



Healthcare-Associated Infections Program Adherence Monitoring Blood Glucose Meter

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to blood glucose monitoring practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where blood glucose meters are used.

Instructions: Observe 3-4 patients/residents during blood glucose sampling. Check a box for each practice observed. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Blood Glucose Meter Opportunity		Patient/ Resident 1	Patient/ Resident 2	Patient/ Resident 3	Patient/ Resident 4	Patient/ Resident 5	Adherence by Task	
							# Yes	# Observed
BG1.	Hand hygiene is performed before the procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BG2.	Gloves are worn by the healthcare provider when performing the finger stick procedure and are removed after the procedure. Hand hygiene follows glove removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BG3.	Finger stick devices are used for only one patient/resident. <i>Note: This includes both the lancet and the lancet holding device.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BG4.	The blood glucose meter is cleaned and disinfected after every use according to manufacturer’s instructions. <i>Note: If manufacturer does not provide instructions for cleaning and disinfection, then the device should only be used for 1 patient/resident.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BG5.	If used, insulin pens are used for only one patient/resident. <i>Leave blank if not used in facility.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

of Correct Practice Observed (“# Yes”): _____
 Total # Blood Glucose Meter Observations (“# Observed”): _____
 Adherence _____%
 (Up to 25 total)
 (Total “# Yes” ÷ Total “# Observed”) x 100
If practice could not be observed (i.e. cell is blank), do not count in total # Observed.