

# Hand hygiene compliance – senior versus junior medical officers: an observational study

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## Introduction

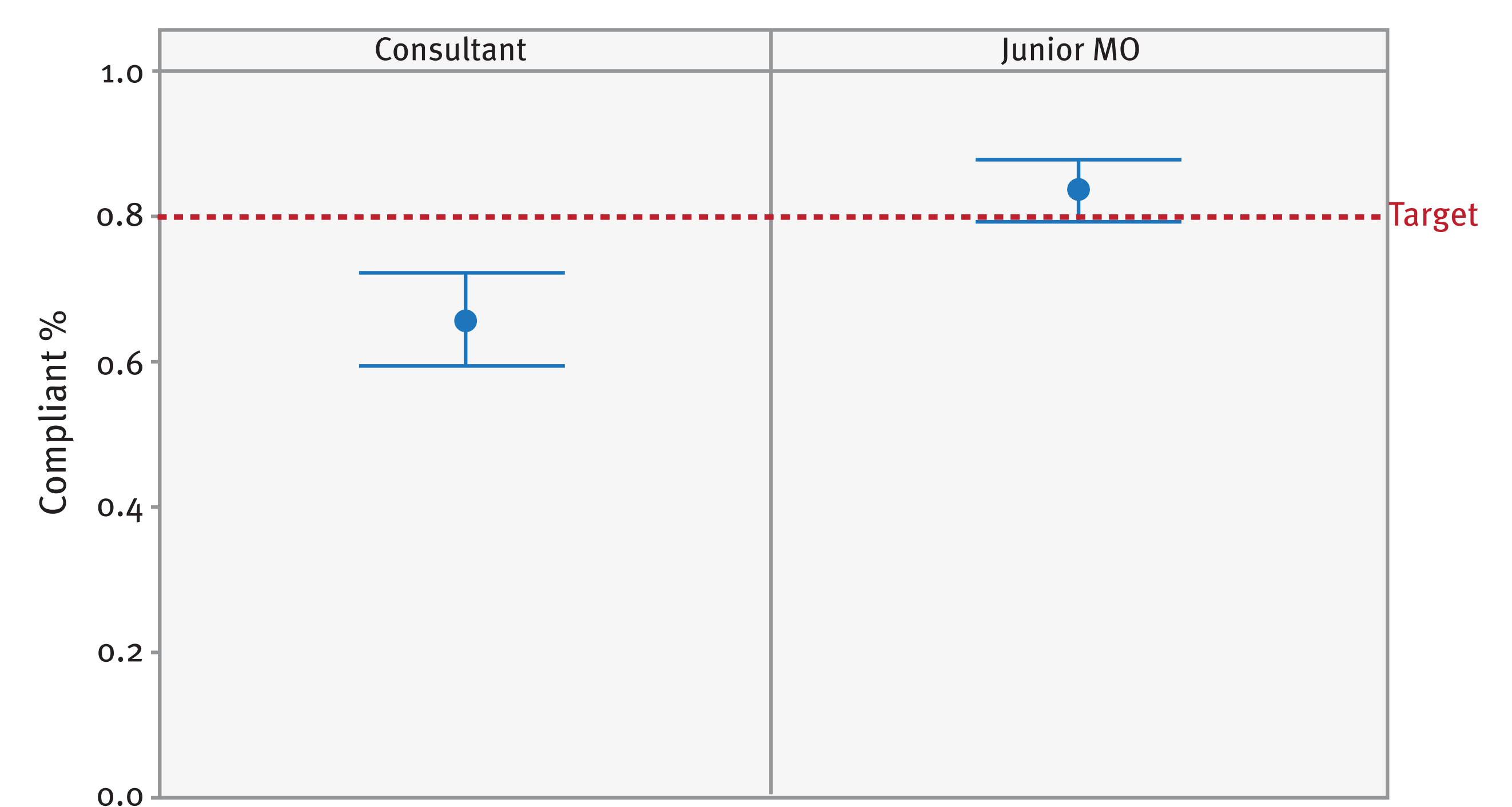
To evaluate hand hygiene compliance and behaviours in medical officers, comparing consultants with junior medical officers and different departments/specialties. Additionally, the study introduced education and feedback as an intervention to improve hand hygiene compliance.

## Methods

Medical officer hand hygiene compliance with the WHO 5 moments was observed during ward rounds and outpatient clinics from January 2018 to May 2018. Compliance was measured by validated hand hygiene auditors using a standardised auditing tool. Compliance rates were compared between consultants and junior medical officers and different divisions of medicine. Rates were also compared to compliance determined by parallel standard hospital auditing. Data was collected on potential barriers to hand hygiene compliance including curtains and doors and glove use. Education and feedback were provided verbally when appropriate and written feedback was provided routinely via email.

## Results

### Hand hygiene project 95% CI for the Mean



Panel variable: MOComp  
Individual standard deviations are used to calculate the intervals.

Figure 1: Graph of hand hygiene compliance between consultant and junior medical officers with mean and 95% CI

A total of 506 moments were collected from 86 medical officers across 20 specialties during the study period. Overall hand hygiene compliance was measured to be 76.3% compared with 61.25% compliance derived from standard hospital auditing. A significant difference in compliance between consultants and junior medical staff was found with consultant compliance 65.9% compared with 83.9% for the junior medical staff ( $p < 0.001$ ).

Group	Number	Mean	Standard Deviation	95% CI
Project	506	0.763	0.426	0.726, 0.800
Standard Hospital Audit	942	0.649	0.478	0.618, 0.679

t(373), n= 4.5, p < .001

Table 2: Direct patient care

## Conclusions

Hand hygiene compliance was significantly poorer in the consultant group compared with junior medical officers indicating that future interventions aimed at improving compliance should be targeted at consultants.

