



KEY POINT SUMMARY

OBJECTIVES

To explore the relationship between an ED's environmental conditions and staff adherence to proper hand hygiene procedures.

DESIGN IMPLICATIONS

EDs that anticipate large crowds on a regular basis should be equipped to allow for adherence to proper hand hygiene procedures; if semiprivate areas or hallways are common areas in which care is administered, hand-washing sinks should be conveniently located so that compliance remains consistent.

Environmental factors and their association with emergency department hand hygiene compliance: An observational study

Carter, E. J., Wyer, P., Giglio, J., Jia, H., Nelson, G., Kauari, V. E., & Larson, E. L. 2015 | *BMJ Quality & Safety* Volume 25, Issue 5, Pages 372-378

Key Concepts/Context

Adherence to proper hand hygiene procedures has been repeatedly shown to help prevent healthcare-associated infections (HAIs). Emergency departments (EDs) often experience environmental conditions such as crowding and subsequently end up using non-traditional patient care areas such as hallways to administer treatment. It is possible that the use of non-traditional patient care areas contributes to lower levels of hand hygiene compliance.

Methods

A busy urban hospital's ED was observed over a three-month period. Researchers documented staff adherence to hand hygiene procedures as defined by the World Health Organization's publication "My 5 Moments for Hand Hygiene." ED records and staff observations were combined to assess levels of crowding throughout the day.

Findings

Out of the 1,673 observed opportunities for staff to comply with proper hand hygiene procedures, researchers found that lower levels of compliance were related to peak levels of crowding. Additionally, staff members working in semiprivate care areas or hallway care areas also demonstrated lower levels of compliance with hand hygiene procedures.



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Limitations

This study was conducted over a relatively short period of four months. Patient outcomes, such as contractions of HAIs as related to adherence with hand hygiene procedures, were not evaluated. Hand hygiene practices were assessed through field observations, which may have led to somewhat inaccurate data. Variances in hand hygiene practices by regularly employed ED staff members and non-regularly employed staff members were not accounted for.

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