

## Abstracts #3

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**TITLE** Compliance with Handwashing in a Teaching Hospital  
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In this observational study in Switzerland, 48 wards were sampled. Five trained infection control nurses recorded opportunities for handwashing as well as actual performance of handwashing. Staff was not advised which aspects of handwashing were being studied.

Opportunities for handwashing were those identified according to published guidelines. Compliance was defined as either washing with soap and water or using an antiseptic handrub. Handwashing was required whether gloves were worn or not. Failure to remove gloves after patient contact or between a dirty and clean site was considered noncompliance. Predictors were identified to be:

- Hospital ward
- Patient:staff ratio
- Time of day
- Day of week
- Professional category
- Type of patient care
- Level of risk for cross-contamination
- Intensity of patient care

### RESULTS

In a total of 105 hours of observation, 2834 opportunities for handwashing occurred.

- 520 for nurses
- 158 for physicians
- 166 for nursing assistants
- 199 for other healthcare workers

Compliance average with handwashing was 48%. Handwashing was done with soap and water in 34% of the time, and hand antiseptics in 14%. Compliance varied significantly among healthcare professions. Compliance was lower in surgical and intensive care wards and during morning shifts and on weekdays.

Four specific opportunities: after patient care, during drug preparation, during housekeeping and after IV care had a compliance rate of 36%-52%. Compliance was lower before IV care 39%, before respiratory care 18%, and care between a dirty and a clean site 11%, but higher after contact with body fluid 63%, after wound care 58%.

Compliance was worse when activity levels were high and the lowest compliance rate were found in ICU's where the indications for handwashing were more frequent. The highest compliance was found on pediatric wards 59% where activity levels were also found to be the lowest. Final analysis revealed:

- compliance was lowest in high-risk units, during higher-risk procedures, and during high activity levels
- nurses had better compliance than any other healthcare worker
- compliance was higher on the weekend

In conclusion, the study found the primary problem with handwashing was laxity of practice. It was particularly disturbing to find that activities that carried higher risk showed low compliance, that high workload was associated with low compliance, and that full compliance with handwashing guidelines may, in fact, be unrealistic. It is the first study to demonstrate the relationship between increased need and decreased compliance.

This summary of a published scientific paper has been compiled by Carolyn Twomey, Clinical Nurse Consultant, Regent Medical as a service to healthcare professionals. It does not contain the complete text, and Regent Medical makes no representation as to its completeness in addressing all issues in the paper. A reprint of the original paper may be obtained through Regent Medical by Email or direct from the publishers of the journal in which it appeared.

