
REPORTING HAND HYGIENE RATES IN HOSPITALS

April 30, 2009

Beginning today, Ontario is publishing hand hygiene compliance rates of all hospitals on the Ministry of Health and Long-Term Care's public website. Proper hand hygiene is the single most effective way of reducing health care associated infections.

Improving hand hygiene compliance requires a culture change, which takes time. International research and experience in Ontario hospitals has demonstrated that it takes more than a single intervention to change hand hygiene behaviour – public reporting is one of many interventions being implemented in Ontario hospitals.

One year ago, Ontario launched [Just Clean Your Hands](#) – an evidence-based, multi-faceted program that provides a model for proper hand hygiene practice in hospitals. The program – which has been [recognized by the World Health Organization](#) – involves staff training and education, point-of-care intervention through the availability of hand sanitizers, behaviour monitoring and evaluation.

About this reporting tool

As part of its ongoing patient safety initiative, Ontario is requiring all hospitals to monitor and report hand hygiene compliance rates in their facilities so the most appropriate infection prevention and control measures can be put in place. Hospitals will use this information to ensure they're maintaining the highest possible standards of patient safety.

About this data

There are four indications (moments) of hand hygiene:

- Before initial patient or patient environment contact
- Before aseptic procedure*
- After body fluid exposure risk
- After patient or patient environment contact

The ministry is reporting the combined compliance rate of two indications: before initial patient or patient environment contact and after patient or patient environment contact.

*An aseptic procedure could include: a) touching/manipulating a body site that should be protected against infections (e.g., wound care including dressing change and wound assessment); b) manipulating an invasive device that could result in infection of a body area (e.g. priming intravenous infusion set, inserting spike into opening of IV bag, flushing line, adjusting intravenous site, administering medication through IV port, changing IV tubing)

How this data is collected

Hand hygiene is audited through direct observations using a standard provincial audit tool. A trained observer conducts observations openly, without interfering with the ongoing work, and keeps the identity of the health care providers confidential. Each observation session is 20 minutes allowing the observer to capture multiple indications for hand hygiene.

The number of observation sessions required will depend on the number of in patient beds. For example, to ensure statistically valid data, a hospital with 100 beds will observe at least 200

opportunities. The minimum number of observed opportunities is 50 for any hospital with 25 beds or less.

The hospital is able to audit their staff at any time during the calendar year. However, it must report the minimum number of observed opportunities required for their hospital site based on the number of in patient beds. Observed opportunities are captured with observation sessions that vary across time (i.e. day of the week and time of day) and place (i.e. ward/unit) within the hospital.

Hand hygiene results of the audits are posted annually.

How to interpret the data

The data presented on the ministry website is best used to measure individual hospital performance over time. It can also be used to ask informed questions to hospital representatives about their infection prevention and control program. It is not intended to be the only source of information for making decisions about hospital care nor should it be used to make generalizations about the overall quality of care provided by hospitals.

Trends in rates will be posted on the Ministry of Health and Long-Term Care's website when enough data is available.

How is the data presented?

Data is presented in tables by hospital site. The data presented on the ministry's website has been confirmed by the hospitals and is also being reported on the hospitals' websites.

Hospitals are grouped by hospital type to facilitate more relevant comparisons. The hospital types are:

- Large Community
- Small Community
- Mental Health
- Acute Teaching
- Complex Continuing Care & Rehabilitation

The provincial rate is determined by aggregating the data for all hospitals in Ontario.

2008 - 2009 data

For the period covering 2008-2009:

- 62.16 per cent of health care providers performed hand hygiene before initial patient or patient environment contact and after patient or patient environment contact.

For public inquiries call ServiceOntario, INFOLine at 1-866-532-3161 (Toll-free in Ontario only)

Steve Erwin, Minister's Office, 416-326-3986
Andrew Morrison, Ministry of Health and Long-Term Care,
416-314-6197

ontario.ca/health-news
Disponible en français