



## Incidence of hand washing practices in Neonatal unit at Dr Bhimrao Ambedkar Hospital Raipur Chhattisgarh

Saket Kumar Mehta<sup>1</sup> Onkar Khandwal<sup>2</sup> Virendra Kurrey<sup>3</sup>

1- Post Graduate Student, Department of Paediatrics, 2- Professor of Paediatrics, Pt. J. N. M. Medical College, Raipur, 3- Associate Professor of Paediatrics, Pt. J. N. M. Medical College, Raipur

## Abstract

Good hand hygiene compliance is essential to prevent nosocomial infections in healthcare setting (NICU). Direct observation of hand hygiene compliance is the gold standard but it is time consuming. An electronic settings (CCTV) monitoring allows continuous monitoring of its usage. Hand washing practice review by set of observers might help in behaviour change regarding hand washing practice. The purpose of this study is to determine compliance with hand hygiene protocols by electronic surveillance and reinforcing behaviour change.

## Keywords

Handwashing, Neonatal

#### Aim

To Study incidence of behaviour change in hand washing after electronic monitoring of hand washing practices.

## Objectives

To evaluate the usefulness of electronic device (CCTV) for monitoring alcohol-based hand rub use and hand washing. To compare incidence of hand washing practices before and after CCTV monitoring intervention.

#### **Material and methods**

**Design of study:** This is a prospective observational, intervention study.

Study duration: This study was conducted between January 2020 to December 2020.

Study population: This study was conducted among NICU staff including consultants,

faculties, residents and nursing staff and aaya dais.





**Study setting:** This study was conducted in NICU of Department of Pediatrics, Pt JNM Medical College & Dr B.R Ambedkar Memorial Hospital Raipur C.G.

**Sample size:** Hand washing practices of all the 85 health care staff (including faculties, consultants, junior and senior residents, nursing staff and Aaya dais).

**Inclusion criteria:** All medical faculty and staff BRAM Hospital during the study period **Exclusion criteria:** Relatives of patient and some NICU staff.

## Methodology:

- It is Prospective Hospital based Interventional study conducted in the Departments of Paediatrics in Dr BRAM hospital.
- Hand hygiene practices before and after the education program were compared by guided observations.
- The incidence of nosocomial bloodstream infection per day at risk in new born will analysed by a segmented loglinear regression analysis.

#### Statistical analysis

Data was collected in predesigned Performa and entered in excel sheet and analysed using SPSS 20 version. Student's t test will be used to check the significance of difference between two parameters in parametric data. P value <0.05 was considered as statistically significant.

#### Results

## Difference in mean rate of hand washing in before after CCTV monitoring

The mean hand washing rates before CCTV monitoring was 1.59 that improved to 5.85 after CCTV monitoring. The mean difference in hand washing rates was -4.259. The mean difference in hand washing rates was checked for significance using paired t test and it was





statistically significant (P=0.000).

Particulars	Mean	Ν	Std. Deviation	Std. Error Mean	Mean difference	Т	df	P value
Hand washing rate								
before CCTV	1.59	85	1.072	.116				
monitoring					-4.259	-29.95	84	0
Hand washing rate					-			
after CCTV	5.85	85	1.230	.133				
monitoring								

## Conclusions

The study shows good compliance to hand-washing practices after CCTV monitoring. As hang hygiene compliance increases a concurrent decrease in health care associated infection rate was also observed in this study. CCTV monitoring is helpful in behaviour change in hand washing practices. Innovative interventions may be required to improve hand-washing behaviour during night shift, and among parents.

# References

- World Health Organization. Guidelines on Hand Hygiene in Health Care: A Summary, (2009). Available from: www.who.int/gpsc/5may/tools/9789241597906/en/. Accessed September 15, 2014.
- 2. Lawn JE, Cousens S, Bhutta ZA, Paul V, Martines J. Why are 4 million newborn babies dying each year? Lancet. 2004;364:399-401.





- 3. Zaidi AKM, Huskins WC, Thaver D, Bhutta ZA, Abbas Z, Goldmann DA. Hospitalacquired neonatal infections in developing countries. Lancet. 2005;365:1175-88.
- 4. Cohen B, Saiman L, Cimiotti J, Larson E. Factors associated with hand hygiene practices in two neonatal intensive care units. Pediatr Infect Dis J. 2003;22:494-9.
- 5. Pittet D, Allegranzi B, Sax H, Dharan S, Pessoa-Silva CL, Donaldson L, et al. Evidencebased model for hand transmission during patient care and the role of improved practices. Lancet Infect Dis. 2006;10:641-52.
- 6. D Pittet, S Hugonnet, S Harbarth, P Mourouga, V Sauvan, S Touveneau, et al.Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. Infection Control Programme, Lancet, 356 (2000), pp. 1307-1312
- BC Lam, J Lee, YL LauHand hygiene practices in a neonatal intensive care unit: a multimodal intervention and impact on nosocomial infection, Pediatrics, 114 (2004), pp. e565-e571
- 8. ML Ling, KB. HowImpact of a hospital-wide hand hygiene promotion strategy on healthcare-associated infections, Antimicrob Resist Infect Control, 1 (2012), p. 13
- 9. JM BoyceMeasuring healthcare worker hand hygiene activity: current practices and emerging technologies,Infect Control HospEpidemiol, 32 (2011), pp. 1016-1028