

THE PROVINCIAL HAND HYGIENE COMPLIANCE AUDIT¹

Intended use of this document: This document provides methodology and guidance on the collection of hand hygiene (HH) compliance observations for the purpose of provincial reporting using a standardized Minimal Dataset.

Purpose of the audit: The purpose of the audit is to demonstrate and document healthcare provider* (HCP) compliance with hand hygiene guidelines or policies. In addition, HH compliance results will assist Health Authorities (HAs) to evaluate the effectiveness of interventions for HH promotion, education and training. Hand hygiene compliance results may also be correlated with trends of healthcare acquired infection rates (e.g. Methicillin resistant *Staphylococcus aureus*) as an indirect outcome measure for evaluating the hand hygiene program.

Strengths and limitations of the hand hygiene audit: Direct observation of HCPs while delivering patient care is the method that will be used in this audit. According to the World Health Organization, direct observation is considered the gold standard method in determining HH compliance. Clear and consistent methodology, observer training and periodic inter-rater reliability testing will ensure that the data collected minimizes observational limitations. These limitations include:

- the potential influence an observer may have on HCP behavior, known as the Hawthorne Effect;
- variation in an observer's classification over time (intra-observer variability); or
- variation between observer classification (inter-observer variability).

Guidelines of observation and reporting: Please note that the audit methodology outlined defines the Minimal Dataset that must be obtained for the provincial reporting. Additional data may be collected within each HA, but must be aggregated to the Minimal Dataset for provincial reporting.

Ideally, data should be collected anonymously and, objectively by a well trained observer, and kept confidential until reviewed by the local hand hygiene team.

¹ Clinical Care Management process measure for hand hygiene compliance

Before the audit:

1. Familiarize yourself with the indications for hand hygiene (HH) and the methodology and instructions below.
2. Understand the HH policy within your facility and the elements of any promotional campaign.

Performing the audit:

1. Record only those observations done during routine care, not during urgent/emergent situations (e.g. code blue, patient falling).
2. Stand near the point of care when making an observation in a way that you will not disturb care activities. You may move to follow a HCP, but be sure to respect patient privacy (e.g., do not look inside a drawn curtain).
3. Ensure you time the audit session. The time for the audit session should be a minimum of 20 minutes (+ 10 minutes) depending upon the level of activity in the care area.
4. You may observe several HCPs simultaneously provided you are confident you can observe the complete sequence of events.
5. An individual HCP should be observed no more than 6 times during any one audit session.
6. You should attempt to achieve as representative a HCP sample as possible in each care area and each audit session.

How to use the audit form:

1. Complete the top of the form by indicating ALL of the following: facility, care area/location, your name, and date.
2. The type of HCP being observed is identified by the number that corresponds with the categories listed at the top of the form.
3. Each opportunity line is for recording *one observation of one opportunity for one individual*. Subsequent observations should be recorded in the other opportunity lines, being careful to identify the HCP codes. As soon as you observe an indication for a HH opportunity, indicate the type of HCP being observed, and then the results of your observation.
4. For each HH opportunity, indicate one of the following opportunities for hand hygiene:
 - Before Patient Contact = before contact with the patient or the patient's immediate environment (i.e. around their bedside)
 - After Patient Contact = after contact with the patient or the patient's immediate environment (i.e. around their bedside)
5. For each HH opportunity, tick whether hand hygiene was done or not.
 - If HH is done with gloves on, it is marked as a Not Done
 - If gloves are worn between patients or between care activities and HH is not done, mark as Not Done
 - If hand washing is performed without soap or without visible rubbing of hands, it is marked as a Not Done
 - If hand washing is performed and clean hands are used to turn off the taps, it is marked as a Not Done
 - If alcohol-based hand rub (ABHR) is used without visible rubbing of hands, it is marked as Not Done
6. End the observation if the privacy curtain is drawn around the patient's bed or the door is closed.
7. Record any additional information in the applicable "comments" section.

PROVINCIAL REPORTING OF HAND HYGIENE COMPLIANCE

1. Compliance with hand hygiene (HH) is defined as a percentage of the number of compliant HH events over the total number of HH opportunities and is expressed by the following formula:

$$\text{Compliance (\%)} = \frac{\text{compliant HH events}}{\text{total HH opportunities}} \times 100$$

2. As a minimum, for provincial reporting, the following must be provided:
 - the total number of compliant HH events before and after patient contact
 - the total number of compliant HH events by HCP category
 - the total number of HH opportunities before and after patient contact
 - the total number of HH opportunities by HCP category
3. This data is reported by facility when there are more than 25 beds. Health Authorities that have facilities with less than 25 beds will report this information as an aggregate of their observations.
4. The observation period is defined as the time period during which compliance is measured in a certain setting. The minimum provincial requirement is 200 observations per quarterly audit cycle for each of a) facilities less than 25 beds and b) facilities greater than 25 beds. Health Authorities that have facilities with less than 25 beds will aggregate their results for purposes of provincial reporting but are encouraged to report the facility specific results within their Health Authority. Larger facilities are encouraged to perform sufficient observations to permit reporting by clinical area. Larger facilities must report the results from every clinical area surveyed for each quarterly audit cycle.

PROVINCIAL HAND HYGIENE AUDIT

FACILITY: _____ UNIT: _____ AUDITOR: _____ DATE: _____

Health Care Provider Category

1. Nursing Staff	<ul style="list-style-type: none"> Registered Nurse Midwife 	<ul style="list-style-type: none"> Licensed Practical Nurse 	<ul style="list-style-type: none"> Care Aide 	<ul style="list-style-type: none"> Nursing/Midwife Student
2. Physicians	<ul style="list-style-type: none"> Medical Doctor 	<ul style="list-style-type: none"> Resident 	<ul style="list-style-type: none"> Fellow 	<ul style="list-style-type: none"> Medical Student
3. Clinical Support Services	<ul style="list-style-type: none"> Occupational Therapist Physiotherapist Respiratory Therapist Speech Therapy 	<ul style="list-style-type: none"> Social Work Dietician Psychologist Audiologist 	<ul style="list-style-type: none"> Porter Pastoral Care Radiology 	<ul style="list-style-type: none"> Technicians (e.g. EKG, EEG, etc) Lab: Phlebotomy
4. Other	<ul style="list-style-type: none"> Housekeeping Food Services 	<ul style="list-style-type: none"> Clerk 	<ul style="list-style-type: none"> Volunteer 	<ul style="list-style-type: none"> Security

Observations of Hand Hygiene Opportunities

	HCP	Before Contact	After Contact	Hand Hygiene	D = Done N = Not Done
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> D	

