Hand hygiene assessment

Please select the response that best describes your facility and its routine practices related to hand hygiene.

1. Hand hygiene products and proper dispensers are available at all points of care with appropriate measures in place to ensure prompt replenishment when they are empty.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

2. Individual-sized (personal carry) hand sanitizers are provided for all staff and volunteers for use when hand hygiene is indicated but access to dispensers is not convenient.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

3. New and ongoing staff are routinely trained and educated on performance expectations, including the indications for hand hygiene as well as proper technique and when to use soap vs. sanitizer.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

4. Staff must demonstrate that they can do a proper 20-second hand wash and hand sanitization at training times.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

5. Patients, family members and visitors are educated on hand hygiene behavior expectations.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

6. Training tools are reviewed and updated at least annually.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

7. We use and update facility-wide reminders of hand hygiene behavior expectations.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

8. Our units/departments are individually responsible for hand hygiene improvement and held accountable for monthly/quarterly compliance targets.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure  

9. Our units/departments routinely identify obstacles and barriers to hand hygiene performance and then put in place action plans with the goal of eliminating them.
   a) Always  
   b) Sometimes  
   c) Never  
   d) Unsure
10. Our units/departments identify the obstacles and barriers to hand hygiene compliance using:
   a) Always
   b) Sometimes
   c) Never
   d) Unsure

11. Our frontline clinical staff are empowered to speak up when there is risk of doing harm without fear of retribution or other negative consequences.
   a) Always
   b) Sometimes
   c) Never
   d) Unsure

12. We measure hand hygiene compliance and give feedback on performance.
   a) Daily or weekly
   b) Monthly
   c) Quarterly
   d) Twice a year
   e) Annually

13. When our goals are met, we set new, higher goals.
   a) Always
   b) Sometimes
   c) Never
   d) Unsure

14. We celebrate goals achieved and identify what we will do differently when they are not.
   a) Always
   b) Sometimes
   c) Never
   d) Unsure

15. Our unit/department leaders’ annual performance appraisal/bonus is tied to hand hygiene improvement goals.
   a) Always
   b) Sometimes
   c) Never
   d) Unsure

16. Our organization’s senior leaders are responsible for modeling proper hand hygiene behavior and are authentically engaged in our hand hygiene improvement efforts.
   a) Always
   b) Sometimes
   c) Never
   d) Unsure

**Scoring**

Answer a = 10 points
Answer b = 5 points
Answers c, d, e = 0 points

**Note:** add 10 points if you or a member of your team has stopped and corrected someone not following proper hand hygiene protocols (a standard practice when conducting direct observation).

170 points = max score (with 10 point bonus)

**150–170 points**
Outstanding. Stay diligent and focused.

**130–149 points**
Excellent, but still room for improvement.

**100–129 points**
Good, but make 130 or above a high priority for the next period.

**Below 100 points**
Pursue coaching and feedback. Make fostering a safety culture and improving hand hygiene practices a priority.

Want to learn strategies to improve your score? Contact your Medline Representative for more information on our infection prevention program.