

Observation Tool



Observer-ID: <input style="width: 50px;" type="text"/>	Form-No.: <input style="width: 50px;" type="text"/>	Facility-ID: <input style="width: 50px;" type="text"/>
Date: <input style="width: 100px;" type="text"/>		Patient Care Unit: <input style="width: 100px;" type="text"/>
Day of Week: <input style="width: 100px;" type="text"/>		
Start Time: <input style="width: 50px;" type="text"/> : <input style="width: 50px;" type="text"/> : <input style="width: 50px;" type="text"/> AM/PM		
End Time: <input style="width: 50px;" type="text"/> : <input style="width: 50px;" type="text"/>		

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 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings	1 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings	1 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings	1 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings
2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves
3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves
4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves

Comments:

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

General Recommendations for Observation:

1. Determine how to best identify the types of health care providers you may be observing.
2. Introduce yourself to the observed health care provider(s) and patients as appropriate and explain your role.
3. Find a convenient place to observe without disturbing care activities; you can move to follow the health care provider, but never interfere with their work. However, you can provide feedback after the session using “On-the-spot” form.
4. It is important to take into account any concerns the health care providers may have with your presence. Your presence should be as discreet as possible and in no way infringe on the actions of the health care provider. If a health care provider feels uncomfortable with your presence, he/she has the right to ask you to leave and you must do so if asked.
5. You may observe up to 3 health care providers simultaneously provided you are an experienced observer and are very careful not to miss opportunities. **Note:** Multiple health care providers performing sequential tasks quickly may preclude accuracy of missed hand hygiene opportunities.
6. You may include more health care providers sequentially during one observation session.
7. One observation session is for 20 minutes (+/- 10 minutes); prolong the session if you get the chance to observe a care sequence to its end. Otherwise, terminate it at 20 minutes even if care activity is not complete.

How to use the form:

8. Use a pencil to fill in the form and an eraser to correct. Use a clipboard to hold the form while observing.
9. First, fill in the head of the form by indicating your ID number (Observer-ID), the date, the current time including AM/PM (Start Time), the number of the form used for a single session using the format 1, 2, 3, etc. (Form-No.) (see also point 19), the identity of the facility (Facility-ID), the identity of the patient care unit (Patient Care Unit)
10. Indicate any rooms where Additional/Isolation Precautions are in place by entering in the “Comments” section. (Observe outside the room.)
11. Indicate the type of health care provider being observed by entering the number that corresponds with the categories listed at the top of the form. The coding system is a number followed by a letter (e.g., first physician in the room is 1A, if second physician enters the room he/she is 1B).
12. Each column is for recording hand hygiene opportunities of **one** health care provider only. Use additional columns for each additional health care provider being observed simultaneously or sequentially. The health care provider may interact with more than one patient during the time you are observing.
13. As soon as you observe the first indication for hand hygiene, indicate the corresponding information in the first of the numbered opportunity sections in the column corresponding to the health care provider being observed.
14. For each opportunity, indicate one or more of the following indications for hand hygiene:
 - **BEF-PAT/ENV** = “before initial patient/patient environment contact”
 - a) if the health care provider touches the patient’s environment and then touches the patient **or**
 - b) goes directly to touch the patient after having touched the hospital environment (= any other surface not in the patient’s environment) or another patient’s environment
 - c) if the health care provider enters the patient’s environment from the hospital environment and touches only the patient’s environment (does not touch patient) and then leaves the patient’s environment
 - **AFT-PAT/ENV** = “after patient/patient environment contact”
 - a) if the health care provider is leaving the patient and his/her environment to go on working in the hospital environment or with another patient
 - b) if the health care provider is leaving the patient area after touching objects in the patient environment (without touching the patient) to go on working in the hospital environment or with another patient
 - **BEF-ASP** = “before aseptic procedure” if the health care provider is to perform any of the following after having touched any other surface including the concerned patient himself/herself and his/her environment:
 - a) touch/manipulate a body site that should be protected against any colonization (e.g., wound care including dressing change and wound assessment)
 - b) manipulate an invasive device that could result in colonization of a body area that should be protected against colonization (e.g., priming intravenous infusion set, inserting spike into opening of IV bag, flushing line, adjusting intravenous site, administering medication through IV port, changing IV tubing)
 - **AFT-BFL** = “after body fluid exposure risk” if the health care provider has been engaged in a care activity involving a risk of body fluid exposure and before touching any other surface including the concerned patient himself/herself and his/her environment (e.g., contact with blood or blood products, emptying urinal/catheter bag and suctioning oral/nasal secretions).

Note:

- For each opportunity tick whether or not the health care provider was wearing gloves (**Gloves**) when the opportunity occurred.
15. Timing of the duration of hand hygiene:

T = “timing.” This is the duration of hand hygiene performed by the health care provider when hand hygiene occurs BEF-PAT/ENV and AFT-PAT/ENV indications. Begin timing, with a wristwatch or stopwatch, when the HCP starts rubbing his/her hands with the product, and stop timing when he/she completes the motion of rubbing his/her hands with the product. Record the time in seconds.
 16. Next, tick alternatively, either the hand hygiene action (**Rub** or **Wash** or both) or the missing action (**Missing**) as occurring for this hand hygiene opportunity. **Note:** If hand hygiene is done with gloves on after a hand hygiene opportunity, it is marked as a missed opportunity.
 17. Next tick the corresponding boxes (**Rings, Bracelets, Nails**) if the health care provider does not meet the guidelines regarding: correct nail length, absence of nail extensions/artificial nails and absence of rings or bracelets. It is necessary to do this only once for each health care provider.
 18. End the observation if the privacy curtain is drawn around the patient’s bed.
 19. If you observe more than four opportunities for one health care provider, use another form numbering them sequentially in the variable **Form-No.**
 20. At the end of the session, do not forget to fill in the **End Time** and check the form for missing values before handing it in. Record any additional qualitative data in the “Comments” section. Comments should include any logistical and facilitating factors encountered in measuring compliance through observational methods.