

# Hand hygiene assessment



## Infection Prevention

Please select the response that best describes your facility and its routine practices related to hand hygiene.

**1. Hand hygiene products and proper dispensers are available at all points of care with appropriate measures in place to ensure prompt replenishment when they are empty.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**2. Individual-sized (personal carry) hand sanitizers are provided for all staff and volunteers for use when hand hygiene is indicated but access to dispensers is not convenient.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**3. New and ongoing staff are routinely trained and educated on performance expectations, including the indications for hand hygiene as well as proper technique and when to use soap vs. sanitizer.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**4. Staff must demonstrate that they can do a proper 20-second hand wash and hand sanitization at training times.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**5. Patients, family members and visitors are educated on hand hygiene behavior expectations.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**6. Training tools are reviewed and updated at least annually.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**7. We use and update facility-wide reminders of hand hygiene behavior expectations.**

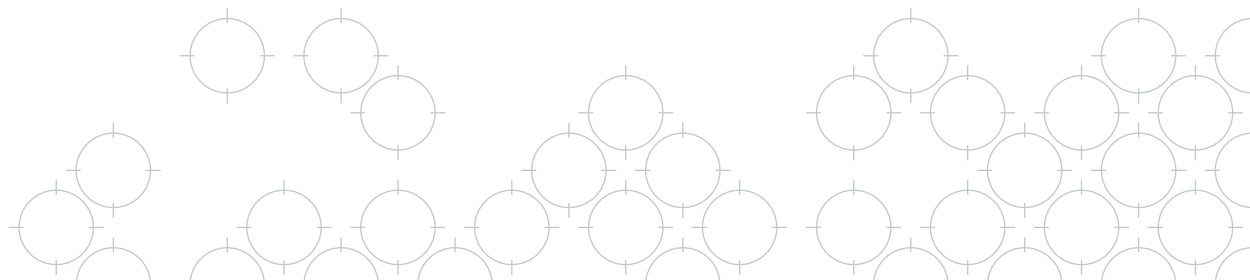
- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**8. Our units/departments are individually responsible for hand hygiene improvement and held accountable for monthly/quarterly compliance targets.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**9. Our units/departments routinely identify obstacles and barriers to hand hygiene performance and then put in place action plans with the goal of eliminating them.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure



**10. Our units/departments identify the obstacles and barriers to hand hygiene compliance using:**

- a) Direct observation
- b) Group discussion
- c) Other

**11. Our frontline clinical staff are empowered to speak up when there is risk of doing harm without fear of retribution or other negative consequences.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**12. We measure hand hygiene compliance and give feedback on performance.**

- a) Daily or weekly
- b) Monthly
- c) Quarterly
- d) Twice a year
- e) Annually

**13. When our goals are met, we set new, higher goals.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**14. We celebrate goals achieved and identify what we will do differently when they are not.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**15. Our unit/department leaders' annual performance appraisal/bonus is tied to hand hygiene improvement goals.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

**16. Our organization's senior leaders are responsible for modeling proper hand hygiene behavior and are authentically engaged in our hand hygiene improvement efforts.**

- a) Always
- b) Sometimes
- c) Never
- d) Unsure

## Scoring

**Answer a = 10 points**

**Answer b = 5 points**

**Answers c, d, e = 0 points**

**Note:** add 10 points if you or a member of your team has stopped and corrected someone not following proper hand hygiene protocols (a standard practice when conducting direct observation).

**170 points** = max score (with 10 point bonus)

### **150–170 points**

Outstanding. Stay diligent and focused.

### **130–149 points**

Excellent, but still room for improvement.

### **100–129 points**

Good, but make 130 or above a high priority for the next period.

### **Below 100 points**

Pursue coaching and feedback. Make fostering a safety culture and improving hand hygiene practices a priority.

**Want to learn strategies to improve your score?** Contact your Medline Representative for more information on our infection prevention program.

