

**Hand Hygiene Compliance in 10 hospitals of Turkey.  
Findings of the International Nosocomial Infection Control Consortium (INICC).**

Hakan Leblebicioglu<sup>1</sup>, Asu Özgültekin<sup>2</sup>, Victor D. Rosenthal<sup>3</sup>, Özey A. Arıkan<sup>4</sup>, Yesim Cetinkaya Sardan<sup>5</sup>, Ata N. Yalcin<sup>6</sup>, İftihar Koksall<sup>7</sup>, Gaye Usluer<sup>8</sup>, Sercan Ulusoy<sup>9</sup>, Recep Öztürk<sup>10</sup>, Fatma Sirmatel<sup>11</sup>, Güldem Turan<sup>2</sup>, Melek Tulunay<sup>4</sup>, Gonul Yildirim<sup>5</sup>, Ozge Turhan<sup>6</sup>, Kemalettin Aydin<sup>7</sup>, Saban Esen<sup>1</sup>, İlhan Ozgunes<sup>8</sup>, Bilgin Arda<sup>9</sup>, Yalim Dikmen<sup>10</sup>, Mustafa Cengiz<sup>11</sup>, Nur Akgün<sup>2</sup>, Mehmet Oral<sup>4</sup>, Arzu Topeli<sup>5</sup>, Sevim Keskin<sup>6</sup>.

<sup>1</sup>Ondokuz Mayıs University Medical School, Samsun, Turkey, <sup>2</sup>Haydarpaşa Hospital, Istanbul, Turkey, <sup>3</sup>Medical College of Buenos Aires, Buenos Aires, Argentina, <sup>4</sup>Ankara University School of Medicine İbni-Sina Hospital, Ankara, Turkey, <sup>5</sup>Hacettepe University School of Medicine, Ankara, Turkey, <sup>6</sup>Akdeniz University, Antalya, Turkey, <sup>7</sup>Karadeniz Technical University School of Medicine, Trabzon, Turkey, <sup>8</sup>Osmangazi University, Eskişehir, Turkey, <sup>9</sup>Ege University Medical Faculty, Izmir, Turkey, <sup>10</sup>Istanbul University Cerrahpaşa Medical School, Istanbul, Turkey, <sup>11</sup>Harran University, Faculty of Medicine, Sanliurfa, Turkey.

**BACKGROUND: Many peer-reviewed studies show that HHC significantly reduces hospital infections and mortality rates. Our objective was to evaluate the HHC so as to find differences between groups and activities.**

**METHODS: One health care worker per intensive care unit (ICU) observed the HHC of health care workers (HCW) before patient contact at 10 ICUs and filled in a specially designed form table with the information he/she obtained. We analyzed the differences using Chi square test.**

**RESULTS: From 08/03 to 06/05 (2 years) we observed 11,638 patient contacts.**

The overall HHC rate before patient contact was 36.0%.

Nursing staff (NS) (41.5%) vs. physicians (PH) (34.7%) (RR, 1.19; IC 95%, 1.12-1.28; P value: 0.0000);

NS vs. ancillary staff (AS) (21.8%) (RR, 1.90; IC 95%, 1.71-2.12; P value: 0.0000).

PH vs. AS (RR, 1.59; IC 95%, 1.43-1.78; P value: 0.0000).

Women (39.8%) vs. men (27.4%) (RR, 1.45; IC 95%, 1.35 - 1.56; P value, 0.000);

Morning work shift (MWS) (37.4%) vs. afternoon work shift (AWS) (37.6%) (RR, 1.00; IC 95%, 0.94-1.07; P value, 0.91);

MWS vs. night work shift (NWS) (29.2%) (RR, 1.28; IC 95%, 1.17-1.40; P value, 0.0000).

AWS vs. NWS (RR, 1.29; IC 95%, 1.17-1.41; P value, 0.0000).

Superficial contact (32.9%) vs. invasive contact (41.0%) (RR, 1.25; IC 95%, 1.17-1.33; P value, 0.0000);

**CONCLUSION: At the INICC hospitals members, NS over PH, NS over AS, PH over AS, women over men, MWS over NWS, AWS over NWS, and invasive contact over superficial contact are associated with significant HHC.**