



Hand Hygiene Survey

IMPLEMENTING EFFECTIVE
HAND HYGIENE PROGRAMS IN HEALTHCARE



Public Health
Agency of Canada

Agence de santé
publique du Canada



Background

The Canadian Patient Safety Institute, the Canadian Council for Health Services Accreditation, the Public Health Agency of Canada and the Community and Hospital Infection Control Association are working together to develop a national hand hygiene campaign, and to improve support to healthcare and public health organizations implementing hand hygiene initiatives across Canada.

The goal is to provide guidance to healthcare decision makers wishing to facilitate the development of successful hand hygiene programs, and thus reduce morbidity and mortality from hospital-acquired infection.

This survey, jointly conducted by the Mount Sinai Infectious Diseases Research Team and the Canadian Patient Safety Institute, is intended to assess the status of hand hygiene adherence and hand hygiene initiatives in healthcare organizations across Canada to help organizations with what initiatives are the most effective, and to help us understand what types of support would be most useful.

We are interested both in the current state of hand hygiene in your facility, and in your experience and opinions about how to improve programs across all organizations. There is a comment field at the end of the survey for any additional comments that you have. All of the organizations involved would also be happy to hear from you at any time about this survey or about how to better support hand hygiene programs.

Please take a few minutes to complete the survey, and help with hand hygiene programs in healthcare across Canada.

If you would like to complete this survey online, please go to the following link:
<http://www.surveymonkey.com/s.aspx?sm=ajqYLDxRvaUwr7svq6SUBw%3d%3d>

Si vous préférez compléter ce questionnaire en français veuillez nous contacter ou vous rendre au lien suivant:
<http://www.surveymonkey.com/s.aspx?sm=xyM0g3ocZ7v3rM5RdquQ0A%3d%3d>



Part One: Demographics

1. What type of facility/agency do you belong to? *(Please check all that apply.)*
 - a Acute Care
 - b Chronic Care
 - c Long Term Care
 - d Public Health
 - e Regional Health Authority
 - f Mental Health
 - g Home Care
 - h Primary Care
 - i Other, *please specify:* _____
2. In what state/province/county is your organization? _____
3. What is your role in your organization?
 - 1 Nurse Manager/Educator/Clinical Nurse Specialist/Advanced Practice Nurse/Nurse Practitioner
 - 2 Infection Control Practitioner/Consultant
 - 3 Chief Nursing Officer/Vice President, Nursing
 - 4 Epidemiologist
 - 5 Quality Management
 - 6 Patient Safety
 - 7 Other, *please specify:* _____

Part Two: Current Environment and Practices

4. Is there a written hand hygiene policy in your organization/facility/agency? (Hand hygiene is defined as the act of washing one's hands with soap and water, or disinfecting them with an antiseptic agent.)
 - 1 Yes: *If yes, has this policy been signed and approved by the CEO and/or the board of directors?*
 - 1 Yes
 - 0 No
 - 0 No
5. Does your organization provide educational programs to staff that are exclusively about hand hygiene?
 - 1 Yes: *If yes, is your education program mandatory?*
 - 1 Yes
 - 0 No
 - 0 No
6. Which hand hygiene products does your organization provide for staff? *(Please check all that apply.)*
 - a Alcohol hand sanitizers: *If yes, what brand(s):* _____
 - b Hand lotions: *If yes, what brand(s):* _____
 - c Anti-bacterial soap
 - d Non-antibacterial soap

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- e Surgical scrub
- f Alcohol hand rub carried by individual staff (e.g. in pockets, on lanyards, etc.)
- g Other, *please describe*: _____

7. Where in your organization are hand hygiene products placed? (*Please check all that apply.*)

- a Elevator bays
- b Adjacent to patient/resident bedside (or chair/stretchers, etc.)
- c Exam rooms
- d On patient stretchers or on beds
- e At door to patient/resident/client rooms
- f In staff common areas (e.g. nursing station, lounges, etc.)
- g Staff washrooms
- h Public washrooms
- i Waiting areas/clinic reception
- j Main lobby/entrance
- k Other, *please specify*: _____

8. Does your organization provide skin care programs for staff? (Skin care programs are defined as training and awareness on the importance of and mechanisms for maintaining healthy skin on hands.) (*Check as many as applicable.*)

- 1 Yes: *If yes, please specify*:
 - a Yes, education programs about skin care
 - b Yes, programs to assist individual staff who have skin problems
 - c Yes, other: _____
- 0 No

9. Have there been any safety incidents (e.g. fire incidents, ingestion, etc.) in your organization associated with alcohol hand sanitizers?

- 1 Yes: *If yes, please specify*:

- 0 No

10. Are safety concerns interrupting the use of alcohol hand sanitizers at your facility?

- 1 Yes: *If yes, please specify*:
 - a Fire concerns
 - b Ingestion concerns
 - c Other, please specify: _____
- 0 No

11. Is there a dedicated budget for hand hygiene promotional material in your organization?

- 1 Yes
- 0 No
- 2 Unsure

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12. What type of hand hygiene promotional/communication materials are being used in your organization? *(Please check all that apply.)*
- a Posters
 - b Badges
 - c Stickers
 - d Brochures
 - e None: *Skip to question #15.*
 - f Other, *please specify:* _____
13. Where in your organization are these materials placed? *(Please check all that apply.)*
- a Elevator bays
 - b Patient/resident/client rooms/care areas
 - c Ward/unit hallways
 - d Staff washrooms
 - e Public washrooms
 - f Waiting areas
 - g Main lobby/entrance
 - h Cafeteria
 - i Other, *please specify:* _____
14. Are there hospital rules and regulations that limit the use of promotional material (e.g. fire regulations specifying where paper can be posted, or communications policies that limit your ability to mount poster campaigns)?
- 1 Yes
 - 0 No
15. What types of tools for monitoring hand hygiene adherence are used/have been used within your organization? *(Please check all that apply.)*
- a Monitoring consumption of products (e.g., soap, hand sanitizer, paper towels)
 - b Electronic monitoring of sink or hand sanitizer use
 - c Self-assessment/self-report
 - d Audits of hand hygiene adherence
 - e None
 - f Other, *please specify:* _____
16. Have you audited hand hygiene adherence in your organization?
- 1 Yes: *Go to question #17.*
 - 0 No: *Skip to question #19.*
17. If you have audited hand hygiene adherence, how often is this done?
- 1 Routinely, every _____ month(s)
 - 2 Intermittent audits have been performed, most recently _____ month(s) ago
 - 3 A one time audit has been performed in the last 2 years
18. What was the adherence rate in the most recent audit? _____ (percent)

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19. If you have not audited hand hygiene adherence, why have you not conducted any audits? *(Please check all that apply.)*
- a Not enough time
 - b No tools
 - c Not enough resources to perform and review audits
 - d Other, *please specify:* _____
20. Is hand hygiene adherence part of staff job performance reviews?
- 1 Yes: *If yes, are disciplinary actions taken for non-adherence?*
 - 1 Yes
 - 0 No
 - 0 No
21. Is adherence to hand hygiene policies/practice included in job descriptions and/or job posting information for your facility?
- 1 Yes
 - 0 No
22. Do you monitor or have you monitored patient/resident/client impressions of hand hygiene adherence in any satisfaction surveys?
- 1 Yes
 - 0 No

Part Three: Hand Hygiene Initiatives/Campaigns

23. Has your organization implemented any initiatives to improve hand hygiene in the last 2 years?
- 1 Yes: *Skip to question #25.*
 - 0 No: *Go to question #24.*
24. Is your organization developing initiatives to improve hand hygiene practices?
- 1 Yes: *Due to be implemented* _____ *month* _____ *year*
 - 0 No: *Skip to question #43.*
25. Does your organization have defined goals for these hand hygiene initiatives?
- 1 Yes: *Please list top 3 goals.*
 1. _____
 2. _____
 3. _____
 - 0 No
26. Who in the organization is/was targeted by these hand hygiene initiatives? *(Check all that apply.)*
- a Staff
 - b Patients/residents/clients
 - c Visitors/family/members of the public
 - d Other, *please specify:* _____

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27. What is the role of the individual who coordinates your organization's hand hygiene initiatives?
Please specify role/job title: _____

28. What is/has been involved in your hand hygiene initiatives? (Please check all that apply.)

- a Staff education/information dissemination
- b Collection of baseline indicators, *please specify:* _____
- c Toolkit (e.g. alcohol hand rubs, promotional posters, implementation guide, etc.)
- d Other promotional material (e.g. badges, stickers, etc.)
- e Staff involvement in planning
- f Patient/resident/client involvement in planning
- g Baseline audits of hand hygiene adherence
- h Post-implementation audits of hand hygiene adherence
- i Community education programs
- j Interviews or focus groups with staff
- k Hand hygiene role models/hand hygiene resource persons
- l Other, *please specify:* _____

29. Do/did your organization receive any financial support for the hand hygiene initiatives implemented/in progress?

- 1 Yes: *If yes, what type of financial support? (Please check all that apply.)*
 - a Funding from research agency
 - b External funding (e.g. from regional health authority)
 - c Funding from industry
 - d Internally identified targeted funding
 - e Other, *please specify:* _____
- 0 No

30. What resources/tools were/are adapted from external agencies/facilities to support these initiatives?
(Please indicate both type of resource and name of agency.)

Resource: 1. _____ Agency: 1. _____
Resource: 2. _____ Agency: 2. _____
Resource: 3. _____ Agency: 3. _____
Resource: 4. _____ Agency: 4. _____

31. What additional resources would have been useful, had they been available?



Part Four: Perceived Effectiveness of Your Initiatives

32. Overall, how successful do you think your initiatives were in improving hand hygiene adherence in your organization?

Not at all Successful 1 2 3 4 5 6 7 8 9 10 **Extremely Successful**

33. Overall, which hand hygiene initiatives implemented do you think were the most effective? *(Please explain briefly.)*

34. Overall, which hand hygiene initiatives implemented do you think were the least effective? *(Please explain briefly.)*

35. Please rate your satisfaction with the promotional materials for hand hygiene currently used in your organization.

Not at all Satisfied 1 2 3 4 5 6 7 8 9 10 **Extremely Satisfied**

36. Please rate your satisfaction with the hand hygiene products currently used in your organization.

Not at all Satisfied 1 2 3 4 5 6 7 8 9 10 **Extremely Satisfied**

37. Please rate your satisfaction with the availability of the hand hygiene products in your organization.

Not at all Satisfied 1 2 3 4 5 6 7 8 9 10 **Extremely Satisfied**

38. What are/were the major challenges or barriers in implementing hand hygiene initiatives in your organization?

a) Individual/staff challenges:

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b) Unit-specific challenges:

c) Organization-wide challenges:

39. Did you develop any strategies to overcome these barriers?

- 1 Yes: *If yes, what are these strategies and what has worked or not worked?*
 0 No

a) Individual/staff strategies: *(Please specify which ones worked/did not worked.)*

b) Unit-specific strategies: *(Please specify which ones worked/did not worked.)*

c) Organization-wide strategies: *(Please specify which ones worked/did not worked.)*

40. Has your organization evaluated changes in hand hygiene behavior among staff after implementing the initiatives?

- 1 Yes: *If yes, what tools were used?*

- 0 No



41. Has your organization employed any strategies to ensure the sustainability of hand hygiene adherence over time?

1 Yes: *If yes, what are these strategies?*

0 No

42. Can your organization demonstrate differences in patient outcomes that have been attributed to changes in hand hygiene adherence?

1 Yes: *If yes, what are these changes in patient outcomes?*

0 No

Part Five: Moving Ahead

43. What do you think should be the next steps for improving hand hygiene in your organization?

44. In your opinion, what core messages should be part of every hand hygiene initiative?

45. If you were to change one thing about the hand hygiene promotional materials in your organization to improve hand hygiene, what would it be?

46. If you were to change one thing about the hand hygiene products in your organization to improve hand hygiene, what would it be?

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47. What would be the most useful resources/tools to achieve the changes in #45 and #46?

48. a) In your opinion, what things are necessary in order to successfully increase hand hygiene adherence to 80% or higher in your organization?

b) What resources/tools would you need to accomplish these?

49. a) Are there added things that are necessary to **SUSTAIN** hand hygiene adherence at 80% or higher?

b) What resources/tools would you need to accomplish these?

50. What recommendations do you have for organizations like yours developing new hand hygiene initiatives?

51. Are some or all of the materials you have developed for hand hygiene accessible to other organizations?

- 1 Yes, they are available online at: _____
- 2 Yes, I will email them to the contact information listed below
- 0 No

52. Would your organization like more information on this national hand hygiene campaign?

- 1 Yes, please provide the name of your organization: _____
- 0 No

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Thank you for taking the time to complete this survey.
The space below is for you to write any additional thoughts or comments.



Contact Information:

Please feel free to contact the following individuals if you have any comments, questions, or require additional information.

Ms. Chantal Backman, Project Manager, Canadian Patient Safety Institute
t. 613-738-9130 e. cbackman@cpsi-icsp.ca

Dr. Allison McGeer, Director of Infection Control, Mount Sinai Hospital
t. 416-586-4800 ext. 3118 e. amcgeer@mtsinai.on.ca

Ms. Gomana Youssef, Infectious Diseases Project Coordinator, Mount Sinai Hospital
t. 416-586-4800 ext. 2767 e. gyoussef@mtsinai.on.ca

Note: Survey results will be available on Mount Sinai Hospital's Microbiology Department website at www.microbiology.mtsinai.on.ca.

<p>If you would like a copy of the results emailed to you, or email notification that the results are being posted, please provide an email address:</p> <p>_____</p>	<p>If you would like us to contact you in the future or have the results mailed to you on paper, please provide a mailing address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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MOUNT SINAI
HOSPITAL



600 University Avenue
Toronto, Ontario, Canada M5G 1X5
t. 416-586-4800
f. 416- 586-4807
www.mountsinai.on.ca