

**National hand hygiene compliance report:**
**1 March to 30 June 2023 |**
**Pūrongo ā-motu mō te tautukunga horoi ringa:
1 o Poutū-te-rangi ki te 30 o Pipiri 2023**

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Published in July 2023 by Te Tāhū Hauora Health Quality & Safety Commission, PO Box 25496,

Wellington 6146.

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# Introduction | Kupu whakataki

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) 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’ multimodal improvement strategy to drive culture change and establish hand hygiene best practice for every patient, every time.

Good hand hygiene is one of the simplest, most effective ways to prevent the spread of healthcare-associated infections, which makes it a key patient safety priority.

This report presents results for the period 1 March 2023 to 30 June 2023, including national hand hygiene compliance for:

* 19 health districts (districts)\*
* 23 private surgical hospitals (PSHs).

\*(Capital and Coast results are now combined with Hutt Valley)

Data was extracted on 6 July 2023.

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

* The national compliance rate for districts was 84.8 percent, compared with 85.0 percent in the previous audit period.
* The national compliance rate for PSHs was 78.0 percent, compared with 81.7 percent in the previous audit period.
* Twelve districts and fourteen PSHs either achieved or exceeded the national target rate of
80 percent compliance.

Please note the following:

* Twelve districts achieved the ≥ 80 percent target rate for hand hygiene compliance and, of these, seven districts achieved a compliance rate of ≥ 85 percent.
* Seven districts did not reach the national compliance target of ≥ 80 percent. These districts were: Hauora a Toi Bay of Plenty, Lakes, Te Pae Hauora o Ruahine o Tararua MidCentral, Southern, Taranaki, Wairarapa and Te Tai o Poutini West Coast.
* Hand hygiene auditors collected 64,600 moments for hand hygiene.
* Medical staff compliance was 78.7 percent in districts.
* Medical staff compliance decreased in PSHs to 52.7 percent.
* Eight districts did not meet the minimum data collection requirements and were more than 100 moments short of the minimum requirement for this auditing period. These districts were: Hauora a Toi Bay of Plenty, Waitaha Canterbury, Te Matau a Māui Hawke’s Bay, Lakes,
Te Tai Tokerau, South Canterbury, Taranaki and Waikato.
* In the districts, of all moments where glove use was recorded, health care workers failed to complete hand hygiene 16.3 percent of the time compared with 16.5 percent in the previous audit period.
* In PSHs, of all moments where glove use was recorded, health care workers failed to complete hand hygiene 22.8 percent of the time compared with 19.7 percent in the previous audit period.

# 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](https://www.hqsc.govt.nz/resources/resource-library/poster-how-to-hand-rub/)/[How to hand wash](https://www.hqsc.govt.nz/resources/resource-library/poster-how-to-hand-wash/). These posters are available in English, te reo Māori, Samoan, Hindi, Tongan, Arabic and Simplified Chinese.
* Hard copies of hand hygiene posters/resources are available for ordering through Te Tāhū Hauora. You can find more information about the HHNZ resources here: [HHNZ resources](https://www.hqsc.govt.nz/our-work/infection-prevention-and-control/topics/hand-hygiene/marketing-resources/).
* [HHNZ auditing manual (2019)](https://www.hqsc.govt.nz/resources/resource-library/hand-hygiene-new-zealand-auditing-manual-2019-edition/)
* [HHNZ webpage](https://www.hqsc.govt.nz/our-work/infection-prevention-and-control/our-work/hand-hygiene/)

* [World hand hygiene day 2023](https://www.hqsc.govt.nz/resources/resource-library/world-hand-hygiene-day-2023/): New resources.

# National hand hygiene compliance data: 1 March to 30 June 2023 | Pūrongo ā-motu mō te tautukunga horoi ringa: 1 o Poutū-te-rangi ki te 30 o Pipiri 2023

The districts’ national aggregated hand hygiene compliance rate was 84.8 percent. The national average performance by district was 80.5 percent.

The PSH national aggregated hand hygiene compliance rate was 78.0 percent. The national average performance by PSH was 80.0 percent.

The average rate gives equal weighting to each district/PSH result regardless of size, whereas the aggregate rateis 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 March 2023 to 30 June 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Correct moments** | **Total moments** | **Compliance rate** | **Lower 95% confidence interval** | **Upper 95% confidence interval** |
| **Districts** | 54,801 | 64,600 | 84.8% | 84.6% | 85.1% |
| **PSHs** | 2,771 | 3,552 | 78.0% | 76.6% | 79.3% |

Table 2: National compliance rates by district, 1 March 2023 to 30 June 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **District** | **Correct moments** | **Total moments** | **Compliance rate** | **Lower 95% confidence interval** | **Upper 95% confidence interval** |
| Te Toka Tumai Auckland  | 10,726 | 12,451 | 86.1% | 85.5% | 86.7% |
| Hauora a Toi Bay of Plenty\*  | 1,181 | 1,591 | 74.2% | 72.0% | 76.3% |
| Waitaha Canterbury\*  | 2,344 | 2,722 | 86.1% | 84.8% | 87.4% |
| Capital, Coast and Hutt Valley | 4,160 | 4,862 | 85.6% | 84.1% | 87.0% |
| Counties Manukau  | 12,020 | 14,349 | 83.8 % | 83.2% | 84.4% |
| Tairāwhiti  | 702 | 807 | 87.0% | 84.5% | 89.1% |
| Te Matau a Māui Hawke's Bay\*  | 495 | 598 | 82.8% | 79.5% | 85.6% |
| Lakes\*  | 697 | 881 | 79.1% | 76.3% | 81.7% |
| Te Pae Hauora o Ruahine o Tararua MidCentral  | 1,564 | 2,120 | 73.8% | 71.9% | 75.6% |
| Nelson Marlborough  | 1,093 | 1,350 | 81.0% | 78.8% | 83.0% |
| Te Tai Tokerau\*  | 1,079 | 1,295 | 83.3% | 81.2% | 85.3% |
| South Canterbury\*  | 291 | 338 | 86.1% | 82.0% | 89.4% |
| Southern | 2,257 | 2,898 | 77.9% | 76.3% | 79.4% |
| Taranaki\* | 339 | 598 | 56.7% | 52.7% | 60.6% |
| Waikato\*  | 2,772 | 3,228 | 85.9% | 84.6% | 87.0% |
| Wairarapa  | 169 | 243 | 69.5% | 63.5% | 75.0% |
| Waitematā  | 11,798 | 12,891 | 91.0% | 91.0% | 92.0% |
| Te Tai o Poutini West Coast  | 242 | 340 | 71.2% | 66.1% | 75.7% |
| Whanganui  | 872 | 1,038 | 84.0% | 81.7% | 86.1% |

\* These districts have not met the minimum data collection requirements and are more than 100 moments short of the minimum requirement for this audit period.

**Notes:**

* Disruptions to auditing may have been caused by severe weather events 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.
* Data has now been combined for Capital, Coast and Hutt Valley districts.
* Reporting remains separate for Te Tai o Poutini West Coast and Waitaha Canterbury.

Table 3: Hand hygiene compliance by geographic region, 1 March 2023 to 30 June 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Region** | **Correct moments** | **Total moments** | **Compliance rate** | **Lower 95% confidence interval** | **Upper 95% confidence interval** |
| Northern North Island | 35,623 | 40,986 | 86.9% | 86.6% | 87.2% |
| Te Manawa Taki | 5,619 | 7,105 | 80.1% | 79.2% | 81.0% |
| Central North Island | 7,260 | 8,861 | 81.9% | 81.1% | 82.7% |
| Te Waipounamu | 6,227 | 7,648 | 81.4% | 80.5% | 82.3% |

Table 4: Compliance by moment, 1 March 2023 to 30 June 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Moment** | **Correct moments** | **Total moments** | **Compliance rate** | **Lower 95% confidence interval** | **Upper 95%confidence interval** |
| **Districts** |
| 1. Before touching a patient | 14,649 | 18,431 | 79.5% | 78.9% | 80.1% |
| 2. Before a procedure | 6,367 | 7,307 | 87.1% | 86.3% | 87.9% |
| 3. After a procedure or body fluid exposure risk | 8,639 | 9,420 | 91.7% | 91.1% | 92.2% |
| 4. After touching a patient | 16,636 | 18,728 | 88.8% | 88.4% | 89.3% |
| 5. After touching a patient's surroundings | 8,510 | 10,714 | 79.4% | 78.7% | 80.2% |
| **PSHs** |
| 1. Before touching a patient | 819 | 1,079 | 75.9% | 73.3% | 78.4% |
| 2. Before a procedure | 276 | 333 | 80.2% | 75.6% | 84.1% |
| 3. After a procedure or body fluid exposure risk | 330 | 402 | 82.1% | 78.0% | 85.5% |
| 4. After touching a patient | 854 | 1,066 | 80.1% | 77.6% | 82.4% |
| 5. After touching a patient's surroundings | 501 | 672 | 74.6% | 71.1% | 77.7% |

Table 5: Department compliance rates, 1 March 2023 to 30 June 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Department type** | **Correct moments** | **Total moments** | **Compliance rate** | **Lower 95% confidence interval** | **Upper 95% confidence interval** |
| **Districts** |
| Acute aged care | 1,545 | 1,766 | 87.5% | 85.9% | 88.9% |
| Ambulatory care | 1,561 | 1,745 | 89.5% | 87.9% | 90.8% |
| Critical care unit | 3,889 | 4,663 | 83.4% | 82.3% | 84.4% |
| Emergency department | 2,331 | 2,903 | 80.3% | 78.8% | 81.7% |
| Long-term care | 535 | 614 | 87.1% | 84.3% | 89.6% |
| Maternity | 1,091 | 1,257 | 86.8% | 85.4% | 89.6% |
| Medical | 13,488 | 15,923 | 84.7% | 84.1% | 85.3% |
| Mixed | 2,242 | 2,782 | 80.6% | 79.1% | 82.0% |
| Neonatal care | 2,136 | 2,445 | 87.0% | 85.6% | 88.3% |
| Oncology/haematology | 2,088 | 2,405 | 86.8% | 85.4% | 88.1% |
| Other | 2,520 | 2,968 | 84.9% | 83.6% | 86.1% |
| Paediatrics | 3,752 | 4,212 | 91.0% | 90.1% | 91.9% |
| Perioperative | 1,815 | 2,381 | 76.2% | 74.5% | 77.9% |
| Radiology/radiation oncology | 538 | 599 | 89.8% | 87.1% | 92.0% |
| Renal | 4,600 | 5,293 | 86.9% | 86.0% | 87.8% |
| Surgical | 10,042 | 12,059 | 83.3% | 82.6% | 83.9% |
| **PSHs** |
| Ambulatory care | 136 | 146 | 93.2% | 87.9% | 96.2% |
| Critical care unit | 193 | 315 | 61.3% | 55.8% | 66.5% |
| Medical | 30 | 40 | 75.0% | 59.8% | 85.8% |
| Perioperative | 451 | 588 | 76.7% | 73.1% | 79.9% |
| Surgical | 1,957 | 2,459 | 79.6% | 77.9% | 81.1% |

Table 6: Health care worker compliance rates, 1 March 2023 to 30 June 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health care worker** | **Correct moments** | **Total moments** | **Compliance rate** | **Lower 95% confidence interval** | **Upper 95% confidence interval** |
| **Districts** |
| Nurse/midwife | 32,578 | 34,472 | 86.9% | 86.6% | 87.3% |
| Medical practitioner | 6,995 | 8,886 | 78.7% | 77.9% | 79.6% |
| Allied health care worker | 2,433 | 2,859 | 85.1% | 83.7% | 86.4% |
| Phlebotomy invasive technician | 1,740 | 1,886 | 92.3% | 91.0% | 93.4% |
| Health care assistant | 5,834 | 7,099 | 82.2% | 81.3% | 83.1% |
| Cleaner and meal staff | 1,079 | 1,378 | 78.3% | 76.0% | 80.4% |
| Administrative and clerical staff | 146 | 166 | 88.0% | 82.1% | 92.1% |
| Student doctor | 196 | 244 | 80.3% | 74.9% | 84.8% |
| Other – orderly and not categorised elsewhere | 1,189 | 1,497 | 79.4% | 77.3% | 81.4% |
| Student allied health | 158 | 189 | 83.6% | 77.7% | 88.2% |
| Student nurse/midwife | 2,367 | 2,807 | 84.3% | 82.9% | 85.6% |
| Student health care assistant | 1 | 4 | 25.0% | 4.6% | 69.9% |
| **PSHs** |
| Nurse/midwife | 2,136 | 2,557 | 83.5% | 82.0% | 84.9% |
| Medical practitioner | 238 | 452 | 52.7% | 48.0% | 57.2% |
| Allied health care worker | 98 | 141 | 69.5% | 61.5% | 76.5% |
| Phlebotomy invasive technician | 14 | 20 | 70.0% | 48.1% | 85.5% |
| Health care assistant | 164 | 224 | 73.2% | 67.1% | 78.6% |
| Cleaner and meal staff | 23 | 27 | 67.6% | 50.8% | 80.9% |
| Administrative and clerical staff | 21 | 27 | 77.8% | 59.2% | 89.4% |
| Student doctor | 1 | 1 | 100.0% | 20.7% | 100.0% |
| Other – orderly and not categorised elsewhere | 32 | 40 | 80.0% | 65.2% | 89.5% |
| Student nurse/midwife | 41 | 53 | 77.4% | 64.5% | 86.5% |
| Student health care assistant | 3 | 3 | 100.0% | 43.9% | 100.0% |

# 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 glove statistics for districts are:

* when gloves are taken OFF, the proportion of hand hygiene opportunities missed was
5.8 percent compared with 5.3 percent in the previous audit period
* when gloves are put ON, the proportion of hand hygiene opportunities missed was
15.0 percent compared with 15.3 percent in the previous audit period
* of all moments where glove use was recorded, health care workers failed to complete hand hygiene 16.3 percent of the time compared with 16.5 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
13.4 percent compared with 7.1 percent in the previous audit period
* when gloves are put ON, the proportion of hand hygiene opportunities missed was
15.4 percent compared with 14.0 percent in the previous audit period
* of all moments where glove use was recorded, health care workers failed to complete hand hygiene 22.8 percent of the time compared with 19.7 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 June 2023

# 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 June 2023



|  |  |
| --- | --- |
| **Upper group:** | ≥ 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 |

**Notes:**

* Colours may not accurately represent compliance as rates are rounded to the nearest whole number before colour groups are assigned.
* District names are the old district health board names currently in this figure.

# Traffic light approach for districts | Te ara rama whero 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 June 2023

**Key**

|  |  |  |
| --- | --- | --- |
| **< 75%** | **75–80%**  | **≥ 80% target achieved** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Moment** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **Feb 23** | **Jun 23** |
| Before touching a patient | **55.5** | **64.7** | **69.1** | **75.6** | **78.1** | **79.9** | **81.3** | **81.5** | **82.4** | **83.1** | **81.5** | **80.2** | **79.5** |
| Before a procedure | **55.6** | **62.6** | **69.7** | **78.2** | **81.9** | **84.4** | **87.8** | **87.8** | **88.7** | **89.3** | **85.6** | **87.1** | **87.1** |
| 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** | **93.1** | **93.1** | **91.7** |
| After touching a patient | **71.9** | **76.5** | **80.0** | **85.9** | **87.1** | **88.7** | **89.2** | **89.3** | **89.9** | **90.7** | **89.6** | **88.8** | **88.8** |
| 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** | **79.5** | **77.9** | **79.4** |

Figure 4: Change in national hand hygiene compliance over time for health care workers, October 2012 to June 2023

**Key**

|  |  |  |
| --- | --- | --- |
| **< 75%** | **75–80%**  | **≥ 80% target achieved** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health care worker** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **Feb 23** | **Jun 23** |
| Allied health care worker | **62.7** | **66.7** | **73.0** | **78.8** | **80.5** | **83.5** | **85.6** | **84.6** | **86.3** | **86.7** | **87.7** | **83.7** | **85.1** |
| Health care assistant | **61.5** | **71.7** | **74.1** | **76.4** | **79.2** | **81.4** | **83.9** | **85.9** | **84.6** | **85.0** | **84.4** | **81.9** | **82.2** |
| Medical practitioner | **55.0** | **60.1** | **64.5** | **72.7** | **75.5** | **75.5** | **78.2** | **78.2** | **78.6** | **79.7** | **79.3** | **78.8** | **78.7** |
| Nurse/midwife | **65.0** | **72.0** | **76.2** | **82.4** | **85.7** | **87.1** | **87.8** | **88.1** | **88.7** | **89.6** | **88.7** | **87.7** | **86.9** |
| Phlebotomy invasive technician | **70.4** | **74.7** | **81.5** | **81.6** | **88.2** | **89.6** | **90.4** | **91.5** | **92.9** | **93.0** | **93.7** | **92.2** | **92.3** |
| Student allied health | **46.7** | **65.2** | **70.3** | **79.7** | **83.1** | **80.9** | **83.9** | **84.8** | **84.7** | **91.0** | **83.6** | **70.5** | **83.6** |
| Student doctor | **42.6** | **53.7** | **63.9** | **78.9** | **77.6** | **79.9** | **71.5** | **79.0** | **81.6** | **82.8** | **78.2** | **77.2** | **80.3** |
| Student nurse/midwife | **61.2** | **69.0** | **70.6** | **78.4** | **82.1** | **83.5** | **85.0** | **84.1** | **85.5** | **86.2** | **85.0** | **82.2** | **84.3** |

Figure 5: Change in national hand hygiene compliance by high-risk ward type, October 2012 to June 2023

**Key**

|  |  |  |
| --- | --- | --- |
| **< 75%** | **75–80%**  | **≥ 80% target achieved** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **High-riskward type** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **Feb 23** | **Jun 23** |
| Critical care | **61.0** | **67.1** | **71.0** | **76.3** | **80.7** | **84.0** | **82.6** | **83.3** | **83.9** | **85.5** | **87.1** | **86.4** | **83.4** |
| Emergency department | **34.1** | **56.3** | **66.5** | **70.0** | **75.1** | **77.0** | **78.3** | **80.4** | **80.5** | **81.0** | **82.9** | **77.9** | **80.3** |
| Neonatal intensive care | **70.1** | **73.2** | **81.3** | **85.0** | **87.2** | **88.4** | **90.7** | **91.0** | **89.5** | **89.8** | **85.6** | **88.3** | **87.0** |
| Oncology/ haematology | **68.7** | **72.2** | **78.2** | **84.3** | **88.3** | **87.0** | **86.9** | **88.4** | **89.9** | **90.1** | **88.7** | **88.9** | **86.8** |
| Renal | **64.7** | **73.5** | **79.7** | **81.3** | **87.0** | **88.6** | **89.0** | **88.7** | **88.1** | **89.6** | **87.3** | **89.1** | **86.9** |

Figure 6: Change in national hand hygiene compliance by standard-risk ward type, October 2018 June 2023

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

**Key**

|  |  |  |
| --- | --- | --- |
| **< 75%** | **75–80%**  | **≥ 80% target achieved** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard-riskward 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** | **Feb 23** | **Jun 23** |
| 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** | **88.3** | **87.5** |
| 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** | **89.2** | **89.5** |
| 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** | **87.7** | **86.8** |
| 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** | **85.3** | **84.7** |
| 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** | **82.7** | **80.6** |
| 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** | **88.4** | **91.0** |
| 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** | **78.7** | **76.2** |
| 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** | **87.7** | **89.8** |
| 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** | **82.6** | **83.3** |