



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

**National hand hygiene compliance report:
1 July 2022 to 31 October 2022 |
Pūrongo ā-motu mō te tautukunga horoi ringa:
1 o Hōngongoi ki te 31 o Whiringa-ā-nuku 2022**

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Published in November 2022 by the Health Quality & Safety Commission, PO Box 25496, Wellington 6146.

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Introduction | Kupu whakataki

This report presents results for the period 1 July 2022 to 31 October 2022, including national hand hygiene compliance for:

- 20 health districts (districts)
- 23 private surgical hospitals (PSHs).

Data was extracted on 8 November 2022.

The Health Quality & Safety Commission (the Commission) measures compliance as part of the Hand Hygiene New Zealand (HHNZ) programme.

The HHNZ programme uses the World Health Organization's '5 moments for hand hygiene' framework to drive culture change and establish best hand hygiene practice for every patient, every time.

Summary of results for this audit period | He whakarāpopoto hua mō tēnei wā arotake

- National compliance for districts was 85.5 percent, compared with 86.7 percent in the previous audit period.
- National compliance for PSHs was 83.1 percent, compared with 82.9 percent in the previous audit period.
- Twelve districts and seventeen PSHs achieved at or above the national target of 80 percent compliance.

Thank you to all the hand hygiene auditors, coordinators and gold auditor trainers who have continued to audit, educate about and promote hand hygiene over the past few years while responding to the COVID-19 pandemic. Achieving high rates of compliance improves patient safety.

Please note the following:

- Seven districts achieved compliance rates ≥ 85 percent during the most recent audit period.
- Twelve districts exceeded the ≥ 80 percent target rate for hand hygiene compliance.
- Districts and PSH hand hygiene auditors collected more than 65,175 moments for hand hygiene.
- All districts exceeded the ≥ 80 percent aggregate compliance target for Moments one to four.
- The health districts' aggregate compliance with Moment five has dropped to ≤ 80 percent
- PSHs' aggregate compliance exceeded ≥ 80 percent target for Moments two, three and four.
- PSHs' aggregate compliance with Moments one and five dropped to ≤ 80 percent.
- Medical staff compliance was 78.5 percent in districts and 63.8 percent in PSHs.

Hand hygiene auditing periods | Ngā wā tātari horoi ringa

Start date	End date
1 July	31 October
1 November	28 February
1 March	30 June

Useful resources | Ngā rauemi

- Hand hygiene posters for public areas: [How to hand rub/How to hand wash](#). These posters are available in English, te reo Māori, Samoan, Hindi, Tongan, Arabic and Simplified Chinese.
- Hard copies of some hand hygiene posters/resources are available for ordering through the Commission. You can find more information about the HHNZ resources here: [HHNZ resources](#)
- [HHNZ auditing manual \(2019\)](#)
- [HHNZ webpage](#)

National hand hygiene compliance data: 1 July 2022 to 31 October 2022 | Raraunga tautuku horoi ringa ā-motu: 1 o Hōngongoi ki te 31 o Whiringa-ā-nuku 2022

The districts' national aggregated hand hygiene compliance rate for this audit period was 85.5 percent. The national average performance by district was similar, at 81.3 percent (this figure represents the average of districts that submitted data).

The PSH national aggregated hand hygiene compliance rate for this audit period was 83.1 percent. The national average performance by PSH was similar, at 82.0 percent (this figure represents the average of PSHs that submitted data).

The average rate gives equal weighting to each district/PSH result regardless of size, whereas the aggregate rate is more affected by the performance of larger districts/PSHs. Similar rates indicate comparable performance by large/small districts/PSHs.

Table 1: National aggregated hand hygiene compliance, 1 July 2022 to 31 October 2022

	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts	52,483	61,411	85.5%	85.2%	85.7%
PSHs	3,129	3,764	83.1%	81.9%	84.3%

Table 2: National compliance rates by district, 1 July 2022 to 31 October 2022

District	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Auckland	11,024	12,539	87.9%	87.3%	88.5%
*Bay of Plenty	1,351	1,765	76.5%	74.5%	78.5%
*Canterbury	1,535	1,782	86.1%	84.5%	87.7%
*Capital & Coast	1,943	2,188	88.8%	87.4%	90.1%
Counties Manukau	11,038	13,010	84.8%	84.2%	85.4%
*Hauora Tairāwhiti	542	620	87.4%	84.6%	89.8%
*Hawke's Bay	831	946	87.8%	85.6%	89.8%
Hutt Valley	1,367	1,779	76.8%	74.8%	78.7%
*Lakes	622	796	78.1%	75.1%	80.9%
*MidCentral	1,198	1,508	79.4%	77.3%	81.4%
Nelson Marlborough	1,257	1,540	81.6%	79.6%	83.5%
*Northland	1,570	1,884	83.3%	81.6%	84.9%
South Canterbury	476	552	86.2%	83.1%	88.9%
Southern	1,849	2,456	75.3%	73.5%	77.0%
*Taranaki	94	134	70.1%	61.9%	77.2%
*Waikato	1,800	2,241	80.3%	78.6%	81.9%
*Wairarapa	38	61	62.3%	49.7%	73.4%
Waitematā	12,906	14,320	90.1%	89.6%	90.6%
*West Coast	135	162	83.3%	76.8%	88.3%
Whanganui	860	1,080	79.6%	77.1%	81.9%

* District - more than 100 moments short of the minimum requirement for this audit period.

Note:

- Disruptions to auditing may have been caused by COVID outbreaks and staffing shortages
- The minimum number of moments for each district is based on the number of areas (departments or wards) and the total number of beds for each hospital.

Table 3: Hand hygiene compliance by geographic region, 1 July 2022 to 31 October 2022

Region	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Northern	36,585	41,801	87.5%	87.2%	87.8%
Midland	4,409	5,556	79.4%	78.3%	80.4%
Central	6,237	7,562	82.5%	81.6%	83.3%
South Island	5,252	6,492	80.9%	79.9%	81.8%

Table 4: Compliance by moment, 1 July 2022 to 31 October 2022

Moment	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts					
1. Before touching a patient	14,389	17,838	80.7%	80.1%	81.2%
2. Before a procedure	6,121	6,927	88.4%	87.6%	89.1%
3. After a procedure or body fluid exposure risk	8,085	8,689	93.0%	92.5%	93.6%
4. After touching a patient	15,822	17,750	89.1%	88.7%	89.6%
5. After touching a patient's surroundings	8,066	10,207	79.0%	78.2%	79.8%
PSHs					
1. Before touching a patient	826	1,034	79.9%	77.3%	82.2%
2. Before a procedure	373	432	86.3%	82.8%	89.3%
3. After a procedure or body fluid exposure risk	435	474	91.8%	88.9%	93.9%
4. After touching a patient	918	1,086	84.5%	82.3%	86.6%
5. After touching a patient's surroundings	577	738	78.2%	75.1%	81.0%

Table 5: Department compliance rates, 1 July 2022 to 31 October 2022

Department type	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts					
Acute aged care	1,279	1,472	86.9%	85.1%	88.5%
Ambulatory care	1,610	1,806	89.1%	87.6%	90.5%
Critical care unit	3,736	4,304	86.8%	85.8%	87.8%
Emergency department	2,715	3,315	81.9%	80.6%	83.2%
Long-term care	348	410	84.9%	81.1%	88.0%
Maternity	1,143	1,263	90.5%	88.8%	92.0%
Medical	12,915	14,992	86.1%	85.6%	86.7%
Mixed	600	643	93.3%	91.1%	95.0%
Neonatal care	1,348	1,675	80.5%	78.5%	82.3%
Oncology/haematology	2,175	2,442	89.1%	87.8%	90.2%
Other	1,748	2,002	87.3%	85.8%	88.7%
Paediatrics	3,101	3,659	84.7%	83.5%	85.9%
Perioperative	2,933	3,279	89.4%	88.3%	90.5%
Radiology/radiation oncology	2,227	2,849	78.2%	76.6%	79.6%
Renal	907	1,087	83.4%	81.1%	85.5%
Surgical	3,634	4,148	87.6%	86.6%	88.6%
PSHs					
Ambulatory care	112	119	94.1%	88.4%	97.1%
Critical care unit	28	39	71.8%	56.2%	83.5%
Maternity	3	3	100.0%	43.9%	100.0%
Other	122	129	94.6%	89.2%	97.3%
Perioperative	352	462	76.2%	72.1%	79.8%
Surgical	2,512	3,012	83.4%	82.0%	84.7%

Table 6: Health care worker compliance rates, 1 July 2022 to 31 October 2022

Health care worker	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts					
Nurse/midwife	30,623	34,800	88.0%	87.7%	88.3%
Medical practitioner	6,872	8,750	78.5%	77.7%	79.4%
Allied health care worker	2,308	2,685	86.0%	84.6%	87.2%
Phlebotomy invasive technician	1,674	1,800	93.0%	91.7%	94.1%
Health care assistant	5,694	6,881	82.7%	81.8%	83.6%
Cleaner and meal staff	1,143	1,388	82.3%	80.3%	84.3%
Administrative and clerical staff	138	156	88.5%	82.5%	92.6%
Student doctor	251	320	78.4%	73.6%	82.6%
Other – orderly and not categorised elsewhere	1,222	1,593	76.7%	74.6%	78.7%
Student allied health	130	151	86.1%	79.7%	90.7%
Student nurse/midwife	2,414	2,871	84.1%	82.7%	85.4%
Student health care assistant	14	16	87.5%	64.0%	96.5%
PSHs					
Nurse/midwife	2,220	2,516	88.2%	86.9%	89.4%
Medical practitioner	370	580	63.8%	59.8%	67.6%
Allied health care worker	102	130	78.5%	70.6%	84.7%
Phlebotomy invasive technician	22	22	100.0%	85.1%	100.0%
Health care assistant	257	311	82.6%	78.0%	86.4%
Cleaner and meal staff	23	38	60.5%	44.7%	74.4%
Administrative and clerical staff	21	23	91.3%	73.2%	97.6%
Other – orderly and not categorised elsewhere	27	37	73.0%	57.0%	84.6%
Student nurse/midwife	87	107	81.3%	72.9%	87.6%

Hand hygiene compliance in glove use | Te tautuku horoi ringa ā-karapu

Non-sterile gloves continue to be a key cause of missed hand hygiene opportunities.

The latest district glove statistics are:

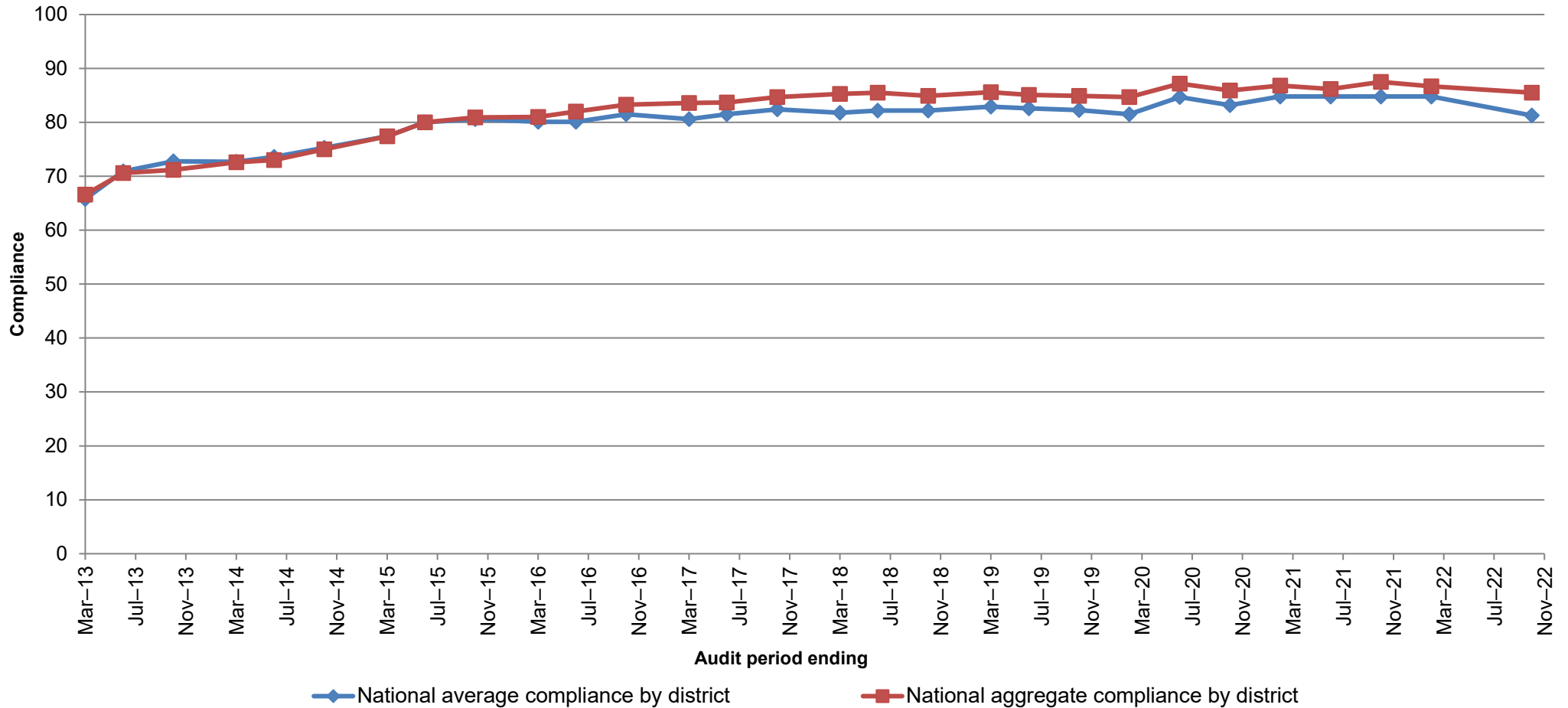
- when gloves are taken OFF, the proportion of hand hygiene opportunities missed was 5.7 percent compared with 4.7 percent in the previous audit period
- when gloves are put ON, the proportion of hand hygiene opportunities missed was 13.8 percent compared with 11.7 percent in the previous audit period
- of all moments where glove use was recorded, health care workers failed to complete hand hygiene 16.1 percent of the time compared with 15.1 percent in the previous audit period.

The latest PSH glove statistics are:

- when gloves are taken OFF, the proportion of hand hygiene opportunities missed was 6.7 percent compared with 5.9 percent in the previous audit period
- when gloves are put ON, the proportion of hand hygiene opportunities missed was 13.3 percent compared with 15.8 percent in the previous audit period
- of all moments where glove use was recorded, health care workers failed to complete hand hygiene 18.3 percent of the time compared with 17.9 percent in the previous audit period.

National district hand hygiene compliance over time | Tautukunga horoi ringa ā-rohe i roto i te haere o te wā

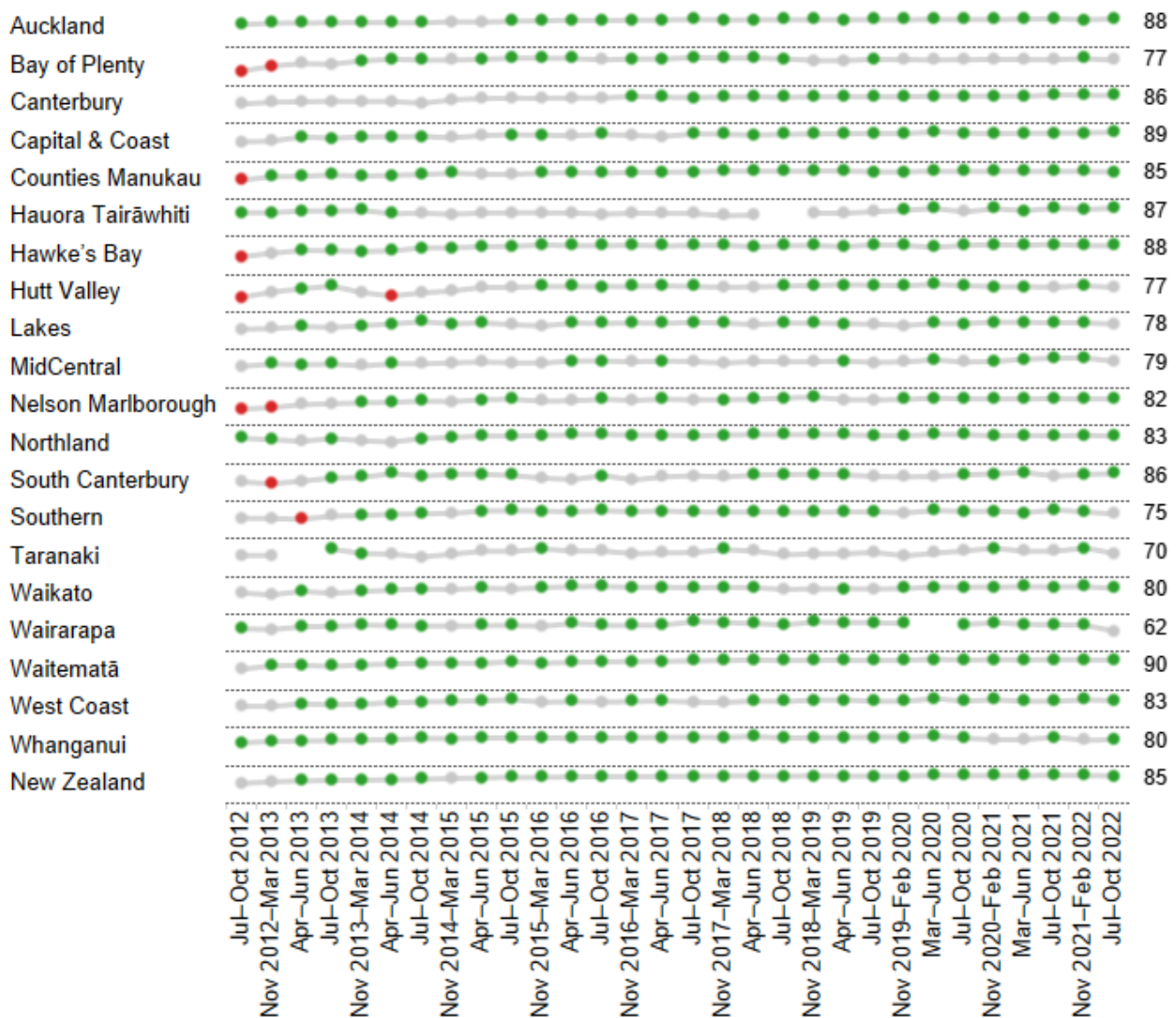
Figure 1: Trends in national aggregate and average hand hygiene compliance, October 2012 to October 2022



National targets for districts | Ngā whāinga ā-motu mō ngā poari hauora ā-rohe

The districts' national target for hand hygiene compliance has increased over time as the programme has gained traction. The targets were set at 64 percent in June 2012, 70 percent in June 2013, 75 percent in June 2014 and 80 percent in June 2015. The programme now focuses on spreading and embedding good hand hygiene practice to support sustained increases in compliance across districts.

Figure 2: Compliance over time by district, October 2012 to October 2022



Upper group:	<ul style="list-style-type: none"> ≥ 70 percent before quarter 3, 2014 ≥ 75 percent before quarter 3, 2015 ≥ 80 percent from quarter 3, 2015
Middle group:	Percentage is 60 percent to target
Lower group:	Percentage < 60 percent

Note: Colours may not accurately represent compliance as rates are rounded to the nearest whole number before colour groups are assigned.

Traffic light approach for districts | Te ara rama wheno mō ngā poari hauora ā-rohe

The red–amber–green figures (Figures 3–6) use a ‘traffic light’ approach. A cell is coloured green if the current 80 percent target was achieved, amber if results were within 5 percent of the target and red if results were more than 5 percent from the target. Every year’s rate until 2020 has been averaged.

Figure 3: Change in national hand hygiene compliance over time by moment, October 2012 to October 2022

Key

< 75%	75–80%	≥ 80% target achieved
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Moment	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Feb 22	Oct 22
Before touching a patient	55.5	64.7	69.1	75.6	78.1	79.9	81.3	81.5	82.4	83.1	82.3	80.7
Before a procedure	55.6	62.6	69.7	78.2	81.9	84.4	87.8	87.8	88.7	89.3	82.8	88.4
After a procedure or body fluid exposure risk	69.4	74.1	78.3	84.2	88.8	90.7	91.9	92.4	92.8	93.6	93.2	93.0
After touching a patient	71.9	76.5	80.0	85.9	87.1	88.7	89.2	89.3	89.9	90.7	90.0	89.1
After touching a patient's surroundings	54.9	64.6	69.0	75.7	76.6	77.9	78.5	77.0	79.5	79.7	80.0	79.0

Figure 4: Change in national hand hygiene compliance over time for health care workers, October 2012 to October 2022

Key

< 75%	75–80%	≥ 80% target achieved
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Health care worker	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Feb 22	Oct 22
Allied health care worker	62.7	66.7	73.0	78.8	80.5	83.5	85.6	84.6	86.3	86.7	88.1	87.2
Health care assistant	61.5	71.7	74.1	76.4	79.2	81.4	83.9	85.9	84.6	85.0	85.1	83.6
Medical practitioner	55.0	60.1	64.5	72.7	75.5	75.5	78.2	78.2	78.6	79.7	80.1	78.5
Nurse/midwife	65.0	72.0	76.2	82.4	85.7	87.1	87.8	88.1	88.7	89.6	89.3	88.0
Phlebotomy invasive technician	70.4	74.7	81.5	81.6	88.2	89.6	90.4	91.5	92.9	93.0	94.4	93.0
Student allied health	46.7	65.2	70.3	79.7	83.1	80.9	83.9	84.8	84.7	91.0	81.0	86.1
Student doctor	42.6	53.7	63.9	78.9	77.6	79.9	71.5	79.0	81.6	82.8	77.9	78.4
Student nurse/midwife	61.2	69.0	70.6	78.4	82.1	83.5	85.0	84.1	85.5	86.2	85.9	84.1

Figure 5: Change in national hand hygiene compliance by high-risk ward type, October 2012 to October 2022

Key

< 75%	75–80%	≥ 80% target achieved
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High-risk ward type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Feb 22	Oct 22
Critical care	61.0	67.1	71.0	76.3	80.7	84.0	82.6	83.3	83.9	85.5	87.4	86.8
Emergency department	34.1	56.3	66.5	70.0	75.1	77.0	78.3	80.4	80.5	81.0	83.8	81.9
Neonatal intensive care	70.1	73.2	81.3	85.0	87.2	88.4	90.7	91.0	89.5	89.8	91.2	80.5
Oncology/haematology	68.7	72.2	78.2	84.3	88.3	87.0	86.9	88.4	89.9	90.1	88.2	89.1
Renal	64.7	73.5	79.7	81.3	87.0	88.6	89.0	88.7	88.1	89.6	91.1	83.4

Figure 6: Change in national hand hygiene compliance by standard-risk ward type, October 2018 to October 2022

On 1 July 2019, the requirement to audit across all clinical areas began.

Key

< 75%	75–80%	≥ 80% target achieved
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Standard-risk ward type	Oct 18	Mar 19	Jun 19	Oct 19	Feb 20	Jun 20	Oct 20	Feb 21	Jun 21	Oct 21	Feb 22	Oct 22
Acute aged care	87.1	89.5	89.5	88.7	88.5	92.2	91.9	91.1	89.3	88.2	91.0	86.9
Ambulatory care	87.8	87.6	84.9	85.1	86.0	89.4	89.8	87.0	87.1	88.5	87.5	89.1
Maternity	88.9	86.1	84.3	85.5	82.7	88.6	86.4	87.0	85.1	87.8	90.9	90.5
Medical	84.3	84.0	84.6	83.8	85.0	88.0	86.7	87.0	86.5	87.4	87.1	86.1
Mixed	85.7	87.0	83.0	81.4	84.5	86.8	87.4	88.1	85.1	86.3	85.4	93.3
Paediatrics	89.1	90.2	88.5	89.7	90.5	93.6	92.5	92.4	91.6	93.7	92.4	84.7
Perioperative	85.6	80.2	83.7	76.7	79.5	81.8	79.3	82.0	81.8	84.2	72.5	89.4
Radiology/ radiation oncology	80.7	83.0	83.1	85.7	83.0	86.7	85.1	87.0	85.1	88.0	81.1	78.2
Surgical	81.8	83.7	83.6	84.3	83.3	83.5	83.1	85.3	84.4	85.4	84.8	87.6