Measuring Hand Hygiene Compliance

Ontario

Overview

1. Using auditing as a positive change tool

2. Defining how and what to observe

3. Reporting reliable and meaningful data

Measuring Hand Hygiene Compliance

- Auditing hand hygiene compliance by health care providers provides a benchmark for improvement.

- The results of observational audits will help identify the most appropriate interventions for hand hygiene education, training and promotion.

- The results of the observational audits should be shared with front-line health care providers, management and hospital boards.

Method of Observation

- Direct observation of hand hygiene practices is done by trained observers using a standardized and validated audit tool.

- Define what indications are to be observed.

- The observer conducts observations openly, but the identity of the health care provider is kept confidential, no names are attached to the information.

Planning Observation Schedule

Observe:

- Eight 20-minute observations/day

- At least seven different days of eight periods of observation

- At different times of the day (different shifts and different times within the shift)

  Therefore, there will be approximately 56 observation sessions for calculating the aggregate data.

Sample Hand Hygiene Observation Schedule

- Friday, January 19, 2008 - 8:00 a.m. (eight 20-minute observations)

- Sunday, January 21, 2008 - 12:00 p.m. (eight 20-minute observations)

- Tuesday, January 23, 2008 - 4:00 p.m. (eight 20-minute observations)

- Thursday, January 25, 2008 - 8:00 p.m. (eight 20-minute observations)

- Saturday, January 27, 2008 - 12:00 a.m. (eight 20-minute observations)

- Monday, January 29, 2008 - 4:00 a.m. (eight 20-minute observations)

- Wednesday, January 31, 2008 - 8:00 a.m. (eight 20-minute observations)

Who is Observed?

- All health care providers working with patients or in the patient care area may be observed.

- Observers will only record what they see.

Your 4 Moments for Hand Hygiene

1 BEFORE INITIAL PATIENT / PATIENT ENVIRONMENT CONTACT

2 BEFORE ASEPTIC PROCEDURE

3 AFTER BODY FLUID EXPOSURE RISK

4 AFTER PATIENT / PATIENT ENVIRONMENT CONTACT
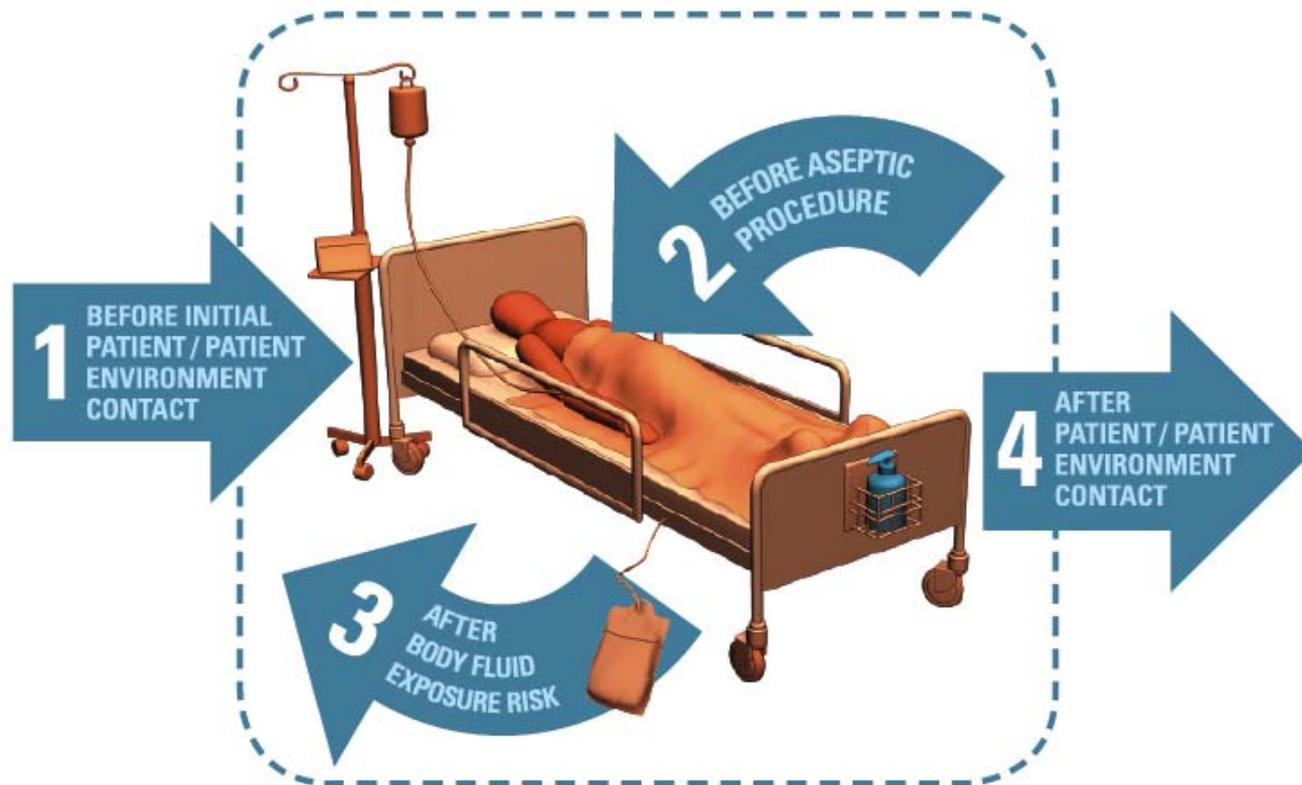
Observation Tool

Ontario

Observer-ID: ⃞⃞⃞⃞	Form-No.: ⃞⃞⃞	Facility-ID: ⃞⃞⃞⃞
Date: [m|m].[d|d].[y|y|y|y]		Patient Care Unit: _____
Day of Week: _____		
Start Time: [h|h]:[m|m]:[AM/PM]		
End Time: [h|h]:[m|m]		

Health care provider (HCP) category:

1 = Physician	5 = Social Worker	9 = Environmental Services Worker	13 = Dietician
2 = Nurse	6 = Pastoral Care	10 = Patient Transporter	14 = PSA, PSW, PCA
3 = Medical Student	7 = IV Team/Blood Collection	11 = Radiology Tech	15 = Other
4 = Nursing Student	8 = Physiotherapist	12 = Respiratory Therapist	

HCP: _____	HCP: _____	HCP: _____	HCP: _____
1 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves ☐Nails ☐Bracelets ☐Rings	1 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves ☐Nails ☐Bracelets ☐Rings	1 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves ☐Nails ☐Bracelets ☐Rings	1 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves ☐Nails ☐Bracelets ☐Rings
2 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	2 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	2 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	2 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves
3 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	3 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	3 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	3 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves
4 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	4 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	4 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves	4 ☐BEF-PAT/ENV ☐AFT-PAT/ENV T: T: ☐BEF-ASP ☐AFT-BFL ☐Rub ○Missed ☐Wash ☐Gloves

Comments:

Note: If patient is on **additional precautions/isolated** indicate "HCP category number" and "Opportunity number" in the "Comments."

Adapted from the World Health Organization

Methods of feedback

- Data is collected, analyzed and aggregate results are reported back in a timely manner.

- Consider addition of direct feedback to health care providers during the audit process.

"On-the-spot" Feedback Tool

Calculating reliable hand hygiene compliance rates

- An overall hand hygiene compliance rate does not provide for reliable and comparative rates over time as compliance rates for the different types of health care provider and for the each of the *four indications* are frequently different.

- If a generalized rate is to be provided, reliability will increase if the same number is used for the overall analysis:

  - for each category of health care provider and
  - for the number of observations of each indication

Observation Analysis Tool – Data and Reports

Analyzing audit results to effect change

- Good data and analysis will help organizations identify specific interventions required to improve hand hygiene compliance in their setting

Discussion