

Hand cleaning compliance in healthcare facilities, Q2 2016/2017

Prepared by the Provincial Hand Hygiene Working Group of British Columbia (PHHWG)

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Mission: To create a comprehensive provincial program that will improve and sustain hand hygiene culture, in order to decrease the transmission of healthcare-associated infections in BC healthcare facilities

What is hand cleaning?

Hand cleaning means using an alcohol-based hand rub or soap and water to kill or remove germs on hand surfaces.

Why is hand cleaning important?

Both patients in acute care facilities and residents in residential care facilities are vulnerable to healthcare-associated infections, a leading cause of death for people receiving care within our healthcare system. Germs can easily be transmitted through direct person-to-person contact, or by touching contaminated surfaces or equipment. Hand cleaning is a simple and effective way of reducing the spread of germs, and is the responsibility of all individuals involved, including patients/residents, visitors, and healthcare providers.

Why do we measure hand cleaning compliance?

Healthcare providers, including nursing staff, physicians, clinical support services, and others such as housekeeping staff, should lead by example in maintaining good hand hygiene. They move frequently between patients/residents, and from room to room, while providing care or working in the patient/resident's room. This movement provides many chances for germs to be spread by hands. Monitoring hand cleaning practice is vital to improve compliance and, in turn, reduce infections in healthcare settings.

How do we measure hand cleaning compliance?

Every quarter, trained auditors observe a sample of healthcare providers, and record whether they clean their hands at the appropriate times, i.e. before and after touching a patient or the patient's immediate environment (e.g., changing bed linen, holding a bed rail, clearing a bedside table, etc.). The percentage score reports how often healthcare providers clean their hands when required to do so during an audit. Wearing gloves is not a substitute for hand cleaning.

Why is the compliance being publicly reported?

Improving hand cleaning compliance is a key measure to reduce healthcare-associated infections. Reporting on performance provides transparency to the public, and assists healthcare facilities in care quality improvement.

How are we doing?

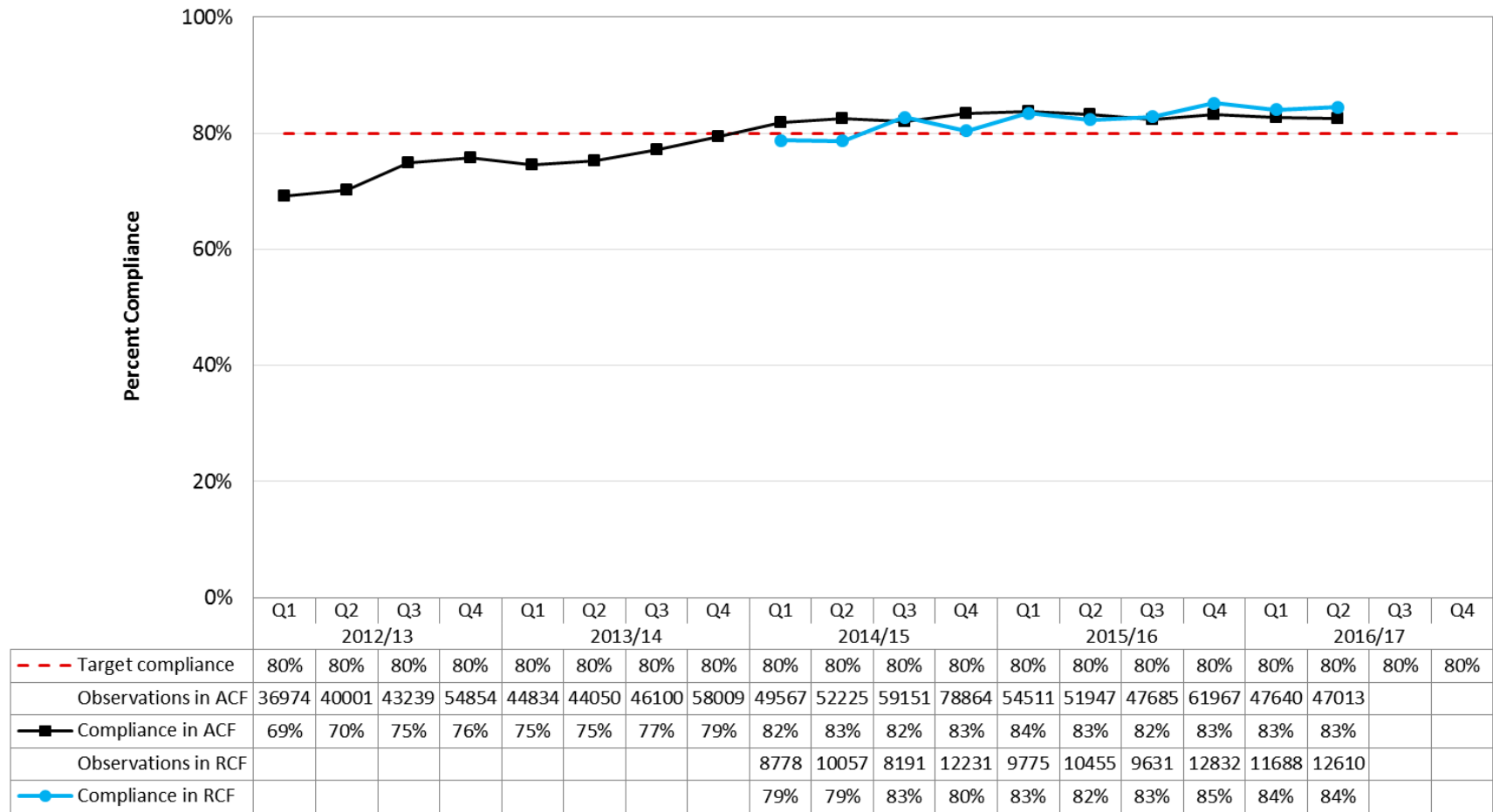
The overall provincial hand cleaning compliance was 83% in acute care facilities and 84% in residential care facilities during quarter 2 (Q2) of 2016/17, both surpassing the provincial target. In acute care facilities, compliance before contact with a patient or the patient's immediate environment improved, but was lower than compliance after contact (79% vs. 86%), and compliance among physicians was lower than other healthcare providers.

What are we doing to improve compliance?

1. Encouraging all healthcare providers to incorporate hand cleaning into their practice routines
2. Ensuring that hand cleaning products are readily available for all staff, patients, and residents
3. Reporting performance back to unit staff, senior leaders, physicians, and the public
4. Targeting educational and promotional activities to increase hand cleaning knowledge and awareness
5. Identifying new initiatives and opportunities to improve the compliance before patient contact and to engage physicians more effectively

Expectation	100%	while recognizing positive improvement
Performance target	80%	of hand cleaning opportunities taken
Performance in Q2 of 2016/17		
Acute care facilities (ACF)	83%	of 47,013 opportunities observed
Residential care facilities (RCF)	84%	of 12,610 opportunities observed

Figure 1. Overall provincial hand cleaning compliance in acute care facilities (ACF) and residential care facilities (RCF) by quarter and year¹, 2012/13 – 2016/17



1. Data were aggregated by fiscal quarter (Q2 of 2016/2017 was from June 17 to September 8, 2016) for FHA, VCH (including PHC), VIHA, and NHA, and by calendar quarter (July 1 to September 30, 2016) for IHA and PHSA. 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 2014/15 (March 31, 2015).

Note: Direct comparison of the percent compliances between health authorities or between ACF and RCF is **not** recommended due to variations in audit strategy and method.

Figure 2. Overall hand cleaning compliance in Interior Health², 2012/13 – 2016/17

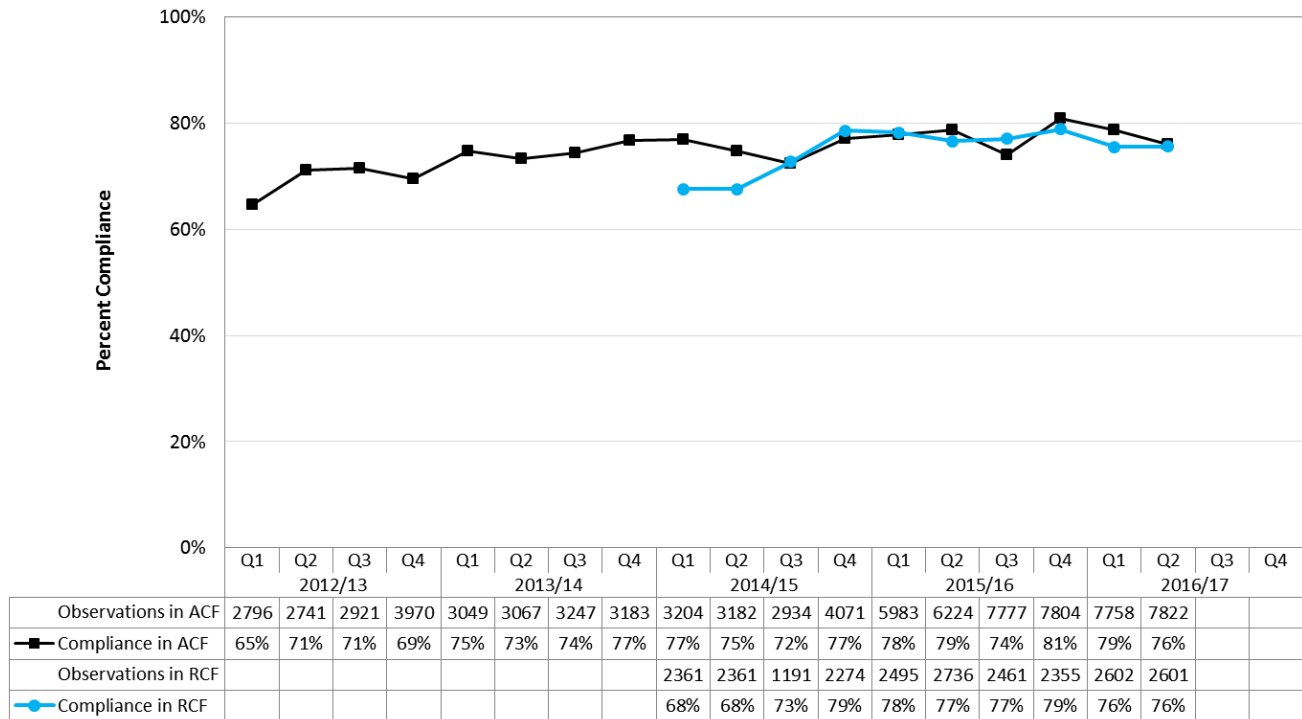
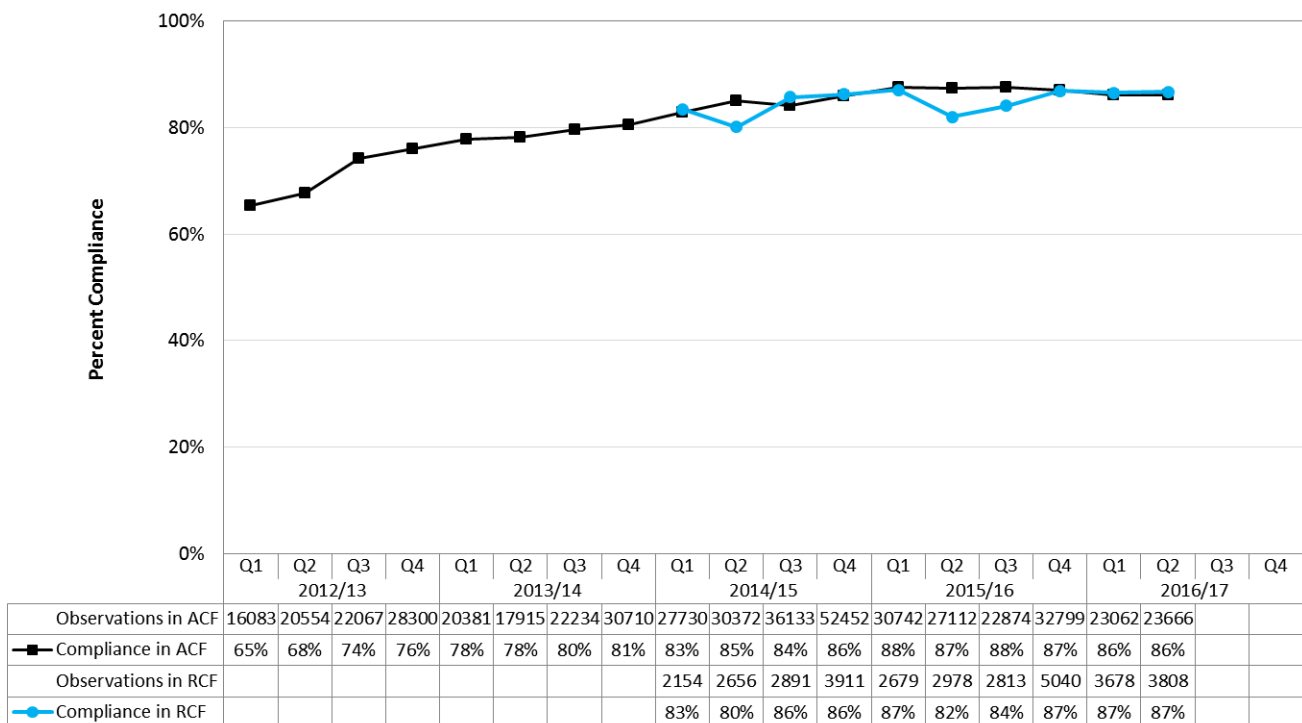


Figure 3. Overall hand cleaning compliance in Fraser Health³, 2012/13 – 2016/17



2. Audits in both ACF and RCF in Interior Health were performed by infection control practitioners.

3. Audits in some ACF and all RCF in Fraser Health were performed by staff from the same facilities (self-auditing).

Figure 4. Overall hand cleaning compliance in Vancouver Coastal Health⁴, 2012/13 – 2016/17

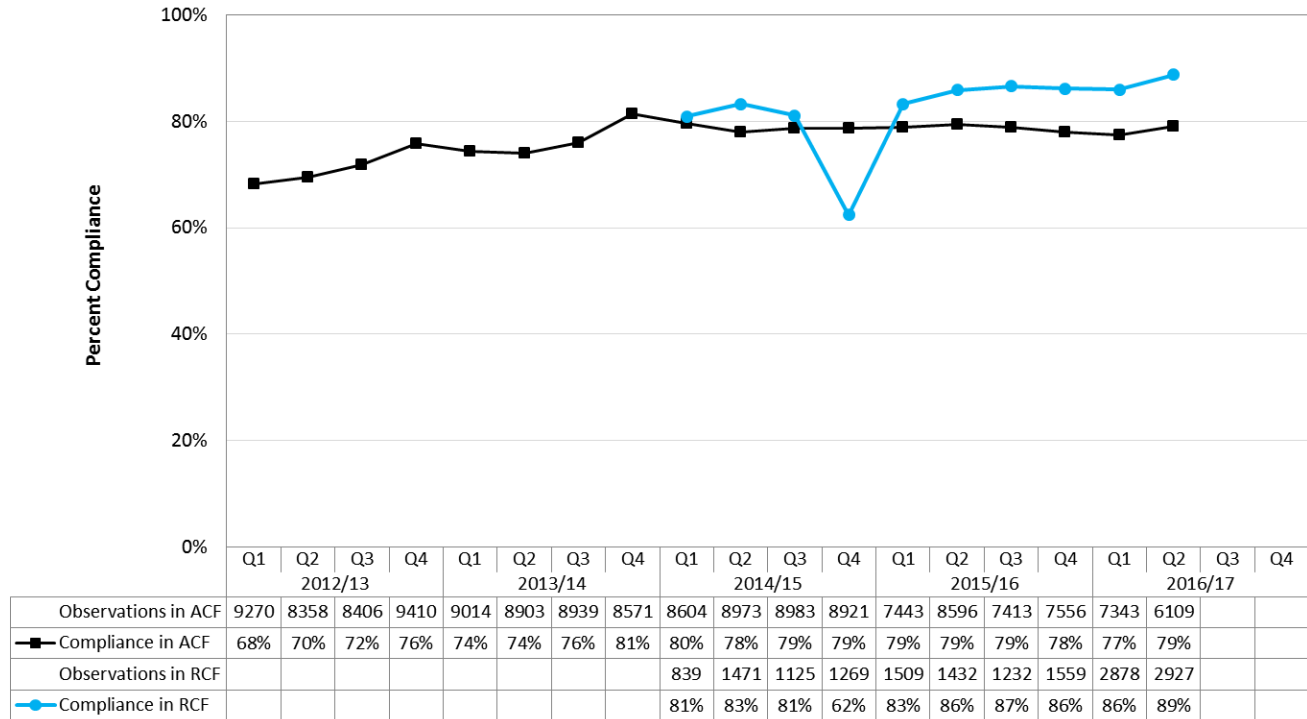
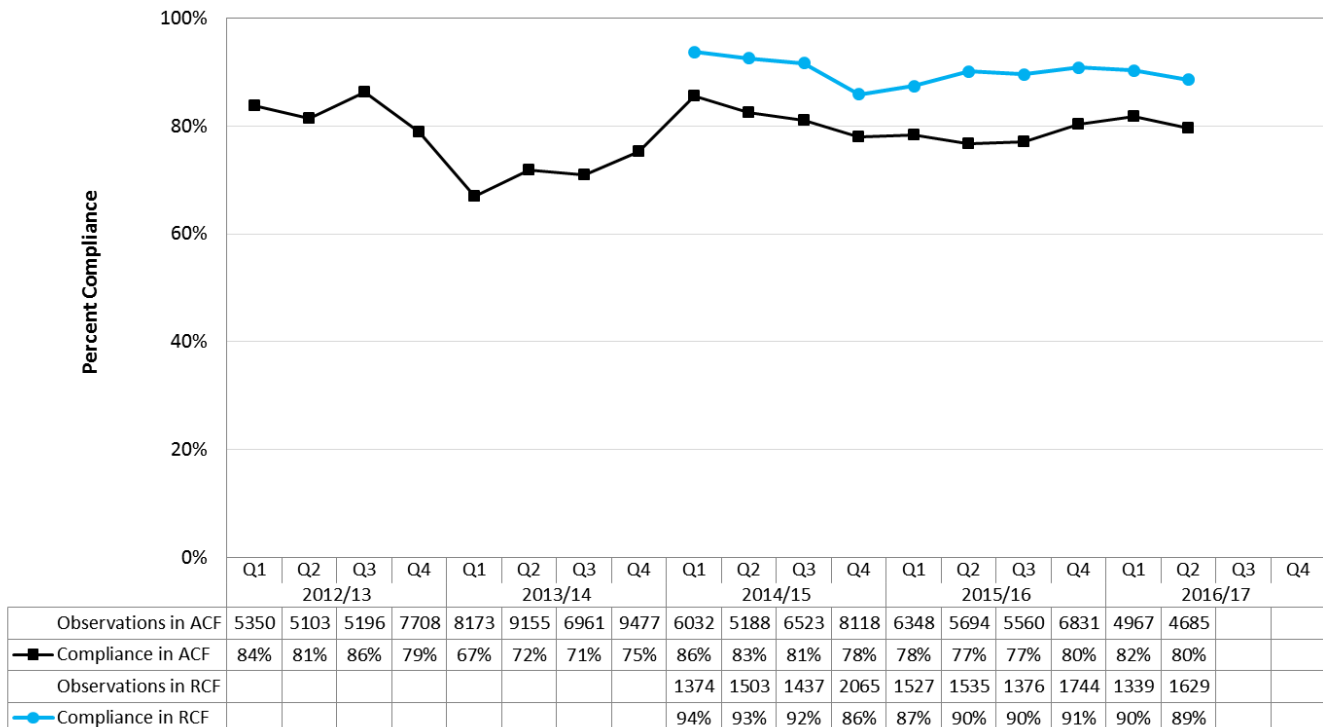


Figure 5. Overall hand cleaning compliance in Island Health⁵, 2012/13 – 2016/17



4. The data include audits in ACF and RCF of Providence Health Care (PHC), which were all performed by infection control practitioners. The audits in some other small ACF and RCF in Vancouver Coastal Health were performed by staff from the same facilities (self-auditing).

5. Audits in some ACF and all RCF in Island Health (VIHA) were performed by staff from the same facilities (self-auditing). Dedicated auditors were employed to perform auditing in some acute care facilities as of Q1 of 2013/2014

Figure 6. Overall hand cleaning compliance in Northern Health⁶, 2012/13 – 2016/17

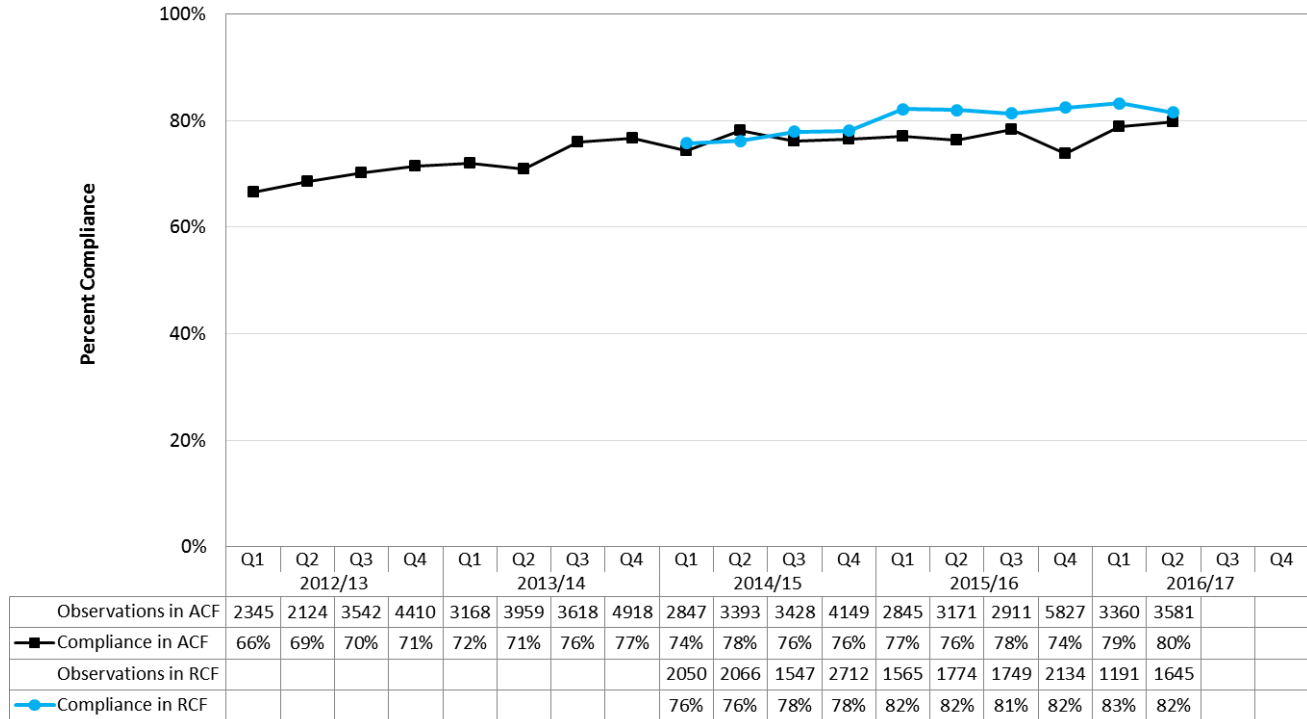
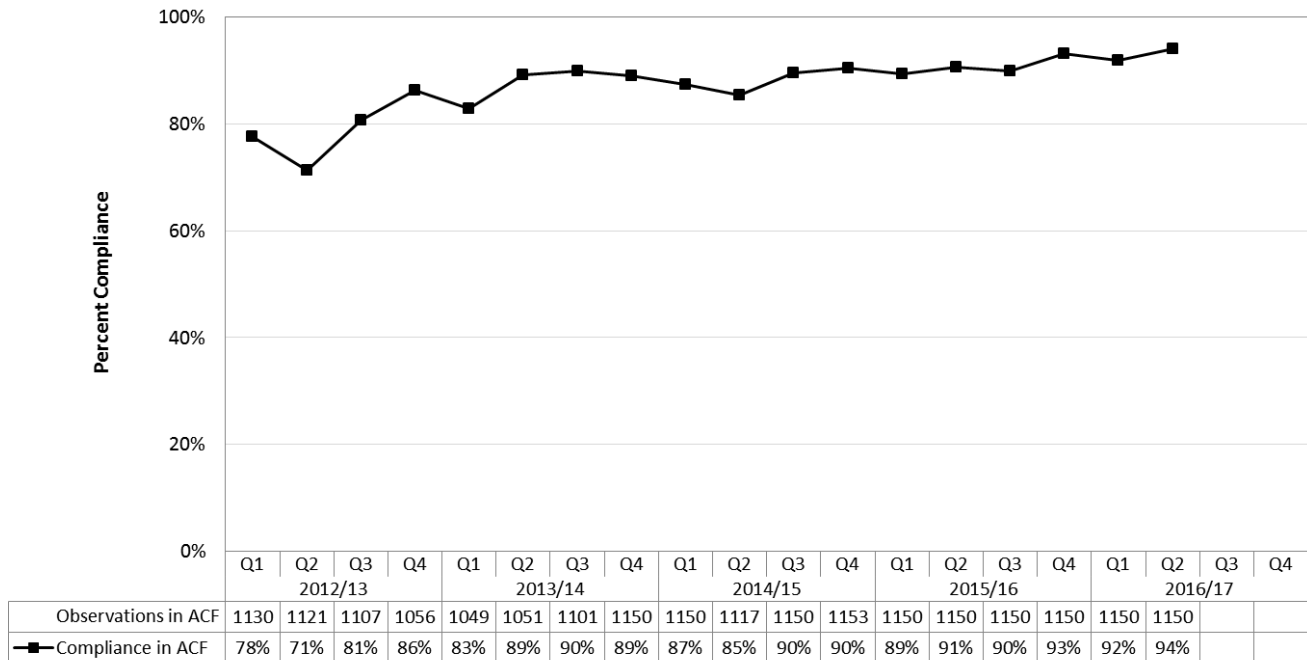


Figure 7. Overall hand cleaning compliance in Provincial Health Services Authority⁷, 2012/13 – 2016/17



6. Audits in some ACF and all RCF in Northern Health were performed by staff from the same facilities (self-auditing).

7. Audits in Provincial Health Services Authority (PHSA) were performed by university co-op program students, and include BC Children’s Hospital, BC Women’s Hospital, and BC Cancer Agency Vancouver Center. There are no residential care facilities operated by PHSA.

Figure 8. Provincial hand cleaning compliance in acute care facilities by moment of contact⁸, 2012/13 – 2016/17

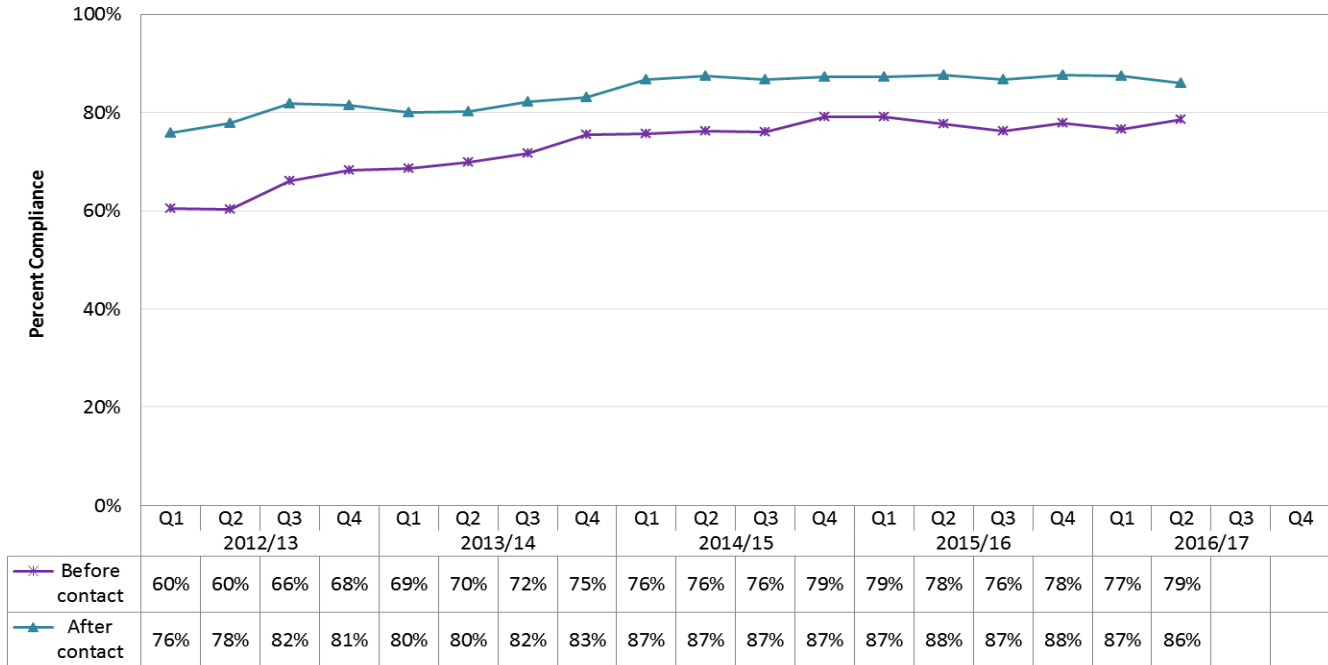
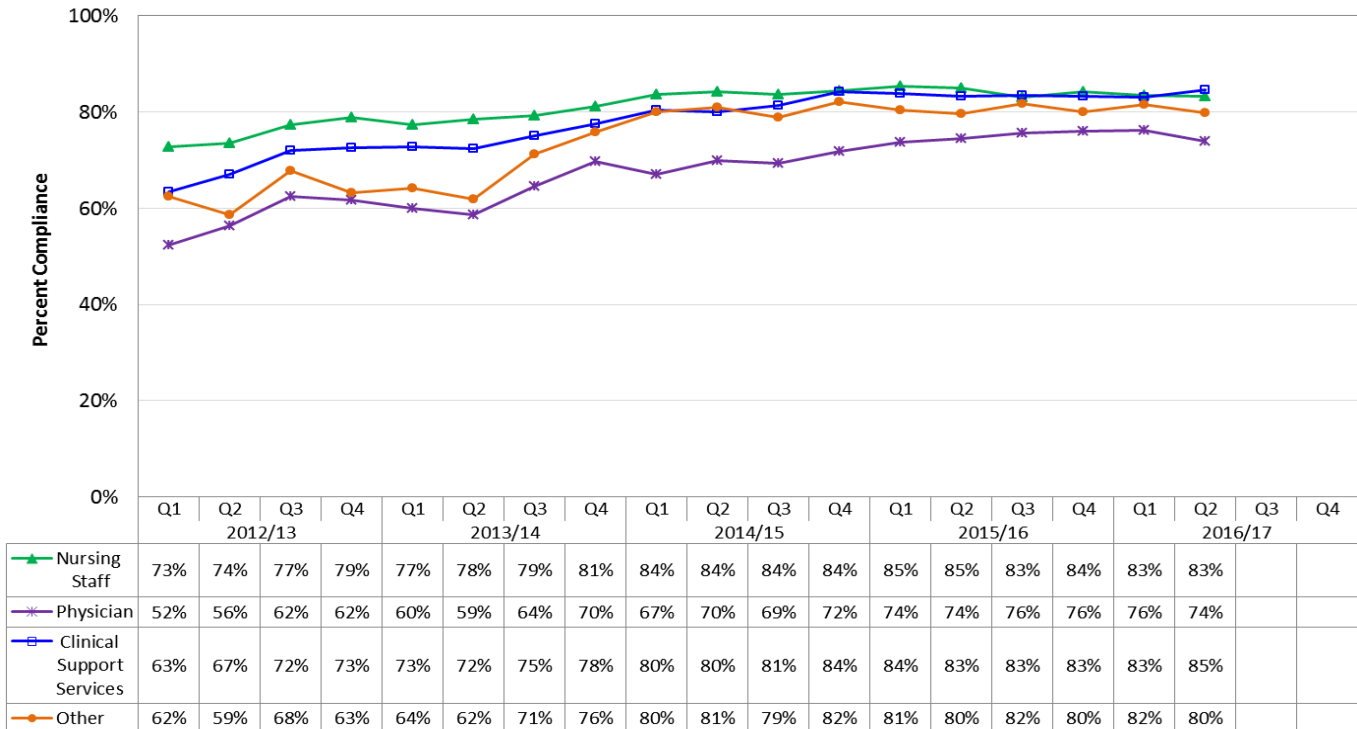


Figure 9. Provincial hand cleaning compliance in acute care facilities by healthcare provider group, 2012/13 – 2016/17



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

This report was created by the
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and
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