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The effect of multiple group education for hand hygiene compliance in healthcare workers

Masoumeh Mohandes, Ali Malek and Nazanin Naderi
Shiraz Medical University, Iran

Statement of the Problem: Hand hygiene is recognized as an important measure to prevent healthcare-associated infections. Hand hygiene adherence among healthcare workers is associated with their knowledge and perception. This study aimed to evaluate the effect of multiple group educational programs on improving hand hygiene compliance, knowledge, and perception among healthcare workers in a transplantation hospital in Shiraz- Iran. The study was performed from March to July 2018 and divided into a pre-intervention, intervention, and post-intervention phase. This cluster randomized controlled trial allocated the implementation of three interventions to the departments, both direct observation and knowledge-perception survey of hand hygiene (HH) were performed using WHO tools.

Theoretical Orientation: During this analysis, 1700 hand hygiene opportunities into a pre-intervention, intervention, and post-intervention phase, were observed. HH compliance was tested for all 5 moments as per WHO guidelines. Based on 5100 observations in a 3-month period, the rate of compliance with HH improved from 7.3% at baseline to 42.90% after intervention ($p < 0.001$). Significant improvement in compliance and an increase in consumption of HH products were observed after intervention. This study demonstrates that a significant improvement in compliance with HH can be achieved through a systemic, multiple group therapy education intervention approach involving healthcare workers in a hospital setting.

Recent Publications:

1. Allegranzi B, Gayet-Ageron A, Damani N, Bengaly L, McLaws M-L, Moro M-L, Memish Z, Urroz O, Richet H, Storr J, Donaldson L, Pittet D (2013) Global Implementation of WHO's multimodal strategy for Improvement of hand-hygiene: a quasi-experimental study. *Lancet Infect* 13:843–51
2. Lee SS, Park SJ, Chung MJ, Lee JH, Kang HJ, Lee JA, Kim YK (2014) Improved hand hygiene compliance is associated with the change of perception toward hand hygiene among medical personnel. *J Infect Chemother*. 46:165–71
3. Pittet D (2001) Compliance with hand disinfection and its impact on hospital acquired infections. *J Hosp Infect*. 48 (Supplement A):S40–6
4. Pittet D, Hugonnet S, Harbarth S, et al (2000) Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. *Lancet* 356:1307–12
5. Bittner MJ, Rich EC, Turner PD, Arnold WH Jr (2002) Limited impact of sustained simple feedback based on soap and paper towel consumption on the frequency of handwashing in an adult intensive care unit. *Infect Control HospEpidemiol* 23:120–6
6. Stewardson AJ, Sax H, Gayet-Ageron A, et al (2016) Enhanced performance feedback and patient participation to improve hand hygiene compliance of health-care workers in the setting of established multimodal promotion: a single-centre, cluster randomised controlled trial. *Lancet Infect* 16(12):1345–1355
7. Allegranzi B, Pittet D (2009) Role of hand hygiene in healthcare-associated infection prevention. *J Hosp Infect* 73(4):305–315.

Biography

Masoumeh Mohandes is working as a practicing physician in the field of healthcare and very much interested in infection prevention research.

masoumehmohandes@gmail.com