

APPENDIX D

Hand Hygiene Compliance Rates

Definition:

Hand hygiene compliance by type of indication, including:

1. Before initial patient/patient environment contact*
2. Before aseptic procedure
3. After body fluid exposure risk
4. After patient/patient environment contact*

* only indications 1 and 4 will be publicly reported on MOHLTC website

Method of calculation:

For each of the type of indications in the above Definition, the percent compliance is calculated as below:

$\frac{\# \text{ times hand hygiene performed before initial pat/pat env contact by all categories of HCP}}{\# \text{ observed hand hygiene indications for before initial pat/pat env contact by all categories of HCP}} \times 100 = \% \text{ compliance}$

$\frac{\# \text{ times hand hygiene performed before aseptic procedure by all categories of HCP}}{\# \text{ observed hand hygiene indications for before aseptic procedure by all categories of HCP}} \times 100 = \% \text{ compliance}$

$\frac{\# \text{ times hand hygiene performed after body fluid exposure risk by all categories of HCP}}{\# \text{ observed hand hygiene indications for after body fluid exposure risk by all categories of HCP}} \times 100 = \% \text{ compliance}$

$\frac{\# \text{ times hand hygiene performed after pat/pat env contact by all categories of HCP}}{\# \text{ observed hand hygiene indications for after pat/pat env contact by all categories of HCP}} \times 100 = \% \text{ compliance}$

Rationale:

Proper hand hygiene will protect patients and health care providers, reduce the spread of infections and the costs associated with treating infections, reduce hospital lengths of stay and readmissions, reduce wait times, and prevent deaths.

Most health care settings report less than 50 percent adherence to hand hygiene and compliance among Ontario health care providers has been estimated at less than 40%.

Data capture:

Ministry of Health and Long-Term Care Web-enabled Reporting System (WERS).

Reporting:

Timeframe: Initial April 30 2009 (Period 1) reporting should include data collected by March 31, 2009

- **Note:** given that hospitals are at different stages of program implementation the recommendation is that the baseline reporting period be selected by hospitals.
- To acknowledge burden of public reporting for Hand Hygiene, while ensuring enough audits for reliable indicators, reporting frequency will be annual based on a sample size of 200 observations for every 100 beds. (in patient settings only)

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Subsequent reporting will be **annually** following the time table below.

Administrative periods for aggregating data are defined as:

<u>Period</u>	<u>Period end date</u>	<u>WERS reporting date</u>	<u>Public website reporting date</u>
1	31-Mar-09	15-Apr-09	30-Apr-09
2	31-Mar-10	15-Apr-10	30-Apr-10

Public Reporting:

For each Period and as indicated above hospitals will report data collected by the period end date on their website **by hospital site** including;

The compliance rate for each of:

1. hand hygiene before initial patient/patient environment contact,
2. hand hygiene after patient/patient environment contact.

MOHLTC Reporting:

By the 15th of the month as indicated above hospitals will report data to the MOHLTC using WERS. These data include among other administrative data such as facility number:

- The number of times hand hygiene was performed before initial patient/patient environment contact by combined categories of HCP.
- The number of times hand hygiene was performed before aseptic procedure by combined categories of HCP.
- The number of times hand hygiene was performed after body fluid exposure risk by combined categories of HCP.
- The number of times hand hygiene was performed after patient/patient environment contact by combined categories of HCP.
- The number of observed hand hygiene indications for before initial patient/patient environment contact by combined categories of HCP.
- The number of observed hand hygiene indications for before aseptic procedure by combined categories of HCP.
- The number of observed hand hygiene indications for after body fluid exposure risk by combined categories of HCP.
- The number of observed hand hygiene indications for after patient/patient environment contact by combined categories of HCP.
- The percent compliance for before initial patient/patient environment contact by combined categories of HCP.
- The percent compliance for before aseptic procedure by combined categories of HCP.
- The percent compliance for after body fluid exposure risk by combined categories of HCP.
- The percent compliance for after patient/patient environment contact by combined categories of HCP.

Reporting eligibility:

All Hospitals will be required to report. No case threshold will be set.

References:

1. http://www.justcleanyourhands.ca/observation_tool.php