

Appendix 4 - GUIDANCE FOR STAFF – PATIENT OBSERVED HAND HYGIENE FEEDBACK

1. The patient observed hand hygiene audit is to be undertaken bi-annually by all service teams (inpatient and community based services).
2. The circulated audit tool replaces any previous version/tool that was used (please ensure that all previous tools are deleted and this is stored as the master copy).
3. Questionnaires are to be handed out to all patients seen by the team on:
 1. **World Hand Hygiene Day** 5th May, each year.
 2. **International Infection Prevention** week - the third week of October, each year (team to choose most suitable day of that week)
4. It is absolutely essential that each team completes the team/service name and area (e.g. Service, West Essex, South East Essex or Bedford) located at the top of the form to enable us to complete our results spread sheet correctly. Remember there are duplicated services across the Trust and it is impossible to mark a team as compliant if we do not have the correct details.
5. The patient or appropriate other e.g. carer should be asked to fill in the questionnaire and place in a provided, sealable envelope. *If the patient asked the nurse to complete on their behalf this must be documented on the form.
6. **Collecting the information.** Teams work in many different settings and your team should discuss the best way of collecting questionnaires that ensures the patient can confidentially return this information.

Examples

If the patient is visiting a clinic they could be handed the form by the receptionist to enable them to read what the purpose of the audit is before going into the clinician. If this is not possible the clinician should give the patient the form with an explanation as to the purpose of the audit before treatment is commenced. The patient should be advised to either hand the completed audit form to a receptionist or place it in a box/large envelope as they leave the clinic.

If the patient is receiving treatment in their own home the audit form should be given to the patient before treatment with an explanation as to the purpose of the audit – once completed it could be placed in a sealed envelope and handed to the next visiting team member or a freepost envelope left for the patient to post.

7. **Returning the Information.** Completed questionnaires should be placed in a large envelope and returned to The Infection Prevention & Control Team at:

The Lodge, **internal post 34**

NB not available for Bedfordshire area, St Margaret's or Saffron Walden)

Where internal posting system is not available please keep photocopies, and send original forms to:

Infection Prevention & Control team
The Lodge
Lodge Approach
Wickford
Essex
SS11 7XX

Alternatively if audit forms are collected in via receptionists they could be scanned and sent to [REDACTED]

8. **Deadlines.** The returned audits need to be received by the Infection Control Team by the **31st of May and 15th November, respectively.**
9. The scores are reported via the KPI reports to the Executive Team and our Commissioners. Compliments/ comments are passed to the complaints/compliments team to record.

SAMPLE ONLY