batz Foundation Patient Safety guides (widely used in many hospitals in the United States) at: <https://www.louisebatz.org/the-batz-guide/>

Get the Louise Batz Foundation patient app at: <https://www.louisebatz.org/the-batz-guide/ipad-app/>

The intention of the Louise Batz Foundation patient app is to provide a tool for families, medical staff, and patients that helps them to monitor care in real time. In addition to charts for medication prescriptions, the App will enable a patient to set alerts and triggers to help remind of medication times while trying to prevent over dosage or wrong dosage.

Restarting and Energizing PFACs - Easy to Implement How-To Lists

Brought to you by:

Consumers Advancing Patient Safety (CAPS) and Healthcare and Patient Partnership Institute (H2Pi).

This series was very well received. At just one-half hour per tutorial, the information is compact but powerful. CAPS member experts join Lisa Morris in offering succinct and helpful real-world guidance on each topic. We have archived the events **previously recorded and available now on the** CAPS YouTube Channel (<https://www.youtube.com/channel/UC7f7J8ynAwpDQpJWQX9mjQQ>) including:

- **Meeting remotely**
- **Building and using an agenda**
- **Facilitating the meeting**
- **Recruiting Patients and Recruiting Providers / Staff for your PFAC**
- **Diversity and inclusion**
- **PFAC Topics – How to choose them!**

Consumers Advancing Patient Safety often partners with other organizations seeking to improve Quality and Safety. When possible, we support their efforts here:



TakeCHARGE Campaign Moves to Step 4:

Step 4 Help Prevent Infections: Ask Caregivers to Wash Their Hands

Getting Sick While Getting Better

Hundreds of thousands of people get sick (and sometimes die) every year from infections they pick up

while they are in the hospital or clinic being treated for something else. Healthcare.gov says that on average you'll have about a 4% chance of getting an infection while in a medical treatment facility.

There's even a name for this: "HAI" — Healthcare-Associated (or Hospital-Acquired) Infections.

What Can Be Done?

One of the most basic yet most effective ways to prevent infections is for everyone — doctors, therapists, nurses, friends, and family — to wash their hands before touching you. But medical staff are busy and under pressure: sometimes they forget.

If you see a healthcare provider reaching for you without having washed, ask them to do so — politely but firmly. This isn't easy: no one wants to offend. But there are ways to do it.

Gloves? Hand Sanitizer?

When asked to wash, some medical staff may say "I'm wearing surgical gloves" or "We use hand sanitizer, it's better." But neither is good enough. Sanitizer does not get rid of C-Diff spores, for example. And gloves are not sterile, especially if put on unwashed hands.

Communicating About Handwashing: At [Pulse Center for Patient Safety Education & Advocacy](#), community members learning to be advocates or to support a patient are taught that hand washing is often about more than just clean hands. When a clinician washes before touching a vulnerable patient, it shows respect for the patient. The patient can better trust the person who is washing. It says that they care enough to protect the patient from germs and possible infection.

As a patient or family member, if you see someone wash, be sure to thank them.

Asking someone to wash their hands can be embarrassing and cause discomfort. Recognize this up front. Also, they probably wash their hands all day and just because you didn't see them do it doesn't mean it hasn't been done. So, acknowledge that.

You might say, "I'm sure you wash all day, but I would feel more comfortable if I saw you wash your hands before you touch me."

This way you have acknowledged that you know they wash, and maybe just forgot, but you still want them to.

- [Information from the Centers for Disease Control \(CDC\)](#)
- [Information from The Joint Commission](#)
- [Bacterial or Viral](#)
- [CORHA Framework for Healthcare-Associated Infection Outbreak Notification](#)
- [CDC Data](#)
- [Types of Infections](#)
- [Clean Hands Save Lives](#)
- [Handwashing Do's and Don'ts](#)
- [Despite Progress, Ongoing Efforts Needed to Combat Infections Impacting Hospital Patients](#)

Also look for TakeCHARGE messages on [Facebook](#), [Twitter](#), [Instagram](#) and [LinkedIn](#).

To learn more about the TakeCHARGE Campaign and how to get involved, please visit <https://takecharge.care/get-involved/>.

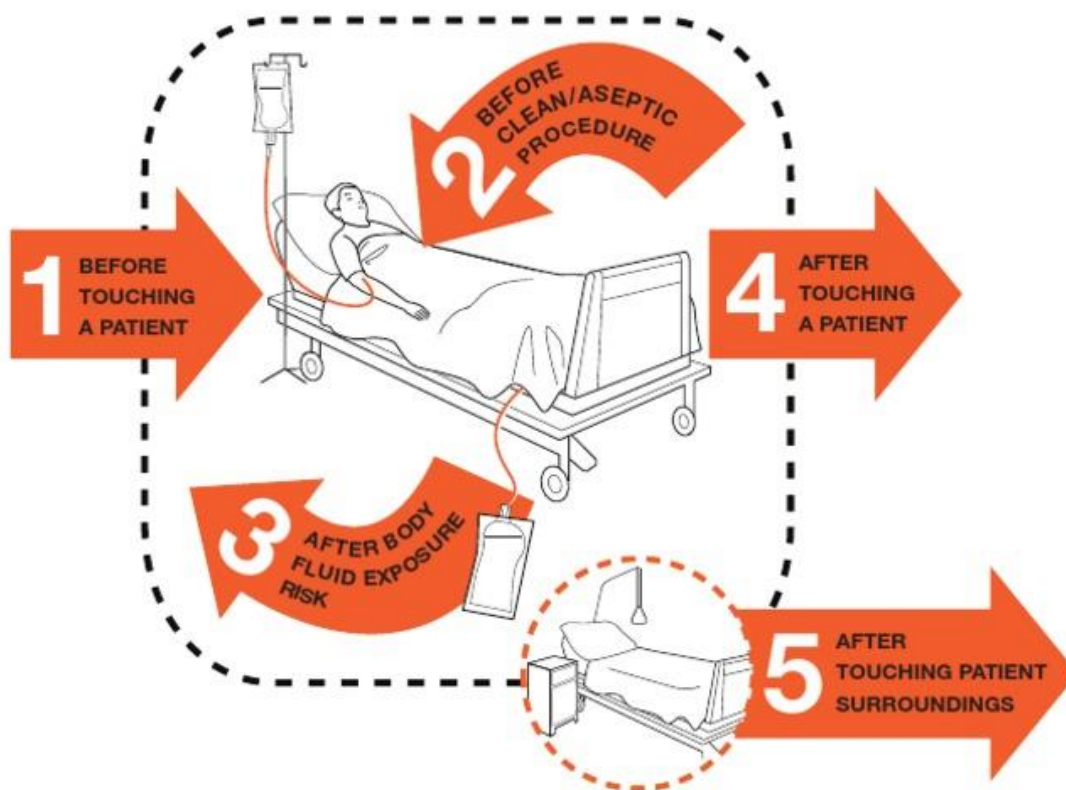
Also, for more information contact: Ilene Corina, BCPA (516) 579-4711
icorina@PulseCenterforPatientSafety.org

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[Graphics Garden](#)



Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

HEALTHCARE PROVIDERS

CLEAN HANDS
COUNT FOR SAFE HEALTHCARE

On average, healthcare providers clean their hands **less than half** of the times they should. That means you might be leaving yourself and your patients at risk for potentially deadly infections.

FACT: Healthcare providers might need to clean their hands as many as **100 times per 12-hour shift**, depending on the number of patients and intensity of care. Know what it could take to keep your patients safe.



**Protect Yourself.
Protect Your Patients.**

Who do your **#CLEANHANDSCOUNT** for?



www.cdc.gov/HandHygiene

This material was developed by CDC. The Clean Hands Count Campaign is made possible by a partnership between the CDC Foundation and GOJO.

Please Visit:

Our web page at www.patientsafety.org. Find resources, archived recordings, and a form to share your story or sign up for this newsletter!

And, please like our Facebook Page: <https://www.facebook.com/patientsafety.org/?ref=bookmarks>

CAPS consultants are available to support your efforts to develop a safe, quality healthcare environment with a focus on collaboration between patients and families and providers. For speaking, moderating and patient collaboration consulting, please contact Lisa Morrise – lisa.morrise@gmail.com.

To Donate to CAPS:

Consumers Advancing Patient Safety is a 501c3 not-for-profit organization that envisions a partnership between consumers and providers to create global healthcare systems that are safe, compassionate, and just. CAPS champions patient safety led by consumers in partnership and collaboration with providers.
Venmo at CAPS-PatientSafety

Do you have information for the CAPS Newsletter?

Please send us information about what you are doing to advance patient safety. Send it to capspatientsafety@gmail.com

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