

Hand Hygiene Observation Audit Tool with Bare Below Elbows

(Based on the Lewisham Observational Tool)

Monitoring adherence with hand hygiene, and providing feedback for staff on their performance, is strongly recommended and is promoted in national and international programmes and campaigns (NHS Wales' **1000 Lives Plus**, National Patient Safety Agency's **Cleanyourhands**, and World Health Organisation's **Save Lives: Clean Your Hands**). Measuring compliance with hand hygiene is also identified as a Nursing Quality Indicator and is to be monitored and reported monthly as part of the ABM U Health Board Nursing Metrics.

Managers should identify members of staff on the ward who will undertake hand hygiene observations (at least once a month). This guide may be used to brief on the practicalities of undertaking hand hygiene observation.

The hand hygiene observation tool is designed to assist staff in observing and recording hand hygiene behaviour. The observation chart allows for recording the hand hygiene practices of various disciplines of staff, and this helps provide meaningful feedback for staff.

Over a 20-minute period, the observer uses the hand hygiene observation chart to record whether any person who has had contact with a patient, or a patient's environment, has adequately and appropriately decontaminated their hands, in a timely way, either by washing their hands with soap and water, or by using an alcohol hand rub (AHR). It is important to note that, during ward outbreaks, or whilst nursing patients in isolation, hand hygiene using soap and water should be the main form of hand decontamination, and this may be followed by use of AHR.

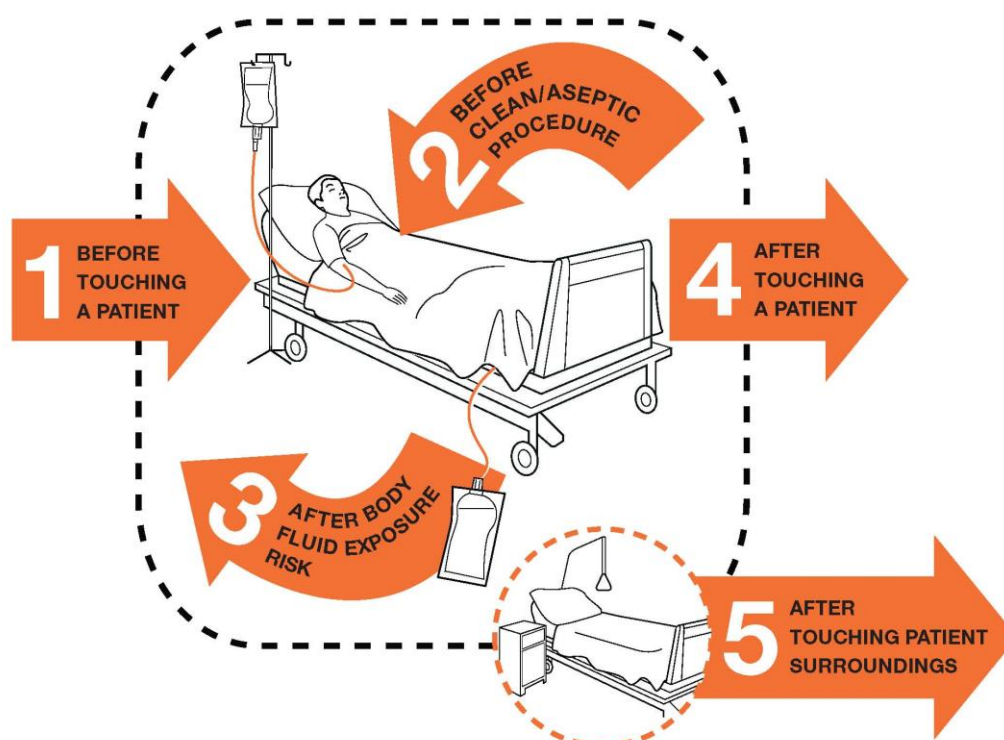
A minimum of 10 hand hygiene opportunities must be observed during the audit period. On occasion, this may take more than 20 minutes to observe.

When carrying out the hand hygiene audit, the observer needs to be aware of "5 moments for hand hygiene" (WHO), as illustrated in Figure 1 overleaf. These "5 moments" must be included as opportunities and must be recorded as an 'O' on the observation chart.

Additionally, use the observation period for auditing whether staff are compliant with the Health Board's standard that clinical staff must be Bare Below the Elbows. This can be recorded by staff group on the same audit form, using the annotation 'B' for those staff who comply with Bare Below Elbows and 'N' for those staff who do not comply.

Figure 1 – Opportunities for hand hygiene (“5 Moments for Hand Hygiene”)

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

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Instructions:

1. As the observer, you should undertake a number of practice observations to get familiar with the tool and to minimise the Hawthorne Effect (this is when the person being observed improves his/her performance simply in response to the fact that he/she is being observed). Undertaking practice observations is likely to reduce ward staff awareness of your presence.
2. Observations can be undertaken by just one person, or with a partner.
3. Identify an area within the ward/department where you can comfortably observe staff. Stay in this place for 20 minutes and observe the practices of staff and visitors. Whenever possible try not move from this place during the 20 minutes.
4. Position yourself so that you do not cause an obstruction, but can still see what is happening.
5. Observe for a **20-minute** period, or a minimum of **10** opportunities.
6. On the observation chart, record an '**O**' for a hand hygiene opportunity, and if the member of staff or visitor uses this opportunity to perform hand hygiene (either by washing or using AHR), record this on the chart with an '**H**' next to the '**O**'. If hand hygiene **does not** take place, the space next to the '**O**' must be left blank. If you were not in a position to see whether the member of staff or visitor used the opportunity to perform hand hygiene (e.g. HCW was unseen behind or a door closed), record this as '**U**' for unknown in the space next to the '**O**'. For example:
O–H
O–
O–U
7. When you have completed 20 minutes' observation, or observed a minimum of 10 hand hygiene opportunities, calculate the overall compliance score. **N.B. When performing the calculation, the total number of Opportunities ('O') should not include those where the outcome was Unknown ('U').** Provide feedback to the staff observed. When you give verbal feedback, try to stress positive findings first and, if the feedback is negative, give examples and suggestions for improvement.
8. While you are observing, you may identify issues which are barriers to hand hygiene, e.g. no soap, obstructed sinks, no alcohol by the bed, alcohol not working or alcohol empty. You may observe the use of an incorrect hand decontamination technique, e.g. AHR used when washing was the appropriate method. Include these issues as part of your feedback to staff.
9. Additionally, in the relevant section, record by staff group whether the staff observed comply with Bare Below Elbows, using a '**B**' for those that comply, and '**N**' for those that do not comply. Provide feedback regarding how many staff were observed to be Bare Below Elbows out of the total number of staff observed.
10. Keep the completed observations and hand to the ward manager who will enter the compliance results onto the Nursing Metrics. Keep a copy of the audit for your own records, and **send a copy of the observation chart to Julie Briggs, Infection Prevention & Control Data Quality Coordinator, Admin. Block, Princess of Wales Hospital, Bridgend, or e-mail a copy to Julie.Briggs@wales.nhs.uk.**

Example of basic observation chart (with Bare Below Elbows):

Date :16/12/19

Time : 09:45

Dept : RADIOLOGY

Observer: XXXXXXXXXX

Hospital: MORRISTON

Division: Nuclear
medicine

	Nurses	Doctors	HCA's RADIOGR APHERS	Domestic	Therapists	Others
20-minute period	O-H		O-H O- H O-H			
Bare Below Elbow (enter a 'B' for each member of staff bare below elbow; enter 'N' for NOT bare below elbow)	B	B	B B B			

Hand Hygiene Compliance

$$\frac{\text{Hand hygiene performed (H)}}{\text{Opportunities for Hand hygiene (O)}} = \frac{10}{10} \times 100 = 100\%$$

Unknown

There was one episode of care where the observer was not in a position to be able to see whether hand hygiene was performed or not. Therefore, the opportunity has been noted as "Unknown" and has not been included in the calculation for and hygiene compliance. Comment as necessary.

Bare Below Elbows Compliance

$$\frac{\text{No. Staff observed who were Bare Below Elbows (B)}}{\text{Total No. Staff observed (B + N)}} = \frac{10}{10}$$

References:

Pittet et al 2000 Effectiveness of hospital wide programme to improve compliance with hand hygiene. *Lancet* 356: 1307-12.

World Health Organisation 2009 *Save Lives: Clean your Hands Guide to Implementation. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy*. WHO Press, Switzerland.

Hand Hygiene with Bare Below Elbows: Observation Chart

Date : 18/03/19

Observer: XXXXXXXXXX

Dept: Radiology

Time : 09:45

Hospital: MORRISTON

Directorate: Nuclear Medicine

	Nurses (qualified)	Student Nurses	Medical Staff (Consultant/R egistrar/ SHO)	HCA's RADIOGRAP HERS	Domestics	Porters	Therapists (Physio, OT, Speech, etc.)	Phlebot- omists	Others (please identify group)
20-minute period A minimum of 10 opportunities	O-H			O-H O-H			O-H O-H O-H O-H O-H O-H O-H		
Bare Below Elbow (enter a 'B' for each member of staff bare below elbow; enter 'N' for NOT bare below elbow)	B			B B			B B B B B B B		

O: Opportunity for hand hygiene. (Include contact with patient's/client's environment in line with 5 moments of hand hygiene but do not include unknown/not witnessed opportunities)

H: Hand hygiene performed

U: Unknown (hand hygiene may have been undertaken but was not witnessed – **DO NOT INCLUDE THIS IN FINAL SCORE**)

Witnessed Compliance:	Hand Hygiene performed (H)	x 100	=	100%	Total No. Staff Observed Bare Below Elbow (B)	X 100	=	100%
	Opportunities for Hand Hygiene (O) – any “unknown” (U) episodes				Total No. Staff Observed (B+N)			

Unknown:

Hand Hygiene with Bare Below Elbows Observation Audit – Feedback Form

Date: 18/03/19	
Time: 09:45	
Ward/Unit/Hospital/ Directorate:	NUCLEAR MEDICINE
Observer(s): [REDACTED]	
Hand Hygiene Score: $\frac{\text{Hand Hygiene performed (H)}}{\text{Opportunities for Hand Hygiene (O)}} \times 100$	100%
Bare Below Elbow Score: $\frac{\text{No. Staff Bare Below Elbow (B)}}{\text{Total No. Staff Observed (B + N)}}$	100%
Comment on unobserved (Unknown) hand hygiene – but do not include in scores:	
Score by staff group (if requested):	
Score compared to unit/directorate average:	
Specific feedback: Codes for Hand Hygiene Opportunities (WHO – “5 Moments”) <ol style="list-style-type: none"> 1. before touching a patient, 2. before clean/aseptic procedures, 3. after body fluid exposure/risk, 4. after touching a patient, and 5. after touching patient surroundings 	
Feedback given to:	
Further action required:	