



Gel In Gel Out
Clean Hands Save Lives

UCSF Medical Center

UCSF Benioff Children's Hospital

Hand Hygiene Improvement Program

OBSERVER TRAINING

**Hospital Epidemiology &
Infection Control**

Susan Garritson
*Hand Hygiene Improvement
Program Manager*

FY2013

Agenda



- **Hand Hygiene Policy**
- **Hand Hygiene Observation Standards**
- **Hand Hygiene Observer Test**
- **Hand Hygiene Observation Tool**
- **Data Entry**
- **Corrective Action**

Hand Hygiene Indications

- **Before touching a patient**
- **Before clean/aseptic procedure**
- **After body fluid exposure**
- **After touching a patient**
- **After touching patient surroundings**
- **Additional hand hygiene indicators**
 - Before preparing food
 - After using the restroom
 - After touching your face, nose or hair or personal device (e.g. pager, phone)



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THRESHOLDS

- **Acute care floors**
 - Door sweep, privacy curtain = the threshold
 - Walking past the threshold
- **Critical care units**
 - Sliding doors, privacy curtain
 - Stepping through the threshold
- **Multi-Bed Patient Care Areas**
- **Realms and Zones**
- **Workflow with Specific Beginning and end Points**

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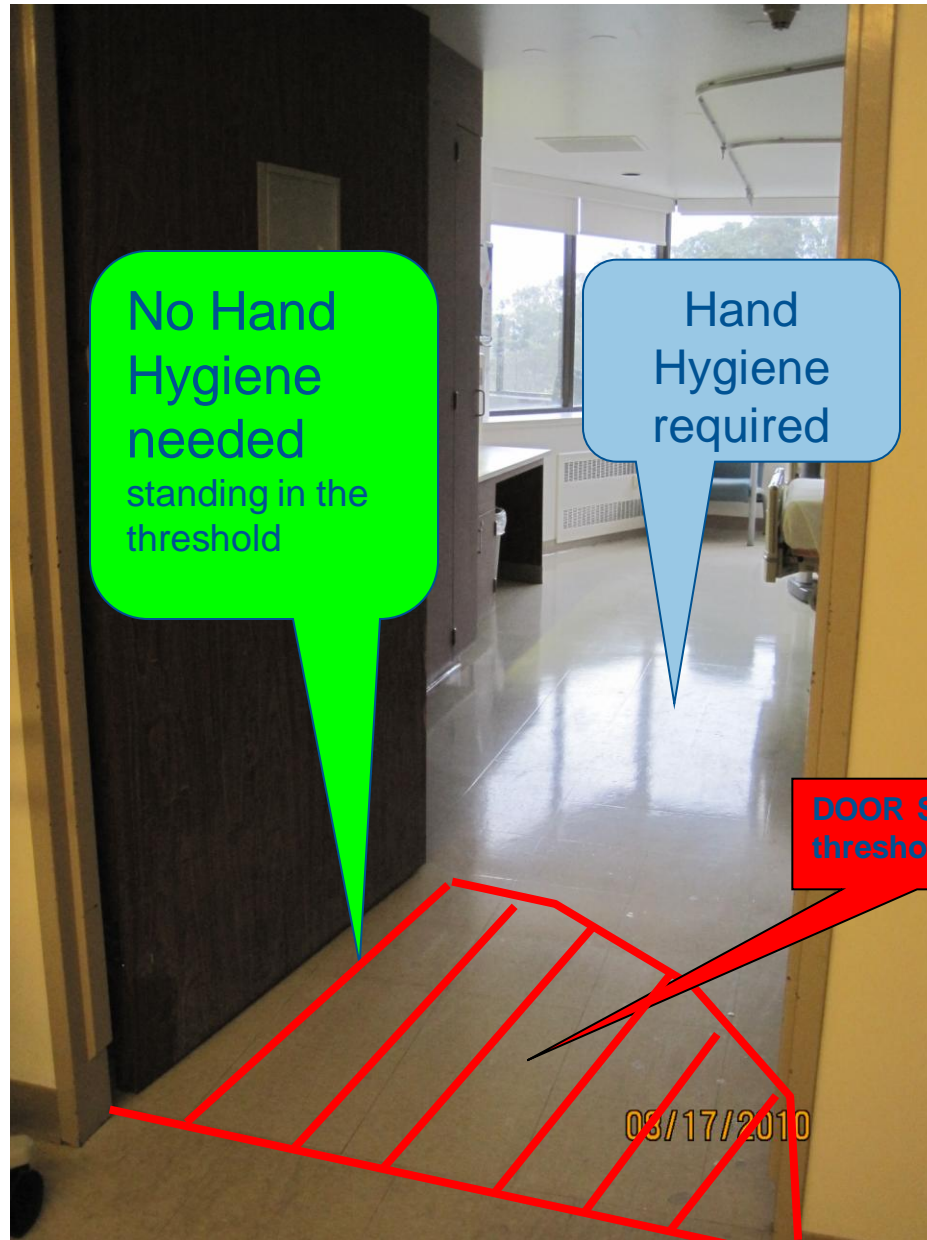


New Requirement FY2013

- **Correct type of hand hygiene for patients on Contact Precautions**
 - *Wash with soap and water on exit from rooms of patients with *Clostridium difficile**
- **Correct sequence**
 - *Hand hygiene before donning gloves*
 - *Hand hygiene following removal of Personal Protective Equipment upon exit from patient's room*
- **New observation requirements still focus on the Threshold as the point of observation**



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No Hand Hygiene needed standing in the threshold

Hand Hygiene required

DOOR SWEEP = threshold

03/17/2010

al Center

Benion Children's Hospital



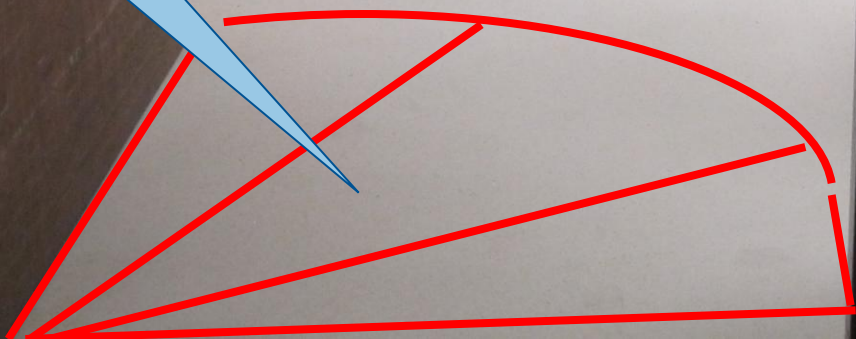
Please Enter Through
Substrate Door

Operating Room #10
L486



Hand Hygiene
required
across door
threshold

No Hand
Hygiene
required





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**HAND
HYGIENE
REQUIRED!
BOTH FEET ARE
PAST THE
THRESHOLD**

THRESHOLD

08/17/2010

Center

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Patient
1

Patient
2



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08/18/2010

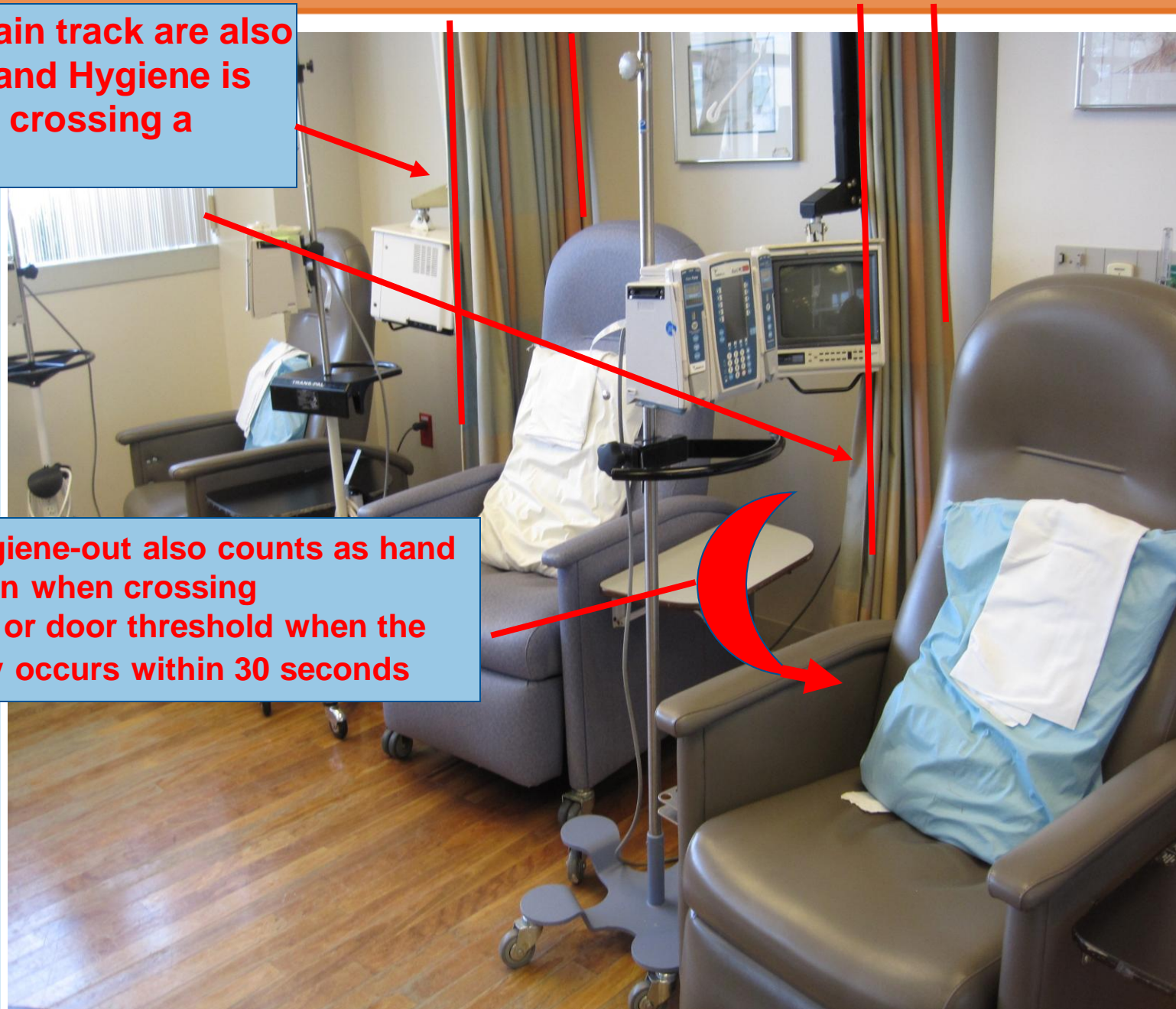


When crossing through a sub-sterile area or a hallway, gel out from one OR space before entering the other OR space. If the entry-in (2nd threshold) occurs within 30 seconds of the exit out (1st threshold), the gel out HH counts as a gel in HH to the next room. If it takes more than 30 seconds, then another HH must be performed with 30 seconds of entering the OR.



Curtain & curtain track are also thresholds. Hand Hygiene is required when crossing a threshold.

Hand hygiene-out also counts as hand hygiene-in when crossing a curtain or door threshold when the exit-entry occurs within 30 seconds



A photograph of a hospital room. In the center, a group of five healthcare workers in blue scrubs are gathered around a patient's bed. A mobile cart with a large chart is in the foreground. The room is divided into sections by patterned privacy curtains. A red line outlines the public space, and blue arrows point from text boxes to the curtains and the public area.

**PRIVACY CURTAIN & CURTAIN TRACK = THRESHOLD
HAND HYGIENE REQUIRED**

PUBLIC SPACE, NO HAND HYGIENE REQUIRED

A photograph of a hospital room. A vertical curtain track is visible, separating a patient room on the left from a public area on the right. The patient room contains a bed, a chair, and a desk. The public area contains a desk with a computer, a chair, and a colorful storage cabinet. A blue oval with white text is overlaid on the curtain track, and a red arrow points from the public area towards the curtain track.

**Curtain and Curtain Track=Threshold
Hand Hygiene Required**

**Public Space
No Hand Hygiene Required**

**Virtual
Threshold**

**Hand Hygiene is required when
entering and exiting across a threshold**



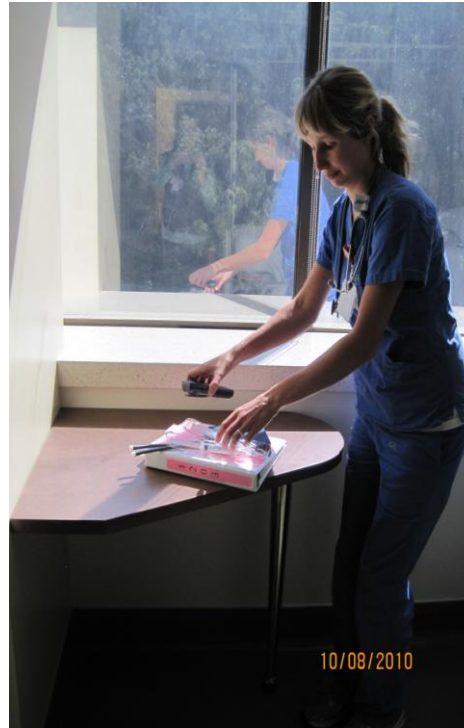
Zone 2

Zone Threshold

Zone 1

1. Patient, gurney, and all equipment associated with the patient = Zone.
2. Perform hand hygiene each time you cross a threshold in or out of a Zone.
3. Gel “Out” of one zone counts as Gel “In” to next zone when enter/exit occurs within 30 seconds
4. Curtain track = Zone boundary at foot of gurney

Hands Full Guidance



Clean Hands and Don Gloves Upon Entry To Patient Room/Environment



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Gel hands



Don gloves

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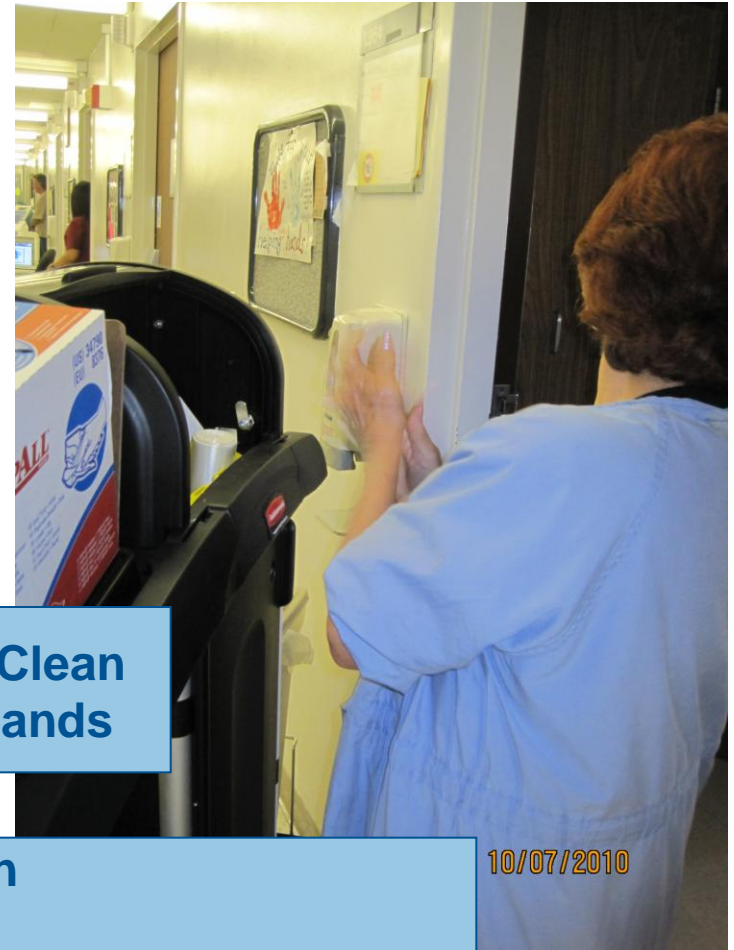
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Vacating The Room: Remove Gloves, Clean Hands

1. Remove
Gloves



2. Clean
Hands

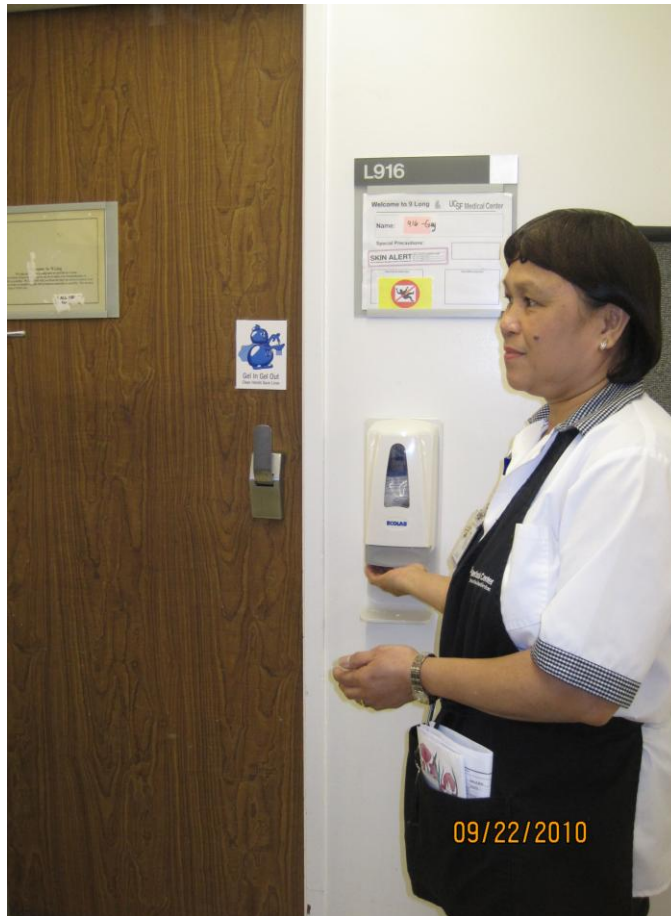


3. Don new gloves for entry within 30 seconds to new room.
4. If break before entering a new room is longer than 30 seconds, then a new gel should occur.



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1. Clean your hands, pick up tray, & serve patient.
2. As you exit the patient's room, clean your hands, pick up next tray, & serve patient.





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Workflow with Specific Beginning & End Points: Rehabilitation Services



Gel In

No Hand Hygiene is Required on Exit with Patient





No Hand Hygiene Is Required When Re-Entering With Patient During Rehabilitative Service

Complete Hand Hygiene on Final Exit From Patient Room



Workflow with Specific Beginning & End Points: Transport



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Clean Hands on Entry

Assist Patient On Gurney/ Wheelchair or Bed



Transport Patient

**Gloves Are Not
Required For
Routine Patient
Transport**



**Arrival at
Destination**



**Clean
Hands On
Exit**



Patients on Contact Precautions for *Clostridium difficile*

- How to know when wash with soap and water is required:
 - Check door caddy for “Contact Precautions” and “Wash Your Hands with Soap and Water” signage
 - Notice bonnet and signage covering alcohol gel dispenser inside patient’s room



Scoring Hand Hygiene Compliance for Contact Precautions Example

- **Observer sees HCW exiting a patient room that has a door caddy with Contact Precautions and Wash with Soap and Water signage. The HCW goes directly to a sink to wash with soap and water.**
 - *Score Yes for hand hygiene on Exit*
- **Observer sees HCW exiting a patient room that has a door caddy with Contact Precautions and Wash with Soap and Water signage. The HCW uses the alcohol gel dispenser in the hallway.**
 - *Score No for improper hand hygiene on Exit.*

Proper Sequence for Hand Hygiene When Putting On and Taking Off PPE

- Perform hand hygiene before donning gloves



- Perform hand hygiene upon completion of removal of gloves, gown, mask, and eye shield



Scoring Hand Hygiene Compliance for Donning and Doffing PPE

Example

- **Observer sees HCW enter a patient's room while donning gloves without performing hand hygiene.**
 - *Score No for improper hand hygiene on Entry*
- **Observer sees HCW exiting a patient room and removing gloves, gown, mask, and eye protection. The HCW uses alcohol gel upon completion of removal of all PPE.**
 - *Score Yes for hand hygiene on Exit*
- **Observer sees HCW exiting a patient room and removing PPE. The HCW first removes gloves, performs hand hygiene, then finishes removing gown, mask, and eye shield. No additional hand hygiene is performed.**
 - *Score No for improper hand hygiene on Exit*

Quick Links

- Home
- Monthly IAP Graph
- General Education
- Hand Hygiene Observer Training Resources
- Program Administration
- UHC 2011 Conference Poster

Accessible only from UCSF Medical Center network

- Hand Hygiene Data Entry
- Compliance Reports
- Posters and Signage

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HOME

Health-care associated infections are a major factor contributing to morbidity and mortality. Hand hygiene is considered the most important measure for preventing health-care associated infections and the spread of antimicrobial resistant pathogens.

The overall goals of the UCSF Medical Center Hand Hygiene Improvement program are to:

- improve patient safety
- meet regulatory and accreditation requirements
- achieve long-term compliance with hand hygiene standards

In support of these goals, the FY12 Incentive Award Program quality goal requires 85% hand hygiene compliance with an expanded participant pool for at least 6 of 12 months.

All personnel who enter the patient room or patient care environment have a personal responsibility to prevent the development and transmission of infections in patients by performing hand hygiene. Information about hand hygiene program administration, education, observation criteria, reports, corrective actions and other resources are presented on this site.



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HAND HYGIENE TRAINING

The Hand Hygiene Improvement program is based on the direct observation model and standards from the Joint Commission's [Center for Transforming Healthcare's Targeted Solutions Tool](#).

Hand Hygiene is required each time the Healthcare Worker (HCW) enters and exits the patient's room or patient care area (e.g. crosses the door or curtain track threshold). Basic Hand Hygiene Observer training demonstrates the following thresholds and summarizes key observation principles.

- Door sweep
- Sliding Door track
- Curtains and curtain tracks
- Zones and realms

Training Resources:

1. Review the general Hand Hygiene [Observer Training Powerpoint](#)
2. Review each powerpoint training for the Unique Workflow situations described above.
3. Complete the Observer Competency [test](#) and [answer](#) review.
4. Please RSVP to [Hand Hygiene email](#)
5. Group training is periodically available. The next training session is:
 - o Thursday, August 11 at 11am-Noon LPPI Auditorium
 - o Wednesday, September 21 Noon-1p LPP Auditorium

Some modifications to the basic entry/exit standard have been approved by HEIC to guide compliance monitoring for selected workflow and occupational groups. Photos of these approved standards and workflow are presented for:

1. [Hospitality - Cleaning](#)
2. [Hospitality - Linen, Trash, & Stericycle](#)
3. [Nutrition and Food Services;](#)



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 - Institutional Hand Hygiene Graph
 - General Education
 - Hand Hygiene Observer Training
 - Resources
 - Program Administration
 - Product Information
 - UHC 2011 Conference Poster
 - Observational Tool
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 - Archived Compliance Reports
 - Posters and Signage

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HOME

Health-care associated infections are a major factor contributing to morbidity and mortality. Hand hygiene is considered the most important measure for preventing health-care associated infections and the spread of antimicrobial resistant pathogens.

The overall goals of the UCSF Medical Center Hand Hygiene Improvement program are to:

- improve patient safety
- meet regulatory and accreditation requirements
- achieve long-term compliance with hand hygiene standards

In support of these goals, the FY13 Workplan requires monthly 85% hand hygiene compliance.

All personnel who enter the patient room or patient care environment have a personal responsibility to prevent the development and transmission of infections in patients by performing hand hygiene. Information about hand hygiene program administration, education, observation criteria, reports, corrective actions and other resources are presented on this site.

Where to find the Data Gathering Tool?



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Scoring Tips

- **Allow 30 seconds after entry or exist for the person to complete hand hygiene**
- **Each ENTRY and each EXIT is a unique observation**
- **Staff exiting a room cleaning their hands and entering another room is counted as**
 - *Yes for the Exit &*
 - *Yes for the entry to the next room*
- **Score no more than one set of entry and exit for an individual at one time unless different scoring principles apply e.g. 30 second rule for exit-re-entry, hands full; Do not continue to score the same person or group going room to room**
- **Scoring applies even when no patient contact is anticipated**

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Scoring Tips

- Observations for Students are assigned to the appropriate occupational category
- Gloves do not substitute for hand hygiene; perform hand hygiene after glove removal, including gloves worn for surgical scrub
- Hand hygiene applies to empty patient care rooms, clean or dirty
- *Do not enter data when you are uncertain whether hand hygiene occurred.*
- Emergency situations are EXCLUDED from the data collection process.
- *All data must be entered by midnight of the last the month of observation*

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HOME

Health-care associated infections are a major factor contributing to morbidity and mortality. Hand hygiene is considered the most important measure for preventing health-care associated infections and the spread of antimicrobial resistant pathogens.

The overall goals of the UCSF Medical Center Hand Hygiene Program are to:

- improve patient safety
- meet regulatory and accreditation requirements
- achieve long-term compliance

In support of these goals, the FY12 Incentive Program will focus on increasing hand hygiene compliance with an expanded...

All personnel who enter the patient room have a shared responsibility to prevent the development of health-care associated infections by performing hand hygiene. Information about hand hygiene education, observation criteria, reports, compliance data is presented on this site.



Access hand hygiene data entry here or go directly to <http://handhygiene.ucsfmedicalcenter.org>

NEW! Catch up on the latest information about Epic here.

Healthcare Information

- Clinical References
 - UCSF Online Journals
 - PubMed
 - UpToDate.com
 - MDConsult
 - Procedures Consult
 - STATREF
 - AccessMedicine
 - Clinical Guidelines
 - CultureVision
- Patient Education
 - Cancer.gov
 - Medlineplus.com
- Drug Information
 - Facts and Comparisons
 - Micromedex
 - UCSF and SFGH e-formulary
 - UCSF Pharmacy
- Other Resources
 - CDC
 - JCAHO Standards
 - NCCN
 - Mount Zion Nursing Resources
 - San Francisco Department of Public Health
 - Mount Zion
 - San Francisco General Hospital
 - San Francisco VA Medical

UCSF Pages

- UCSF PCP/Patient Search
If Login Required. (domain/username)
Examples:
UCSFMCYourUserName
CAMPUSYourUserName
- UCare Navigator
- Password Self Service
- HBS Payroll System
 - HBS Time Suite
 - HBS Web Clock
 - WFX-Clinical Temporary Labor
- UC Learning Center
- Department of Nursing
- Medical Center Manuals
- Intranet
- Staff Directory
- Specialist MD Search
- Privileges and Resident Competencies
- Incident Reporting
- Lab Manual
- IT Customer Support
 - Network Connection Options for Guests and Staff
- Pediatrics Resident Website

Communication

- Amion.com
- Arch Wireless Paging
- E*Value.net
- Mercury Messenger
- Pager Box
- Myairmail.com
- UCSF Medical Center Webmail
Outlook for the web. Login required.
- UCSF ITS Webmail
Outlook for the web. Login required.
- School of Medicine Webmail
Outlook for the web. Login required.

Clinical Applications

- RWeb
- ECG/EKG
Login required.
- WebPACS
Login required.
- Nursing Tools
 - Patient Placement
 - Daily Diet Requisition
 - PCS Unit Report/On-line staffing
 - UCSF Bed Management
 - UCSF Transport/Hospitality
 - AHP E-Log
Login required.
 - Materials Management
- Awarepoint RFID Equipment Tracking
- iSite
Login required.
 - Radiology iSite Page

Or type handhygiene in the URL

Click Add New Item for a new observation entry



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2012 Add New Item Observation Via Camera

Hand Hygiene Data Capturing System

Observation Counter

Compliance Report



Date	Unit	Shift	Instance	Compliant	Role	Physician Specialty	User ID	Created Date	Edit	Delete	Duplicate
November 2012	6L PEDS/MS	Night	Entry	No	Rehabilitation Services (PT, OT, ST)	Obstetrics	haja	11/13/2012 11:51:31 AM			
November 2012	7L PED/ONC/R	Day	Entry	Yes	Facilities		haja	11/13/2012 11:51:48 AM			
November 2012	7L PED/ONC/R	Day	Entry	Yes	Laboratory		haja	11/13/2012 11:51:58 AM			
November 2012	9NE M/S ICU	Day	Entry	No	Nutrition & Food Service Server	Gastroenterology	haja	11/13/2012 11:52:11 AM			
November 2012	7L PED/ONC/R	Day	Entry	Yes	Social Work/Case Management		haja	11/13/2012 12:03:48 PM			
November 2012	9NE M/S ICU	Day	Entry	No	Nutrition & Food Service Server	Gastroenterology	haja	11/14/2012 3:23:07 PM			
November 2012	6L PEDS/MS	Day	Entry	Yes	RN		garritsons	11/14/2012 3:30:12 PM			
November 2012	6L PEDS/MS	Day	Entry	Yes	RN		garritsons	11/14/2012 3:32:04 PM			
November 2012	6L PEDS/MS	Day	Entry	Yes	RN		garritsons	11/14/2012 3:43:12 PM			
November 2012	6L PEDS/MS	Day	Exit	No	MD/NP/PA (Provider)	Anesthesiology	garritsons	11/14/2012 3:43:30 PM			
November 2012	7L PED/ONC/R	Day	Entry	Yes	Facilities		garritsons	11/14/2012 3:44:08 PM			
November 2012	6L PEDS/MS	Day	Exit	Yes	RN		padilladh	11/15/2012 1:20:31 PM			

Date	Unit	Shift	Instance	Compliant	Role	Physician Specialty	User ID	Created Date	Edit	Delete	Duplicate
November 2012	6L PEDS/MS	Night	Entry	No	Rehabilitation Services (PT, OT, ST)	Obstetrics	haja	11/13/2012 11:51:31 AM			
November 2012	7L PED/ONC/R	Day	Entry	Yes	Facilities		haja	11/13/2012 11:51:48 AM			
November 2012	7L PED/ONC/R							11/13/2012 11:51:58 AM			
November 2012	9NE M/S ICU							11/13/2012 11:52:11 AM			
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November 2012	9NE M/S ICU							11/14/2012 3:23:07 PM			
November 2012	6L PEDS/MS							11/14/2012 3:30:12 PM			
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November 2012	6L PEDS/MS	Day	Exit	No	MD/NP/PA (Provider)	Anesthesiology	garrisons	11/14/2012 3:43:30 PM			
November 2012	7L PED/ONC/R	Day	Entry	Yes	Facilities		garrisons	11/14/2012 3:44:08 PM			
November 2012	6L PEDS/MS	Day	Exit	Yes	RN		padilladh	11/15/2012 1:20:31 PM			

Observation Month: **November** Unit Name: **-- Select a Unit Name --**

Day Night
 Entry Exit
 Yes No

Observed Role: **-- Select a Observed Role --**

Defaults to current month

Observation Month

November



Select Unit

Unit Name

-- Select a Unit Name --



Enter Observations

Select Occupational Group

Shift

Day

Night

Instance

Entry

Exit

Compliant

Yes

No

Observed Role

-- Select a Observed Role --



Click Save for a single entry and to return to home page

Save

Save & Add a New Record

Cancel

Click here to continue entering data for same unit, same month

**Additional data options when
MD/Provider group is selected**

Observation Month **November** ▼

Unit Name **6L PEDS/MS** ▼

Shift

Day

Night

Instance

Entry

Exit

Compliant

Yes

No

Observed Role **MD/NP/PA (Provider)** ▼

Type: Adult Pediatric

Physician Specialty **-- Select a Physician Specialty --** ▼

Save

Save & Add a New Record

Cancel

Additional options when MD/Provider group is selected

Observation Month Unit Name

Shift
 Day
 Night

Instance
 Entry
 Exit

Compliant
 Yes
 No

Observed Role

Type: Adult Pediatric

Physician Specialty

Click Save to save individual record and return to home page

Click here to continue entering data for same unit, same month

To edit, delete, or duplicate your own entries, click here

Date	Unit	Shift	Instance	Compliant	Role	Physician Specialty	User ID	Created Date	Edit	Delete	Duplicate
November 2012	6L PEDS/MS	Night	Entry	No	Rehabilitation Services (PT, OT, ST)	Obstetrics	haja	11/13/2012 11:51:31 AM			
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November 2012	6L PEDS/MS	Day	Exit	Yes	RN		padilladh	11/15/2012 1:20:31 PM			

Sort for my unit's entries

How many entries does my unit have?

Export to Excel to Print Out Raw Data

What is my unit's compliance score?

Date	Unit	Shift	Instance	Physician Specialist	User ID	Created Date	Edit	Delete	Duplicate
November 2012	11NE NICU	Day	Entry		garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry		garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes RN	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes RN	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes RN	garrisons	11/26/2012 1:49:58 PM			
November 2012	11NE NICU	Day	Entry	Yes RN	garrisons	11/26/2012 1:49:58 PM			

Observation Summary

- November 2012 (238)
 - 6L PEDS/MS (7)
 - 6PICU (2)
 - 7L PED/ONC/R (4)
 - 15 NESW ICN (1)
 - 9NE M/S ICU (2)
 - 11NE NICU (206)
 - 14M MS-HI-ACUITY (4)
 - 14L MEDICINE (2)
 - PERIOP PARN (10)

Close

Hand Hygiene Daily (Cumulative) Compliance Report November 2012

Compliance Results are Available Immediately After Data Entry

Department	Location	Unit	GRAND TOTAL	RN	MD PRD	RT	PCA	HOSP	REHAB	NFS	Pharmacy	Facilities	SW Work
		Totals	81% (26/32)	93% (14/15)		100% (1/1)	100% (1/1)		0% (0/1)	0% (0/2)		100% (2/2)	
Adult: Moffitt/Long		10LS CVT											
		10NE CARD ICU											
		11L MEDSURG-ONC/BMT											
		11M AHU											
		11NE NICU	100% (1/1)			100% (1/1)							
		12L MUCSULOSKELETAL											
		12S GCRC											
		13I M/S ICU											
		13L GEN SURG											
		14L MEDICINE	0%(0/2)	0% (0/1)									
		14M MS-HI-ACUITY	100% (4/4)	100% (2/2)			100% (1/1)						100% (1/1)
	Adult		8 NICU										
		8L NEUROSCIENCES											
		8S NEUR TRAN											
		9L TRANSPLANT											
		9NE M/S ICU	0%(0/2)							0% (0/2)			
	EMERGENCY DEPT												

- Convert Web Page to PDF...
- Add Web Page to Existing PDF...
- Print Web Page...
- Convert Web Page and Email...
- View Adobe PDF Result
- Preferences...

Or Click
"Export to
Excel"

Display and Print:
Click "Convert"
then "Convert
Web Page to PDF"

UCSF Benioff Children's Hospital
Medical Center UCSF Benioff Children's Hospital
Data Reporting System [Capture] [Export To Excel]

Hand Hygiene Daily (Cumulative) Compliance Report Physician Specialty Hand Hygiene Compliance Report

Hand Hygiene Daily (Cumulative) Compliance Report November

Department	Location	Unit	GRAND TOTAL	RN	MD	RT	PCA	HOSP	REHAB	NFS	Pharmacy	Fac	Technician
		Totals	95% (225/238)	98% (207/212)			100% (1/1)	67% (8/12)	0% (0/2)			100% (2/2)	
		10LS CVT											
		10NE CARD ICU											
		11L MEDSURG-ONC/BMT											
		11M AHU											
		11NE NICU	97% (200/206)	98% (192/196)				80% (8/10)					
		12L MUCSULOSKELETAL											
		12S GCRC											
		13I M/S ICU											
		13L GEN SURG											
	Adult: Moffit/Long	14L MEDICINE	0%(0/2)	0%(0/1)									
		14M MS-HI-ACUITY	100% (4/4)	100% (2/2)			100% (1/1)					100% (1/1)	
Adult		8 NICU											
		8L NEUROSCIENCES											
		8S NEUR TRAN											
		9L TRANSPLANT											
		9NE M/S ICU	0%(0/2)							0% (0/2)			
		EMERGENCY DEPT											

Report: Daily Overall Hand Hygiene

Daily Overall Hand Hygiene May 2013

Department		RN	MD PRD	RT	PCA	HOSP	REHAB	NFS	Pharmacy	Facilities	SocW CaseM	Volunteer	
		100%	99% (153/155)	100% (7/7)	76% (60/79)	73% (11/15)	100% (12/12)	100%			100%(6/6)	100%(6/6)	
	10NE CARD ICU	88%											
	11L MEDSURG-ONC/BMT												
	11M AHU												
	11NE NICU												
	12L MUSCULOSKEL					99% (1)	100% (2/2)				100% (1/1)	100%(4/4)	100%(1/1)
	12S GCRC					100% (1/1)		100% (1/1)					
	13I M/S ICU	71% (4/4)											
Adult: Moffit/Long	13L GEN SURG	98% (46/47)	100% (27/27)	100% (1/1)	100% (8/8)	50% (1/2)	100% (3/3)				100%(2/2)	100%(2/2)	100%(2/2)
	14L MEDICINE	93% (40/43)	96% (27/28)	100% (8/8)	100% (1/1)	0% (0/2)	100% (1/1)	100% (1/1)			100%(2/2)		
	14M MS-HI-ACUITY	86%(6/7)	100% (1/1)	80%(4/5)	100% (1/1)								
	15 NICU	100%	100%	100%	100%								

Click the Drop-Down Arrow to Select Various Report Formats

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Click Here to Access Graphs

Corrective Actions

- **Key Elements**
 - Post Data in Highly Visible Location
 - Discuss results in regular staff meetings
 - Demonstrate strong leadership support
 - Educate
 - Behavioral Contracting
 - Reminder Cues (visual signage and words)
 - Just-In-Time Coaching***