

Managers' Guide to Building a Hand Hygiene Improvement Plan: Instructions

Background

Accreditation Canada introduced new tests for compliance in 2024 for the Hand Hygiene Required Organizational Practice (ROP). Managers are required to develop and document a comprehensive improvement plan based on their area's hand hygiene (HH) compliance data each fiscal quarter. This guide will provide you with step-by-step instructions to develop a HH improvement plan for your area.

Step 1

Use the *Hand Hygiene Improvement Plan Flowsheet* to review your local HH program for three key areas outlined in A, B, and C below:

- A) Assess the components of your hand hygiene program using the *Hand Hygiene Improvement Checklist*. [Hand Hygiene Improvement Checklist](#)
- B) Review the hand hygiene compliance data using quarterly reports and the Unit Feedback Report provided by your area's site-based reviewer (SBR). Meet with the SBR to discuss trends and barriers noted.
- C) Evaluate current processes in place to collaborate with patients and families in HH improvement work.

It is important to complete decision boxes A, B, and C to meet the HH ROP.

Any gaps identified through the Improvement Plan Flowsheet may present a potential HH improvement opportunity to begin building your plan. If no gaps are identified, consider a recognition activity or take time to celebrate. Alternatively, consider building an improvement plan using more detailed data available through request at Hand.Hygiene@ahs.ca using the subject line "Improvement Plan Detailed Data Request".

Step 2

List potential improvement plan opportunities identified in Step 1, engaging staff, patients and families in selecting 1-2 goals. Consider using the Staff Engagement Poster (Available [online](#)), staff huddles, quality council meetings, etc.

Step 3

Begin filling out the *Hand Hygiene Improvement Plan* template (Available [online](#)). Consider reviewing the "sample" template for reference.

Enter your area's last three (3) quarters of hand hygiene compliance data to help monitor trends, the number of observations collected, and the number of observations required for

your area to collect in order to reach your minimum commitment. This information may be obtained from quarterly reports, an [Advanced User](#) for your area, and your area's SBR.

Complete the **Improvement Goals** section by listing the 1-2 goals identified in Step 2, determining appropriate metrics to gauge success, assigning responsibilities, and setting time frames for goal completion.

Complete the **Communication** section to help identify who needs to know about your plan and the best methods to share your plan and report progress. Indicate who to communicate with and what method to use. Consider:

- area staff,
- other programs who provide service to your area,
- other leaders,
- patients and families,
- other partners as required.

Step 4

Post your hand hygiene improvement plan in an area where staff, patients, and families can reference (e.g., Quality Boards).

Step 5

Update the plan as required and enter the plan completion date in the box provided.

Step 6

File your improvement plan once it is complete following organizational retention requirements.

Step 7

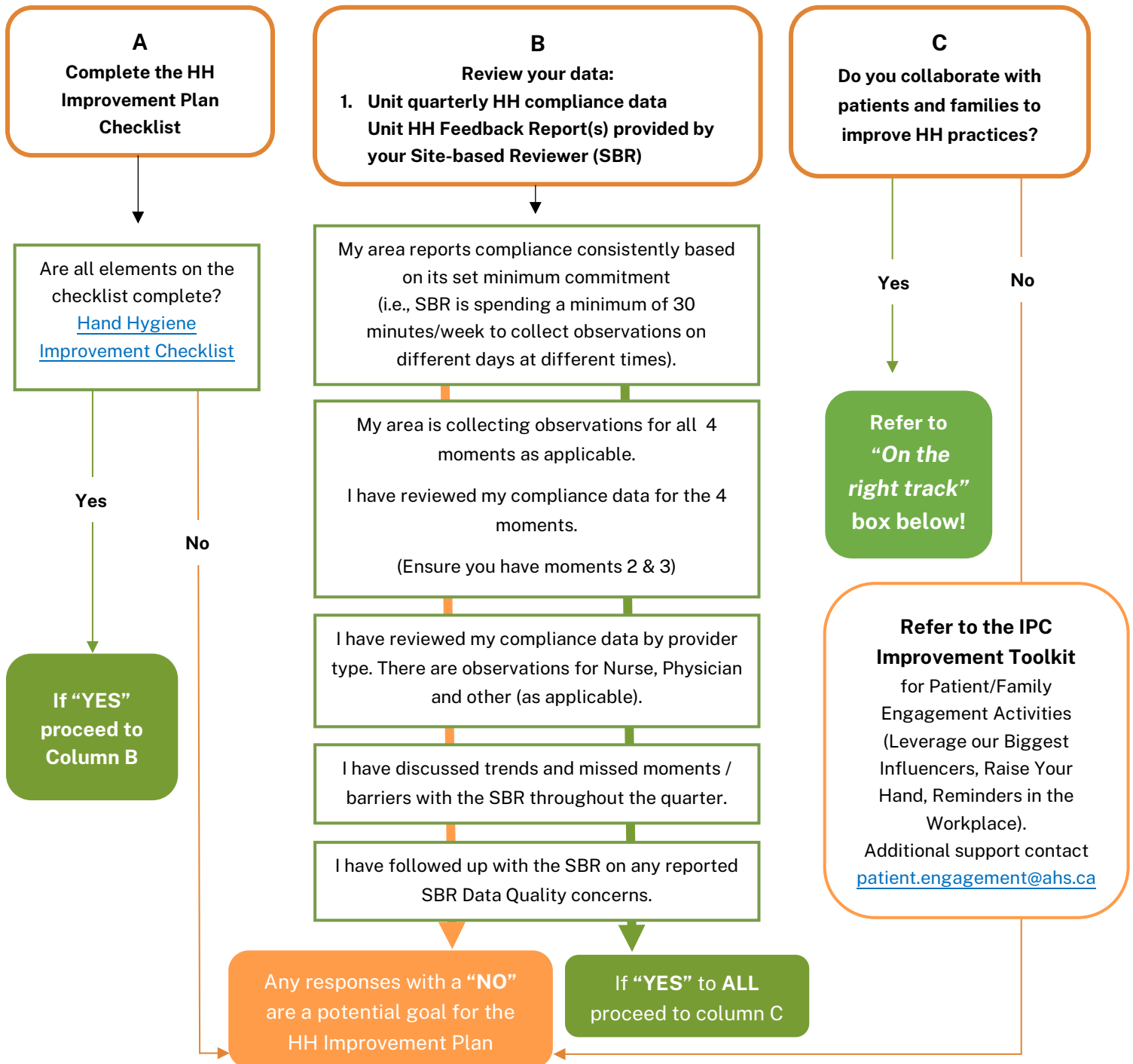
Consider sharing your area's successes and ideas for improvement with your peers, patients, and families.

Does your area have staff who are interested in professional development?

Hand hygiene improvement may present opportunities to use Alberta Improvement Way (AIW) skills and, depending on the scope, Green Belt Certification. Contact Integrated Quality Management (IQM) for more information.

Hand Hygiene (HH) Improvement Plan: Flowsheet

Decisions A, B, and C must be completed



On the right track!

Celebrate your success and reflect on good processes already in place.

Suggestions: recognize your SBR, name a HH Hero, or select a group activity from the IPC HH Improvement Toolkit.



Hand Hygiene Improvement Plan: SAMPLE

Improvement Plan Start Date: (mm/dd/yyyy) <i>November 25, 2025</i>	
Site Name: <i>Mount Rushmore Hospital</i>	Unit/Program/Area: <i>Unit 1</i>

Hand Hygiene Monitoring		Provincial Hand Hygiene Compliance - Target is 90%		
Trending data – list three (3) Hand Hygiene report results (e.g., Q1, Q2, Q3, Q4)		Compliance %	Number of observations collected	Minimum Commitment # Observations Required <small>(obtain from your site-based reviewer)</small>
Quarter	<i>Q3 – Dec 31, 2025</i>	78	34	150
Quarter	<i>Q2 –Sept 30, 2025</i>	92	28	150
Quarter	<i>Q1 – June 30, 2025</i>	95	55	150



Improvement Goals - for ideas refer to the Improvement Toolkit

Specific Goals - create realistic goals. One goal can have multiple actions.	Measurement - how will you measure your goals?	Action - how are you going to action your goals?	Who will complete this goal? <small>(e.g., SBR, MGR, CNE, all staff)</small>	Time frame to complete this goal?
Increase observations from 34 to greater than 100	Quarterly report	SBR will spend 30 minutes collecting observations during peak care hours	SBR, Charge Nurse	End of next Quarter
		Weekly huddles	MGR, CNE, SBR	End of next Quarter

Date: **May 29, 2026**

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Engage patients in hand hygiene education on admission	# of patients receiving HH information	Include the existing brochure in admission package	Unit clerk	In 30 days
Click the link to the toolkit → IPC Hand Hygiene Improvement Toolkit			Date Plan Completed: (mm/dd/yyyy)	April 30, 2026

Communication Plan

Who should know about your QI Plan? (find examples in list below)	How are you going to communicate your plan? (email, face-to-face (F2F), huddles, QI board, meetings) What are you going to share? (plan, outcomes and learnings)
List → Director Frontline staff Site Leadership Site/unit ICP	Site-based Reviewer (SBR) Zone Leadership Infection Control Committee IQM Joint Workplace Leader Rounding Management Council Patient & Family Other
Frontline staff	Weekly huddles
Director	Face-to-face (F2F) at next touch-base meeting
Site-based Reviewer (SBR)	Email – share brochure and collaborate with the charge nurse to determine best times to collect data

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Suggestions for First Steps:

<input checked="" type="checkbox"/>	Complete the Improvement Toolkit Checklist
<input type="checkbox"/>	Review your teams HH compliance results with the team
<input type="checkbox"/>	Have your staff complete the Hand Hygiene Interactive Module (MLL)
<input type="checkbox"/>	Consider an engagement activity from the toolkit
<input type="checkbox"/>	Consult IPC with any question

Suggestions for Celebratory Steps:

<input type="checkbox"/>	AHS Recognition webpage (i.e., e-Cards, certificates) https://insite.albertahealthservices.ca/rec/Page24728.aspx
<input type="checkbox"/>	Celebrate goals (i.e., just-in-time celebration)

Online Resources:

<input type="checkbox"/>	Hand Hygiene Policy & Procedure
<input type="checkbox"/>	Hand Hygiene Education
<input type="checkbox"/>	Hand Hygiene Improvement Toolkit
<input type="checkbox"/>	Hand Hygiene Posters

Hand hygiene



 **Our health is in our hands**

It's powerful. Washing and sanitizing our hands is an effective way to stop germs from spreading

 For more information, visit ahs.ca/handhygiene

 **Alberta Health Services**
Infection Prevention & Control

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