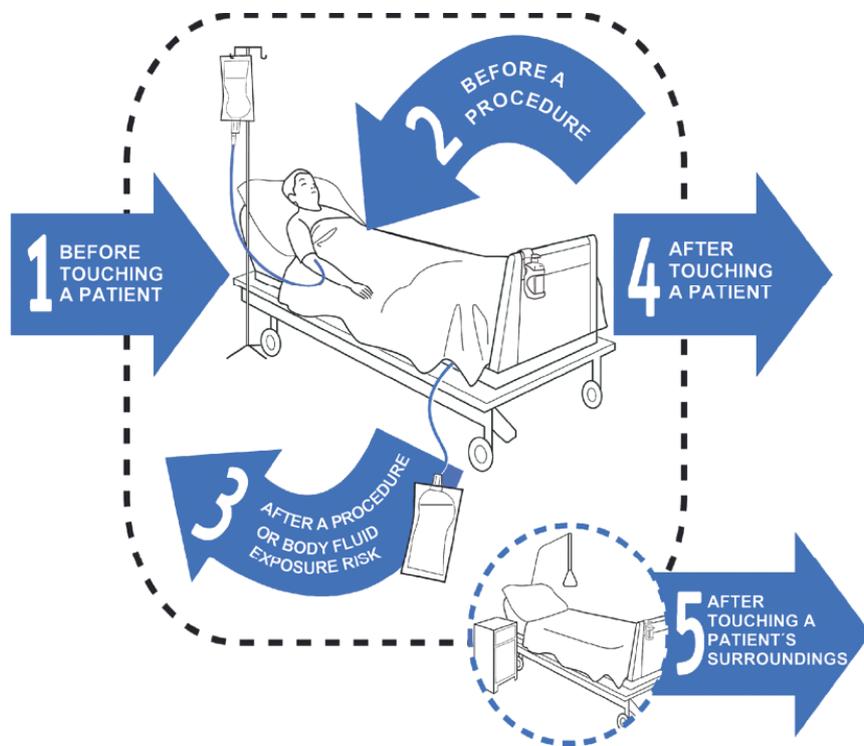




Hand Hygiene Australia
www.hha.org.au

5 Moments for HAND HYGIENE



Workshop Pre-Reading

Note:

The chapters contained in this Workshop Pre-reading Guide are taken directly from the June 2019 edition of the HHA Manual. Any reference numbers cited relate to the HHA Manual Reference List.

Any appendices cited relate to the HHA Manual Appendix List and the links will not work. The required information cited in the appendices can be found at the end of the Pre-reading chapters.



Chapter 2

The 5 Moments for Hand Hygiene

2.1 Aim

To ensure all staff involved in the HHA 5 Moments for Hand Hygiene culture change program understand the concepts of the 5 Moments for Hand Hygiene.



2.2 What are the 5 Moments for Hand Hygiene?

The 5 Moments for Hand Hygiene are a theoretical model of how infectious agents can be transferred between a healthcare worker and patients. It is inclusive of all occasions where a patient's safety can be endangered by the care given by a healthcare worker; where opportunity exists for transfer of infectious agents between healthcare worker, patient and the healthcare environment.

- Moment 1:** Before touching a patient (1B)
- Moment 2:** Before a procedure (1B)
- Moment 3:** After a procedure or body fluid exposure risk (1A)
- Moment 4:** After touching a patient (1B)
- Moment 5:** After touching a patient's surroundings (1B)

2.2.1 The levels of evidence to support the 5 Moments for hand hygiene (12)

1A - Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiological studies

1B - Strongly recommended for implementation and supported by some experimental, clinical, or epidemiological studies and a strong theoretical rationale

2.2.2 Key terms within the 5 Moments for hand hygiene

Patient

Includes any part of the patient, their clothes, or any medical device that is connected to the patient.

If the patient were to get up out of bed and walk off, what would still be attached? These items become part of the "patient".

Procedure

Is an act of care for a patient where there is a risk of direct introduction of a pathogen into the patient's body.

Body Fluid Exposure Risk

Any situation where contact with body fluids may occur. Such contact may pose a contamination risk to either healthcare worker or the environment.

Patient Zone

Includes the patient and the patient's immediate surroundings.

The patient zone is a space dedicated to an individual patient for that patient's stay. This area is cleaned between the discharge of one patient and the arrival of the next to minimise the risk of transmission of organisms between patients.

Assumptions are generally made that within the patient zone the patient flora rapidly contaminates the entire patient zone; and the patient zone is cleaned between patients.

Within the patient zone there are 2 critical sites, the clean site (e.g. IV access point) that needs to be protected against microorganisms, and the body fluid site (e.g. IDC) that leads to the healthcare workers hands being exposed to body fluid.



Healthcare Zone

Refers to all regions outside of the Patient zone. This includes the curtains, partitions and doors between separate patient areas.

The healthcare zone can include shared patient areas as these areas are not cleaned between patients.

Assumptions are generally made that within the healthcare zone there are organisms foreign and potentially harmful to all patients, and that transmission of these pathogens to the patient results in exogenous infection.

Curtains

Patient bed curtains are outside the patient zone and are frequently contaminated with micro-organisms foreign to the patient inside (24-26)

Touching the curtains after caring for a patient is considered to be equivalent to leaving the patient zone

Hand hygiene should be performed between touching the curtains and touching the patient and vice versa.

2.3 The 5 Moments in Detail

Moment 1 – Before Touching a Patient

WHEN:

Perform Hand Hygiene on *entering the patient's zone before touching the patient*

WHY:

To protect the patient against acquiring foreign organisms from the hands of the healthcare worker.

Hand Hygiene Before:

EXAMPLES:

Touching a patient in any way:

Shaking hands, Assisting a patient to move, Touching any medical device *connected* to the patient (e.g. IV pump, IDC), Allied health interventions

Any personal care activities:

Bathing, Dressing, Brushing hair, Putting on personal aids such as glasses

Any non-invasive observations:

Checking the patient's pulse rate, blood pressure, oxygen saturation, or temperature. Chest auscultation, Abdominal palpation, Applying ECG electrodes, Cardiotocography (CTG)

Any non-invasive treatment:

Applying an oxygen mask or nasal cannulae, Fitting slings/braces, Application of incontinence aids (including condom drainage)

Preparation and administration of oral medications:

Oral medications, Nebulised medications

Oral care and feeding

Feeding a patient, Brushing teeth or dentures

TO PREVENT: Patient colonisation with healthcare microorganisms

Healthcare workers are likely to have microorganisms on their hands. Performing hand hygiene before touching a patient prevents these microorganisms being transferred to the patient during patient contact.



Moment 2 – Before a Procedure

WHEN:

Immediately before a procedure. Once Hand Hygiene has been performed, nothing else in the patient's environment should be touched prior to the procedure starting

WHY:

To protect the patient from potential organisms (including their own) from entering their body during a procedure.

Hand Hygiene Before:

EXAMPLES:

Insertion of a needle into a patient's skin, or into an invasive medical device:

Venepuncture, Blood glucose level, Arterial blood gas, Subcutaneous or Intramuscular injections, IV flush

Preparation and administration of any medications given via an invasive medical device, or preparation of a sterile field:

IV medication, NG Tube feeds, PEG feeds, Baby NG/gavage feeds, Set up of a Dressing trolley

Administration of medications where there is direct contact with mucous membranes:

Eye drop instillation, Suppository insertion, Vaginal pessary insertion

Insertion of, or disruption to, the circuit of an invasive medical device:

Procedures involving the following:
Endotracheal tube, Tracheostomy, Nasopharyngeal airway devices, Suctioning of airways, Urinary catheter, Colostomy/ileostomy, Vascular access systems, Invasive monitoring devices, Wound drains, PEG tubes, NG tubes, Secretion aspiration

Any assessment, treatment and patient care where contact is made with non-intact skin or mucous membranes:

Wound dressings, Burns dressings, Surgical procedures, Digital rectal examination, Invasive obstetric and gynaecological examinations and procedures, Digital assessment of newborn palate

TO PREVENT: Endogenous and exogenous infections in patients

Healthcare workers are likely to have microorganisms on their hands, or may pick up microorganisms from the patients skin, performing hand hygiene immediately before a procedure prevents these microorganisms entering the patient's body during the procedure.

Moment 3 – After a Procedure or Body Fluid Exposure Risk

WHEN:

Hand hygiene immediately after a procedure or body fluid exposure risk as hands could be contaminated with body fluid

Even if you have had gloves on you should still perform hand hygiene after removing them as gloves are not always a complete impermeable barrier. Hands may also have been contaminated in the process of removing the gloves.

WHY:

To protect yourself and the healthcare surroundings from becoming contaminated by the transmission of potential organisms from the patient.

Hand Hygiene After:

EXAMPLES:

After any Procedure:

See Moment 2

After any potential body fluid exposure:

Contact with a used urinary bottle / bedpan,
Contact with sputum either directly or indirectly via a cup or tissue, Contact with used specimen jars / pathology samples, Cleaning dentures, Cleaning spills of blood, urine, faeces or vomit from patient surroundings, After touching the outside of a drain tube or drainage bottle

Contact with any of the following:
Blood, Saliva, Mucous, Semen, Tears, Wax, Breast milk, Colostrum Urine, Faeces, Vomitus, Pleural fluid, Cerebrospinal fluid, Ascites fluid, Lochia, Meconium, Pus, Bone Marrow, Bile, Organic body samples e.g. Biopsy samples, Cell samples

TO PREVENT: Colonisation/Infection in Healthcare workers, contamination of the healthcare environment, and transmission of microorganisms from a colonised site to a clean site on patient X.

After touching a patient the healthcare worker will have the patient's microorganisms on their hands; these microorganisms can be transmitted to the next patient/surface the healthcare worker touches.



Moment 4 – After Touching a Patient

WHEN:

After touching a patient. Perform Hand Hygiene before you leave the patient zone.

WHY:

To protect yourself and the healthcare surroundings from becoming contaminated with potential organisms from the patient.

Hand Hygiene After:

EXAMPLES:

After any Moment 1 except where there has been a potential exposure to body fluids:

See Moment 1 and 2

TO PREVENT: Colonisation/Infection in Healthcare workers, and contamination of the healthcare environment

After touching a patient the healthcare worker has the patient's microorganisms on their hands; these microorganisms can be transmitted to the next patient/surface the healthcare worker touches.

Moment 5 – After Touching a Patient's Surroundings

WHEN:

Hand Hygiene *after touching a patient's surroundings* even when the patient has not been touched. Always Hand Hygiene before leaving the patient's room

WHY:

To protect yourself and the healthcare surroundings from becoming contaminated with potential organisms from the patient's surroundings.

Hand Hygiene After:

EXAMPLES:

After touching the patient's immediate surroundings when the patient has not been touched:

Patient surroundings include: Bed, Bedrails, Linen, Table, Bedside chart, Bedside locker, Call bell/TV remote control, Light switches, Personal belongings (including books, Mobility aids), Chair, Foot stool, Monkey bar

TO PREVENT: Colonisation/Infection in HCWs, and contamination of the healthcare environment

After touching the patient's environment the healthcare worker will have microorganisms on their hands; these microorganisms can be transmitted to the next patient/surface the healthcare worker touches.

2.4 Two patients within the same patient zone

Two or more patients may be in such close contact that they occupy the same physical space and touch each other frequently. For example, a mother and her newborn child, or twins occupying the same cot. The two close patients may be viewed as occupying a single patient zone. Hand hygiene is still required when entering or leaving the common patient zone, and before and after procedures on the individual patients, but the indication for hand hygiene when moving between the two patients is little preventative value because they are likely to share the same microbial flora (1).



Chapter 6

Auditing Hand Hygiene Compliance

6.1 Aim

To accurately assess hand hygiene compliance in accordance with published guidelines using a standardised hand hygiene observation assessment tool (1, 87).



6.2 Auditing with the 5 Moments for hand hygiene tool

Hand hygiene compliance auditing is the established outcome measure for assessing the effectiveness of a hand hygiene program within the NHHI. Hand hygiene compliance is a valid and reliable measure within the acute care sector, in both public and private hospitals throughout Australia. HHA currently receive data from the majority of acute hospitals within Australia.

The HHA hand hygiene compliance auditing method is by direct observation of healthcare workers. Direct observation by trained and validated observers is the gold standard to monitor compliance with the 5 Moments for hand hygiene (1).



6.3 Rules for auditing the 5 Moments

Rules	Extended Definition
Moment 1	HH Moment 1 is recorded only once the HCW touches the patient.
Moment 2	HH Moment 2 is recorded <u>immediately</u> prior to any procedure <ul style="list-style-type: none"> Once Hand Hygiene has been performed, nothing in the patient's environment can be touched prior to the procedure starting.
Moment 3	HH Moment 3 is recorded <u>immediately</u> after a procedure of body fluid exposure risk: <ul style="list-style-type: none"> Nothing else should be touched prior to performing hand hygiene Touching the outside of a drain or drainage bag (eg urinary catheter, wound drain, chest tube drain, CSF drain), even when the circuit is not broken, is considered a body fluid exposure risk Can be recorded as a stand alone HH Moment when there is a body fluid exposure risk, but no patient contact - e.g. cleaning a spill of vomit, urine or faeces.
Moment 4	HH Moment 4 is recorded after touching the patient <ul style="list-style-type: none"> Touching the patient surroundings after touching the patient is recorded as a single Moment 4. If after Moment 3 there is touching of the patient surroundings before leaving the patient zone this is recorded as a Moment 4.
Moment 5	HH Moment 5 is recorded when the HCW leaves the patient zone after touching the patient's immediate surroundings and the patient has not been touched. <ul style="list-style-type: none"> When multiple items in the patient surroundings are touched, only one Moment 5 is recorded.
Notes	
Before/After Moments	Generally for every 'before' Moment there should be an 'after' Moment recorded, unless the auditor does not witness the action. <ul style="list-style-type: none"> Moment 1 is generally followed either a Moment 3 or Moment 4 Moment 2 is generally followed by Moment 3 Moment 5 is a stand alone Moment as there is no patient contact. There are a few situations when two "afters" may be recorded sequentially, however you will <u>never</u> have a M1 and a M2 in a row.
Action missed if not observed	The HCW must be observed to perform HH as they approach the patient. If HH is not observed it should be recorded as a "missed" action (i.e. HH not performed).
Only audit what you observe	No "before" Moment can be recorded if auditing commences after a HCW is already touching a patient, or in the process of performing a procedure. No "after" Moment can be recorded unless the Moment is observed.
Curtains	Patient bed curtains are outside the patient zone and are frequently contaminated. Touching the curtains is equivalent to leaving the patient zone. HH should be performed between touching the curtains and touching the patient, and vice versa.
Double Moments	Two moments for HH can occur simultaneously e.g. when moving directly from one patient to another without touching anything in between. In this situation, a single HH action covers the two moments for HH, as Moments 4 and 1 coincide. When moving from touching a patient to performing a procedure on that same patient Moments 4 and Moment 2 coincide. When auditing in either situation, both Moments should be recorded as individual Moments on the data collection form.
When not to record a Moment	HHC is audited by HCW compliance with the 5 Moments; it is not audited by HCW performing a HH action. HH actions not corresponding to a recognised Moment are not recorded, e.g. when a HCW walks into a patient's room, does HH and walks out without touching anything. In this case no Moment had occurred, despite HH taking place, so no Moment can be recorded.

6.4 One Action - Two Moments

Often two moments for hand hygiene will coincide. Typically, this occurs when moving directly from one patient to another without touching anything in between. In this situation a single hand hygiene action will cover two moments for hand hygiene, as Moments 4 and 1 coincide:

For example moving from touching one patient to another patient:

- Hand hygiene is performed after touching patient A = M4
- HCW goes to the next patient area and touches patient B on the shoulder = M1
- The one hand hygiene action after touching a patient counts as the hand hygiene for before touching a patient also.

Another example is when moving from touching a patient to performing a procedure on that same patient:

- After touching the patient, hand hygiene performed = M4
- HCW changes the IV fluid bag on the same patient = M2
- The one hand hygiene action after touching the patient counts as the hand hygiene before the procedure.

When auditing in either situation, both Moments are recorded as separate Moments on the audit tool.

If the hand hygiene action (rub/wash) is missed in either of the above situations the Moments are still recorded the same, however both the actions will be entered as “missed”.

6.5 When NOT to record a Moment

Hand hygiene compliance is audited by Moments; it is not audited by hand hygiene action.

It is important to understand that hand hygiene actions not corresponding to an opportunity (or reason for hand hygiene) and therefore “additional” and not required should not be audited by the observer. For example, healthcare worker walks into a patient’s room, does hand hygiene then walks out without touching anything – No Moment is recorded.



6.6 Overcoming bias in auditing

Observer bias is introduced by inter-observer variation in the observation. The HHA training schedule of validation of auditors has been created to minimise this bias.

Selection bias is introduced by selecting healthcare workers, care settings, and observation times with specific hand hygiene behaviour. In practical terms, this bias can be minimised by randomly choosing locations (from your set reporting wards) and times of the day to audit.

When healthcare workers know hand hygiene compliance is being measured, they often initially attempt to behave correctly. This is known as the “Hawthorne Effect” (88). Evidence suggests that the Hawthorn effect may only increase compliance in areas that already have good compliance rates, but there will be no noticed effect on wards starting with low compliance (89). Indicating that people who know when hand hygiene should occur can improve their practice under auditing conditions, however people who don’t know the correct “hand hygiene Moment” to perform cannot improve their performance without further education.

However, with repeated observations, healthcare workers generally grow accustomed to the observer and are less affected by their presence (90), particularly if they know the auditor and are comfortable being observed.

6.7 Preparation for collection of hand hygiene compliance data

To ensure valid and reliable data collection, only people trained and validated by the HHA auditor training program are able to collect data for submission to HHA.

6.7.1 Equipment required to conduct a hand hygiene audit

The following equipment is required to conduct an audit:

- Mobile device with internet access to HHA HHCApp mobile <http://hccapp.hha.org.au/mobile/>

OR

- Copies of HHA Audit forms (see [Appendix 1](#))
- HHA coding sheet (see [Appendix 2](#))
- HHA audit ward summary sheet (see [Appendix 9](#))



6.7.2 Healthcare worker (HCW) codes required for auditing

Standard codes:

HCW Code	Type of HCW	Extended Definition
N	Nurse/Midwife	All nurses – RN, Div 1, Div 2/EN, Midwives, Agency Staff, Domiciliary nurses, Psychiatric
DR	Medical Doctor	All doctors – Consultants, Registrars, Residents, Interns, Visiting Consultants, GPs
PC	Personal Care staff	PSA, AIN, PCW, wardsmen, orderlies, warders, ward/nursing assistants
AH	Allied Health	Physiotherapists, Occupational therapists, Dieticians, Speech Pathologists, Radiographers, Pharmacists, P&O, Allied Health Assistants, Podiatrists, Music/Play therapists, Audiologists, Plaster technicians, ECG technicians
D	Domestic staff	Staff engaged in the provision of food and cleaning services, maintenance people
AC	Administrative and Clerical staff	Ward clerks, admissions officers
BL	Invasive Technician	Phlebotomists, Dialysis technicians
SN, SAH, SDR, SPC	Students	Students of N, AH, DR, PC
O	Other	Persons not categorised elsewhere
AMB	Ambulance	Ambulance workers, patient transport

Dental codes:

HCW Code	Type of HCW	Extended Definition
DO	Dentist	All dentists, specialist dentists
DT	Dental Therapist	Dental therapists, dental hygienist, dental prosthetist, oral health therapists
DA	Dental Assistant	Dental assistant, dental nurse
DL	Dental Technician	Dental technician, laboratory staff (no patient contact)
S	Student	Student, in front of any of the above codes e.g. SDO includes persons undertaking study to become a dentist etc.

6.7.3 Adding personalised healthcare worker codes

Organisation administrators can add their own healthcare worker codes into the HHCApp system. These codes will need to be listed under one of the healthcare worker Parent codes (see Section 6.7.2 above). For example, data could be collected specifically on surgical registrars by adding “Surgical Registrar” under the parent code of DR. This allows for facilities to run local reports for specific groups of healthcare workers.

Please see the HHCApp Instructions for Use

<https://www.hha.org.au/audits/hhcapp/instructions> for detailed instructions on how to add personalised healthcare worker codes.

6.8 Conducting a HHA hand hygiene compliance audit

This section details the steps required to conduct a hand hygiene compliance audit:

6.8.1 Timing of audits

Three HHA hand hygiene compliance audits need to be conducted each year (see section 7.2). It is recommended that auditing is commenced 6 – 8 weeks prior to the due date for data submission. This allows time for feedback / reporting of results, education, or any other interventions to improve hand hygiene compliance to be implemented in the 8 weeks prior to the next audit cycle.

Some facilities are required to report hand hygiene compliance results on a monthly basis, and are therefore required to audit on an ongoing basis throughout the year. If this is the case it is still important to feedback results and to implement new interventions at regular times throughout the year. If you need to report monthly, please consider reporting on your progress with your interventions/action plans rather than just “data” each month, then after the close of an audit period, report on your data (three times a year).

6.8.2 Time to complete a hand hygiene compliance audit

To achieve valid results, hand hygiene compliance should be assessed on a defined minimum number of hand hygiene observations (Moments). The time taken to complete the required number of observations will vary depending on the level of clinical activity in the observed area, the experience of the auditor, and the time of day the audit is conducted.

The data collection schedule will be influenced by the number of acute beds in each facility (see section 7.2.1), the number of trained staff available to undertake hand hygiene observations, and the option taken for the selection of wards (See Section 5.7). Hand hygiene compliance rates should be reflective of a cross-section of the facility’s healthcare workers, rather than just repeated or prolonged observations on a small number of healthcare workers.

6.8.3 Preparation of the wards

Unit Managers should be notified prior to commencing compliance auditing. Wards / departments should be asked to ensure alcohol-based handrub products are in all the appropriate places before auditing commences. If there are barriers to hand hygiene e.g. no available alcohol-based handrub, soap or paper towels, this should be recorded in the notes section of the audit tool, then reported to the shift or unit manager prior to leaving the area.

6.8.4 Conducting a hand hygiene compliance audit

- Arrive at target ward / department and introduce yourself to the shift manager and inform them of your role
- Always perform hand hygiene upon entering a ward to audit. It is very important to lead by example
- Hand hygiene auditors are encouraged to be open and honest about what they are doing, and show the audit tool and how the data collected is de-identified. This may be for staff, patients or visitors
- There needs to be at least one patient and one HCW present in a room to start auditing. If neither are present, move to another room
- Auditors need to position themselves to view the patient bed, sink, and alcohol-based handrub area; however they must remain out of the workflow area of the observed staff. The presence or absence of a convenient location from which to observe patient beds and hand hygiene facilities may impact on which patient bays are selected for observation
- When a patient's bed curtains are drawn, permission should be sought from the relevant healthcare worker and patient to allow auditors to continue to view activities in the area. Although there may be some occasions when this is not appropriate, these are rare. Observing healthcare worker activities behind closed curtains in the ICU is often necessary
- HHC should be assessed on all categories of healthcare workers who enter observed ward bays. Try not to observe the same healthcare worker for the entire audit session
- The number of healthcare workers observed at one time depends on their level of activity and the competency of the auditor. More than one healthcare worker can be observed simultaneously, provided their hand hygiene *Moments* can be accurately observed and recorded. If this is not possible, then the compliance of additional healthcare workers should not be recorded until the index healthcare worker has left the bay, or has ceased activity. It is better to record fewer moments accurately than many Moments inaccurately.
- A hand hygiene Moment is only documented when the field observer can accurately observe the HCW and the *Moment* that has been completed. If an auditor is unsure whether the observed healthcare worker performed hand hygiene, then such *Moments* should not be recorded. The only exception is when a healthcare worker is observed to enter a room and go directly to the patient.
- A Moment finishes when a healthcare worker:
 - Moves from one patient to another
 - Leaves the room on completion of patient care
 - Touches the curtain partition in a multi-patient room
 - Moves from touching a patient to doing a procedure or vice versa
- A Moment can finish in another area outside a patient room if patient care is not yet completed e.g. transporting a bedpan to the pan room
- The observational audit session has no specific time frame, it can be conducted for as long or as little time as the auditor has allocated

- At the conclusion of an audit session the following needs to be completed:
 - Thank the shift manager and highlight any problems that need addressing immediately e.g. No hand hygiene product available
 - If data is collected on a mobile device a report can be generated immediately to provide feedback to the ward

There can be circumstances where it is not appropriate to conduct a hand hygiene observation session; these include:

- Emergency situations where hand hygiene is secondary to patient safety (e.g. when any hospital 'code' is called)
- End of life care
- If the patient, or patient's family object
- During private discussions between healthcare workers and patient/ patient's family.

6.9 How to use the hand hygiene audit tool

All hand hygiene compliance data should be recorded for each of the 5 Moments either via a mobile device that syncs data directly into the HHA HHCApp database, or on the standard HHA paper data collection form (see Appendix 1) and later manually entered.

The HHA hand hygiene compliance audits can only be conducted by trained and validated staff. Data collection can be via paper or mobile device. However, HHA strongly recommend the use of mobile devices for data collection as this removes duplication of data entry.

6.9.1 Data collection via a mobile device

If using a mobile device, user instructions can be found on the HHA website <https://www.hha.org.au/audits/hhcapp/instructions>

In particular please read the "mobile device troubleshooting guide". Versions are available for both Apple and Android devices.

Then you can access the mobile data entry site on your mobile phone/tablet via <http://hhcapp.hha.org.au/mobile/>

There are multiple data validation codes within the mobile data entry system that will ensure that the required information is entered correctly.

To enable **practice** using either version of HHCApp, without harming your data set, HHA have set up the following **practice login**:

Auditor Username: Ignaz

Password: Ignaz1

Please note: Each trained auditor requires an individual login to enter hand hygiene data. Logins should never be shared.



6.9.2 Paper based data collection – Using the HHA Audit Tool

For each session fill in the demographic details on arrival at target ward

- Health Service = Hospital or facility name
- Session number = The audit number for that particular ward which is then transferred to the hand hygiene ward summary sheet (see [Appendix 9](#))
 - The first audit on a specific ward will be session no.1
 - The second audit on the same ward will be session no.2
 - The first audit on a different ward will be session no. 1 on that ward
- Start and Finish times are for your own personal statistics to enable you to calculate the amount of time it takes to conduct each audit. This information can then be reported to your senior management to assist with staffing requirements.

For each Moment observed the following should be recorded on the audit form:

- HCW – needs to be filled in every time a Moment is observed
- Moment – fill in the Moment observed.
 - Only one Moment should be filled in per box. If multiple Moments are observed a new box needs to be filled in for each moment (see [Appendix 3](#))
- Action – needs to be filled in for every Moment observed
 - If no hand hygiene action is observed then it is recorded as a missed action
 - If the HCW performs hand hygiene then proceeds to touch their face/nose/mouth or touches items in the healthcare environment prior to touching the patient then this should be recorded as a missed hand hygiene action
 - If a HCW is observed to do hand hygiene incorrectly (e.g. one handed, minimal volume alcohol-based handrub or no soap) this should be recorded as a missed action
- Gloves – are only recorded if the HCW puts gloves on in a Before Moment (1 or 2), takes gloves off in an after Moment (3, 4, or 5), or continues from one Moment to another with the same pair of gloves
 - Even if gloves are worn for patient care hand hygiene still needs to be performed and recorded before and after glove use
 - If no gloves are worn then the “gloves” box is left blank.

6.9.3 Tips for accurate data collection and entry

On a mobile device each new auditing session should be started on the Sessions page by pressing the Add Session button.

For paper based data collection each session on each ward should be recorded on a new data collection form.



6.9.4 At the conclusion of the ward visit:

For mobile data collection:

- Ensure you press the Done button, and press OK to the message asking if you have finished with this session.
- Sync your data
- Logout by pressing the Logout button and accept and confirm the logout

For paper based data collection:

- Check that all demographic fields on each HHA 5 Moments audit sheet are correct and legible
- Check that there is a HCW / Moment / Action (+/- Gloves) in each box, if one item is missing that Moment needs to be crossed out as it is incomplete and it cannot be used
- Add up total number of Moments, and the total number of correct Moments (rub or wash) collected and write the total on the bottom right corner of audit sheet (see [Appendix 1](#))
- Fill in HHA ward summary sheet for each session on each ward ensuring that all fields are filled in (see [Appendix 9](#)).

6.10 Patient safety and privacy during hand hygiene audits

Any 'unsafe' practices that are observed during hand hygiene auditing should be addressed immediately or reported to the appropriate manager for follow-up; otherwise compliance rates should be reported after an audit has been fully completed (66).

Observation does not justify infringing the principle of patient privacy. Auditors should show discretion regarding where they place themselves and their movements whilst conducting audits (68). It is recommended that patients be informed on admission that hand hygiene audits are regularly conducted as a quality improvement activity. Patients or their family may request they not be involved in an audit.

6.11 Hand hygiene and healthcare workflows

No healthcare worker deliberately chooses not to perform hand hygiene as is required for patient, staff and environmental safety. Non-compliance with hand hygiene according to the 5 Moments may be as a result of the healthcare worker's environment or workflow. If a healthcare worker doesn't have the right equipment, or hand hygiene product easily available they will be unable to perform hand hygiene as required.

HHA have mapped out two common clinical activities where hand hygiene compliance is often suboptimal. This process mapping identifies workflows to maximise hand hygiene compliance by making it easier for staff to comply with the 5 Moments for Hand Hygiene. HHA examples include:

Blood Collection

[Practice Guidelines](#)

[Audit Guidelines](#)

Dialysis

[Practice Guidelines](#)

[Audit Guidelines](#)

When auditing hand hygiene compliance it is worthwhile to note if there are particular activities of patient care where hand hygiene is regularly suboptimal. To address this ask the relevant staff to assist you to map out the required task (see above examples), and to design a solution themselves to make hand hygiene by the 5 Moments easier to comply with. Involving staff in this process promotes a sense of ownership of hand hygiene and hand hygiene improvement.

Chapter 7

Data Submission, Validation and Reporting

7.1 Aim

To enable correct data entry, data submission to HHA, and accurate reporting of hand hygiene compliance results.

To ensure all data collected is validated as a correct representation of hand hygiene compliance.



7.2 Hand Hygiene Compliance Application - HHCApp

The Hand Hygiene Compliance Application (HHCApp) has been developed for use by Australian hospitals to conveniently report their Hand Hygiene Compliance rates as part of the National Hand Hygiene Initiative. HHCApp is an online web based application for hand hygiene monitoring, consistent with the WHO hand hygiene observation method.

HHCApp is the HHA database for data entry and reporting of all hand hygiene audit data. Data can only be collected and entered by trained and validated hand hygiene auditors. Once auditor training has been completed the trainer is responsible for supplying a personalised login for each auditor to use to enter data into HHCApp.

All new healthcare facilities joining the NHHI need to contact HHA to be set up in the HHCApp database and to be given login access. A pre-requisite to being given access to HHCApp is having a trained auditor at the facility able to manage data collection and reporting.

There are two options for data entry into HHCApp:

HHCApp Desktop

The desktop version allows the user to enter hand hygiene data that has been collected on paper. If a user has administrator access, HHCApp desktop can also be used to access reports and administrator functions.

HHCApp Mobile

The mobile version allows an **auditor** to enter hand hygiene data in real time as they audit. HHCApp Mobile is not an "App"; it is a webpage that can be accessed via the Internet Browser of a mobile device. If using this option to enter data, please ensure you login to begin, and when finished, sync your data and use the 'logout' button on completion to minimise errors.

7.3 Requirements for national data submission

National hand hygiene compliance audits should be undertaken at three **set** times a year.

National Audit Periods:

Audit One – 1st November – 31st March

Audit Two – 1st April – 30th June

Audit Three – 1st July – 31st October

Entry of data via the hand hygiene compliance database (HHCApp) is required by the last day of each audit period. No late data entry will be accepted.

Data can only be collected by trained and valid hand hygiene auditors.

Each organisation needs to ensure that the data they submit is correct. Failure to verify data may result in hand hygiene compliance data not being accepted into the HHA National data set.

The hand hygiene lead for each organisation is required to press the 'submit for approval' button in HHCApp to demonstrate that data collection has been completed. Data submission can be completed anytime in the lead up to the final day of the audit period, but must be completed by the last day.

For further information: [How to submit a completed audit](#)

Please note: By pressing the 'submit for approval' button you are closing off the audit for your organisation, which does not allow for further data entry for that audit period.

7.3.1 Acute hospital data submission

Both public and private acute hospitals are required to follow the department selection process (See section 5.7.1), collect the required number of moments as per Table 7.3.1 below, and then submit their data to the NHHI three times a year.

For a separate document outlining the requirements for acute hospitals please see:

<https://www.hha.org.au/audits/audit-requirements/guidelines-for-data-submission/guidelines-for-data-submission-hospitals>

Table 7.3.1 Required Moments Acute Hospitals

Number of acute inpatient beds	Minimum Total number hand hygiene moments per audit
> 400	2450
301 to 400	2100
201 to 300	1750
151 to 200	800
101 to 150	600
51 to 100	200
25 to 50	100
<25 **	50

** Auditing in hospitals with <25 beds is dependent on jurisdictions. See Table 7.3.2 below.

Table 7.3.2 – Current Jurisdictional requirements for hospital < 25 acute inpatient beds

Jurisdiction	Auditing required in hospitals < 25 acute inpatient beds
ACT	YES
NSW	YES
NT	YES
QLD	Refer to Jurisdictional representative
SA	Refer to Jurisdictional representative
TAS	YES
VIC	YES
WA	Refer to Jurisdictional representative

7.3.2 Day hospital data submission

Day hospitals are required to collect the required number of moments as per Table 7.3.2.2 below, and then submit their data to the NHHI three times a year. For a separate document outlining the requirements for day hospitals please see <https://www.hha.org.au/audits/audit-requirements/guidelines-for-data-submission/guidelines-for-data-submission-day-hospitals>

Table 7.3.2.1 Day hospital size categories

Peer Group	Definition
Large	Standalone facility performing >5,000 procedures per annum
Medium	Standalone facility performing 2,000 - 5,000 procedures per annum
Small	Standalone facility performing <2,000 procedures per annum

Table 7.3.2.2 Required Moments Day Hospitals

Day Hospital Size	Required number of hand hygiene audits per year	Required number of hand hygiene observations per facility
Large	3	350
Medium	3	200
Small	3	100



7.3.3 Standalone/Satellite Dialysis/Oncology data submission

Standalone/satellite dialysis/oncology centres are required to collect the required number of moments as per Table 7.3.3.2. below, and submit their data to the NHHI three times a year. For a separate document outlining the requirements for standalone/satellite dialysis centres please see <https://www.hha.org.au/audits/audit-requirements/guidelines-for-data-submission/guidelines-for-data-submission-dialysis-oncology>

Table 7.3.3.1 Standalone/Satellite Dialysis/Oncology size categories

Peer Group	Definition
Large	Facility performing $\geq 5,000$ procedures per annum
Small	Facility performing $< 5,000$ procedures per annum

Table 7.3.3.2 Required Moments Standalone/Satellite Dialysis/Oncology Centres

Dialysis Centre Size	Required number of hand hygiene audits per year	Required number of hand hygiene observations per facility per audit
Large	3	200
Small	3	100

7.3.4 Dental data submission

Where sites deem hand hygiene auditing to be appropriate Table 7.3.4.2 below provides guidance regarding the collection of representative hand hygiene compliance data by solo, group and hospital based dental services as part of the National Hand Hygiene Initiative. For a separate document outlining the requirements for dental services please see:

<https://www.hha.org.au/audits/audit-requirements/guidelines-for-data-submission/guidelines-for-data-submission-dental-facilities>

Table 7.3.4.1 Dental service description

Peer Group	Definition
Solo practice, solo practitioner or very small oral health service	An Oral Health/Dental practice with a single dentist or an oral health service with a single dental chair/surgery
Small oral health service/dental practice	Oral Health/Dental practice with a total of 2 - 5 dental chairs/surgeries in one or more locations
Medium sized oral health service/dental practice	Oral health/Dental practice with between 6 and 10 dental chairs/surgeries in one or more locations
Large oral health service/ dental hospital	Any dental oral health services/dental hospitals with more than 10 dental chairs/surgeries in one or more locations

Table 7.3.4.2 Required Moments Dental Services

Dialysis Centre Size	Required number of hand hygiene audits per year	Required number of hand hygiene observations per facility per audit
Solo practice	HHC Auditing not appropriate	
Small	3	50
Medium	3	100
Large	3	200

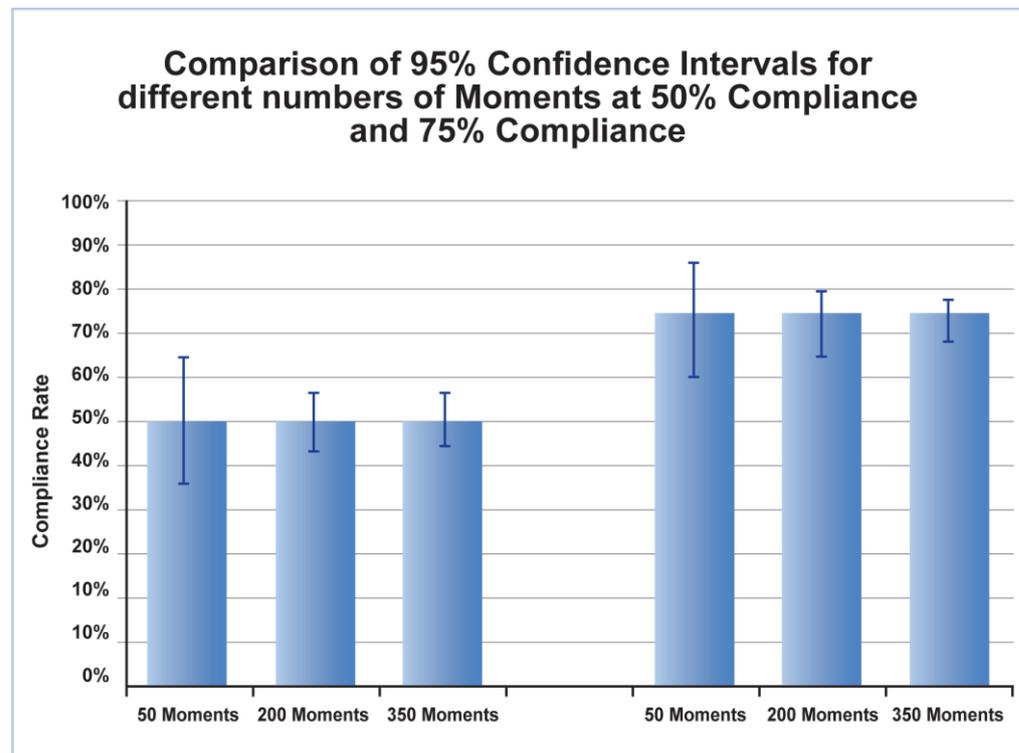
7.4 Rationale for number of Moments to be collected

Inevitably compliance data will be used for comparison, be it at a ward, hospital, jurisdictional or national level. When data is used for comparison, it is important to note that a higher number of Moments audited will generate a more reliable compliance rate.

For example, if a ward is audited for 50 Moments generating a compliance rate of 50%, the exact binomial 95% Confidence Interval (95%CI) will be 36% to 64%. This means the real compliance rate could be anywhere between 36% and 64%. If another ward audits 350 Moments and generates a compliance rate of 50%, the 95%CI is 45% to 55%. So we are more confident the real rate is close to 50%.

HHA recommend 95% confidence intervals are included when reporting compliance rates. See Chart 7.3.1 below for a further demonstration on the effect on confidence intervals when the numbers of moments are increased.

Chart 7.4.1 Confidence Intervals and Moments Audited



7.5 HHCApp Roles and Administration

Several roles are available in HHCApp with differing functionality. The role assigned determines what each user can see and do and at what level. Users cannot access data or administrative functions above the level that they are assigned.

7.5.1 User Roles

Jurisdictional Administrators – can access all data and perform all administrative functions for their state

Region Group / Region / Organisation Group Administrators – can access all data and perform all administrative functions for all organisations within their region group, region or organisation group

Organisation Administrators – can access data and perform administrative function for their organisation(s) only

Auditors – can audit only

Reporters – can access reports for their department, organisation or region

Data entry – can enter data for their department or organisation

Role	Action					
	Data Entry	Reports	Departments <ul style="list-style-type: none"> • Add • Remove • Inactivate 	HCW Type <ul style="list-style-type: none"> • Add • Remove • Inactivate 	Audit Periods <ul style="list-style-type: none"> • Add • Submit 	Auditors <ul style="list-style-type: none"> • Add • Remove • Reset logins
State Administrator	✓	✓	✓	✓	✓	✓
Region Group Administrator	✓	✓	✓	✓	✓	✓
Region Administrator	✓	✓	✓	✓	✓	✓
Organisation Group Administrator	✓	✓	✓	✓	✓	✓
Organisation Administrator	✓	✓	✓	✓	✓	✓
Auditor	✓	✗	✗	✗	✗	✗
Reporter	✗	✓	✗	✗	✗	✗
Data Entry	✓	✗	✗	✗	✗	✗

Quick Start Guide

<https://www.hha.org.au/audits/hhcapp/instructions/send/2-hhcapp-instructions/194-quick-start-hhcapp-guide>



7.5.1.1 Primary Contacts

Organisations that have more than one Organisation Administrator need to assign a *Primary Contact*. This indicates the hand hygiene program lead.

7.5.1.2 Automatic Update of Users

There are two automatic updates that occur overnight for all HHCApp users:

Deletion of user

HHCApp users who meet the following criteria will be deleted from HHCApp:

- Created >1 year
- No data
- Never logged in OR Hasn't logged in for >1 year

If you need to reinstate a deleted user please contact HHA

Removal of role

HHCApp users who meet the following criteria will have their 'role' removed (e.g. auditor is one of the assigned roles in HHCApp)

- Created > 1 year ago
- Has session data but no data added for >18 months
- Never logged in OR Hasn't logged in for >18 months

Administrators in HHCApp are able to reinstate auditor roles once the auditor has passed the [lapsed auditor pathway](#)

7.5.2 Managing Users

Organisations are responsible for users attached to their organisation, and the roles that they are assigned to. Appropriate consideration of data governance needs to be given when allocating roles within HHCApp.

Users only require one login which remains with them if they move to another facility. This login should be personalised and not generic.

Administrators can also export a list of users using the 'Users' tab at the top right of the HHCApp home page.

For further information on how to manage users in HHCApp please see the [HHCApp Instructions](#) webpage.

Please note: The Organisation Administrator is responsible for ensuring all Auditors attached to their organisation meet the [Annual Auditor Validation](#) requirements.



7.5.3 Managing Departments

Organisations are responsible for the set-up, and management of wards/departments within their organisations. Currently, there are 22 [Department Types](#); details can be found on the [Data Definitions](#) webpage.

Careful consideration must be given to any changes to departments in HHCApp. HHA suggest the following:

- Create a new department if your organisation has expanded and a new department is being opened.
- Edit the name of a department if a department has changed name, but the case mix remain the same. This is important for historical reporting and ensuring the data is still for the same department.
- Archive (inactivate) a department if the department has closed

OR

If the case mix has changed significantly, HHA recommend archiving the department and creating a new department.

Parent departments can be created to give the ability to group a number of departments for reporting purposes.

For further information on how to manage departments in HHCApp please see the [HHCApp Instructions](#) webpage.

7.5.4 Managing HCW types

There are set national HCW types listed in HHCApp for all organisations, based on classifications set by the Australian Institute of Health and Welfare (AIHW) data dictionary. Currently there are 21 Parent HCW Types; details can be found on the [Data Definitions](#) webpage.

Administrators are able to create 'local' categories for stratified local reporting if required. For example, AH (Allied Health) can be split into PT (Physiotherapy), OT (Occupational Therapy) etc.

For further information on how to manage HCW types in HHCApp please see the [HHCApp Instructions](#) webpage.

7.5.5 Managing Audit Periods

National audit periods are automatically added to each organisation providing that data was submitted in the previous audit period. If an audit period was missed, the national audit period will need to be added manually by the organisation.

An Organisation Administrator can also add 'Local Audits'. Data entered into a local audit is for local use only and is not included in the national data set.

For further information on how to manage Audits in HHCApp please see the [HHCApp Instructions](#) webpage.



7.6 Data validation

Each individual who is responsible for the submission of hand hygiene compliance data to the NHHI should validate their healthcare facility data prior to submission to eliminate errors.

Data validation is required to be completed before final submission of data to HHA. While an audit is “**active**” in HHCApp, changes can be made to data if errors are found. Once an audit is submitted and the status in HHCApp is “**pending approval**”, then changes can only be made after discussion with your jurisdictional coordinator, or HHA.

The following should be used as a guide to assist recognition of data errors, whether it is data input, auditor, or other errors.

7.6.1 Correct number of moments

The first data validation check is to ensure that the right number of moments have been collected for your facility. Please refer to one of the sections 7.3.1, 7.3.2, 7.3.3, or 7.3.4 relevant to your facility type, to find the required number of moments for submission per organisation.

If you work at an acute hospital you may need to collect a specific number of moments for each ward, depending on your choice of ward selection (see Section 5.7.1).

7.6.1.1 For those with Organisation Administrator access

Login via [HHCApp](#) desktop (rather than the [HHCApp mobile](#))

From the home screen, under the Reports heading banner

- Click on “Compliance rate by Department”

In the search filters - select:

- National Audit Period - The current audit period
- Organisation – The required facility (This is only applicable if you are an organisation administrator at multiple facilities)
- Check the box ‘Include departments with no data’.
- Click Run Report

This report details the overall facility “Total Moments”, and below that, each department’s “Total Moments”. Does it match your required number of moments overall? Does it match your required number of moments per ward? Are there departments that have significantly higher HHC than other departments, and can this be explained by known hand hygiene practices or may it be due to auditor differences?

If the required number of moments have not been met

Check that data hasn’t been entered for a “local” audit period (instead of a “National” audit)

From the home screen, under the Reports heading banner

- Click on “Compliance rate by department”

In the search filters - select:

- **Local** Audit Period – select all available in turn
- Organisation – The required facility (This is only applicable if you are an organisation administrator at multiple facilities)
- Click Run Report
- If there is data here that should be a part of the National audit then:
 - Click on Sessions from the top horizontal menu
 - In the search filters select Audit type - Local
 - Click on the specific session
 - In the Session Details section - Change the audit filter to “current National audit name
 - Click Save



Check that data hasn't been entered against the wrong department by running the Compliance rate by department report as at the start of 7.6.1.1. If there is data entered against a department that wasn't part of the facility data collection this audit period then:

- Click on Sessions in the top horizontal menu
- Click on the department name where the data has been entered inaccurately
- In the Session Details section - Change the department filter to "the required department"
- Click Save

If data you believe has been collected is not found please contact HHA via hha@austin.org.au

7.6.1.2 For those with Region or Organisation Group Administrator access

Login via [HHCApp](#) desktop (rather than the [HHCApp mobile](#))

From the home screen, under the Reports heading banner

- Click on "Compliance rate by Organisation"

In the search filters - select:

- National Audit Period - The current audit period
- Click Run Report

This report details the overall group "Total Moments", and below that each organisation "Total Moments". Are all members of your group visible in this report? If a facility in your group is not visible in the report this is due to no data being entered for that facility for the data period searched. Secondly, have all of your organisations submitted their required number of moments?



7.6.2 Compliance rate by individual auditor

- The Auditor and sessions report can be run at an organisational level or above. This report provided details on the data collected by each auditor at an organisation, including number of moments collected and compliance rate collected by an individual auditor.

The auditor and sessions report can be used to:

- Confirm auditors have collected 100 moments in a year for annual auditor validation
- Identify if a review of auditing processes is required

A review of auditing processes should be conducted if the following are identified:

- An auditor has >95% hand hygiene compliance
- Any auditors with hand hygiene compliance significantly higher or lower than the majority of auditors

To review auditing processes:

- Consider department type where data is collected e.g. high HHC and all data collected in NICU, low HHC and all data collected in ED, or high HHC but all other auditors that audited the same wards had similar results.
- Ensure auditor is currently validated
- Conduct side by side audit with auditor
- Follow-up with extra theory if required

7.6.3 Further data validation checks

7.6.3.1 Compliance Rate by Moment Report

When reviewing the Compliance Rate by Moment report the general spread of moments is: a larger amount of M1 and M4 data, approximately 10-15% M2 data, approximately 10-15% M3 data, and a variable amount of M5 data.

Look for any anomalies, for example Moments that have 100% compliance; is this an accurate reflection of your organisation's practices?

Also review the Moment by HCW data - Do you have administrative/clerical (AC) doing procedures? Which auditor collected this data?

7.6.3.2 Compliance Rate by Healthcare Worker

When reviewing the Compliance Rate by healthcare worker report, look for any anomalies including: healthcare worker groups that have 100% compliance, is this an accurate reflection of your organisation's practices?



7.7 Data Submission

Once data validation has been completed, it is a requirement of each organisation to formally submit the national data to HHA.

Only users with Organisational Administrator (or higher) access are able to submit the data. Data submission is completed by pressing the “submit for approval” button.

Please see these [instructions](#) on how to complete the submission process.

Once data submission is completed, the “status” of the audit changes from “active” to “pending approval”. No further data can be entered for the audit. If an auditor tries to sync mobile data at this stage the data will be synced as local data, with the audit name in the following format: AuditorName_temp_audit_date_time.

After completion of data validation at a jurisdictional and national level the audit status changes to “complete”.

7.8 Reporting results

Feedback of results to all concerned is fundamental to any data collection process. Feedback is an essential part of every quality cycle, and feedback of improved audit results assists in maintaining local support and enthusiasm for the hand hygiene program. More importantly feedback of poor compliance rates that remain unchanged requires intervention to avoid a complacent workforce. (1).

For step by step instructions on how to generate reports from the HHA HHCApp please refer to the HHA website [HHCApp instructions](#)

Reports for organisations can be produced at any time from HHCApp. The hand hygiene organisation administrator can choose to report by national audit period, local audit period, or by a specific date range e.g. Monthly.



7.8.1 Standard Reports

The following reports are available to all users with reporting access:

Compliance rate by State

- Only available to users with access to a jurisdiction

Compliance rate by Region Group

- Only available to users with access to a Region Group
e.g. Health Service level within a jurisdiction

Compliance rate by Region

- Only available to users with access to a Region
e.g. a specific group of organisations within a Region Group

Compliance rate by Organisation Group

- Only available to users with access to as Organisation Group
e.g. a specific group of organisations that are across more than one jurisdiction

Compliance rate by Organisation

- Only available if you have access to multiple organisations

Compliance rate by Department

- An organisation report with HHC for all departments on one report
- This report can be filtered for 'Department Type'

Compliance rate by HCW Type

- A report with HHC for each HCW type on one report
- Can be run at an organisation level, or for a specific department

Compliance rate by Moment

- A report with HHC for each Moment on one report
- Can be run at an organisation level, or for a specific department
- This report can also be filtered for 'HCW type'

Compliance rate by Department Type

- Groups HHC data by department type, rather than individual departments
e.g. all medical department HHC combined

Combined Compliance rate by Moment and HCW type

- Includes both the HCW type report and Moment report into one file

Auditor and sessions

- This report provided details on the data collected by each auditor at an organisation, including number of moments collected and compliance rate collected by an individual auditor.

Action by Moment

- A report detailing which hand hygiene action was used for each moment, rub, wash, missed
- Can be run at an organisation level, or for a specific department



Export CSV Line Data

- This report provides a file of the raw line data for each moment

Required Moments

- This report provides a one line summary for each organisation including the number of moments required, the number submitted and the difference between the two

Poster report

- This report provides a one page summary of hand hygiene for the selected region/organisation/department relevant to the user's level of access.
- The report details overall HHC, HHC by moment, and HHC by HCW in the selected area
- This report is useful as a summary report for management, or as a poster to display hand hygiene results for the public

Zero reports

Most of the above reports now have the option to include entities without data. This allows for gaps in data collection to be easily found.....

7.8.2 Custom Reports

If the "Standard reports" do not provide the hand hygiene data in a format you require you may be able to create the report you require using the custom reports.

The following reports are available to all users with reporting access:

Snapshot report

- Step 1 - Choose the date range of the data for the report
- Step 2 – Choose which data set you require
- Step 3 – Decide how you want the data presented

Trend report

- Allows reporting change in performance over time

Further details on custom reports can be found here:

<https://www.hha.org.au/audits/hhcapp/instructions/send/2-hhcapp-instructions/18-how-to-use-the-new-flexible-reporting-tool>

7.9 State / Territory reporting of hand hygiene compliance

Hand hygiene compliance rates for each jurisdiction are released by the relevant health departments in each state/territory. Please contact your HHA jurisdictional coordinator for further details.



7.10 National reporting of Hand Hygiene Compliance

Overall rates of hand hygiene compliance (including 95% confidence intervals) will be reported nationally three times per year. All data submitted is analysed by HHA and reported to the Commission, and fed back to each jurisdiction.

Data entered into HHCApp is only reported by HHA as national aggregate data. No identifying data is published by HHA.

7.11 National hand hygiene benchmark

The national hand hygiene benchmark is set by the Australian Health Ministers' Advisory Council (AHMAC). From 2017 onwards, the benchmark has been set to 80%.

The Australian Commission on Safety and Quality in Health Care (the Commission) is responsible for implementing the AHMAC decision, and recently there has been a change to this benchmark.

The following has been provided to HHA by the Commission for the information of all involved in the hand hygiene program:

Since 2010, the rate of compliance for individual health services across Australia has been reported on the MyHospitals website. Recent audit data has found that, overall, hospital staff across the country had 83% compliance with best practice hand hygiene. Raising the benchmark to 80% in 2017 will encourage active participation from all clinicians, and will meet public expectations of high levels of compliance in regard to hand hygiene.

Reporting of hand hygiene compliance rates across healthcare worker groups, rather than the current reporting of aggregated health service results, will also encourage health services with lower rates to take action to raise compliance in these critical groups, demonstrating a strong commitment to infection control and patient safety.

The benchmark of 80% in 2017 relates to all five moments of hand hygiene. All health services, especially those with lower rates of Moments 1 and 2 will be encouraged to take action to raise compliance in these critical areas.

There are currently ongoing discussions regarding how this data will be presented on the MyHospitals website.

If you have any questions about this benchmark, please contact Catherine Katz, Director SQISIR (the Commission):

Email: catherine.katz@safetyandquality.gov.au

Phone: 02 9126 3574



Hand Hygiene Observation – Coding Classification Sheet

Code: Type of Healthcare Worker

N	Nurse (Registered/Enrolled), Midwife
DR	Medical Practitioner
PC	Personal Care staff, includes PSA, AIN, PCW, wardsman, orderly, ward/nursing assistants
AH	Allied Health, includes qualified staff engaged in duties of a diagnostic, or technical nature
D	Domestic, includes staff engaged in the provision of food, cleaning and maintenance services
AC	Administrative and Clerical, includes staff engaged in administrative and clerical duties
BL	Invasive Technician, includes phlebotomists, dialysis technicians etc
SN	Student nurse, includes persons undertaking study to become nurses
SDR	Student Medical Practitioner, includes persons undertaking study to become a medical practitioner
SAH	Student Allied Health, includes persons undertaking study to become an allied health practitioner
SPC	Student Personal Care Staff, includes persons undertaking study to become personal care staff
O	Other, includes persons not categorised elsewhere
AMB	Ambulance workers, patient transport
	For Dental codes (please see Dental coding sheet – Resources for Dental/Oral Health tab on webpage)

Code: Hand Hygiene Action

Rub	HCW used ABHR
Wash	HCW washed hands with soap and water
Missed	Moment for HH observed but not performed

Code: Glove Use (leave blank if no gloves used)

On	HCW put gloves on
Off	HCW removed gloves
Cont	HCW continued to wear the same pair of gloves

Code: Moments for Hand Hygiene

- 1 Before touching a patient** – Before touching the patient in any way. This indication applies when the healthcare worker enters the patient's immediate surroundings to make contact with him or her. E.g. personal care activities, non-invasive observations, non-invasive treatments, preparation and administration of oral medications, oral care and feeding, before touching any invasive medical device connected to the patient. Contact with the patient's surroundings during any of the above.
- 2 Before a procedure** - Before performing any procedure where there is a risk of the direct introduction of a disease causing organism into the patient's body. - This indication applies before the insertion of a needle into a patient's skin, or into an invasive medical device. Preparation and administration of any medications given via an invasive medical device. Administration of medications where there is direct contact with a patient's mucous membranes. Insertion of, or disruption to, the circuit of an invasive medical device. Any assessment, treatment and patient care where contact is made with non-intact skin. Preparation of a sterile field.
- 3 After a procedure or body fluid exposure risk** - After any procedure or potential or actual body fluid exposure risk exposure - This indication applies at the conclusion of the procedure or after actual or potential exposure of the hands to a body fluid. E.g. after a Moment 2 contact, contact with a used urinary bottle / bedpan, with sputum either directly or indirectly via a cup or tissue, contact with used specimen jars / pathology samples, cleaning dentures, cleaning spills of urine, faeces or vomit from patient surroundings, after touching the outside of a drain.
- 4 After touching a patient** - After having touched the patient. This indication applies after a healthcare worker has touched a patient E.g. personal care activities, non-invasive observations, non invasive treatment, preparation and administration of oral medications, oral care and feeding, contact with the patient's surroundings during any of the above
- 5 After touching a patient's surroundings** - After touching the patient's immediate surroundings when the patient has not been touched. This indication applies when the healthcare worker leaves the immediate patient surroundings after having touched any objects. Patient surroundings include - bed, bed rails, linen, table, bedside chart, bedside locker, call bell/TV remote control, light switches, personal belongings, (including books, mobility aids), chair, foot stool. E.g. changing bed linen, holding a bed rail, clearing the bedside table

Hand Hygiene Observation – Dental Coding Classification Sheet

Code: Type of DENTAL Healthcare Worker

DO	Dentist, Specialist dentists
DT	Dental Therapists, Dental Hygienist, Dental Prosthetist and Oral Health Therapists
DA	Dental Assistant/Dental Nurse
DL	Dental Technicians/Laboratory staff (no patient contact)
S	Student, in front of any code, e.g. SDO includes persons undertaking study to become a dentist/specialist dentist, SDT includes persons undertaking study to become dental therapists/hygienists/prosthetists or oral health therapists

Code: Type of STANDARD Healthcare Worker

N	Nurse (Registered/Enrolled)
DR	Medical Practitioner
PC	Personal Care staff, includes PSA, AIN, PCW, wardsman, orderly, ward/nursing assistants
AH	Allied Health, includes qualified staff engaged in duties of a diagnostic, or technical nature
D	Domestic, includes staff engaged in the provision of food, cleaning and maintenance services
AC	Administrative and Clerical, includes staff engaged in administrative and clerical duties
BL	Invasive Technician, includes phlebotomists, dialysis technicians etc
O	Other, includes persons not categorised elsewhere

Code: Hand Hygiene Action

Rub	HCW used Alcohol Based Hand Rub (ABHR)
Wash	HCW washed hands with soap and water
Missed	Moment for HH observed but not performed

Code: Glove Use (leave blank if no gloves used)

On	HCW put gloves on
Off	HCW removed gloves
Cont	HCW continued to wear the same pair of gloves

Code: Moments for Hand Hygiene

- 1 After entering the contaminated zone and BEFORE touching the patient in the dental chair**
Before: Shaking hands, assisting a patient into the dental chair, assisting patient with safety glasses and bib, placing relative analgesia mask on patient, handing the patient a glass of water, touching any medical device connected to the patient, placing X-ray cone against patient's cheek, handing the consent form to the patient to sign, positioning the patient for X-ray or OPG
Before: Any non-invasive treatment such as assisting a patient to brush their teeth or rinse their mouth, examination of a patient's mouth without using a sharp instrument e.g. only using a mirror
- 2 Before the use of an instrument in a patient's mouth where there is the likelihood of penetration of tissue or cavity; or contact with non-intact mucosa or non intact skin:**
 Before all dental procedures including invasive examinations, restoration/s, extractions
Before preparation and administration of any medications or materials for any oral health/dental procedure:
 Before administering topical medication such as fluoride, topical anaesthetic, local anaesthetic or tooth mousse or restorative materials used for restoration procedure
Before administration of medications where there is direct contact with non-intact mucous membrane
- 3 After any Procedure – see Moment 2 above**
After any potential body fluid exposure:
After: Contact with a used instruments and dental appliances, Contact with saliva either directly or indirectly via a cup or tissue, Contact with used specimen jars / pathology samples, Cleaning dentures, Cleaning spills of body fluid from patient surroundings, After touching the outside of suction tubing, After touching surfaces previously handled by contaminated gloves (e.g. the chair side overhead light or X-ray tube), after decontamination of the contaminated zone, including over head light, dental assistant cart, operators cart, dental chair and dental assistants chair
- 4 On leaving the contaminated zone AFTER touching the patient and before moving to the clean zone**
- 5 On leaving the contaminated zone AFTER touching the patient's immediate surroundings when the patient has not been touched:**
 Patient surroundings include: Chair, Equipment, Control panel for chair & x-ray, light switches, personal belongings



Hand Hygiene observation - Data collection form.

Organisation:

Depart/Ward:

Date: / /

Auditor: Session No.:

Start Time: Finish Time

Duration of Session: mins

FIVE MOMENTS FOR HAND HYGIENE

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

Notes

Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.

Total Correct Moments:

Total Moments:



Hand Hygiene observation - Data collection form.

Organisation:

Depart/Ward:

Date: / /

Auditor: Session No.:

Start Time: Finish Time

Duration of Session: mins

FIVE MOMENTS FOR HAND HYGIENE

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

Notes

Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.

Total Correct Moments:

Total Moments:



Hand Hygiene observation - Data collection form.

Organisation: MEMORIAL HOSPITAL

Depart/Ward: ACUTE

Date: 1 / 1 / 2010

Auditor: PAM Session No.: 1

Start Time: 0800 Finish Time 0900

Duration of Session: 60 mins

FIVE MOMENTS FOR HAND HYGIENE

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

Notes

Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove
N	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input checked="" type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	DR	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input checked="" type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input checked="" type="checkbox"/> off <input type="checkbox"/> cont.	SAH	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
PL	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	DR	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	SN	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
D	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	BL	<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input checked="" type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	SN	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input checked="" type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
SDR	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	O	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	AH	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
SPC	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	AC	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
N	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	DR	<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
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Total Correct Moments: 14

Total Moments: 17

Detailed Examples of the 5 Moments

1. HCW walks in, silences IV alarm, then leaves

Moment by moment

- 1 – prior to touching patient
- 4 – after touching patient

2. HCW changes IV fluid bag, then leaves

Moment by moment

- 2 – prior to disconnecting IV
- 3 – after reconnecting IV

3. HCW prepares oral medications with medications sitting on patient medical chart, then signs chart whilst giving medications to patient, then moves curtain aside

Moment by moment

- 1 – pre giving medications to patient
- 4 – prior to moving curtain

4. HCW walks in, touches the patient, moves the over bed table, adjusts the sheets, moves the chair, gets the patient out of bed then leaves

Moment by moment

- 1 – prior to touching patient
- 4 – after touching the patient

5. HCW walks in, picks up IDC to read it, puts it down, then leaves

Moment by moment

- 1 – pre IDC as IDC is considered to be a part of the patient
- 3 – after IDC (potential body fluid risk)

6. HCW walks into the room, picks up IDC to read it, puts it down, writes on the medical chart then leaves

Moment by moment

- 1 – pre IDC as IDC is considered to be a part of the patient
- 3 – after IDC (potential body fluid risk)
- 4 – after chart – after continuum of patient care

7. HCW walks in, cleans up urine from the floor, then leaves

Moment by moment

- 3 – after clean up as body fluid exposure risk

8. HCW walks in, cleans up vomit from the floor, moves patient furniture, then leaves

Moment by moment

- 3 – after clean up as body fluid exposure risk
- 5 – after touching patient surroundings

9. HCW walks into patient room, touches patient, then picks up IDC to read it, then touches patient again then leaves the room

Moment by moment

- 1 – pre patient
- 3 – after touching IDC (body fluid exposure risk)
- 1 – pre patient
- 4 – after patient

10. HCW walks into the room, picks up IDC and empties it, puts it down, writes on the medical chart at the foot of the bed, then leaves

Moment by moment

- 2 – pre IDC
- 3 – after IDC (potential body fluid risk)
- 4 – after chart – after continuum of patient care

11. HCW picks up medication chart, gets medications out of patient draw, prepares medication, gives medication via NGT, signs chart then leaves

Moment by moment

- 2 – immediately prior to preparing medications
- 3 – after giving medications
- 4 – after chart – after continuum of patient care

12. HCW walks into patient room, touches patient, then moves curtain, then touches patient.

Moment by moment

- 1 – pre patient
- 4 – after patient pre curtain
- 1 – after curtain pre patient
- No Moment 4 is recorded as HCW has not left the room

13. HCW walks into patient room, touches patient, then moves curtain, then moves the over bed table, then leaves.

Moment by moment

- 1 – pre patient
- 4 – after patient pre curtain (by touching the curtain the HCW has left the patient zone)
- 5 – after patient surroundings (new moment as re-entered room)

14. HCW walks into patient room moves curtain back then walks out again

Moment by moment

- Nil as curtain is external to the patient zone.

15. HCW picks up medication chart, puts it down and walks out

Moment by moment

- 5 – after chart – contact with patient environment

16. HCW picks up medication chart and walks out with it

Moment by moment

- Nil as the moment has not finished

17. HCW walks in, touches patient, does hand hygiene, touches the chart, then leaves

Moment by moment

- 1 – prior to touching patient
- 4 – on leaving (after chart – after continuum of patient care)
- The hand hygiene that was done in the scenario was not required

18. HCW walks in, touches patient, empties IDC, then leaves

Moment by Moment:

- 1 – prior to touching patient
- 4 – after touching the patient
- 2 – prior to emptying the IDC
- 3 – after emptying the IDC

19. HCW walks up to a single room with a patient who has VRE, puts gloves on, walks in, touches patient, empties IDC, then leaves

Moment by Moment:

- 1 – prior to touching patient
- 4 – after touching the patient
- 2 – prior to emptying the IDC
- 3 – after emptying the IDC

20. HCW walks in, picks up IDC to read, puts it back, picks up NGT drainage bag to review, puts it back, picks up wound drain to review, puts it back, then leaves

Moment by Moment:

- 1 – prior to touching the patient (IDC)
- 3 – after body fluid exposure risk (IDC)
- 1 – prior to touching the patient (NGT drainage bag)
- 3 – after body fluid exposure risk (NGT drainage bag)
- 1 – prior to touching the patient (wound drain)
- 3 – after body fluid exposure risk (wound drain)