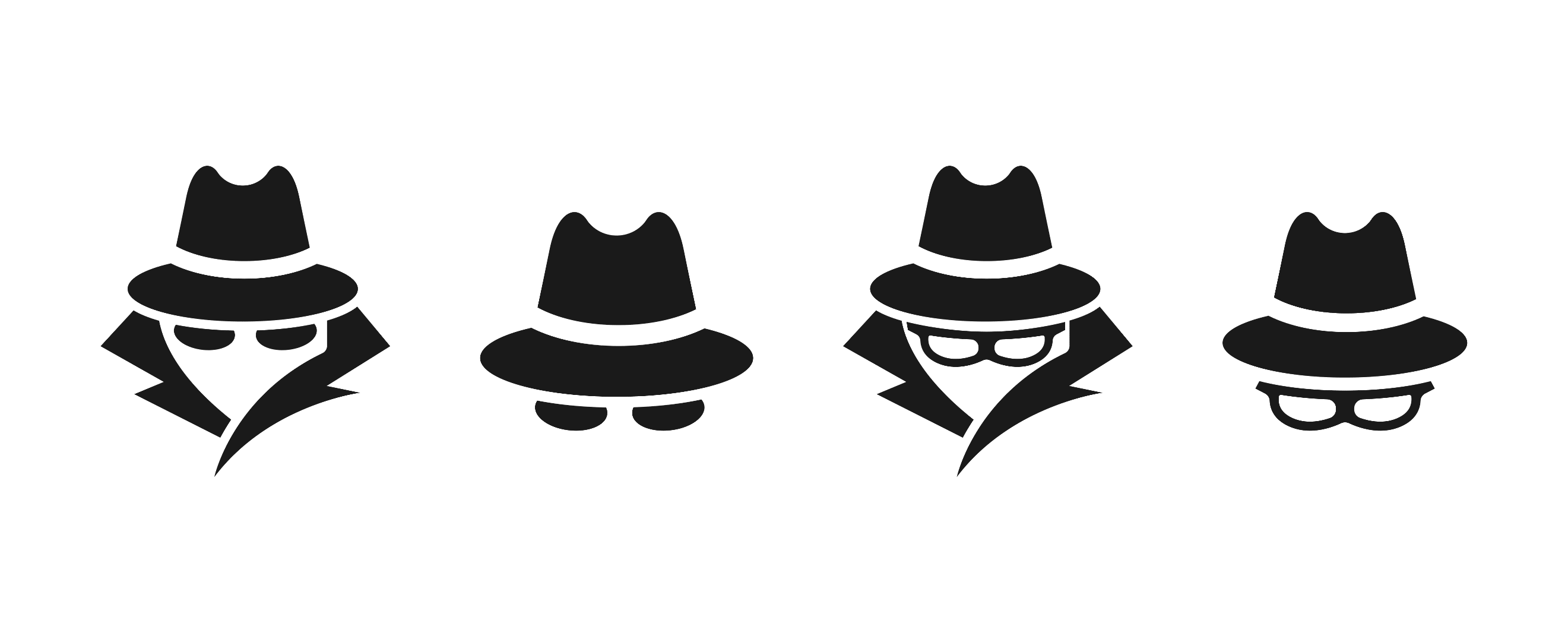
## Direct Observation: Covert1-4

* Incorporates unknown or undercover (“secret shopper”) observers to facilitate accurate data collection

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| --- | --- |
| **Advantages** | **Disadvantages** |
| * Minimizes the Hawthorne effect—the observer’s effect on the behavior being observed * Identifies trends and barriers to adherence | * Includes possibility that observers may become known, which may impact validity of data * Requires resource intensive investments, including extensive training and availability of observers |

## Direct Observation: Overt1-4

* Involves identifiable observers who can intervene during the monitoring and data collection process

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| --- | --- |
| **Advantages** | **Disadvantages** |
| * Enables immediate feedback to personnel * Engages personnel in real-time education and dialogue | * Involves the Hawthorne effect, which can lead to overestimation of hand hygiene adherence * Requires resource intensive investments, including extensive training and availability of observers |

## Direct Observation: Technology Assisted1-4

* Implements observation systems such as cameras in hallways and employs retrospective data collection

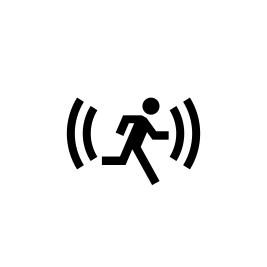
|  |  |
| --- | --- |
| **Advantages** | **Disadvantages** |
| * Minimizes the Hawthorne effect * Assesses more hand hygiene opportunities | * No opportunities for real-time intervention * High costs * Poses possible patient privacy risks |

## Indirect Observation: Product Volume or Event Count Measurement1,2,5

* Tracks the amount of product used or dispensed over time

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| --- | --- |
| **Advantages** | **Disadvantages** |
| * Allows study of hand hygiene frequency trends over time or between units | * Lacks ability to identify who used the product and to determine compliance rates6 * Requires maintenance of dispensing devices and hardware to ensure the expected amount of product is used |

## Indirect Observation: Automated Adherence Monitoring1,2,5

* Uses devices worn by personnel to record hand hygiene behavior such as through motion sensor devices, badge technology, or reminder and feedback systems

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| **Advantages** | **Disadvantages** |
| * Eliminates selection and recall bias of human observers * Assesses more hand hygiene opportunities | * Requires installation and maintenance of technology that can be costly or unreliable7 |

## Staff Surveys/Patient Reports1,5

* Gathers data from personnel and patients about satisfaction, knowledge level, and opportunities for improvement regarding hand hygiene and safety culture

|  |  |
| --- | --- |
| **Advantages** | **Disadvantages** |
| * Raises awareness and advocacy of hand hygiene practices | * Less reliable data due to self-reporting bias |

# Additional Steps To Consider

* Ensure accurate, consistent, and ongoing data collection and feedback to personnel.1
* Incorporate involvement of all leadership levels for data dissemination.1

# References

1. Glowicz JB, Landon E, Sickbert-Bennett EE, et al. SHEA/IDSA/APIC practice recommendation: strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update. Infection Control & Hospital Epidemiology. 2023 Mar;44(3):355-76. PMID: 36751708.
2. Boyce JM, Pittet D; Healthcare Infection Control Practices Advisory Committee; HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Guideline for hand hygiene in health-care settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Society for Healthcare Epidemiology of America/Association for Professionals in Infection Control/Infectious Diseases Society of America. MMWR Recomm Rep. 2002 Oct 25;51(RR-16):1-45. PMID: 12418624.
3. World Health Organization (WHO), WHO Patient Safety. WHO Guidelines on Hand Hygiene in Health Care. WHO/IER/PSP/2009/01.2009. <https://www.who.int/publications/i/item/9789241597906>. Accessed May 21, 2024.
4. World Health Organization (WHO). Evidence of Hand Hygiene to Reduce Transmission and Infections by Multidrug Resistant Organisms in Health-Care Settings. <https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/mdro-literature-review.pdf>. Accessed May 21, 2024.
5. The Joint Commission. Measuring Hand Hygiene Adherence: Overcoming the Challenges [monograph online]. Oakbrook Terrace, IL: The Joint Commission; 2009. <https://www.jointcommission.org/-/media/tjc/documents/resources/hai/hh_monograph.pdf>. Accessed May 21, 2024.
6. Boyce JM. Current issues in hand hygiene. Am J Infect Control. 2019 Jun;47S:A46-52. PMID: 31146850.
7. The Joint Commission. 2024 Hospital National Patient Safety Goals. <https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2024/hap-npsg-simple-2024-v2.pdf>. Accessed May 21, 2024.

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