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Patient implication usefulness of a hand hygiene promoting campaign

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Hand Hygiene (HH) is considered as a key technique for preventing infections for reducing the transmission but the compliance is very low so multimodal strategies are proposed for improving compliance with washing techniques.

Material and methods: A cross-sectional three phase observational study was held in the Department of Internal Medicine with 122 beds in individual rooms, each equipped with a water-alcohol solution. Each year this Department registers approximately 5000 admissions. In the pre-campaign phase, the patients or caregivers were asked whether they had seen the physician perform HH with the water-alcohol solution upon entering or leaving the room. We perform the a promotional campaign targeted to the physicians on an individualized basis where the results were explained, a reminder of the indications of HH was provided, and they were informed that the patients were aware of the recommendations and would document whether HH was carried out. Informative posters were also placed. The second (post-campaign) and third (two months post-campaign) phases involved the repetition of data collection one week and two months after the campaign, A total of 34 physicians, among staff members of all the specialties in the Department of Internal Medicine and the residents in training rotating through the Department, participated in the study. A total of

85 patients was included in the first phase,

Results: The percentage of patients who remembered the physician performing HH before visiting increased from 22.4% in the first phase to 40.7% in the second – this representing a statistically significant increase of 82% (incident rate ratio [IRR] 1.82 [1.04-3.16]; $p = 0.034$). The third phase also discovered an increase in compliance with respect to the pre-campaign phase, though of lesser magnitude (32.1%) and without reaching statistical significance (IRR 1.43 [0.79-2.6]; $p = 0.23$) (Poisson regression analysis). With regard to HH at the end of visit, compliance likewise increased from 14.1% to 30.8% in the second phase (IRR 2.17 [1.11-4.29]; $p = 0.024$) and decreased again to 26.9% two months after the intervention (IRR 1.91 [0.94-3.87]; $p = 0.074$).

Conclusion: The introduction of a campaign to promote HH with implication of the patient as a witness (observer) and motivational reinforcement has a important impact that nevertheless appears to become attenuated over time. New and sustained interventions may be required to progress short- and long-term compliance and thus reduce the incidence of infections associated with healthcare.

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