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Hand Washing Compliance in a Hospital of Morocco. Difference Between Stratum.

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BACKGROUND:

Patients admitted to hospitals are at risk of acquiring nosocomial infections. Many peer-reviewed studies show that handwashing significantly reduces hospital infections and mortality rates. At one Intensive care unit of one Moroccan Hospital, we measured the handwashing compliance before contact with patients. Our objective was to evaluate the hand washing compliance to find differences between groups and activities.

METHODS:

One health care worker observed and filled in a specially designed form table the hand washing compliance of physicians, nursing staff and ancillary staff (AS) before patient contact at one intensive care units from one Moroccan hospital. We analyzed the differences using uni-variate analysis.

RESULTS:

In November 2004 we observed 139 patient contacts. The hand washing compliance overall rate before patient contact was 64.0% (89/139).

Women 75.0% (63/84) vs. men 47.3% (26/55) (RR: 1.59; IC 95% 1.00 - 2.51, P value: 0.0457). Nursing staff 60.5% (46/76) vs physicians 77.4% (41/53) (RR: 1.28; IC 95% 0.84 - 1.95, P value: 0.2520). Nursing staff 60.5% (46/76) vs. AS 20% (2/10) (RR: 3.03; IC 95% 0.73 - 12.47 P value: 0.1068). Physicians 77.4% (41/53) vs. AS 20% (2/10) (RR 3.87; IC 95% 0.94 - 15.99, P value: 0.0440). Morning work shift 59.6% (31/52) vs. afternoon work shift 78.3% (36/46) (RR: 1.31; IC 95% 0.81 - 2.12, P value: 0.2652). Morning work shift 59.6% (31/52) vs. night work shift 53.7% (22/41) (RR: 1.11; IC 95% 0.64 - 1.92, P value: 0.7055). Afternoon work shift 78.3% (36/46) vs. night work shift 53.7% (22/41) (RR: 1.46; IC 95% 0.86 - 2.48, P value: 0.1606). Superficial contact 50% (39/78) vs. invasive contact 82% (50/61) (RR: 1.64; IC 95% 1.08 - 2.49, P value: 0.0194),

CONCLUSION:

At this Moroccan hospital, women over men, physicians over ancillary staff, and invasive contact over superficial contact are associated with significant hand washing compliance.