ASSESSMENT OF HAND HYGIENE RESOURCES AND PRACTICES AT THE TWO CHILDREN'S HOSPITALS IN GREECE

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Background and aims: Hand hygiene (HH) is critical to prevent healthcare associated infections. We systematically assessed existing HH resources and practices.

Methods: Observational HH data and an inventory of HH resources were collected from 12 wards in 2 pediatric hospitals in Athens, including medical/surgical, oncology/transplant (BMTU), and intensive care units (ICUs), during 60, 1-hour observations periods. HH opportunities and attempts were designated as appropriate or inappropriate per WHO criteria.

Results: Overall HH compliance was 33.4% (396/1187). Of HH opportunities, 20.2% were appropriate. Compliance differed by role: nurses (52.8%), physicians (23.2%), students (22.2%) and others (19.2%) (p=0.001). HH compliance was greatest after body fluid exposure 66.1% (39/59) and 38.6% (34/88) before an aseptic procedure (p< 0.001). HH compliance was 30.3% (105/346) before patient contact, 33.1% (118/357) after patient contact, and 29.7% (100/337) after surroundings contact. Compliance was highest in ICUs and transplant unit: 63.1% in neonatal ICU, 60.9% in pediatric ICU, and 60% in BMTU; lower rate were observed in other units (13% - 18%). The median number of functional sinks per ward was 1 (IQR 1-1). HH resources at hand washing stations were soap (88%) and single use hand towels (60.4%). The median number of alcohol hand rub dispensers per examination and patient's rooms was 1 (IQR 1-1).

Conclusions: A low level of HH compliance was observed despite the availability of HH resources in most patient rooms. This report demonstrates a strategy to conduct an initial assessment and to gather baseline data that can be used to guide future improvement efforts.