



Hand cleaning compliance updates, Quarter 1, 2015/2016

Prepared by the Provincial Hand Hygiene Working Group of British Columbia

October 2015

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 cleaning compliance?

Every year, more than 200,000 patients get infections while receiving healthcare in Canada, resulting in more than 8,000 deaths. These infections can easily be transmitted among patients, healthcare workers (HCW), and visitors by direct person-to-person touch or by touching contaminated shared surfaces. Proper hand hygiene can significantly reduce the spread of infection. All HCWs must clean their hands as a safety measure to protect both the patients and themselves from transmittable diseases.

What are we measuring?

We observe how often HCW clean their hands **before** and **after** they come into contact with patients and the patient's immediate environment (e.g. around their bedside).

How do we measure it?

Every quarter, trained auditors observe a sample of HCW in acute care sites across each health authority, including nursing staff, physicians, clinical support services, and others such as housekeeping staff. Glove use is not a substitute for hand cleaning. The percentage score reports how often HCW clean their hands when required to do so. The health authorities do not measure the compliance in exactly the same way (e.g. self-auditing versus dedicated auditors); however, they are measuring the same thing.

How are we doing?

The overall hand cleaning compliance was **84%** in quarter 1 (Q1) of fiscal year 2015/2016. The compliance of before contact reached the target performance of 80% for the first time. However, the compliance was still too low among physicians (74%), and varied by health authority.

What are some of the barriers?

Barriers to increasing compliance include availability of sinks and hand cleaning products, and a culture where people feel too busy to wash their hands when there is an opportunity.

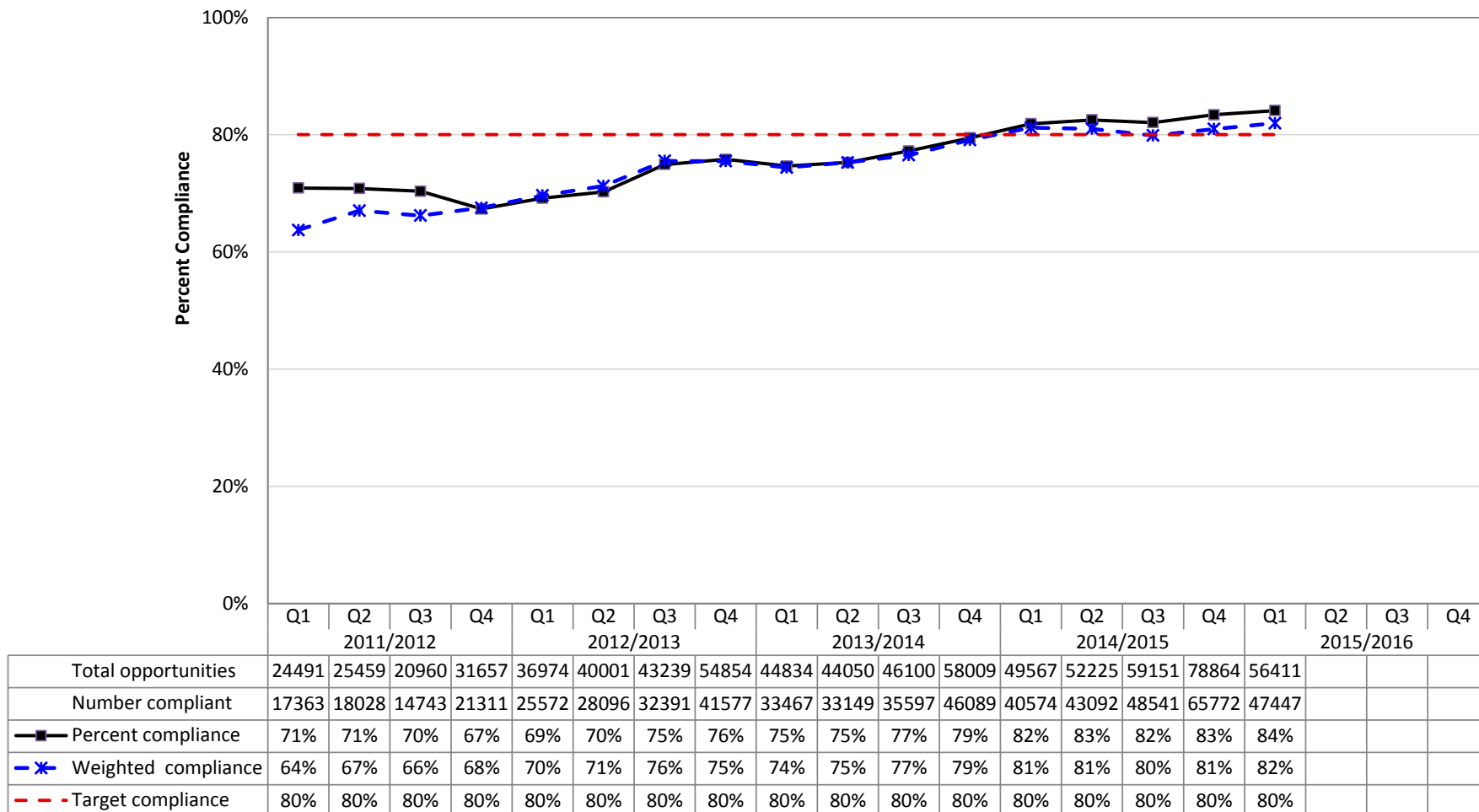
What are we doing?

1. Making improvements to reduce the barriers identified, such as ensuring that hand cleaning products are readily available for all staff and patients
2. Encouraging all HCW to incorporate hand cleaning into their practice routines before and after direct patient care
3. Reporting performance on a regular basis to senior leaders, physicians, and managers across the health authorities, and to the public
4. Using a variety of communications such as posters, newsletters, and posting of results on units
5. Identifying new initiatives and opportunities to improve the compliance before patient contact and to engage physicians more effectively
6. Refreshing hand hygiene programs and educations to further improve and sustain the compliance
7. Improving standardization of the auditing process

How can you become involved?

1. Clean your hands often and thoroughly before and after contact with patient and the patient's immediate environment.
2. Remind your colleagues, including physicians, to clean their hands before touching a patient.
3. Ask patients and visitors to clean their hands before and after entering patient's room and/or care unit.

Performance in Q1 of 2015/16	Performance target by the end of 2014/15	Expectation
84%	80%	100%
of hand cleaning opportunities taken	of hand cleaning opportunities taken	while recognizing positive improvement

Figure 1. Overall provincial hand cleaning compliance by quarter and year¹, 2011/2012 – 2015/2016


1. Data were aggregated by fiscal quarter (Q1 of 2015/2016 was from Apr 1 to Jun 18, 2015) for FHA, PHC, VIHA, and NHA, and by calendar quarter (Apr 1 – Jun 30, 2015) for IHA, VCHA (except PHC) and PHSA. The provincial weighted compliance was calculated using the proportion of inpatient days in the health authorities as the weighting values. The provincial target, established by the provincial Hand Hygiene Working Group (PHHWG) in 2011, was to achieve 80% compliance by the end of fiscal year 2014/2015 (March 31, 2015).

Figure 2. Provincial hand cleaning compliance by moment of contact², 2011/2012 – 2015/2016

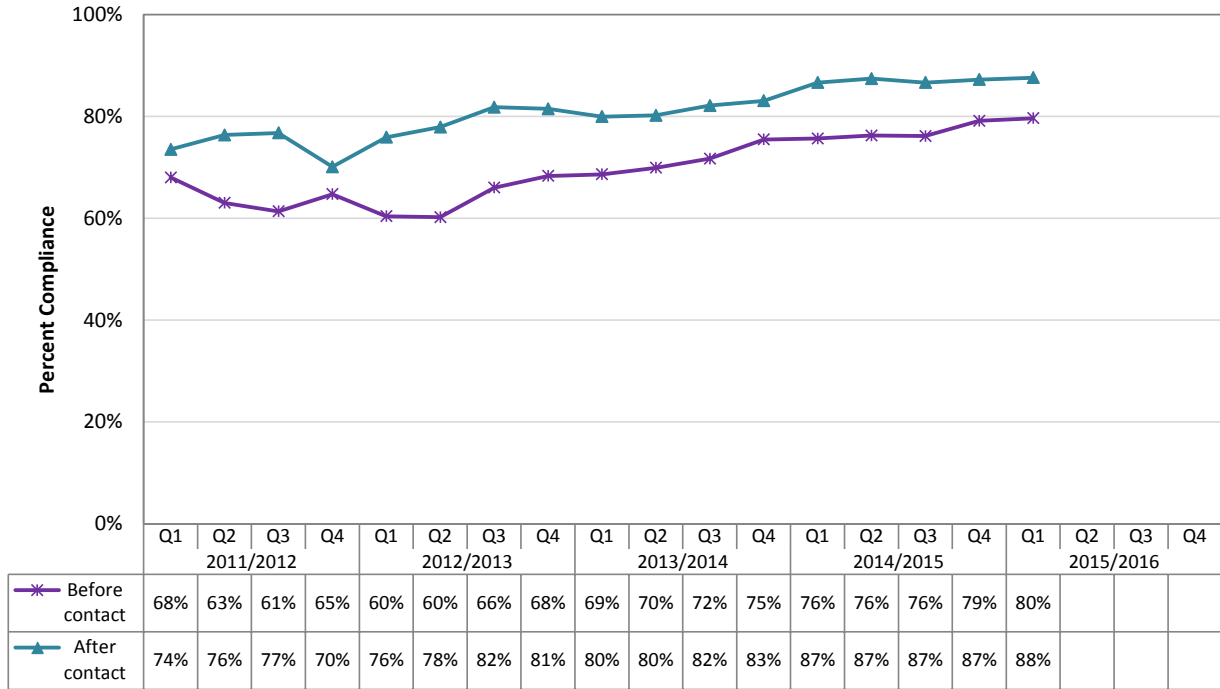
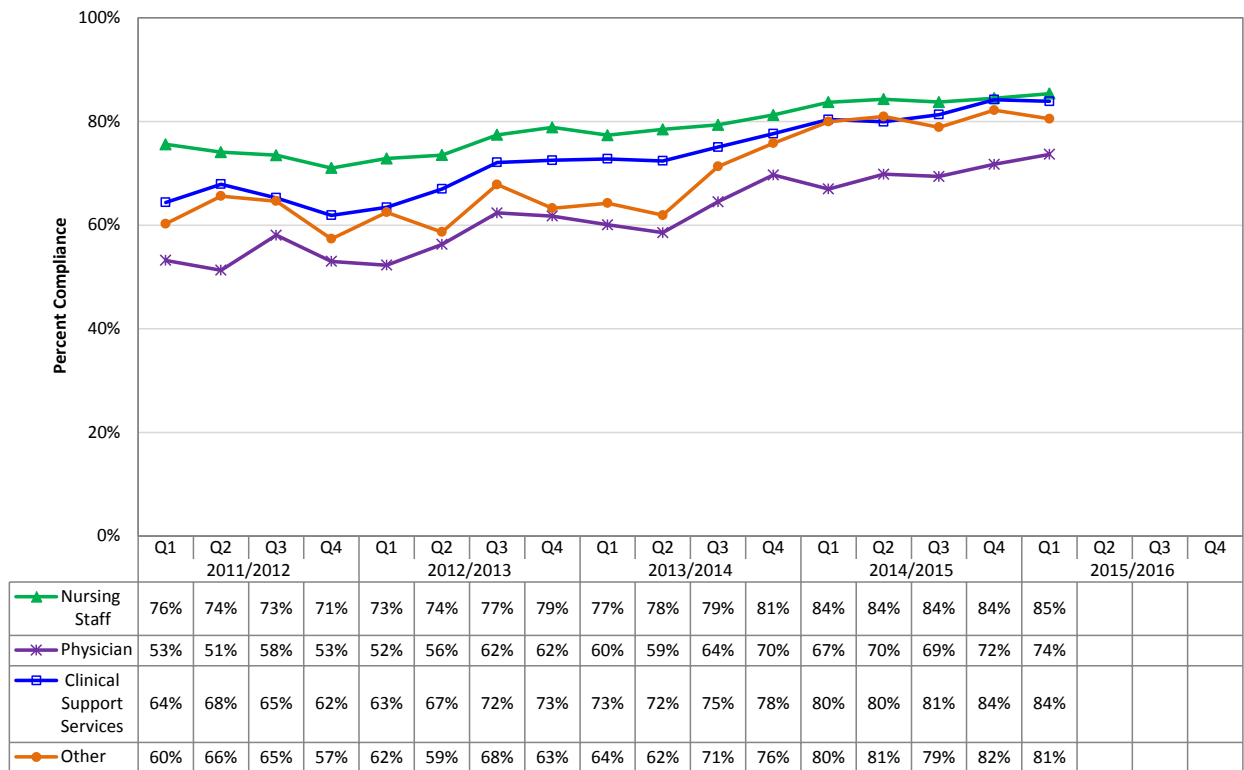


Figure 3. Provincial hand cleaning compliance by healthcare worker, 2011/2012 – 2015/2016



2. Before contact includes the moments before contact with the patient or the patient’s immediate environment (i.e. around their bedside). After contact includes the moments after contact with the patient or the patient’s immediate environment (i.e. around their bedside)

Note: Direct comparison of the percent compliances between health authorities is **NOT** recommended due to the differences in the auditing methodology and sampling strategy.

Figure 4. Overall hand cleaning compliance in Interior Health, 2011/2012 – 2015/2016

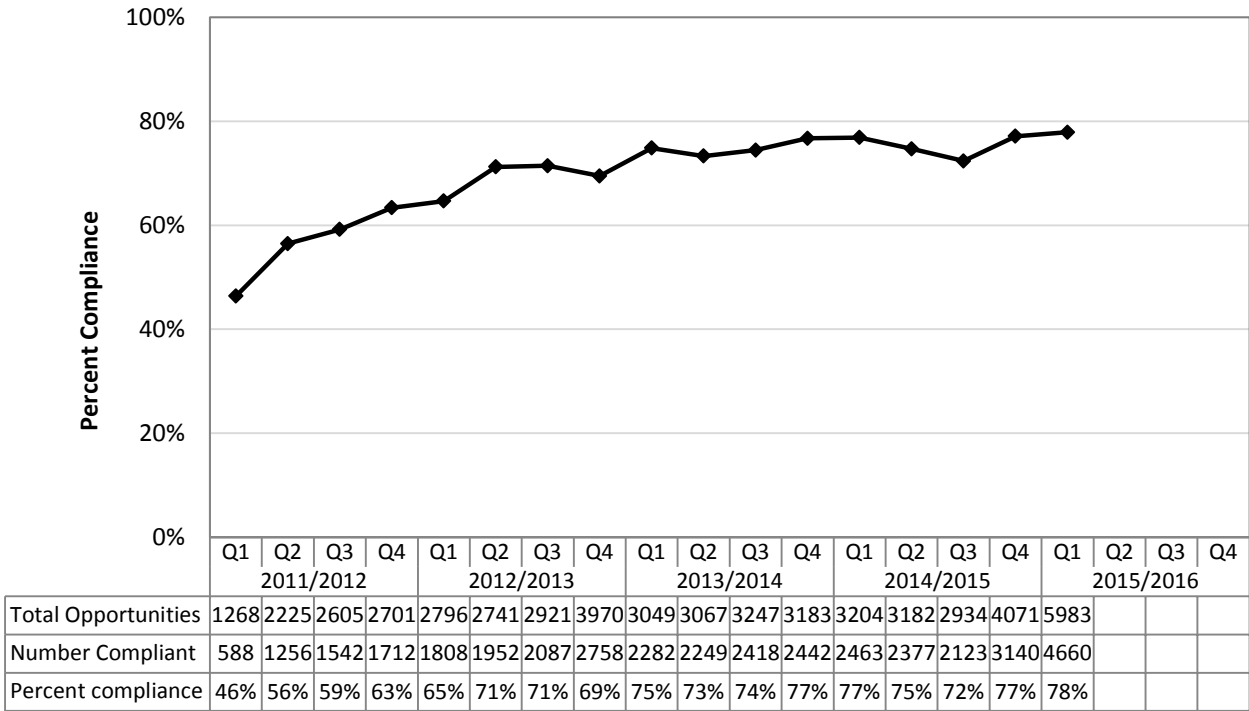
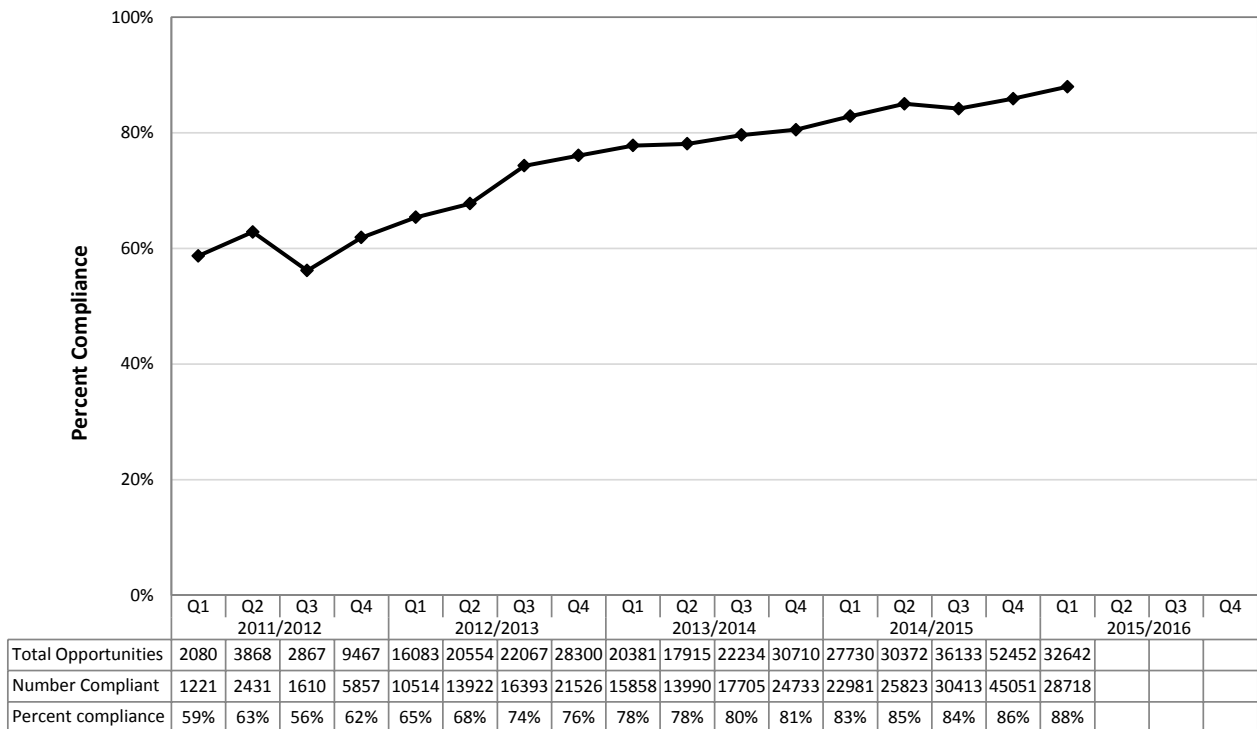


Figure 5. Overall hand cleaning compliance in Fraser Health³, 2011/2012 – 2015/2016



3. Includes self-audits conducted by units/departments in some facilities

Figure 6. Overall hand cleaning compliance in Vancouver Coastal Health⁴, 2011/2012 – 2015/2016

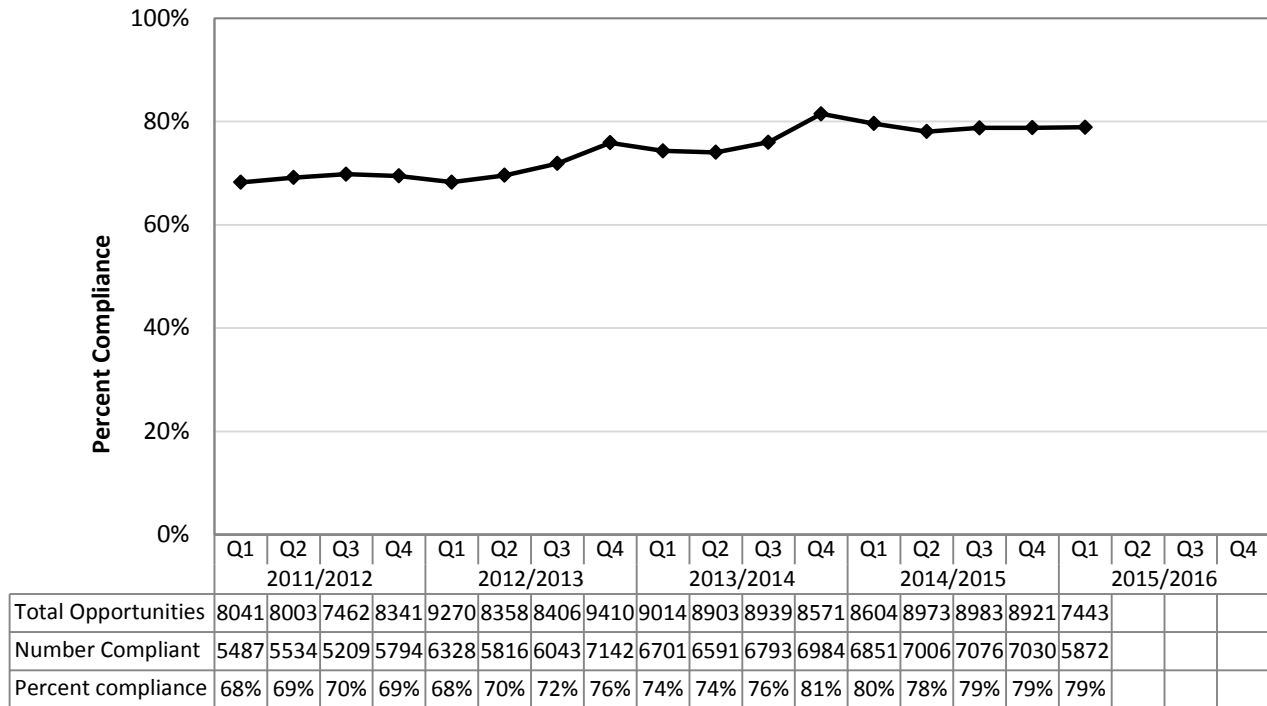
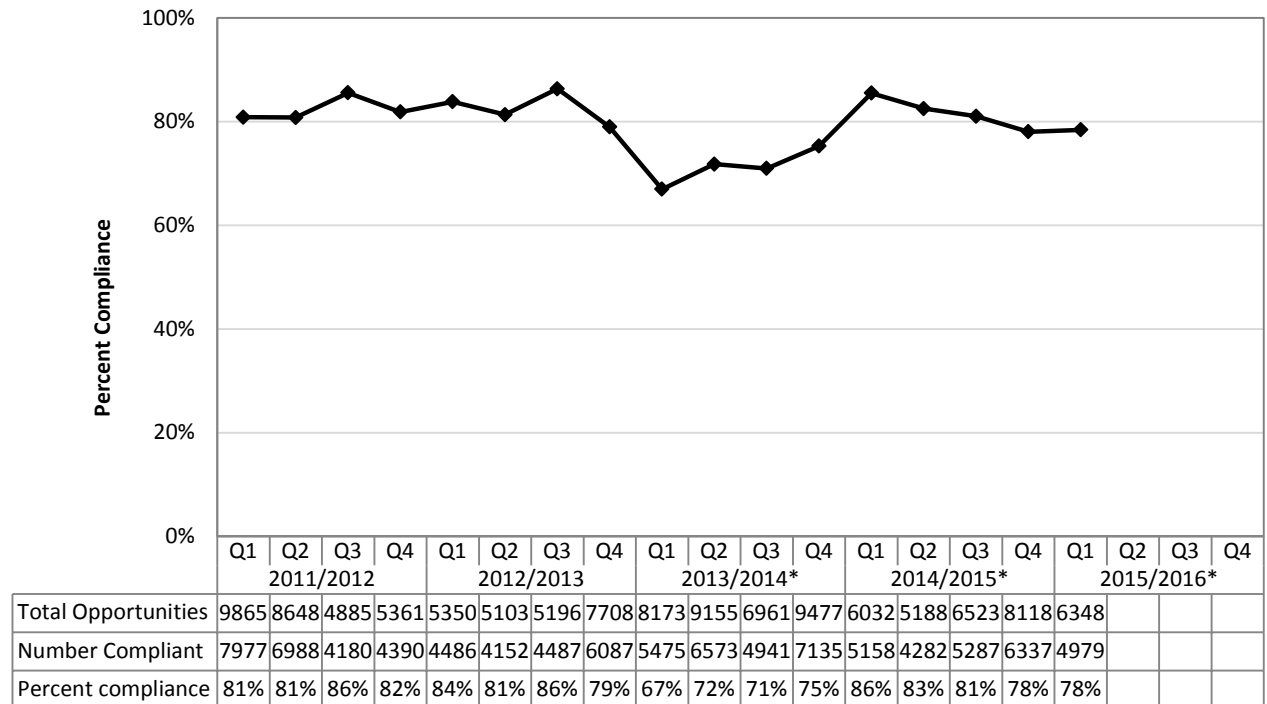


Figure 7. Overall hand cleaning compliance in Island Health⁵, 2011/2012 –Q1 2015/2016



* Dedicated auditors were employed to perform auditing in some facilities as of Q1 of 2013/2014

4. Includes Providence Health Care, which aggregated audits data by fiscal quarter

5. Includes self-audits conducted by units/departments in some facilities.

Figure 8. Overall hand cleaning compliance in Northern Health⁶, 2011/2012 – 2015/2016

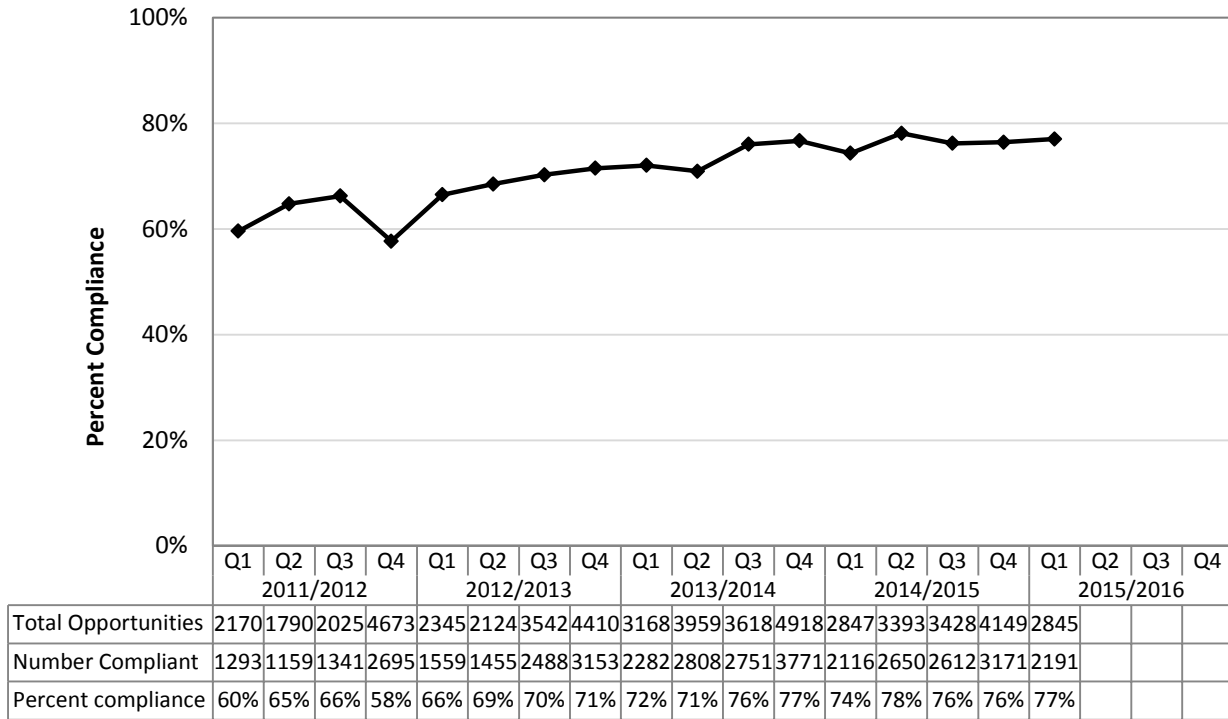
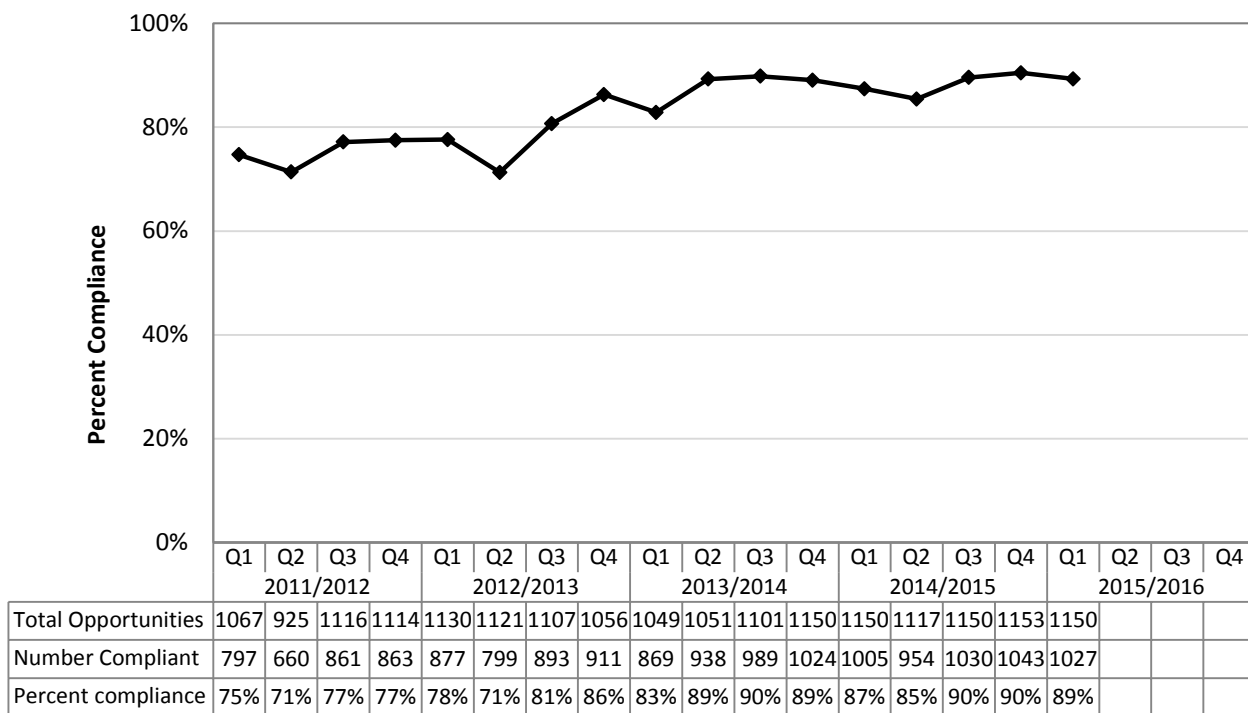


Figure 9. Overall hand cleaning compliance in Provincial Health Services Authority⁷, 2011/2012 –Q1 2015/2016



6. Includes self-audits conducted by units/departments in some facilities

7. Includes BC Children’s Hospital, BC Women’s Hospital, and BC Cancer Agency Vancouver Center