

Public Reporting on Hand Hygiene Compliance

Frequently Asked Questions about Hand Hygiene Compliance

1. What is hand hygiene?

Hand hygiene relates to the removal of visible soil and the removal or killing of transient microorganisms from the hands and may be accomplished using soap and running water or an alcohol-based hand rub.

2. Why is hand hygiene compliance one of the publicly reported indicators?

The single most common transmission of health care-associated infections (HAIs) in a health care setting is via transiently colonized hands of health care workers who acquire it from contact with colonized or infected patients, or after handling contaminated material or equipment. Monitoring hand hygiene practices and the provision of timely feedback are vital to improving compliance and, in turn, reducing HAIs.

3. What is the definition of hand hygiene compliance?

Four indications define proper hand hygiene compliance:

- i. Before initial patient/patient environment contact
- ii. Before aseptic procedure
- iii. After body fluid exposure risk
- iv. After patient/patient environment contact

4. What will be publicly reported for Hand Hygiene?

Beginning April 30th 2009, each hospital is required to submit compliance data to the Ministry of Health and Long-Term Care (Ministry) on all four indications for hand hygiene. Hospitals are required to post, by site, the percent compliance rates for each period end date on their corporate websites. Hospitals will post the compliance rate for:

- (i) hand hygiene before initial patient/patient environment contact by combined health care provider type
- (ii) hand hygiene after patient/patient environment contact by combined health care provider type

The Ministry will also report the above data, by hospital site, on its website (www.ontario.ca/patientsafety).

5. How are the hand hygiene compliance rates calculated?

Hospitals will calculate the percent compliance for **each** of the four indications of hand hygiene as follows:

of times hand hygiene performed before initial patient/patient environment contact _____ x 100
observed hand hygiene indications for before initial patient/patient environment contact

of times hand hygiene performed before aseptic procedure _____ x 100
observed hand hygiene indications for before aseptic procedure

of times hand hygiene performed after body fluid exposure risk _____ x 100
observed hand hygiene indications for after body fluid exposure risk

of times hand hygiene performed after patient/patient environment contact _____ x 100
observed hand hygiene indications for after patient/patient environment contact

6. Why aren't we reporting by types of health care providers?

Health care provider categories are being combined to ensure confidentiality.

Health care provider (HCP) category:		
1 = Physician	6 = Pastoral Care	11 = Radiology Tech
2 = Nurse	7 = IV Team/Blood Collection	12 = Respiratory Therapist
3 = Medical Student	8 = Physiotherapist	13 = Dietician
4 = Nursing Student	9 = Environmental Services Worker	14 = PSA, PSW, PCA
5 = Social Worker	10 = Patient Transporter	15 = Other

7. Will the public reporting of hand hygiene compliance follow the same format as the public reporting of the other indicators (e.g, C. Difficile, MRSA, VRE)?

While hand hygiene compliance rates will be publicly reported, there are a few differences. Most notably, hand hygiene compliance rates will be posted annually, where other patient safety indicators (such as MRSA and VRE rates) are posted quarterly and some (*C. difficile* rates) are posted monthly.

8. Does the public reporting of hand hygiene compliance apply to all hospitals or just all acute care hospitals?

All Ontario hospitals including acute care, rehabilitation, complex continuing care, mental health and addiction facilities will be required to publicly report by hospital site.

9. Will hand hygiene compliance data collection be retrospective or prospective?

Hospitals will be required to report on a retrospective basis. For the April 30, 2009 reporting, hospitals will report their compliance data for each of the four indications collected by March 31, 2009.

10. What will the health care system do with the rate information?

Like the public reporting of other indicators, monitoring hand hygiene compliance rate is about overall performance improvement. The information gathered will assist hospitals with

evaluating the effectiveness of their infection prevention and control interventions and make further improvements based on this information.

11. Are Complex Continuing Care (CCC) beds included?

Yes, CCC beds are included.

12. Do emergency department beds and stretchers count?

No, for the purposes of public reporting, only acute inpatient beds are included.

13. What are the elements of a hand hygiene program?

An effective hand hygiene program is a multi-faceted approach and includes:

- Environmental changes and system supports – like alcohol-based hand rub at the point of care, which makes it easy for health care providers to clean their hands at the right time, and hand care programs;
- Education for health care providers about when and how to clean hands;
- Senior management support and commitment to make hand hygiene an organizational priority;
- Patient engagement;
- Opinion leaders and champions modeling the right behaviour; and
- Ongoing monitoring and observation of hand hygiene practices, with feedback to health care providers.