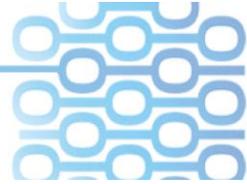




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A Multi-Center Evaluation of the Patient Empowerment Video *Hand Hygiene Saves Lives*

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Background: Patient empowerment programs have been developed as a means to improve hand hygiene (HH) among healthcare personnel (HCP). A new video, *Hand Hygiene Saves Lives*, was created to encourage patients to ask HCP to perform HH.

Objectives: We conducted a pre-post evaluation of the video to assess self-reported practices and attitudes regarding HCP HH.

Methods: Patients, physicians, and nurses from 17 hospitals in three states completed surveys before (pre-phase) and after (post-phase) the video was implemented at their hospital. The video was implemented either in a “systematic” (e.g., using closed circuit TVs in patient and/or waiting rooms) or “non-systematic” (e.g., television with video was individually taken into patient rooms on rolling carts) manner selected by each hospital.

Results: A total of 2490 surveys were included in the analysis (881 patient, 998 nurse, 611 physician); 11 hospitals implemented the video systematically. There were no statistically significant demographic differences between pre- and post-phase participants. The proportion of patients who reported asking their HCP to perform HH increased (4.0% to 5.2%, $p=0.397$ for

physician and 4.0% to 8.8%, $p=0.004$ for nurse), as did the proportion of HCP who reported being asked by a patient to perform HH (2.2% to 5.2%, $p=0.043$ for physicians and 1.9% to 2.4%, $p=0.540$ for nurses) from the pre- to post-phase. Physicians were significantly more likely to report feeling comfortable and less likely to be bothered about being asked by a patient to perform HH from the pre- to post-phase (comfortable: 75.5% to 83.6%, $p=0.005$; bothered: 22.0% to 15.4%, $p=0.046$). Patients from non-systematic hospitals were more likely to report that they saw the video during their hospital stay (87.8% v. 52.9%, $p<0.001$), that their knowledge about HH increased (90.0% v. 81.4%, $p=0.062$), that the video is a useful tool to educate patients about HH (97.7% v. 87.8%, $p=0.004$), and that they would recommend the video be shown to patients (96.1% v. 86.4%, $p=0.009$) than those from systematic hospitals. Among systematic hospitals, the proportion of patients who reported asking a nurse and the proportion of physicians who reported being asked by a patient increased from pre- to post-phase (4.6% to 9.4%, $p=0.020$ and 2.0% to 7.3%, $p=0.012$, respectively); there were no statistically significant differences from pre- to post-phase in non-systematic hospitals. Overall, patients reported viewing the video during their hospital stay (70.5%), upon admission (20.9%), before admission (7.5%), or at another time (1.5%); in locations such as their hospital room (84.9%), a pre-operative area (11.7%), a waiting room (1.9%), or other area (2.3%).

Conclusions: Tools such as the *Hand Hygiene Saves Lives* video appear to be a promising method for empowering patients to ask their HCP to perform HH and may improve HH adherence in healthcare settings. Understanding how best to implement these types of approaches may maximize their potential impact on HH adherence.