

Conducting Hand Hygiene Audits: How-to and Tips

Purpose: The purpose of this document is to share best practices regarding hand hygiene (HH) observations and provide useful tools and instruction for infection preventionists (IPs) to conduct meaningful observations.

What is a hand hygiene audit? An audit is a period in which someone (often the IP or nurse manager) observes staff performing their regular resident/patient-care duties. The number of hand hygiene opportunities (moments) is recorded, as well as the number of times that staff perform hand hygiene *successfully*. A percentage can then be calculated and reported as “percentage of successful hand hygiene opportunities”.

Hand Hygiene is a simple, effective way to prevent infections

What is the difference between an audit and an observation? An audit refers to many observations over a defined period (e.g. the IP makes 30 observations over the course of an hour).

What’s the first step? The observer must be trained to recognize all hand hygiene moments, which are points during clinical care that hand hygiene should occur. We recommend using [PA Department of Health Hand Hygiene Make Your Intention Prevention Poster](#) for education.

What is a successful hand hygiene moment? An observation should only be marked “successful” if hand hygiene was performed according to facility policy, which should be consistent with the [World Health Organization](#) or the [Centers for Disease Control and Prevention](#) (CDC) recommendations. For example, if alcohol-based hand rub is used for the right amount of time, in the correct volume, and adequately dries prior to touching anything—that would be a successful moment. If any step is performed incorrectly or hand hygiene is not done, that would not be successful.

On average, healthcare providers clean their hands less than half of the times they should

Why should I calculate and track success rates? CDC recommends tracking and sharing success rates for hand hygiene because this has been shown to motivate staff and increase awareness among staff and residents. Tracking data can show improvement over time or can highlight a need for rejuvenated educational efforts. Hand hygiene is an ongoing performance improvement issue!

How do I track hand hygiene audit data? We've created an Excel spreadsheet called Hand Hygiene Audit Tracking. Follow the included instructions to track, monitor, and share your data.

Tips for adequate hand hygiene audits:

- Establish a policy or written schedule for hand hygiene audits. How frequently should they be done (we recommend at least monthly)? Who completes them? What is the minimum number of observations per audit?
- Choose an audit tool that's comfortable and works for you. This may not be the same for each person, but the information collected should be comparable. The Department has several tools available for consideration.
- Consider recording observations in a way that the staff person's name is not recorded. Establish a culture where observations are for data collection and identifying educational needs overall, not a punitive process.
- Aim to use a "secret shopper" approach so that staff aren't always aware the observations are being made. Some ideas include:
 - Train nurse managers or other staff to be HH Champions and conduct audits;
 - Train students to conduct audits. Not only is a great education for them, but they are often observing staff anyway;
 - Establish an IP exchange program with nearby or other corporate-affiliated facilities. On a regular basis, switch facilities with the IP to conduct observations in the other facility. The feedback you receive in addition to the audit data will be valuable. Sometimes a "second set of eyes" sees things you over-look.
- Conduct observations on all shifts to identify any shift-specific needs.
- Conduct observations of all staff including nurses, CNAs, environmental services, physicians and providers who come from the outside to see residents/patients (e.g. podiatrist; hospice).
- Display results over time where staff and residents/patients can view them. A poster display highlighting HH data is encouraging for staff, residents/patients and families. It can even insight some healthy competition between units.
- Expand observations beyond wash-in/wash-out. This method of only observing hand hygiene at the entrance and exit to a room is frequently used where residents/patients have private rooms.
 - In residential facilities, multi-bed rooms are more common. Transmission of organisms from resident to resident can occur between roommates when hand hygiene is not conducted properly within the room. In-room observations may reveal key challenges to hand hygiene that would be otherwise missed.
 - Observe hand hygiene moments during patient care between clean and dirty tasks for the same patient. This often occurs following wound or peri care and is another known cause of infection.
 - Observe how staff touch equipment such as computer terminals, bedside tables and privacy curtains. Are they considered clean or dirty? Do staff perform hand hygiene before touching them (for clean items) or afterwards (for dirty)? Inconsistency is an opportunity for education.