

## PATIENT SAFETY INDICATORS HAND HYGIENE COMPLIANCE

| Year           | BEFORE initial patient/patient environment contact | AFTER patient/patient environment contact |
|----------------|--|---|
| <b>2021-22</b> | <b>95%</b>   | <b>97%</b>                                |
| <b>2020-21</b> | <b>96%</b>   | <b>99%</b>                                |
| <b>2019-20</b> | <b>97%</b>   | <b>99%</b>                                |
| <b>2018-19</b> | <b>93%</b>   | <b>96%</b>                                |

Ontario hospitals are posting their hand hygiene compliance rates as percentages for time periods identified by the Ministry of Health and Long-Term Care, using the following formula.

$$\frac{\text{\# of times hand hygiene performed}}{\text{\# of observed hand hygiene indications}}$$

These percentages also reflect:

(i) hand hygiene before initial patient/patient environment contact by combined health care provider type (e.g. nurses, allied health professionals, physicians etc.)

(ii) hand hygiene after patient/patient environment contact by combined health care provider type (e.g. nurses, allied health professionals, physicians etc.)

The goal of public reporting hand hygiene compliance is to achieve an overall assessment of whether compliance rates are improving. It is normal for rates to vary from hospital to hospital.