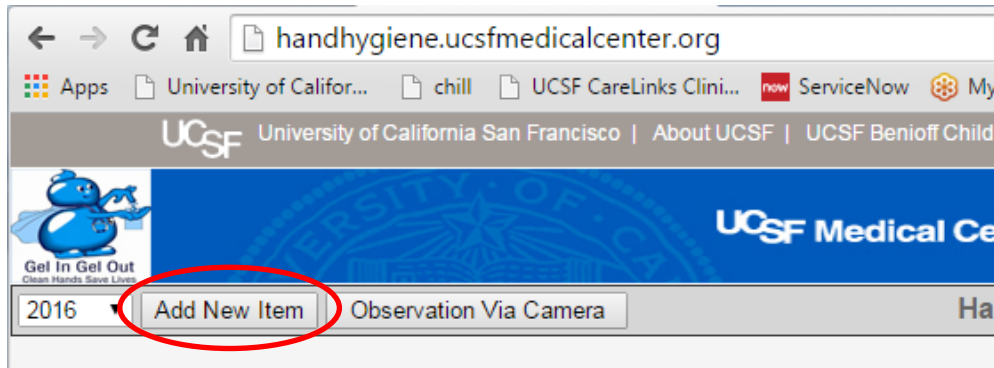# Data Entry Using the Hand Hygiene and Observations Capturing System

Use the forms linked below to collect your data prior to entry into the online observation capture system:

- CDI Bundle Audit Data Collection Tool
- PPE Observation Data Collection Tool
- Hand Hygiene Observation Collection Tool

General Use:

1. Open the tool:  http://handhygiene.ucsfmedicalcenter.org/
2. Select **Add New Item**



3. The form that opens will allow capture of one or more metrics:  Hand Hygiene, PPE and CDI Bundle compliance, however options to complete all three sections will not be visible until the appropriate selections have been made.  **Observation Month** defaults to the current month.



4. Complete the first two sections as follows
    a. **For observations of medical center staff (HH or PPE)**, select the following
        i. Unit Name
        ii. Shift
        iii. Instance (Entry or Exit)

      *iv.*   Whether the staff you are observing is entering/exiting an Enteric Contact Isolation (ECI) room.  *NOTE that checking ECI YES will open the CDI Prevention bundle area, but you do not need to complete it in order to save your HH / PPE observation.*

      v.   Observed Role – if MD/NP/PA is selected, indicate the specialty if known, including pediatric or adult.

   b.  **For *C. difficile* Prevention Bundle audit** only

      i.   Unit Name

      ii.   Shift

      iii.   C2 Room: YES.  This response will open the CDI Bundle Audit area

      iv.   Hand Hygiene:  No Hand Hygiene Observation

      **v.   NOTE: Do NOT select a role or instance when completing ONLY the CDI Bundle Audit or you will not be able to save your entry.**



5.   Smart Form Logic.  Some additional fields may appear depending on particular responses

   a.  **Observed Role = MD/NP/PA (Provider)** opens an additional question regarding specialty.  Enter Provider Service if known, including Pediatric or Adult



   b.  **Instance = Exit AND C2 Room = Yes AND Hand Hygiene Compliant = No** opens an additional question. Indicate that hand hygiene was not performed or that ABHR rather than Soap and Water was used.



   c.  **ECI Room = Yes** opens the CDI Prevention Bundle questions.  See Section 3 below.

6.   Saving your entry

   a.  Click Save if you are finished entering observations

   b.  Select Save & Add a New Record to enter additional observations on the same unit.

   c.  Select Cancel when you do not wish to save your entry.

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**Specific Observations**

1. Hand Hygiene
   a. Mark Yes or No according to the standards outlined in Hand Hygiene Observer Training (http://cleanhands/docs/1.%20HH%20Program%20Observer%20Training_FY2015.pdf)
   b. See additional hand hygiene observation information on the CleanHands website, Observer Training page: http://cleanhands/Hand%20Hygiene%20Training.asp
   c. If the staff being observed is leaving an Enteric Contact Isolation (ECI) room, hand hygiene with soap and water must be performed for the observation to be compliant.
   d. *Note that choosing ECI Yes will open the CDI Bundle area, but those questions need not be completed if only hand hygiene and/or PPE observation is being performed.*

2. PPE
   a. Indicate the type of isolation in effect in the room you are observing: Contact, Droplet, Airborne or Enteric Contact, or a combination.
   b. Indicate whether the staff you observed used the correct type of PPE for the specific isolation type(s). See Compliance Guidance in sidebar.
   c. If the observed staff is not using all PPE indicated, the observation is non-compliant.
       i. When No is selected, the Reason(s) for non-compliance box will open. Select all applicable reasons that you observed.
       ii. Remember that if the patient is on more than one type of isolation, the PPE for all isolation types must be worn.
   d. *Note that choosing ECI Yes will open the CDI Bundle area, but those questions need not be completed if only PPE and/or hand hygiene observation is being performed.*



3. CDI Prevention Bundle (see screen shot next page)
   a. When Yes is selected for ECI Room, the bundle audit will open.
   b. All questions must be completed to save the audit.
       i. Wash Hands with Soap and Water sign….:
           1. Where there is only one ABHR dispenser that serves both entry and exit for a room, whether inside or outside the room, mark N/A whether or not the "Wash Hands…" sign is posted.
           2. Otherwise, mark Yes if the sign is present (**and impeding use of the dispenser**) OR No, if the sign is absent.
       ii. Trash < ¾ full: If there is no large trash bin in the room, evaluate fullness of the waste container that is present.
       iii. If you begin the audit, but cannot complete it, Clear your entries before attempting to save to avoid the error message instructing you to complete all questions.

# Data Entry Using the Hand Hygiene and Observations Capturing System

**CDI Prevention Bundle** - All questions MUST be answered

| | |
|---|---|
| Enteric Contact isolation ordered in Apex: | ○ Yes ○ No |
| Caddy present outside patient room: | ○ Yes ○ No |
| Caddy stocked with gowns: | ○ Yes ○ No |
| Caddy stocked with gloves: | ○ Yes ○ No |
| Enteric Contact Isolation sign posted outside: | ○ Yes ○ No |
| Wash Hands with Soap and Water sign Inside over ABHR dispenser (if applicable): | ○ Yes ○ No ○ N/A |
| Disposable stethoscope available in room: | ○ Yes ○ No |
| Detergent disinfectant wipes available in patient room : | ○ Yes ○ No |
| Large trash bin placed in patient room: | ○ Yes ○ No |
| Trash < ¾ full: | ○ Yes ○ No |

[ Clear ]

- Select YES or NO as appropriate based on observation.

- Select N/A if the element does not apply, specifically no "Wash Hands with Soap and Water" Sign over in-room ABHR dispenser in locations with no dispenser outside the room.

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# Hand Hygiene Observation Form

UCSF Medical Center
UCSF Benioff Children's Hospital

**Month of Observation:**

| Unit or Bed (as needed) | Observation Number | Circle Shift Observed Am or PM | RN = Registered Nurse | Provider = MD, NP, PA (Service/Specialty=optional) | RT = Respiratory Therapy | Other = See List | Entry or Exit to the pt room or environment? | Enteric Contact Isolation (ECI) Room? | Did person foam/wash? | ECI Room Exit Only - Foam (F) or Soap & Water (S)? | Physician Service (if applicable) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 2 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 3 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 4 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 5 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 6 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 7 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 8 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 9 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 10 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 11 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |
| | 12 | AM  PM | RN | Prov | RT | | EN  EX | YES  NO | YES  NO | F       S | |

Administrative staff
Child Life (Play therapists, Teachers)
Dietitian
Facilities
Hospitality Staff (Custodian; PSA; Linen & Waste Pick-up)
Laboratory
MD/NP/PA (Provider)
Medical Student
Nutrition & Food Service Server
Patient Care Assistant (PCA:Patient Care Assistant, Medical Assistant, Sitter)/Patient Care Technician (PCT)
Pharmacy
Radiology Technologist
Rehabilitation Services (PT, OT, ST)
Research Assistant/Coordinator
Respiratory Therapist (RT)
RN
Social Work/Case Management
Specify your own value:
Spiritual Care Services
Technician
Transport
Volunteers

**Enter observations at http://handhygiene.ucsfmedicalcenter.org/**

**All data must be entered by midnight of the last day of the observation month**

6/1/2016

# UNIQUE HAND HYGIENE SITUATIONS

There are some circumstances when the hand hygiene rule (foam-in foam-out or soap & water washing) must be adapted for a task.
HEIC and the department(s) jointly evaluate workflow and hand hygiene in order to determine efficiency and safety.

## PATIENT CARE

### HANDS-FULL TECHNIQUE:
1. Enter patient room & place items in an appropriate place in the room/environment
2. Immediately clean hands
3. Complete task
4. Clean hands upon exit
- If clean items need to be removed from the room at the end of the task:
    a. Clean hands
    b. Pick up the items
    c. Exit patient room/environment
- If soiled items need to be removed from the room at the end of the task:
    a. Pick up the items
    b. Exit patient room/environment
    c. Clean hands upon completion

### 30 SECOND RULE:
1. Allow 30 seconds before/after entry or exit for the person to complete hand hygiene
2. Hand hygiene at room exit also counts as compliant for entry to the next room when then exit/entry is done within 30 seconds

### GLOVE USE:
1. Clean hands before donning gloves
2. Remove gloves and clean hands when task is complete

### ENTERIC CONTACT PRECAUTIONS FOR *CLOSTRIDIUM DIFFICILE* OR NOROVIRUS:
1. Wash hands with soap and water on exit

## NUTRITION AND FOOD SVS (NFS)

### FOOD TRAY DELIVERY (CLEAN TRAYS)
1. Clean hands
2. Pick up tray
3. Walk into patient room/environment
4. Place tray on over-bed table or as directed by patient/visitor or staff
5. Clean hands upon exit and en route to tray cart
6. Pick up the next tray
7. Repeat until all trays are delivered

### FOOD TRAY PICK-UP (DIRTY TRAYS):
1. Clean hands upon entry to patient room/environment
2. Pick up used tray
3. Place tray in the cart
4. Clean hands and repeat until all the trays have been collected.

### GLOVE USE:
Assess the need to wear gloves before picking up the tray.
1. Clean hands
2. Don gloves if the tray is visibly soiled
3. Pick up tray and place in cart
4. Remove gloves and clean hands upon entering next room

Report trays visibly soiled with blood or body fluids to nursing staff. Nursing staff will remove the blood or body fluids from the tray. Do not throw away flatware, china etc.
1. Clean hands
2. Don gloves
3. Pick-up tray and place in cart
4. Remove gloves and clean hands
5. Report to supervisor as per FNS policy

## HOSPITALITY

### TRASH & LINEN PICK-UP IN ROOMS WITHOUT ISOLATION:
1. Clean hands upon entry to patient care unit
2. Don gloves
3. Pick up trash/linen bags in patient room/environment as per Hospitality policy
4. Place trash/linen bags in cart
5. Repeat 1-4 until all areas have been serviced *
6. Remove gloves and clean hands

- When trash or Linen cart is full take cart to trash/linen chute.
    1. Place trash/linen bags into chute
    2. When cart is empty remove gloves & clean hands
    3. Don new gloves

### SHARPS BOX EXCHANGE: ROOMS WITHOUT ISOLATION PRECAUTIONS
1. Clean hands upon entry to patient care unit
2. Don gloves
3. Exchange sharps boxes for entire patient care unit
4. Remove gloves and clean hands after the unit's sharps boxes have been exchanged,

### ROOM CLEANING
1. Place cart outside patient room per Hospitality policy
2. Clean hands upon entry to patient room/environment
3. Return to cart put on gloves & pick-up ALL supplies
4. Enter the room and clean room per Hospitality policy
5. Remove gloves and clean hands when vacating the room
6. Take supplies back to cart
7. When leaving room to get extra supplies:
    a. Remove gloves
    b. Clean hands
    c. Go pickup supplies
    d. Clean hands put on new gloves when you re-enter the room

### TRANSPORT:
### GLOVES ARE NOT REQUIRED FOR ROUTINE PATIENT TRANSPORT
1. Clean hands upon entry to patient room/ environment
2. Assist patient on gurney, wheelchair or bed
3. Arrive at destination (leave gurney, wheelchair, bed)
4. Clean hands on exit
5. End of observation; do *not* include cleaning of transport unit as part of compliance observation

### REHABILITATION SERVICES
### GLOVES ARE NOT REQUIRED FOR ROUTINE REHABILITATION SERVICE
1. Clean hands upon entry and don gloves as necessary
2. Complete Rehabilitation service, which may include exiting patient room with the patient
3. Return patient to room, remove gloves and clean hands upon service completion.

### PORTABLE EQUIPMENT
### CLEAN EQUIPMENT BEFORE EACH PATIENT EXAM: DON GLOVES, CLEAN EQUIPMENT; REMOVE GLOVES
### HAND HYGIENE REQUIREMENTS BEGIN NOW:
1. Clean hands upon entry to patient room
2. DON GLOVES;
3. MOVE EQUIPMENT INTO ROOM, PERFORM EXAM, TRANSMIT IMAGE, RETURN PATIENT TO POSITION
4. REMOVE GLOVES; PERFORM HAND HYGIENE; EXIT ROOM (HH OBSERVATION ENDS HERE)
5. **CLEAN EQUIPMENT FOLLOWING GLOVING REQUIREMENTS**
6. OK TO STEP OUT OF PATIENT CARE AREA DURING IMAGING WITHOUT ADDITIONAL HAND HYGIENE.

### OTHER
1. Health Care Provider must always apply posted Precaution requirements
2. Empty room: Gel in/Gel out standards still apply
3. GLOVES ARE NOT TO BE WORN IN THE HALLWAY UNLESS PERFORMING PATIENT CARE

# PPE OBSERVATIONS DATA ENTRY TOOL

| Date | Unit | Observed's Role (See below. Indicate specialty/service if provider if known) | Shift Day (D) Night (N) | Instance Entry (E) Exit (X) | C2 Room? | Isolation Type Airborne (A) Contact (C) Droplet (D) Mark all that apply | Compliant? | Reason(s) for non- compliance (See guidance below) |
|---|---|---|---|---|---|---|---|---|
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |
| | | | D   N | E   X | Y   N | A   C   D | Y   N | |

Observed Roles:
Administrative staff
Child Life (Play therapists, Teachers)
Dietitian
Facilities
Hospitality Staff (Custodian; PSA; Linen & Waste Pick-up)
Laboratory
MD/NP/PA (Provider)
Medical Student
Nutrition & Food Service Server
Patient Care Assistant (PCA:Patient Care Assistant, Medical Assistant, Sitter)/Patient Care Technician (PCT)
Pharmacy
Radiology Technologist
Rehabilitation Services (PT, OT, ST)
Research Assistant/Coordinator
Respiratory Therapist (RT)
RN
Social Work/Case Management
Specify your own value:
Spiritual Care Services
Technician
Transport
Volunteers

Reason(s) for non-compliance

┌─ Reason(s) for non-compliance ─┐
☐ No Gown
☐ No Gloves
☐ No Mask
☐ PPE used incorrectly
☐ No goggles or face shield
☐ No N95/PAPR
└────────────────────────────────┘

Compliant Observations include:
• CONTACT: Gown and gloves
• DROPLET: Mask with face shield OR Mask + goggles
• AIRBORNE: N95 / PAPR

PPE used incorrectly comstitutes non-compliance for any isolation type.
Examples:
• Mask or respirator is worn around neck or arm
• Gown is untied or worn off shoulders

## All observations must be entered at
## http://handhygiene.ucsfmedicalcenter.org/
## by midnight on the last day of the observation month

# CDI BUNDLE OBSERVATIONS DATA ENTRY TOOL

| Date | Unit | Shift: Day (D), Night (N) | Contact isolation ordered in Apex? | Caddy present outside room? | Caddy stocked with gowns? | Caddy stocked with gloves? | Enteric Contact isolation sign posted outside patient room? | Wash Hands with Soap and Water sign inside over alcohol dispenser (if applicable) room? | Disposable stethoscope available in room? | Detergent disinfectant wipes available in patient room? | Large trash bin placed in patient room? | Trash < 3/4 full? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |
|  | D N | Y N | Y N | Y N | Y N | Y N | Y N | Y N NA | Y N | Y N | Y N |  |

- Select YES or NO as appropriate based on observation.
- Select N/A if the element does not apply, specifically no "Wash Hands with Soap and Water" Sign over in-room ABHR dispenser in locations with no dispenser outside the room.