

Form Approved  
 OMB No. 0935-XXXX  
 Exp. Date XX/XX/20XX

Hospital	Unit Name	# Obs.	Date	Person Observed			Hand Hygiene - # Compliant		Notes
				# MD	# RN	# Other	Room ENTRY Foam or Soap	Room EXIT Foam or Soap	
UH	MPCU (Obs Unit)	Goal: 200 N = 56	5/18, 7/09, 7/29, 7/28, 8/03, 8/12, 8/17/2009	8	44	4	20 / 41	28 / 34	
UH	MICU	N = 14	4/08, 5/19, 7/29/2009	1	13	0	4 / 6	8 / 10	

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.



Compliant = Used foam or soap to wash hands.

Hospital	Unit	# Observations	Persons Observed				Barrier	
			Dates	# MD	# RN	# Other	Room Entry	
							Hhyg	Glove
MH	CVCC	N = 58						
MH	2N	N = 1						
MH	ACC	N = 17						
MH	SPCU	N = 6						
MH	6N	N = 23						
MH	2/3N	N = 5						
MH	5S	N = 2						
MH	NCC	N = 3						
MH	5E	N = 3						
MH	CMCC (obs Unit)	Goal: 70 N = 55						
UH	TICU (Obs Unit)	N = 16						
MH	MPCU (Obs Unit)	N = 26						
UH	MICU	N = 1						
UH	SICU	N = 10						
UH	3NS	N = 1						
?	CMPC	N = 8						



