



# Hand cleaning compliance updates, Quarter 2, 2013/2014

Prepared by the Provincial Hand Hygiene Working Group of British Columbia

November 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?

Every year, 8,000 to 12,000 Canadians die from infections they acquired during their stay in hospital. Cleaning hands is one of the most effective ways to prevent patients from getting infections while they are in hospital. All healthcare workers (HCW) must clean their hands **before** and **after** contact with each patient or the patient's immediate environment (i.e. around their bedside).

Cleaning hands is also an important safety measure for HCW to protect 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 environment.

## How do we measure it?

Every quarter, trained auditors observe a sample of HCW working 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 they are expected to do so. The health authorities do not all measure the compliance in exactly the same way (e.g. self-auditing versus dedicated auditors); however, all authorities are measuring the same thing.

## How are we doing?

The overall hand cleaning compliance was 75% in quarter 2 (Q2) of fiscal year 2013/2014. Compliance before patient contact (70%) was lower than after patient contact (80%). Compliance was lowest among physicians (59%). To reach our target performance of 80% compliance by March 31, 2015, there is still lots of work to do, especially in increasing compliance before patient contact, and in engaging physicians.

## 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. Encouraging all HCW to incorporate hand cleaning into their practice routines before and after direct patient care
2. Reporting 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 to reduce the barriers identified, such as ensuring that hand cleaning products are readily available for all staff and patients
5. Reviewing the newly created health authority action plans to identify innovative ideas
6. Analysing the 2013 HCW Hand Hygiene Perception Survey and Key Informant Interview results for new initiatives and opportunities

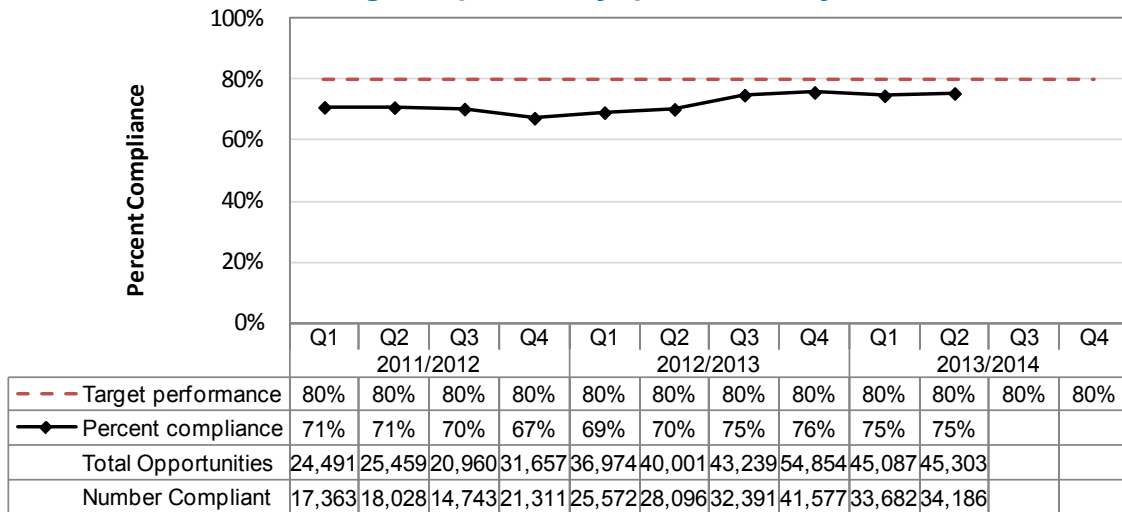
## How can you become involved?

1. Clean your hands often and thoroughly.
2. Gently remind all HCW, including physicians, to clean their hands before touching a patient.
3. Patients, family, and visitors should clean their hands when visiting.

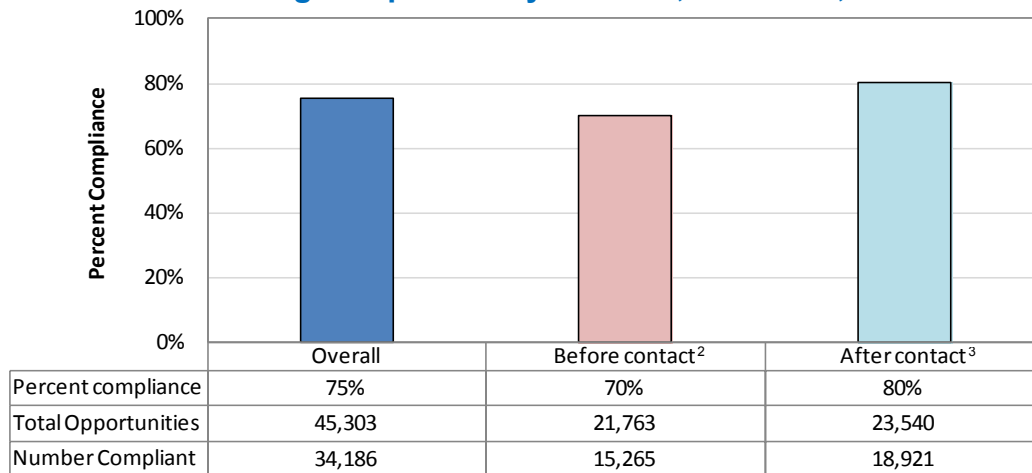
Performance in Q2, 2013/2014	Performance target by the end of 2014/15	Expectation
75%	80%	100%
of hand cleaning opportunities taken	of hand cleaning opportunities taken	while recognizing positive improvement

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

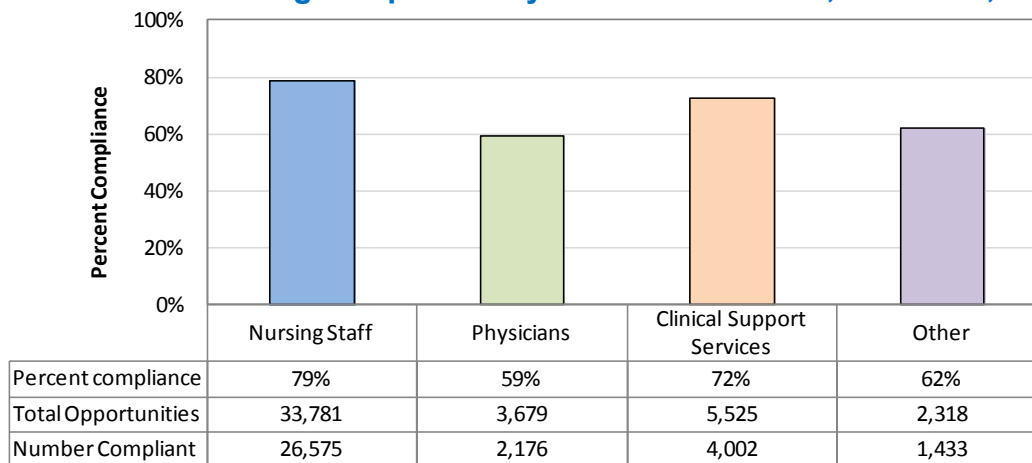
**Figure 1. Provincial hand cleaning compliance by quarter<sup>1</sup> and year**



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



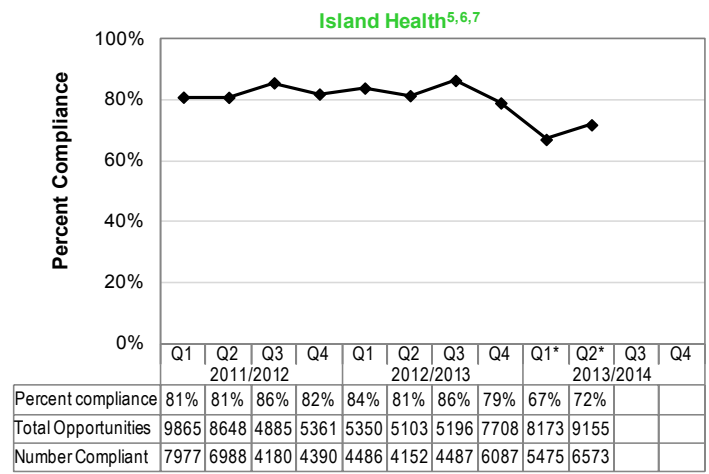
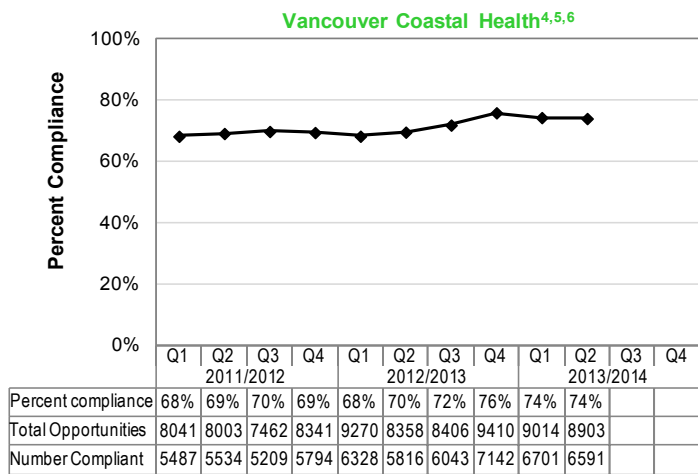
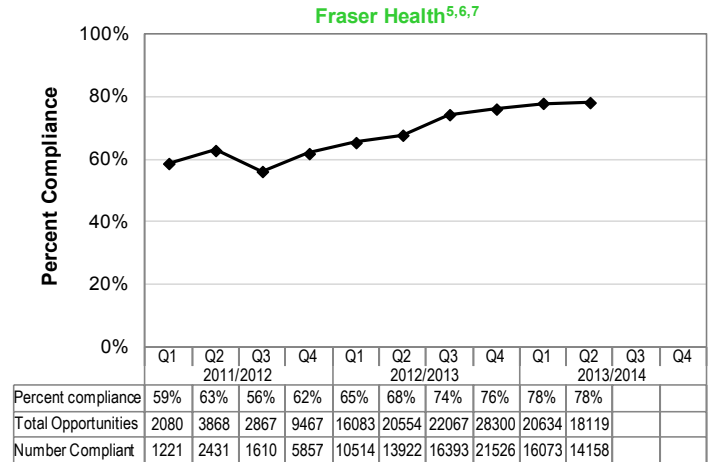
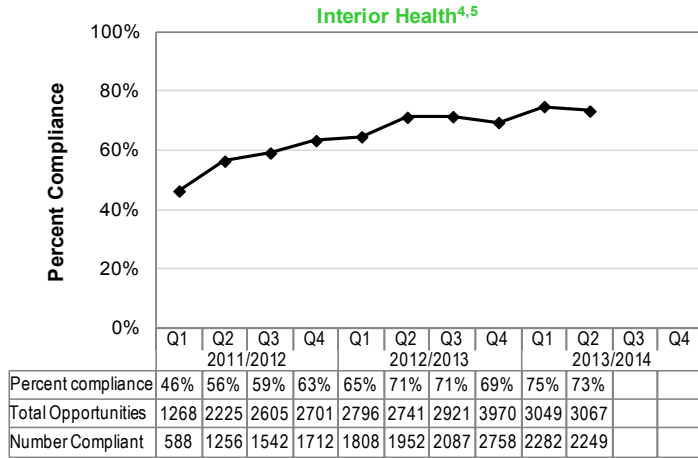
**Figure 3. Provincial hand cleaning compliance by healthcare worker, Quarter 2, 2013/2014**



**Note:**

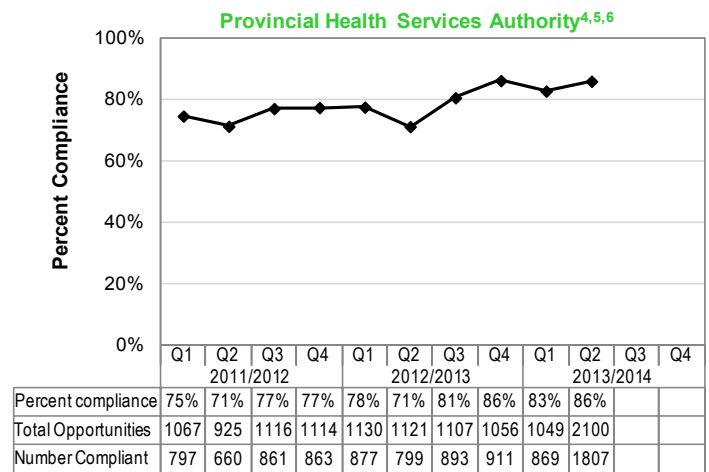
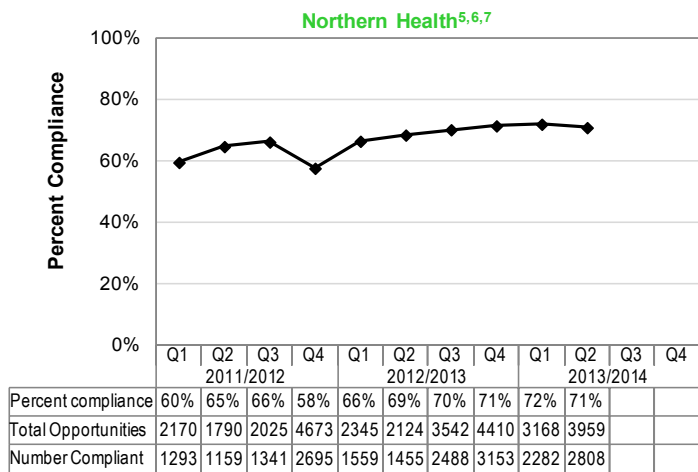
1. Data were aggregated by fiscal quarter (Q2 of 2013/2014 was from June 21 – September 12, 2013) for FHA, PHC, VIHA, and NHA, and by calendar quarter (July 1 – September 30, 2013) for IHA, VCHA (except PHC) and PHSA
2. Includes before contact with the patient or the patient's immediate environment (i.e. 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: \* Dedicated auditors were employed to perform auditing in five facilities and conducted 85% of all audits recorded in Q1 & Q2 of 2013/2014



Note: Includes Children's Hospital, Women's Hospital, and BC Cancer Agency Vancouver Center

**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, day surgery) or outpatient areas
7. Includes self- audits conducted by units/departments in some facilities