Hand Hygiene: Self-Assessment

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Background

Hospital-acquired infections occur worldwide and represent one of the major causes of death among hospitalized patients.[1] In Canada, it is estimated that roughly 220,000 patients contract hospital-acquired infections each year, resulting in 8,000 to 12,000 deaths.[2] Of these, it is estimated that 50% are preventable.

In 2007, the Office of the Auditor General (OAG) audited the effectiveness of infection prevention and control systems in British Columbia's health authorities. Given the ongoing significance of this area and importance to the public, it was determined that a second look was warranted. We chose to focus our subsequent work on hand hygiene practices, which have long been recognized as one of the most important ways to prevent and reduce the transmission of infection in healthcare settings. In fact, a Health Canada report found that hand carriage of bacteria is one of the strongest routes of transmission for infection between patients and healthcare providers.[3] Additionally, guidelines from national and international infection prevention and control organizations, including the World Health Organization and the Centre for Disease Control, have repeatedly stressed that hand washing is the single most important procedure for preventing infections. [4] Despite the importance of proper hand hygiene, improving compliance with good practice has remained a challenge both internationally and in British Columbia.

Self-Assessment

Approach

In April 2010, a self-assessment was issued to the five regional health authorities, the Ministry of Health and Providence Health Care to gauge the current status of both the provincial accountability framework for hand hygiene and regional compliance programs.

We asked each entity to self-assess their progress against a set of good practice criteria and to provide documentation to support their assessments. The self-assessment criteria were largely informed by the World Health Organization and the Joint Commission (Consensus Measurement in Hand Hygiene Project) and included questions that focused on the presence of a regional framework as well as hand hygiene strategy, evaluation, monitoring, reporting and continuous improvement. The Ministry's self-assessment was focused solely on the attributes of a provincial accountability framework.

Given the methodology applied through this work, the information and explanations provided were the representations of the self-assessment participants. The OAG did not provide assurance on the accuracy of the assessments. However, to provide a reasonable basis for comparing results across the entities, and to ensure rating consistency, the OAG assessed the explanations and supporting documentation.

The project covered the years 2009/2010 to 2010/11. It also included baseline assessments and data from previous years.

1 World Health Organization (2011). Prevention of Hospital-Acquired Infections. A Practical Guide. 2nd Edition.

2 Zoutman, D., Ford, B.D., Bryce, E., Gourdeau, M., Hébert, G., Henderson, E., and Paton, S. Canadian Hospital Epidemiology Committee, Canadian Nosocomial Infection Surveillance Program and Health Canada.

3 Health Canada (1998). Hand Washing, Cleaning, Disinfection and Sterilization in Health Care.

4 CDC (2002). Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force and WHO (2009). Guide to Implementation: A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy.

Results

The results of the self-assessment revealed that the majority of work in this area was in progress. Both the Ministry and health authorities reported that components of a framework or program were in place, but additional work was needed to ensure these were both comprehensive and based on good practice. It is important to note that the health authorities reported varying degrees of program maturity. While some health authorities led in this area, with near fully-developed programs, others were only in the beginning stages of developing a compliance program.

Feedback was provided individually to each health authority and the Ministry of Health, and results were summarized in our *Summary Report*, published December 2010.

Follow-Up

Approach

Although we did not issue recommendations through the self-assessment, the OAG did request that each entity provide an action plan to address the areas for improvement noted within their report. In February of this year, each entity submitted an action plan that substantially addressed these areas. That is, if action plans are implemented as described, they should enable the entity to fully address the area for improvement that was identified through the self-assessment.

To gauge the degree of progress made in the year since the self-assessment was completed, each entity was subsequently asked to submit a sample of documentation on those areas for improvement that were reported to have already been implemented. Documentation was received in July and reviewed for its reasonableness and completeness. However, like the self-assessment, our follow-up work does not provide assurance on the accuracy of each entity's submission.

Results

Provincial Accountability Framework

An accountability framework is the means through which provincial leaders can communicate the importance of good hand hygiene practices, share best practices, facilitate consistency and hold the health authorities to account for their results. When the self-assessment was issued, the Ministry reported that much of the work in this area was in progress.

Since completing the self-assessment, a number of achievements have been reported to us regarding a new provincial accountability framework. One of the most significant is the Provincial Hand Hygiene Working Group (Group) that was formed in September 2010. Its purpose is to:

> *… create a comprehensive Provincial Program to improve and sustain hand hygiene compliance rates with the goal to decreasing healthcare associated infections and to support the implementation of Clinical Care Management...*

The Group is comprised of members from the Ministry of Health, each of the regional health authorities, Providence Health Care, the BC Patient Safety and Quality Council and the Provincial Infection Control Network and is accountable to the Leadership Council.[5]

Since its formation, the group reports that it has worked to confirm the key components of a provincial hand hygiene framework and standardize the compliance audit methodology in use throughout the health authorities. Additional work remains ongoing to standardize hand hygiene policy, education, communication, evaluation and reporting across the province.

Regional Compliance Programs

Regional compliance programs should exist at the health authority level and include a framework, strategy and activities to build and sustain hand hygiene compliance among staff. As previously noted, the self-assessment identified significant variation in the maturity of each health authority's compliance program. For those health authorities that were close to having a complete program in place, much of the work that still remains outstanding focuses on their compliance results to ensure they continue to increase and/or achieve internal targets.

For those health authorities that were not as far advanced in implementing their compliance program, considerable progress has been reported, building upon best practices and implementing foundation pieces. As a result, most health authorities have now:

- gained leadership support for hand hygiene;
- communicated the importance of hand hygiene to all staff throughout their organization;
- drafted hand hygiene policy and guidelines; and
- established a strategy for implementing a hand hygiene program.

5 … by way of the Provincial Clinical Care Management Steering Committee and Health Operations Committee.

Each health authority also reports completing quarterly compliance audits throughout most of their acute care sites. Quarterly audits should continue to ensure improvements are made to sites with low results and overall rates increase to achieve the targets set by the Provincial Working Group.

Although considerable progress has been reported, a majority of the health authorities maintain that efforts are still needed to:

- assess and request resources for the entire program;
- confirm the ongoing governance structure, with clear articulation of roles and responsibilities;
- train all staff throughout the organization, including physicians and contractors;
- establish infrastructure standards and implement solutions to align with standards;
- regularly report results both within the organization and to the public; and
- sustain improvements to ensure successes are maintained.

Work in some of these areas, as previously noted, has been intentionally deferred to align with the Provincial Hand Hygiene Working Group and ensure a standard, best practice approach is achieved across the province.

Next Steps

We are pleased by the reported progress being made in this area and encourage the Ministry and the health authorities to continue implementing their action plans and working towards a provincial hand hygiene model that includes both a comprehensive accountability framework and effective regional hand hygiene compliance programs.

Going forward, the OAG will continue to follow up on each entity's progress in implementing their action plan and building a provincial hand hygiene model. Additional follow-up work will be conducted in one year to assess the success programs have had in increasing and sustaining compliance. At that point, a determination on the need for additional work will be made.