
QAPI/QAA Program

Infection Control Hand Hygiene Practices

§483.80(a)(2)(vi)

Observation and Competency Evaluation/Validation Process

Provided Courtesy of



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Infection Control – Hand Hygiene Practices

Observation and Competency Evaluation/Validation Process Guidelines

Observation of Hand Hygiene Practices

1. Purpose:

- This *Hand Hygiene Observation* process is **NOT** intended to be used as a training tool for hand hygiene practices. **Rather**, its purpose is to **observe** hand hygiene practices to determine if they are being followed in accordance with current regulatory guidelines and the facility's established policies and procedures and to **identify** areas that may require improvements in the performance of hand hygiene practices.

2. Conducting the Observation:

- The *Observation* process will be conducted by the Infection Control Practitioner (ICP), a Registered Nurse (RN), or other designated facility representative, at least *monthly* for each shift and work location.
- The *Observation* process includes all individuals who have direct contact with the resident whether facility staff, volunteers, students, or contract staff.
- Observe at least ten (10) different staff positions (e.g., CNAs, licensed nurses, dietary, environmental services, etc.) on each shift, and in **different** care area **locations**, to ensure you are getting a true representation of hand hygiene practices for each shift throughout the facility. Observe shifts on different days which should include at least one weekend shift. Consider observing staff during particularly busy times (e.g., shift changes).
- The *Observation* process should be conducted discreetly. Position yourself so that you can observe the activity without interfering with the procedure. Do **not** inform staff member(s) that you are observing hand hygiene practices and do **not** provide instructions on hand hygiene practices.
- **Remember**, you are only *observing* **if** hand hygiene practices are being conducted **NOT** **how** the procedure is being performed. The **HOW** will be addressed in the facility's *Hand Hygiene Inservice Training Program*.

3. Using the Results of the Observation:

- This tool is used for quality improvement purposes only. It will not be used to grade or punish anyone. No individual staff member will be identified. The tool will not be used for adverse action against anyone.
- Upon completion of the observation, an analysis will be completed by the QAPI/QAA Committee, or other facility designated representative. The results of the analysis will be used to identify and develop training materials and corrective action/improvement plans to assist in improving hand hygiene practices.

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- The results of the observation analysis will be provided to the QAPI/QAA Committee for review and input in the development and implementation of any corrective action / performance improvement plan(s).

Beginning the Observation Process

- Select a care area to begin the observation (e.g., West Wing, North Hall, Isolation, etc.). Use the *Hand Hygiene Observation Worksheet*, beginning on page 7, to record the results of each observation. Each line is for recording observations for one (1) staff member only.
- It is easier to observe one staff member at a time, but observation of more than one staff member can be carried out simultaneously (up to a maximum of three staff members). **Note:** Multiple staff members performing sequential tasks quickly may preclude accuracy of the hand hygiene observation process.
- For the purpose of this exercise, the observation begins when a staff member enters the room or approaches the resident's bedside and **ends** when the staff member leaves the room or bedside.
- Select different locations within the facility to complete the observation process for each shift. Each observation period should be completed within 15-20 minutes. If no activity within five (5) minutes of entering the observation area, move to your next location.
- If there are barriers to hand hygiene i.e., no available alcohol hand hygiene product, paper towels, or soap, this should be recorded on the observation worksheet.
- Upon finishing the observation process, complete the *Analysis Worksheets* located on pages 7 through 9.

See Next Page for Instructions on Using the Observation and Analysis Worksheets

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Using the Hand Hygiene Practices Observation Worksheets

Enter the shift, date of observation, time, name of observer, job position, and day of week for this observation process (see page 7).

- Using the Staff Position Observed Column:

- This column is used to identify the staff position that you are observing. Modify them to meet the staffing positions unique to your facility. It may be helpful to include attending physicians and other healthcare professionals as part of the observation process to ensure that all persons providing care or services to residents are following the facility's established hand hygiene practices.
- Identify the "Work Location" of staff members you are observing (e.g., West Wing, North Hall, Isolation, etc.). This will be helpful when analyzing the data to assist in identifying specific locations that may require additional training or instruction.

- Using the Hand Hygiene Practices Observed Column:

- This column contains the five hand hygiene practices that will be observed. It is **not** necessary to observe all five practices for each staff member during this observation. **However**, all five hand hygiene practices should be observed and evaluated for each shift and each location to ensure that a true representation of hand hygiene practices is being obtained for that shift.
- Check "Yes" **if** the staff member performed hand hygiene using soap and water and/or alcohol-based hand sanitizer. **Note:** If the individual used BOTH products (soap and water and alcohol-based hand sanitizer) during the procedure, check BOTH boxes.
- Check "No" **if** the staff member did **NOT** perform hand hygiene but **SHOULD** have.

- The Five Hand Hygiene Practices Being Observed:

Note: Examples with an asterisk () indicates hand hygiene must be performed using soap and water. This listing is not all-inclusive. They are provided only as examples. Others may apply. Modify as necessary to meet your facility's policy requirements.*

- #1 – **Prior to Touching Resident.** (Examples: Did the staff member perform hand hygiene practices when entering the room to provide care; prior to contact with resident care devices (IV lines, dressings, etc.); assisting resident with meals*; assisting resident with personal care (e.g., oral care, bathing, dressing, etc.).
- #2 – **Prior to a Procedure.** (Examples: Did the staff member perform hand hygiene practices prior to performing urinary catheter insertion/care; suctioning resident, fingerstick blood sampling; administering IV medications or infusions, etc.).

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- #3 – **After Body Fluid Exposure Risk.** (Examples: Did the staff member perform hand hygiene practices when hands were visibly soiled*; after contact with a resident’s body fluids or excretions; drawing blood or collecting stool or urine sample; performing wound care or dressing changes; assisting a resident with toileting*; removing gloves, etc.).
- #4 – **After Touching Resident.** (Examples: Did the staff member perform hand hygiene practices when leaving the room after performing resident care; performing aseptic procedures, assisting a resident with meals*; contact with a resident with infectious diarrhea*, etc.).
- #5 – **After Touching a Resident’s Surroundings.** (Examples: Did the staff member perform hand hygiene practices when leaving isolation precaution settings; after touching items of a resident with infectious diarrhea*; after handling soiled or used linens, dressings, bedpans, catheters, urinals, bed rails, linens, personal belongings, TV remote control, door handles, etc.).

- **Using the Hand Hygiene Observation Analysis Worksheet:**

Enter the shift, date of observation, name of observer, job position, and date for this observation process (see page 8).

- Upon completion of the *Observation Worksheet* on page 7, use the *Analysis Worksheet*, on page 8, to analyze your observations and to assist in identifying specific practices, job positions, and/or work locations that may need additional training or instruction.
- The *Analysis Worksheet* has been designed to determine the **facility-wide** benchmark score for **each** practice observed on **each** shift.

- **Using the Hand Hygiene Observation Comparative Analysis Worksheet:**

Enter the shift, date of observation, time, name of observer, job position, and day of week for this observation process (see page 9).

- Upon completion of the *Observation Worksheet* on page 8, use this *Comparative Analysis Worksheet*, on page 9, to analyze your observations to identify which staff position, work location, or practice has the most “NO” responses.
- Next, use the *Root Cause Analysis Probes*, on page 9, to assist in identifying and correcting what may have caused, or contributed to, not meeting the facility-wide benchmark score.

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- **Using the Handwashing Competency Validation Checklist:**

Enter the name of the individual being observed, job position, shift, employment type, and work location (see page 10).

- The primary purpose of this validation is to determine if the staff member can successfully demonstrate competency in the facility’s established **handwashing** procedures.
- This evaluation does **not** measure the initial steps that incorporate resident rights (e.g., knocking on door, privacy, etc.), reporting findings to the nurse, or documentation, etc. It **only** measures whether or not the staff member is performing handwashing procedures correctly.

To successfully complete the performance evaluation, the staff member must perform 8 of the 12 procedures correctly. Some steps in the procedure are considered “**critical**” steps and **must** be performed with **100% accuracy**. This evaluation has been designed to permit two (2) attempts to successfully complete the tasks. **Note: Critical performance items that must be performed are identified on the validation checklist by an asterisk (*)**.

- If the staff member does **NOT** *successfully* complete the *Hand Hygiene Competency Validation*, after two (2) attempts, provide the individual with an improvement plan to assist him/her to successfully complete the validation process. This plan may include the attendance at, and participation in, the facility’s *Hand Hygiene In-Service Training Program*, a review of the five hand hygiene practices, as well as other training/instruction recommended by the QAPI/QAA Committee, etc.

Hand Hygiene Practices Observation Worksheet

Shift Observing:	<input type="checkbox"/> 1 st Shift	<input type="checkbox"/> 2 nd Shift	<input type="checkbox"/> 3 rd Shift	Date of Observation:		Time:	
Name of Observer:				Job Position:			
Day of Week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S							

<p>Staff Position Observed</p> <p>N = Nurse; A = CNA; SA = Social/Activity; D = Dietary; E = Environmental; O = Other</p> <p>Enter work location where practice is being observed (e.g., East Wing, North Hall, Isolation, etc.).</p> <p>Place a check (✓) under each position being observed.</p>								Place a check (✓) under YES if hand hygiene performed using soap and water (S/W) and/or alcohol-based hand sanitizer (ABS). (Note: If BOTH products were used, check both.) Check (✓) NO if hand hygiene <u>not</u> performed but SHOULD have been performed.																							
								Hand Hygiene Practices Observed																							
								#1			#2				#3				#4				#5								
								Prior to Touching Resident			Prior to Beginning Procedure				After Exposure to Blood or Body Fluid				After Touching Resident				After Touching Resident's Surroundings								
Performed		Product Used		Performed		Product Used		Performed		Product Used		Performed		Product Used		Performed		Product Used		Performed		Product Used									
#	N	A	SA	D	E	O	Work Location	Yes	No	S/W	ABS	Yes	No	S/W	ABS	Yes	No	S/W	ABS	Yes	No	S/W	ABS	Yes	No	S/W	ABS				
1																															
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															
10																															
Total "Yes" & "No" for Each Practice Observed																															
Note: Count ONLY Yes or No Responses. Do NOT Count BLANK Boxes																															

Please make note of the following during your observation session:

Hand Hygiene Supplies	Yes	No	Comments
A sufficient supply of alcohol-based hand rub was available.			
A sufficient supply of hand soap was available at the handwashing station.			
A sufficient supply of paper towels was available.			
Hand washing sinks or hand sanitizer was visible and easily accessible.			

See Next Page for Hand Hygiene Observation Analysis Worksheet

Hand Hygiene Observation Analysis Worksheet

Shift Evaluating:	<input type="checkbox"/> 1 st Shift	<input type="checkbox"/> 2 nd Shift	<input type="checkbox"/> 3 rd Shift	Date of Observation:				
Evaluation Completed By:				Job Position:			Date:	

Established Benchmarks: The following benchmarks have been established as **facility-wide** competency evaluation guidelines:

90% – 100% = Acceptable level of competency.

Less than 90% = Recommend staff attend and participate in training as identified in the evaluation analysis, and/or the facility’s *Hand Hygiene In-Service Training Program*. Upon completion, conduct the *Handwashing Competency Validation Checklist* (see page 10) for each staff member as appropriate.

Instructions: Using the *Hand Hygiene Practices Observation Worksheet* on page 7, enter the **TOTALS** for each position and each practice observed.

1 Hand Hygiene Practice Observed	2 Totals By Position Observed												3 SUM TOTALS		4 Total Yes & No Responses	5 Individual Practice Benchmark Score (Total Yes (column 3) + Total Yes & No (column 4))		
	Nurses ("N")		CNAs ("A")		Social/Activity ("SA")		Dietary ("D")		Environment (E)		Other ("O")		Yes	No				
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No				
#1 – Prior to Touching Residents																		%
#2 – Prior to Aseptic Procedures																		%
#3 – After Body Fluid Exposure Risk																		%
#4 – After Touching Resident																		%
#5 – After Touching Resident’s Surroundings																		%
Totals																		

Overall Facility-Wide Benchmark Score for This Shift	
TOTAL “Yes” and “No” (Column 4)	
Facility’s Overall Benchmark Score (Total “Yes” (Column #3) ÷ Total “Yes” and “No” (Column #4))	%

See Next Page for Hand Hygiene Observation Comparative Analysis Worksheet

Hand Hygiene Observation Comparative Analysis Worksheet

Shift Evaluating:	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	Date of Observation:	
Analysis Completed By:		Job Position:	
		Date:	

Instructions: Using the *Hand Hygiene Observation Analysis Worksheet* on **page 8**, complete the following information:

Facility-Wide Comparative Analysis	
A	Which Staff Position had the <u>most</u> “YES” responses? [] “N” (Nurse) [] “A” (CNAs) [] “SA” (Social/Activity) [] “D” (Dietary) [] “E” Environmental [] “O” (Other):
B	Which Staff Position had the <u>most</u> “NO” responses? [] “N” (Nurse) [] “A” (CNAs) [] “SA” (Social/Activity) [] “D” (Dietary) [] “E” Environmental [] “O” (Other):
C	Which Work Location had the <u>most</u> “YES” responses?
D	Which Work Location had the <u>most</u> “NO” responses?
E	Which Hand Hygiene Practice had <u>9 or More</u> “YES” responses? [] #1 [] #2 [] #3 [] #4 [] #5
F	Which Hand Hygiene Practice had <u>8 or Less</u> “NO” responses? [] #1 [] #2 [] #3 [] #4 [] #5

Root Cause Analysis Probes/Corrective Action Performance Improvement Plan
<p>1. If hand hygiene <u>supplies</u> (e.g., soap, water, alcohol-based hand sanitizer, paper towels, etc.) were <u>not</u> available, could that have been a contributing factor in the staff not achieving an acceptable benchmark score? <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES, how will that be resolved?</p> <p>2. If the overall facility-wide benchmark score of 90% was NOT met, would you classify the issue/concern as: <input type="checkbox"/> Widespread [High Risk/Volume] (e.g., score = 50% or Less) <input type="checkbox"/> Pattern [Problem Prone] (e.g., score = 60% – 70%) <input type="checkbox"/> Isolated [Low-Risk] (e.g., score = 80% - 90%)</p> <p>3. From this analysis, which hand hygiene practice(s) do you believe the staff needs <i>additional</i> training/instruction (<i>check all that apply</i>): <input type="checkbox"/> #1-Prior to Touching Resident <input type="checkbox"/> #2-Prior to Aseptic Procedures <input type="checkbox"/> #3-After Exposure to Blood/Body Fluids <input type="checkbox"/> #4-After Touching Resident <input type="checkbox"/> #5-After Touching Resident’s Surroundings</p> <p>4. Has in-service training been scheduled for the items checked above? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Date Scheduled:</i> _____.</p> <p><i>Other Recommendations/Comments:</i> <input type="checkbox"/> Review and discuss the facility’s Hand Hygiene Policies and Procedures. <input type="checkbox"/> Attend and participate in the facility’s <i>Hand Hygiene In-Service Training Program</i>. <i>Date Scheduled:</i> _____. <input type="checkbox"/> Complete the facility’s <i>Hand Hygiene Competency Validation Checklist</i>. <i>Date Scheduled:</i> _____. <input type="checkbox"/> Other (Specify): _____</p>

See Next Page for Handwashing Competency Validation Checklist

A Confidential QAPI/QAA Program Work Document

Handwashing Competency Validation Checklist

Name of Individual Observed:	Job Position:	Shift:
Employment Type: [] Facility Staff [] Contract Staff [] Consultant [] Other:		Work Location:

Purpose: The primary purpose of this validation is to determine if the staff member can successfully demonstrate competence in our facility’s established **handwashing** procedures. This validation checklist does **not** measure the initial steps that incorporate resident rights (e.g., knocking on door, privacy, etc.), reporting findings to the nurse, or documentation, etc. The validation only measures whether or not the staff member is performing handwashing procedures correctly.

Passing Score: To successfully pass the validation, the staff member must perform 8 of the 12 procedures correctly. Some steps in the procedure are considered “**critical**” steps and **must** be performed with **100% accuracy**. This evaluation has been designed to permit two (2) attempts to successfully complete the tasks. *Note: Critical performance items are identified by an asterisk (*).*

#	Procedure Observed	Initial Demonstration Successful		Comments	Repeat Demonstration Successful		Comments
		Yes	No		Yes	No	
1 *	Removed jewelry per facility policy.						
2	Stood away from sink to prevent clothes from touching sink.						
3	Using a paper towel, turned on faucet and adjusted water to a warm temperature (or used a knee/foot control to turn on water). Discarded paper towel in wastebasket.						
4	Adjusted sleeves (as appropriate) wet hands and wrists thoroughly.						
5	Applied generous amount of soap to hands.						
6 *	Lathered all surfaces (backs of hands, wrists, between fingers, tips of fingers, thumbs) for at least 15-20 seconds.						
7 *	Held hands with wrists lower than elbows during the hand washing procedure.						
8	Cleaned under fingernails by rubbing fingers against palms or used a file or an orange stick to clean under fingernails.						
9 *	Thoroughly rinsed all surfaces of hands and wrists while keeping hands lower than elbows.						
10 *	Using a clean paper towel, thoroughly dried all surfaces of the hands, wrists, and fingertips without contaminating hands.						
11	Discarded towel in wastebasket.						
12 *	Turned off faucet with a clean paper towel or used a knee/foot control to turn off water. Discarded paper towel in wastebasket.						

I certify that the above-named individual successfully demonstrated competence is our facility’s established handwashing procedures.

Name of Observer	Signature	Job Position	Date
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