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Hand Hygiene Compliance Form

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Hand Hygiene Compliance Form Category

Notes

Facility Number: Input the facility number. 682

Report Date ( Format: yyyy/mm/dd ): Date reported to the MOHLTC (Year, Month, Day i.e. xxxx/xx/xx) 2012/04/18

Person Reporting, Title: Name and title of the person reporting the data (eg. Jane Doe, ICP) Jim Claveau MLT

Email contact: Email address of the person reporting the data (eg. Jane.doe.hospital.ca) Jim.Claveau@hornepaynehospital.ca

Reporting Period: Input the reporting period (Month, Year - Month, Year) (format ALPHA, YYYY) April 2011 - March 2012

Request	Definition	Site A	Site B	Site C	Site D	Site E	Site F
Institution Number:	Input the site specific identifier.	2061	N/A	N/A	N/A	N/A	N/A
Site Name:	Input the site name.	Hornepayne Community Hospital	N/A	N/A	N/A	N/A	N/A
Number of times hand hygiene was performed before initial patient/patient environment	The number of times hand hygiene was performed before initial patient/patient environment contact. Note: Combine all categories of HCP.	37	0	0	0	0	0
Number of times hand hygiene was performed before aseptic procedure	The number of times hand hygiene was performed before aseptic procedure. Note: Combine all categories of HCP.	6	0	0	0	0	0
Number of times hand hygiene was performed after body fluid exposure risk	The number of times hand hygiene was performed after body fluid exposure risk. Note: Combine all categories of HCP.	5	0	0	0	0	0
Number of times hand hygiene was performed after patient/patient environment contact	The number of times hand hygiene was performed after patient/patient environment contact. Note: Combine all categories of HCP.	39	0	0	0	0	0
Number of observed hand hygiene indications for before initial patient/patient environment contact	The number of observed hand hygiene indications for before initial patient/patient environment contact. Note: Combine all	41	0	0	0	0	0