



# Hand Hygiene

## Observation feedback tool for unit leaders

### OBSERVATION:

This feedback tool is to be completed at the end of the quarter, or fiscal year, when unit Hand Hygiene compliance rates are **below 69%**.

The top section of this tool is completed by the observers, and then the tool is given to the involved Manager/Unit Manager/PCC/Chief of Staff.

<b>Unit:</b> Click here to enter text.		<b>Date Tool Initiated:</b> Click here to enter text.		
<b>Compliance Rate:</b> Click here to enter text.		<b>Infection Control Practitioner:</b> Click here to enter text.		
<input type="checkbox"/> Quarter 1	<input type="checkbox"/> Quarter 2	<input type="checkbox"/> Quarter 3	<input type="checkbox"/> Quarter 4	<input type="checkbox"/> Fiscal Year
<b>Staff Type Audited:</b>				
<input type="checkbox"/> Nursing	<input type="checkbox"/> Physician	<input type="checkbox"/> Clinical Support Staff	<input type="checkbox"/> Other	
<b>Comments:</b> Click here to enter text.				

### ACTION PLAN:

Manager to Review:	Department:	Improvement Actions Requested Completion Date:	Improvement Actions Actual Completion Date:	Manager Signature:
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	

The Manager/Unit Manager/PCC/Chief of Staff will review and complete *Recommendations for Improvement Actions* below, choosing items that will be effective for their group to complete.

## RECOMMENDATIONS FOR IMPROVEMENT ACTIONS (SELECT ONE OR MORE ITEMS TO WORK ON):

<input type="checkbox"/>	Staff are to review <a href="#">Hand Hygiene Clinical Practice Guidelines</a>
<input type="checkbox"/>	Staff are to review <a href="#">Hand Hygiene Administrative Policy (AH0700)</a>
<input type="checkbox"/>	Encourage staff to remind each other to perform hand hygiene when missed opportunities are evident
<input type="checkbox"/>	Encourage patients and families to ask healthcare workers if they have performed hand hygiene
<input type="checkbox"/>	Ensure ABHR (Alcohol Based Hand Rub) product is readily available throughout the unit and at point of care
<input type="checkbox"/>	Complete i-Learn Hand Hygiene module (Course ID: Module <a href="#">853</a> , Quiz <a href="#">854</a> )
<input type="checkbox"/>	Encourage staff to review module
<input type="checkbox"/>	Request Infection Control Practitioner Hand Hygiene education
<input type="checkbox"/>	Discuss hand hygiene in safety huddles and staff meetings:
	<input type="checkbox"/> <a href="#">Your 4 Moments of Hand Hygiene</a>
	<input type="checkbox"/> Performing hand hygiene in front of patients, residents, clients and visitors
	<input type="checkbox"/> Performing hand hygiene before and after glove use
	<input type="checkbox"/> Barriers to hand hygiene and possible solutions
<input type="checkbox"/>	Other actions for improvement: <a href="#">Click here to enter text.</a>
<input type="checkbox"/>	Other actions for improvement: <a href="#">Click here to enter text.</a>
<input type="checkbox"/>	Other actions for improvement: <a href="#">Click here to enter text.</a>

*Check the below box only if the compliance rate is below 69% and the Fiscal Year box at the top of this document is checked*

<input type="checkbox"/>	All staff on the unit must complete the i-Learn module (Course ID: Module <a href="#">853</a> , Quiz <a href="#">854</a> )
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The Infection Control Practitioner will follow up with the involved manager(s) with a phone call or a visit.

Please return this completed feedback tool to the Infection Control Practitioner listed at the top of the document within **one month** of receiving this tool.

Thank you for your collaboration as we strive to ensure continuous improvement in hand hygiene across Interior Health.

Please forward questions, comments and concerns to [IPAC@interiorhealth.ca](mailto:IPAC@interiorhealth.ca)