Hand Hygiene Quality Improvement Toolkit

Hand Hygiene is Everyone's Responsibility

Vancouver CoastalHealth

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About This Toolkit

This toolkit provides practical guidance, tools, and templates to support the development and implementation of Hand Hygiene Quality Improvement (HH QI) Plans across VCH care settings. It is intended to complement existing Infection Prevention and Control (IPAC) policies and procedures.

Note: This toolkit is not a policy. Units and programs should continue to follow all applicable IPAC policies and standards.

Introduction

Why Hand Hygiene Matters

Hand hygiene remains the most effective and consistently proven measure to prevent healthcare-associated infections (HAIs). It directly supports patient safety by reducing the transmission of microorganisms within healthcare environments and ensuring compliance with accreditation standards. When organizations foster a culture of accountability and consistency in hand hygiene practices, they can significantly decrease HAIs and improve overall care outcomes.

This toolkit is designed to support teams across Acute Care, Community, and Long-Term Care (LTC) settings as they develop and implement HH QI plans. It provides a structured, adaptable approach to improving hand hygiene practices, reducing HAIs, and strengthening a culture of safety and shared responsibility.

For the purposes of this document, the term “patient” is used inclusively to refer to patients, clients, and residents.

Purpose of this Toolkit

This toolkit is designed to:

- Empower teams to lead HH QI initiatives.
- Provide adaptable strategies that meet the needs of diverse care settings.
- Support sustainable change through meaningful measurement, education, and engagement.

How to Use this Toolkit

- Review each section to understand the key components of an effective HH QI plan.
- Use the guidance, tools, and templates to create a customized plan for your program or unit.
- Engage staff at all levels to promote ownership, accountability, and long-term sustainability of hand hygiene practices.

Connecting with Infection Prevention and Control

Although the interventions outlined in this quality improvement toolkit are intended to provide clinical teams with different resources and interventions that can be used to support the development of a unit/program-based HH QI plan, we encourage clinical teams to connect with their local Infection Control Practitioner (ICP) to support this process. Infection Control contact information can be located on the IPAC website under the "Contact Us" tab.

ICPs can:

- Provide IPAC expertise and education (including Glo-Germ hand hygiene technique demonstrations and ATP swabbing)
- Assist with identifying and interpreting local data
- Support selection of appropriate tools and interventions

Getting Started

Improving hand hygiene practices begins with leadership commitment and a coordinated team approach. Clinical leadership identifies individuals responsible for developing, implementing, monitoring, and reporting on the HH QI plan and determines whether the plan will be developed at the unit, program, or site level.

In some settings, such as Long-Term Care and Community, it may be beneficial to develop a site-wide HH QI plan rather than multiple plans for individual programs operating within the same facility. This approach may require coordination across teams and engagement with collaborative partners, including IPAC and quality leads.

Initial activities typically include forming a QI team, reviewing available data to identify local hand hygiene gaps, and setting clear goals to support sustained improvement.

Setting-Specific Strategies

Different care settings present unique challenges and opportunities for hand hygiene improvement. Understanding the nuances is essential for tailoring QI plans that are practical and effective. This section also highlights common barriers to hand hygiene compliance that may be encountered across settings.

Acute Care	
Challenges	• High patient turnover and fast-paced workflows. • Multiple care providers and frequent hand-offs. • Complex procedures requiring frequent hand hygiene
Opportunities	• Strong leadership and established infection prevention and control infrastructure. • Availability of electronic health records and data systems.

	• High staff engagement in patient safety initiatives.
Common Barriers	• Time constraints and competing clinical priorities. • Inconvenient placement or lack of hand hygiene stations. • Skin irritation from frequent use of hand hygiene products.
Long-Term Care	
Challenges	• Home-like environments may reduce perceived need for clinical hygiene practices. • High-touch surfaces and close contact with residents. • Staffing consistency and turnover.
Opportunities	• Stable staff and resident populations allow for sustained interventions. • Opportunities to engage residents and families in hand hygiene promotion. • Integration of hand hygiene into daily care routines and activities.
Common Barriers	• Perception that hand hygiene is less critical in non-acute settings. • Limited staff time and competing demands. • Lack of ongoing training and reinforcement.
Community	
Challenges	• Mobile workforce operating in diverse and unpredictable environments. • Limited access to hand hygiene infrastructure. • Varying levels of client understanding and engagement.
Opportunities	• Flexibility to integrate hand hygiene into personalize care routines. • Potential for innovation in portable hand hygiene solutions. • Strong relationships with clients can support education and behavior change.
Common Barriers	• Inconsistent availability of hand hygiene supplies • Difficulty maintaining hand hygiene in non-clinical settings. • Limited time during client visits.

Key Strategies for HH QI Planning

Effective HH QI planning is essential to reducing HAIs and promoting a culture of patient and staff safety. A structured and strategic approach ensures that improvement efforts are evidence-based, sustainable, and aligned with organizational priorities. The following key strategies provide a framework to guide HH QI planning, support consistent practice, and drive measurable improvements across care settings.

1. Create a HH QI Team

The HH QI team is a multidisciplinary, unit-based group with representation from frontline staff (e.g., nursing, care aides, support staff), unit/program leadership, IPAC/Quality partners, and patients or families as appropriate. The team is responsible for implementing and adapting evidence-informed hand hygiene interventions that reflect unit workflows and patient safety considerations. Compliance and effectiveness are monitored through established quality measurement and evaluation processes.

Why it matters

- Reflects real workflows
- Supports accountability and shared ownership

Define the Problem

The HH QI Team will use a systematic, data-informed approach to identify gaps in hand hygiene practices that increase the risk of infection transmission. The team will review hand hygiene compliance data, trends, and applicable patient safety indicators (e.g., HAIs, outbreaks), and engage staff to identify unit-specific barriers such as workflow challenges, education gaps, or environmental limitations. This approach supports for ongoing monitoring, analysis, and improvement of infection prevention practices.

Ways to identify opportunities

- Review Hand Hygiene audit results and trends
- Consider related information (e.g., outbreaks, HAIs)
- Gather staff input on barriers (workflow, access, environment)

Key focus

- Identify *where* and *why* hand hygiene is challenging on the unit

Common reasons healthcare providers do not perform hand hygiene:

- Workload demands
- Time constraints
- Lack of awareness and training
- Skin integrity issues
- Lack of access to hand hygiene infrastructure where needed (i.e. point of care)

2. Set Clear Goals

The QI Team will establish **SMART hand hygiene goals** that are measurable, time-limited, and aligned with organizational priorities for patient safety and infection prevention. Goals will focus on improving hand hygiene compliance at key moments of care and will reflect the realities of the unit's patient population and care setting. Progress toward goals will be routinely reviewed and used to guide continuous improvement activities.

SMART goals are:

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**ealistic
- **T**ime based

SMART Goals Template

Goal characteristics

- Clear and measurable
- Time-limited
- Relevant to the unit's care setting

Common barriers

- Workflow pressures
- Dispenser placement or empty products
- Education gaps

Example of SMART Goals

Unit/Program	Unit A
Lead	Unit Manager
Identified Gap	Low hand hygiene compliance before patient contact; staff report workflow pressures
SMART Goal Statement	Increase hand hygiene compliance before patient contact from 68% to 80%
Measure	Hand hygiene audit data (Moment 1)
Baseline	68%
Target	80%
Timeline	April – September 20xx
Review Frequency	Monthly

3. Gather Resources

The QI Team will identify and leverage available education, infrastructure, and system supports to implement hand hygiene improvements. This includes access to IPAC education materials, staff training modules, ABHR at point of care, handwashing sinks available, visual reminders, and data systems for monitoring compliance. Collaboration with IPAC, Quality, Educators, and Facilities partners ensure interventions are feasible, standardized, and sustainable.

Common supports

- IPAC education materials and learning modules
- Team Based Quality Improvement resources
- Existing ABHR and handwashing infrastructure
- Staff huddles, safety rounds, quality boards
- Audit tools and reporting systems

Key principle

- Maximize existing systems before creating new ones

Activities and Supporting Strategies

Select strategies based on local needs.

Create an environment for success

The hand hygiene environment includes not only the physical environment but also how people interact.

Hand hygiene infrastructure is a critical component of safe healthcare delivery. Because hands are the primary way microorganisms are spread during care, ensuring that ABHR, sinks and associated supplies are available where staff, patients, and families need them directly increases opportunities to perform hand hygiene and reduces barriers to compliance. Accessible hand hygiene stations at entrances, patient rooms and points-of-care, support timely, consistent hand hygiene and are recognized as one of the most effective ways to prevent health-care-associated infections and enhanced patient safety.

Recommended Resource: Best Practice Guideline – Hand Hygiene Infrastructure

Hand Hygiene Infrastructure Audit:

If you have discovered that hand hygiene opportunities are being missed because hand hygiene infrastructure is missing at the point-of-care, it may be beneficial to complete a hand hygiene infrastructure audit. Availability of hand hygiene infrastructure will be different depending on the care setting. Staff working in community settings who provide home care or outreach, need personal sized supplies that can be carried with them, while acute and LTC need supplies available at point-of-care.

Hand Hygiene Infrastructure Placement

Including multidisciplinary staff in decisions about where to place hand hygiene products is essential because effective hand hygiene programs rely on using the right product in the right place at the right time, and this requires insights from everyone who interact with the care environment. A multidisciplinary approach ensures that product placement supports real-world workflow, patient movement, clinical tasks, environmental cleaning routines, maintenance considerations, and safety requirements.

Staff Engagement Activity - Sticker placement

Purpose

The purpose is to engage staff in deciding the placement of wall-mounted alcohol based hand rub (ABHR) and glove dispensers in the care homes.

Necessary Supplies

Stickers for placement of ABHR and glove dispensers.

Duration

Approximately 7 days

Activity

Include all unit staff. Use stickers to identify places where they would like to see ABHR dispensers located in their workflow. Staff go about their day as usual and while doing so, each time they would like to clean their hands and ABHR is unavailable, mark the location where they would like a dispenser installed with a sticker.

Step 1 Sticker placement

- Attend the morning and afternoon huddles to cover day and evening staff
- Post this document and the stickers in the nursing station
- Encourage staff to take a sheet of stickers with them to use during the day
- Staff will have a week to identify places for ABHR dispensers

Step 2 Discussion

- Attend another huddle session to discuss the locations that have been identified
- Discuss the rationale behind each location to ensure that it is optimal
- Determine and finalize the location where each dispenser should be installed, ICP and or site leadership to indicate placement

Education and Training

Ongoing staff education supports consistent application of Routine Practices and reinforces the importance of hand hygiene in preventing infection transmission. Education and training activities may include:

- Mandatory hand hygiene education modules
- Unit-based education during huddles or safety moments
- Reinforcement of expectations during onboarding and orientation
- Monitor completely of required education

Education efforts are adapted to the care setting and patient population and supported by IPAC expertise where appropriate.

- Glo-Germ hand hygiene technique demonstration
- Glove and paint demonstrations

VCH Resources

- Infection Prevention and Control Basics for Healthcare Workers in Patient Care Areas and/or Direct Care Roles
- Infection Prevention and Control Basics for Non-Direct Care Healthcare Workers
- Provincial Infection Control Network – Provincial Hand Hygiene Basics
- How to Hand Wash
- How to Hand Rub

Non-VCH Resources

- Alberta Health Services – Interactive Hand Hygiene Module
- Alberta Health Services – Transmission of Microorganisms in the Healthcare Environment
- Alberta Health Services – Hand Health
- Norwegian Institute of Health – The Invisible Challenge II – Spread of Bacteria in Hospital Settings
- University Health – Handwashing Video

Staff Engagement Activity – Glove and Paint Demonstration

Purpose

The paint and glove hand hygiene demonstration uses paint (representing soap or hand sanitizer) on disposable gloves to visually highlight areas missed during handwashing. By rubbing hands together and observing unpainted spots—typically between fingers, under nails, and on thumbs—it teaches effective techniques and ensures thorough coverage.

Necessary Supplies

Examination gloves (all sizes)
Tempura paint (finger paint)
A clock
Scissors or other sharp device (optional)

Before Activity

Create small holes in a few gloves to be used with scissors or a needle (optional) as gloves are not all impervious.

Activity

1. Instruct the group to put on a pair of gloves that fits their hand
2. Take the bottle of red paint and place a dab about the size of a loonie into one palm of each person.
3. Watch the clock and instruct all participants to close their eyes and rub their hands like they would when performing hand hygiene with ABHR.
4. When 15-20 seconds has passed, instruct the group to open their eyes
5. Each participant should check their hands to see if there are any spots without red paint. These spots are areas that would have been missed if hand hygiene was being done.
6. Next instruct participants to remove their gloves without contaminating themselves or others.
7. Ask participants to inspect their hands for any red spots.
8. If holes were made in gloves, then some participants will have red spots on hands.

Review the importance of performing hand hygiene after doffing gloves because there is a failure rate in gloves *(industry standard for examination gloves is 3 – 5% defect is acceptable)*. The Literature has shown that micro-perforations present in gloves allow microbes to pass through onto hands.

Recognition, Engagement, and Motivation

Engagement and motivation strategies help foster a positive infection prevention culture. These may include:

- Share successes and trends
- Recognize positive practice during huddles or meetings
- Encouraging "It's okay to ask" conversations about hand hygiene
- Recognizing staff or "Hand Hygiene Heros" who model good hand hygiene behaviours

These strategies reinforce shared responsibility for safety and support sustained hand hygiene practices.

Sustained improvement in hand hygiene requires leadership commitment, frontline engagement, appropriate infrastructure, and continuous evaluation.

Staff Feedback

Staff feedback is routinely gathered, reviewed, and used to identify barriers and guide unit-specific hand hygiene improvement actions.

- Gather staff feedback regularly through huddles, brief surveys, or informal conversations.
- Ask simple, consistent questions about barriers to hand hygiene (e.g., access, time, workflow).
- Identify and document common themes rather than individual comments.
- Review key themes with staff to confirm understanding and promote shared ownership.
- Use feedback to guide practical actions such as education, reminders, or infrastructure changes.
- Share actions taken with staff to close the feedback loop and reinforce engagement.

Hand Hygiene Champions

A hand hygiene champion is a frontline healthcare staff member who drives improved infection control by modeling best practices, educating peers, and fostering a safety culture. They boost compliance by providing peer-to-peer coaching, promoting education, and addressing barriers. Key to success is moving beyond auditing to encouraging ownership of clean hands.

Key Roles of a Hand Hygiene Champion

- **Role Modeling:** Setting a positive example by consistently adhering to hand hygiene protocols.
- **Education and Training:** Providing formal and informal education on hand hygiene techniques.

- **Peer Engagement:** Engaging team members through encouragement, rather than just auditing, to foster a "compliance culture".
- **Overcoming Barriers:** Identifying bottlenecks, such as inconveniently located sanitizers, and collaborating with staff on solutions.
- **Celebrating Success:** Recognizing and rewarding individuals who go above and beyond.

Common Pitfalls and Challenges

- **Contradictory Roles:** A common challenge is balancing the "champion" role (supporting colleagues) with the "auditor" role (reporting non-compliance).
- **Staff Resistance:** Overcoming cultural resistance to change requires consistent, non-punitive messaging.
- **Competing Priorities:** Time constraints and high staff turnover can make sustaining momentum difficult.

On the spot feedback cards

*Treating a healthcare acquired infection - **weeks**.*
*Cleaning your hands - **15 seconds**.*
*Saving a life - **priceless**!*

Hand Hygiene

You have just been observed engaging in safe patient care practices by performing appropriate hand hygiene! Through your efforts, we can make a difference in keeping our patients safe from harm and reducing hospital acquired infections which, if they occur can be a significant complication in your patient's hospitalization.

Thank you for taking patient safety initiatives seriously.

*Treating a healthcare acquired infection - **weeks**.*
*Cleaning your hands - **15 seconds**.*
*Saving a life - **priceless**!*

Hand Hygiene

You were just observed not performing hand hygiene when you should have. Did you know that according to PHAC an estimated 8,000 persons die in hospital in Canada each year as a result of infection acquired during their hospitalization.

Hand hygiene must be performed:

Before contact with the patient/environment
Before putting on gloves
After contact with the patient/environment
After taking off gloves

Staff Engagement Activity – Hand Hygiene Challenge – Creating Friendly Competition!

A little dose of competition will often bring out the best in people! Invite another team/unit to a hand hygiene challenge. Which team has the best hand hygiene compliance? Develop a prize (e.g., certificate or trophy) to be given to the winning team.

Tips for a successful challenge:

- Set your stakes early
- Compare hand hygiene compliance monthly/quarterly
- Post compliance for all to see
- Celebrate your success

Patient and Family Engagement

Engaging patients, clients, residents, families and visitors in hand hygiene programming is essential because they are key partners in creating a safe care environment. Involving them improves awareness, strengthens adherence to routine practices, and supports a culture of shared responsibility for infection prevention. When patients and families understand when and how hand hygiene should occur and feel empowered to speak up they can help prompt staff, reinforce safe behaviors at point-of-care, and identify barriers that may not be visible to clinical teams. Their feedback offers valuable insight into how hand hygiene expectations are communicated, perceived, and practiced, helping programs, the organization and IPAC refine education, signage, and resource placement to better meet real-world needs.

- Provide HH education
- Promote “It’s Okay to Ask” messaging

Education

Educational tools such as pamphlets, posters, or handouts help people understand routine practices, their purpose, and the actions they can take to protect themselves during their stay.

Making Hand Hygiene Available to Patients and Families

Ready access to ABHR, soap and water, or wipes enables patients to perform hand hygiene at key moments, such as before meals, after using the toilet, after coughing or sneezing, and before and after contact with wounds or medical devices.

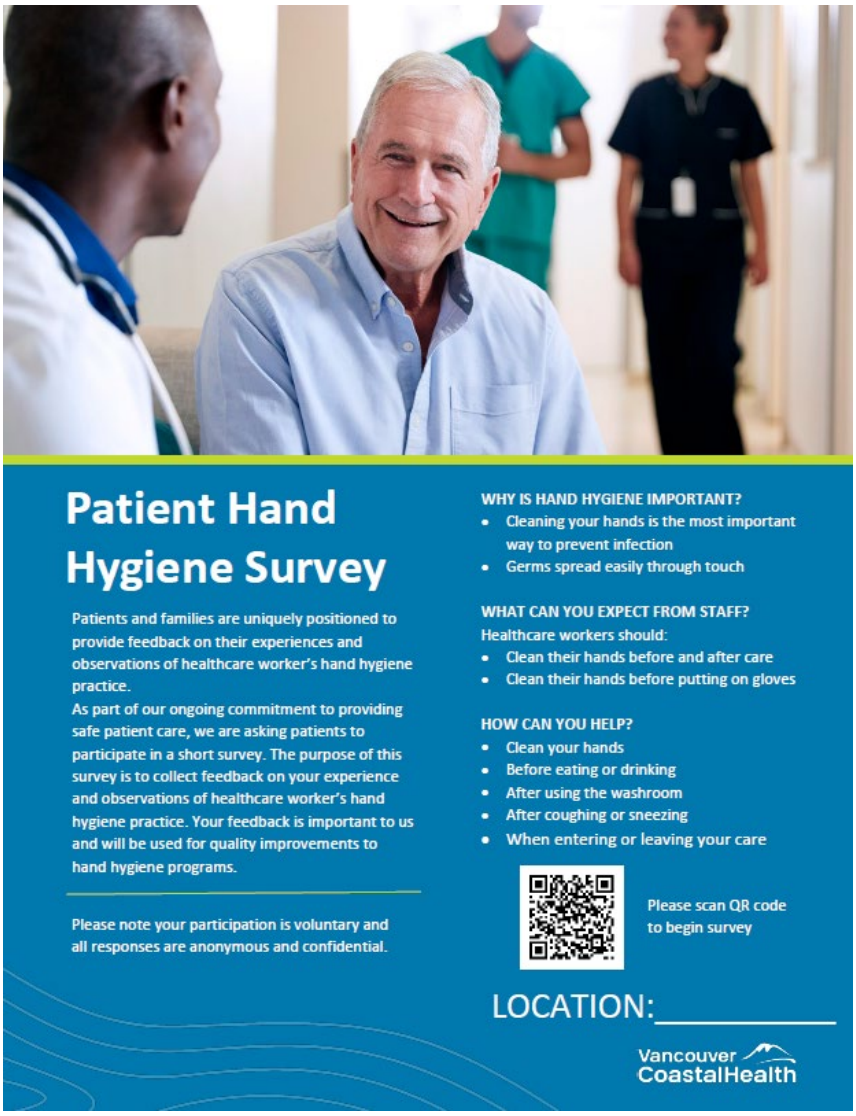
Resident and Family Council Engagement in Long-Term Care

IPAC can provide clear, easy-to-understand information and resources on routine practices – such as hand hygiene, respiratory etiquette, and environmental cleanliness – and share timely updates ahead of viral respiratory season.

Patient/Family Engagement - Hand Hygiene Satisfaction Survey

At VCH – We Care for Everyone and We Strive for Better Results. Patients and families are uniquely positioned to provide feedback on their experiences and observations of healthcare workers' hand hygiene practices. Clinical leaders or delegates may choose to deploy the Patient Hand Hygiene Survey to generate feedback that can support quality improvement to hand hygiene programming.

Please contact Sheila.Browning@vch.ca for assistance creating survey QR codes and questions.



Visual Cues and Reminders

Visual cues are used to reinforce hand hygiene and Routine Practices for staff, patients, and families. These may include:

- Posters or signage near points of care and common areas
- Table-top reminders in dining areas
- Visual prompts near hand hygiene stations

Materials are selected or reviewed to ensure they are clear, respectful, non-stigmatizing, and appropriate.

Posters and Poster Campaigns
4 Moments for Hand Hygiene
4 Moments for Hand Hygiene – LTC
How to Hand Rub
How to Hand Wash

VCH Gloves Aren't Magic
Poster 1
Poster 2
Poster 3

Hand Hygiene Moments – Role Specific (LTC Focused)
4 Moments for Hand Hygiene – Allied Health
4 Moments for Hand Hygiene – Administering Medications
4 Moments for Hand Hygiene – Clean Supply Room
4 Moments for Hand Hygiene – Handling Clean Linen
4 Moments for Hand Hygiene – Housekeeping
4 Moments for Hand Hygiene – Recreational Therapy
4 Moments for Hand Hygiene – Resident Dining
4 Moments for Hand Hygiene – Respiratory Therapy
4 Moments for Hand Hygiene – Tray Service

The above posters are available through VCH Printing Services in both 11 x 17 and 8.5 x 11 format (search 4 Moments for Hand Hygiene).

Staff Engagement Activities – Engagement

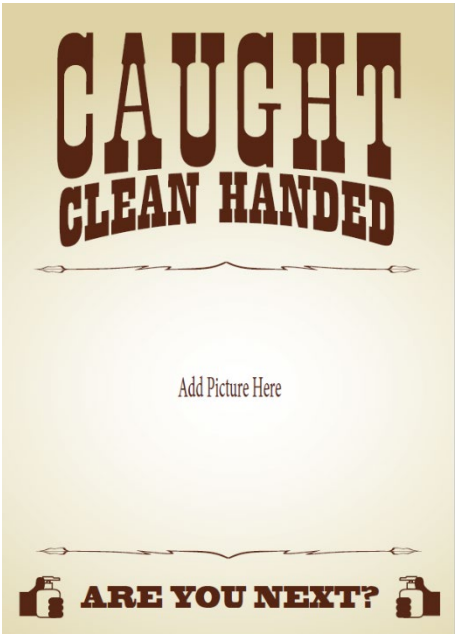
Reminders in Code – create an environment where it is comfortable and encouraged to remind anyone to clean their hands – "friends remind friends to clean their hands".

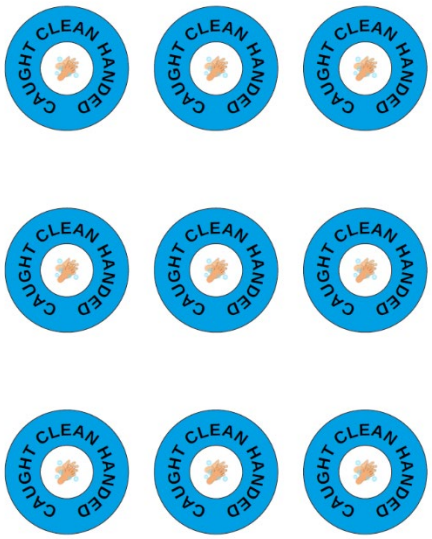
Staff can create a verbal or non-verbal (non-confrontational) cue that they can use to remind others to clean their hands.

- Using the gesture of an open hand
- A word that is unique to the team

Caught Clean Handed activity

- Define a period over which the challenge will take place
- Provide a review of the 4 Moments for Hand Hygiene before you start
- Distribute hand hygiene stickers to all staff
- Staff will observe each other in daily practice.
- When a person is observed by someone else and has completed hand hygiene appropriately the observer will give them a sticker.
- The staff member with the most stickers wins the challenge





Template Avery 22842 Labels

4. Monitor and Adjust

Sustaining improvement requires ongoing review.

- Review data and feedback regularly
- Share results with staff
- Adjust strategies based on effectiveness

Interventions to Support HH QI Plan Development

Measurement is essential for understanding current hand hygiene practices, identifying areas for improvement, and evaluating the impact of interventions. Reliable and consistent data supports accountability, informs targeted improvement strategies, and demonstrates progress to leadership, staff, and external partners.

Measurement is a required component of all HH QI plans. It provides objective information to guide improvement efforts, monitor compliance with established standards, and support ongoing evaluation over time. Each unit or program is expected to include a clear measurement strategy appropriate to its care setting, resources, and risk profile.

Measurement Methods

Selecting a Measurement Approach

When developing a HH QI Plan, teams should document:

- Which measurement methods will be used
- Why the selected methods are appropriate for the care setting
- How often data will be reviewed
- How results will be shared and acted upon

General Guidance

- Use direct observation where IPAC coverage or resources allow
- Use at least 2 non-direct methods in settings where direct observation is not practical
- Combine multiple methods to strengthen interpretation and guide improvement

Direct Methods of Hand Hygiene Measurement	
Method	**Direct Observational Auditing**
What it is	Direct observation involves trained auditors observing staff during patient care and recording compliance with hand hygiene protocols at defined moments of care.
Implementation	• Direct observational audits are conducted by the IPAC team in acute care and LTC settings, where coverage and resources allow. • Electronic auditing systems (e.g., Clean Hands App) • Standardized paper audit tools (where applicable) • Hand Hygiene Audit Tool – Community Settings • Hand Hygiene Audit Tool – Community Settings (with instructions)
Use of Results	• Is aggregated and reported through the Quality Patient Safety (QPS) Hand Hygiene Dashboard • Is shared with clinical leadership and frontline teams to: ▪ Identify trends and patterns ▪ Compare performance over time ▪ Guide targeted improvement strategies
Strengths	• Gold standard of hand hygiene auditing • Ability to give "in the moment" feedback
Limitations	• IPAC auditing capacity is limited and may not include all units or programs • Observations represent snapshots of practice, not continuous behaviour • Staff may alter behaviour when observed (Hawthorne effect)
Other Methods of Hand Hygiene Measurement	
Method	**Product Consumption Monitoring**
What it is	Tracking the use of ABHR or soap over time as a proxy indicator of hand hygiene activity.
Implementation	• Monitor product volume dispensed by unit or program • Normalize data by patient census, patient days, or staff numbers • Review trends over time and compare across units • Use dashboards or spreadsheets to visualize patterns
Use of Results	• Inform targeted interventions (e.g., product placement)
Strengths	• Easy to collect consistently • Useful for identifying areas of low product use
Limitations	• Does not confirm correct technique or timing • Influenced by ordering, storage, and stocking practices
Method	**Self-Reported Compliance and Staff Feedback**
What it is	Staff complete an anonymous self-assessment or survey related to hand hygiene practices and perceived barriers.
Implementation	• Staff complete the Hand Hygiene Self-Assessment for Ambulatory and Community Settings via LearningHub or via the paper version of the Staff Hand Hygiene Self-Assessment • Results may be analyzed by role, unit, or shift • Local surveys may also be conducted during staff meetings, safety huddles, or quality improvement initiatives
Use of Results	• Identify perceived barriers such as time constraints, workflow challenges, patient refusal, or access to ABHR/sinks • Inform targeted interventions (e.g., education, workflow adjustments, portable ABHR solutions)
Strengths	• Identified attitudes, beliefs, and perceived barriers • Supports staff engagement and ownership

Limitations	• Tends to overestimate compliance • Subject to social desirability bias • Best used alongside other measures
Method	**Patient and Family Feedback**
What it is	Patients or families provide feedback on whether they observe staff performing hand hygiene.
Implementation	• Include hand hygiene questions in patient experience or satisfaction surveys • Use QR codes, tablets, or printed surveys in bedside or communal areas • Analyze results by unit and time period
Use of Results	• Reinforce expectations • Identify themes related to visibility and communication • Adjust signage or education messaging
Strengths	• Engages patients and families as partners in safety
Limitations	• Limited to visible moments of care • Patients/families may not recognize all hand hygiene opportunities and/or may have incorrect information (e.g., staff wearing gloves have clean hands)
Method	**Supply Bag Audit (Mobile/Community Settings)**
What it is	Regular review of hand hygiene supplies carried by mobile staff (e.g., nursing bags) to ensure staff are equipped to perform hand hygiene in the field and reflects preparedness and prioritization of infection prevention.
Implementation	• Audit frequency (monthly or quarterly) • Checklist items (personal ABHR; product condition/expiry; organization and cleanliness of bag) • Data collection (standardized checklist or mobile form) • Feedback loop (share results with staff and supervisors; use findings to guide restocking and education) • Integration (combine with other non-direct measures for a more complete picture) • Home Care/Outreach Supply Bag Audit
Use of Results	• Inform targeted interventions
Strengths	• Practical and low cost • Supports readiness and consistency
Limitations	• Does not measure actual hand hygiene behavior • Dependent on bag usage and restocking habits