

Hand Hygiene Observation Tool (photocopy as needed)

Observer:						
Date:			Time/Shift:			
Facility Name:						
Unit: <input type="checkbox"/> M/S (Name: _____) <input type="checkbox"/> ICU/CCU <input type="checkbox"/> ASC						
HH opportunity*	Physician / ARNP / PA HH done		Nurse / Nurse Aide HH done		All Other Staff or Unknown HH done	
	Yes	No	Yes	No	Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total						

*A Hand Hygiene Opportunity is defined as 'Before Pt. Contact' or 'After Pt. Contact' Each Contact counts as a single observation.



'Clean Your Hands'

Frequently Asked Questions

(3/11/08)

(This FAQ is designed for staff that will assist with the use of the HH observation tool)

1. Can I tell staff about the HH Program?

Yes, this is an opportunity to provide simple feedback and to re-enforce staff education about HH.

2. How will we report the data to the NH Healthcare Quality Commission?

The Foundation for Healthy Communities will collect the data for the Commission on the HH Measurement Program Report form. It may be sent by FAX (225-4346) to Lea Miner at the Foundation or by E-mail (lminer@healthynh.com). The report is due quarterly.

3. What happens if we are already using another process and form for HH observation?

You can continue to use your process. The reporting requirement for the program is minimal and the HH Observation Tool is for facilities who want to use it.

4. Does it matter where in the hospital that the observations are made?

Yes, the HH Program is designed to collect observations from either the ICU/CCU and/or medical-surgical units.

5. What if the observer is unable to completely see the health care worker in a patient's room?

This is NOT counted because the observer was unable to clearly observe without any doubt about whether a HH opportunity existed.

6. What if the staff person is observed to make an effort at HH but does not do it adequately (e.g., just wets fingers, does not dry hands)?

This would be recorded as NO HH done because the definition of HH requires the person to completely cover all hand surfaces and to thoroughly dry their hands.

7. Is there a specific length of time that a staff person must rub their hands if using an alcohol-based hand rub?

No, they must cover all surfaces and continue rubbing until the alcohol dries.

End

NH Healthcare Quality Assurance Commission



**Measurement
Hand Hygiene Report**

This report should include the first 100 Hand Hygiene opportunities done from your facility during the quarterly period _____ to _____. Each hospital and ASC represented on the Commission should submit one of these reports.
Please provide whole numbers. All reports will be kept confidential.

Date:

Facility Name:

Name of Contact Person:

Phone:

Physician/ARNP/PA HH opportunity done		+	Nurse / Nurse Aide HH opportunity done		+	All other staff or unknown HH opportunity done		=	Total = 100
Yes	No		Yes	No		Yes	No		Total

Please submit this report quarterly to Lea Miner at the Foundation for Healthy Communities.
Fax: 225-4346 or E-mail: lminer@healthynh.com. Phone: 225-0900.