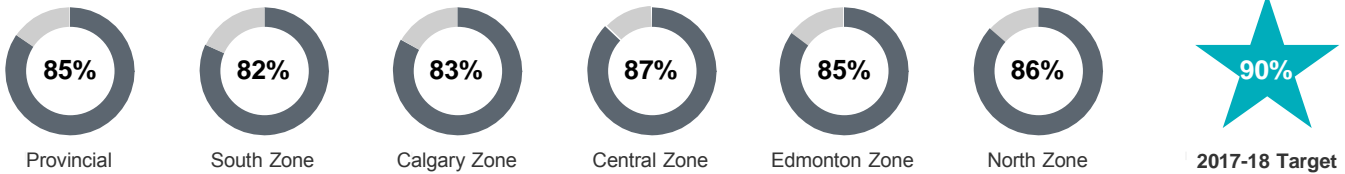


This measure is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Direct observation is recommended to assess hand hygiene compliance rates for healthcare workers. The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

Trend Legend:

- Target achieved ★
- Improvement ■
- Stable: ≤3% deterioration between compared quarters ▲
- Area requires additional focus ●

Hand Hygiene Compliance, Q2 2017-18



Hand Hygiene Compliance Trend - Busiest Sites

Zone Name	Site Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q2 2016-17	Q2 2017-18	Trend	Q2YTD 2017-18	2017-18 Target
Provincial	Provincial	66%	75%	80%	82%	83%	85%	■	84%	90%
South Zone	South Zone	78%	82%	82%	84%	85%	82%	●	79%	90%
	Chinook Regional Hospital	81%	85%	82%	83%	81%	72%	●	71%	90%
	Medicine Hat Regional Hospital	76%	77%	82%	87%	89%	87%	▲	85%	90%
	Other South Sites	79%	85%	83%	83%	83%	80%	●	77%	90%
Calgary Zone	Calgary Zone	59%	71%	78%	81%	82%	83%	■	83%	90%
	Alberta Children's Hospital	57%	74%	77%	80%	80%	82%	■	81%	90%
	Foothills Medical Centre	52%	66%	76%	83%	85%	84%	▲	84%	90%
	Peter Lougheed Centre	62%	77%	85%	79%	82%	76%	●	77%	90%
	Rockyview General Hospital	62%	68%	74%	84%	83%	89%	■	90%	90%
	South Health Campus	59%	59%	69%	76%	74%	80%	■	80%	90%
	Other Calgary Sites	63%	77%	80%	79%	77%	86%	■	83%	90%
Central Zone	Central Zone	64%	74%	81%	78%	84%	87%	■	82%	90%
	Red Deer Regional Hospital Centre	75%	69%	78%	78%	77%	83%	■	83%	90%
	Other Central Sites	57%	77%	82%	78%	85%	88%	■	82%	90%
Edmonton Zone	Edmonton Zone	57%	74%	79%	83%	83%	85%	■	85%	90%
	Grey Nuns Community Hospital *	64%	75%	73%	83%	80%	87%	■	87%	90%
	Misericordia Community Hospital *	71%	77%	75%	80%	75%	85%	■	85%	90%
	Royal Alexandra Hospital	62%	75%	81%	84%	83%	87%	■	86%	90%
	Stollery Children's Hospital	58%	75%	79%	80%	80%	79%	▲	80%	90%
	Sturgeon Community Hospital	59%	81%	84%	86%	85%	89%	■	88%	90%
	University of Alberta Hospital	43%	70%	74%	85%	85%	87%	■	87%	90%
	Other Edmonton Sites	58%	73%	79%	82%	81%	84%	■	84%	90%
North Zone	North Zone	66%	81%	87%	88%	90%	86%	●	87%	90%
	Northern Lights Regional Health Centre	56%	64%	88%	87%	91%	83%	●	83%	90%
	Queen Elizabeth II Hospital	68%	91%	96%	91%	93%	90%	★	89%	90%
	Other North Sites	66%	74%	85%	88%	90%	87%	●	87%	90%

Understanding Our Results

Overall there was continued and sustained improvement in the provincial hand hygiene rates in Q2.

A deterioration may be related to the auditing processes resulting in lower observations. Hand Hygiene teams will re-launch the campaign with hand hygiene champions on each unit and will have focused attention to bring the compliance rates up to target level.

Compliance rates are always closely monitored and when we see a drop in compliance, actions are taken to increase engagement in Hand Hygiene practices.

Total Observations (excludes Covenant Sites)

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	39,185	183,110	45,103	99,795	29,079	396,272
FY 2016-17	38,314	162,423	35,952	125,281	22,005	383,975
Q2 2016-17	9,920	41,217	7,721	31,078	5,932	95,868
Q2 2017-18	3,613	33,061	8,358	30,015	6,863	81,910

Source: AHS Infection, Prevention and Control Database, as of October 20, 2017

Notes:

- * Covenant sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing Hand Hygiene compliance rates. These are available twice a year in spring (Q1 & Q2) and fall (Q3 & Q4). These are not included in the Edmonton Zone and Provincial totals.

- "Other Sites" include any hand hygiene observations performed at an AHS operated program, site, or unit including acute care, continuing care, and ambulatory care settings such as Cancer Control, Corrections, EMS, hemodialysis (e.g., NARP and SARP), home care, and public health.

Objective 7: Reduce and prevent incidents of preventable harm to patients in our facilities.

WHY THIS IS IMPORTANT

Preventing harm during the delivery of care is foundational to all activities at AHS. Reducing preventable harm ensures a safe and positive experience for patients and families interacting with the healthcare system.

We continue to reduce preventable harm through various initiatives such as the safe surgery checklist, antimicrobial stewardship program, medication reconciliation, and hand hygiene compliance.

AHS PERFORMANCE MEASURE

Hand Hygiene Compliance is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian Patient Safety Institute’s “4 Moments of Hand Hygiene.”

The 4 Moments of Hand Hygiene are:

- Before contact with a patient or patient’s environment,
- Before a clean or aseptic procedure,
- After exposure (or risk of exposure) to blood or body fluids, and
- After contact with a patient or patient’s environment.

UNDERSTANDING THE MEASURE

Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. Direct observation is recommended to assess hand hygiene compliance rates for healthcare workers.

The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

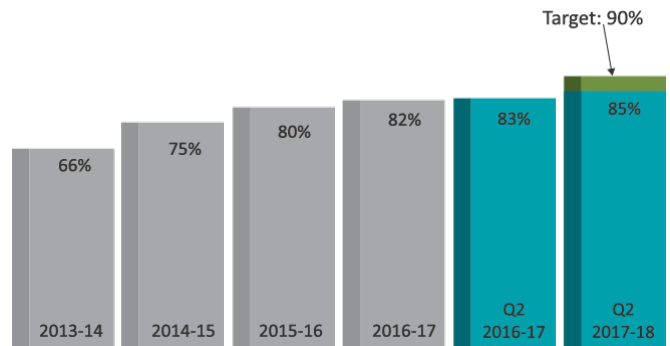
HOW WE ARE DOING

Hand hygiene compliance increased provincially to 85%, an improvement from last year (83%).

Quarterly hand hygiene reports are available at the provincial and zone levels to address areas requiring further attention.

Hand Hygiene Compliance

Quarterly Comparison: ■ Improvement



Source: AHS Infection, Prevention and Control (IPC) Database

WHAT WE ARE DOING

Hand hygiene improvement initiatives continue across AHS including a refresh of the AHS Hand Hygiene Policy and Procedure, creation of an infographic link to hand hygiene results posted to the AHS webpage, and development of zone-specific tools to share results with zone leaders. The *Clean Hands System* was upgraded to increase user experience and to make the review process more efficient.

Zones continue to recruit site-based hand hygiene reviewers to foster ownership and accountability for hand hygiene improvement in healthcare workers.

Hospital-acquired *Clostridium difficile* Infections (CDI) rates continue to remain stable and low for the past few quarters (3.0 cases per 10,000 patient days in Q2 2017-18 compared to 3.4 cases in Q2 2016-17). A lower value for this rate is better.

AHS continues to monitor CDI which is influenced by hand hygiene. There are several initiatives that address hospital-acquired CDI including:

- Antimicrobial Stewardship program includes the use of standardized physician-patient care orders implemented at the time of CDI diagnosis to ensure appropriate treatment.
- Infection prevention and control supports patient management by connecting with frontline healthcare workers to promote the use of physician patient care order sets, follow-up on case severity, and provide feedback on case management.
- Zones continue to have at least one initiative targeted at reducing utilization of the 14 select antimicrobials associated with a high risk CDI.
- According to the World Health Organization, the *defined daily dose* (DDD) is the average dose per day for a drug used for its main purpose in adults. It allows the comparison of drug usage between different drugs or healthcare environments. Compared to Q1 2016-17, AHS has seen an overall reduction in the defined daily doses per 100 patient days in Q1 2017-18 for the 14 selected antimicrobials.

Rates of hospital-acquired Methicillin-resistant *Staphylococcus aureus* Blood Stream Infections (MRSA BSI) cases improved from the same period last year (0.15 cases per 10,000 patient days in Q2 2017-18 compared to 0.17 cases in Q2 2016-17). A lower value for this rate is better.

Work is underway to complete the Patient Safety Strategy that will articulate how to make significant improvement in patient safety. A policy suite that is also under development will focus on recognizing and responding to hazards, close calls, and clinical adverse events.

A new Provincial Medication Orders Policy, Medication Orders Procedure, and Verbal and Telephonic Medication Orders Procedure were approved and will become effective February 2018. The policy suite improves patient safety by developing consistent practices for creating and acting upon medication orders in AHS settings.

AHS has implemented 80% (target = 100%) of Health Quality Council of Alberta's (HQCA) recommendations related to parenteral nutrition. Parenteral nutrition is provided to some of our most vulnerable patients and is classified as a high-alert medication because significant harm may occur when it is used incorrectly or without regard to accepted leading practice standards.