

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

**National hand hygiene compliance report:
1 November 2022 to 28 February 2023 |
Pūrongo ā-motu mō te tautukunga horoi ringa:
1 o Whiringa-ā-nuku ki te 28 o Hui Tanguru 2023**

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Introduction | Kupu whakataki

This report presents results for the period 1 November 2022 to 28 February 2023, including national hand hygiene compliance for:

- 19 health districts (districts)*
- 20 private surgical hospitals (PSHs).

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

Data was extracted on 9 March 2023.

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' multimodal improvement strategy to drive culture change and establish hand hygiene best 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 85.0 percent, compared with 85.5 percent in the previous audit period.
- National compliance for PSHs was 81.7 percent, compared with 83.1 percent in the previous audit period.
- Twelve districts and thirteen 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 continue to audit, educate and promote hand hygiene. Achieving high rates of compliance improves patient safety.

Please note the following:

- Twelve districts exceeded the ≥ 80 percent target rate for hand hygiene compliance and of these, seven districts achieved a compliance rate over ≥ 85 percent.
- Seven districts did not reach the national compliance target of ≥ 80 percent.
- Hand hygiene auditors collected more than 62,123 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 the ≥ 80 percent target for moments one to four.
- PSHs' aggregate compliance with moments five dropped to ≤ 80 percent.
- Medical staff compliance increased to 78.8 percent in districts but decreased in PSH to 61.5 percent.
- Twelve districts were more than 100 moments short of minimum requirement for this auditing 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/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 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 November 2022 to 28 February 2023 | Pūrongo ā-motu mō te tautukunga horoi ringa: 1 o Whiringa-ā-nuku ki te 28 o Hui Tanguru 2023

The districts' national aggregated hand hygiene compliance rate was 85.0 percent. The national average performance by district was 80.5 percent.

The PSH national aggregated hand hygiene compliance rate was 81.7 percent. The national average performance by PSH was similar at 80.0 percent.

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 November 2022 to 28 February 2023

	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts	50,369	59,263	85.0%	84.7%	85.3%
PSHs	2,336	2,860	81.7%	80.3%	83.1%

Table 2: National compliance rates by district, 1 November 2022 to 28 February 2023

District	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Auckland	10,127	11,660	86.9%	86.2%	87.5%
Bay of Plenty*	1,327	1,799	73.8%	71.7%	75.7%
Canterbury*	1,886	2,212	85.3%	83.7%	86.7%
Capital, Coast and Hutt Valley*	3,631	4,234	85.8%	83.7%	85.9%
Counties Manukau	10,779	12,922	83.4%	82.8%	84.0%
Hauora Tairāwhiti*	455	515	88.3%	85.3%	90.8%
Hawke's Bay*	310	355	87.3%	83.5%	90.4%
Lakes*	642	776	83.6%	80.9%	86.1%
MidCentral	1,567	2,007	78.1%	76.2%	79.8%
Nelson Marlborough	873	1,084	80.5%	78.1%	82.8%
Northland*	1,059	1,277	82.9%	80.8%	84.9%
South Canterbury*	385	434	88.7%	85.4%	91.4%
Southern*	1,561	2,054	76.0%	74.1%	77.8%
Taranaki*	64	133	48.1%	39.8%	56.5%
Waikato*	2,517	3,050	82.5%	81.1%	83.8%
Wairarapa*	107	156	68.6%	60.9%	75.4%
Waitematā	11,975	13,191	90.8%	90.3%	91.3%
West Coast	224	301	74.4%	69.2%	79.0%
Whanganui	873	1,103	79.1%	76.7%	81.4%

* 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 COVID-19 outbreaks, 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 and Coast and Hutt Valley.
- Reporting remains separate for West Coast and Canterbury.

Table 3: Hand hygiene compliance by geographic region, 1 November 2022 to 28 February 2023

Region	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Northern	33,940	39,050	86.9%	86.6%	87.2%
Midland	5,012	6,273	79.9%	78.9%	80.9%
Central	6,488	7,855	82.6%	81.7%	83.4%
South Island	4,929	6,085	81.0%	80.0%	82.0%

Table 4: Compliance by moment, 1 November 2022 to 28 February 2023

Moment	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts					
1. Before touching a patient	13,690	17,069	80.2%	79.6%	80.8%
2. Before a procedure	5,966	6,849	87.1%	86.3%	87.9%
3. After a procedure or body fluid exposure risk	8,002	8,598	93.1%	92.5%	93.6%
4. After touching a patient	15,309	17,246	88.8%	88.3%	89.2%
5. After touching a patient's surroundings	7,402	9,501	77.9%	77.1%	78.7%
PSHs					
1. Before touching a patient	603	753	80.1%	77.1%	82.8%
2. Before a procedure	255	297	85.9%	81.4%	89.4%
3. After a procedure or body fluid exposure risk	317	353	89.8%	86.2%	92.5%
4. After touching a patient	690	811	85.1%	82.5%	87.4%
5. After touching a patient's surroundings	471	646	72.9%	69.4%	76.2%

Table 5: Department compliance rates, 1 November 2022 to 28 February 2023

Department type	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts					
Acute aged care	1,557	1,763	88.3%	86.7%	89.7%
Ambulatory care	1,514	1,697	89.2%	87.7%	90.6%
Critical care unit	3,270	3,784	86.4%	85.3%	87.5%
Emergency department	2,601	3,337	77.9%	76.5%	79.3%
Long-term care	349	444	78.6%	74.6%	82.2%
Maternity	846	965	87.7%	85.4%	89.6%
Medical	13,038	15,278	85.3%	84.8%	85.9%
Mixed	1,559	1,884	82.7%	81.0%	84.4%
Neonatal care	1,923	2,179	88.3%	86.8%	89.5%
Oncology/haematology	1,903	2,141	88.9%	87.5%	90.1%
Other	2,443	2,926	83.5%	82.1%	84.8%
Paediatrics	2,487	2,814	88.4%	87.1%	89.5%
Perioperative	2,130	2,705	78.7%	77.2%	80.2%
Radiology/radiation oncology	722	823	87.7%	85.3%	89.8%
Renal	4,310	4,835	89.1%	88.2%	90.0%
Surgical	9,092	11,010	82.6%	81.9%	83.3%
PSHs					
Ambulatory care	88	93	94.6%	88.0%	97.7%
Critical care unit	52	58	89.7%	79.2%	95.2%
Perioperative	439	587	74.8%	71.1%	78.1%
Surgical	1,757	2,122	82.8%	81.1%	84.3%

Table 6: Health care worker compliance rates, 1 November 2022 to 28 February 2023

Health care worker	Correct moments	Total moments	Compliance rate	Lower 95% confidence interval	Upper 95% confidence interval
Districts					
Nurse/midwife	30,632	34,922	87.7%	87.4%	88.1%
Medical practitioner	6,695	8,491	78.8%	78.0%	79.7%
Allied health care worker	2,240	2,676	83.7%	82.3%	85.1%
Phlebotomy invasive technician	1,743	1,881	92.2%	90.9%	93.3%
Health care assistant	5,941	7,254	81.9%	81.0%	82.8%
Cleaner and meal staff	989	1,328	74.5%	72.1%	76.7%
Administrative and clerical staff	92	103	89.3%	81.9%	93.9%
Student doctor	146	189	77.2%	70.8%	82.6%
Other – orderly and not categorised elsewhere	1,156	1,506	76.8%	74.6%	78.8%
Student allied health	43	61	70.5%	58.1%	80.4%
Student nurse/midwife	699	850	82.2%	79.5%	84.7%
Student health care assistant	2	2	100.0%	34.2%	100.0%
PSHs					
Nurse/midwife	1,807	2,105	85.8%	84.3%	87.3%
Medical practitioner	232	377	61.5%	56.5%	66.3%
Allied health care worker	58	77	75.3%	64.6%	83.6%
Phlebotomy invasive technician	11	13	84.6%	57.8%	95.7%
Health care assistant	182	232	78.4%	72.7%	83.3%
Cleaner and meal staff	11	15	73.3%	48.0%	89.1%
Administrative and clerical staff	13	13	100.0%	77.2%	100.0%
Other – orderly and not categorised elsewhere	10	13	76.9%	49.7%	91.8%
Student nurse/midwife	12	15	80.0%	54.8%	93.0%

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 district glove statistics are:

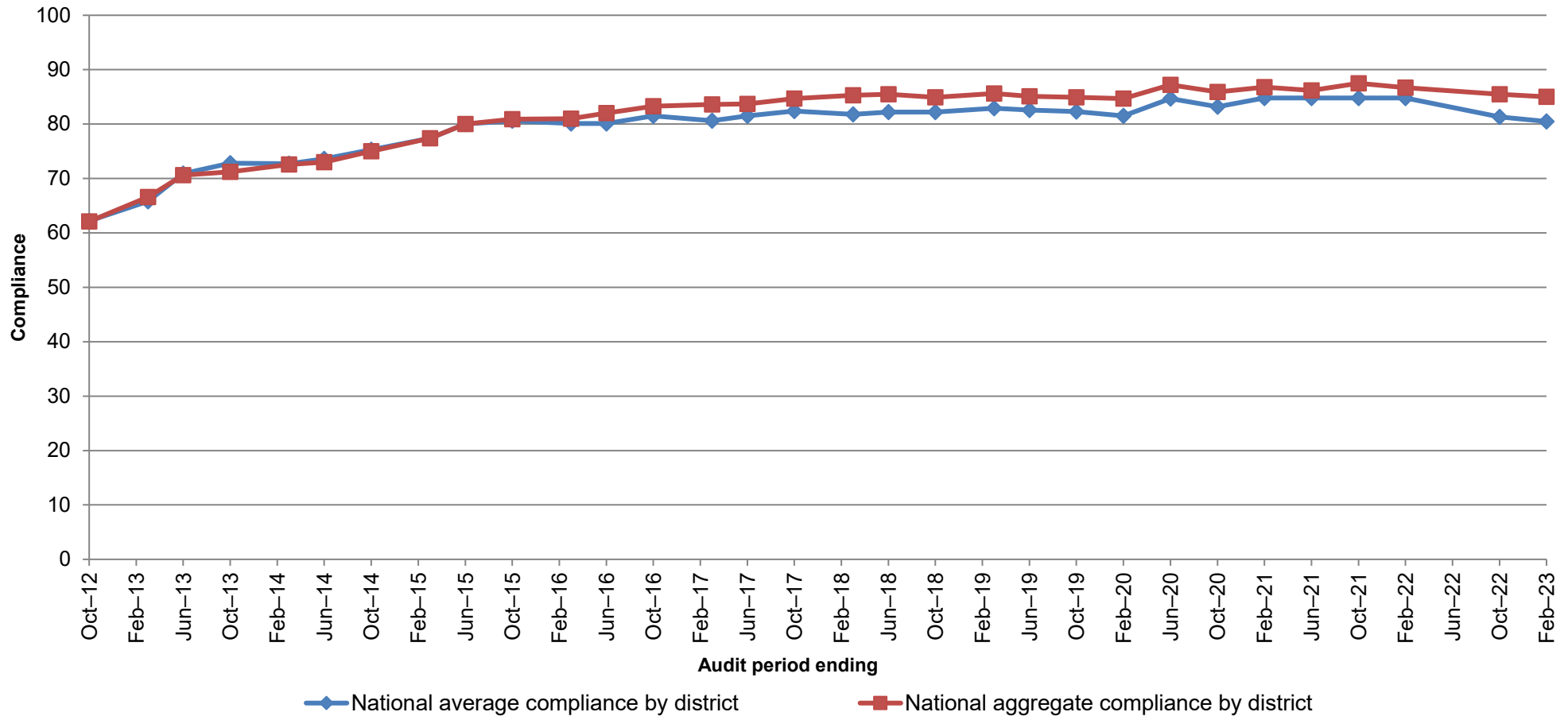
- when gloves are taken OFF, the proportion of hand hygiene opportunities missed was 5.3 percent compared with 5.7 percent in the previous audit period
- when gloves are put ON, the proportion of hand hygiene opportunities missed was 15.3 percent compared with 13.8 percent in the previous audit period
- of all moments where glove use was recorded, health care workers failed to complete hand hygiene 16.5 percent of the time compared with 16.1 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 7.1 percent compared with 6.7 percent in the previous audit period
- when gloves are put ON, the proportion of hand hygiene opportunities missed was 14.0 percent compared with 13.3 percent in the previous audit period
- of all moments where glove use was recorded, health care workers failed to complete hand hygiene 19.7 percent of the time compared with 18.3 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

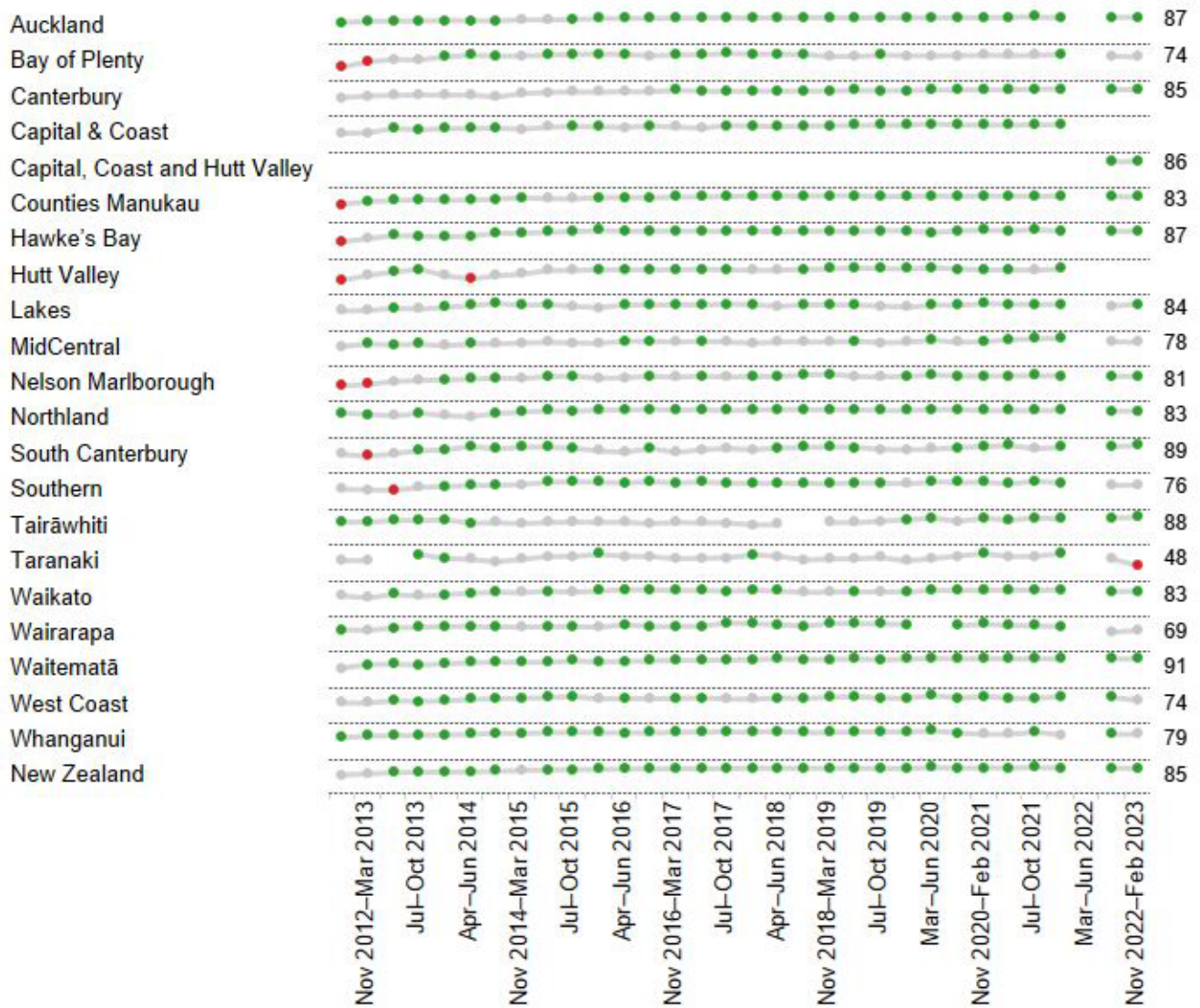
Figure 1: Trends in national aggregate and average hand hygiene compliance, October 2012 to February 2023



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 February 2023



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 February 2023

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	Feb 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	82.3	80.7	80.2
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	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	93.2	93.0	93.1
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	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	80.0	79.0	77.9

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

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	Feb 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	88.1	87.2	83.7
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	81.9
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	78.8
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	87.7
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	92.2
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	70.5
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	77.2
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	82.2

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

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	Feb 23
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	86.4
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	77.9
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	88.3
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	88.9
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	89.1

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

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	Feb 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
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
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
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
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
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
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
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
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