**Hand Hygiene**

2018/19

- **Hand hygiene reviewers that collected hand hygiene observations**: 84
- **Sites that performed hand hygiene reviews**: 23
- **Clinics or units (inpatient and outpatient) that performed hand hygiene reviews**: 81
- **Total number of observations collected**: 26,111

**Hand hygiene method**

<table>
<thead>
<tr>
<th>Hand hygiene method</th>
<th>Proportion of total compliant hand hygiene observations collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>alcohol-based hand rub</td>
<td>88.6%</td>
</tr>
<tr>
<td>hand washing</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

**Your 4 Moments for Hand Hygiene**

1. **Before contact with patient or patient’s environment**
2. **Before clean/aseptic procedure**
3. **After body fluid exposure risk**
4. **After contact with patient or patient’s environment**

**South Zone**

Hand hygiene compliance **87.3%**

- **Hand hygiene compliance target**: 90.0%

**Healthcare provider group compliance**

<table>
<thead>
<tr>
<th>Role</th>
<th>Proportion of total compliant hand hygiene observations collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>88.5% (88.0%-88.9%)*</td>
</tr>
<tr>
<td>Physician</td>
<td>73.8% (71.5%-76.1%)*</td>
</tr>
<tr>
<td>Other</td>
<td>86.8% (85.9%-87.7%)*</td>
</tr>
</tbody>
</table>

**Most commonly missed opportunities for Your 4 Moments for Hand Hygiene**

- **1. Staff worked in the healthcare environment and then contacted a patient/patient’s environment**
- **2. Staff worked in the healthcare environment and then accessed aseptic/clean supplies**
- **3. Staff had a body fluid exposure risk and then worked in the healthcare environment**
- **4. Staff contacted a patient/patient’s environment and then worked in the healthcare environment**

In an effort to increase sustainability of site-based reviewers, the zone team began highlighting the hard work and dedication of site-based reviewers who have championed hand hygiene within their respective units and have demonstrated impactful leadership. Nominated site-based reviewers were acknowledged in several ways for their dedication and ongoing efforts to increase hand hygiene compliance and awareness, the Hand Hygiene program hopes this will build greater rapport with front line staff and increase retention rates for site-based reviewers.

In 2018/19-Q4, members of the IPC Surveillance and Standards team worked with IPC Hand Hygiene program members from South Zone to test a newly developed hand hygiene data collection and reporting tool. This tool was then piloted with the zone’s contracted emergency medical services providers in preparation for accreditation and new site-based reviewers within emergency medical services were trained to perform hand hygiene reviews using this tool.

*For more information on 95% confidence intervals, refer to Appendix B in the Alberta Health Services Annual Hand Hygiene Compliance Report.*