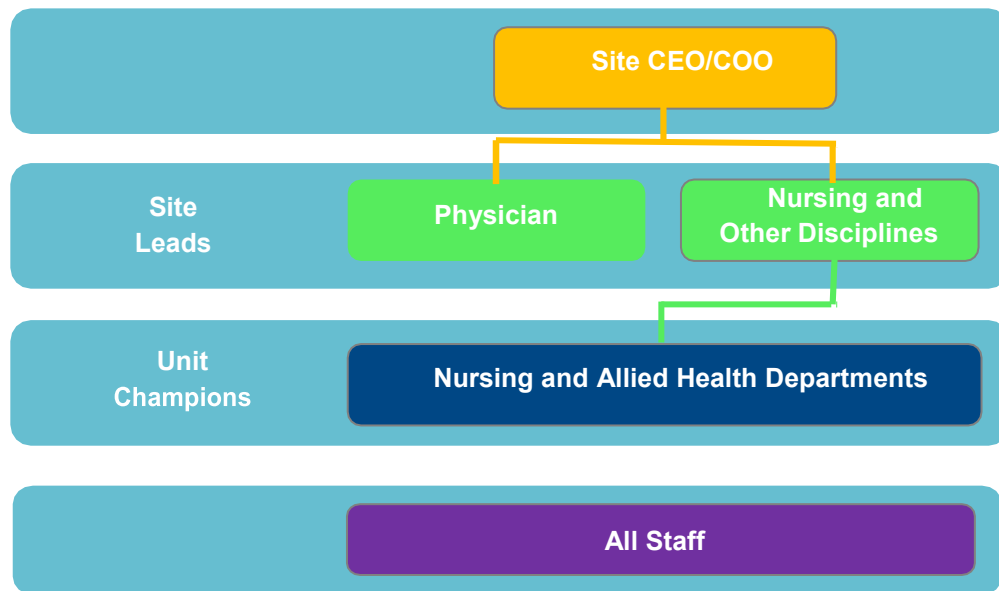


Hand Hygiene Performance Monitoring, Roles, Accountabilities

Responsibility matrix – lines of accountability

The CEO/COO is ultimately responsible for the sites hand hygiene performance. The remaining roles and responsibilities can be tailored based on site culture and resources.



Hand Hygiene Improvement/Compliance Roles and Responsibilities

CEO/COO: *Ultimate responsibility for the sites hand hygiene performance.*

- Establish and emphasize site-wide commitment creating a culture that values and actively promotes appropriate hand hygiene practices.
- Identify key leaders in your organization to oversee implementation.
- Provide required support (financial, human) for successful implementation and maintenance of hand hygiene improvement measures.
- Hold programs and services accountable to adhere to regional processes and requirements outlined, as part of the site's internal responsibility system.
- Visible role modelling.
- Know best practices as it relates to hand hygiene and the [4 moments for hand hygiene](#).
- Speak to improvement actions in progress in all forums that present themselves (i.e., meetings, with staff on unit, with visitors).
- Know hand hygiene rates to help motivate staff and sustain the program. If you can't measure it, you can't change it.

Site leads: *Individuals dedicated to overcoming resistance and improving hand hygiene compliance (CNOs in acute care, DOCs in LTC, Community Area Directors in Community).*

- Report to CEO/COO at least quarterly with hand hygiene status and any associated measures.
- Know best practices, as it relates to Hand Hygiene and the [4 moments for hand hygiene](#).
- Promote best hand hygiene practices.
- Visible role-modelling.
- Support compliance.
- Hold others accountable to adhere to the processes and requirements outlined as part of the site's internal responsibility system.
- Speak to improvement actions in progress in all forums that present themselves (i.e., meetings, with staff on unit, with visitors).
- Coordinates hand hygiene auditors at site.
- Assist in problem solving regarding hand hygiene and infection safety.
- Know and remind site of hand hygiene compliance data regularly.

Unit champions: *Health care providers who publicly share their commitment to improving hand hygiene practice.*

- Report to Site Lead(s) at least quarterly with hand hygiene status and any associated measures.
- Promote best hand hygiene practices.
- Visible role-modelling.
- Know best practices, as it relates to hand hygiene and the [4 Moments for hand hygiene](#).
- Attend auditor training up to but not including buddy shifts to develop an understanding and familiarity of the auditing process and expectations.
- Collaborate with Site Leads and IP&C on improvement activities and outcomes.
- Support compliance by using creative cues and providing instant feedback.
- Know and remind unit/area of their hand hygiene compliance data regularly. Share information for educational purposes and/or to provide feedback and encouragement as change begins to occur.
- Lead improvement measures identified by manager.
- Celebrate co-worker(s) going above and beyond the call of duty with respect to hand hygiene by nominating them as a hand hygiene hero.
- Peer-to-peer coaching and mentorship.
- Formal and informal education.
- Create additional methods that support compliance in their areas and then share their success stories with other departments (e.g., purple elephant in the room by the ABHR – recognizable cue that's fun and non-threatening).

- Speak to improvement actions in progress in all forums that present themselves (i.e., meetings, with staff on unit, with visitors).
- Assist in problem solving regarding hand hygiene and infection safety.

Note: the unit champion is NOT the hand hygiene auditor.

All staff:

- Know best practices, as it relates to hand hygiene and the [4 Moments for hand hygiene](#).
- Role model the act of hand hygiene and the right behaviour.
- Collaborate with unit champion on improvement activities and outcomes.
- Know their hand hygiene compliance data.
- Participate in improvement measures identified by manager such as actively participating in hand hygiene huddles.
- Ensures colleagues are as involved as possible.
- Peer-to-peer coaching and mentorship.
- Share success stories and challenges as opportunities for learning.
- Assist in problem solving regarding hand hygiene and infection safety.

Hand Hygiene Auditing Roles and Responsibilities

SDO Audit Lead (SDO Champion): Roles and Responsibilities

- [SDO Hand Hygiene Audit Lead](#) (SDO Champion) *WRHA Hand Hygiene Education ICP Lead*

The SDO Hand Hygiene Audit Lead is the main point of contact with the HandyMetrics Support Team and typically performs the communication and education functions outlined below. This individual also helps Local Audit Leads with HandyAudit training, questions, and basic support. The SDO Audit Lead (SDO Champion) can escalate support queries to the HandyMetrics Support Team:

- Designated primary point of contact with HandyMetrics Support for all issues and questions on behalf of SDO
- Designated primary point of contact with Local Audit Leads for information, issues, and questions
- Communicates education barriers and resource needs to the Provincial Hand Hygiene Auditing Working Group (temporary for duration of the project – to be established on a permanent basis following project closure)
- Performs inter-rater reliability assessments
- Facilitates continuing Local Audit Lead education

➤ **SDO HH Audit Administrator** *IP&C Epidemiologist*

The Administrator is responsible for the administration/setup and reporting functions outlined below and may assist with supporting Local Audit Leads. The Administrator may create reports for presentations or make use of the various analytics and report style options to highlight areas of interest or concern:

- Set-up devices procured and submitted by sites/programs with HandyMetrics registration
- Sets up and updates locations list in the HandyAudit Web Portal
- Creates and manages auditor accounts
- Update the HandyAudit Web Portal when changes arise
- Creates electronic reports

Education and Training: Roles and Responsibilities

➤ **SDO Hand Hygiene Audit Lead** *WRHA Hand Hygiene Education ICP Lead, Acute, Long Term Care and Community Sector Working Group members*

- In consultation with SDO stakeholders modify processes and instructional resources to meet SDO needs
- Performs training and provides ongoing support to auditors

Local Audit Lead: Roles and Responsibilities

➤ **The Local Audit Lead** (*WRHA ICPs*) role is the main point of contact between facility/service auditing staff and the SDO Hand Hygiene Audit Lead and Administrator. They typically perform the local tasks outlined below, and help support auditors locally. Local Audit Leads ensure efficient and consistent communication which reduces auditor confusion:

- Designated primary point of contact with SDO Audit Lead and Administrator for information, issues, and questions
- Designated primary point of contact for Auditors
- Provides feedback for the purposes of quality improvement
- Local knowledge regarding hardware accessibility and WIFI connectivity
- Provides troubleshooting
- Escalates unresolved issues/questions to the SDO Audit Lead and/or Administrator
- Designated primary point of contact with SDO Audit Lead and Administrator for device set up and challenges

Auditor: Roles and Responsibilities

- **The Auditor** role is responsible for collecting data using HandyAudit which forms the foundation of the hand hygiene auditing program. This vital role is responsible for ensuring data is collected accurately and objectively.

Auditors should bring any questions or issues with the tool to their Local Audit Lead, who will either resolve or escalate the issues as appropriate.

- Provides constructive feedback to health care workers based on audit analysis (HandyAudit compliance reports)
- Escalates concerns to the Local Audit Lead
- Maintains current HH auditing practice including annual interrater reliability testing
- Performs hand hygiene audits on the unit or in the facility to meet established auditing targets
- Sync/upload hand hygiene audit data
- Maintains the confidentiality and anonymity of those audited

HandyMetrics Support: Roles and Responsibilities

- **The HandyMetrics Support Team** is available to provide ongoing support and assistance. They provide training to designated SDO Hand Hygiene Audit Leads (typically the SDO Champion) and communicate directly to advise on the implementation and ongoing maintenance of the auditing system, deliver updates, offer support, and answer questions.

HandyMetrics does not communicate directly with either Local Audit Leads or Auditors, unless necessary to resolve an issue, and only with the permission of the SDO Audit Lead.

Performance Monitoring

Unit based: A site-based monitoring template should be created to follow results at a unit level. Based on results, follow guidance of the [Action Plan](#) for positive unit compliance change over time.

Site based: Quarterly audit results will be reviewed at a unit, program, and site level to assess progress, identify areas for celebration and/or areas for improvement, and to support ongoing planning.

Region based: Ongoing progress and quarterly audit results will be reviewed with sites at scheduled site and executive operations meetings. Sites will have an opportunity to highlight progress and provide a countermeasure summary for any areas that are off track.

Upward Trends in Hand Hygiene Compliance

If the hand hygiene compliance rates rise, continue to practice positive hand hygiene activities to maintain this rising compliance.

Managers should celebrate the rise in hand hygiene compliance with staff of unit. This will encourage not only continued positive trends, but may make the topic of hand hygiene a more positive aspect of patient care. Staff members should feel like a team which works together to maintain these changes.

Downward Trends in Hand Hygiene Compliance

If hand hygiene compliance starts to trend in a downwards direction, it is a good opportunity to re-evaluate the practices that are going on in your unit/area. The manager should work with staff in a team approach to determine areas where improvements can be made. Sometimes small habits can have a significant effect on hand hygiene compliance rates (habitual touching of hair or glasses). Working together to change not only your own habits, but your colleagues around you will require open communication in a non-threatening way. Do you feel comfortable reminding each other when you see missed hand hygiene opportunities happening? Can you track what sorts of activities these usually are?

Using a PDSA cycle, determine what changes you wish to make and make these behaviour changes. When the hand hygiene of your unit/area is audited again, you will see the results of your change. Did it make a difference or not? Do you still have to make additional changes to create a positive trend in hand hygiene compliance?

Continued Downward Trends in Hand Hygiene Compliance

If the hand hygiene compliance rates continue to drop, then greater measures must be taken. Root cause analysis might be useful to determine where these healthcare errors (hand hygiene misses) are taking place and what are the reasons behind the actions.

If necessary, the manager may need to make hand hygiene a performance issue.

Accountability for hand hygiene compliance flows up the change of command, thus management of poor compliance also flows down the chain of command. If the downward trend continues for two quarters of auditing, unit management is required to notify their facility senior leadership. This report must also include actions they will be taking to remediate the trend.

When facility leadership receives this report, they are required to share this with regional executive staff and indicate what changes will be put into place prior to the next time this unit/area is audited.