



Hand cleaning compliance in residential care facilities, Q2 of 2015/2016

Prepared by the Provincial Hand Hygiene Working Group of British Columbia

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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.

What is the risk of infections in residential care facilities?

Residential care facilities (RCFs) are home-like environments that provide 24-hour supportive care, from assisting in personal care and daily living activities (e.g. bathing, dressing, meals) to managing medications and therapeutic interventions. Most residents are elderly and therefore more vulnerable to infections. It is estimated that, on average, any RCF resident develops one to three infections per year. Onset of infections is the most common cause of hospital admission and death among residents in RCFs.

What is the role of hands in microbial transmission?

The hands of both healthcare providers and residents can be contaminated or colonized by potentially harmful microorganisms, including multidrug-resistant organisms. These germs can be transmitted through direct person-to-person contact, or by touching contaminated shared surfaces. The risk of getting an infection is reduced if good hand cleaning is done by everyone: healthcare providers, residents, family and other visitors.

Why are we measuring hand cleaning compliance?

Hand cleaning is considered the simplest and most effective way to prevent the spread of germs. However, the culture of hand cleaning has not been well established in RCFs. Healthcare providers, residents, and visitors do not wash their hands as often as they should. Healthcare providers should lead by example in maintaining good hand hygiene. Audits are a useful tool to measure hand cleaning compliance and improvement among healthcare providers.

How do we measure it?

Every quarter, trained auditors observe a sample of healthcare providers in RCFs—including nursing staff, care aides, physicians, housekeeping, food preparation and other staff—before and after they come into contact with a resident or the resident’s immediate environment. The percentage compliance reports how often healthcare

providers clean their hands when required to do so. Each health authority does not measure compliance in exactly the same way (e.g. self-auditing versus dedicated auditors); however, they are all measuring the same thing.

How are we doing?

The overall hand cleaning compliance in RCFs was **82%** in quarter 2 (Q2) of the fiscal year 2015/2016. Compliance ranged from 72% to 93%, with varied auditing methods used across the health authorities.

What are some of the barriers to compliance?

Some barriers to best hand cleaning practice include a culture where people feel too busy to wash their hands every time there is an opportunity, due to high workload; insufficient or inconvenient location of sinks and soap/alcohol-based hand sanitizer dispensers; lack of optimal cleaning agents; and poor tolerability of hand hygiene products.

How can you become involved?

1. Promote appropriate hand cleaning practice to staff, residents, and visitors
2. Clean your hands often and thoroughly before and after contact with a resident and the resident’s immediate environment
3. Ask residents and visitors to clean their hands before entering a room, before meals, after toileting, and after leaving public areas
4. Remind your colleagues to clean their hands

Hand cleaning compliance audits in BC residential care facilities, Quarter 2, 2015/2016

Number of RCFs audited	91
Total opportunities observed	10,455
Compliant opportunities	8,607
Percent compliance	82%

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