

Hand Hygiene Observation Tool: Instructions for Use

Purpose

The purpose of the Hand Hygiene Observation Tool is to measure the compliance of healthcare workers (HCW) against established hand hygiene guidelines. The basis of the tool is it allows the observer to record over a 20-30 minute period whether healthcare workers who either have come in contact with patients and/or contaminants (blood and bodily fluids) have demonstrated correct hand hygiene practices. Compliance is the primary focus. It is acknowledged this will be an incremental process and it may take several years to achieve high levels of compliance with all appropriate activities.

How to use the Hand Hygiene Observation tool

1. The tool should be used in units/departments for observing routine hand hygiene only.
2. Familiarize yourself with the audit tool including codes and descriptions and undertake a number of practice observations to become familiar with the tool.
3. Introduce yourself to the observed HCW and patient/resident/client (P/R/C) as appropriate and explain your role. It is important to take into account any concerns the HCW may have with your presence, which should be as discreet as possible and in no way infringe on the actions of the HCW. If a HCW feels uncomfortable with your presence, he/she has the right to ask you to leave and you must do so if asked.
4. Use a pencil to fill in the form and an eraser to correct. Use a clipboard to hold the form while observing.
5. Complete the demographic data at the top of the audit tool.
6. Observe HCW and complete codes for category of staff.
7. Each column is for recording hand hygiene opportunities of **one** HCW only. Use additional columns for each additional HCW being observed simultaneously or sequentially. The HCW may interact with more than one P/R/C during the time you are observing.
8. Tick the appropriate box for hand hygiene practice, i.e., wash (soap and water) or alcohol-based hand rub. If no activity occurs, leave the boxes blank. **Note:** If hand hygiene is done with gloves on, it is marked as a **missed opportunity**.
9. Identify if the HCW does not meet WRHA policy regarding absence of nail extensions/artificial nails. It is only necessary to do this once for each HCW.
10. A comments field is included which provides an opportunity to give further feedback on observations.
11. 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.

How to do the observation

1. Select a care area to start the observations. Observations should be undertaken in an ad hoc manner during busy periods.
2. Notify the Unit Manager or person in charge of the targeted area prior to the observation period commencing.
3. Find a convenient place to observe without disturbing care activities; you can move to follow the HCW, but never interfere with their work.
4. Each observation should be carried out for a 20 – 30 minute period.
5. For the purpose of this measurement exercise, an encounter begins when a HCW enters the P/R/C room or approaches the P/R/C bedside (for multi-bed rooms) and ends when the HCW leaves the room or bedside. In a situation where a P/R/C requires extended or complicated care (such as in an ICU), an encounter may involve multiple contacts and it may be appropriate to record these individually if they are distinct activities.
6. If there is no activity for 5 minutes move to the next care area.
7. It is easier to observe one HCW at a time, but observation of more than one HCW can be carried out simultaneously (up to a maximum of three staff members). **Note:** Multiple healthcare workers performing sequential tasks quickly may preclude accuracy of missed hand hygiene opportunities.
8. End the observation if the privacy curtain is drawn around the P/R/C bed.
9. If there are barriers to hand hygiene i.e., no available alcohol hand hygiene product, paper towels, or soap, this should be reported to the person in charge, as well as recorded on the audit tool.

Frequency of observation

1. It is recommended 5 to 10 observation periods occur each quarter in each targeted area. Each observation period should be between 20 to 30 minutes long.
2. It is important to spread the observation periods over at least 5 to 10 days since day to day variation may occur. Observation periods conducted over a number of days are more likely to be representative of HCW hand hygiene behaviour.

Data analysis and feedback

1. Where possible, verbal feedback should be provided to the Unit Manager immediately following the audit. When giving verbal feedback, try to stress positive findings first and if giving negative feedback, provide examples and suggestions for improvement.

2. Once data has been entered an overall compliance % will be calculated. Other analysis available includes: unit specific compliance %, occupation specific compliance %, and pre and post compliance %. Utilise these results as appropriate.

Gaining maximum value from the data

To increase awareness, summary reports should be provided to all relevant stakeholders. It is recommended teams establish reward and recognition programs based on this compliance data to reinforce desired behaviours. Utilising the data in this way will create a sense of competition between targeted areas and will drive improved performance and ultimately culture change.

References

1. Austin Health. Austin Health Coordinating Centre. *A practical model for implementing hand hygiene in hospitals. First edition, 2004.*
2. Institute for Healthcare Improvement. *How-to Guide: A Guide for Improving Practices among Health Care Workers, 2005.*