

AHS Report on Performance FY 2017-18

HAND HYGIENE COMPLIANCE

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 used 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.

Hand Hygiene Compliance, FY 2017-18



Hand Hygiene Compliance Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Trend	2017-18 Target
Provincial	Provincial	66%	75%	80%	82%	85%	↑	90%
South Zone	South Zone	78%	82%	82%	84%	81%	↓	90%
	Chinook Regional Hospital	81%	85%	82%	83%	78%	↓	90%
	Medicine Hat Regional Hospital	76%	77%	82%	87%	84%	↓	90%
	Other South Hospitals	79%	85%	83%	83%	81%	⇔	90%
Calgary Zone	Calgary Zone	59%	71%	78%	81%	84%	↑	90%
	Alberta Children's Hospital	57%	74%	77%	80%	79%	⇔	90%
	Foothills Medical Centre	52%	66%	76%	83%	84%	⇔	90%
	Peter Lougheed Centre	62%	77%	85%	79%	80%	⇔	90%
	Rockyview General Hospital	62%	68%	74%	84%	88%	↑	90%
	South Health Campus	59%	59%	69%	76%	77%	⇔	90%
	Other Calgary Hospitals	61%	69%	77%	79%	83%	↑	90%
	Central Zone	64%	74%	81%	78%	87%	↑	90%
Edmonton Zone	Edmonton Zone	57%	74%	79%	83%	86%	↑	90%
	Grey Nuns Community Hospital	64%	75%	73%	83%	89%	↑	90%
	Misericordia Community Hospital	71%	77%	75%	80%	86%	↑	90%
	Royal Alexandra Hospital	62%	75%	81%	84%	86%	⇔	90%
	Stollery Children's Hospital	58%	75%	79%	80%	81%	⇔	90%
	Sturgeon Community Hospital	59%	81%	84%	86%	88%	⇔	90%
	University of Alberta Hospital	43%	70%	74%	85%	88%	↑	90%
	Other Edmonton Hospitals	58%	73%	79%	82%	86%	↑	90%
North Zone	North Zone	66%	81%	87%	88%	88%	⇔	90%
	Northern Lights Regional Health Centre	56%	64%	88%	87%	82%	↓	90%
	Queen Elizabeth II Hospital	68%	91%	96%	91%	88%	⇔	90%
	Other North Hospitals	66%	74%	85%	88%	89%	⇔	90%

Trend Legend: ↗ Target Achieved ↑ Improvement ⇔ Stable: ≤3% relative change compared to the same period last year ↓ Area requires additional focus

Total Observations (excludes Covenant Sites)

Zone	2015-16	2016-17	2017-18
Provincial	396,272	383,975	331,530
South Zone	39,185	38,314	18,249
Calgary Zone	183,110	162,423	128,348
Central Zone	45,103	35,952	38,653
Edmonton Zone	99,795	125,281	116,610
North Zone	29,079	22,005	29,670

Source: AHS Infection, Prevention and Control Database, as of April 17, 2018

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.

Reducing and preventing incidents of preventable harm to patients in our facilities.

Preventing harm during the delivery of care is foundational to all activities at AHS because it is one key way to ensure a safe and positive experience for patients and families interacting with the healthcare system.

Work is underway to finalize the Patient Safety Strategy that will articulate how to make significant improvement in patient safety. A policy suite was completed with a focus on recognizing and responding to hazards, close calls and clinical adverse events.

AHS is working to complete the implementation of all of the recommendations by the Health Quality Council of Alberta (HQCA) related to parenteral nutrition. Parenteral nutrition (intravenous feeding) is given to vulnerable patients and is classified as a high-alert medication because significant harm may occur when used incorrectly or without regard for accepted leading practice standards.

AHS Infection, Prevention and Control works closely with zones and other clinical and non-clinical teams to reduce the risk and occurrence of infection in patients, residents, and clients and to respond to the impact of emerging pathogens, infectious disease clusters and outbreaks.

AHS continues to monitor the rates of hospital-acquired infections to ensure appropriate actions are taken when rates increase. In 2017-18, rates for Hospital-acquired *Clostridium difficile* (*C-diff*) infection (3.0 per 10,000 patient-days in 2017-18 compared to 3.4 in 2016-17) and Methicillin-resistant *Staphylococcus aureus* Bloodstream Infection (0.15 per 10,000 days in 2017-18 compared to 0.19 in 2016-17) saw improvement.

There was an overall reduction in Defined Daily Doses (DDD)/100 patient days for the aggregate of 14 select antimicrobials associated with high risk of *Clostridium difficile* (*C-diff*) Infection at select sites (from a three-year baseline of 22.36 to 21.35 in Q3 2017-18).

There are many provincial and zone initiatives underway to help reduce hospital-acquired infections.

- ❖ The Antimicrobial Stewardship program includes the use of standardized physician-patient care orders implemented at the time of *C-diff* diagnosis to ensure appropriate treatment.

- ❖ Infection prevention and control standards support front-line healthcare workers to promote the use of order sets, follow-up on case severity, and provide feedback on case management.
- ❖ Zones continue to implement initiatives targeted at reducing utilization of the 14 select antimicrobials associated with a high risk of *C-diff* infection.
- ❖ AHS launched a provincial initiative targeted to optimize urine tests and reduce antibiotic use.
- ❖ Roll-out of standardized hospital disinfectant products began in January 2018 with the Central Zone.
- ❖ Infection Prevention and Control continually works collaboratively with clinical partners to assess individual *C-diff* cases with a focus on improving care management.

MEASURING OUR PROGRESS

HAND HYGIENE COMPLIANCE is the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are 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 higher the percentage, the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.



Source: AHS Infection, Prevention and Control Database

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

Overall, there was continued and sustained improvement in provincial hand hygiene rates in 2017-18 compared to last year. While normal fluctuations in compliance are anticipated, downward trends in compliance rates are monitored and investigated. In some cases, the drop in compliance at a site is due to an increased proportion of observations occurring within a unit or program identified to be struggling with hand hygiene compliance.

Hand hygiene improvement initiatives are undertaken which include increased frequency of monitoring to document and further stimulate improved hand hygiene practices. Other initiatives to support hand hygiene compliance across the organization included:

- ❖ AHS Infection Prevention and Control Hand Hygiene program launched a call to action on Global Handwashing Day in October 2017 to increase hand hygiene awareness and shift the focus to site-based reviewers.
- ❖ Staff were asked to submit videos of coworkers who go above and beyond the call of duty for hand hygiene. The videos will be used to create a video montage, which will be released on Stop! Clean Your Hands Day in May 2018.
- ❖ A leadership toolkit was approved and is expected to be released early 2018-19 to provide leaders with a framework that aims to connect hand hygiene improvement initiatives with existing AHS resources.
- ❖ Zones continue to recruit site-based hand hygiene reviewers to foster ownership and accountability for hand hygiene improvement in healthcare workers.

Focusing on health promotion & disease and injury prevention.

Screening

AHS' Screening Programs, in partnership with primary care providers and other partners, support Albertans' participation in cancer screening.

- ❖ Screen Test Mobile Clinics offered screening mammography services to over 18,000 women in 110 communities, including 20 First Nations communities and five Metis settlements in 2017-18.
- ❖ Overall, over 800,000 Albertans were screened for breast, cervical or colorectal cancer.

AHS also plays an important role in supporting screening initiatives across the province.

- ❖ Early Hearing Detection and Intervention (EHDI) was implemented in all 13 neonatal intensive care units. EHDI offers screening to newborns for hearing prior to discharge.
- ❖ The Surfacing Population, Public and Indigenous Health Data for Action project makes cancer screening status available on Netcare for primary care providers to rapidly identify and support Albertans who are under-screened.

Environmental Risks and Hazards

AHS has completed the first year of a three-year project to streamline meat processing facility inspections. As of March 31, 2018, 74 per cent of meat processing facilities were inspected using the new baseline assessment and inspection tool: North Zone (46 per cent), Edmonton Zone (84 per cent), Central Zone (61 per cent), Calgary Zone (80 per cent), and South Zone (100 per cent).

Outbreak Management

AHS and Alberta Health are working with the zones to ensure a consistent approach to disease outbreak notification, management and reporting including:

- ❖ Participating on a national Outbreak Investigation Coordinating Committee, contributing unique surveillance data to help identify contamination of flour with E. coli which led to a nation-wide recall.