

Hand Hygiene Observation Tool

This tool has been developed by the Indiana Healthcare Associated Infection Initiative for the purpose of improving health care quality. An important part of quality health care is infection prevention and an essential component of preventing infections is using hand hygiene. This form will assist with monitoring and identifying the strengths and areas needing improvement for hand hygiene.

DIRECTIONS FOR INFECTION PREVENTION STAFF (FOR THE TOP PORTION OF THE TOOL):

1. Infection Prevention Staff must complete the top part of the form.
2. It is the responsibility of the Infection Prevention Staff to select an Observer for the data collection. Observers will be limited to licensed and non-licensed direct care providers.
3. The Infection Prevention Staff will also assign the day and date for the observation. Different days of the week (including weekends), different times of the month, and different patient areas (if applicable) should be included across the data collection.
4. For the purposes of the Indiana Healthcare Associated Infection Initiative, 3 sets of 30 (15 BEFORE and 15 AFTER) hand hygiene observations will occur each month—one from each of the designated time frames (day, evening and night); the location will be targeted units.
5. Infection Prevention Staff must train the Observer. Staff must be confident that the Observer understands how to complete the bottom part of the form.
6. The Observer should agree to the following conditions:
 - a. Observer must not reveal their purpose (observations must remain unnoticed). If asked, the observer may use an answer such as, "I'm tracking equipment use for housekeeping."
 - b. Observer must agree to following instructions for time, location and number of observations.
 - c. Observer must demonstrate a verbal understanding of the process to Staff.
 - d. Observer must agree to return the form to the assigned person on time.

DIRECTIONS FOR OBSERVER (FOR THE BOTTOM PORTION OF THE TOOL):

1. The Observer must complete the bottom of the form.
2. The Observer must note the date (MM/DD/YY), day and time of day (HH:MM) of the observation, circling AM or PM.

3. The Observer must identify the position of the person who is being observed, as specifically as possible. Categories of positions are provided at the bottom of the form.
4. The Observer notes if the person has performed hand hygiene before patient or resident contact and after patient or resident contact. YES means that hand hygiene was performed; NO indicates that no hand hygiene occurred. If the Observer is able to observe before but not after for a particular patient or resident, a YES or NO is recorded in the before column and an N/A is recorded in the after column. If the Observer is able to observe after but not before for a particular patient or resident, an N/A is recorded in the before column and a YES or NO is recorded in the after column. If the Observer is able to observe before and after for a particular patient or resident, a YES or NO is recorded in the before column and a YES or NO is recorded in the after column. There must be a total of 15 BEFORE observations and 15 AFTER observations. Although 30 lines are included for observations, not all of the lines will be used if a particular observation includes BEFORE and AFTER.
5. If the person has performed hand hygiene, the Observer notes if it was performed using an alcohol based hand rub (ABHR) or soap and water (Soap). If both methods were used, both items may be checked.
6. Once this worksheet is completed and returned, (per directions), the Infection Prevention Staff must transfer and submit the information electronically. This can be done through this [Hand Hygiene Observation Data Entry Link](#) or through the link located on HAIKU (Initiative discussion board).

IMPORTANT: For the purposes of the Indiana Healthcare Associated Infection Initiative, one set of observations contains a total of 30 observations (15 BEFORE and 15 AFTER). Each month, 3 sets of observations need to be completed (one set from each shift) for a total of 90 observations (45 BEFORE and 45 AFTER).

Additionally, facilities may choose to aggregate their own observations into a quarterly set of 270 observations (135 BEFORE and 135 AFTER) for tracking individual facility trends. No individual reports will be provided to the facility by the Indiana Healthcare Associated Infection Initiative.

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To be completed by Infection Prevention Staff:

Name of Facility:		Name of Observer:	
Position of Assigned Observer: <input type="checkbox"/> Licensed Health Care Provider <input type="checkbox"/> Non-Licensed Health Care Provider			
Assigned Unit or Location:			
Number of Observations:		Assigned Time: <input type="checkbox"/> Day (7a-3p) <input type="checkbox"/> Evening (3p-11p) <input type="checkbox"/> Night (11p-7a)	

To be completed by Observer:

#	Day	Date	Time	Person's Position*	Hand Hygiene Performed Before Contact			ABHR	Soap	Hand Hygiene Performed After Contact			ABHR	Soap
					Yes	No	N/A			Yes	No	N/A		
1					Yes	No	N/A			Yes	No	N/A		
2					Yes	No	N/A			Yes	No	N/A		
3					Yes	No	N/A			Yes	No	N/A		
4					Yes	No	N/A			Yes	No	N/A		
5					Yes	No	N/A			Yes	No	N/A		
6					Yes	No	N/A			Yes	No	N/A		
7					Yes	No	N/A			Yes	No	N/A		
8					Yes	No	N/A			Yes	No	N/A		
9					Yes	No	N/A			Yes	No	N/A		
10					Yes	No	N/A			Yes	No	N/A		
11					Yes	No	N/A			Yes	No	N/A		
12					Yes	No	N/A			Yes	No	N/A		
13					Yes	No	N/A			Yes	No	N/A		
14					Yes	No	N/A			Yes	No	N/A		
15					Yes	No	N/A			Yes	No	N/A		
16					Yes	No	N/A			Yes	No	N/A		
17					Yes	No	N/A			Yes	No	N/A		
18					Yes	No	N/A			Yes	No	N/A		
19					Yes	No	N/A			Yes	No	N/A		
20					Yes	No	N/A			Yes	No	N/A		
21					Yes	No	N/A			Yes	No	N/A		
22					Yes	No	N/A			Yes	No	N/A		
23					Yes	No	N/A			Yes	No	N/A		
24					Yes	No	N/A			Yes	No	N/A		
25					Yes	No	N/A			Yes	No	N/A		
26					Yes	No	N/A			Yes	No	N/A		
27					Yes	No	N/A			Yes	No	N/A		
28					Yes	No	N/A			Yes	No	N/A		
29					Yes	No	N/A			Yes	No	N/A		
30					Yes	No	N/A			Yes	No	N/A		

*Be specific. Use 1--nurse, 2--physician, 3--non-licensed health care staff, 4--other licensed health care staff, 5--non-direct care staff, 6--administrator, 7--office staff, 8--other.

Please return to _____ by _____.
(person) (date and time)