

Hand Hygiene Improvement Toolkit

Guiding leaders to achieving 90%
compliance



Generative AI (Copilot Chat) was used to create some of the images in this document.

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Introduction

How do I use this toolkit?

This toolkit was developed by the Alberta Health Services (AHS) Infection Prevention & Control (IPC) Hand Hygiene Program to help managers or designates establish team-based hand hygiene initiatives. This toolkit supports the manager/designate in meeting Accreditation Canada Hand Hygiene Required Organizational Practices (ROPs). Focusing on the five strategies listed will help increase hand hygiene engagement, foster a culture of improved compliance, and promote sustainability. These strategies include:

1. Creating an environment for success
2. Training and education
3. Evaluation, feedback and quality improvement
4. Reminders in the workplace
5. Building a supportive and just culture

This toolkit addresses each of these strategies and includes background information, resource links, activities and templates to help you inspire your team and have some fun! Engage your staff with hand hygiene improvement by using the Staff Engagement Activities in this document. The toolkit is accompanied by a comprehensive checklist which the manager/designate can use to follow-up on hand hygiene initiatives.

Why is hand hygiene important?

Hand hygiene is the easiest and most effective way to prevent the transmission of microorganisms and reduce the incidence of infections in a care setting.

Transmission of microorganisms within a healthcare setting can cause increased disabilities and stress to patients and results in increased costs and workload to the healthcare system.

Why is monitoring hand hygiene compliance important?

Monitoring hand hygiene compliance according to the 4 Moments for Hand Hygiene and offering feedback regarding compliance are considered essential elements of hand hygiene improvement initiatives. Data collected can be used to implement and evaluate improvement initiatives and identify barriers. Additionally, demonstrating improvements in hand hygiene practices is a ROP set by Accreditation Canada. Hand Hygiene Compliance is reported to Alberta Health and the public.

Why doesn't everyone perform hand hygiene when they need to?

Although proper hand hygiene practices seem like an easy initiative to implement, it requires complex and multi-modal strategies to establish. Common reasons healthcare providers don't perform hand hygiene include:

- workload demands
- time constraints
- lack of awareness and training
- skin integrity issues
- lack of access to hand hygiene infrastructure where needed (e.g., point-of-care).

What can I do as a manager/designate?

To be successful, hand hygiene improvement initiatives must be an individual and an organizational priority. As a manager/designate you can make investments or advocate for investments to be made in resources to improve hand hygiene practices. Resources include people, finances, infrastructure, equipment, and information. Examples of resources include:

- A person or team that has the training, responsibility and dedicated time to improving hand hygiene practices.
- Infrastructure to support hand hygiene practices, including access to hand hygiene sinks, and organizational provided alcohol-based hand rub dispensers, soap, paper towels, and hand lotion.
- An established methodology for collecting and analyzing data on hand hygiene compliance such as direct observation or electronic monitoring systems.



Resource: <https://www.freepik.com/vectors/character> Character vector created by macrovector - www.freepik.com

Section 1 – Creating an Environment for Success

Why is a successful environment important to hand hygiene?

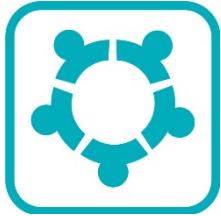
The hand hygiene environment includes not only the physical environment, but also how people interact. Strong leadership and accountability are important in influencing hand hygiene practices. AHS recognizes that hand hygiene is everyone's responsibility, and successful hand hygiene needs leadership support to make it a priority related to patient safety.

Where to start?

Ensure your team has the tools (time, infrastructure and a hand health initiative) they need for proper hand hygiene practices. Providing alcohol-based hand rub (ABHR) at point-of-care makes it easier for staff to clean their hands. Proper placement of ABHR dispensers will differ based on facility design and will vary by population group. Refer to the [ABHR Recommendations](#) webpage for resources, including information on screening your patient population for product ingestion risk when determining ABHR placement.

Review the [Dispenser Placement Guideline](#) and [Product Ingestion Risk Screening](#) in consultation with the local Infection Prevention & Control Professional (IPC). These resources will help to provide the necessary background to ensure that your team has the infrastructure for successful hand hygiene compliance while keeping your patients safe.

Staff Engagement Activity



ABHR Optimal Placement

(ABHR at point-of-care)



Materials: Colored Post-it Notes

[ABHR Dispenser Placement Guideline](#)

Here's how

- Have staff identify ABHR dispenser locations at point-of-care by placing a post-it-note where they believe ABHR is needed.
- Work with your site Infection Control Professional (ICP) and Facilities Maintenance & Engineering (FME) staff to add or remove dispensers according to the ABHR Dispenser Placement Guideline.
- Explore options for portable, personal sized ABHR dispensers in areas where a wall-mounted ABHR dispenser would pose a risk to patient safety.

Section 2 – Training and Education

Why is staff training and education so important?

Staff training and education is fundamental to an effective hand hygiene program. Education provides foundational knowledge, increases awareness, and reminds staff about the importance of hand hygiene. If staff do not receive effective training and education about hand hygiene, they may not perform the hand hygiene required to adequately protect themselves and their patients.

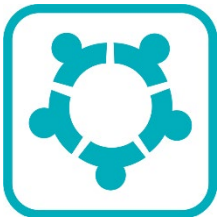
Where can I find information about staff training and education?

The AHS IPC Hand Hygiene Program offers a variety of training and education resources. Education is available in various teaching formats to best meet learner's needs. Some of these can be found on the [Hand Hygiene Education webpage](#) and include:

- Videos on how to perform hand hygiene using soap and water or ABHR and how transmission of microorganisms occurs
- [Hand Health information](#)
- [Hand Hygiene Policy and Procedure](#).

Department and program-specific hand hygiene education (e.g., Glo-Germ activity, scenario simulations) may also be requested by contacting the AHS IPC Hand Hygiene Program at Hand.Hygiene@ahs.ca for your zone.

Staff Engagement Activity



Hand Hygiene Interactive Module

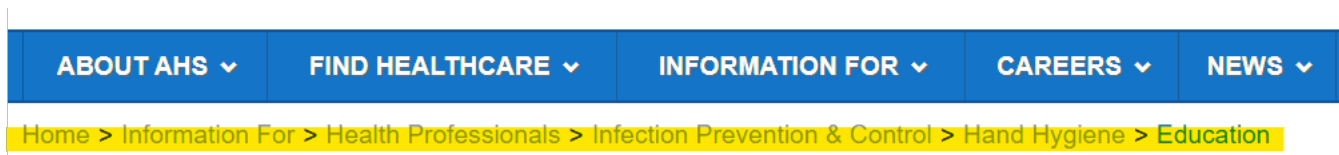
The AHS IPC Hand Hygiene Program has developed an Interactive Hand Hygiene Module for MyLearningLink. The module is recommended for all AHS people, members of the medical and midwifery staff, students, volunteers and other people acting on behalf of AHS (including contracted service providers, as necessary). There is no prerequisite required to take the module, and it takes approximately 30 minutes to complete.

The module discusses:

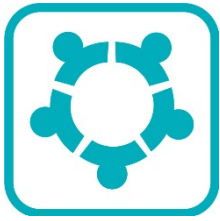
1. The importance of hand hygiene while providing patient care
2. The definition of hand hygiene and the 4 Moments for Hand Hygiene
3. How and when to perform hand hygiene
4. Barriers to hand hygiene
5. How to maintain healthy hands.



Contracted service providers do not have access to the My Learning Link on Insite. There is an Interactive Hand Hygiene Module on the IPC External webpage that can be accessed following these steps from the [AHS External Website](#):



Staff Engagement Activity



The Apple Experiment: Seeing is Believing

Materials: 1 apple, 3 specimen containers, sharp knife, marker

Here's how

1. Poke a few holes in each specimen container lid to allow air into the containers. This will help facilitate the growth of bacteria and mold.
2. Wash the apple, knife and your own hands thoroughly with warm water and soap. Cut the apple in 3 equal segments (remember they need to fit into the container). Place 1 segment immediately in a container, being careful not to touch the surface of the apple (use the knife tip to help guide the apple wedge into the container). Label this container **"No Touch"**.
3. Pass 1 apple wedge to several of your colleagues. Ask them to handle the apple wedge in their hands, making sure they touch all surfaces of the apple. Have them place the apple wedge into the next container and label the container **"Dirty Hands"**.
4. Ask the same colleagues to clean their hands with hand sanitizer or by washing with soap & water. Ask them to handle the last apple wedge in their hands; again, making sure they touch all surfaces of the apple. Have them place the apple wedge into the last container and label **"Clean Hands"**.
5. Place the 3 containers to the side, making sure all containers receive the same lighting conditions and temperature.
6. Observe the changing conditions of the apple wedges!



Staff Engagement Activity



Develop Hand Hygiene Champions

The strength of a champion is that they know the reality on their unit. Their grassroots knowledge will help determine the best ways to improve hand hygiene practice and promote the hand hygiene message to their colleagues.

Successful hand hygiene champions follow these guidelines:

Keep colleagues informed

- Inform your team of their hand hygiene compliance data regularly. Share information with your team for educational purposes and/or to provide feedback and encouragement as change begins to occur. Here are some ways to share:
 - team meetings/huddles
 - just-in-time feedback
 - visual displays, quality improvement boards or electronic dashboards
 - monthly emails

Involve colleagues

A sense of ownership is important. Ask staff:

- What would help them practice good hand hygiene practices at work?
- What are the barriers to good hand hygiene practices?
- What solutions can be found to improve hand hygiene practices?

Recognize the heroes

Do you have a team member that goes above and beyond the call of duty, with respect to hand hygiene? If so, celebrate your hard-working co-worker(s) by nominating them as a [Hand Hygiene Hero](#). Don't forget the recognition opportunities available within the organization such as Wall of Fame and e-cards.

Anticipate some resistance

Ensure colleagues are as involved as possible; make sure they understand the hand hygiene review process. Engage with staff to generate ideas and solutions. Get advice from a more senior member of the team for suggestions and support when needed.

Have fun!

Staff are more likely to show interest when ideas are engaging. Show your commitment to hand hygiene by creating a piece of art. Ask staff (and patients) to dip their hands in different colored paint and make a pattern out of handprints. Hang proudly in your area as a reminder of their efforts.

Section 3 – Evaluation, Feedback and Quality Improvement

Why is evaluation and feedback important?

Ongoing team-based hand hygiene reviews completed by trained reviewers is a key component in the strategy to improve hand hygiene. The data collected and reported about hand hygiene reviews is an important patient and staff safety initiative.

Hand hygiene data is used to:

- Increase staff understanding about the importance of hand hygiene.
- Measure the effectiveness of hand hygiene improvement efforts.
- Understand reasons why healthcare providers do not perform hand hygiene as required and use this information to increase compliance.
- Reinforce the organization's commitment to and expectations regarding hand hygiene.
- Celebrate success stories and improvement efforts.



Where can I start?

Identify [Hand Hygiene Reviewers](#) and [Advanced Users](#) from your team. A reviewer performs reviews and uploads data to the Clean Hands System. A reviewer can generate Unit Hand Hygiene Feedback Reports as soon as the review is completed to provide real-time feedback. An advanced user has access to generate more report options to identify and address areas in need of improvement.

Hand hygiene data can be shared through various means including, but not limited to:

- newsletters
- quality improvement boards
- discussions during team meetings, huddles, educational sessions, etc.

Staff Engagement Activity



4 Moments for Hand Hygiene

On-the-spot Feedback

[On-the-spot feedback cards](#) can be given to staff when they are "caught" practicing the 4 Moments for Hand Hygiene during a hand hygiene review. For an example of [how to complete the feedback card](#) click on the link.

Design a system that will recognize staff members who practice good hand hygiene.

Here's how


- Ask staff to sign and turn in their feedback cards that recognize their good hand hygiene performance.
- Keep records of the cards.
- Identify the trigger that needs to be met (for example 10 cards must be submitted to achieve recognition). Engage your staff in this discussion.
- Reward staff when the trigger is met.
- Recognize the staff member; post their picture on your performance board or create a wall of fame.

Hand Hygiene
On the Spot Feedback

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 If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: handhygiene@ahs.ca


This tool allows for constructive feedback and celebrating hand hygiene success in a timely manner for units or an individual healthcare provider (HCP).

Unit: _____



Unit – give to unit manager

Date: _____



Individual – give to HCP

Receiving on the spot feedback is considered an important part of hand hygiene improvement work. It allows you and the Hand Hygiene Program to better understand and remove barriers to hand hygiene.

A – Moment Observed
Identifies specific moments for a miss or compliant, e.g., hand hygiene reviewer consistently observed the HCP not performing hand hygiene prior to accessing clean supplies/medication preparation (Moment 2).

B – Additional Parameters
Identifies the consistent miss, e.g., the HCP consistently did not perform hand hygiene prior to accessing gloves. This section can also be used to identify barriers such as nails, rings, bracelets or no access to hand hygiene products.

C – Comments
Provides comments on hand hygiene performance, e.g., staff frequently contacted curtains and then contacted patient without performing hand hygiene. HCP: Healthcare Provider

A – Moment Observed



Moment - 1 (Pre-Procedure)	<input type="radio"/> Consistently Compliant	<input type="radio"/> Miss	<input type="radio"/> No Note
Moment - 2 (Surf Adj)	<input type="radio"/> Consistently Compliant	<input type="radio"/> Miss	<input type="radio"/> No Note
Moment - 3 (Off-Body)	<input type="radio"/> Consistently Compliant	<input type="radio"/> Miss	<input type="radio"/> No Note
Moment - 4 (Post-Procedure)	<input type="radio"/> Consistently Compliant	<input type="radio"/> Miss	<input type="radio"/> No Note

B – Additional Parameters

<input type="checkbox"/> Nails	<input type="checkbox"/> Rings	<input type="checkbox"/> Bracelets
<input type="checkbox"/> Gloves	<input type="checkbox"/> Skin Integrity	<input type="checkbox"/> Hand Hygiene Product Availability

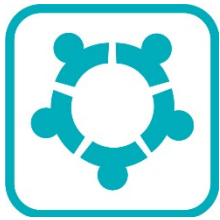
C – Comments:

Original date: October 2017
 Revised date: November 2024

Be Creative! You know your staff best!

Staff Engagement Activity

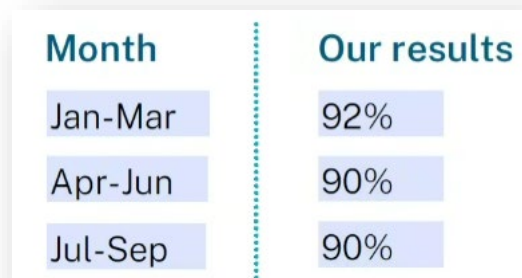


Create a Clean Hands Zone!

Use the online [Hand Hygiene Compliance Poster \(template\)](#) to post your hand hygiene compliance data in a high traffic area that is publicly accessible. Healthcare providers care about what their patients think of them.

Laminate your poster so a dry erase marker can be used – this makes it easy to change your compliance.

Obtain the template from the [IPC Hand Hygiene Posters webpage](#). You can choose to present your data monthly or quarterly.



Staff Engagement Activity



Improvement / Celebration Huddles

Hand hygiene huddles have been used effectively at sites, units and departments to discuss their hand hygiene compliance rates, barriers to hand hygiene and develop strategies to improve compliance. They have also been used as celebrations for the team to reflect on improvements and factors that helped the team achieve their success. Huddles are meant to be short (less than 15 minutes) and informal to encourage all members to participate and share their ideas!

Guided by the leader, members of the multidisciplinary huddle identify areas of improvement and develop SMART goals.

SMART goals are:

- specific
- measurable
- attainable
- realistic
- and time-based.

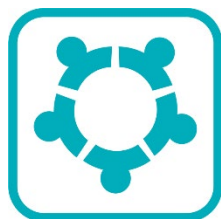
There are various online resources that assist with the development of SMART goals.

If you would like the IPC Hand Hygiene Program to join hand hygiene huddles, please contact your Zone Project Manager or zone coordinator.

Common themes discussed during hand hygiene huddles include:

- encouragement from management
- Q&A with hand hygiene reviewers
- identification of the need for hand hygiene reviewers
- discussions with respect to ABHR and the availability of other hand health products
- ideas to overcome barriers to hand hygiene
- maintaining healthy hands.

Staff Engagement Activity



Hand Hygiene Challenge – Creating Friendly Competition!

A little dose of competition will often bring out the best in us! Invite a team to a hand hygiene challenge. Which team can have the best hand hygiene compliance? Develop a prize (e.g., certificate or trophy) to be given to the winning team.

Tips for a successful challenge

- Set your stakes early
- Compare hand hygiene compliance monthly/quarterly
- Post compliance for all to see
- Celebrate your success!



Section 4 – Reminders in the Workplace

What are reminders in the workplace?

Reminders in the workplace are important tools to prompt and remind healthcare providers to practice hand hygiene and to inform patients and their visitors of the standard of care they should expect from their healthcare providers.

Where can I start?

Display posters that identify the appropriate indications and procedures for hand hygiene at the point-of-care and in prominent areas on your unit. Posters can be found on the IPC HH webpage under [Posters](#).

Take it to the next level!

A team can increase hand hygiene practice by creating a culture where reminding each other about hand hygiene is encouraged and compliance is the social norm.

Shifting attitudes and behavior takes time, but improving hand hygiene compliance will happen when hand hygiene is genuinely believed to be an essential element of ensuring patient safety and improving patient outcomes.



Staff Engagement Activity



Reminders in Code

Visual triggers are commonly used as a method to promote good hand hygiene behavior but why not take it a step further and encourage your staff to verbally remind each other about hand hygiene practice.

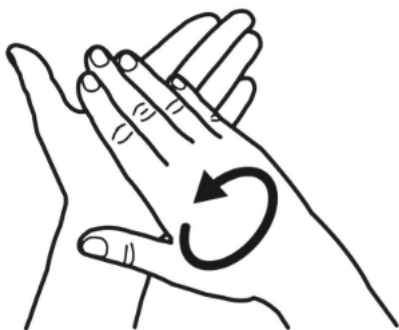
To create an environment where it is comfortable to remind anyone to do the right thing, get staff to focus on the principle of **"friends remind friends to clean their hands"**.

Here's how

- Staff can create a verbal or non-verbal (non-confrontational) cue that they can use to remind others to clean their hands.

Some examples

- Using the gesture of an open hand
- A word that is unique to the team — **have fun with it!**



e.g., *Visual Cue*



e.g., *Verbal Cue*

Staff Engagement Activity



Stick-it-to-me: Caught Clean Handed

Present your team with a hand hygiene challenge to create an opportunity for staff to recognize each other's good hand hygiene practices.

Here's how

- Define a period over which the challenge will take place.
- Provide a review of the 4 Moments for Hand Hygiene before you start.
- Distribute hand hygiene stickers to all staff.
- Staff will observe each other in daily practice.
- When a person is observed by someone else and has completed hand hygiene appropriately the observer will give them a sticker.
- The staff member with the most stickers wins the challenge.

[Sticker Set](#) template (Avery Sticker 22830) located on the [Leadership Toolkit webpage](#).



Section 5 –Building a Supportive Culture

Why is a supportive culture so important for hand hygiene improvement?

A *supportive culture* is a *just culture* where everyone feels safe, encouraged, and enabled to discuss quality and safety concerns. Hand hygiene is important not only to the safety of patients but to the healthcare provider themselves. It is important that there is a respectful and trusting environment for everyone to bring forward questions or concerns about hand hygiene practices.

Where can I start?

Read and understand [AHS' Just Culture Guiding Principles](#) and [Just Culture FAQ](#) know how important it is to:

- Be respectful and compassionate in how we engage with those involved. Ask yourself:
 - Would a patient feel empowered to ask my team to clean their hands before providing care?
 - Is my team open to receiving feedback about their hand hygiene practices?
- Be open about the evaluation processes used and strive for excellence.
 - Does my team understand how reviews are performed?
- Hold our system, ourselves and others accountable.
 - Does each member of my team feel comfortable reminding their co-workers to perform hand hygiene as necessary?
- Learn from mistakes and close calls to improve safety and performance.
 - Do we review the comments available on the Unit Hand Hygiene Feedback Report and use these “misses” to discuss how to overcome barriers to hand hygiene compliance?
 - Does every member of the team feel empowered during these discussions?

By following the Just Culture Guiding Principles, we are adhering to AHS values:

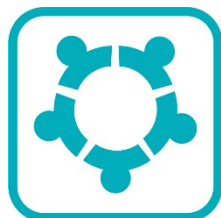
Compassion, **a**ccountability, **r**espect, **e**xcellence, and **S**afety



Why do we need to involve patients, families and visitors in our hand hygiene improvement strategies?

By building on the principles of patient and family-centered care (dignity and respect, information sharing, participation, and collaboration), we will help patients and families better understand the impact their healthcare providers' hand hygiene practices have on their outcomes. Through information and a welcoming environment, patients and families will become strong advocates for better hand hygiene compliance.

Staff Engagement Activity



Leverage our Biggest Influencers ... our Patients & Families

I care about your health ... It's ok to ask if I've cleaned my hands

Encourage and invite patients and families to become active participants in the hand hygiene process. Post an invitation in patient care areas that give patients and families permission to ask if their healthcare provider has cleaned their hands before providing their care.

#22



#23



Webber Training Free Posters

[It's ok to ask if I've cleaned my hands Poster 22](#)

[It's ok to ask if I've cleaned my hands Poster 23](#)

Staff Engagement Activity



Raise Your Hand!



Materials: Popsicle or tongue depressor sticks
Colored paper to trace hand or hand cut-outs

Here's how

- Engage pediatric patients and their families in an activity by having them create a visual reminder to use during their hospital stay.
- Have pediatric patients trace their hands on colored paper, decorate and glue them to a stick.
- When healthcare workers enter their rooms, encourage them to “raise their hand” reminding staff to clean their hands.



Staff Engagement Activity



Name these Clean Hands

A fun way to get staff preoccupied with hands!

Here's how

- Take a photograph of each staff member's clean hands. Involve everyone: management, physicians, nurses, students, etc.
- Post each photograph with a number on a poster board in a central location.
- Have ballots available that people can fill in with their guesses of whose hands are who.
- Include some sort of visual "clue" in the picture to help identify the staff member. For example, a nurse might hold her stethoscope or include a telling piece of patient care equipment in the background of their photo.
- Staff will look at the photographs and write their guesses on a ballot that is numbered corresponding with the photographs.
- Switch it up – instead of using a large poster board with photographs; create an activity sheet with the same photographs for individual distribution using the same principles outlined above.



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Feedback

This Hand Hygiene Improvement toolkit was prepared and updated by the Alberta Health Services (AHS) Infection Prevention & Control (IPC) Hand Hygiene Program.

Your feedback is important to us and will allow for continuous improvements to be made to the toolkit. If you have any feedback (e.g., hand hygiene engagement activities you would like to share or suggestions for improving the toolkit), email: hand.hygiene@ahs.ca and ask for the name of your zone Hand Hygiene Project Manager.