

Hand Hygiene Compliance: Data to Action

Colour Indicator for Data Range	Actions
Consistently greater than 80%	<ul style="list-style-type: none"> • Ongoing monitoring and feedback • Scheduled time for peer reviewers to complete HH reviews • Sustain gains through visual cues and leadership rounding • Periodic refreshers and competency assessments • Benchmarking across units/sites • Provide patients and visitors with HH information • Strive for excellence! Recognition and reward programs to celebrate staff who have excellent practice (e.g., IPAC shout-out)
70-80% and/or Inconsistent compliance	<p>In addition to GREEN actions:</p> <ul style="list-style-type: none"> • Targeted coaching and reminders • Check for accessibility to HH products, HH sinks • Promote Hand Hygiene Peer Reviewers • Staff reinforce positive behaviors to each other • Education on HH quality (e.g., Glo-Germ sessions) • Evaluate times of poor HH compliance (e.g., shift changes, task specific, etc..)
Less than 70%	<p>In addition to GREEN and YELLOW actions:</p> <ul style="list-style-type: none"> • Check auditing methods and observer reliability • Focus groups or surveys to understand barriers and opportunities • Create a unit hand hygiene working group to address barriers to HH for the unit clinical and medical staff • Intensive staff re-education and training as appropriate (e.g., lack of awareness of the 4 Moments identified as a HH barrier) • Leadership visibility and accountability