HAND HYGIENE AUDIT TOOL

Monitoring Hand Hygiene compliance and technique is an extremely important aspect of the Infection Control Strategy in NHSGGC. In order to achieve and sustain higher compliance levels staff are requested to complete monthly Hand Hygiene Audits. **Each monthly Audit will consist of 20 observed opportunities** and should reflect a mix of Healthcare staff. Therefore, each monthly sample should include the following opportunities (not staff numbers):
10 Nursing, 3 Medical Staff, 4 Allied Health Professionals, 3 Any other Healthcare Worker.
NB. Students are recorded under their own professional grouping.

If your area does not have these four distinct groups attending then alterations can be made to both the numbers and group headings to ensure that the tool is meaningful for you.

It is envisaged that each clinical area would have at least 1 staff member responsible for capturing the data. Ideally there should be 2 or 3 people (mixture of trained and untrained staff) able to audit to allow for annual leave, sick leave, etc. The auditors should be confident of the WHO 5 Moments for Hand Hygiene and the correct technique for both hand washing and use of Alcohol Based Hand Rub (ABHR). It is recommended that Cleanliness Champions and staff who have been undertaking audits in their area would be the ideal people to take this forward.

TOOL
You must complete a record for all opportunities observed by entering the relevant information in the boxes.

The following information is required for each form:

1. Ward number/name
2. Hospital Site
3. Date
4. Number and Percentage of opportunities taken – % = number of opportunities **taken** multiplied by 5
5. Number and Percentage of Combined Compliance (Taken and Correct Technique) – % = number of opportunities **taken** with Correct technique multiplied by 5

The following information is required for each individual opportunity:

1. Staff Group = N=Nurses, D=Doctors, A=AHPs, O=Others plus state grade of staff
2. Which key moment was observed – **one** of the 5 WHO moments within the staff leaflet.
   - **1** Before touching a Patient
   - **2** Before an Aseptic/Clean Task
   - **3** After Body Fluid exposure
   - **4** After touching a Patient
   - **5** After touching the Patient's environment

plus a brief description of the task carried out, e.g. bloods, mobilising, examination, etc.

3. **Tick or cross** to indicate whether the opportunity to decontaminate their hands (wash or use of ABHR), was taken or not.
4. **Tick or cross** to indicate whether the technique was correct or not – the correct technique is based on the WHO model and is provided as per the table below.
5. Observed Issues - Free text box to enable particular points to record positive or negative comments, e.g. not bare below the elbows, insufficient time/effort. Common codes are supplied but other pertinent issues may be observed.

Handwashing	**Handrubbing**
Bare below the elbows (i.e. jewellery and wristwatches should not be worn and sleeves should be at elbow level) Wet hands and apply liquid soap covering all surfaces of the hands (6 Steps) for 15-30 seconds Rinse hands Dry hands using a paper towel Dispose of paper towel using a method that does not recontaminate hands	Bare below the elbows (i.e. jewellery and wristwatches should not be worn and sleeves should be at elbow level) Apply the alcohol based hand rub Rub hands together until dry ensuring that the alcohol based hand rub covers all surfaces of the hands (6 Steps) for 15-30 seconds

Scoring system – RAG

Red = 85% and below
Amber = 90% only
Green = 95% and above
PLEASE NOTE – if the audit tool has been completed correctly with 20 opportunities observed, the % score should always be in increments of 5%. i.e. 18 opportunities taken of 20 observed will give a score of 90%.

Action Plan

The action plan for improvement remains the responsibility of the nurse in charge, not the auditor.
An action plan should also be implemented in the following circumstances;

1. Audit results are not received for two consecutive months
2. Audit results are Red for two consecutive months
3. If Audit results are Green for two consecutive months then it is recommended that the auditor role be passed to another un-used member of staff as a test of this score.

Additional points

- Each column in the Tool should be completed, utilising the Keys found on the right hand side.
- Audit is based on observation of practice. An opportunity must be observed to be recorded.
- Two opportunities from one episode of hand hygiene can be observed when staff move from one patient to another and clean their hands in between.
- The auditor may have to follow staff travelling between rooms to observe hand hygiene as it may not occur at the bedside, despite this being the ideal.
- Emergency situations where a patient is at risk of further harm should not be audited.
- Domestic staff should be audited after completing a task in a room or bay, not between bed spaces.
- If unsafe practice is observed the auditor must stop and challenge the staff member as soon as possible. If they feel unable to do so, the Senior Charge Nurse should intervene.

The tool can be used to observe as many opportunities that the staff member wishes to undertake at a time, and provides a means of direct feedback for staff, along with a record of what has gone well or what has gone wrong with technique or compliance.

Due to the fact that the information being recorded can be observed quite easily whilst staff are going about their daily duties, it should be extremely useful for clinical staff. Clinical staff can undertake a Hand Hygiene Audit far more unnoticed than any of the Infection Control staff thus providing a true picture of compliance and technique.

For further help or information please contact stefan.morton@ggc.scot.nhs.uk