

KEY POINT SUMMARY

OBJECTIVES

The objective of this study
was to observe the
movement of HCWs in
critical care and general
wards to understand the
most commonly travelled
routes and the surfaces
touched in the context of
hand hygiene compliance.

Hand hygiene after touching a patient's surroundings: The opportunities most commonly missed

FitzGerald, G., Moore, G., & Wilson, A. P. R. 2013 *Journal of Hospital Infection.* Volume 84, Issue 1, Pages 27-31

Key Concepts/Context

When a healthcare worker (HCW) is involved in patient care, there is every possibility of their hands getting contaminated. Unless adequate hand hygiene is carried out between one patient and the next, there is a likelihood of spread of pathogens. Microbes can also be transmitted to different surfaces a HCW may touch. In this study, the routes healthcare workers take when imparting patient care, the surfaces they touch while traveling, and their hand hygiene compliance were observed. The routes that were most frequently taken by the staff were between the patient bed and the equipment trolley and between the patient bed and medical notes trolley. The surfaces touched most frequently included the equipment trolley, computer keyboard, beds, medical notes trolley, and door handles.

Methods

This was an observational study. Over a period of 17 weeks, the activities of the staff in a medical-surgical intensive care unit (ICU) and a gastrointestinal ward in a teaching hospital were observed. Both units had single-patient rooms, an isolation room, and open bays of varying bed capacity. There was scope for hand sanitization near all beds – sinks, paper towels, and alcohol rubs. A total of 58 90-minute observation sessions were conducted – the observations were not covert. The location of the HCW during a task and hand hygiene opportunities were documented on a map. Link analysis was used to reveal the paths taken by the staff as they imparted patient care. Pivot tables (in Microsoft Excel) were created to reveal the more frequently used routes and more frequently touched surfaces (with or without the necessary hand hygiene compliance).



DESIGN IMPLICATIONS

Although the study indicates
that there is scope to
improve hand hygiene
compliance among HCWs, it
may be noted that hand
hygiene compliance was
higher when there was an
opportunity for hand hygiene
at the patient bedside.

Findings

The study yielded the following findings:

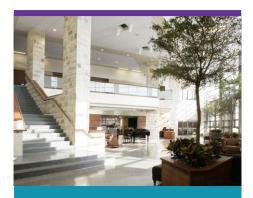
Medical-surgical ICU:

- ICU bay:
 - Sites most frequently touched: equipment trolley and computer keyboard
 - Most frequent movements from patient bed to: equipment trolley and computer
 - Hand hygiene compliance: Overall 60%
 - After contact with surfaces 40%
 - When moving between
 - Patient and trolley 11%
 - Trolley and patient 43%
 - Patient to bedside computer 14%
- Isolation room:
 - Sites most frequently touched: Inner and outer door handles, equipment trolley, and computer keyboard
 - Most frequent movements from patient bed to: equipment trolley and computer
 - Hand hygiene compliance: Overall 62%
 - When moving between:
 - Trolley and patient 68%
 - Patient and trolley 29%
 - Patient to bedside computer 22%

Gastrointestinal ward

- Open bay:
 - Sites most frequently touched: bed and medical notes trolley
 - Hand hygiene compliance: Overall 34%





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- Most frequent movements: between patients and outside the patient zone. Other movements included between patient bed and patient shower/ toilet.
- Isolation room
 - o Sites most frequently touched: Inner and outer door handles
 - Hand hygiene compliance 37.5%

Limitations

The authors do not specify limitations to their study but mention that the gastrointestinal ward had fewer staff and a lower level of activity, which resulted in a lower data count. They also mention that the staff may have changed their behavior as they were aware of the observations. Lastly, they concede that manual documentation of observed behavior can be hindered by obstacles in the line of sight.

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