

Hand Hygiene Toolkit

Helping leaders achieve success



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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 leaders establish team-based hand hygiene initiatives. It uses the multi-modal framework recommended by the World Health Organization which highlights five key strategies. Focusing on these five strategies 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 and Feedback
4. Reminders in the Workplace
5. Building a Supportive 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! Many of the activities showcased have been used by teams across AHS. Appendix A includes a comprehensive checklist which you can use periodically to follow-up on your hand hygiene initiatives.

Why is hand hygiene important?

More than 220,000 patients acquire a healthcare-associated infection (HAI) in Canada every year resulting in 8,000-12,000 fatalities, making infections the fourth leading cause of death. Hand hygiene is the easiest and most effective way to reduce HAIs and prevent the spread of antimicrobial resistant organisms such as Methicillin Resistant *Staphylococcus aureus* (MRSA). HAIs cause increased disabilities and stress to patients and result in increased costs and workload to the healthcare system. Approximately 50% of HAIs may be reduced through improved hand hygiene practices¹.

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, hand hygiene reviews and education are Required Organizational Practices (ROPs) set by Accreditation Canada. Hand Hygiene Compliance is one of [AHS' performance measures](#) reported to Alberta Health and the public.

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

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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 leader?

Hand hygiene is an important patient and staff safety initiative and is worth the investment and resources. To be successful, hand hygiene improvement initiatives must be an individual and an organizational priority. While hand hygiene is a shared responsibility amongst all staff, medical staff, volunteers, patients and families, AHS recognizes that effective leaders foster accountability in themselves and their team. Leaders who demonstrate proper hand hygiene can influence hand hygiene compliance by up to 70%.²



Resource: Character vector created by macrovector - www.freepik.com

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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, but successful hand hygiene needs leadership support to make it a priority related to patient safety.

Where to start?

Ensure your team has the tools (products, 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.

What can I do as a leader?

Review the [Dispenser Placement Algorithm](#) and [Product Ingestion Risk Screening](#). 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 Algorithm](#)

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 Algorithm.
- 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 for 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 needs. Some of these can be found on the [Hand Hygiene 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 Newsletter](#)

Department and program-specific hand hygiene education may also be requested by contacting the AHS IPC Hand Hygiene Program [Project Manager](#) 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 employees, members of the medical and midwifery staffs, students, volunteers and other persons 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 of 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](#):

Information For > Health Professionals > Teams > Infection Prevention & Control > Hand Hygiene > Info for Health Professionals > Education > Interactive Hand Hygiene Module



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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

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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.
- What is the most appropriate way to provide feedback to a team?
 - Team meetings
 - Quality Improvement boards or similar information boards
 - Monthly emails

Involve colleagues

A sense of ownership is important in getting a culture to stick. Ask staff what would make it easier for them to practice better hand hygiene, or discuss the perceived barriers to good hand hygiene practices and think of what solutions might be.

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](#).

Expect Resistance

Ensure colleagues are as involved as possible; use their dissent to generate solutions. Don't let a few individuals derail efforts; proceed with plans. Get advice from a more senior member of the team for suggestions.

Have Fun!

Engaging ideas are more likely to get staff interested. Show your commitment to hand hygiene by creating a piece of art. Ask staff 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.

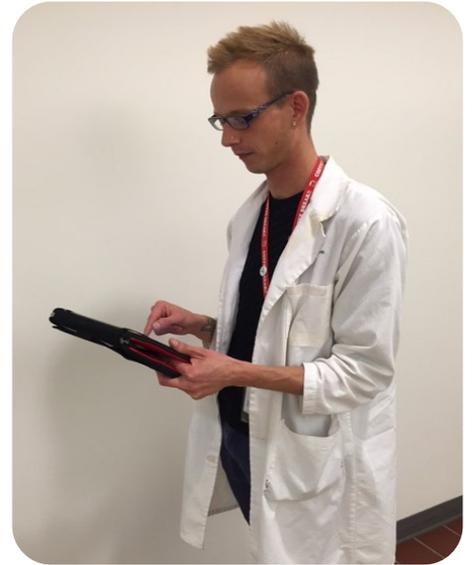
Section 3 – Evaluation and Feedback

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 develop action plans to increase compliance
- reinforce AHS'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 in order 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
- discuss during educational sessions
- discuss during team meetings
- discuss at Quality Councils
- discuss at just-in-time feedback huddles

Take it to the next level!

Go beyond sharing only a Unit Hand Hygiene Feedback Report at your next staff meeting. Take hand hygiene off the side of the desk and bring it to forefront by demonstrating how your team's hand hygiene compliance is contributing to the organization's targets (e.g., [AHS Performance Measures](#)).

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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

Reviewing 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

<input type="checkbox"/> Moment 1 Hand hygiene	<input type="checkbox"/> Compliant	<input type="checkbox"/> Miss	<input type="checkbox"/> In-line
<input type="checkbox"/> Moment 2 Gloves	<input type="checkbox"/> Compliant	<input type="checkbox"/> Miss	<input type="checkbox"/> In-line
<input type="checkbox"/> Moment 3 Gloves	<input type="checkbox"/> Compliant	<input type="checkbox"/> Miss	<input type="checkbox"/> In-line
<input type="checkbox"/> Moment 4 Gloves	<input type="checkbox"/> Compliant	<input type="checkbox"/> Miss	<input type="checkbox"/> In-line

B - Additional Parameters

<input type="checkbox"/> Miss	<input type="checkbox"/> Ring	<input type="checkbox"/> Nails
<input type="checkbox"/> Other	<input type="checkbox"/> Brackets	<input type="checkbox"/> Hand hygiene product availability

C - Comments

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Be Creative! You know your staff best!

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Staff Engagement Activity



Create a Clean Hands Zone!

Create a template or use the one provided online to [post your hand hygiene compliance](#) data in a high traffic areas that is publically 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 monthly compliance.



[Hand Hygiene Compliance Poster \(template\)](#)



[Hand Hygiene Compliance Poster \(example\)](#)

Staff Engagement Activity



Improvement / Celebration Huddles



Hand hygiene huddles have been used effectively in facilities to discuss their hand hygiene compliance rates, barriers to hand hygiene and 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 (approximately 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 resources online that assist with the development of SMART goals.

If you would like the IPC Hand Hygiene Program to join in hand hygiene huddles, please contact your Zone [Project Manager](#).

Common themes discussed during hand hygiene huddles include:

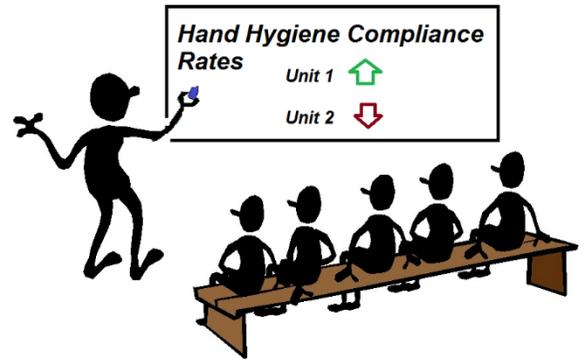
- encouragement from management
- Q&A with hand hygiene reviewers
- identification of the need for hand hygiene reviewers
- discussions with respect to ABHR and availability of other hand health products
- ideas to overcome barriers to hand hygiene
- maintaining healthy hands

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Staff Engagement Activity



Hand Hygiene Challenge – Creating Friendly Competition!



A little dose of competition will often bring out the best in us! Present a similar team with 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 your hand hygiene compliance monthly with those of the challenger team
- post compliance for all to see
- celebrate your success!



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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.

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:

- Have staff 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!

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 of time over which the challenge will take place
- provide a refresh on The 4 Moments for Hand Hygiene before you start
- distribute hand hygiene stickers to all staff; [template available online \(Avery Sticker 22830\)](#)
- over the defined period of time, 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 #1 ([full sheet](#)):



- Sticker set #2 ([full sheet](#)):



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 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.

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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 ([Webber Training Free Posters](#))

Encourage and invite patients and families to become an active participant 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.

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#23



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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 admission.
- Have pediatric patients trace their hands on colored paper, decorate and glue to a stick.
- When healthcare workers enter their rooms, encourage them to “raise their hand”.

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.
- 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.

Appendix A: Checklist – Improving My Team’s Hand Hygiene Compliance

Use this comprehensive checklist periodically as a reminder of important initiatives for improving hand hygiene compliance with your team.

1. Creating an Environment for Success

- Familiarize yourself with the information found on the [Dispenser Placement Algorithm](#) and [Product Ingestion Risk Screening](#).
- Revisit product availability and placement for ABHR, soap, and lotion on an ongoing basis by evaluating all areas where patient care occurs.
- Ensure there is a system in place for monitoring and replacing empty dispensers (e.g., collaborate with Environmental Services).
- Visit the [AHS Hand Hygiene webpages](#) for valuable information about hand health.
- Contact Contracting, Procurement & Supply Management (CPSM) for available products (e.g., portable ABHR dispensers, lockable dispenser covers or mountable ABHR holders) and ordering information.
- Place “how to” posters for ABHR and hand washing in prominent areas where patient care takes place. The [How to Use ABHR](#) poster will be best placed near ABHR dispensers and the [How to Hand Wash](#) poster displayed beside handwashing sinks.

2. Training & Education

- Ensure your team receives regular (e.g., annual) hand hygiene education and is familiar with the AHS resources available online.
- Ensure newly hired staff and students are aware of and understand the 4 Moments for Hand Hygiene and the review process.
- Encourage members of your team to come forward as hand hygiene champions to help promote hand hygiene amongst their peers.
- Help your team explore innovative and fun ways to learn about hand hygiene and build engagement.
- Distribute the hand hygiene [newsletter](#) and use it to create discussions about hand hygiene.
- Request education specific for your team from the [IPC Hand Hygiene Program](#), as needed.

3. Evaluation & Feedback

- Work with your team to establish a [Hand Hygiene Reviewer](#) who can help you develop a hand hygiene review schedule that ensures the required number of observations are completed for each reporting period (i.e. quarterly, monthly).
- Ensure that a Unit Hand Hygiene Feedback Report is generated after each review.
- Work with your team to establish an [Advanced User](#) who can generate additional reports to help use resources efficiently to drive data to action.
- Share your team's hand hygiene compliance data at staff meetings and discuss the feedback received and trends noted.
- Post your team's hand hygiene compliance data in areas with high visibility for staff, patients and visitors.
- Recognize that additional healthcare providers may also provide patient care (i.e. physicians, rehabilitation, diagnostics, etc.) along with your team and help them to understand that their patient interactions are also reviewed as part of your team's data. Invite them to participate in your team's improvement strategies.
- Work together with your team to set goals for hand hygiene compliance that align with and work towards the [AHS Hand Hygiene Compliance Target](#).
- Ensure your team's Hand Hygiene Reviewer(s) connects with the IPC Zone Hand Hygiene Reviewer on a regular basis.

4. Reminders in the Workplace

- Develop a local system to remind each other about hand hygiene opportunities when interacting with patients.
- Strategically place current AHS [posters](#) to provide staff, patients, and visitors with visual cues to remind them about the importance of hand hygiene and how to perform hand hygiene correctly.
- Work with the IPC Hand Hygiene Program to explore other reminder options where additional resources may be available (e.g., waiting area televisions, screen savers, etc.).
- Work with the IPC Hand Hygiene Program to develop additional reminder posters that may be beneficial (e.g., hand hygiene before accessing gloves / clean supplies, use lotion regularly, etc.).

5. Building a Supportive Culture

- Remind your team to review the information in the [AHS Hand Hygiene Policy and Procedure](#).

- Implement a recognition program to acknowledge team members who lead by example and are positive role models for good hand hygiene practices for their colleagues (e.g., [Hand Hygiene Heroes](#)).
- Explain to your team that receiving just-in-time feedback is important to help recognize improvement opportunities and encourage them to be receptive to receiving it.
- Support your team's Hand Hygiene Reviewer to feel comfortable providing just-in-time feedback either verbally or through the use of [Hand Hygiene Feedback Cards](#).
- Encourage team celebrations when hand hygiene goals are achieved and sustained.
- Recognize your team's Hand Hygiene Reviewer(s) periodically for their valuable contribution to your hand hygiene program.
- Develop a plan for addressing team members who are consistently non-compliant with hand hygiene requirements outlined by the AHS Hand Hygiene Policy and Procedure (e.g., provide staff with [Artificial Nails Information Sheet](#), use the Adverse Events Reporting System (e.g., RLS) or ask Human Resources department for assistance .
- Support your team's Hand Hygiene Reviewer(s) and Advanced User(s) to attend ongoing learning opportunities offered by the IPC Hand Hygiene Program e.g., [forum sessions](#) and speaker series special events to promote continued education and idea sharing.
- Work with your team to empower patients to become part of your improvement strategy by providing education to them, their families, and visitors about hand hygiene (e.g., My Health Alberta, [Hand Hygiene: A guide to clean hands](#): A Safety Guide for Patients, their Family, and Friends).
- Encourage a culture where patients, families, and visitors are encouraged to ask you and your team if you have cleaned your hands.
- Model exemplary hand hygiene behavior.

Appendix B: Templates

- [It's ok to ask if I've cleaned my hands](#) – free posters from Webber Training
- [Caught Clean Handed!](#) (Grand & Toy Avery Round Labels #22830) – print from Insite
- [Hand Hygiene Feedback Cards](#) – print from Insite
- [Hand Hygiene Compliance Reporting](#) – print from Insite

#22



#23



Hand Hygiene On the Spot Feedback

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

Unit: Date:

Unit – give to unit manager Individual – give to HCP

Recording 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.

<p>A – Moment Observed Identifies specific moments for a miss or complaint, e.g., hand hygiene reviewer consistently observed the HCP not performing hand hygiene prior to accessing clean injection/medication preparation (Moment 2).</p>	<p>A – Moment Observed</p> <table border="0"> <tr> <td><input type="radio"/> Moment 1</td> <td><input type="radio"/> Completely</td> <td><input type="radio"/> Miss</td> <td><input type="radio"/> In-line</td> </tr> <tr> <td><input type="radio"/> Moment 2</td> <td><input type="radio"/> Completely</td> <td><input type="radio"/> Miss</td> <td><input type="radio"/> In-line</td> </tr> <tr> <td><input type="radio"/> Moment 3</td> <td><input type="radio"/> Completely</td> <td><input type="radio"/> Miss</td> <td><input type="radio"/> In-line</td> </tr> <tr> <td><input type="radio"/> Moment 4</td> <td><input type="radio"/> Completely</td> <td><input type="radio"/> Miss</td> <td><input type="radio"/> In-line</td> </tr> </table>	<input type="radio"/> Moment 1	<input type="radio"/> Completely	<input type="radio"/> Miss	<input type="radio"/> In-line	<input type="radio"/> Moment 2	<input type="radio"/> Completely	<input type="radio"/> Miss	<input type="radio"/> In-line	<input type="radio"/> Moment 3	<input type="radio"/> Completely	<input type="radio"/> Miss	<input type="radio"/> In-line	<input type="radio"/> Moment 4	<input type="radio"/> Completely	<input type="radio"/> Miss	<input type="radio"/> In-line
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<input type="radio"/> Moment 2	<input type="radio"/> Completely	<input type="radio"/> Miss	<input type="radio"/> In-line														
<input type="radio"/> Moment 3	<input type="radio"/> Completely	<input type="radio"/> Miss	<input type="radio"/> In-line														
<input type="radio"/> Moment 4	<input type="radio"/> Completely	<input type="radio"/> Miss	<input type="radio"/> In-line														
<p>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 wash, rinse, bristles or no access to hand hygiene products.</p>	<p>B – Additional Parameters</p> <table border="0"> <tr> <td><input type="radio"/> Wash</td> <td><input type="radio"/> Rinse</td> <td><input type="radio"/> Bristles</td> </tr> <tr> <td><input type="radio"/> Other</td> <td><input type="radio"/> Stringly</td> <td><input type="radio"/> Fast hygiene product</td> </tr> </table>	<input type="radio"/> Wash	<input type="radio"/> Rinse	<input type="radio"/> Bristles	<input type="radio"/> Other	<input type="radio"/> Stringly	<input type="radio"/> Fast hygiene product										
<input type="radio"/> Wash	<input type="radio"/> Rinse	<input type="radio"/> Bristles															
<input type="radio"/> Other	<input type="radio"/> Stringly	<input type="radio"/> Fast hygiene product															
<p>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</p>	<p>C – Comments</p>																

Original date: October 2017
Revised date: November 2019

HAND HYGIENE COMPLIANCE

[ENTER UNIT NAME]
[HAND HYGIENE COMPLIANCE]%
[ENTER MONTH YEAR]

Month	Compliance

AHS HAND HYGIENE COMPLIANCE TARGET
90.0%

Original date: February 2018
Revised date: August 23, 2023

Appendix C: References

1. Canadian Patient Safety Institute. 2016. Hand Hygiene Fact Sheets. The Need for Better Hand Hygiene in Healthcare. Retrieved 1 Sep 2017 from <https://www.patientsafetyinstitute.ca/en/toolsResources/Hand-Hygiene-Fact-Sheets/Pages/The-Need-for-Better-Hand-Hygiene-in-Healthcare.aspx>
2. Canadian Patient Safety Institute. News & Alerts. Prevent healthcare-acquired infections: Share how to have clean care conversations during Stop! Clean Your Hands Day. Retrieved 25 Feb 2021 from <https://www.patientsafetyinstitute.ca/en/NewsAlerts/News/Pages/Share-how-to-have-Clean-Care-Conversations-during-SCYHD-2019-05-06.aspx>
3. Peterborough Regional Health Centre. Infection Prevention & Control. Leadership Toolkit: A guide to improving hand hygiene. 2013.
4. World Health Organization (2009). WHO Guidelines on Hand Hygiene in Healthcare. First Global Patient Safety Challenge Clean Care is Safer Care. World Alliance for Patient Safety. Geneva, World Health Organization Press. Retrieved 1 Sep 2017 from http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf

Original date: February 2018
Revised date: August 23, 2023

Feedback

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.



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

If you have questions about this guide or about hand hygiene reviews in general, you can email hand.hygiene@AHS.ca or contact your zone [Hand Hygiene Project Manager](#).



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