DECISION-MAKING MAP TO IMPROVE HAND HYGIENE BEHAVIOR

**Purpose:** Aim hand hygiene improvement strategies at specific gaps in staff perceptions and resource control.

**Steps:**
1. Perform the World Health Organization Perception Survey for Health-Care Workers.*
2. Perform the World Health Organization Hand Hygiene Self-Assessment Framework Survey†
3. Influence the motivation, value, and resource beliefs using the strategies listed in the column in which the gaps were identified.

### ASSESS STAFF MOTIVATION TO PERFORM HAND HYGIENE

- Perform the Perception Survey for Health-Care Workers*

### DETERMINE IF STAFF FEELS HAND HYGIENE COMPLIANCE IS VALUED AND EXPECTED

- Belief that:
  - Administration values hand hygiene as a patient safety issue
  - Patients, colleagues, supervisors, and the person who most influences your professional behavior expect you to perform hand hygiene
  - Hand hygiene compliance is good in your unit
  - Your hand hygiene practice sets a good example for others

### IDENTIFY STAFF PERCEPTION OF RESOURCE CONTROL

- Belief that:
  - It does not take too much effort to perform hand hygiene at all five WHO moments‡
  - There is personal control over hand hygiene performance during an intensive patient care activity
  - Sufficient hand hygiene resources are available

### STRATEGIES TO INCREASE MOTIVATION

- Require job-specific, evidence-based education by a role model; use visual aids to simulate organism transfer.
- Educate staff on the science behind the five WHO moments for hand hygiene.
- Define administrative goals and targets for hand hygiene for all staff.
- Institute one-to-one persuasive communication moments on the value of proper hand hygiene.
- Post various changeable visual reminders on the intranet and by sinks, mirrors, doors, and/or charts.
- Provide feedback on patient harm from healthcare-associated infections at staff meetings and group sessions.

### STRATEGIES TO INCREASE NORMATIVE BELIEFS

- Require a signed contract and commitment to formulated hand hygiene goals.
- Engage staff and physicians as role models.
- Develop, distribute, and practice talking points to implement peer-pressure communication.
- Be visible with praise, encouragement, and material rewards.
- Include hand hygiene compliance in annual performance and competency evaluations.
- Institute hand hygiene compliance as a credentialing requirement.
- Empower patients to speak up, using patient report cards and “Ask me if I’ve washed my hands” buttons.

### STRATEGIES TO FACILITATE HAND HYGIENE

- Ensure availability of alcohol-based handrub stations at the point of care in all patient care areas.
- Develop a system to ensure soap, alcohol-based handrub, and towels are stocked.
- Stock a hand lotion dispenser in all work areas to prevent skin irritation from multiple hand washings.
- Observe for opportunities for hand hygiene in high-workload situations.
- Simulate integration of hand hygiene into high-workload situations.
- Demonstrate how various levels of staff are able to integrate hand hygiene into their workflow and keep up with the workload while maintaining good hand hygiene.

**Sources:**
- World Health Organization Perception Survey for Healthcare Workers.*
- World Health Organization Hand Hygiene Self-Assessment Framework Survey†
- World Health Organization Five Moments for Hand Hygiene.

For more information, visit http://www.patientsafetyauthority.org.

This tool accompanies
Bradley S. A systems and behavior approach to improve hand hygiene practice.
http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2014/Dec;11(4)/Pages/home.aspx

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