

Facility-Level Situation Assessment

Overview:

This tool gathers information about the existing structures, resources and culture of your facility related to patient safety and infection prevention and control. It will help to establish a general baseline relating to constraints and strengths which will assist in successful implementation planning and ongoing progress measurement.

Each site will have its own unique culture. As a result, hospital corporations may choose to complete one facility-level situation analysis for each site.

Facility Name: _____

Response Key:	
Fully implemented	5
Given priority and there is clear evidence of action	4
Given priority but no action taken	3
Under discussion but there is no decision to act	2
No discussion around this activity	1

Leadership and Strategy	5	4	3	2	1
Someone in senior management is in charge of patient safety					
Patient safety is clearly articulated in the organization's strategic plan					
Improved hand hygiene adherence is a priority within the facility					
There is an existing multi-disciplinary committee that can oversee local implementation of a hand hygiene program					
The committee regularly meets (at least every two months)					
There are visible role models/champions for hand hygiene					
The facility has implemented a hand hygiene policy					
The hand hygiene policy is based on the Ontario Provincial Infectious Diseases Advisory Committee hand hygiene fact sheet for health care settings					
There is a dedicated budget allocated for patient safety activities					
The budget includes funding for education and training on patient safety issues such as hand hygiene					
There is a central budget to cover costs for supporting hand hygiene such as:					
• alcohol-based hand rub at point of care					
• lotion					
• good quality paper towels					
• maintenance of dispensers and products					
A hand care protection program has been implemented for staff					



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Patient Safety Culture and Climate, and Patient Involvement	5	4	3	2	1
Health care providers are encouraged to report Infection Prevention and Control and Patient Safety needs/failures/mistakes					
Health care providers can do this without any punitive action being taken (blame free environment)					
The facility provides information to patients to help them understand their roles as partners in patient safety					
The facility provides information to patients to help them understand when health care providers should clean their hands before providing care					
The facility provides information to patients to help them understand the role of personal hand hygiene while they are in health care settings					
Patients are encouraged to ask health care providers to perform hand hygiene					
System Support	5	4	3	2	1
An alcohol-based hand rub is used within the facility					
Alcohol-based hand rubs are readily available at the point of care/near to patient – e.g., where patient can see health care provider clean their hands					
Alcohol-based hand rubs are readily available to each health care provider – in individual pocket bottles					
Hand washing sinks for health care providers are available in all rooms where patient care/procedures occur					
Health care providers have access to lotions					
Education and Training	5	4	3	2	1
There is a training program on hand hygiene					
Training on basic infection prevention and control is included in new employee orientation					
Training on hand hygiene is compulsory for all health care providers					
Health care providers are offered ongoing education on patient safety and infection prevention and control issues					

Reminders in the Workplace	5	4	3	2	1
Alcohol-based hand rubs are promoted to be used at the point of care/near to patient care					
Educational information on hand hygiene is distributed to health care providers					
Promotional items on hand hygiene are distributed to health care providers					
Reminders (posters) on hand hygiene are visible on hospital walls					
Monitoring and Evaluation	5	4	3	2	1
There is a system to report health care-associated infections					
The surveillance system on health care-associated infections is based on standardized definitions					
Unit-specific data on health care-associated infection rates are fed back to the unit					
Antibiotic prescribing is monitored and evaluated					
Usage of alcohol-based hand rub is measured					
Direct observation audits of compliance with hand hygiene practices are carried out					
There is a process to provide timely feedback of the audit results to:					
• health care providers					
• senior management					
• board					
Additional costs due to health care-associated infections are monitored					
The impact of education programs is evaluated					

Completed by:

Role: _____

E-mail address: _____

Phone number: _____

Date: _____

For more information, please contact handhygiene@oahpp.ca or visit publichealthontario.ca/JCYH

Ministry of Health and Long-Term Care acknowledges the WHO World Alliance for Patient Safety for sharing their “Clean Care is Safer Care” materials. This tool is a local adaptation of Annex 6 – WHO Facility-level situation analysis.