

## HAND HYGIENE COMPLIANCE

### Measure Definition:

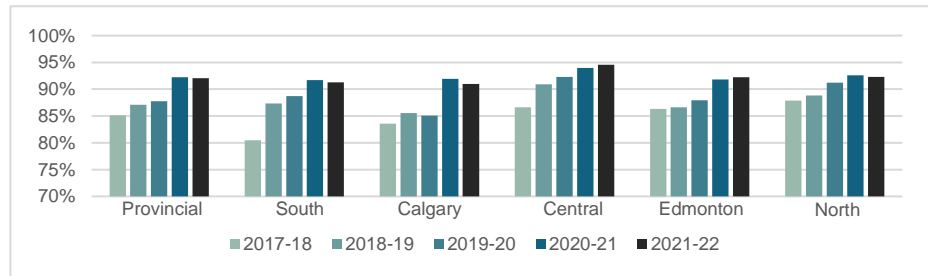
The percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Healthcare workers are directly observed for compliance with hand hygiene practices according to the Canadian Patient Safety Institute's four moments of hand hygiene.

### Why It's Important:

Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. The higher the percentage the better, as it demonstrates more healthcare workers are complying with appropriate hand hygiene practices.

### Performance Summary:

**92%**  
Provincial  
2021-22  
  
Result: **Stable**  
(Compared to the same period last year)



### Hand Hygiene Compliance - Trend

Zone	Site Name	2017-18	2018-19	2019-20	2020-21	2021-22	Result
Provincial	Provincial	85%	87%	88%	92%	92%	Stable
South Zone	South Zone	80%	87%	89%	92%	91%	Stable
	Chinook Regional Hospital	78%	87%	87%	91%	90%	Stable
	Medicine Hat Regional Hospital	84%	88%	90%	95%	95%	Stable
	Other South Hospitals	81%	87%	90%	90%	92%	Stable
Calgary Zone	Calgary Zone	84%	86%	85%	92%	91%	Stable
	Alberta Children's Hospital	79%	81%	82%	88%	90%	Stable
	Foothills Medical Centre	84%	85%	83%	91%	91%	Stable
	Peter Lougheed Centre	80%	85%	88%	92%	89%	Deteriorated
	Rockyview General Hospital	88%	91%	90%	94%	95%	Stable
	South Health Campus	77%	76%	82%	88%	90%	Stable
	Other Calgary Hospitals	85%	88%	89%	95%	90%	Deteriorated
Central Zone	Central Zone	87%	91%	92%	94%	95%	Stable
	Red Deer Regional Hospital Centre	85%	88%	89%	92%	94%	Stable
	Other Central Hospitals	87%	92%	93%	94%	95%	Stable
Edmonton Zone	Edmonton Zone	86%	87%	88%	92%	92%	Stable
	Grey Nuns Community Hospital	89%	92%	92%	95%	94%	Stable
	Misericordia Community Hospital	86%	88%	89%	93%	93%	Stable
	Royal Alexandra Hospital	86%	85%	87%	91%	93%	Stable
	Stollery Children's Hospital	81%	80%	85%	91%	93%	Stable
	Sturgeon Community Hospital	88%	83%	85%	86%	92%	Improved
	University of Alberta Hospital	88%	89%	87%	91%	93%	Stable
	Other Edmonton Hospitals	86%	88%	90%	93%	91%	Stable
North Zone	North Zone	88%	89%	91%	93%	92%	Stable
	Northern Lights Regional Health Centre	82%	88%	94%	93%	93%	Stable
	Queen Elizabeth II Hospital	88%	81%	86%	95%	89%	Deteriorated
	Other North Hospitals	89%	90%	91%	92%	92%	Stable

### Total Observations

Zone	2017-18	2018-19	2019-20	2020-21	2021-22
Provincial	334,536	322,384	316,735	162,050	217,453
South Zone	18,277	26,212	28,987	16,626	22,319
Calgary Zone	128,687	114,673	124,099	54,155	70,339
Central Zone	39,271	42,181	39,362	23,523	30,241
Edmonton Zone	118,566	108,234	95,781	49,447	71,893
North Zone	29,735	31,084	28,506	18,299	22,661

Source: AHS IPC Surveillance and Standards, as of May 18, 2022; Covenant Health Infection Prevention and Control, as of April 5, 2022.

#### Notes:

- Covenant Health sites (Misericordia Community Hospital and Grey Nuns Community Hospital) use different methodologies for capturing and computing hand hygiene compliance. These are available twice a year in spring (Q1) and fall (Q3). 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 Care Alberta, Corrections, EMS, Hemodialysis, Home Care, and Public Health.
- Hand hygiene data reporting for 2020/21-Q1 was suspended due to the interruption of data collection activities during the COVID-19 pandemic.
- Queen Elizabeth II Hospital acute care moved to Grande Prairie Regional Hospital in December 2021, data in Q4 2021-22 only includes ambulatory care in Queen Elizabeth II Hospital, and hand hygiene data for Grande Prairie Regional Hospital acute care are not available.
- Results are reported as "improved" if there is a 3% or greater relative change in a desirable direction when compared to the same time period last year; "deteriorated" if the 3% or greater relative change is in an undesirable direction; otherwise results are reported as "stable".

# Goal 2: Improve Patient and Population Health Outcomes

## Objective 5: Focus on health promotion through increased prevention of disease and injury.

AHS works with Alberta Health, patients, families and communities to improve the health of the population by preventing disease, illness and injury; managing chronic diseases; improving access to cancer screening, early detection and follow-up; protecting populations from health risks; and promoting public health policies.

## Actions and Achievements

### Manage the COVID-19 pandemic

- In July 2021, contact tracing was discontinued in all but high-risk outbreak settings. In December 2021, case investigation was discontinued for all but high-priority settings. More than 228,000 cases of COVID-19 were investigated in 2021-22.
- AHS supported implementation of the Alberta Vaccine Booking System with pharmacies, Health Link and AHS services. The system supports both COVID-19 and influenza vaccine appointments. Since launching in August 2021, more than two million appointments have been scheduled through the system.
- Following completion of a condensed training program that focused on pandemic-specific competencies, Health Link nurses were hired to support the pandemic response and AHS' capacity to respond to increased COVID-19 call volumes. This year, 129 COVID-only nurses completed the Health Link training program which allowed them to work to the full scope of practice.

- Working with Alberta Health, AHS improved access through Indigenous vaccine clinics that supported off-reserve and off-settlement First Nations, Métis and Inuit populations. In 2021-22, 57 urban clinics offered vaccination, including four designed for children (ages 5-11).
- AHS developed new web resources to promote and share information about COVID-19 immunization for children (ages 5-11). The COVID-19 page for kids ([www.ahs.ca/topics/page17746.aspx](http://www.ahs.ca/topics/page17746.aspx)) had received more than 203,300 views since launching in October, and the *COVIDzilla* game had been accessed more than 27,000 times.
- In 2021-22, AHS launched three Inter-professional Outpatient Program (IPOP) clinics aimed at providing wrap-around care for long-COVID patients suffering from severe symptoms at 12 weeks post-infection. The program connects primary care, specialists and allied health professionals with AHS' Community Accessible Rehabilitation to provide services based on patient need. IPOP clinics can be accessed virtually or in person.

### Increase childhood immunization and influenza immunization rates

- While many public health resources were redirected to the pandemic response, AHS continued to provide infant and preschool immunizations, prioritizing appointments at two, four, six and 12 months of age. In 2021-22, the DTaP-IPV-Hib (diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenzae type b) immunization rate for children (by age 2) was 75 per cent. The MMR (measles, mumps, rubella) immunization rate for children (by age 2) was 85 per cent.

- Influenza immunization is the most effective way to prevent the flu and its complications. AHS focused on serving high-risk populations including seniors, people experiencing homelessness and marginalized persons who are most at risk for morbidity and mortality due to influenza disease. During the 2021-22 influenza season, 1.2 million doses of influenza vaccine were administered, covering approximately 27 per cent of Albertans. The immunization coverage rate decreased by 27 per cent compared to last season.

### Return cancer screening and diagnostic follow-up to pre-pandemic levels

- Overall, breast, cervical and colorectal cancer screening volumes have returned to pre-pandemic levels; AHS continues to evaluate the impact of COVID-19 service disruptions on screening and diagnostic follow-up, and develop strategies to address the backlog. In 2021-22, AHS launched an outreach strategy focused on under and unscreened populations. As part of the campaign, several animated videos, translated into six languages, were developed to provide clear information on the importance of cancer screening and how to access screening services. Information is available at [www.screeningforlife.ca](http://www.screeningforlife.ca).
- In partnership with Indigenous communities and organizations, AHS continued to fund and support 12 community-led cancer prevention and screening projects. In 2021-22, eight projects were concluded. Evaluation and knowledge translation is ongoing with participating communities.
- Care pathways were developed for colorectal cancer and lymphoma to expedite diagnosis and access to supports in the community for patients with high-risk symptoms. Implementation is complete in all zones. Preliminary data shows improved wait-times to diagnosis when the pathway is used.

### Enhance a web-based platform for primary and secondary prevention programs in partnership with MyHealth Alberta

- Work continued to integrate population and public health websites under Healthier Together (part of the MyHealth Alberta online platform). The Healthier Together Schools website launched in April 2021 as the new virtual hub for AHS school health promotion. Since launching, the website had received more than 15,000 views from 9,118 unique visitors.

### Reduce preventable harm

- In 2021-22, an analysis of Quality Assurance Reviews was completed to identify patient safety hazards to update the AHS *Patient Safety Plan*. Based on report findings, patient safety teams across the organization are collaborating to set priorities and will embed findings into Connect Care's real-time indicator capabilities.
- As a result of an evidence-based evaluation that determined bacterial co-infection is rare with COVID-19, order sets and care pathways were revised to reduce the unnecessary use of antibiotics. AHS teams continue to actively assess emerging COVID-19 drug therapies for possible use in Alberta.
- The provincial Personal Protective Equipment (PPE) Safety Coach program supports reduced transmission of infectious diseases in healthcare settings. Provincial implementation continues with more than 1,700 coaches trained to date.
- In 2021-22, AHS investigated 324 confirmed enteric outbreaks, which is a 72-per-cent increase compared to last year (188). Symptoms common to an enteric outbreak include nausea, vomiting and abdominal pain that may be caused by bacteria, viruses or parasites. This year, changes to reporting requirements led to increased specimen testing for enteric pathogens.
- In 2021-22, AHS investigated 4,878 confirmed non-enteric outbreaks, which is a 12-per-cent increase compared to last year (4,354). Examples of non-enteric outbreaks are

chickenpox, measles, influenza and COVID-19. This year, outbreaks increased due to COVID-19 waves and increased transmission of variant strains which contributed to higher levels of community circulation.

- In 2021-22, AHS reported no cases of measles and no pertussis (whooping cough) outbreaks. As reported in 2020-21, this is the second year AHS has reported no cases of either illness.
- In 2021-22, 174 cases of lab-confirmed seasonal influenza were reported. The return of influenza cases this season is likely attributable to reduced restrictions related to travel and public health measures.

### **Continue work on injury prevention and managing chronic diseases and conditions**

- The Fragility and Stability Program reduces the rate of secondary hip fracture related to osteoporosis and provides evidence-based care when fracture occurs. As of March 31, 2022, 11 sites have implemented the program.
- AHS developed a Primary Care Nutrition Pathway for Adults Aged 65+ (co-developed with the Canadian Malnutrition Task Force) to improve prevention, detection and treatment of malnutrition in community settings. In 2021-22, communities in Central Zone implemented the pathway and completed more than 270 nutrition risk screens. Approximately 60 per cent of patients were at nutrition risk and received support.

### **Implement Office of the Auditor General chronic disease management recommendations**

- Working with Alberta Health, all actions recommended by the Office of the Auditor General related to chronic disease management have been completed. AHS made improvements to structures and processes that support overall system quality and efficiency.
- Timely access to gastroenterology specialty care is an issue across Alberta. Nine digestive health primary care pathways are now available online to increase visibility and

adoption by primary care providers. Over a one-year period, gastrointestinal pathways prevented approximately 1,500 inappropriate specialty referrals.

- In 2021-22, the Disease-Inclusive Pathway for Transitions in Care (ADAPT) project began work to create a common care transitions pathway for Albertans with complex chronic conditions.

### **Support Zone Primary Care Network (PCN) Health Service Plans**

- AHS plans services jointly with PCNs through the Zone PCN Service Planning process. Opportunities and gaps related to zone-wide alignment and integration of AHS and PCN services are identified in order to address priority health needs of the population. Through implementation of the plans, AHS and PCNs work together to support the primary health care needs of Albertans across all five zones, to improve access and ensure equitable service delivery. Progress reports were submitted to Alberta Health in November 2021.

### **Support health equity for Indigenous Peoples and communities**

- Planning and development of the Indigenous 1-800 Support Line pilot program is nearly complete. Operated by Health Link, the dedicated support line will provide a safe and respectful place for Indigenous Peoples living in Alberta to receive culturally-informed guidance and health system navigation support.
- The Indigenous Patient Concerns and Experience project aims to improve the patient concerns experience for Indigenous Peoples. AHS implemented changes to the Feedback and Concerns Tracking database to include categories for concerns related to discrimination.
- The Integrated Access to Cancer Screening project is testing a new service delivery model that uses a nurse practitioner, in conjunction with mobile screen test services. More than 140 communities were served by 36 clinics, including 26 Indigenous communities, enabling 654 patients to receive integrated cancer screening services.

- The Indigenous Alberta Healthy Communities Approach supports First Nations communities and Métis Settlements to assess their needs, identify local opportunities, set priorities and take action with community and health partners to promote a healthy lifestyle and prevent cancer. This approach will create a platform for Indigenous cancer prevention and screening in Alberta, including an evaluation process which will be completed in spring 2023. To date, more than 400 community members have participated in cancer prevention and screening activities and programs developed or supported by these projects, with 68 per cent of participants reporting improved knowledge of cancer risk factors and healthy lifestyle choices.
- The Honouring Life (HL) program provides funding for the development of community-led projects that aim to increase local capacity for suicide prevention through life promotion and personal development supports for Indigenous youth. Since 2018, more than \$10M has been provided to 54 Indigenous communities, Métis Settlements and Indigenous-serving community organizations. HL activities include recreational programs to promote wellness behaviours, knowledge sharing and learning opportunities, in-school and after-school programming, health services and education, and community-led initiatives such as feasts, culture camps, berry picking and community gatherings. Feedback from HL grantees suggests that creating opportunities for youth to engage with their peers, families, Elders and the broader community greatly helps them to build strong, enduring connections with others and their surrounding environments. Program outcomes show that youth involved with HL-based programming have improved their capacity to identify resources, knowledge and practices to support positive mental health and advocate for themselves, each other and their communities.

## Promote initiatives aimed at decreasing rates of syphilis and other sexually-transmitted infections

- This year, AHS began increasing outreach services in the community. For example, in partnership with AHS Addictions and Mental Health services, sexually-transmitted and blood-borne infections testing and treatment services continue to be offered to individuals experiencing addiction. AHS also continued work to increase treatment locations for infectious syphilis, including the availability of bicillin (medication commonly used in the treatment of syphilis) in Primary Care Networks, birth control centres and sexual and reproductive health clinics.
- Partner Notification Nurses encourage testing and provide information and counselling for those who have been exposed to a sexually-transmitted infection. In 2021-22, AHS worked together with the Fort McMurray First Nation Reserve to provide 'test and treat' services in the community. Outreach services were also re-established in Fort McMurray.
- The ECHO+ program aims to increase screening and supports for treatment of Hepatitis C and sexually-transmitted and blood-borne infections for Indigenous communities in Alberta. As of March 31, 2022, the program had engaged with 92 per cent of the 53 Indigenous communities in the province.

# Performance Results Summary

## Total Alberta Residents Who Received COVID-19 Vaccination (at least the first dose)

Doses	2020-21	2021-22
At Least First Dose	596,114 (13.5%)	3,583,790 (81.1%)
Second Dose	114,695 (2.6%)	3,386,054 (76.6%)

Source: Data was extracted from Imm/ARI by Alberta Health as of June 6, 2022.

- This is a cumulative measure; trend indicates continuous increase in vaccine uptake.

- At Least First Dose refers to people who have received the first dose only plus those who received the first and second dose. Second Dose refers to people who have received both doses.

- Results include vaccinations that took place in AHS sites and non-AHS sites (i.e., pharmacies, doctor's offices, etc.)

- The total population in Alberta was used as the denominator for the calculation of the percentage.

- This measure represents a cumulative count of Albertans who had received at least one dose of COVID-19 vaccine by the end of the reporting period. An effective vaccine will protect someone who receives it by lowering the chance of getting COVID-19 and/or providing protection against severe illness if the person encounters the coronavirus. The **higher the number the better**, as it demonstrates better vaccination coverage across the province.
- As of Q4YTD, the number of people who had received at least the first dose of COVID-19 vaccine (3,583,790) **improved** by 505 per cent compared to the same period last year (592,744).
- Using a similar definition, Alberta ranked 10th among the 10 provinces for the highest percent of the population with at least one dose of a COVID-19 vaccine. (AB = 80.22%, Canada = 84.92%; Best Performing Province = 95.93%) (Public Health Agency of Canada as of May 22, 2022).

## Hand Hygiene Compliance Rate

2017-18	2018-19	2019-20	2020-21	2021-22
85%	87%	88%	92%	92%

Source: AHS IPC Surveillance and Standards, as of May 18, 2022; Covenant Health Infection Prevention and Control, as of April 5, 2022.

- This measure monitors the percentage of opportunities in which healthcare workers clean their hands during the course of patient care, according to the Canadian Patient Safety Institute's "Four Moments of Hand Hygiene". Hand hygiene is the single most effective strategy to reduce the transmission of infection in the healthcare setting. The **higher the percentage the better**, as it demonstrates more healthcare workers are completing appropriate hand hygiene practices.
- As of Q4YTD, the hand hygiene compliance rate (92%) remained **stable** compared to the same period last year (92%). Hand hygiene compliance has been steadily improving since 2017-18 with sustained results throughout the COVID-19 pandemic.