



Frequently Asked Questions



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Electronic Compliance Monitoring (ECM)

1. What is ECM?

- Electronic compliance monitoring refers to technology that measures and reports hand hygiene compliance (opportunities divided by events) via unbiased and automated reporting 24 hours a day / 7 days a week.
- Data can either be collected at the community-based level or at the individual-based level. The individual-based level monitors activity via a device such as a name badge or bracelet worn by the person.

2. How are end users currently monitoring hand hygiene?

- Healthcare facilities to measure their hand hygiene compliance by:
 - Direct observation
 - Consumption modeling
 - Patient surveys
 - Staff self-reporting
- Direct observation is the most common method used and is currently considered the “compliance gold standard”—but this methodology has a number of shortcomings:
 - Labor-intensive (17 hours of staff time per month¹)
 - It has been estimated that the Hawthorne effect (i.e. people modify behavior in response to knowing they are being observed) inflates Direct Observation HH by 250-350%²
 - Small sample sizes (~1% of total hand hygiene activity)
 - Data are not standardized
 - Data are difficult to combine and analyze
 - Data are not monitored and/or reported frequently enough
- Direct observation does have its place; and should be used to monitor handwashing technique or used to monitor specific units or individuals to better understand compliance rates.

3. What is “compliance under observation”?

- Infection preventionists are aware that direct observation has shortcomings in accuracy and have begun to use this term to refer to their observation metrics as a way of disclaiming that it may not be representative of actual hospital hand hygiene compliance performance.

4. Why is electronic monitoring important?

- Industry data indicate a clear and compelling clinical need and business case for utilizing electronic monitoring technology to improve hand hygiene compliance:
 - Healthcare-associated Infections (HAIs) kill 99,000 people annually³, cause widespread suffering and cost the U.S. healthcare system between \$36-45 billion dollars⁴
 - Hand hygiene habits are directly tied to infection rates, but healthcare providers everywhere are struggling with hand hygiene compliance and the national average is less than 50%⁵
 - Current compliance monitoring approaches are relatively costly and have questionable accuracy
 - Technology enables new approaches—which are substantially more effective at gathering actionable data.
 - CDC cites proper hand hygiene as a primary means to reduce HAIs⁶
 - 20% to 40% of HAIs are transmitted to patients from hospital employee⁷
 - Center for Medicare and Medicaid will impose financial penalties on hospitals that perform poorly with regard to hospital-acquired infections⁸
 - In one study, a 1.0% increase in hand hygiene compliance resulted in annual savings of \$39,650 to a 200-bed hospital⁹
- GOJO has developed a suite of technology-enabled solutions—with robust, electronic data gathering capabilities—to drive step-function improvements in hand hygiene compliance monitoring.

- Electronic monitoring standardizes the data, eliminates the Hawthorne effect and frees up time for the Infection Preventionist to coach, instead of gathering data.

GOJO SMARTLINK™ Hand Hygiene Solutions

1. What is GOJO SMARTLINK™?

- It is the sub-brand for multiple GOJO products including electronic compliance monitoring systems (AMS, RTLS), direct observation tools and Clinician-based Support.
- The SMARTLINK™ technology is based on a family of “snap-in” modules that add data gathering and communication capability to our touch-free soap and sanitizer dispensers.

2. Activity Monitoring System (AMS)

- GOJO SMARTLINK™ AMS tracks the movement and hand hygiene behavior of everyone who enters or exits a specific care area—monitoring hand hygiene at the “community” level (not at the person-specific level)
- The system is comprised of the following components:
 - SMARTLINK™ dispensers with built-in sensors that report when soap or sanitizer is dispensed
 - People or “activity” counters that monitor the movement of people in and out of care areas such as patient room (a.k.a. hand hygiene “opportunities”).
 - Network devices that gather all the event and opportunity data and transmits them to the cloud for processing.
 - Secure, web-based dashboard, used by the hospital to manage and report hand hygiene data.
- The activity counter tracks hand hygiene "opportunities" (i.e. someone entering or exiting a patient room) and the SMARTLINK™ dispenser tracks the hand hygiene "events" (i.e. someone using a soap or sanitizer dispenser). The software then performs a simple calculation—dividing events by opportunities—to determine the compliance rate for that particular environment.
- The data can be segmented by building, floor, unit or room
- Requires no integration with existing IT systems other than an outbound internet connection to allow data transmission to the AMS server.

3. Real-Time Location Systems (RTLS)

- A Real-Time Location System (RTLS) uses wireless communication technology to transmit the physical location of tagged objects, movement of staff and patients, and environmental conditions of high-value assets across a common network infrastructure.
- Approximately 20% of hospitals utilize RTLS for a variety of applications such as asset tracking, patient tracking and temperature/humidity monitoring.
- RTLS utilizes a series of tags and HCW badges to enabling person- or role-specific hand hygiene monitoring.
- A wide variety of wireless communication technologies are used with RTLS, including RFID, Infrared, Wi-Fi, and Cellular.

4. Direct Observation Tools

- Currently in BETA testing; launching Fall 2014.
- Application for Apple® iPhone/iPad/iPod Touch or Android devices to electronically collect hand hygiene observation information.
- Eliminates the time-consuming and error-prone use of pen/paper and transcription.
- When the observation session is complete, simply click submit and the data will automatically update your SMARTLINK™ reports for quick data analysis.

5. What are the similarities between AMS and RTLS?

- Both systems have a common goal: to help infection prevention stakeholders better manage hand hygiene habits to reduce the incidence of HAIs.
- Both leverage the power of electronic information exchange and digital data processing to deliver 24/7 automated monitoring; real-time feedback; transparent hand hygiene behavior data; and standardized reporting.
- Both leverage GOJO's innovative touch-free SMARTLINK™ dispensing platform and end-user preferred formulations (PURELL® Advanced Hand Sanitizer and PROVON®).
- Both enable an evidence-based approach to improving patient safety to more than meet Joint Commission requirements.

6. What are the differences between AMS and RTLS?

Integration:

- An RTLS-based hand hygiene monitoring is typically an add-on to an existing RTLS installation.
- An RTLS solution uses non-GOJO software to process and present hand hygiene metrics; GOJO has no direct access or management of the software and data.
- The GOJO AMS is a standalone system which is not integrated into any existing infrastructure.
- The GOJO AMS data and software are fully owned and managed by GOJO.

Cost:

- RTLS systems, installed facility-wide and using multiple applications (asset tracking, staff monitoring, temperature monitoring, hand hygiene), can exceed a price over \$1MM. However, not all hospitals install RTLS across the entire facility, reducing the cost greatly.
- AMS begins with a 12 week evaluation and includes all of the necessary hardware, software, installation, and Clinician-Based Support for the full 12 weeks. The cost for an evaluation is \$3,000 (assuming 20 rooms).
- At the end of the evaluation, if customers decide to continue and purchase the program, we will require a purchase order for a three (3) year SLA (software license agreement). There will also be a one-time charge for the hardware & installation. Pricing for the hardware and software is custom for each facility. It is dependent on the size of the installation and how many units are involved. To obtain a formal quotation, we will need to conduct a site survey. During the site survey GOJO will determine how many devices are needed, estimate the time for installation, and determine at what level clinical-based support is applied/offered.
- Note: If electronic compliance monitoring is successful, refill throughput increases significantly. Any hospital considering an implementation should budget for this additional soap and sanitizer cost as part of the implementation.

Person-specificity:

- RTLS hand hygiene utilizes electronic worker badges to provide person-specific hand hygiene monitoring. If the hospital must have person-specific monitoring, RTLS would be the logical solution.
- If the hospital doesn't want person-specific compliance measurement, the Activity Monitoring System would likely be the best solution.

7. Why might a hospital want person-specific (RTLS-based) hand hygiene monitoring?

- It is a good cultural fit for a particular facility (e.g. tracking individuals).
- Budgeted or able to utilize existing RTLS infrastructure.

8. Why might a hospital prefer community-level hand hygiene monitoring?

- The hospital wants everyone in the facility to share responsibility for good hand hygiene practice—regardless of whether they work for the hospital or are simply visiting.
- The hospital has a specific mission to improve non-HCW hand hygiene compliance.

9. Which system should I present and sell?

- GOJO is fundamentally committed to a “solutions-neutral” approach. We truly want end-users to select the system that is right for them. That’s why we are developing multiple solutions—all based on the upgradable, modular SMARTLINK™ dispenser technology platform—to offer customers the widest range of alternatives possible.
- To qualify a particular opportunity and give end-user prospects the best guidance—start with these simple questions:
 - Do you already have an RTLS installed? If so, what are you currently tracking with your RTLS?
 - Do you want your hand hygiene monitoring system to integrate with existing IT systems? Or would you prefer it to be a standalone system?
 - Do you have specific compliance challenges you are hoping to overcome (e.g. unusually high HAI incidence in a particular unit)?
 - Do you want person-specific hand hygiene monitoring?
 - What is your budget for a total electronic hand hygiene monitoring system implementation? Factor in all the costs—including increased soap and sanitizer consumption as well as Clinician-Based Support—not just the hardware and software costs.
- GOJO products (soap, sanitizer, dispensers) also work with non-GOJO electronic hand hygiene monitoring systems (e.g. Proventix and HyGreen solutions). So, if one of these more specialized solutions is the right answer for a particular end-user, we have no problem with that decision.

AMS Technical Specifications

10. Does the RF interfere with other hospital systems?

- This is typically covered during the site survey. There is the possibility, but we typically will be able to identify the potential during the survey. We could have an issue if they added a system after our install.

11. How is the data sent to the SMARTLINK™ website?

- The data is sent and stored through Microsoft® Azure.

12. How is the AMS data protected?

- This is done through application authorization using internal AMS accounts with hashed passwords (i.e. not stored in the database in a format that could be easily retrievable for malicious reasons).

13. What frequency does AMS operate on?

- In the U.S., 910MHz and 915MHz.

14. What IT infrastructure is required for AMS?

- One LAN port per network gateway device installed. Each gateway can leverage DHCP addressing or can be provided a static IP address. Those ports need outbound TCP access on port 50101 to the GOJO gateway servers.

15. How far can the AMS module and activity counter transmit a signal?

- This varies greatly based on physical layout of a facility, but in general 60 feet.

Common Questions Related to the AMS Activity Counter

16. Is it a camera?

- No, it uses two IR sensors to measure the change in temperature across an area to detect in/out activity.

17. Does it know who enters the room?

- No, personally identifiable data is captured.

18. How does it distinguish between health care workers and others?

- It doesn't. All "activity" is recorded (patient, visitor, HCW, etc.).

19. What happens if a group of people walk in at the same time?

- The activity counter will capture individual entry/exit as long as there is a .8 second gap between individuals. Shorter gaps or "side-by-side" entries/exits may be counted as a single entry/exit.

20. Does the red light mean I made a mistake?

- No, the red light indicates an "exit" (green light indicates an "entry").

Common Questions Related to Dispensers

21. Can a person "game" the system?

- It is possible, but GOJO has taken steps to make sure it's not "easy." The system will not accept more than 1 dispense within 2 seconds.

22. Does the system capture the event if a person uses a dispenser in the hall and then enters a room?

- The answer depends on how the IP directs GOJO to set up the system. Dispensers can be associated with the "activity" of any room (or rooms) if the hospitals wants. Some choose to specify which room(s) hall-mounted dispensers are associated with while others choose to let data from hall-mounted dispenser roll-up to the floor/unit level.

Installation / Service / Support (AMS)

23. What is the lead-time for installation?

- The entire process typically takes 8-10 weeks from receipt of P.O. to installation. The timeline is driven by a number of factors that may affect the timeline (faster or slower):
 - Availability of hospital key players to support pre-install activities (conference calls, meetings).
 - Time required for product selection and product in-service training/conditioning.
 - Individual facility legal/contract requirements.

24. Who completes the installation?

- The project is always led by a GOJO project manager. The soap/sanitizer dispensers, activity counter and network devices installation is performed by an experienced installation company contracted by GOJO.

25. How long does installation take?

- The size of the install is the primary driver for the number of days planned for installations. For planning purposes, we typically need day and a half for the full installation per unit (about 20 rooms) plus a day for prep and end-user training.

26. Who is responsible for service and support and how is the system serviced?

- The end user is the first line of support in the self-service model. GOJO provides technical support via phone and e-mail during normal business hours, Monday - Friday, 8:30 a.m. – 5 p.m. EST.
- GOJO offers different service models to meet individual customer needs.

27. What is included in the warranty?

- GOJO warrants that the devices of the Activity Monitoring System will perform as described for the term of the agreement. Any defect caused by or attributed to any associated or complementary software or hardware not furnished by GOJO, modification, misuse, exposure to conditions beyond the approved operating extent, or installation methods not in accordance with those recommended may not be warranted at the discretion of GOJO.
- All batteries, except within the LTX™ Dispenser platform, will not be covered as a warrantable component of the system during the term of the agreement.
 - GOJO SMARTLINK™ LTX dispensers use patent-pending technology to optimize energy use. The dispensers are engineered to use a minimal amount of energy per actuation. The SMARTLINK™ LTX systems carry the GOJO Lifetime Performance Guarantee – a dependability promise that includes replacement batteries even in high-use environments. The SMARTLINK™ LTX system is shipped with batteries that are pre-installed. Battery life will vary depending upon frequency of use.
- Supplemental accessory electronic components (e.g. Flat Screen TV Displays, Media Hub Players) are not warrantied beyond the date of installation and acceptance.

GOJO SMARTLINK™ RTLS Technology

1. What is the GOJO/RTLS Program?

- The GOJO/RTLS Program consists of the various partnerships that GOJO has with industry-leading Real Time Locating System providers. GOJO works closely with the RTLS company to develop, validate, and commercialize RTLS Hand Hygiene Solutions. While GOJO is partnering with many of the leading RTLS companies, our primary role is to provide skin care expertise (products, dispensing systems, and infection prevention) in support of each partner’s solution.

2. How can I participate in training to sell the GOJO/RTLS solution?

- The GOJO Compliance team has created a set of resources about the GOJO/RTLS program. Contact your sales leader, or Tim Cambier, to obtain access to past webinars and program specific materials. Quarterly training may be provided if there is enough interest, or if there are new RTLS partners that reach commercialization.

3. What can I do now to prepare for a sales call with our RTLS partner?

- Contact your RTLS sales partner and set up time to review your accounts and develop a sales call plan.

4. Who schedules the RTLS Hand Hygiene solution sales call with the end-user?

- The RTLS seller will be the lead sales process and will be responsible for initiating, scheduling, and conducting the sales call process. The RTLS and GOJO seller should work together to coordinate the sales call; developing a plan and/or formal presentation.

5. Who should participate on an RTLS sales call?

- The sales call team should consist of a core group:
 - RTLS Seller
 - GOJO Healthcare Seller
 - GOJO Commercial Sales Director

Secondary sales call team members:

- GOJO Manufacturing Representative
- GOJO Distributor (only when appropriate)

- 6. What role does GOJO play in the implementation and on-going support of the GOJO/RTLS Program?**
 - GOJO will provide the same level of installation and support as they do today. The RTLS provider will rely on GOJO to have the dispensers installed and in good working condition. Refill, battery maintenance, and replacement are the responsibility of the GOJO distributor.
- 7. What do I say if I am asked about another Hand Hygiene monitoring system while on a sales call with an RTLS partner?**
 - You simply state that you are there to support the RTLS Hand Hygiene solution/provider who is present in the sales call. You will not discuss other GOJO/RTLS systems during the call out of courtesy to our RTLS partners.
- 8. Who manages the installation of the SmartLink™ RTLS-equipped dispensers?**
 - GOJO will continue to coordinate and manage the installation using our professional installation services. Any variances to the process need to be approved by GOJO and the RTLS partner.
- 9. If asked for a preferred RTLS solution, what do I say?**
 - GOJO is partner-agnostic. This means that we should never recommend an RTLS provider to an end-user. GOJO partners with each RTLS provider because they offer reliable and industry-proven solutions.
 - GOJO is a support partner for all our RTLS relationships; we should never lead with a specific provider if asked. Each provider solution set brings specific value to the end-user; therefore, we should never recommend a provider based on what the end-user needs.
- 10. How do I manage new RTLS Hand Hygiene opportunities that I learn about?**
 - Inform the Compliance team (Tim Cambier or Colin Strutz) to explain the opportunity. They will provide you with contact information for the RTLS partners and GOJO Sales Director best suited to engage the end-user.
 - If the opportunity does not include the Hand Hygiene solution, but only that the end-user is interested in a specific RTLS provider, contact your RTLS partner to inform them of the opportunity.
- 11. How do I report on GOJO/RTLS account activity?**
 - All GOJO/RTLS should be logged in Salesforce.com.
- 12. Does GOJO track account activity on a regular basis?**
 - Yes. All RTLS sales activity is tracked in salesforce.com. There are frequent reviews of the GOJO/RTLS sales activity by your sales leaders. This will be used for forecasting, setting goals, and tracking progress.
- 13. How do I get replacement SmartLink™ dispensers, modules, or pump houses?**
 - Contact your sales support team and they will work GOJO Sales Operations to supply you with replacement units/parts.
- 14. What happens if a SmartLink™ RTLS-equipped dispenser breaks in the field?**
 - Follow these general guidelines if a RTLS-equipped dispenser fails in the field:
 - If the dispenser is working (dispensing formula) but not reporting usage data, replace the module. Test the dispenser to confirm the usage data is being transmitted to the RTLS system, and contact the RTLS administrator to map the new sensor to the RTLS system.
 - If the dispenser is not working, replace the pump house and put the existing sensor in the new pump house. Test the dispenser to confirm the usage data is being transmitted to the RTLS system.

- In any case of dispenser failure, send an email containing the new sensor ID and location (hospital, unit, floor, room, etc.) to Tim Cambier (cambiart@gojo.com or compliance@gojo.com)

15. What is the price of an RTLS Hand Hygiene solution?

- The price varies per RTLS provider. GOJO sellers will not need visibility into the cost of a Hand Hygiene solution to effectively support our partners. Questions regarding price should be directed to the GOJO/RTLS partner.

16. Does GOJO partner with all RTLS providers?

- No. Although GOJO continues to develop partnerships with leading RTLS providers, Not all of them offer a Hand Hygiene solution, and of the ones that do, some have technology that is unreliable for exchange information with our SmartLink™ dispensers.

17. Who do I contact if I have questions about the sales and support process?

- Contact your sales leader for general questions. For technical, or partner specific questions, contact the GOJO Compliance RTLS Program Director, Tim Cambier (cambiart@gojo.com or 330-255-6282).

GOJO SMARTLINK™ Clinician-Based Support (CBS)

1. What is CBS?

- Clinician-Based Support is a service offering that delivers expertise and support to help hospitals build and sustain hand hygiene improvement. The service is delivered by experienced GOJO SMARTLINK™ Clinical Specialists who:
 - Partner with Infection Preventionists to implement Six Sigma methodologies and proven interventions
 - Facilitate engagement at all levels – from C-level administrators to front line healthcare workers
 - Provide both on-site support to accelerate the learning curve during implementation and follow-up, and remote support for weekly meetings and troubleshooting

2. What is a GOJO SMARTLINK™ Clinical Specialist?

- A GOJO Clinical Specialist is a dedicated resource trained in clinically-based hand hygiene intervention best practices and electronic compliance monitoring.
- GOJO has an entire team of clinical specialists led by a Board-Certified Infection Preventionist who is Six Sigma Green Belt trained with more than 20 years of clinical experience.
- Each Specialist is experienced in implementation of hand hygiene protocols and are familiar with all applicable standards including WHO Multimodal Strategy, CDC Guidelines, Joint Commission Guide and IHI Guidelines.
- The Specialist partners with the Infection Preventionist or Clinical Leader to provide leadership and focus on this initiative and act as an extra set of hands to help get this done.

3. What process does a Clinical Specialist use with the hospital?

- They use a Six Sigma Define, Measure, Analyze, Improve and Control/Sustain (DMAIC) methodology recommended by The Joint Commission.
- The six sigma process is used regularly by many hospitals. It is a well-known, proven process, adapted by GOJO for hand hygiene electronic compliance monitoring.
- The process includes root cause analysis done by bedside caregivers and a solution matrix to implement changes.
- As part of the process, the specialist will also partner with the hospital's leadership team to identify realistic goals and objectives for the program.

4. What type of services does a Clinician Specialist provide?

- This is a concierge service from a dedicated specialist who is always available during business hours (8:30 a.m. – 5 p.m. EST)

- The specialist leads or participates in:
 - On-site kick-off leadership team meeting, root cause analysis meeting, performance improvement team meeting, staff meetings, and/or observational studies
 - Weekly conference calls with the hospital's clinical leader (the hand hygiene leader for the project) to review compliance rates and progress toward goals
 - Troubleshooting visits and calls for issues and/or alternative interventions
 - On-site follow-up meeting during the Control Phase of the DMAIC process

5. Why does a hospital need Clinician-Based Support?

- Poster presentations at APIC 2013 indicate that simply measuring hand hygiene rates alone will not increase hand hygiene compliance rates.
- Hospitals need to implement interventions that address a number of hand hygiene barriers including leadership support, education, feedback on hand hygiene rates, and expectations for hand hygiene.
- Most IPs are already taxed with their existing workload – or else they would already be making changes.
- Electronic compliance monitoring is potentially expensive, and clinician-based support helps hospitals get the most value out of their investment.
- Electronic compliance monitoring is new, and GOJO can help accelerate the learning curve.

Contact Information:

- Technical Questions:
 - Jason Slater, Compliance Business Technology Manager: slaterj@gojo.com or ext. 6956
- Site Survey Scheduling:
 - Assigned Project Manager, identified upon receipt of the purchase agreement
- Installation:
 - Assigned Project Manager, identified upon receipt of the purchase agreement
- Warranty:
 - E-mail compliance@GOJO.com per the warranty claims process instructions
- Support:
 - E-mail: CustomerService@GOJO.com
 - Telephone Support call: 1-800-321-9647
- Clinical Questions:
 - Jane Kirk MSN RN CIC, Clinical Director: kirkj@gojo.com or ext. 6621
- Clinician-Based Support Program:
 - Steve Smith, Clinical Applications Program Vice President : smithsp@gojo.com or ext. 6697
 - Todd Brezler, Clinical Applications Program Product Development Director: brezler@gojo.com or ext. 6732
- GOJO RTLS Programming:
 - Tim Cambier, GOJO Compliance RTLS Program Director: cambiert@gojo.com or ext. 6282

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