



Infection Prevention & Control Performance Indicator: Hand Hygiene Compliance

Why is hand hygiene so important?

Proper hand hygiene is the single most important practice to prevent the spread of germs and reduce a person's risk of becoming ill. Hand hygiene is a different way of thinking about safety and patient care and involves everyone in the hospital, including patients and health care providers.

Effective hand hygiene practices in hospitals play a key role in improving patient and provider safety, and in preventing the spread of health care-associated infections.

Germs can be found almost anywhere and can live for a long time on surfaces (e.g. door knobs, tables, elevator buttons) and equipment (used for patient care) in a hospital. Hands spread an estimated 80% of common infectious diseases like the common cold or influenza.

Every year, an estimated 5-7 percent of patients admitted to hospitals develop a preventable infection. Older patients, individuals with weak immune systems and patients who have been in hospital for a long time are highly vulnerable to these infections. The majority of infections are transmitted through touch and we all play an important role in ensuring that infections are not transmitted through the hands of caring people.

Hand hygiene refers to removing or killing germs on the hands. There are 2 ways to do this:

1. Washing hands with soap and water **OR**
2. Using alcohol-based hand sanitizer.

Health care providers have a responsibility to diligently perform hand hygiene where there is a risk for transmission (especially before and after contact with patients and items in the patient's immediate environment) throughout their working day.

The G&M Hospital has sound infection control programs in place and we are committed to using standardized patient safety data and public reporting to drive further improvements.

The G&M Hospital launched the "Just Clean Your Hands" (www.justcleanyourhands.ca) training program in 2008. This is an evidence-based, multi-faceted hand hygiene program to support hand hygiene improvements in hospitals. One of its components is hand hygiene compliance audits conducted by trained staff throughout the year. The observation tool and training for observers is now standardized, which means we can compare provincial data. The audit results showing staff compliance with hand hygiene best practices are now being posted for the public to see.

Why monitor compliance of hand hygiene?

The G&M Hospital's Infection Prevention and Control Service are responsible for working with employees, visitors and patients to minimize hospital-associated infection. Hand hygiene audits are carried out to:

1. Close the gap between perception and reality
2. To provide a benchmark for improvement
3. To determine how to improve the system, and

4. To identify the most appropriate interventions for hand hygiene improvement, education, training and promotion.

How are the hand hygiene compliance rates calculated?

Hospitals calculate the percent compliance for **each** of the four indications of hand hygiene as follows:

Number of times hand hygiene is performed BEFORE initial patient or environment contact by all Health Care Providers, divided by # observed situations hand hygiene should have been performed BEFORE initial patient or environment contact by all Health Care Providers multiplied by 100 equals the percent of hand hygiene compliance.

The same calculation is used for AFTER patient or environment contact.

e.g.

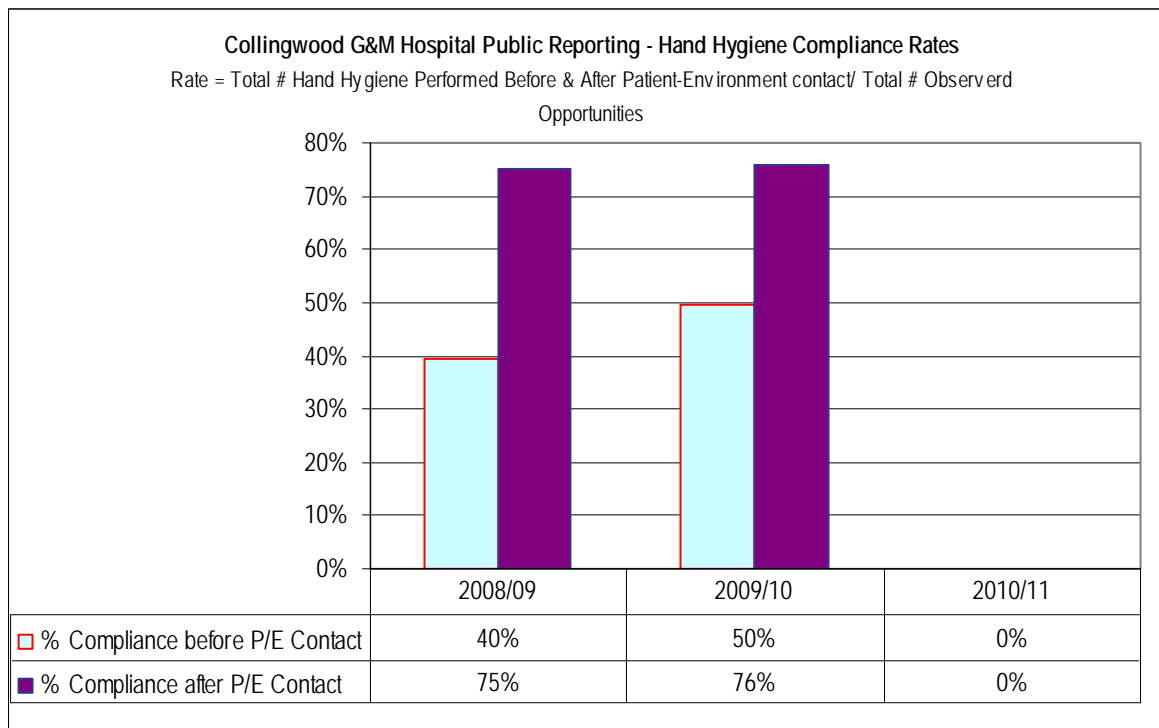
$\frac{\# \text{ Times hand hygiene performed BEFORE or AFTER initial patient or environment contact}}{\# \text{ Observed indications for hand hygiene BEFORE or AFTER initial patient or environment contact}} \times 100 = \% \text{ Compliance}$

What is our Hospital's hand hygiene compliance rate?

The percentages in the chart below reflect:

Hand hygiene before initial patient/patient environment contact by combined health care provider type (e.g. nurses, allied health professionals, physicians, etc.)

Hand hygiene after patient/patient environment contact by combined health care provider type (e.g. nurses, allied health professionals, physicians, etc.)



To ensure statistically valid data for smaller hospitals such as the G&M, a minimum of 50 observed opportunities for hand hygiene are collected (larger hospitals collect at least 200 observations for every 100 patient beds).

The goal of public reporting hand hygiene compliance is to achieve an overall assessment of whether compliance rates are improving. It is normal for rates to vary from hospital to hospital.