



Hand cleaning compliance updates, Quarter 1, 2013/2014

Prepared by the Provincial Hand Hygiene Working Group of British Columbia

September 2013

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?

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 care sites across each health authority in BC. 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. The hand cleaning compliance was 75% in quarter 1 (Q1) of 2013/2014. To reach our target performance of 80% compliance by the end of fiscal year 2014/2015 (March 31, 2015), we still have lots of work to do.

What are some of the barriers?

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

What are we 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, and to the public
3. Using a variety of communications such as posters, newsletters, and posting of results on units
4. Making improvements in areas identified by healthcare staff, such as ensuring that hand cleaning products are readily available for all staff and patients

How can you become involved?

1. Clean your hands often and appropriately. 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

Performance in Q1, 2013/2014	Performance target by the end of 2014/15	Expectation
75%	80%	100%
of hand cleaning opportunities taken	of hand cleaning opportunities taken	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 cleaning compliance by quarter¹ and year

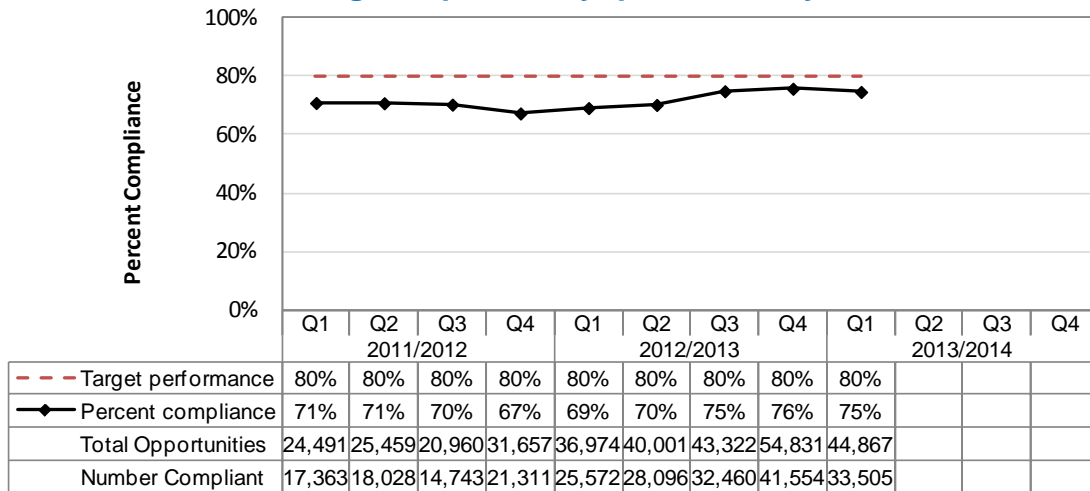


Figure 2. Provincial hand cleaning compliance by moment, Quarter 1, 2013/2014

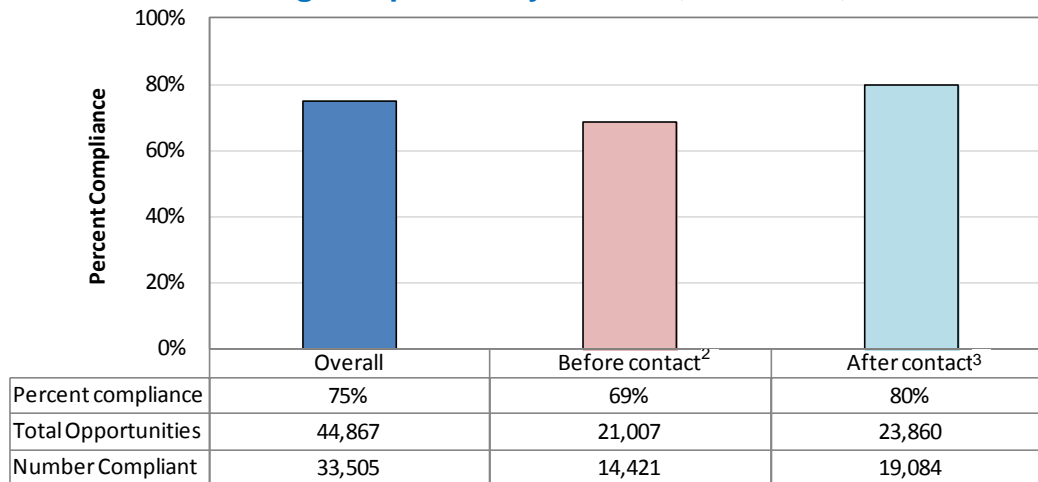
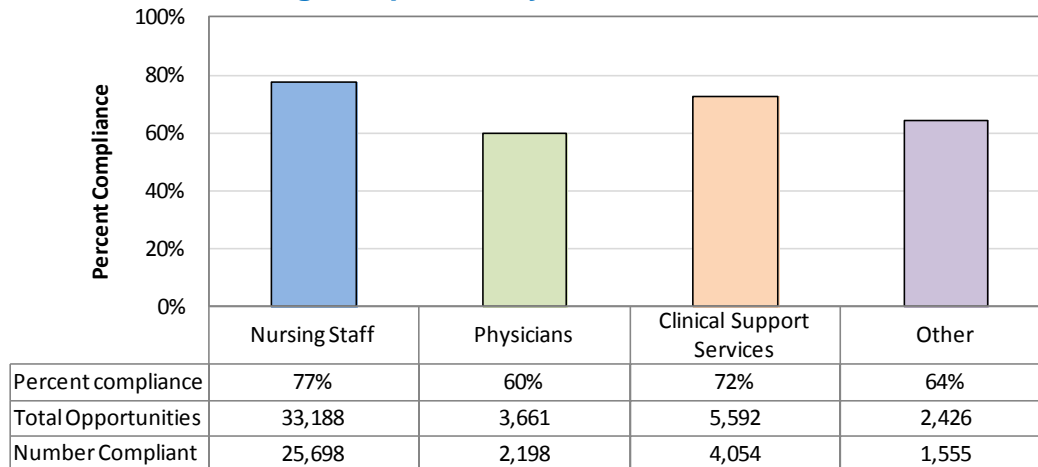


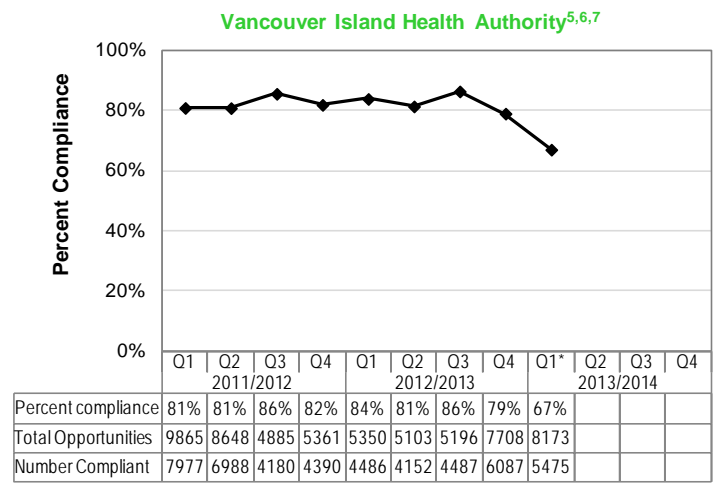
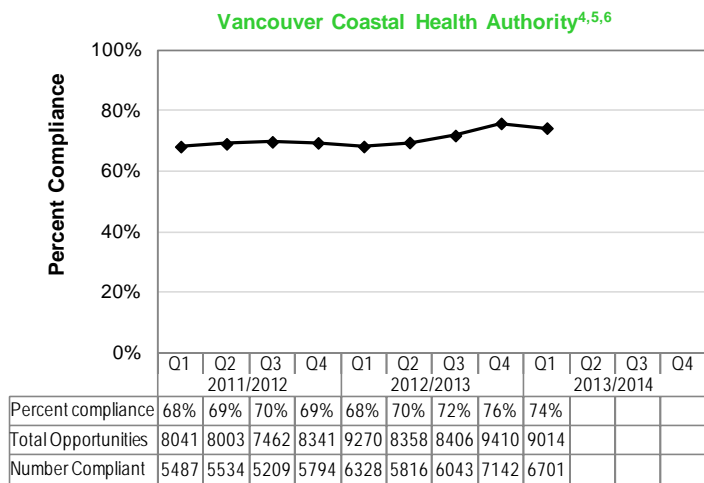
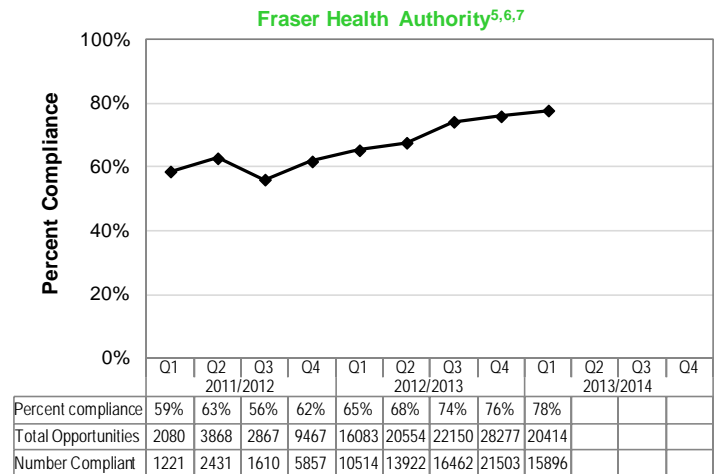
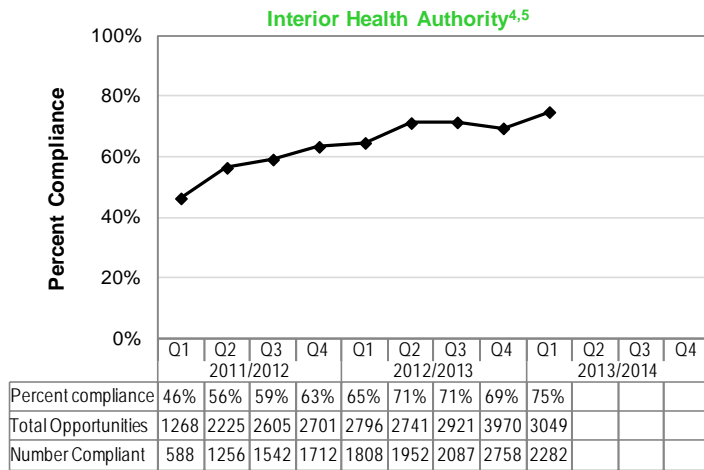
Figure 3. Provincial hand cleaning compliance by healthcare worker, Quarter 1, 2013/2014



Note:

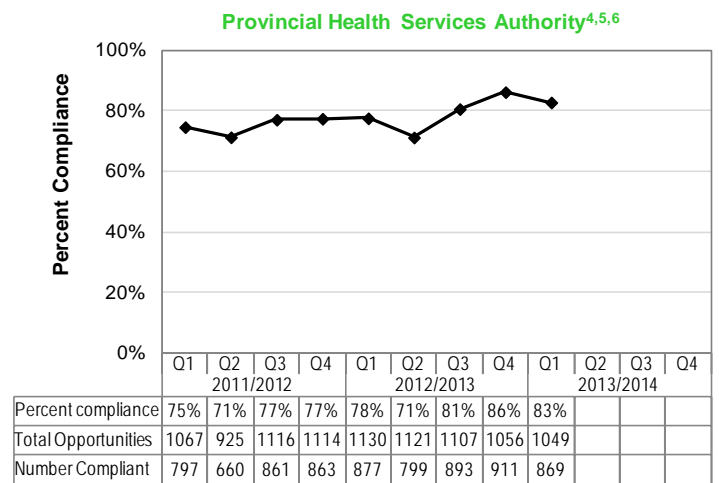
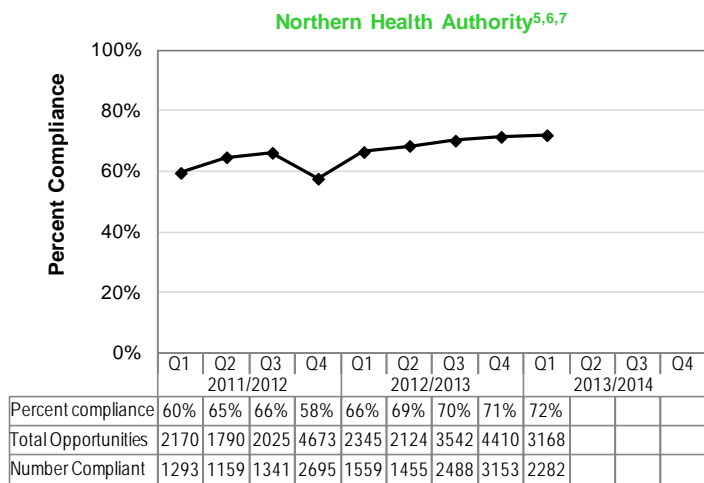
1. Data were aggregated by fiscal quarter (Q1 of 2013/2014 was from April 1– June 20, 2013) for FHA, PHC, VIHA, and NHA, and by calendar quarter (April 1 – June 30, 2013) for IHA, VCHA (except PHC) and PHSA
2. Includes before contact with the patient or the patient’s immediate environment (i.e. around their bedside)
3. Includes after contact with the patient or the patient’s immediate environment (i.e. around their bedside)

Figures 4-9. Hand cleaning compliance by health authority



Note: includes PHC, which aggregated data by fiscal quarter

Note: The audits in six facilities were performed by dedicated auditors in Q1 2013/1014



Note: Includes Children's Hospital, Women's Hospital, and BC Cancer – Vancouver site

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

4. Data were aggregated by calendar quarter (see note 1)
5. Includes audits at the emergency departments
6. Includes audits in the specific clinics (i.e. dialysis, daily surgery) or outpatient areas
7. Includes self- audits conducted by units/departments in some facilities