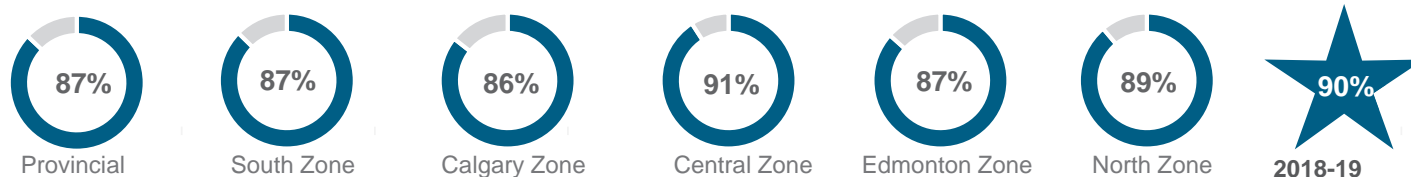


## AHS Report on Performance FY 2018-19

## 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 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, FY 2018-19



### Hand Hygiene Compliance Trend

| Zone Name     | Site Name                              | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | Trend | 2018-19 Target |
|---------------|--|---------|---------|---------|---------|---------|---------|-------|----------------|
| Provincial    | Provincial                             | 66%     | 75%     | 80%     | 82%     | 85%     | 87%     | ↔     | 90%            |
| South Zone    | South Zone                             | 78%     | 82%     | 82%     | 84%     | 80%     | 87%     | ↑     | 90%            |
|               | Chinook Regional Hospital              | 81%     | 85%     | 82%     | 83%     | 78%     | 87%     | ↑     | 90%            |
|               | Medicine Hat Regional Hospital         | 76%     | 77%     | 82%     | 87%     | 84%     | 89%     | ↑     | 90%            |
|               | Other South Hospitals                  | 79%     | 85%     | 83%     | 83%     | 81%     | 87%     | ↑     | 90%            |
| Calgary Zone  | Calgary Zone                           | 59%     | 71%     | 78%     | 81%     | 84%     | 86%     | ↔     | 90%            |
|               | Alberta Children's Hospital            | 57%     | 74%     | 77%     | 80%     | 79%     | 81%     | ↑     | 90%            |
|               | Foothills Medical Centre               | 52%     | 66%     | 76%     | 83%     | 84%     | 85%     | ↔     | 90%            |
|               | Peter Lougheed Centre                  | 62%     | 77%     | 85%     | 79%     | 80%     | 85%     | ↑     | 90%            |
|               | Rockyview General Hospital             | 62%     | 68%     | 74%     | 84%     | 88%     | 91%     | ☆     | 90%            |
|               | South Health Campus                    | 59%     | 59%     | 69%     | 76%     | 77%     | 76%     | ↔     | 90%            |
|               | Other Calgary Hospitals                | 63%     | 77%     | 80%     | 79%     | 85%     | 88%     | ↑     | 90%            |
|               | Central Zone                           | 64%     | 74%     | 81%     | 78%     | 87%     | 91%     | ☆     | 90%            |
| Central Zone  | Red Deer Regional Hospital Centre      | 75%     | 69%     | 78%     | 78%     | 85%     | 88%     | ↑     | 90%            |
|               | Other Central Hospitals                | 57%     | 77%     | 82%     | 78%     | 87%     | 92%     | ☆     | 90%            |
|               | Edmonton Zone                          | 57%     | 74%     | 79%     | 83%     | 86%     | 87%     | ↔     | 90%            |
| Edmonton Zone | Grey Nuns Community Hospital           | 64%     | 75%     | 73%     | 83%     | 89%     | 92%     | ☆     | 90%            |
|               | Misericordia Community Hospital        | 71%     | 77%     | 75%     | 80%     | 86%     | 88%     | ↔     | 90%            |
|               | Royal Alexandra Hospital               | 62%     | 75%     | 81%     | 84%     | 86%     | 85%     | ↔     | 90%            |
|               | Stollery Children's Hospital           | 58%     | 75%     | 79%     | 80%     | 81%     | 80%     | ↔     | 90%            |
|               | Sturgeon Community Hospital            | 59%     | 81%     | 84%     | 86%     | 88%     | 83%     | ↓     | 90%            |
|               | University of Alberta Hospital         | 43%     | 70%     | 74%     | 85%     | 88%     | 89%     | ↔     | 90%            |
|               | Other Edmonton Hospitals               | 58%     | 73%     | 79%     | 82%     | 86%     | 89%     | ↑     | 90%            |
|               | North Zone                             | 66%     | 81%     | 87%     | 88%     | 88%     | 89%     | ↔     | 90%            |
| North Zone    | Northern Lights Regional Health Centre | 56%     | 64%     | 88%     | 87%     | 82%     | 88%     | ↑     | 90%            |
|               | Queen Elizabeth II Hospital            | 68%     | 91%     | 96%     | 91%     | 88%     | 81%     | ↓     | 90%            |
|               | Other North Hospitals                  | 66%     | 74%     | 85%     | 88%     | 89%     | 90%     | ☆     | 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 | 2018-19 |
|---------------|---------|---------|---------|---------|
| Provincial    | 396,272 | 383,975 | 332,578 | 319,199 |
| South Zone    | 39,185  | 38,314  | 18,270  | 26,029  |
| Calgary Zone  | 183,110 | 162,423 | 128,616 | 114,198 |
| Central Zone  | 45,103  | 35,952  | 38,974  | 41,678  |
| Edmonton Zone | 99,795  | 125,281 | 117,032 | 106,473 |
| North Zone    | 29,079  | 22,005  | 29,686  | 30,821  |

Source: AHS Infection, Prevention and Control Database, as of April 23, 2019

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.

## Improve Patient and Population Health Outcomes

### Objective 7: Reducing and preventing 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

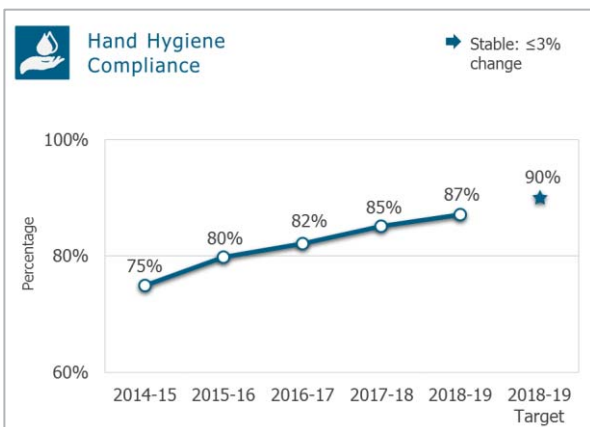
**Hand Hygiene Compliance** is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian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



Source: AHS Infection, Prevention and Control Database

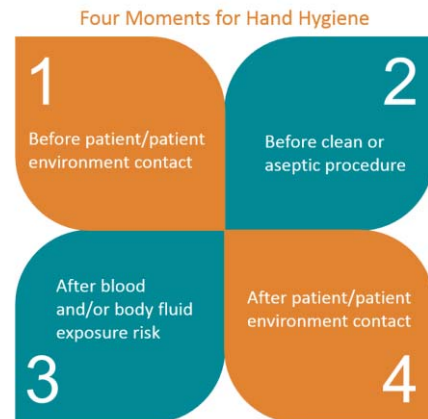
The hand hygiene compliance rate has made significant improvement since 2010 (50%) but did not achieve target in 2018-19. As AHS achieves higher levels of performance, less significant gains are likely to be made. AHS is committed to finding ways to achieve the target of 90% which requires partnership and joint efforts. Continuous efforts on program evaluation, education, and

training are being made to encourage frontline healthcare providers to continue to increase their accountability and ownership of hand hygiene practices.

#### WHAT WE ARE DOING

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

- The redesigned Hand Hygiene Reviewer Training was implemented in April 2018. Since then, a standardized provincial competency check testing PowerPoint has been trialed for site-based reviewers who performed hand hygiene reviews in acute care. Future work will look at further streamlining and focusing the training as well as analyzing the results of the competency check process.
- 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 2019.
- In celebration of Global Handwashing Day - October 15, 2018 - the Infection, Prevention and Control Hand Hygiene Program hosted a Lunch and Learn Speakers Series with more than 200 attendees. Three presenters from Infection Prevention and Control and Workplace Health and Safety hosted sessions on “Hand Health Guiding Practices”, “Hand Hygiene Review: Behaviour Modification to Improve Compliance and Facilitate Cultural Shift”, and “Practical Magic: Sleight of Hand Techniques Revealed”.
- AHS began introducing a new cartridge for alcohol-based hand rub which dispenses an optimal amount of sanitizer for the recommended wet contact time in a single dose. The new cartridge dispenses a higher volume of sanitizer than previous cartridges to help users to have a minimum wet contact time of 20-30 seconds as recommended by the World Health Organization.



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.

AHS' Infection Prevention and Control (IPC) team 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.

- Overall, rates for **Hospital-acquired Methicillin-resistant *Staphylococcus aureus* Bloodstream Infection (MRSA BSI)** remained stable and continue to demonstrate a downward trend, similar to last year (0.10 in 2018-19 compared to 0.20 per 10,000 patient-days in 2017-18).
- In 2018-19, rates for **Hospital-acquired *Clostridium difficile* (C-diff) infection (CDI)** continue to be lower than last year and the rates remain below the Canadian national average (2.3 in 2018-19 compared to 2.9 per 10,000 patient-days in 2017-18).

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

- The standardized **Equipment Cleaning program** is now fully implemented at all large acute and regional hospitals across the province. The program has defined parameters, cleaning methods and frequencies, and provides clarity of accountability to support the highest standards of quality and patient safety. The program ensures the right people are performing the right work, that clinical staff know which equipment is clean, and the right disinfectants are used to increase the efficacy of cleaning procedures.
- AHS has an active **Antimicrobial Stewardship** program focused on optimal antimicrobial use. 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, Infection Prevention and Control has validated and enhanced its province-wide approach to screening of antibiotic-resistant organisms at the time of admission to hospital. IPC has also defined content for alerts signaling the need for the application of additional precautions, such as isolation for patients with infections.

The AHS **Patient Safety Plan** was finalized and work is underway to bring this plan to life. An important part of the Plan is the adoption of a measurement and monitoring framework that supports a shift from a reactive to a proactive approach to patient safety. This shift will allow AHS to use data to enable teams to not only learn from and respond to past events, but to improve patient safety by anticipating problems before they occur.