

**Measure Information Form:**  
**Compliance with Hand Hygiene**

**Intervention(s):** Reduce MRSA Infection

**Definition:** The percentage of patient encounters in the ICU(s) or other designated high-risk area in which there is compliance by health care workers with all components of hand hygiene and glove practices

**Goal:** 100% of encounters in full compliance

**Matches Existing Measures:** N/A

**CALCULATION DETAILS:**

**Numerator Definition:** Number of patient encounters directly observed in which a health care worker performed all components of hand hygiene and glove use correctly in the calendar month

**Numerator Exclusions:** None

**Denominator Definition:** Total number of patient encounters observed in the calendar month

**Denominator Exclusions:** None

**Measurement Period Length:** Monthly

**Definition of Terms:** “Complete compliance” is defined as adherence with the hand hygiene techniques and use of gloves as outlined in the table below. Gloves should be worn for all types of contact if the patient is on isolation precautions that require the use of gloves for contact with the patient and the environment, or if there is a unit-based procedure for universal gloving (wearing gloves for contact with all patients and their immediate environment).

<b>Type of contact</b>	<b>Hand hygiene before</b>	<b>Hand hygiene after</b>	<b>Use of gloves</b>
Patient contact that involves an invasive procedure (i.e., insertion of an intravascular catheter, urinary catheter, or other invasive device)	Yes	Yes	Yes
Patient contact that involves direct contact or potential contact with blood, body fluids, secretions (except sweat), excretions, mucous membranes, and nonintact skin (i.e., wounds, ulcers)	Yes	Yes	Yes
Patient contact not involving those noted above (i.e., taking vital signs, examination, repositioning, etc.)	Yes	Yes	*
Contact with the patient environment	--	Yes	*

*\* Gloves should be worn for all types of contact if the patient is on isolation precautions that require the use of gloves for contact with the patient and the environment, or if there is a unit-based procedure for universal gloving (wearing gloves for contact with all patients and their immediate environment).*

**Calculate as:** (numerator / denominator) x 100; as a percent.

**Comments:**

### **COLLECTION STRATEGY:**

Compliance is monitored with direct observation by a trained observer using a standardized procedure and form (see Appendix 3 in the [Hand Hygiene How-to Guide](#)). Independent observers are strongly recommended, preferably individuals who routinely are on the ward for other purposes and are not part of the care team. (This independent monitoring can be reinforced with monitoring by the care team during routine multidisciplinary rounds, which permits immediate assessment and feedback.) Observation periods should be 20-30 minutes (repeated if necessary) so that approximately 25-30 patient encounters are observed. The emphasis should be on observing complete encounters so that the proper measure of complete compliance with all components of the hand hygiene and glove intervention package can be calculated.

Observers should be as unobtrusive as possible, but do not need to be hidden from health care workers on the unit.

**Sampling Strategy:**

Schedule set time periods in advance, distributed equally across shifts, days, and units (if measuring on more than one unit). Health care workers should not know the schedule, only the observers.

If you are beginning this intervention within a pilot unit or units, limit your initial measurement to only those units. As you spread the implementation, expand your measurement accordingly.