

Progress Report on Hand Hygiene:

Follow up to the Office of the Auditor General of B.C.'s
Review of Hand Hygiene (as at June 2016)

August 2016



Ministry of
Health

Introduction

Proper hand washing is the simplest and most effective way to prevent the transmission of harmful bacteria and other infectious microorganisms¹. In 2010, the Office of the Auditor General of British Columbia (OAG) conducted an assessment of hand hygiene programming in acute care settings. The OAG established criteria against which the health authorities and the Ministry of Health (the Ministry) self-assessed their hand hygiene programming. The OAG issued a summary report of the self-assessments in September 2010.

In response to the OAG's report, the Provincial Hand Hygiene Working Group (the Working Group) was established to improve hand hygiene compliance rates and decrease health care-associated infections. In July 2012, the Ministry implemented a provincial hand hygiene framework that includes hand hygiene best practices, ongoing compliance auditing and public reporting of hand hygiene rates.

The OAG issued a follow-up report in October 2011² detailing the progress made by the Ministry and all health authorities on all action items from the self-assessment. The OAG originally planned to conduct an additional follow-up in 2013, before closing out the self-assessment in 2014/15. In 2012, however, the OAG advised they would not be pursuing additional reporting on this topic for the time being. In anticipation of a possible follow-up by the OAG on this topic, the Ministry is overseeing the completion of the self-assessment and close out. The self-assessment results as of June 30, 2016 are provided in Appendix 1.

About this Report

This report was prepared using documentation provided by the health authorities to the Ministry regarding their progress on all OAG self-assessment criteria. The Ministry completed an evaluation of all submissions, and followed up with health authorities to clarify outstanding questions and obtain additional information, as needed. The Ministry did a final review of all information to verify the self-assessment results, then drafted this report. The draft report was discussed with the health authorities prior to finalization.

Progress to Date

Health authorities and the Ministry have fully met all criteria identified in the OAG's original hand hygiene report. Some noteworthy areas of progress include:

Hand Hygiene Policy & Standards

Hand hygiene is a high priority issue for the Ministry and the health authorities. Ministry Policy Communiqué 2012-04, issued in August 2012, continues to define the vision, scope and standards for hand hygiene programming in British Columbia. Communiqué 2012-04 also establishes the provincial accountability framework for hand hygiene and provides the basis for each health authority's respective hand hygiene policies and strategies. All health authorities have further enhanced their

¹ See: http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf

² See: <http://www.bcauditor.com/sites/default/files/publications/2010/report9/files/hand-hygiene-hospitals-oct-2011.pdf>

focus on hand hygiene and have fully implemented their hand hygiene strategies. The Working Group is updating and refining its best practices document to ensure that provincial hand hygiene programming continues to reflect the most up-to-date evidence.

Auditing

Comprehensive provincial auditing of hand cleaning compliance in acute care settings was initiated in 2011. Auditing was further expanded to include residential care facilities in 2015. To promote transparency and quality improvement, hand cleaning rates for acute and residential care sites are publicly reported on the Provincial Infection Control Network of BC's (PICNet) public website³.

Each health authority operates an auditing program based on provincially-standardized requirements. Auditors are trained to observe if health care providers clean their hands during the four appropriate moments of hand hygiene: Before initial patient/patient environment contact, before aseptic procedures, after body fluid exposure risk, and after patient/patient environment contact. Unit managers and staff use this audit data for monitoring of performance and for undertaking targeted quality improvement initiatives, as required.

The long-term provincial hand hygiene compliance goal is 100 percent. The short-term provincial quality improvement target was 80 percent by the end of fiscal year 2014/15. There has been a statistically significant increase in provincial hand hygiene compliance rates across the province since auditing began. The short-term target of 80% was achieved in Q1 of FY 2014/15, nine months ahead of schedule, and has been met or exceeded in every quarter since that time. As of Q2 of FY 2015/16, the provincial compliance rate was 83%, up from 70% in 2011/2012.

Education & Awareness

The Working Group developed an online hand hygiene education module⁴ to raise awareness of proper hand hygiene techniques and expectations. The e-module is completed by all physicians, direct patient care staff, volunteers and students during orientation and as part of their infection prevention and control refresh training.

The health authorities have also undertaken substantial communication campaigns to raise staff awareness of hand hygiene and to encourage an organizational culture where health care providers hold each other accountable for washing their hands. These communication campaigns include events such as the Canadian Patient Safety Institute's (CPSI) *Stop! Clean Your Hands* Day and the World Health Organization's (WHO) *Save Lives: Clean Your Hands* initiative. The Clean Shots⁵ campaign developed in BC to raise awareness for hand hygiene was adopted by CPSI for use nationally.

³ See: <https://www.picnet.ca/surveillance/hand-hygiene/>

⁴ See: <https://www.picnet.ca/education/education-modules/hand-hygiene-module/>

⁵ See: <https://www.picnet.ca/conferences-events/past-conferences-events/cleanshots2015/>

Looking Forward

A great deal of work remains to ensure that hand hygiene compliance rates continue to improve across the province. In addition to maintaining current strategies, the Ministry and health authorities will focus on key initiatives such as the a hand hygiene promotion program for patients, residents, families, and visitors.

Conclusion

The Ministry and all health authorities have taken significant, positive steps to improve hand hygiene programming and hand cleaning compliance in recent years, including the implementation of all action items from the OAG's original report. Although hand cleaning compliance has increased from 70% to 83%, much work remains to reach the stated goal of 100% compliance. The Working Group will continue to work collaboratively to identify opportunities for increasing hand cleaning compliance including the sharing of best practices throughout the province to enhance patient safety and improve the quality of care across British Columbia.

Appendix I: Self-Assessment Summary

		Legend						
	Met	FH – Fraser Health	IH – Interior Health	NH – Northern Health	PHC – Providence Health Care	PHSA – Provincial Health Services Authority	VCH – Vancouver Coastal Health	VIHA – Island Health
	In Progress							

Ministry Criteria

OAG Ref	Criteria/Sub Criteria	
1	Ministry establishes an accountability framework for hand hygiene compliance	
1.1	Ministry commits to hand hygiene compliance	
1.2	Ministry works with health authorities to develop measurement standards	
1.3	Ministry monitors hand hygiene compliance	
1.4	Ministry ensures public reporting of compliance rates	

Health Authority Criteria

OAG Ref	Criteria/Sub-Criteria	FH	IH	NH	PHC	PHSA	VCH	VIHA
2	Health authorities have established a framework to promote hand hygiene							
2.1	Commitment of the Board, Senior Exec, and Medical Advisory Committee (MAC)							
2.2	Resources are committed to compliance programs							
2.3	Standards and policies in place for hand hygiene practices							
2.4	Assign a regional program/committee to coordinate compliance							
3	Health authorities have developed and implemented a compliance strategy							
3.1	Create a hand hygiene strategy							
3.2	Policies are accessible for staff and physicians							
3.3	Education and training for staff and physicians (including contractors)							
3.4	Promotion of hand hygiene initiatives in facilities							
3.5	Infrastructure development/remediation is underway to support best practices							
3.6	Hand hygiene strategy for patients, families, and visitors							
4	Health Authorities effectively evaluate compliance							
4.1	Compliance audits regularly undertaken using a sound methodology							
4.2	Staff perceptions, engagement, and knowledge are evaluated							
4.3	Compliance audit coverage is informed by a risk assessment							
5	Monitoring and reporting to support continuous improvement							
5.1	Feedback for unit managers and contractors during audit process							
5.2	Quarterly reviews of compliance reports by Boards, Senior Executive, and MAC							
5.3	Actions are taken in response to hand hygiene compliance reports							
5.4	Hand hygiene compliance rates available to the public							
5.5	Demonstration of improvement in compliance over time							