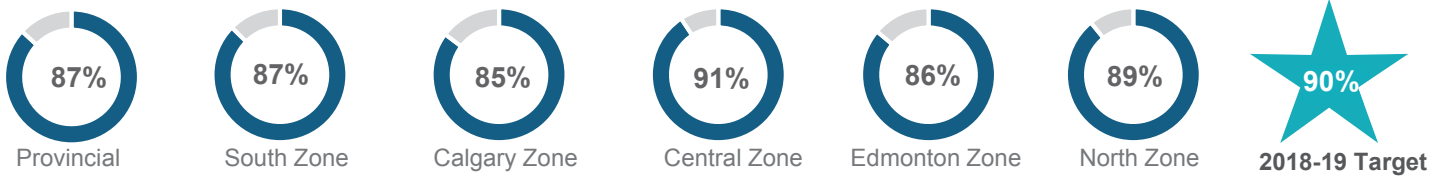


This measure is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Direct observation is recommended to assess hand hygiene compliance rates for healthcare workers. The higher the percentage the better, as it demonstrates more healthcare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

Hand Hygiene Compliance, Q2YTD 2018-19



Hand Hygiene Compliance Trend

Zone Name	Site Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19	Trend	2018-19 Target
Provincial	Provincial	66%	75%	80%	82%	85%	84%	87%	↑	90%
South Zone	South Zone	78%	82%	82%	84%	80%	79%	87%	↑	90%
	Chinook Regional Hospital	81%	85%	82%	83%	78%	71%	88%	↑	90%
	Medicine Hat Regional Hospital	76%	77%	82%	87%	84%	85%	88%	↑	90%
	Other South Hospitals	79%	85%	83%	83%	81%	77%	87%	↑	90%
Calgary Zone	Calgary Zone	59%	71%	78%	81%	84%	83%	85%	⇔	90%
	Alberta Children's Hospital	57%	74%	77%	80%	79%	81%	85%	↑	90%
	Foothills Medical Centre	52%	66%	76%	83%	84%	84%	85%	⇔	90%
	Peter Lougheed Centre	62%	77%	85%	79%	80%	77%	85%	↑	90%
	Rockyview General Hospital	62%	68%	74%	84%	88%	90%	91%	☆	90%
	South Health Campus	59%	59%	69%	76%	77%	80%	73%	↓	90%
	Other Calgary Hospitals	63%	77%	80%	79%	85%	84%	88%	↑	90%
Central Zone	Central Zone	64%	74%	81%	78%	87%	83%	91%	☆	90%
	Red Deer Regional Hospital Centre	75%	69%	78%	78%	85%	83%	89%	↑	90%
	Other Central Hospitals	57%	77%	82%	78%	87%	83%	91%	☆	90%
Edmonton Zone	Edmonton Zone	57%	74%	79%	83%	86%	85%	86%	⇔	90%
	Grey Nuns Community Hospital	64%	75%	73%	83%	89%	87%	91%	☆	90%
	Misericordia Community Hospital	71%	77%	75%	80%	86%	85%	88%	⇔	90%
	Royal Alexandra Hospital	62%	75%	81%	84%	86%	86%	85%	⇔	90%
	Stollery Children's Hospital	58%	75%	79%	80%	81%	80%	76%	↓	90%
	Sturgeon Community Hospital	59%	81%	84%	86%	88%	88%	84%	↓	90%
	University of Alberta Hospital	43%	70%	74%	85%	88%	87%	89%	⇔	90%
	Other Edmonton Hospitals	58%	73%	79%	82%	86%	85%	88%	↑	90%
	North Zone	North Zone	66%	81%	87%	88%	88%	87%	89%	⇔
Northern Lights Regional Health Centre		56%	64%	88%	87%	82%	84%	90%	☆	90%
Queen Elizabeth II Hospital		68%	91%	96%	91%	88%	89%	89%	⇔	90%
Other North Hospitals		66%	74%	85%	88%	89%	87%	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	Q2YTD 2017-18	Q2YTD 2018-19
Provincial	396,272	383,975	332,578	177,514	155,395
South Zone	39,185	38,314	18,270	8,086	12,648
Calgary Zone	183,110	162,423	128,616	73,730	49,963
Central Zone	45,103	35,952	38,974	18,808	20,696
Edmonton Zone	99,795	125,281	117,032	62,916	56,243
North Zone	29,079	22,005	29,686	13,974	15,845

Source: AHS Infection, Prevention and Control Database, as of October 11, 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.

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 because it is one key way to ensure 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” which 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 a recommended way to assess hand hygiene compliance rates for healthcare workers.

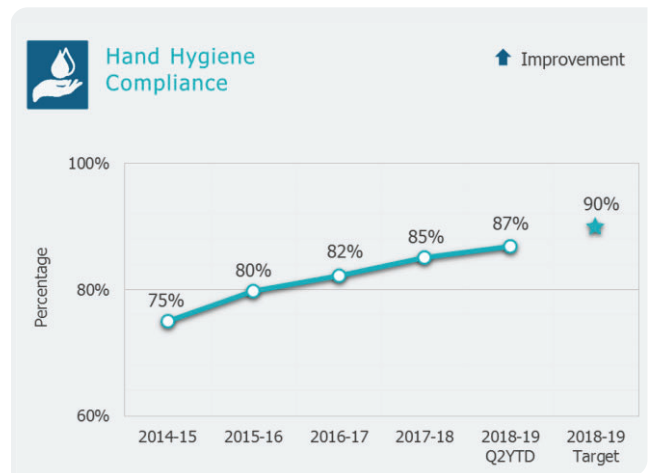
The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

HOW WE ARE DOING

At the provincial level, hand hygiene compliance improved from the same period last year (87% in Q2YTD 2018-19 compared to 84% in Q2YTD 2017-18).

Sustained improvements in hand hygiene practices reflect the organizational commitment and healthcare worker engagement towards improving hand hygiene practices as the most effective way to reduce transmission of microbes that cause infection.

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



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

WHAT WE ARE DOING

AHS continues to develop new communication tools to share hand hygiene results and engage leaders, physicians, and front line healthcare workers in hand hygiene improvements.

In Q2, a refreshed Alberta Fire Code Standard on alcohol-based hand rub (ABHR) volumes within healthcare facilities was issued. Actions are now underway across AHS sites to review placement of ABHR canisters to understand our level of compliance on maximum volumes within a single fire zone. To support access at point of patient care, AHS has replaced the 1 litre ABHR canister inserts with ones holding 650 millilitre volumes.

Clinical teams across the organization are supported in reducing risk of hospital-acquired infections through ongoing surveillance and reporting of provincial rates of key infection indicators.

- Hospital-acquired *Clostridium difficile* Infections (CDI) rates remain stable and demonstrate improvements with a downward trend (2.6 cases per 10,000 patient days in Q2 2018-19 compared to 3.1 cases in Q2 2017-18). A lower rate is better.
- Hospital-acquired Methicillin-resistant *Staphylococcus aureus* Blood Stream Infections (MRSA BSI) rates remain stable and demonstrate improvements with a downward trend (0.13 cases per 10,000 patient days in Q2 2018-19 compared to 0.16 cases in Q2 2017-18). A lower rate is better.

While provincial and zone rates of hospital-acquired infections are impacted by a number of factors, including the nature of the circulating bacteria, the following initiatives will have contributed to the improved rate.

- The AHS Infection, Prevention and Control (IPC) team continues to collaborate with AHS Linen and Environmental Services (LES) on initiatives directly related to reducing the transmission of microbes from patient care environments and shared patient equipment.
 - This includes the implementation of real-time reporting of cleanliness audits. As of Q2, more than half of sites across the province have transitioned from a paper-based audit process to the automated reporting system with plans in place to have all sites transitioned by the end of this fiscal year.
 - As of Q2, the LES **Equipment Cleaning program** has been rolled out across the province. New processes ensure the right people are performing the right work, clinical staff know what is clean and dirty and the right disinfectants are used to increase the efficacy of cleaning procedures.

- AHS has an active **Antimicrobial Stewardship** program focused on reducing the incidence of hospital-acquired CDI. Initiatives include the use of standardized physician patient care orders to standardize treatment and reinforce appropriate infection control precautions.
- AHS is actively engaged in the design of clinical workflows required for implementation of Connect Care. Through this work, IPC has validated and enhanced its province-wide approach to screening of antibiotic-resistant organisms at the time of admission to hospital and has defined content for IPC alerts signaling the need for application of additional precautions, such as isolation for patients with infections such as CDI.