

Hand Hygiene Compliance

Operational Definition

MEASUREMENT: % of Observed Opportunities for Hand Hygiene that are Compliant

I. Description, Rationale and Evidence

This measure answers what question. Description should include desired direction of change & the type of measure (e.g., process, outcome, or balancing). Include a summary or citation of evidence supporting this measure (if available).

From the Infection Control Centerlink Page:

In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection for every 20 patients. The hands of healthcare workers (HCWs) frequently become contaminated and have a major role in transmission. Proper hand hygiene is the most important way to prevent the transmission of bugs.

Hand Hygiene is a high area of focus for regulatory and accrediting Organizations. Demonstration of performance (via monitoring), identification of improvement needs and progress is a standard expectation.

1	BEFORE PATIENT CONTACT	<p>WHEN? Clean your hands before touching a patient when approaching him or her</p> <p>WHY? To protect the patient against harmful germs carried on your hands</p>
2	BEFORE AN ASEPTIC TASK	<p>WHEN? Clean your hands immediately before any aseptic task</p> <p>WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body</p>
3	AFTER BODY FLUID EXPOSURE RISK	<p>WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</p> <p>WHY? To protect yourself and the health-care environment from harmful patient germs</p>
4	AFTER PATIENT CONTACT	<p>WHEN? Clean your hands after touching a patient and his or her immediate surroundings when leaving</p> <p>WHY? To protect yourself and the health-care environment from harmful patient germs</p>
5	AFTER CONTACT WITH PATIENT SURROUNDINGS	<p>WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient</p> <p>WHY? To protect yourself and the health-care environment from harmful patient germs</p>

[WHO's 5 Moments of Hand Hygiene](#)

II. Population Definition (Inclusions/Exclusions)

Includes: All observed opportunities for Hand Hygiene in the Ambulatory, Perioperative, Home Care, Inpatient, and Behavioral Health Settings.

III. Data Source(s)

Data entered into the Hand Hygiene Application is used for this measure.

IV. Sampling & Data Collection Plan

Designated Hand Hygiene observers collect data for this measure. The observers collect data corresponding to specific hand hygiene moments in their area. Hand Hygiene moments vary for each area. The moments are as follows:

Inpatient:

Upon entering room &/or Pt contact
Before Clean/Aseptic Procedure
After blood or body fluid exposure
After Pt contact
After touching Pt surroundings/ exiting patient care area

Ambulatory:

Upon Entering Room &/ or Before Pt Contact
After Contact with Patient Surroundings/ Environment or Before Leaving Room
Before Aseptic Task or Procedure
After Pt Contact, Procedure

Home Care:

Upon Entering Home/before pt contact
Before Donning Gloves
Before preparation of patient medications, IVFs, food, formula
After Hands Visibly soiled
After Pt Contact, Procedure
Upon removal of gloves
Interaction with HCW personal Items ie. cellphone, blowing nose, before or after eating/ drinking
After care before getting in nurse bag or documenting on laptop

Behavioral Health:

After removal of gloves
Before preparing/ serving food
After restraints
Between Medication Passes

Periop:

Upon Entering Room &/ or Before Pt Contact
Before Aseptic Task or Procedure
After Body Fluid Exposure Risk
After Pt Contact, Procedure
After Contact with Patient Surroundings/ Environment or Before Leaving Room

V. Calculation

Numerator: Number of observed opportunities for hand hygiene that are compliant.

Denominator: All observed opportunities for hand hygiene.

VI. Analysis Plan & Frequency of Reporting

Data will be reported out on a monthly basis on the Hand Hygiene Application reports tab.

VII. Reporting Venues

Data is available to all CCHMC employees via the Hand Hygiene Application on Centerlink.

VIII. Limitations

None listed.

IX. Experts/Resources

Please contact Infection Control for any questions regarding this measure.

X. Revision History

Version	Primary Author(s)	Description of Version	Date Completed
Draft	Allison Glance	Initial Draft	8/26/2016