STUDY PROFILE

Importance of monitoring and feedback for hand hygiene compliance

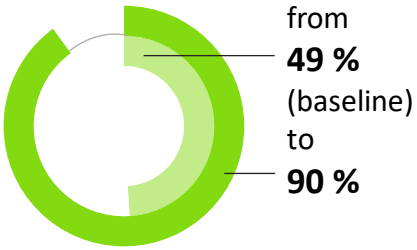
The study investigated the effectiveness of a hand hygiene monitoring program (HHMP) on hand hygiene compliance (HHC).

Interventional study in a tertiary care facility in Missouri, US

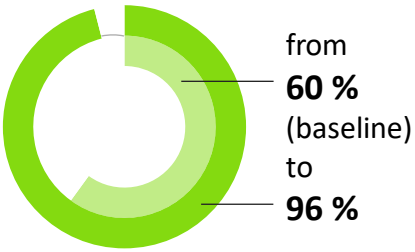
STUDY RESULTS

Significant increase in HHC in experimental departments compared to baseline.

No significant changes were seen in the control departments



experimental department 1



experimental department 2

STUDY DESIGN

HHC was measured before and after implementation of a HHMP

- 2 departments for **intervention**
- 2 departments for **control**

STUDY PERIOD

2011–2012;
intervention phase of 12 months

MEASUREMENTS

Measurements during intervention phase

- Observation of HHC

INTERVENTIONS

The HHMP consisted of 4 key components

- Extensive education
- Prominent and visible monitoring
- Immediate feedback on HHC
- Distribution of real-time data to leadership

Research for infection protection

Source: Walker JL *et al*. (2014) Hospital hand hygiene compliance improves with increased monitoring and immediate feedback. Am J Infect Control 42(10): 1074–1078.

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BACKGROUND

Healthcare-associated infections (HAIs) are still a relevant problem in daily hospital routine, responsible for approximately 100,000 deaths in US hospitals annually.
Despite the great effort of infection prevention teams, hand hygiene remains a major problem in US hospitals with a compliance rate of < 50%. As a result, hand hygiene improvement programmes continue to be implemented, which may improve compliance in the short term, but their long-term effectiveness is unclear.

GOAL

The aim of the study was to assess the efficacy and sustainability of a new hand hygiene monitoring program (HHMP) over 12 months.

DESIGN AND METHODS

Data on HHC compliance were collected before and after implementation of the HHMP. 4 postoperative adult surgical units with approximately 31 beds were selected, 2 of them served as control units without implementation of the HHMP. Baseline hand hygiene data were collected one month before implementation of the HHMP in all 4 units.

4 key components were identified as necessary for a successful and comprehensive program and were included in the HHMP:

1. Extensive education
2. Salient hand hygiene monitoring / observations / observers
3. Immediate feedback to health care workers on their HHC
4. Provision of real-time data to leadership

RESULTS

Both experimental departments showed statistically significant increases in hand hygiene compliance compared with baseline measurements during the 12-month HHMP implementation period.
The HHC was measured during the first 6 months and was sustained during the last 6 months of program implementation.
These findings were significantly higher than in the control departments, where no significant changes in compliance were observed.

CONCLUSION

Hand hygiene compliance as one of the main factors to reduce healthcare-associated infection (HAI) in hospitals can be improved by a comprehensive HHMP, including immediate feedback.

Research for infection protection

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