Hand Hygiene Observational Tool

For non-national data submitters

Version 3.3 (April 2017)
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Background

This tool has been adapted from the “Lewisham Observation Tool” which has been used extensively throughout the University Hospitals of Lewisham and Mayday in the United Kingdom during the NHS National Patient Safety Agency – “Clean Your Hands Campaign”. It is based on information gathered from one of the largest studies undertaken internationally on hand hygiene, which demonstrated that feedback was a key feature of improvement. 

The hand hygiene observation tool is designed to assist staff in observing hand hygiene behaviour and allows for meaningful feedback to staff. It allows staff to record whether healthcare workers (HCW) who touch patients have adequately decontaminated their hands in a timely way. The tool provides similar information to the Hand Hygiene Australia (HHA) “Your 5 Moments for Hand Hygiene” program but is less detailed.

Suitable settings for use

The observation tool has been designed to facilitate recording of hand hygiene compliance for:

> non-acute settings i.e. community, mental health
> healthcare settings with small numbers of acute beds i.e. <25 acute beds who are not contributing to the HHA “Your 5 Moments for Hand Hygiene” auditing program.

Hand hygiene opportunities

The term “opportunity” used in this tool is equivalent to the Hand Hygiene Australia term “moment”.

The following are the critical opportunities for cleaning hands:

> before touching a patient’s skin or indwelling device in a non-invasive way
> before performing a procedure (hand hygiene to be performed immediately prior)
  > a procedure is classified as an act of care for a patient where there is a risk of direct introduction of microorganisms into the patient e.g. emptying and indwelling urinary catheter
  > the term “Immediately” – once hand hygiene has been performed, nothing else in the patients room should be touched prior to the procedure starting
> after handling body substances and following a procedure (hand hygiene to be performed immediately after the procedure has finished, including removal of equipment, disposal of waste and / or sharps etc.)
> after touching a patient’s skin or indwelling device in a non-invasive way
> after touching a patient's environment, i.e. immediate surrounds.
  > Note: the HCW can touch the patients skin and the environment but only one opportunity need be recorded

1 Pittet et al 2000: Effectiveness of hospital wide programme to improve compliance with hand hygiene. Lancet 356: 1307-12
All of the opportunities above will require staff to perform hand hygiene either before or after the action.

The observation tool compares hand hygiene opportunities (O) with actual observed hand hygiene performance. Compliance can then be expressed as a percentage.

Compliance can be defined as either washing hands with soap and water (W) or rubbing with an alcohol-based hand rub (R) in accordance with a hand hygiene opportunity, so:

\[
\text{Compliance} = \left(\frac{\text{Observed hand hygiene (R + W)}}{\text{Hand hygiene opportunity (O)}}\right) \times 100 = \% \text{ compliance}
\]

Refer to SA Health Hand Hygiene Observation Sheet Example.
Instructions

Managers are advised to identify staff in their area who will undertake observations. This could be any healthcare worker interested in improving patient safety by increasing hand hygiene compliance. Minimal training is required to use the tool. The staff member undertaking the audit should undertake a number of practice observations to get familiar with using the tool. You may choose to observe using a predetermined timeframe or periodically during your working day.

1. Observations can take place by just one person or with a partner.
2. Identify an area where you can comfortably observe staff. Stay in this place for a minimum of 10 minutes and observe your ‘window’ of activity. If staff walk away without you seeing whether they perform hand hygiene, do not follow them. Do not mark anything down unless you see it.
3. Position yourself so that you do not cause an obstruction but can still see what is happening. It may feel strange and you might think that you are too noticeable. This is normal and the best thing is to just carry on.
4. Using the observation sheet mark a ‘O’ for a hand hygiene opportunity and a either a ‘R’ or ‘W’ for an actual hand hygiene activity taking place. If hand hygiene does not take place leave it blank (refer to Appendix 1 - SA Health Hand Hygiene Observation Sheet Example).
5. When you have completed your observations, give feedback to the staff – using the feedback form attached. When you give verbal feedback try to stress positive findings first, and if you need to give negative feedback, give examples and suggestions for improvement.
6. Give completed observations to the unit manager for discussion.
7. While you are observing you may identify issues which are barriers to hand hygiene, e.g. absence of soap, obstructed sinks, no alcohol-based hand rub at the end of the bed, alcohol pump not working, alcohol empty – include this in your feedback.
8. These results should be discussed at relevant governance meetings.
9. A standalone MS ACCESS database is available for the auditor to enter the results. The database has the capability of producing automated, printable compliance graphs.

NOTE: For further information on how to obtain the database, please contact the Infection Control Service by HealthICS@sa.gov.au.

Appendices

1. SA Health Hand Hygiene Observation Sheet Example– this document shows how to record hand hygiene opportunities on the Basic Observation Chart.
2. Basic Observation Chart - is the template that can be used to record your hand hygiene observations. This can be customised according to your workforce composition.
3. Feedback Form – is the template that can be used to report hand hygiene compliance observations to unit managers.
Appendix 1: SA Health Hand Hygiene Observation Sheet Example

This document shows how to record hand hygiene opportunities on the Basic Observation Chart.

Date: ................................................................. Time: .................................................................

Location: ...........................................................................................................................................

Observer: .......................................................................................................................................... 

<table>
<thead>
<tr>
<th>Allied Health</th>
<th>Student</th>
<th>Doctor</th>
<th>Nurse</th>
<th>Other (non clinical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OOOO</td>
<td>OOO</td>
<td>OOOOOO</td>
<td>OO</td>
<td>Nil observed</td>
</tr>
<tr>
<td>WW</td>
<td>R</td>
<td>RRW</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

Compliance = \frac{\text{Observed hand hygiene (R + W)}}{\text{Hand hygiene opportunity (O)}} = \frac{(4 + 3) \times 100}{15} = \frac{7 \times 100}{15} = 46.7% 

**NOTE:** Other identified issues can be recorded at the bottom of the “hand hygiene observation” sheet
Appendix 2: Basic Observation Chart – Hand Hygiene Sheet

This is a template that can be used to record your hand hygiene observations. This can be customised according to your workforce composition.
### Appendix 3: Hand Hygiene Observation Tool – Feedback Form

This is a template that can be used to report hand hygiene compliance observations to unit managers.

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>Areas observed:</td>
<td></td>
</tr>
<tr>
<td>Observers:</td>
<td></td>
</tr>
</tbody>
</table>

**Score:**  
\[
\text{Score} = \frac{\text{Observed hand hygiene (R + W)}}{\text{Hand hygiene opportunities (O)}} \times 100
\]

<table>
<thead>
<tr>
<th>Score by healthcare worker group: (if requested)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Score compared to last observation:</td>
<td></td>
</tr>
<tr>
<td>Score compared to divisional / unit / directorate average:</td>
<td></td>
</tr>
</tbody>
</table>

**Specific feedback:**

| Feedback given to: |   |
| Further action required: |   |