



Hand hygiene feedback impacts compliance

Interventional study in two similarly matched medical care units at two different hospitals

WHAT WAS INVESTIGATED?

The study investigated:

- Impact of publicly posting feedback on hand hygiene compliance (HHC)
- 2 units were compared: one received private feedback, the other one public feedback
- The study was divided in 3 phases: baseline, team feedback and individual feedback

- Hand hygiene was measured using an electronic monitoring system. HHC represents compliance on room entry and exit.

Results of private and public HH feedback at the team and individual level were compared in the investigation.

WHAT WAS THE RESULT?

Main Result: In both private and public feedback group, individual feedback led to the highest HHC: 55.44% (private) and 64.29% (public) respectively.

Highest increase in HHC (63.29%) was observed using public individual feedback.

Using team feedback did not result in a notable higher HHC in the public feedback group and even decreased in the private feedback group.

WHAT PRODUCT REFERENCE DOES THE STUDY HAVE?

Hand hygiene events were evaluated by an automated RFID (radiofrequency identification device) HH monitoring system by Proventix Systems Inc., Birmingham, AL.

Providing individual compliance data to health care workers in a public manner can lead to an improvement in hand hygiene behaviour.





BACKGROUND

One of the most important ways to prevent the transmission of potential pathogens and therefore healthcare-associated infections (HAIs) is hand hygiene (HH). Hand hygiene compliance (HHC) of healthcare workers (HCW) can be influenced by many factors, whether personal, environmental or behavioural.

GOAL

The aim of the study was to compare the different effects of private and public HH feedback at a team and individual level. The objective was to examine the impact of displaying HHC data in public.

DESIGN AND METHODS

The quality improvement study was conducted in 2 similar matched medical care units at two different hospitals. During the study, HHC was compared between two groups: public feedback and private feedback. Compliance data was collected in 3 phases: baseline, team, and individual.

An automated radiofrequency identification device (RFID) HH monitoring system was used to evaluate HH behavior. The staff members of the involved units were included in the study and assigned a badge.

Members of the private feedback group received their feedback (team and individual) in private on the communication unit of the monitoring system. Feedback for members of the public group was openly displayed on the communication unit. During the team phase, messaging contained information about the entire team. In the individual phase, messaging contained only information about the respective caregiver.

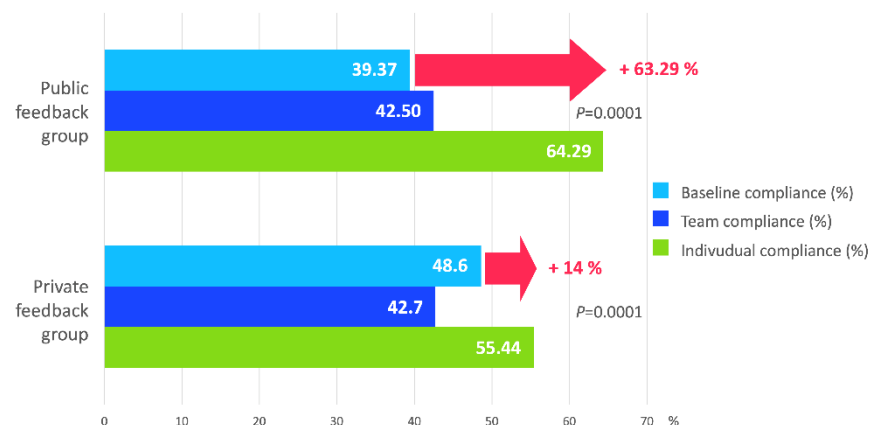
The staff included in the study was trained in proper use of the RFID badge and in interacting with the communication unit of the monitoring system. They were expected to wear their badges, when working.

RESULTS

During the study period 145,308 opportunities for HH were documented among 112 health care workers.

Feedback of the individual HHC resulted in the highest compliance rate in both private and public feedback methods. The private group compliance increased from 48.6 % to 55.44 % (+14 %). The public group compliance increased from 39.37 % to 64.29 % (+63.29 %). The change from baseline was significant in both cases. Comparing the different HCW roles shows a similar picture. Again, HHC increased most in the public feedback group receiving individual compliance data. HHC increased from 25.94 % to 58.99 % in nurses (+127%) and from 40.68 % to 67.77 % in medical doctors (+66.59 %).

Hand hygiene compliance by feedback group



CONCLUSION

The study shows that a change in HH behavior can be brought about by providing HHC data at an individual level. The greatest change was observed as staff was provided their individual data in a public manner.