



# Hand hygiene compliance annual report

Prepared by the Provincial Hand Hygiene Working Group of British Columbia

June 2012

**Our Mission:** to create a comprehensive provincial program to improve and sustain hand hygiene culture with the goal of decreasing the transmission of healthcare-associated infections

## Why are we measuring hand hygiene compliance?

Cleaning hands is one of the most effective ways to prevent patients from getting infections while they are in hospital. Every year 8,000 to 12,000 Canadians die from infections they acquired during their stay in the hospital.

It is important for staff to protect themselves from transmittable diseases as well, so cleaning hands is important for staff safety.

## What are we measuring?

We observe how often hospital healthcare workers clean their hands before and after they come into contact with patients and their environment.

## How do we measure it?

Every quarter, trained auditors observe a sample of staff working in acute cares sites across each Health Authority in BC. The staff includes nurses, physicians, clinical support services, and others such as housekeeping staff. All staff members must clean their hands before and after patient contact. Glove use is NOT a substitute for hand cleaning. The percentage score reports how often staff members clean their hands when there is an opportunity. The Health Authorities do not all measure the same way, but we are all measuring the same thing.

## How are we doing?

Hospital staff do not clean their hands often enough. We have improved our compliance to 70% over the last year, but we still have work to do to reach our target of 80% compliance by fiscal year 2014/15.

## What are some of the barriers?

Barriers to increasing compliance include availability of sinks, availability of hand hygiene products and a culture where people feel too busy to wash their hands all the time.

## What we are doing?

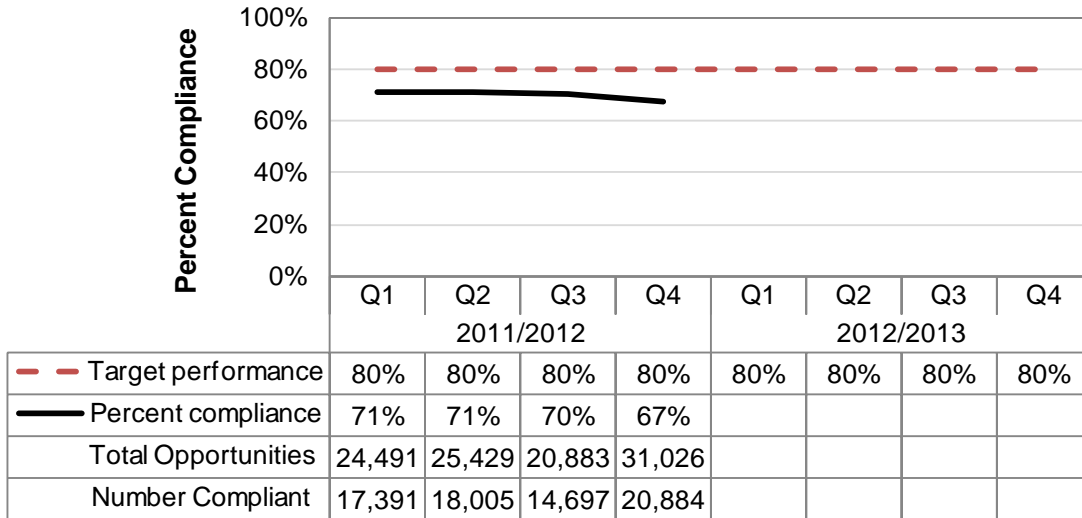
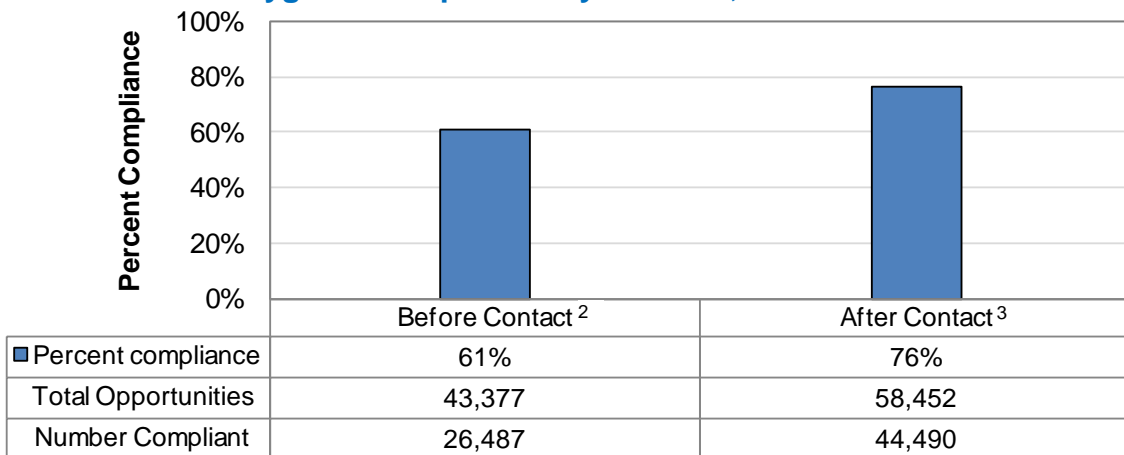
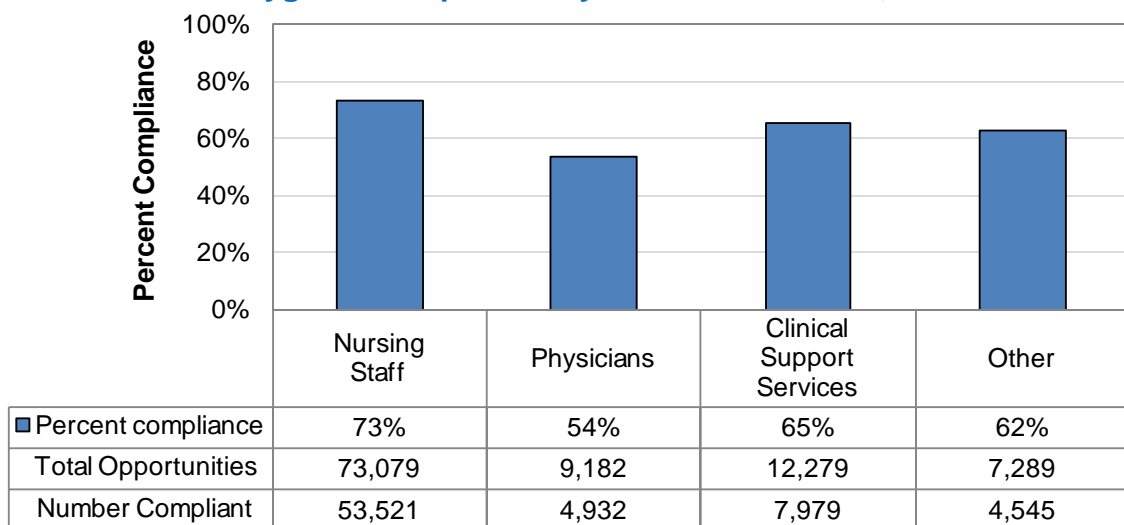
1. Encouraging staff to work hand cleaning into their practice routines.
2. Reporting our performance on a regular basis to senior leaders, physicians and managers across the Health Authorities.
3. Using a variety of communications such as posters, newsletters, and posting of results on units.
4. Ensuring that hand hygiene products are readily available for all staff and patients.

## How can you become involved?

1. Clean your hands often. Ask for assistance if needed.
2. Gently remind staff, including physicians, to clean their hands before touching you.
3. Family and visitors should clean their hands frequently and appropriately when visiting.

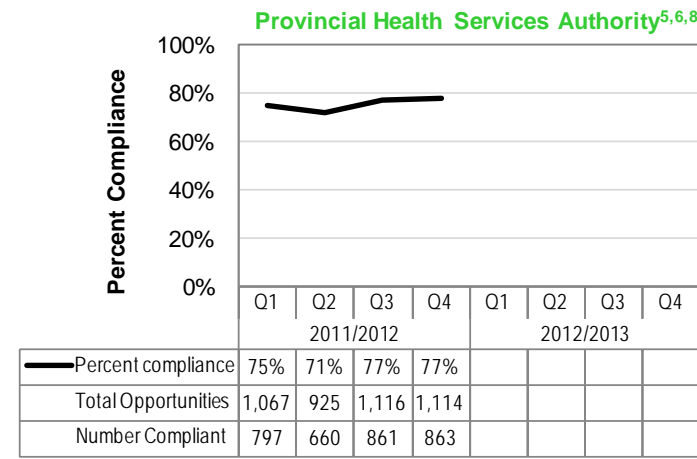
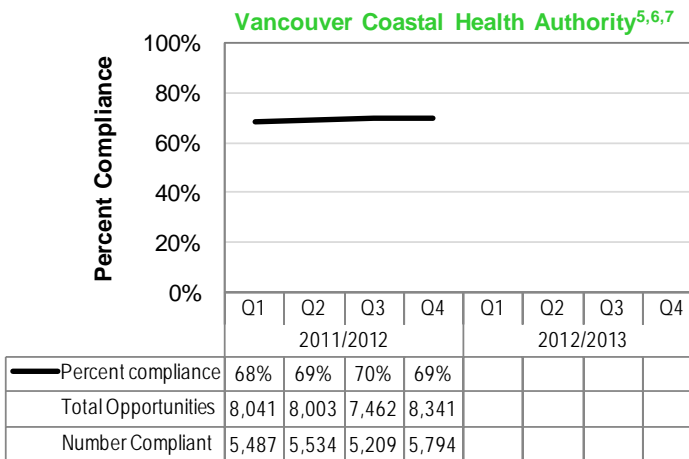
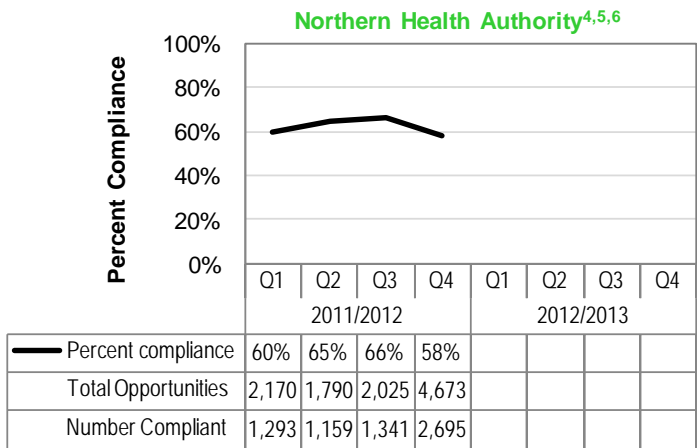
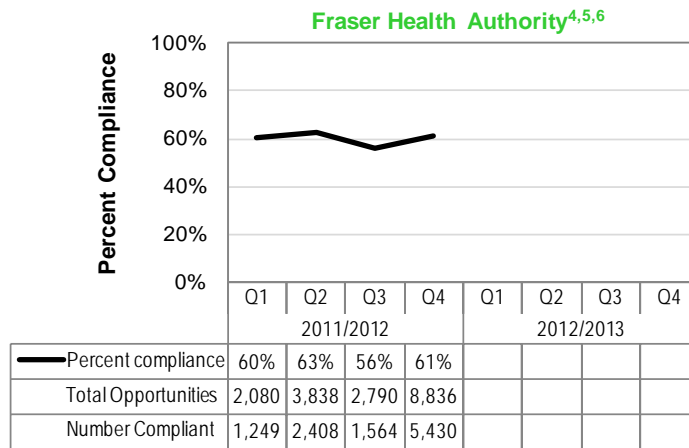
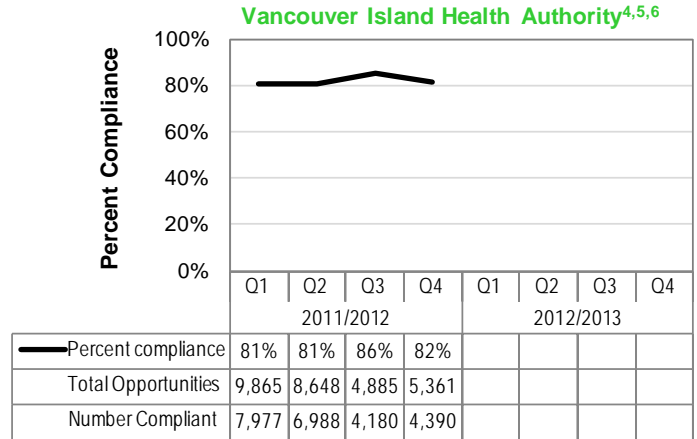
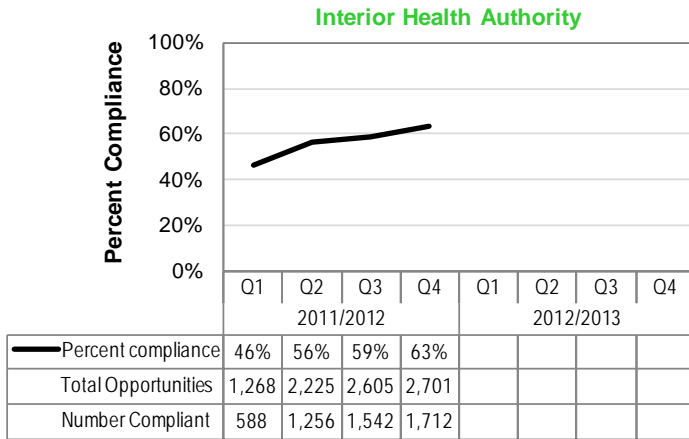
Our performance in 2011/2012	3-year Performance target	Expectation
<b>70%</b>	<b>80%</b>	<b>100%</b>
of hand cleaning opportunities taken	of hand cleaning opportunities taken	We will seek perfection while recognizing positive improvement

**Acknowledgements:** thanks to the Evaluation, Reporting, and Communications sub-committees of the Provincial Hand Hygiene Working Group.

**Figure 1. Provincial hand hygiene compliance by fiscal year and quarter<sup>1</sup>, 2011/2012**

**Figure 2. Provincial hand hygiene compliance by moment, 2011/2012**

**Figure 3. Provincial hand hygiene compliance by healthcare worker, 2011/2012**

**Note:**

1. VCHA (except PHC) and PHSA aggregated hand hygiene auditing data by calendar quarter.
2. Includes moment 1 (Before initial patient/patient environment contact) and moment 2 (Before aseptic procedure)
3. Includes moment 3 (After body fluid exposure risk) and moment 4 (After patient/patient environment contact)

Figures 4-9. Hand hygiene compliance by health authority, 2011/2012



**Note:** The compliance percentages are **NOT** comparable directly between Health Authorities due to the differences in the methodology and strategies for hand hygiene auditing used by each Health Authority.

4. Includes self- audits conducted occasionally by units/departments in the smaller facilities
5. Includes audits in emergency departments
6. Includes audits in specific clinics (i.e. dialysis, daily surgery) or outpatient areas
7. Includes Providence Health Care (PHC). The data were aggregated by calendar quarter with an exception of PHC, which aggregated data by fiscal quarter.
8. The data were aggregated by calendar quarter.