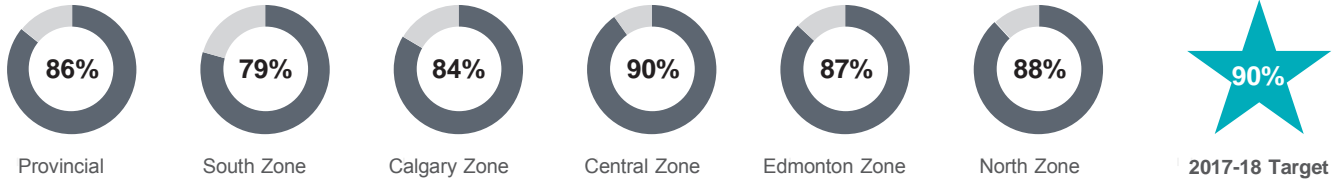


This measure is defined as the percentage of opportunities in which healthcare workers clean their hands during the course of patient care. Direct observation is recommended to assess hand hygiene compliance rates for healthcare workers. The higher the percentage the better, as it demonstrates more healthcare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

**Trend Legend:**

- Target achieved ★
- Improvement ■
- Stable: ≤3% deterioration between compared quarters ▲
- Area requires additional focus ●

### Hand Hygiene Compliance, Q3 2017-18



### Hand Hygiene Compliance Trend

Zone Name	Site Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q3 2016-17	Q3 2017-18	Trend	Q3YTD 2017-18	2017-18 Target
<b>Provincial</b>	<b>Provincial</b>	66%	75%	80%	82%	82%	86%	■	85%	90%
<b>South Zone</b>	<b>South Zone</b>	78%	82%	82%	84%	83%	79%	●	79%	90%
	Chinook Regional Hospital	81%	85%	82%	83%	80%	77%	●	75%	90%
	Medicine Hat Regional Hospital	76%	77%	82%	87%	85%	79%	●	85%	90%
	Other South Sites	79%	85%	83%	83%	84%	86%	■	79%	90%
<b>Calgary Zone</b>	<b>Calgary Zone</b>	59%	71%	78%	81%	80%	84%	■	83%	90%
	Alberta Children's Hospital	57%	74%	77%	80%	81%	83%	■	81%	90%
	Foothills Medical Centre	52%	66%	76%	83%	82%	85%	■	84%	90%
	Peter Lougheed Centre	62%	77%	85%	79%	75%	81%	■	78%	90%
	Rockyview General Hospital	62%	68%	74%	84%	87%	86%	▲	89%	90%
	South Health Campus	59%	59%	69%	76%	76%	71%	●	77%	90%
	Other Calgary Sites	63%	77%	80%	79%	78%	86%	■	84%	90%
<b>Central Zone</b>	<b>Central Zone</b>	64%	74%	81%	78%	77%	90%	★	85%	90%
	Red Deer Regional Hospital Centre	75%	69%	78%	78%	76%	85%	■	84%	90%
	Other Central Sites	57%	77%	82%	78%	77%	91%	★	85%	90%
<b>Edmonton Zone</b>	<b>Edmonton Zone</b>	57%	74%	79%	83%	85%	87%	■	86%	90%
	Grey Nuns Community Hospital *	64%	75%	73%	83%	87%	90%	★	89%	90%
	Misericordia Community Hospital *	71%	77%	75%	80%	85%	86%	■	86%	90%
	Royal Alexandra Hospital	62%	75%	81%	84%	85%	87%	■	86%	90%
	Stollery Children's Hospital	58%	75%	79%	80%	79%	82%	■	80%	90%
	Sturgeon Community Hospital	59%	81%	84%	86%	87%	88%	■	88%	90%
	University of Alberta Hospital	43%	70%	74%	85%	87%	89%	■	88%	90%
	Other Edmonton Sites	58%	73%	79%	82%	83%	86%	■	85%	90%
<b>North Zone</b>	<b>North Zone</b>	66%	81%	87%	88%	85%	88%	■	87%	90%
	Northern Lights Regional Health Centre	56%	64%	88%	87%	-**	81%	-	83%	90%
	Queen Elizabeth II Hospital	68%	91%	96%	91%	90%	98%	★	91%	90%
	Other North Sites	66%	74%	85%	88%	85%	89%	■	88%	90%

### Understanding Our Results

Overall there was continued and sustained improvement in the provincial hand hygiene rates in Q3.

While normal fluctuations in compliance are anticipated, downward trends in compliance rates are monitored and investigated. In some cases, the drop in compliance at the site is due to an increased proportion of observations occurring within a unit or program identified to be struggling with hand hygiene compliance. Hand hygiene improvement initiatives are undertaken which include increased frequency of monitoring to document and further stimulate improved hand hygiene practices.

### Total Observations (excludes Covenant Sites)

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	39,185	183,110	45,103	99,795	29,079	396,272
FY 2016-17	38,314	162,423	35,952	125,281	22,005	383,975
Q3 2016-17	7,593	42,633	8,817	29,237	4,030	92,310
Q3 2017-18	4,071	27,752	9,480	27,808	6,868	75,979

Source: AHS Infection, Prevention and Control Database, as of February 5, 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.
- \*\* No data collected for Northern Lights Regional Health Centre in Q3 2016-17 due to staff shortage. Also reflected in lower volumes in North Zone.

## 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.

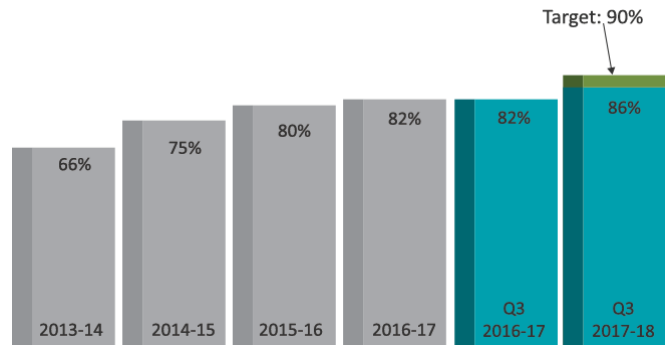
### HOW WE ARE DOING

At the provincial level, hand hygiene compliance increased from 82% in Q3 2016-17 to 86% in Q3 2017-18.

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

#### Hand Hygiene Compliance

Quarterly Comparison: ■ Improvement



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.

The Infection Prevention and Control (IPC) Hand Hygiene program launched a call to action on Global Handwashing Day on October 15, 2017 to increase hand hygiene awareness.

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 2018.

Oct - Dec 2017

HAND HYGIENE COMPLIANCE

85.8%

171

SITES REVIEWED

536

SITE-BASED REVIEWERS

To provide leaders with a framework that aims to connect hand hygiene improvement initiatives with existing AHS resources, the IPC Hand Hygiene program has developed the **Leadership Toolkit: Hand Hygiene, Helping Leaders Achieve Success**, which has been approved and is expected to be released soon.

Zones continue to recruit site-based hand hygiene reviewers to foster ownership and accountability for hand hygiene improvement in healthcare workers.

Hospital-acquired *Clostridium difficile* Infections (CDI) rates remain stable and low for the past few quarters (3.0 cases per 10,000 patient days in Q3 year-to-date 2017-18 compared to 3.3 cases in Q3 year-to-date 2016-17). A lower rate is better.

AHS continues to monitor CDI which is influenced by hand hygiene. There are several initiatives that address hospital-acquired CDI including:

**Antimicrobial Stewardship** is an interdisciplinary activity that promotes optimal antimicrobial therapy including assessment of the need for antimicrobials, and if antimicrobials are needed, the appropriate selection, dosing, route and duration of antimicrobial therapy.

- The **Antimicrobial Stewardship** program has initiatives aimed at reducing the risk of hospital-acquired CDI and associated complications in patients who acquire the infection. This includes the use of standard physician patient care orders implemented at the time of CDI diagnosis to standardize treatment and reinforce appropriate infection control measures.
- Infection Prevention and Control works collaboratively with physicians and other health professionals to review CDI cases with a focus on improving care management. Information on hospital-acquired CDI case rates are found on nursing units which care for patient populations identified as high risk for acquiring CDI.
- Zones continue to prioritize at least one initiative targeted at reducing utilization of the 14 select antimicrobials associated with a high risk of CDI.
- AHS launched a provincial initiative to optimize urine tests and reduce antibiotic use.

Rates of hospital-acquired Methicillin-resistant *Staphylococcus aureus* Blood Stream Infections remained stable compared to the same period last year.

AHS Linen and Environmental Services provides designated equipment cleaners for cleaning of shared patient care equipment (wheelchairs, commodes, etc.) in the Edmonton and Calgary zones.

Infection Prevention and Control in collaboration with Linen and Environmental Services completed a best practice review of hard surface disinfectants (used to clean patient environments). Based on these findings, a rollout of standardized products is planned for 2018-19.

Work continues on the **Patient Safety Strategy** that will articulate how to make significant improvement in patient safety. A policy suite went live in November – focusing on recognizing and responding to hazards, close calls, and clinical adverse events.

New Provincial Medication Orders Policy, Medication Orders Procedure, and Verbal and Telephonic Medication Orders Procedure were approved and will become effective February 2018. The policy suite improves patient safety by developing consistent practices for creating and acting upon medication orders in AHS settings.

AHS has currently implemented 90% (target = 100%) of Health Quality Council of Alberta's (HQCA) recommendations related to parenteral nutrition. Parenteral nutrition (intravenous feeding) is provided to some of our most vulnerable patients and is classified as a high-alert medication because significant harm may occur when it is used incorrectly or without regard to accepted leading practice standards.