

METHODS OF MEASURING HAND HYGIENE

DIRECT OBSERVATION VS. ELECTRONIC COMPLIANCE MONITORING



VS.



While Direct Observation has been the gold-standard for years, **there are new solutions available that will improve hand hygiene compliance**, resulting in reduced HAI's and reduced cost-of-care.

Hospitals now have a choice:

Hospitals and healthcare staff can continue using Direct Observation as the primary method to monitor hand hygiene compliance and **they will continue to receive the same insignificant, irrelevant, and inaccurate data** that is currently in place.

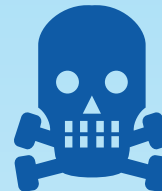
or


Hospitals and healthcare staff can begin using new methods and technologies to monitor hand hygiene compliance and activity that will provide **24/7 data collection, unbiased data, and auto-generated reporting in near real-time**. This will result in data that is much more significant in volume, ability to spot trends, provide immediate feedback and coaching, and track/monitor new interventions to improve hand hygiene compliance.

The proliferation of healthcare-associated infections (HAIs) has become an increasingly critical issue for hospitals and other care providers.

In the United States alone, HAIs affect 1 out of 25 hospitalized patients, leading to¹:

 **722,000**
HAIs per year

 **75,000**
deaths per year

 **\$45,000,000,000**
Annual direct medical costs associated with HAIs²

A recent literature review conducted by the World Health Organization (WHO) identified 39 studies that **demonstrated a significant reduction in infections resulting from improved hand hygiene compliance**.³

With current hand hygiene compliance among healthcare workers averaging less than 50%⁴, Stakeholders are increasingly focused on improving healthcare workers' hand hygiene as a way to **reduce the incidence of HAIs, improve patient outcomes, and reduce costs**.

Current rate of compliance with hand hygiene guidelines:⁵

Less than
50%

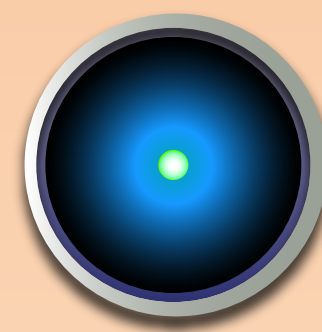
The "gold standard" for measuring hand hygiene has historically been **Direct observation (DO)**.

Facing pressure to improve, hospitals have started implementing newer systems of **Electronic compliance monitoring (ECM)**.

Sample Size

Direct observation (DO) tends to collect so little data relative to the actual number of hand hygiene opportunities occurring each day that **the sample is statistically insignificant**.

VS.



Electronic compliance monitoring (ECM) systems run 24/7 and capture a much larger percentage of the total available data.

It may not be possible to collect a data set that is 100% complete, but **the amount of data captured by an electronic monitoring system provides significantly more insight** into hand hygiene compliance rates, trends, and activity.

The Hawthorne Effect

Data is skewed by the **Hawthorne Effect**—the tendency of people to behave differently under observation. Research shows that hand hygiene compliance rates recorded through DO are up to **3X higher** than the actual compliance rates reported.⁶

VS.

With ECM, there is no conspicuous observer with a white coat and clipboard. The monitoring is almost invisible to the workers being observed, allowing auditors to **understand actual and real patterns of behavior**.



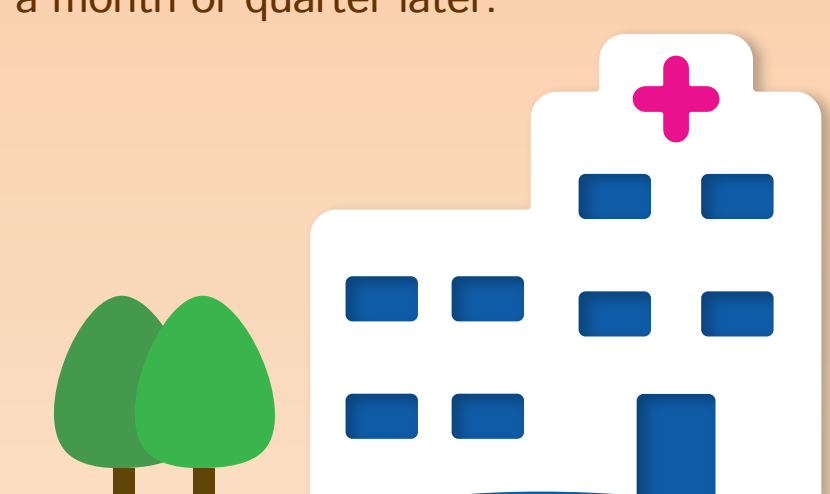
Reporting

With Direct Observation, auditors get an insignificant **snapshot** of compliance rates at a **single point in time**. Additionally, the data may not be compiled into a formal report for decision makers until as much as a month or quarter later.

VS.

ECM provides near-**real-time visibility** into current compliance rates—allowing decision makers and front-line managers to see how behavior patterns change in response to circumstances or interventions.

Rapid reporting and standardized metrics allow hospitals to **plan and evaluate targeted interventions** that address the most critical failure points for hand hygiene among their staff, and then apply immediate feedback and/or coaching.



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