



## **ACCOMPLISH workshop**

# **Metten is weten: observeren van handhygiëne**

Elise van Beeck & Ron de Groot

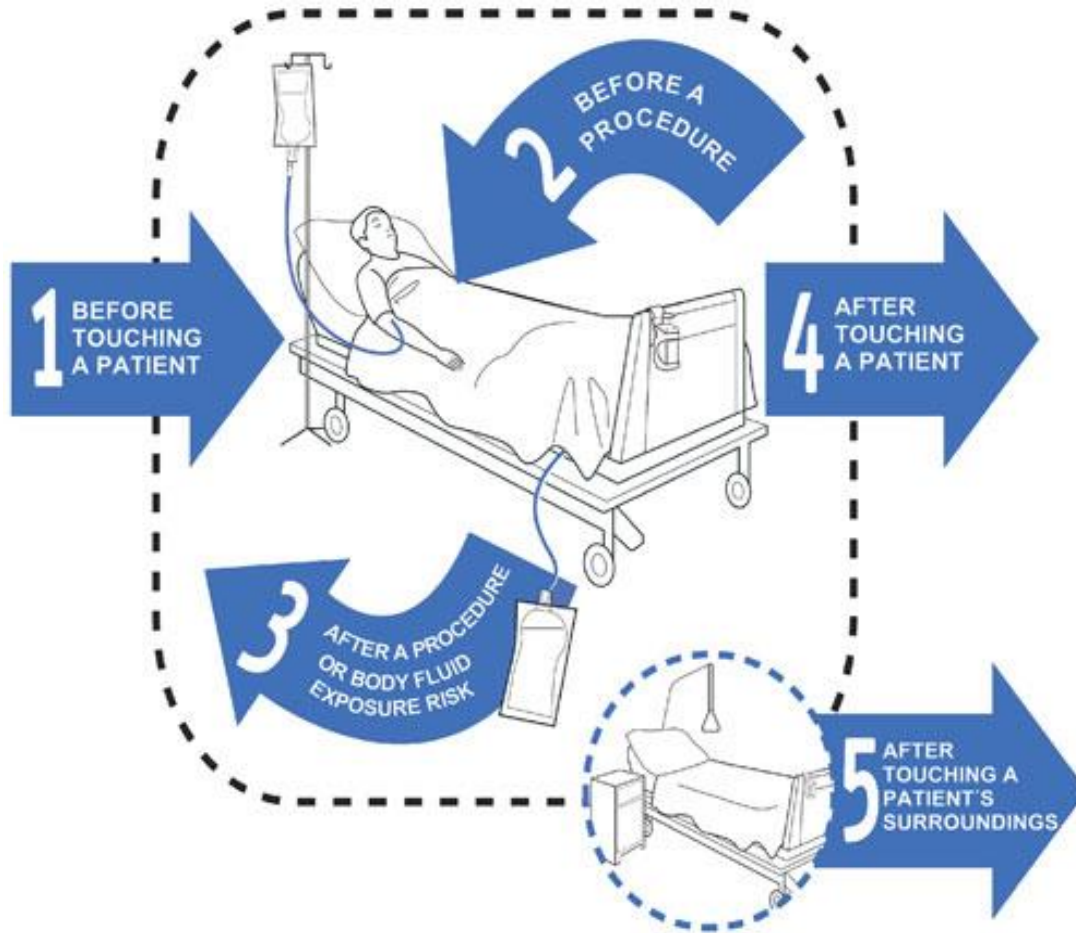
Erasmus MC

# De workshop

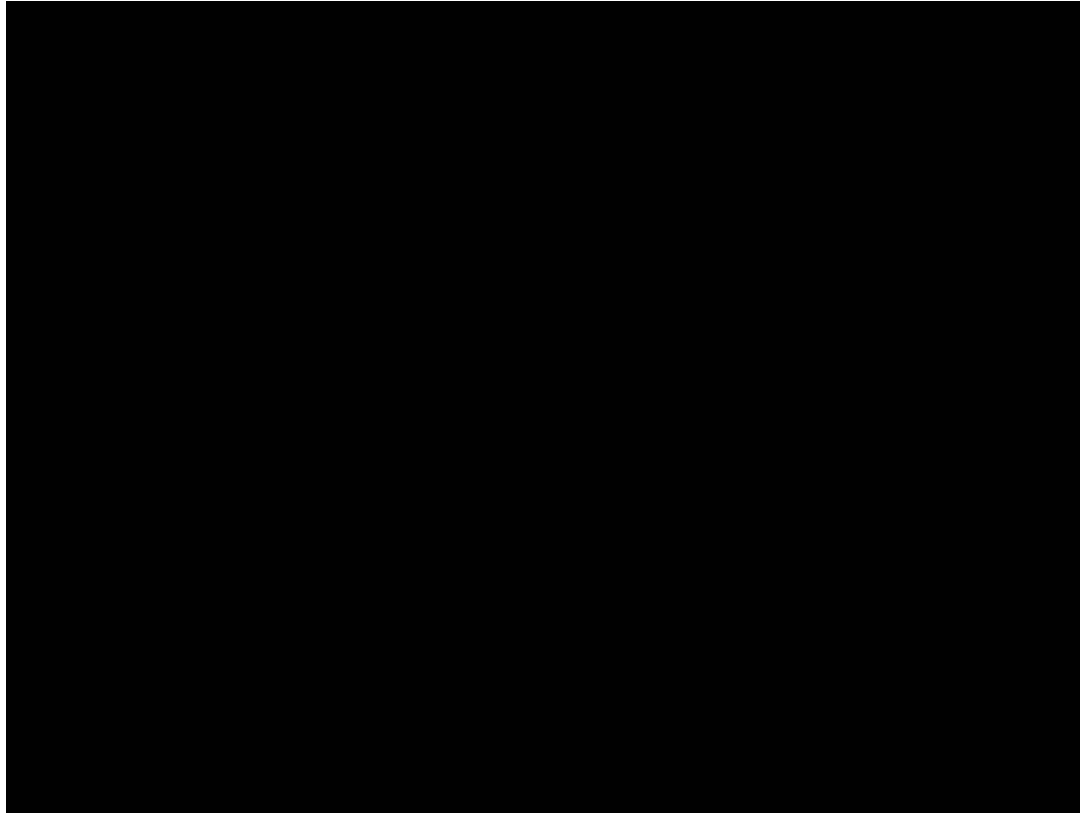
- Doel
- Het observeren
- Praktische zaken



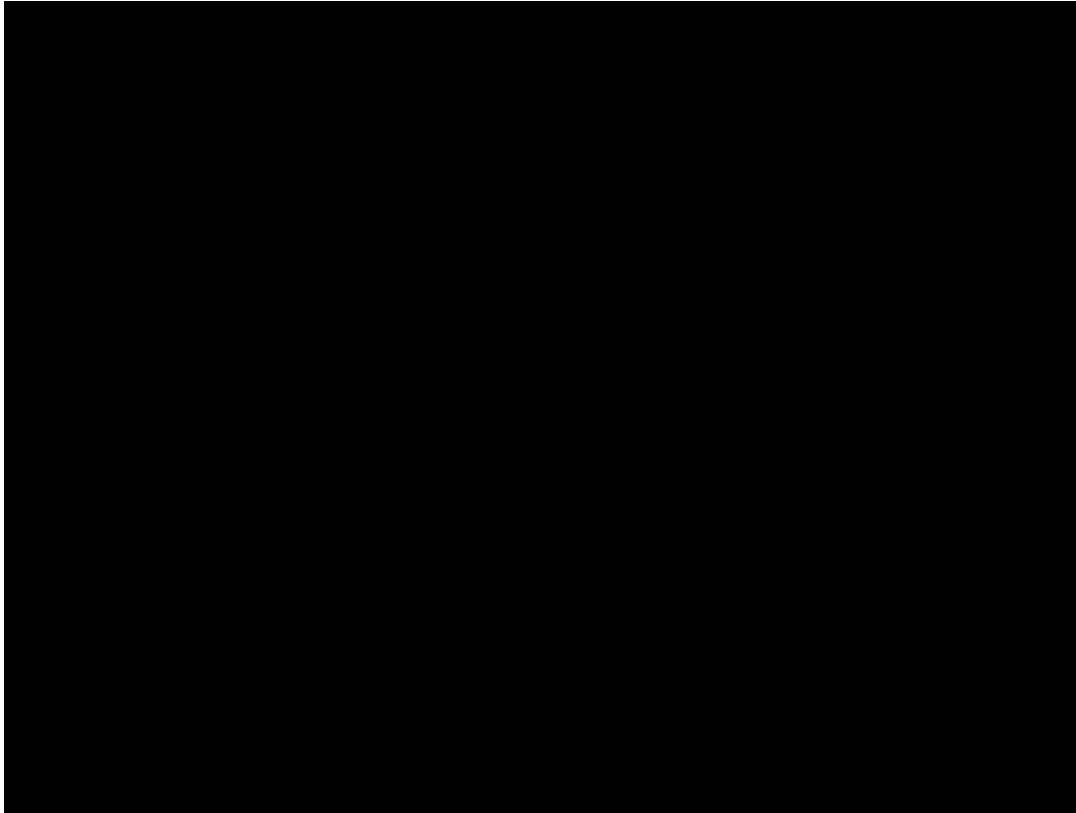
# Het observeren



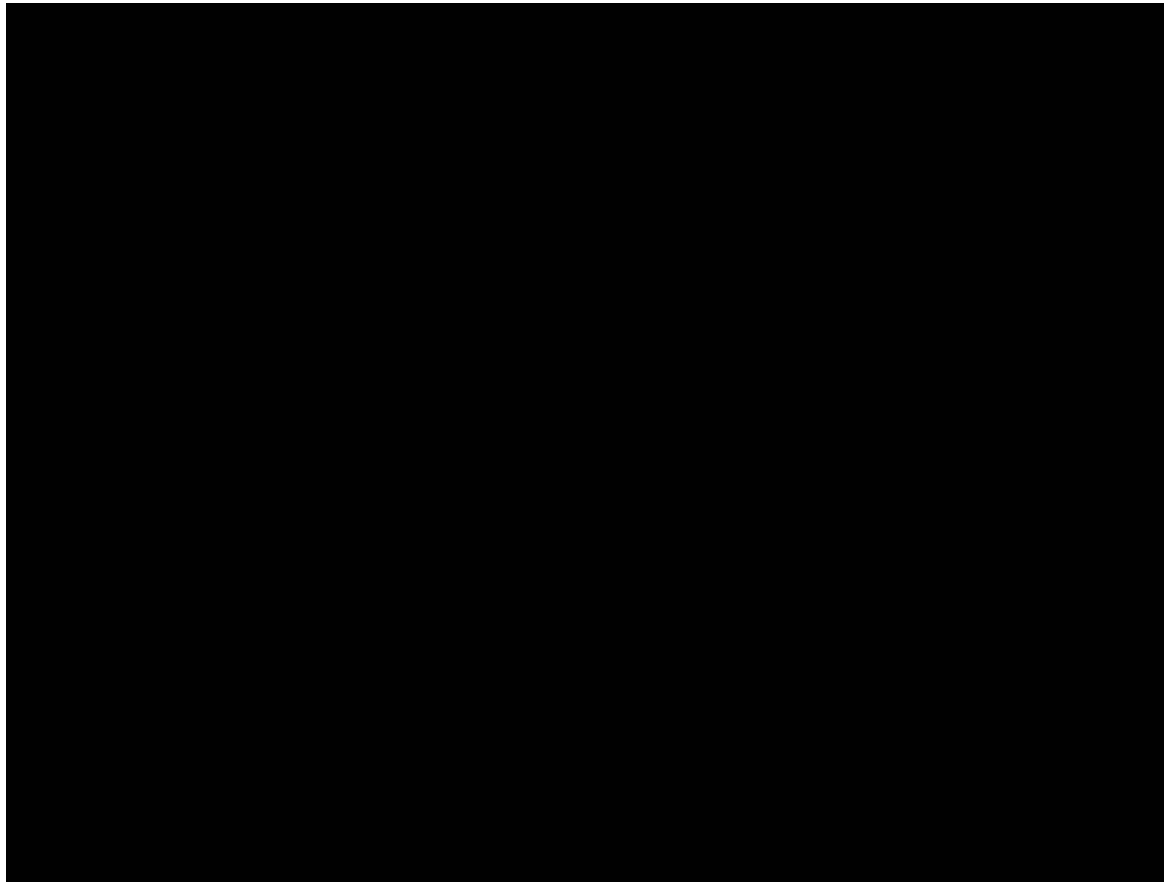
# Moment 1: voor patiëntencontact



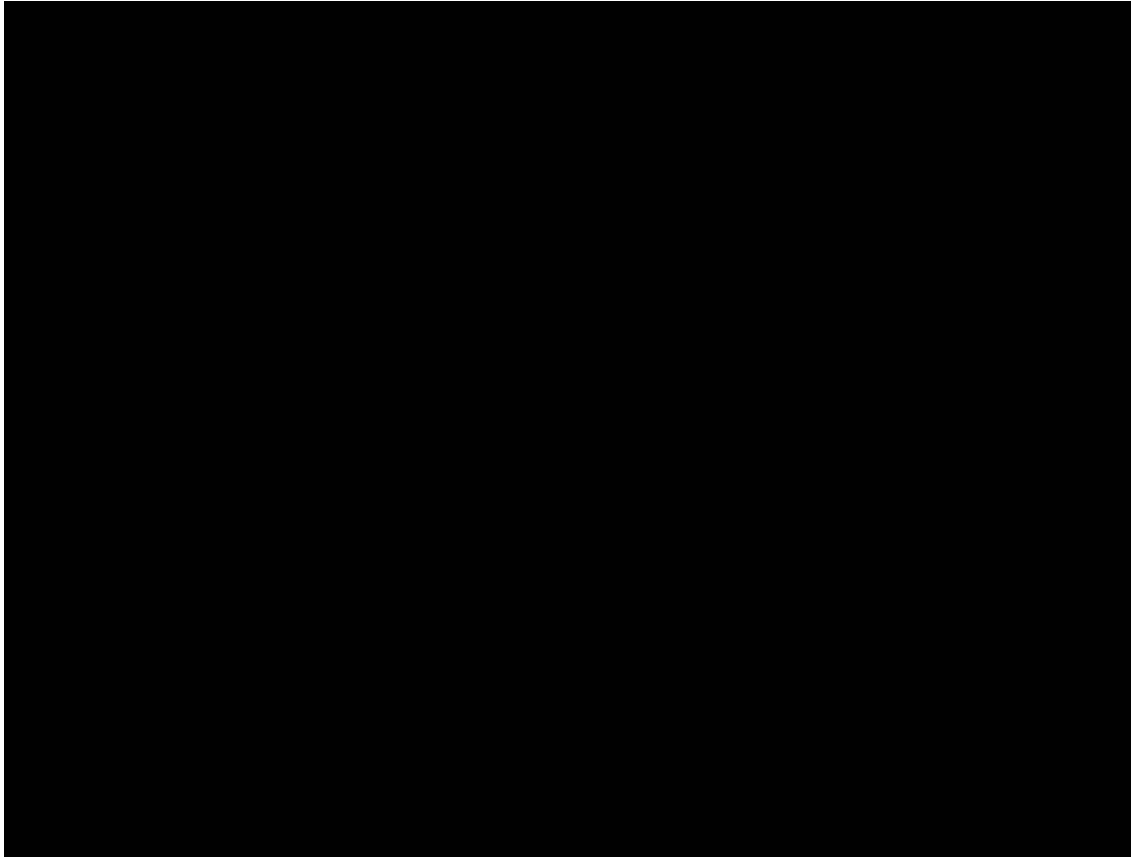
# Moment 2: voor een procedure



# Moment 3: na contact lichaamsvloeistoffen

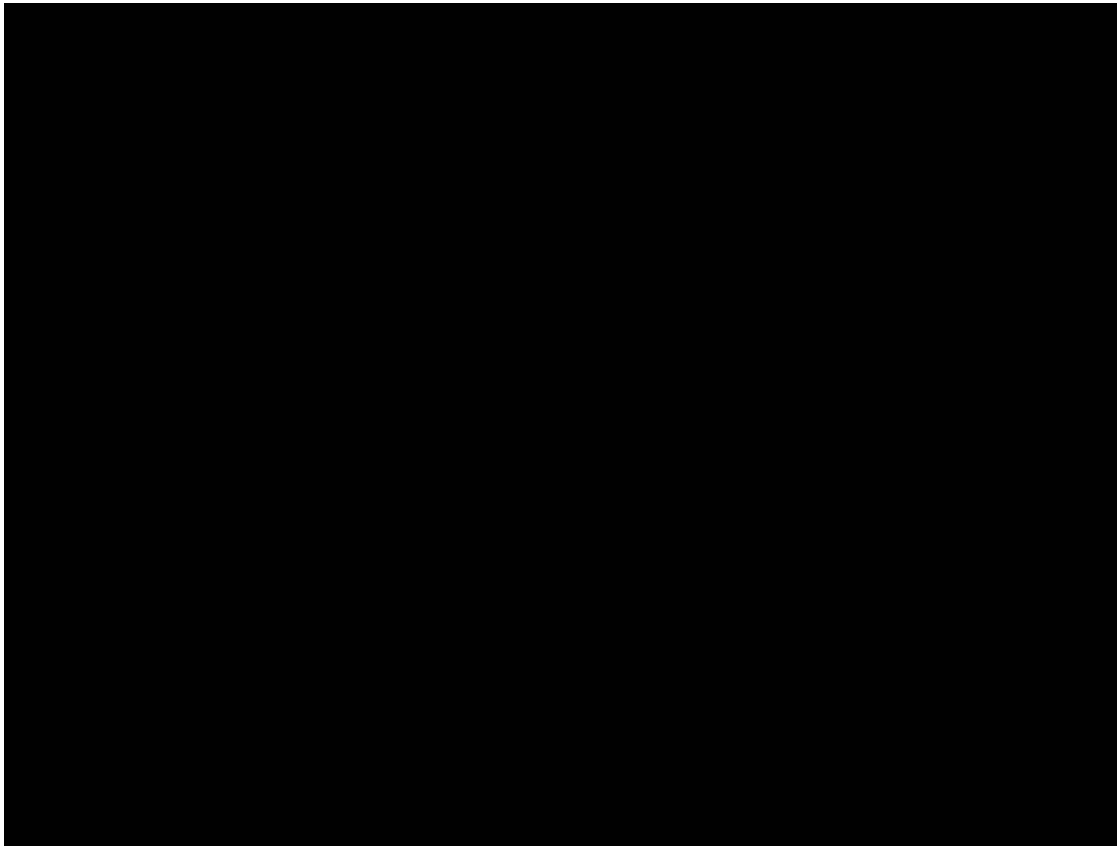


# Moment 4: na contact patiënt



# Moment 5: na contact patiëntenomgeving

Erasmus MC





# Hoe moet je scoren?

| Hand Hygiene observation - Data collection form.   |        |                                    |                                   |                          |        |   |                                   |                          |        |                                    |                                   |
|--|--------|------------------------------------|-----------------------------------|--------------------------|--------|---|-----------------------------------|--------------------------|--------|------------------------------------|-----------------------------------|
| Organisation: <input type="text"/><br>Depart/Ward: <input type="text"/><br>Date: <input type="text"/> / <input type="text"/> / <input type="text"/><br>Auditor: <input type="text"/> Session No.: <input type="text"/><br>Start Time: <input type="text"/> Finish Time: <input type="text"/><br>Duration of Session: <input type="text"/> mins |        |                                    |                                   |                          |        | <b>FIVE MOMENTS FOR HAND HYGIENE</b><br>1. Before touching a patient<br>2. Before a procedure<br>3. After a procedure or body fluid exposure risk<br>4. After touching a patient<br>5. After touching a patient's surroundings<br>Notes |                                   |                          |        |                                    |                                   |
| How  | Moment | Action                             | Glove                             | How                      | Moment | Action  | Glove                             | How                      | Moment | Action                             | Glove                             |
| <input type="radio"/>  | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub   | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       |
| <input type="radio"/>  | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash  | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   |
| <input type="checkbox"/>   | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed  | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. |
| <input type="checkbox"/>   | 4      |                                    |                                   | <input type="checkbox"/> | 4      |   |                                   | <input type="checkbox"/> | 4      |                                    |                                   |
| <input type="checkbox"/>   | 5      |                                    |                                   | <input type="checkbox"/> | 5      |   |                                   | <input type="checkbox"/> | 5      |                                    |                                   |
| <input type="radio"/>  | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub   | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       |
| <input type="radio"/>  | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash  | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   |
| <input type="checkbox"/>   | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed  | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. |
| <input type="checkbox"/>   | 4      |                                    |                                   | <input type="checkbox"/> | 4      |   |                                   | <input type="checkbox"/> | 4      |                                    |                                   |
| <input type="checkbox"/>   | 5      |                                    |                                   | <input type="checkbox"/> | 5      |   |                                   | <input type="checkbox"/> | 5      |                                    |                                   |
| <input type="radio"/>  | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub   | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       |
| <input type="radio"/>  | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash  | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   |
| <input type="checkbox"/>   | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed  | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. |
| <input type="checkbox"/>   | 4      |                                    |                                   | <input type="checkbox"/> | 4      |   |                                   | <input type="checkbox"/> | 4      |                                    |                                   |
| <input type="checkbox"/>   | 5      |                                    |                                   | <input type="checkbox"/> | 5      |   |                                   | <input type="checkbox"/> | 5      |                                    |                                   |
| <input type="radio"/>  | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub   | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       |
| <input type="radio"/>  | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash  | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   |
| <input type="checkbox"/>   | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed  | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. |
| <input type="checkbox"/>   | 4      |                                    |                                   | <input type="checkbox"/> | 4      |   |                                   | <input type="checkbox"/> | 4      |                                    |                                   |
| <input type="checkbox"/>   | 5      |                                    |                                   | <input type="checkbox"/> | 5      |   |                                   | <input type="checkbox"/> | 5      |                                    |                                   |
| <input type="radio"/>  | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub   | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       |
| <input type="radio"/>  | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash  | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   |
| <input type="checkbox"/>   | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed  | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. |
| <input type="checkbox"/>   | 4      |                                    |                                   | <input type="checkbox"/> | 4      |   |                                   | <input type="checkbox"/> | 4      |                                    |                                   |
| <input type="checkbox"/>   | 5      |                                    |                                   | <input type="checkbox"/> | 5      |   |                                   | <input type="checkbox"/> | 5      |                                    |                                   |
| <input type="radio"/>  | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub   | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       |
| <input type="radio"/>  | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash  | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   |
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| <input type="checkbox"/>   | 4      |                                    |                                   | <input type="checkbox"/> | 4      |   |                                   | <input type="checkbox"/> | 4      |                                    |                                   |
| <input type="checkbox"/>   | 5      |                                    |                                   | <input type="checkbox"/> | 5      |   |                                   | <input type="checkbox"/> | 5      |                                    |                                   |
| <input type="radio"/>  | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub   | <input type="radio"/> 1. On       | <input type="radio"/>    | 1      | <input type="checkbox"/> 1. Rub    | <input type="radio"/> 1. On       |
| <input type="radio"/>  | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash  | <input type="checkbox"/> 2. Off   | <input type="radio"/>    | 2      | <input type="checkbox"/> 2. Wash   | <input type="checkbox"/> 2. Off   |
| <input type="checkbox"/>   | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed  | <input type="checkbox"/> 3. Cont. | <input type="checkbox"/> | 3      | <input type="checkbox"/> 3. Missed | <input type="checkbox"/> 3. Cont. |
| <input type="checkbox"/>   | 4      |                                    |                                   | <input type="checkbox"/> | 4      |   |                                   | <input type="checkbox"/> | 4      |                                    |                                   |
| <input type="checkbox"/>   | 5      |                                    |                                   | <input type="checkbox"/> | 5      |   |                                   | <input type="checkbox"/> | 5      |                                    |                                   |
| <b>Total Correct Moments:</b>  |        |                                    |                                   |                          |        | <b>Total Moments:</b>   |                                   |                          |        |                                    |                                   |



# Zelf oefenen

- Hand Hygiene Australia:  
<http://hhcapp.hha.org.au/mobile/>
- Inloggen:
  - Username: Ignaz
  - Password: Ignaz1



# Praktische zaken

- Kledingvoorschriften
- Moment observatie:
  - Wanneer op de dag?
  - Hoe lang per medewerker?
  - Wie volg je?
- Inlichten medewerkers



# Hoe kan ik hiermee aan de slag?

- Alle materialen via Hand Hygiene Australia:

[www.hha.org.au](http://www.hha.org.au)

Kijk met name naar 'Resources for Healthcare Workers'

- Aanmelden via [accomplish@erasmusmc.nl](mailto:accomplish@erasmusmc.nl)



**Bedankt voor jullie deelname!**

Erasmus MC

