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**Hand Hygiene Compliance in a Moroccan hospital.
Findings of the International Nosocomial Infection Control Consortium (INICC).**

Rédouane Abouqal¹, Naoufel Madani¹, Amine A. Zeggwagh¹, Victor D. Rosenthal².

¹Ibn Sina- Medical ICU, Rabat, Morocco, ²Medical College of Buenos Aires, Buenos Aires, Argentina.

BACKGORUND: 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 one ICU and filled in a specially designed form table with the information he/she obtained. We analyzed the differences using Chi square test.

RESULTS: From 08/04 to 07/05 (1 year) we observed 1,265 patient contacts.

The overall HHC rate before patient contact was 38.4%.

Nursing staff (NS) (35.0%) vs. physicians (PH) (48.0%) (RR, 1.37; IC 95%, 1.14-1.65; P value: 0.0007);

NS (35.0%) vs. ancillary staff (AS) (23.5%) (RR, 1.49; IC 95%, 0.90-2.46; P value: 0.12);

PH (48.0%) vs. AS (23.5%) (RR, 2.04; IC 95%, 1.22-3.40; P value: 0.005).

Women (38.6%) vs. men (38.1%) (RR, 1.01; IC 95%, 0.84-1.22; P value, 0.89);

Morning work shift (MWS) (39.3%) vs. afternoon work shift (AWS) (43.2%) (RR, 1.10; IC 95%, 0.90-1.35; P value, 0.36);

MWS (39.3%) vs. night work shift (NWS) (31.7%) (RR, 1.24; IC 95%, 0.99-1.56; P value, 0.06);

AWS (43.2%) vs. NWS (31.7%) (RR, 1.36; IC 95%, 1.08-1.72; P value, 0.008).

Superficial contact (41.5%) vs. invasive contact (35.6%) (RR, 1.16; IC 95%, 1.97-1.39; P value, 0.09).

CONCLUSION: At the INICC hospitals members, PH over NS, PH over AS, AWS over NWS are associated with significant HHC.