

**NIAGARA HEALTH**  
**Hand Hygiene Compliance**  
**Period: April 2015 - March 2018**

NHS Sites	Percentage Compliance <b>Before</b> Initial Patient/Patient Environment Contact			Percentage Compliance <b>After</b> Patient/Patient Environment Contact		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
DMH	99.37%	96.64%	84.21%	97.78%	100.00%	86.08%
GNG	98.69%	98.26%	70.54%	98.24%	95.90%	82.72%
PCG	96.24%	98.15%	58.33%	94.64%	93.55%	84.85%
SCS	93.99%	88.68%	59.53%	95.86%	90.50%	88.56%
WHS	96.30%	96.40%	48.02%	96.77%	98.73%	88.48%

Hand hygiene compliance rates are a percentage for time periods identified by the Ministry of Health and Long-Term Care, using the following formula:

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

# of observed hand hygiene indications

These percentages also reflect:

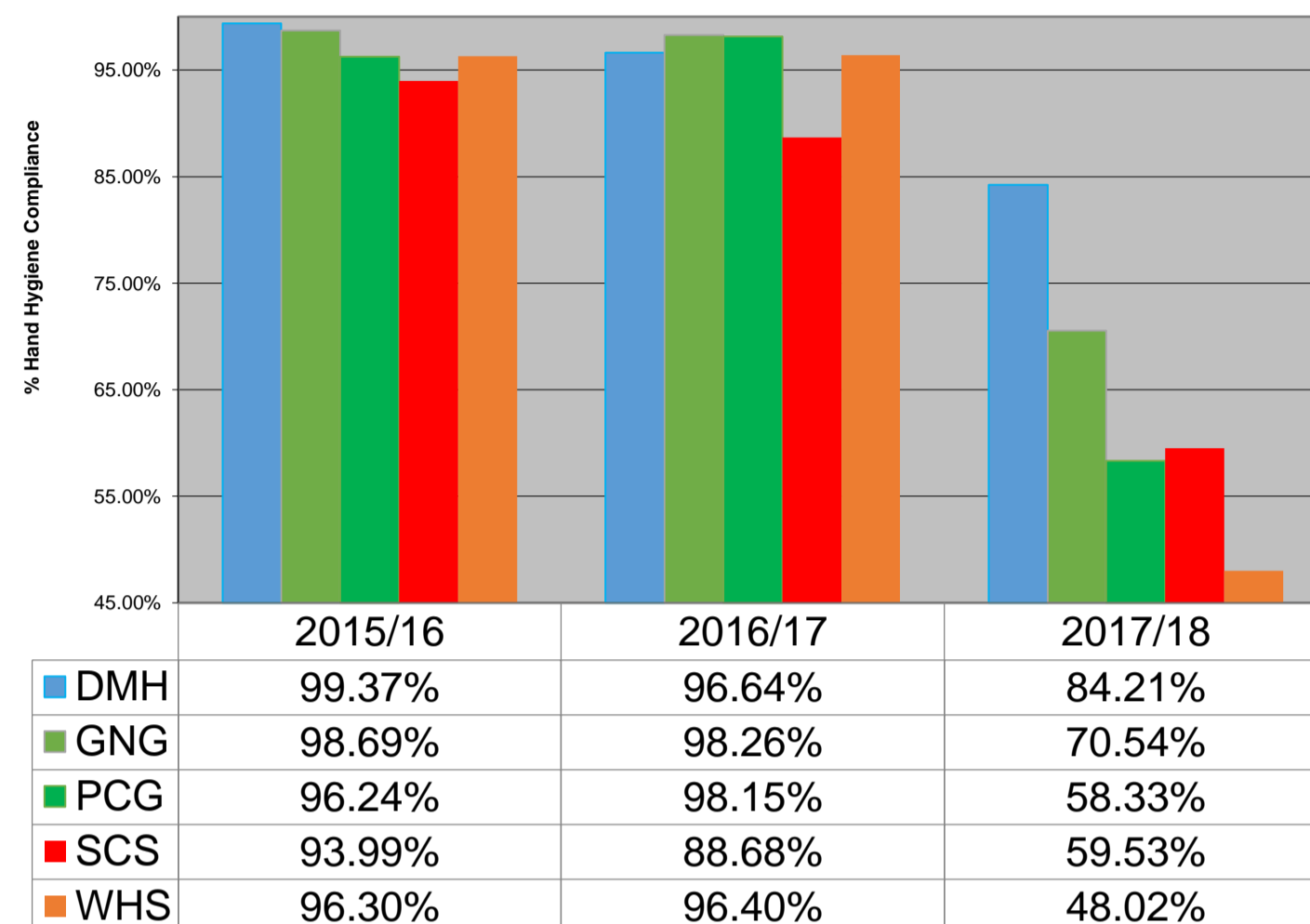
(i) Hand hygiene before initial patient/patient environment contact by combined health care provider type (e.g., nurses, allied health professionals, physicians, etc.)

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

Hospitals are to collect at least 200 observations for every 100 inpatient beds. To ensure statistically valid data for smaller hospitals, a minimum of 50 observed opportunities for hand hygiene are to be collected. The NHS was required to conduct 1,600 audits based on its 790 beds and actually conducted 2,036 audits in 2008-09 and 2,256 audits in 2009-10 to ensure statistical validity.

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.

**NH Hand Hygiene Compliance**  
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