



New Cafeteria Opens in the Weinberg Building



One of the food stations under construction.

The Medical Center's new cafeteria opens on Monday December 16, 2002 in the Weinberg building on the first floor directly above the new Emergency Department. Come and sample some of the food from the new menu and get a free gift.

How to Get There

To get to the new cafeteria, take the new hallway that begins next to the Shock Trauma Waiting Room area on the first floor. This hallway leads into the new cafeteria, and it will eventually house the Subway and pizza shops. There will be balloons marking the way from the old cafeteria to the new one so if you show up at the old cafeteria just follow the "bread crumbs" of balloons.

What's New?

The new cafeteria comes with a new kitchen, and it includes new features that employees and visitors have been requesting, including:

- "Grab and Go" cooler to pick up items already prepared;
- Return of the Deli station offering not only stuffed sandwiches but also the entrée cold salad of the day, prepared to order;
- "The Carvery" will offer a different rotisserie-style food, such as chicken, turkey, ham, or beef each day;
- The soup station, where diners will always find one variety of chicken soup, plus another soup choice and a non-meat bean item and complementary rice for those who want a vegetarian option;
- special "employees only" cashier line between 11 a.m. and 3 p.m. to speed them through with their purchases, and
- Expanded menu offerings.
- Rounding out the food stations will be the Grill, which will provide not only the standard favorites like cheeseburgers but also new menu offerings like onion rings.



The new cafeteria seating area with windows at far end overlooking the Lombard Street and the ED waiting room area.

New Cafeteria *(continued from pg.1)*



The first “lunchroom” in the old hospital built in 1823.

Better Physical Space

The new cafeteria layout is also a big improvement, as it will accommodate 120 people in the main area and an additional 40 in a 24-hour seating area. “Even though the new cafeteria will be just a little larger, it will feel much bigger because of better traffic flow,” says Ellen Early, director of Nutrition and Food Service. “Unlike the existing one, which has lots of nooks and crannies, this new cafeteria is almost octagonal in shape. It will have a Center Stage area—an island in the center—with the other stations jutting off along the side. The visibility is much better.”



Original Kitchen in the old hospital building on Lombard Street close to the southwest corner of Lombard and Green. This photo was taken in 1920 but the building was built in 1823. Reprinted from The 1932 PRN yearbook published by the Senior Class of the University of Maryland School of Nursing, Baltimore, Maryland.

The focal point of the cafeteria is the Center Stage, which will feature an “exhibition cooking” area where chefs will prepare special featured dishes. There will be new breakfast food lineup as well, with new wrap breakfast sandwiches, frittatas, and an expanded pancake bar with more varieties of pancakes.

The menu at the cafeteria will also include at least one of 28 different pasta dishes, available either at the steam tables or at Center Stage. People with special dietary concerns will appreciate the improved nutritional information. “The new menu format will give a description of each item right at the station,” explains Early. “This will allow people to get the nutritional information they want and allow the servers to concentrate on making sure people get the food that they want quickly.”



Hallway leading from the Shock Trauma waiting area to new cafeteria and where the new Subway and other vendors will be located.

Open 6:30 am to 6:30 pm

The new cafeteria is not open 24 hours as some have read in the **Baltimore Sun**. It opens at 6:30 am and continues until 6:30 pm. There is a 24-hour eating area but the cafeteria will not be open before 6:30 am or after 6:30 pm. They will be looking at opening for night shift after they move and get settled. Subway and the pizza shop will not move into their new spaces next to the new cafeteria until February 2003.



New ED Opens



ER in North Bldg. in 1934 on left and ED Crash Room on the right.

The University of Maryland Medical Center's new, state-of-the-art **Adult and Pediatric Emergency Departments** opened on November 17, 2002 marking the opening of the Medical Center's new, 380,000 square foot Harry and Jeanette Weinberg Building. The spacious and beautifully decorated emergency facilities feature:

- 54 private exam rooms,
- the latest digital diagnostic equipment, and
- large, comfortable waiting areas.

The entrance to the new, 45,000 square foot emergency facility is adjacent to the R Adams Cowley Shock Trauma Center. It means that now, all of the University of Maryland Medical Center's emergency services are located together for the first time. The Adult and Pediatric Emergency



ological equipment, such as CT scans, ultrasound and X-ray. It is staffed and equipped to handle all types of medical emergencies. Patients with life-threatening conditions such as heart attack or stroke will have access to physicians and nurses trained specifically to treat those emergencies. In addition, the Adult Emergency Department will continue to offer a fast track area so that patients with less critical emergencies can be seen in a timely way.

As an emerging leader in emergency response to local and regional disasters, the University of Maryland Medical Center has also installed specialized decontamination showers and isolation rooms in its new emergency facility to enhance its readiness to respond to mass casualties.



ED Mirror Image of the day before the Opening on left side and right next to it show ED at 1: pm on opening day on November 17, 2002.

Departments will continue to have their own waiting, reception and treatment areas, to focus on the specific needs of adult and pediatric patients.

More than 60,000 adults and children come to UMMC for emergency treatment each year, an half of our 30,000 patient admissions each year come through these areas. The facility has 25 percent more beds than before and new, advanced, digital radi-

New ED *(continued from pg. 3)*



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In addition to providing care for the complete spectrum of emergencies in children and adults, the new facility also includes a dedicated psychiatric urgent care area. "We designed the new space with a very organized, efficient layout," says **Brian Browne**, M.D., head of Emergency Medicine at the University of Maryland Medical Center and professor of surgery at the University of Maryland School of Medicine. Dr. Browne has worked in the hospital's Adult Emergency Department for 18 years, and is looking forward to working in the new facility.

"The new space gives us a lot of flexibility, so that our staff can take the best possible care of patients. At the same time, we built in features to give our patients enhanced privacy and comfort. People want and need emergency care 24 hours a day, 7 days a week, and this new ER will enable us to exceed the expectations of our patients," says Dr. Browne.

"The Pediatric Emergency Department will continue to be child and parent friendly. It is designed to focus on the individual needs of our patients, who range in age from new-

borns to teenagers," says **Richard Lichenstein**, M.D., director of Pediatric Emergency Medicine at the University of Maryland Medical Center and associate professor of Pediatrics at the University of Maryland School of Medicine.

"We will be equipped with new, state-of-the-art monitoring, radiology and laboratory equipment and services. Many of the rooms are glass enclosed with curtains so that patients will have more privacy and a quieter environment," says Dr. Lichenstein. The Pediatric Emergency Department also has a children's playroom and is staffed by child life specialists.

"The location of our new Emergency Department is now very visible and accessible, making it easier for our young patients, their families and emergency providers to use our services," Dr. Lichenstein adds.

Dr. Robert Riley, the medical director of the Psychiatric Urgent Care program, says the expanded space for his program in the new building will give patients more privacy



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New ED *(continued from pg. 4)*

and more rapid assessments. "Our patients have a variety of mental health needs, ranging from mood disorders to substance abuse problems, and the new location will enable us to better coordinate patient care with our full range of emergency services and with resources throughout the city," adds Dr. Riley.

The University of Maryland Medical Center's emergency services are a statewide resource, providing access to every medical and surgical specialty and treating patients transported from throughout Maryland as well as from the surrounding Baltimore community.

The new emergency facility will be the first section to open in the spacious, nine-story, \$150 million Weinberg Building. Other sections will open in coming months. They include 18 state-of-the-art operating rooms and two addi-

tional procedure rooms, designed with the latest digital technology and advanced air filtration systems.

The Weinberg Building also will include new facilities for cancer patients, plus an expanded diagnostic imaging department, a new food court, a chapel, a patient resource center to access health information and community resources, and an employee learning center. The Weinberg Building is part of the University of Maryland Medical Center's \$218-million, Phase-Three expansion and renovation project. Funding comes from a combination of public and private sources, including the State of Maryland, Medical Center operating revenues, the sale of bonds and philanthropic gifts. The lead gift was from the Harry and Jeanette Weinberg Foundation, for whom the building is named.

Honor the Heroes Among Us

Health care is full of heroes - and *The Daily Record* newspaper wants your help in honoring the best of them with their **Daily Record 2003 Health Care Heroes Award**.

Heroes – nurses, therapists, social workers, laboratory technologists, radiographers, physicians or anyone of us – do their utmost to overcome risks and obstacles in helping others, often minimizing disability or saving their lives. Sometimes, we may not be aware of the heroics, because the person works quietly and diligently at caring for patients, supporting families, and backing up their co-workers. It's time we honor them.

If you consider somebody a **Health Care Hero**, complete the attached nomination form and include a brief description in 500 words or less, explaining why the nominee deserves the award. Describe the actions or programs initiated by the nominee and the measurable results. Additional

materials (brochures, articles, photos) may accompany nominations.

Return the completed forms to your Human Resource (HR) Generalist or to Workforce Engagement to:

Human Resources Office
Room 133
29 South Greene Street

by December 11, 2002. HR will consolidate any duplicate nominations and forward them to *The Daily Record*.

A panel of Maryland health care and business professionals will select finalists. The Health Care Hero winners will be announced at a Health Care Heroes breakfast in March 2003. Winners and finalists will be recognized in a special Health Care Heroes publication to be distributed with *The Daily Record*.



Ergonomics Program Article

Ergonomics, also called human engineering, is an applied science concerned with adapting an individual's working environment to suit his/her needs to create a safe and efficient work environment for that individual.

The Ergonomic Program was developed to reduce work related injuries, and it is a part of the Rehabilitation Services Department. Cynthia Tilley, MS, OTR/L, CEAS, was hired as the ergonomic specialist. She has been here at the Medical Center for 2 years, she has been practicing OT for over 7 years.

"My interest for ergonomics first started when I worked in various settings and the environmental layout was not fit for the individual. Employees would complain how their backs, wrists, necks, etc. would hurt when they were working at their workstations. I would then provide them with suggestions on how to fix, correct, or adapt their problems. Employees noticed that even the smallest or simplest changes made a big difference in reducing their pain or physical complaints."

"The focus of this program is worker safety." This program is designed to prevent injuries from occurring and if injuries do exist, how to modify work habits or his/her environment so further injury will not occur. This program develops tailored exercise programs, performs body mechanics and transfer training, worksite analysis for pre- and post-injury employees, evaluates equipment and environmental layout, analyzes employees' work habits to minimize risk of injury to employee or patient, and provides solutions and recommendations for change.



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Currently, Cynthia has performed various ergonomic evaluations recommending improvement in the following departments:

Cardiac Catheterization, Blood Bank, Cytology, Central Sterile Processing, M a t e r n i t y , Telecommunication, OR Posting, ER Triage, and administrative offices. These assessments were performed at the request of employees or managers who had pain complaints when performing their work duties.

"I have also been collecting data on the critical physical demands of nursing staff, in order to assist with updating job descriptions to include the minimum physical requirements need to successfully perform the job with Human Resources." Other departments have specific requests for evaluating department chairs or other equipment (e.g., carts), to evaluate if the devices have ergonomic benefits.

The Ergonomic Program is also in the process of developing a pre-employment/post-offer screening program starting with nursing new hires. This coordinated effort between Rehabilitation Services and Employee Health is designed to ensure that patient care providers know how to bend, lift, carry, transfer/move patients safely so they do not injure themselves or put a patient at risk. They will also be conducting body mechanics/transfer training to current nursing staff on their floors.

If you have questions or concerns about equipment, purchasing equipment, your working environment, or staff education staff on proper body mechanics please call my office at 8-7967 or e-mail me at ctilley@umm.edu.



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2003 Educational Calendar

STANDING EDUCATIONAL PROGRAMS												
PROGRAM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cardiac Rhythm Interpretation ²	14,16			15,17			8,10		16, 18		4, 6	
Acute Care Course ²	21-23 28,29			22-24 29,30			22-24 29,30			7-9 14, 15		
Critical Care Course (BICU) ²		11-13 18-20			13-15 20-22			5-7 12-14			11-13 18-20	
RN Skills Competency Day ²	29	20		30	22		30	14		15	20	
NA/NE Skills Competency Day ²			11			10			16			9
Trauma Theory ²			31	1-4				19-21 26, 27		21-23 29,30		
Basic Oncology/Chemotherapy ²			25-27						9-11			
Leukemia & BMT ²			28						12			
Operating Room Course			3,4,6,11,13 18,20				TBA			TBA		
Emergency Room Course ⁷				TBA			TBA			TBA		
Aggression Management ²		20			15			21			20	
In-Charge Workshop ²			20		15		24		18		20	
Delegation-Transition Wkshp ²	16			17			17		11	16		
Mock Code Workshop ²		4		8		3		19		28		2
Mod/Deep Sedation Wkshp ²	13		10		12		14		8		10	
Phelbotomy/IV Access Wkshp ²	8		12		7		2		3		5	
Preceptor Workshop ²		27			22			21			20	
HR and PCS Orientation ¹	27	24	24	28	19	23	28	25	22	27	24	15

CARDIAC EDUCATION PROGRAMS												
PROGRAM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
ACLS Provider ⁴		21-22			17-18				20-21			6-7
ACLS Renewal ⁴		20	28		19		10		19		8	8
ACLS Instructor ⁴				5								
BLS (CPR) Renewal ^{2,5}	6	3	3	7	5	2	7	4	8	6	3	1
BLS (CPR) Instructor ^{2,5}										18-19		
PALS Provider ³	8-9		5-6		14-15	18-19			9-10		5-6	
PALS Renewal ³		5		9			9			15		10
PALS Instructor								13				

¹ The Human Resource (HR) orientation for all new staff and Patient Care Services Orientation for all new PCS staff are scheduled at the end of the each month. Both orientations have been combined into one day. The HR orientation is scheduled in the morning and the PCS orientation occurs in the afternoon.

² Pre-Registration required – call extension 8-6257 to register.

³ Pre-Registration required – call extension 8-7532 to register.

⁴ All ACLS courses require a written application – applications can be picked up at the Office of Professional Development (S10B02).

⁵ BLS (CPR) Renewal is offered hourly starting at 8:00 a.m. and run until 9:00 p.m.

⁶ Pre-Registration required – call extension 8-1303 to register.

⁷ The ER Course is offered by a consortium of area hospitals and the consortium will schedule specific dates in January 2003, call 8-6257 for details.



HSL Provides Digital Access to National Newspapers

Through the University System of Maryland Consortium, the Health Sciences and Human Services Library (HS/HSL) is able to provide access to a national newspaper database. This database allows you to perform searches for specific topics and also provides the full-text of articles. The newspapers collection includes:

**Baltimore Sun,
Christian Science Monitor,
Los Angeles Times,
New York Times and
The Wall Street Journal.**

To access the collection, go to the Library's web site <<http://www.hshsl.umaryland.edu/>>, click on *Databases* under *Resource Quick Links*. Type *National Newspaper Collection* in the search box or click on *N* in the alphabetical list.

Class Schedules The Fall schedule of HS/HSL sponsored training classes is available on the Library's web site at <http://www.hshsl.umaryland.edu>. Select the "Education and Training" button under the "Services Quick Links" column.

New classes added to the schedule include:

**Excel 2000,
Outlook 2000,
FrontPage 2000 and
Photoshop.**

Classes on **HTML** (Hypertext Markup Language) have been expanded to full day classes. For the full schedule, class descriptions and to register, visit the Library's web site at: <http://www.hshsl.umaryland.edu>.



Quality Fair is a Success



Carla Middleton demonstrating proper restraint use with Fe Nieves know in the background talking about patient safety.

Participants were able to learn detailed information about what the hospital's strategies are on these topics as well as many other improvement projects. Flu vaccines were offered to participants for the first time at this event. As a new addition to the Fair this year, the Nursing Recognition Program was held to honor nine units for their outstanding improvement projects. Executive leaders were

October 22, 2002 marked the largest, best attended Quality Fair to date in the Fair's seven year history. Over 500 people visited the fair and took part in the educational, informative, and fun sessions. Main themes this year included infection control, patient safety, and multidisciplinary improvement projects form Pastoral Care and Environmental Services to name a

also on hand to meet staff and answer their questions. Over 240 people completed an evaluation of the fair, and while the individual comments are be compiled, Anne Williams reported that, anecdotally, people loved the fair and were excited about all the positive work which is taking place. Employees welcomed the enthusiastic presenters and valued their hard work. The flu vaccines were a big success and will probably be offered at the Fair again next year. Here's to another exciting year next year in our new Weinberg Building!



Maurice McCreary receiving his annual Flu Vaccine from Gail Brandt at the Quality Fair.



Medical Center Trains 15 More Technicians



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The Fourth Annual Graduation for Surgical Technicians and Central Sterile Processing Technicians was held on October 24, 2002. Conducted by the Perioperative Services Division, the ceremony awarded certificates of completion to 15 staff members who qualified for and successfully completed this nine-month program.

This program started with nine students enrolled in our first training program in September 1998. Since that first class, the program has graduated 53 technicians into their respective areas here at the Medical Center.

The Medical Center piloted this program in 1998 in collaboration with Baltimore City Community College (BCCC). The purpose then was to offer Medical System employees a Surgical Technology training program. Graduates of this program would then be eligible to work here as Surgical Technicians. The initial focus on training staff to become Surgical Technicians was expanded to include training for Central Sterile Processing Technicians.

Empowerment Grant funding for the program has continued for UMMC staff members living within the empowerment zones of Baltimore City. To be eligible for this program, staff must:

- have a high school diploma or GED;
- have an overall rating of "Achieves Standards" on their most recent Performance Appraisal;

- have no disciplinary action within one year of their application; and
- must submit a letter of recommendation from their supervisor.

Once these requirements are fulfilled, the Operating Room Patient Care Manager interviews each applicant. Upon recommendation of the Operating Room Patient Care Manager, applicants are referred to BCCC for mandatory placement testing in English, Reading, and Math proficiency.

BCCC provides the instructors for the demanding classroom and clinical lab instruction, which occurs over a nine-month period. During this program students master critical topics and skills, such as aseptic technique, medical terminology, anatomy and physiology, basic pharmacology and surgical instrumentation.

Because of the wide variety and complex types of surgeries performed in our operating rooms, once these students successfully complete their training here, they can work in just about any Operating Room in the country as Surgical Technicians. This training also improves their career mobility as each person who successfully completes this program earns six college credits which can be applied to another BCCC program or transferred to another college or university.

The next program is scheduled to start this coming October. For additional information, call Judith Seltzer, RN, 8-8206 or Chuck Schevitz, 8-2763.



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Nine Units Recognized for Improvements



Accepting First Place Honors for Operational Improvements from Katherine McCullough, Senior Vice President, Patient Care Services are Angela Horton, Carol Hiteshow, Manager and Beverly Dukes from 10 E and 11E.

The **Second Annual Nurse Recognition Program** was held on October 22 along with the Quality Fair. This award program celebrates and recognizes the hard work and accomplishments of staff working on improving a variety of important aspects of care.



Judy Slide, Manager of Neuro IMC receiving the First Place Award for Clinical Improvement for their work on patient falls from Katherine McCullough, Senior Vice President, Patient Care Services.

All units worked especially hard this past year preparing for this summer's JCAHO survey, but several units went above and beyond with their improvement projects. It is important to recognize and reward those accomplishments and to highlight the success stories, so that we can all learn from them as we continually strive to improve.

The awards were based on performance improvement data taken from FY 02 and compared with FY 01 baselines submitted by unit managers. All units were eligible, and this year, units could submit any type of improvement project. This submission criteria was expanded from the previous year in which patient satisfaction was the only entry category. Next year, the



Katherine McCullough, Senior Vice President, Patient Care Services presenting the First Place Award for Innovation to the CCU staff for their work converting to Patient Plus. Accepting the award are Karen Votjelo, Priscilla Appleby and Angie Amig, Manager

awards will be further improved to encourage units to submit either a clinical, customer service, operational, or innovation improvement project.

The first five units recognized were units who made significant improvements in a variety of areas. These improvements are all excellent and are worthy of recognition especially in light of the daily challenges of staff shortages, increased patient acuity, and patient flow issues. In recognition for their diligence in performance improvement, these units received certificates and \$250.

Certificates of Merit

- 3D
- Labor and Delivery
- Surgical ICU
- Surgical IMC
- Neuro ICU

The four major awards were presented to four units with outstanding improvement over the past fiscal year. Because it was so difficult to select a single top winner from these diverse categories, four First Place winners were identified in four different categories.

1st Place for Clinical Improvement- \$500

Neuro IMC recognized for reducing their fall rate.

1st Place for Customer Service- \$500

Inpatient Perinatal/GYN (or aka the Mother Baby Unit) for improving their patient satisfaction scores improvements.

1st Place for Operational Improvement- \$500

10 East and 11 East for improving patient flow.

1st Place for Innovation- \$500

CCU for improving their documentation scores while piloting a new electronic medical record.

Congratulations to all the staff and managers for their outstanding contributions over the past year. Here's to another new year of performance improvements!



First Place Award for Customer Service Improvements went to Inpatient Perinatal/GYN Unit with Mary Ellen Coyne, Kathy Brundi, Mary Kundrat, and Debbie Grau, Manager accepting from Katherine McCullough, Senior Vice President, Patient Care Services.



Just What You Need - Another Person Telling You to Wash Your Hands

We all know doctors, nurses, therapists, and other hospital staff can spread bacteria onto bed rails, stethoscopes, and other hospital equipment where it finds its way into wounds, catheters, and incisions. Now, patients are being advised to keep their eyes on sanitation in the hospital, and not be afraid to ask anyone if they have washed their hands.

The National Patient Safety Foundation (www.npsf.org) recently issued guidelines for patients on preventing infections in the hospital. These guidelines advise patients to keep the skin around a catheter clean and dry, and washing their hands, especially after they have gone to the bathroom. They also report new studies suggest that cleaning hands with an alcohol-based solution is more effective than antiseptic soap.

According to the Centers for Disease Control and Prevention, more than 70% of the bacteria that cause hospital-acquired infections are resistant to at least one of the drugs commonly used to treat them. Two million people a year get an infection while they are in hospitals across the country; 90,000 of those die and the rest face longer hospital stays and treatment with drugs that are less effective and more toxic.¹

Laura Lando, in her *Wall Street Journal* column, *The Informed Patient*, reports statistics show that there was actually a decline during the 1990s in infection rates in ICUs that followed strict hygiene rules. She continues informing lay readers that even if hospitals were "clean as a whistle", there is evidence that bacteria may be winning the war. At the heart of the problem is the over use of antibiotics, which has accelerated the spread of antibiotic resistance; the more antibiotics we take unnecessarily, the more bacteria keep evolving to outwit the drugs.¹

Richard Besser, medical director for the CDC's national **Campaign for Appropriate Antibiotic Use**, says doctors have started to cut the number of unnecessary prescriptions they write, especially for kids. But, tens of millions are still written each year for viral infections such as colds or the flu

The Informed Patient / By Laura Lando

The Battle Against Superbugs Needs Some Recruits: Patients

AS IF THE STATISTICS on medical mistakes weren't enough to scare you away from the hospital, recent reports about the dangers of dying from a bacterial infection once you're admitted may do the job. But there are steps you can take to protect yourself from increasingly virulent hospital bugs.

Over the past decade, scientists have been fighting a losing battle against such bacteria as the deadly *Staphylococcus aureus*, which are ever more resistant to even powerful antibiotics like vancomycin. According to the Centers for Disease Control and Prevention, more than 70% of the bacteria that cause hospital-acquired infections are resistant to at least one

of the drugs commonly used to treat them. Two million people a year get an infection in a hospital; 90,000 of those die and the rest face longer hospital stays and treatment with drugs that are less effective and more toxic.

At the heart of the problem is the overuse of antibiotics.

there is evidence that bacteria may be winning the war. Some new drugs are coming to market, but none has yet been proven effective over time. What's more, studies show that once drug-resistant infections take hold in a hospital, they can spread to the community at large. For a compelling—if terrifying—account of the rise of antibiotic resistance, read a new book by Michael Schnayerson and Mark Plotkin, *The Killers Within: The Deadly Rise of Drug-Resistant Bacteria* (Little, Brown).

"The threat of a superbug that can't be treated has been hanging over everyone's head for a long time, and we are headed in that direction," acknowledges Steven Solomon, who runs the CDC's health-care quality-promotion group. But he maintains "panic in the streets is not necessary. The vast majority of hospitals do extremely well in preventing infections, and we know a lot more about how to prevent them than we did in

Taking on Superbugs

CDC's strategies for keeping drug-resistant bacteria under control



Prevent infection



Diagnose and treat infection effectively



Use antimicrobials wisely



Prevent transmission

against which they are ineffective. The CDC is trying to wean both doctors and patients away from the habit, and, starting in November, will provide states with free TV, radio and print ads aimed at cutting demand for unnecessary antibiotic prescriptions.

¹ Lando, L. The Battle Against Superbugs Needs Some Recruits: Patients. *The Wall Street Journal*, September 26, 2002, D5.

HAND HYGIENE GUIDELINES AT UMMC

(as recommended by CDC and JCAHO)

On October 25, 2002 the CDC issued the much-awaited **Guideline for Hand Hygiene in Health-Care Settings**, and on November 1, JCAHO issued a statement that “it is important for all accredited health care organizations to be aware of the CDC guidelines.” At UMMC, we are involved in a Hand Hygiene initiative which involves everyone!

Indications for Handwashing and Hand Antisepsis:

- When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with soap and water.
- If hands are **not visibly soiled, use an alcohol-based hand rub (Avagard)** for routinely decontaminating hands in all clinical situations or wash hands with antimicrobial soap and water.
- Decontaminate hands: before having direct contact with patients.
- Decontaminate hands: before donning sterile gloves when inserting a central intravascular catheter.
- Decontaminate hands: before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
- Decontaminate hands: after contact with a patient’s intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
- Decontaminate hands: after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled.
- Decontaminate hands: if moving from a contaminated-body site to a clean-body site during patient care.
- Decontaminate hands: after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Decontaminate hands: after removing gloves.

Hand-hygiene Technique:

When decontaminating hands with **Avagard**, apply product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

When washing hands with **soap and water**, wet hands first with warm water, apply soap and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet.



News & Views is published bimonthly by and for the staff
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