

# AHS Report on Performance

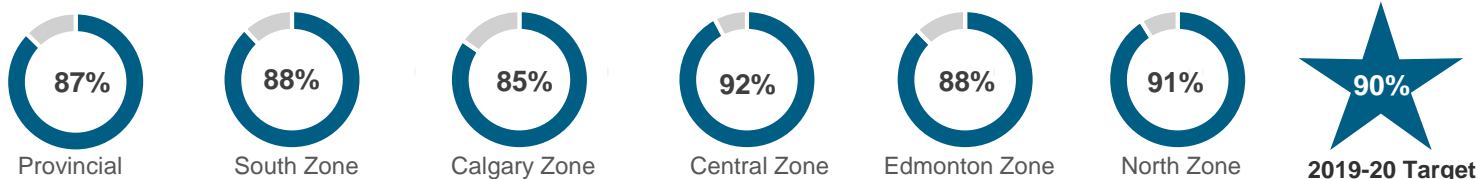
## Q3 2019-20

# HAND HYGIENE COMPLIANCE

**DEFINITION:** The percentage of opportunities in which healthcare workers clean their hands during the course of patient care.

**WHY THIS IS IMPORTANT:** 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. 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.

### Hand Hygiene Compliance, Q3YTD 2019-20



### Hand Hygiene Compliance Trend

Zone Name	Site Name	2014-15	2015-16	2016-17	2017-18	2018-19	Q3YTD 2018-19	Q3YTD 2019-20	Trend	2019-20 Target
<b>Provincial</b>	<b>Provincial</b>	<b>75%</b>	<b>80%</b>	<b>82%</b>	<b>85%</b>	<b>87%</b>	<b>87%</b>	<b>87%</b>	⇔	<b>90%</b>
<b>South Zone</b>	<b>South Zone</b>	<b>82%</b>	<b>82%</b>	<b>84%</b>	<b>80%</b>	<b>87%</b>	<b>87%</b>	<b>88%</b>	⇔	<b>90%</b>
	Chinook Regional Hospital	85%	82%	83%	78%	87%	87%	87%	⇔	90%
	Medicine Hat Regional Hospital	77%	82%	87%	84%	89%	88%	90%	☆	90%
	Other South Hospitals	85%	83%	83%	81%	87%	87%	88%	⇔	90%
<b>Calgary Zone</b>	<b>Calgary Zone</b>	<b>71%</b>	<b>78%</b>	<b>81%</b>	<b>84%</b>	<b>86%</b>	<b>85%</b>	<b>85%</b>	⇔	<b>90%</b>
	Alberta Children's Hospital	74%	77%	80%	79%	81%	80%	81%	⇔	90%
	Foothills Medical Centre	66%	76%	83%	84%	85%	84%	83%	⇔	90%
	Peter Lougheed Centre	77%	85%	79%	80%	85%	85%	87%	↑	90%
	Rockyview General Hospital	68%	74%	84%	88%	91%	91%	89%	⇔	90%
	South Health Campus	59%	69%	76%	77%	76%	75%	81%	↑	90%
	Other Calgary Hospitals	77%	80%	79%	85%	88%	88%	88%	⇔	90%
	<b>Central Zone</b>	<b>Central Zone</b>	<b>74%</b>	<b>81%</b>	<b>78%</b>	<b>87%</b>	<b>91%</b>	<b>91%</b>	<b>92%</b>	☆
Red Deer Regional Hospital Centre	69%	78%	78%	85%	88%	90%	88%	⇔	90%	
Other Central Hospitals	77%	82%	78%	87%	92%	91%	93%	☆	90%	
<b>Edmonton Zone</b>	<b>Edmonton Zone</b>	<b>74%</b>	<b>79%</b>	<b>83%</b>	<b>86%</b>	<b>87%</b>	<b>86%</b>	<b>88%</b>	⇔	<b>90%</b>
	Grey Nuns Community Hospital	75%	73%	83%	89%	92%	92%	92%	☆	90%
	Misericordia Community Hospital	77%	75%	80%	86%	88%	88%	89%	⇔	90%
	Royal Alexandra Hospital	75%	81%	84%	86%	85%	85%	86%	⇔	90%
	Stollery Children's Hospital	75%	79%	80%	81%	80%	78%	85%	↑	90%
	Sturgeon Community Hospital	81%	84%	86%	88%	83%	83%	84%	⇔	90%
	University of Alberta Hospital	70%	74%	85%	88%	89%	89%	88%	⇔	90%
	Other Edmonton Hospitals	73%	79%	82%	86%	89%	88%	89%	⇔	90%
	<b>North Zone</b>	<b>North Zone</b>	<b>81%</b>	<b>87%</b>	<b>88%</b>	<b>88%</b>	<b>89%</b>	<b>89%</b>	<b>91%</b>	☆
Northern Lights Regional Health Centre	64%	88%	87%	82%	88%	90%	93%	☆	90%	
Queen Elizabeth II Hospital	91%	96%	91%	88%	81%	82%	86%	↑	90%	
Other North Hospitals	74%	85%	88%	89%	90%	90%	91%	☆	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	Q3YTD 2018-19	Q3YTD 2019-20
<b>Provincial</b>	<b>395,771</b>	<b>383,432</b>	<b>333,076</b>	<b>321,017</b>	<b>237,913</b>	<b>241,610</b>
South Zone	39,185	38,056	18,277	26,191	19,323	21,959
Calgary Zone	182,568	162,014	128,687	114,642	81,434	95,857
Central Zone	45,144	35,952	39,162	41,865	30,950	30,136
Edmonton Zone	99,795	125,376	117,215	107,235	82,677	72,215
North Zone	29,079	22,034	29,735	31,084	23,529	21,443

Source: AHS Infection Prevention and Control Surveillance and Standards, as of January 15, 2020; Covenant Health Infection Prevention and Control, as of January 2, 2020

Notes:

- Covenant Health sites (including Misericordia Community Hospital and Grey Nuns Hospital) use different methodologies for capturing and computing hand hygiene compliance. 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 collected 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; 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

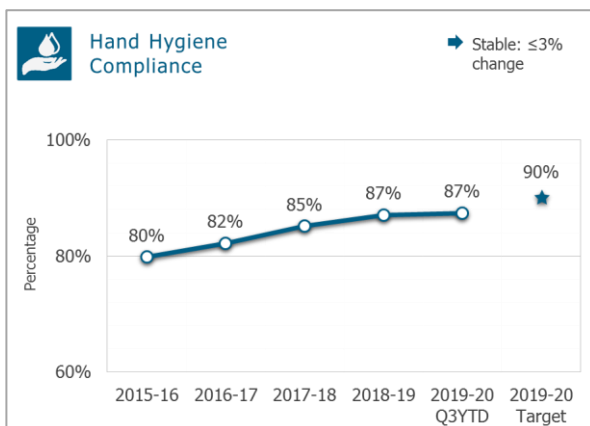
**Hand Hygiene Compliance** is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed by trained personnel to see if they are compliant with routine hand hygiene practices according to the Canadian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

Hand hygiene compliance rates remained stable in Q3 compared to the same period last year and did not achieve target. As AHS achieves higher levels of performance, less significant gains are likely to be made. Continuous efforts on program evaluation, education, and training are being made to encourage frontline healthcare providers to increase their accountability for hand hygiene practices.

AHS is committed to finding ways to achieve the target of 90% which requires partnership and joint efforts. Ongoing discussions with trained hand hygiene reviewers and utilizing just-in-time education for observed staff promotes a culture of diligent hand hygiene behavior and provides patients with the opportunity to engage when observations occur during patient care.

#### WHAT WE ARE DOING

AHS continues to focus on **hand hygiene** improvement initiatives that increase awareness and monitoring of proper hand hygiene practices.

- In celebration of Global Handwashing Day on October 15, the Infection Prevention and Control (IPC) Hand Hygiene Program hosted a Lunch and Learn Speakers Series which featured a “Day in the Life of a Hand Hygiene Reviewer” session.
- In Q3, South Zone began developing a site-based Reviewer Appreciation initiative that will be implemented in Q4.

AHS’ IPC team works closely with the 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 has consistently performed better than the national comparison.

- Overall, rates for **Hospital-acquired Methicillin-resistant Staphylococcus aureus Bloodstream Infection (MRSA BSI)** remained stable in Q3YTD (0.22 per 10,000 patient days) compared to the same period last year (0.13 per 10,000 patient days). The rate continues to be below the Canadian national average.
- Overall, rates for **Hospital-acquired Clostridium difficile (C-diff) infection (CDI)** remained stable in Q3YTD (2.6 per 10,000 patient days) compared to the same period last year (2.6 per 10,000 patient days). The rate continues to be below the Canadian national average.

The AHS **Patient Safety Plan** supports shifting from a reactive approach to patient safety to a proactive approach. In Q3, AHS participated in Canadian Patient Safety Week by encouraging every healthcare provider, patient, and family member to ask questions, listen to the answers, and talk about their concerns. Communication is one of the most effective ways to ensure patient safety and taking part in Safety Week activities helps staff become more aware of patient safety, which builds confidence to teach others.