

Instructions for Conducting Observations & Using the Hand Hygiene Observation Tool:

PURPOSE: To guide the effective and consistent monitoring and reporting of hand hygiene compliance for the purposes of improving patient safety.

It is the responsibility of each observer to ensure that they:

- Are competent to conduct hand hygiene observations
- Are objective during the observation period
- Ensure that patient's privacy is not compromised during observations

GENERAL GUIDELINES FOR OBSERVERS:

Observers should broadly observe each healthcare group if possible (e.g., nurse, doctors, and ancillary and allied health staff) so that the proportion of staff in each group observed is representative of the total staffing balance in the health care facility.

When observing for hand hygiene compliance, DO NOT announce that you are conducting observations. The collection of data needs to be done discreetly. Please keep the observation tool in a discreet location. *(Note: The goal of keeping the observer "secret" is so that we do not influence and change the behavior we are studying.)*

USING THE TOOL:

(Note: Observations should be conducted on Health Care Workers (including non-hospital employees such as EMTs) and should not include family or visitors for the purpose of this project)

- Identify the date, and unit. Under "Discipline", identify the job category of the person you are observing if you can identify them. A key to job categories is listed at the bottom of the tool. For example, if you are observing a registered nurse the code is RN, if you are observing a Speech Therapist the code is ST.
- In the next column, circle the type of hand hygiene observed. If no hand hygiene is performed, do not circle anything in this column.
- Observations are to be conducted on whether hand hygiene was performed before and after contact with the patient and/or the patient's environment. Although the technique is also important, the focus is currently on whether or not the hand hygiene was done.
- The observer should make notes on the visibility of the hospital's hand hygiene campaign (nurse buttons, posters, etc.) in the comment section of the data collection tool and may use the back of the sheet if additional room is needed.

FAQ's for OBSERVERS:

What happens when an observer sees a provider walking into a room or leaving it without cleaning his/her hands?

When tracking the "Before Patient Contact" measure, the observer watches to see whether the provider cleaned their hands before entering the room or used the dispenser inside room. If the provider did not clean their hands at either dispenser, the observer will check "no" for that observation. If, however, the view was not clear and the observer is not sure whether provider cleaned/ disinfected their hands inside room (e.g. provider closed room door after entering), the observer SHOULD NOT record this as an observation. DO NOT GUESS. The same procedure should be followed for "after patient contact".

What hand cleaning method should be used?

Either alcohol based hand rubs or soap and water are appropriate hand cleaning agents.

What if a provider used the dispenser inside a patient's room and not the one at the room door?

A provider may use the dispenser installed inside the room or the one just outside the room door to clean their hands as long as they perform the hand hygiene prior to touching the patient.

If an individual comes out of a patient room and conducts hand hygiene then goes directly into another patient's room without touching anything, does the "after" count as the "before" and should this count for two compliant opportunities?

No. In this particular case you would document the compliance for after patient contact but not document the before contact compliance. Although this is adequate practice, for the purposes of data collection, only one of these opportunities should be documented.

Can I enter more than one opportunity on one line of the observation tool?

Yes. If you observe an individual before and after patient contact or contact with the environment, you may document these two opportunities on the same line. If however your facility is tracking the use of sanitizer vs. soap and water, you will need to document the opportunities on two separate lines.

What if the area around dispenser is crowded?

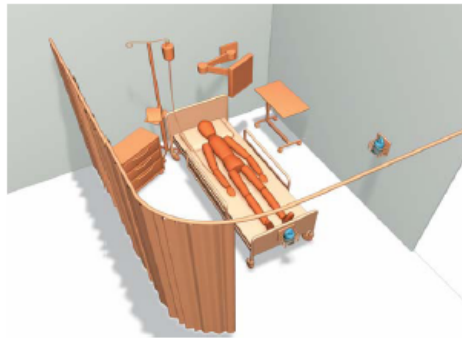
If it is crowded at the dispenser just outside room, or if the dispenser is empty, then the provider may walk to another nearby dispenser as long as s/he does not touch anything in the interim.

What if a provider donned gloves upon entry or exit to a room or between patients?

Glove use does not substitute for hand hygiene. Hands must be cleaned after removing gloves when leaving a patient environment; otherwise, it will count as a failure to perform hand hygiene upon "After Contact". Similarly, for tracking the "Before Contact" measure, if a provider plans to don gloves before entering the room, s/he must clean hands first; otherwise, it is counted as a failure to perform hand hygiene before patient contact.

What is the patient environment?

This is the patient's area. In a single room this is everything in the patient's room. In a multiple room this is everything in immediate proximity to the patient.



Note: the patient environment may differ in some settings