### Hand hygiene compliance rate

**Key performance indicators 2017/18 – attribute sheets**

<table>
<thead>
<tr>
<th>Identification and definitional attributes</th>
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<tr>
<td><strong>Short name:</strong></td>
</tr>
<tr>
<td><strong>Indicator type:</strong></td>
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<tr>
<td><strong>Description:</strong></td>
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| **Definition:** | The rate of hand hygiene compliance is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practised, by the total number of observed hand hygiene 'moments', and multiplying by 100. This represents an estimated rate based on audits of hand hygiene 'moments' in a sample of wards. Hand Hygiene is defined by Hand Hygiene Australia as 'any action of hand cleansing', including:  
- Washing hands with the use of a water and soap or a soap solution, either non-antimicrobial or antimicrobial; OR  
- Applying a waterless antimicrobial hand rub to the surface of the hands (e.g. alcohol-based hand-rub). Hand Hygiene compliance is defined by the World Health Organisation (2009) as 'an action of hand hygiene performed at any of the following moments':  
  - Moment 1: Before touching a patient  
  - Moment 2: Before a procedure  
  - Moment 3: After a procedure or body fluid exposure risk  
  - Moment 4: After touching a patient  
  - Moment 5: After touching a patient’s surroundings  

*World Health Organization five-moments of hand hygiene* (2009)  
http://www.who.int/gpsc/5may/background/5moments/en/index.html |

| **Rationale:** | Hand hygiene is a high priority for health services as it is one of the simplest, most effective interventions for preventing healthcare associated infection. This indicator aims to improve compliance with best practice processes and encourages health services implement strategies for improvement. The National Hand Hygiene Initiative was established to develop a national hand hygiene culture-change program, standardise hand hygiene practice. The Australian Commission on Safety and Quality in Health Care engaged Health Hygiene Australia (HHA) to implement the National Hand Hygiene Initiative. |

<table>
<thead>
<tr>
<th>Calculation attributes</th>
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<tbody>
<tr>
<td><strong>Calculation:</strong></td>
</tr>
<tr>
<td><strong>Inclusions and exclusions:</strong></td>
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<tr>
<td><strong>Numerator:</strong></td>
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</table>
### Numerator variable/universe object

<table>
<thead>
<tr>
<th>Variable</th>
<th>Universe Object</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of observed correctly performed action</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Denominator: The total number of observed hand hygiene 'moments' for the reference period.

### Denominator variable/universe object

<table>
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<th>Universe Object</th>
</tr>
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<tr>
<td>Number of hand hygiene moments</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Target:

- **TEHS:** 80%
- **CAHS:** 80% in line with the National Benchmark

Note: a target of 70% was used (2015/16) and this was increased to 75% in 2016/17 and 80% in 2017/18

### Target tolerances:

- **Green (Performing):** ≥80%
- **Amber (Performance concern):** >78 – <80%
- **Red (Not performing):** ≤78%

### Scope:

All NT public hospitals

### Reporting and data attributes

#### Standard report name:
BI Report: SDA Dashboard - Shared SDA Reporting

#### Standard report location:
Public Folders / Shared Folders / Shared Performance and Reporting / SDA Automation / Completed Reports

#### Business intelligence universe:
SDA Reporting.unx

#### Reporting level:
- Health service
- Hospital
- Health care worker category

#### Data source:
From November 2017 data for all hospitals is provided by Hand Hygiene Australia via the Department of Health Clinical Quality and Patient Safety unit

#### Period available:
Data are available from 2010 onwards.

#### Reporting frequency:
Hand hygiene audits are conducted up to three times per year as part of the National Hand Hygiene Initiative by Hand Hygiene Australia:

1. End of October
2. End of March
3. End of June

#### Timeliness:
Validated results from HHA are not available for up to three months post completion of an audit.

#### Unit of measure:
Hand hygiene moments

#### Known data issues and limitations:
Audits are only undertaken three times per year by hospital staff trained by Hand Hygiene Australia. Further, the audit is undertaken for a sample of hand hygiene ‘moments’ in a sample of hospital wards. Therefore, the calculation only provides an estimate of the true rate for a given hospital. A larger number of audited ‘moments’ or a more frequent audit will provide a more representative hand hygiene compliance rate.

### Relational and compliance attributes

#### Related national benchmark, target, relevant METeOR references or reporting:
<table>
<thead>
<tr>
<th>Accountability attributes</th>
<th></th>
</tr>
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</table>
| **Data custodian:**       | Manager, Infection Prevention and Control Unit TEHS  
Manager, Infection Prevention and Control Unit CAHS  
Manager, Acute care Information Unit |
| **Data steward:**         | Chief Data Officer               |
| **Data owner:**           | Senior Director, System Performance and Grants |