

# Hand Hygiene Monitoring

Germs. Wash your hands of them.

## Key Compliance Points

1. Hand hygiene is performed at each of the WHO '*Your 5 moments for hand hygiene*'
2. Hand hygiene is performed following the '*How to wash your hands*' and '*How to handrub*' images
3. Alcohol based hand rub alone is not used when *Clostridium difficile* is known or suspected, or when hands have been contaminated with any soilage/organic matter

**NB This monitoring tool only addresses point 1 however additional local activities or adaptation of the tool will address points 2 and 3. The images for How to wash your hands and How to handrub can be accessed at [www.washyourhandsofthem.com](http://www.washyourhandsofthem.com)**

Person monitoring:					
Board			Clinical setting		
Hospital			ward		
Date			Time am/pm		
Opportunities	Name	Staff Group (Enter N, D, A or O)	Key Moment (Enter 1,2,3,4 or 5)	Opportunity taken – ✓ or X	Reason for failure A,M,E, V1,V2,NK
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Analysis to determine if hand hygiene is optimal**

Ward:.....

	Number	%
Total number of key moments that occurred		
Total number of opportunities taken		

**Analysis to determine if hand hygiene is optimal**

Ward:.....

	Number	%
Total number of key moments that occurred		
Total number of opportunities taken		

Notes:

**Staff Group:** **N** for nurse, **D** for doctor, **A** for allied health professional, **O** for ancillary and other staff

**Key Moment:** **1** for before patient contact, **2** for before aseptic task, **3** for after body fluid exposure risk, **4** for after patient contact, **5** for after contact with patient surroundings

**Reason for failure:** **A:** attention failure due to interruption/distraction;

**M:**memory failure/forgot. **E:**error/misinterpreted guidance/applied wrong rule.

**K:**knowledge/did not know hand hygiene necessary at that point. **V1-**

violation/deliberate intention not to follow rule. **V2:** emergency

procedure/reprioritised hand hygiene. **NK:** reason not known/not possible to ask

Please note that two opportunities for hand hygiene can often be met at one time. For example, when going from one patient to another, hand hygiene need not be performed before patient contact if it has just been performed after patient contact and no other touch contact has occurred between times.

2008



## Hand Hygiene Monitoring



Person monitoring:		Person monitoring:	
Board:	Clinical setting:	Board:	Clinical setting:
Hospital:	Ward:	Hospital:	Ward:
Date:	Time: am / pm	Date:	Time: am / pm
Opportunities	Staff sub-group (enter description as provided or other)	Opportunities	Staff sub-group (enter description as provided or other)
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

### Staff sub-groups

Nurse	AHP
Nurse (Nurse)	Art Therapist
Nurse (Registered)	Podiatrist
Nurse (Unregistered)	Dietician
Midwife (Registered)	Occupational Therapist
Midwife (Unregistered)	Orthoptists
Health Visitor (Registered)	Physiotherapist
Health Visitor (Unregistered)	Radiographer
Other	Speech and Language Therapist
<b>Medical</b>	Prosthetists and Orthotist
Doctor (Qualified)	Healthcare Support
Doctor (In training)	Other
Dentist (Qualified)	<b>Ancillary/Other Patient Contact Staff</b>
Dentist (In training)	Pharmacist
Consultant	Psychologist
GP	Medical Technical Officer/Healthcare Scientist
Staff and Associate Specialists	Phlebotomist
Other	Medical Photographers
	Medical Records Staff
	Domestic Staff
	Housekeeping Staff
	Porter
	Catering Staff
	Other

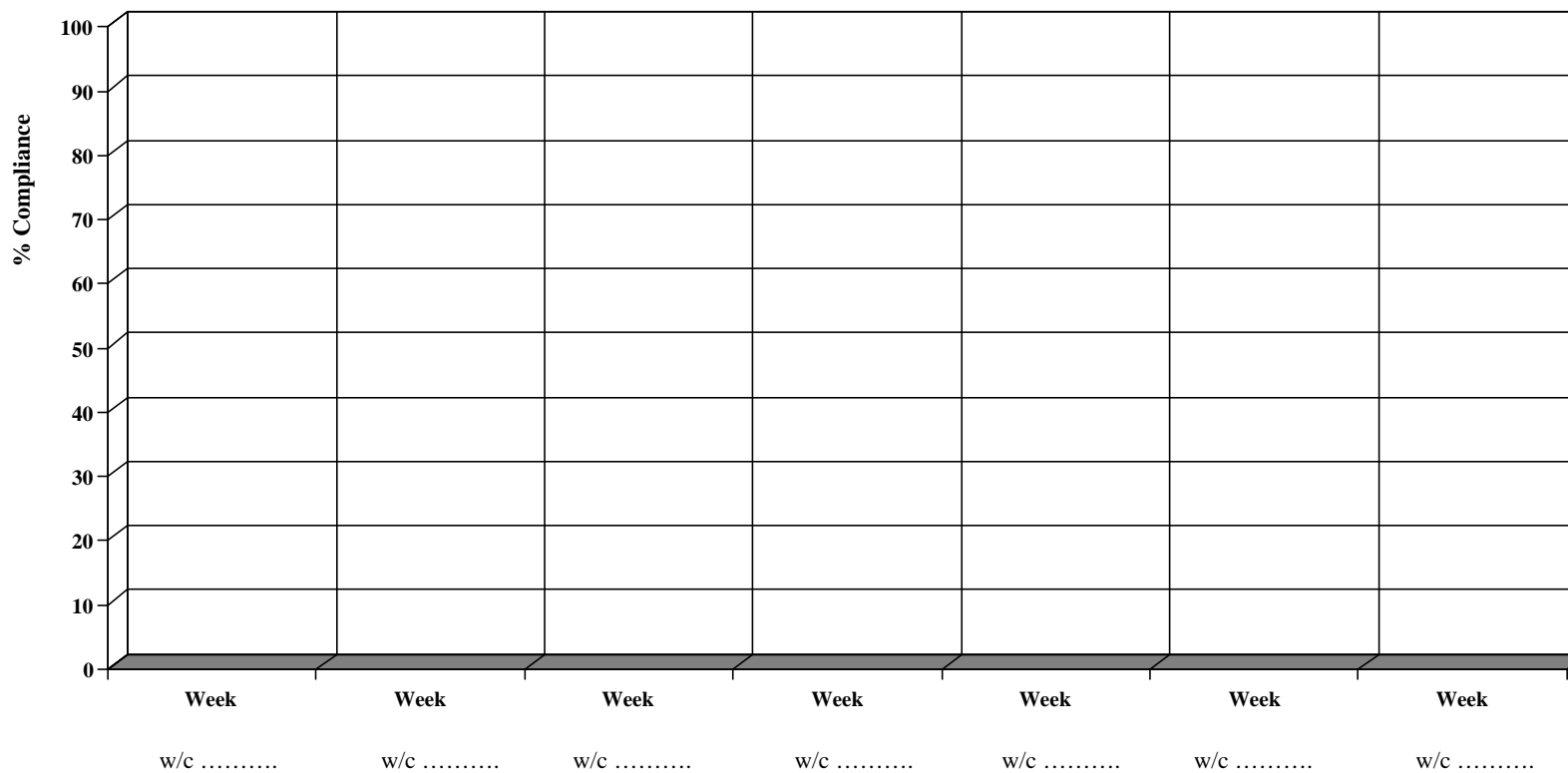
*Improving process to improve outcome*

### Trend analysis sheet to determine if compliance with hand hygiene opportunities is optimal

	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Total (average % compliance for week)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total number of key moments that occurred																
Total number of opportunities taken																

% = total number of opportunities taken as a percentage of number of key moments that occurred

# Hand Hygiene Compliance Feedback Run Chart



NB. Please note that Week refers to the week of the monitoring period eg Week 1.

*Improving process to improve outcome*

<b>Standard Operating Procedure</b>	
<b>Background Statement</b>	<p>Hand hygiene is considered the single most important infection control measure yet published evidence states that compliance rates are unacceptable. This hand hygiene monitoring process focuses only on the key elements of when hand hygiene should be performed. It aims to support overall compliance in the long term, alongside other elements of hand hygiene and compliance activities. Monitoring hand hygiene compliance is one way in which compliance can be addressed.</p>
<b>Objective of this monitoring process</b>	<p>To support hand hygiene compliance in OUR ward/patient care area by ensuring hand hygiene is performed as per the WHO ‘Your 5 moments for hand hygiene’</p> <p>NB This monitoring tool does not address other elements of hand hygiene. The images featuring How to wash your hands and How to handrub effectively can be accessed at <a href="http://www.washyourhandsofthem.com">www.washyourhandsofthem.com</a></p>
<b>Requirements for monitoring success</b>	<p>There is signed commitment from <u>all staff</u> in the entire team involved in patient contact to:</p> <ul style="list-style-type: none"> <li>• Optimise hand hygiene compliance</li> <li>• Undertake monitoring within their area as per the monitoring tool (as a minimum) for..... {Enter time period, e.g. daily/weekly}, on an on-going basis</li> <li>• ‘Buddy’ with colleagues to challenge hand hygiene performance by providing ‘real time’ verbal feedback to each other and act as a role model for optimum hand hygiene practices</li> <li>• Support the displaying of posters and reminders on hand hygiene as appropriate in their own area</li> <li>• Action the monitoring findings where an improvement in compliance is required.</li> </ul> <p>For the purposes of hand hygiene monitoring <u>all staff</u> are described as:</p> <ul style="list-style-type: none"> <li>• Nurses, including midwives and health visitors both registered and non-registered</li> <li>• Doctors, and dentists, both qualified and in-training</li> <li>• Allied health professionals</li> <li>• Ancillary and other staff.</li> </ul> <p>Prior to starting monitoring staff should ensure that facilities to allow for hand hygiene performance are available, as described in the HPS Hand Hygiene Policy and Procedure, or local policies, which includes ‘How to wash your hands’ and ‘How to handrub’ effectively.</p>

<p><b>Monitoring Procedure</b></p>	<ul style="list-style-type: none"> <li>• Identify period when monitoring will take place and get agreement from ‘the team’ on who will carry it out.</li> <li>• Collect a monitoring tool and complete the top boxes: name, location, date, etc.</li> <li>• Enter the staff group observed as opportunities occur and either during or following monitoring period enter ✓ or X for opportunities taken as per the 5 moments (see attached images).</li> <li>• You may wish to record further information on the level of staff group observed. Use the staff sub-group sheet to enter these details beside the corresponding opportunity that was observed.</li> <li>• Prior to and after completing the paper tool, hand hygiene must be performed to comply with the 5 moments as the tool will be used within the patient surroundings.</li> </ul> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. Please note that two opportunities for hand hygiene can often be met at one time. For example, when going from one patient to another, hand hygiene need not be performed before patient contact if it has just been performed after patient contact and no other touch contact has occurred between times.</li> <li>2. Consider self-monitoring, i.e. by completing your own staff group code prior to commencing care delivery and noting your own compliance in the monitoring tool once you have finished activities.</li> </ol> <p>(Additional information - Whenever possible or actual contamination of hands with <i>Clostridium difficile</i> has occurred, or when hands have been contaminated with soilage/organic matter hands should be washed with liquid soap and water rather than alcohol hand rub solution alone being used (alcohol can still be used after washing hands for additional cleansing).</p>
<p><b>Following completion of monitoring</b></p>	<ul style="list-style-type: none"> <li>• Give monitoring form to..... (named co-ordinator within ward/setting/other) and/or..... (this may include the National Hand Hygiene Campaign Local Health Board Co-ordinator, infection control team or patient safety co-ordinator. (NB These data will not be used as part of the National Hand Hygiene Campaign reports).</li> <li>• Complete the analysis / feedback sheets. Display the sheets as agreed, immediately and prominently and agree they will remain displayed for ..... {Enter days/weeks}</li> <li>• Action self and others where appropriate to take steps to improve hand hygiene compliance when this is required and agree timescale for review. Consider the use of PDSA cycles to optimise compliance.</li> <li>• Arrange to discuss the results on an on-going basis with colleagues, including all the different disciplines in the ‘team’.</li> </ul>