

Mind the Gap: Hand Hygiene Compliance Rates Among Healthcare Workers - An Observational Study & Improvement Opportunity



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Background

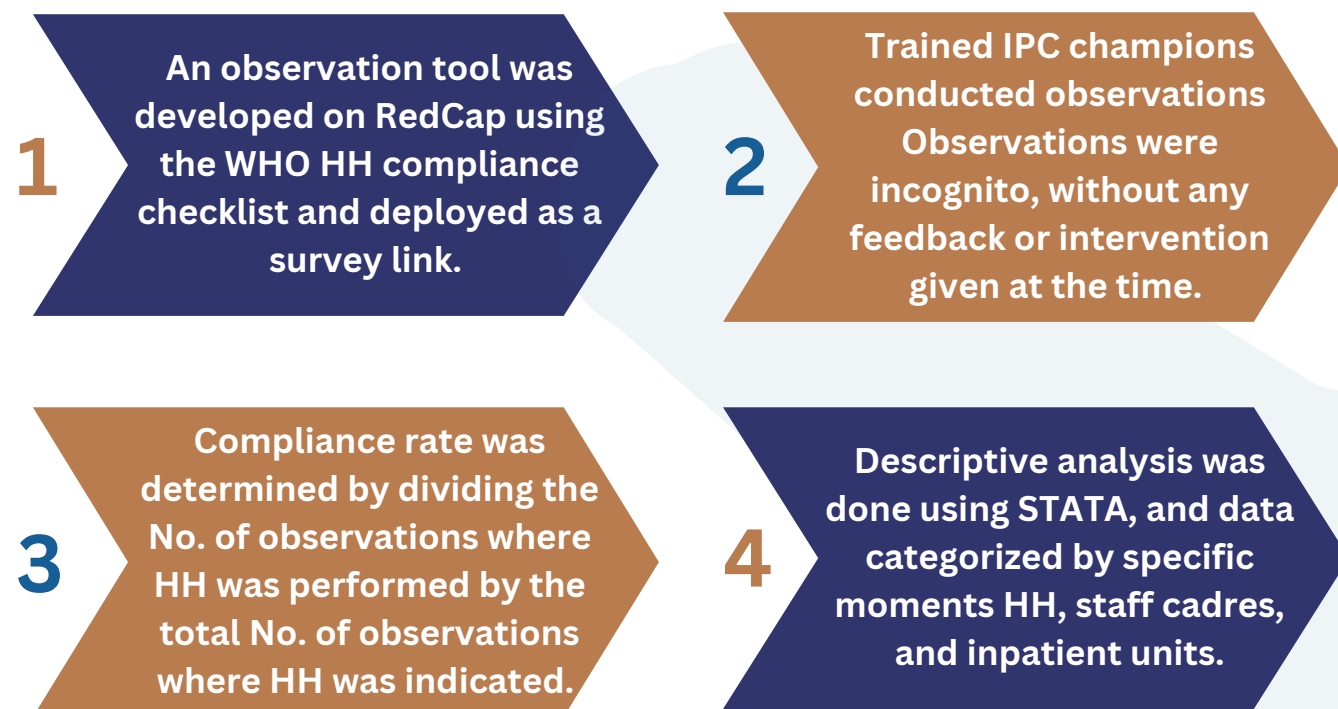
Hand hygiene (HH) is a critical practice in preventing Hospital Acquired Infections (HAIs) (1). Good HH compliance can reduce HAIs by >80% (2,3). In sub-Saharan Africa, HH compliance among healthcare workers remains alarmingly low at approximately 21.1%, with a significant scarcity of comprehensive reviews evaluating the underlying barriers and implementation gaps in healthcare settings (4).



AIM

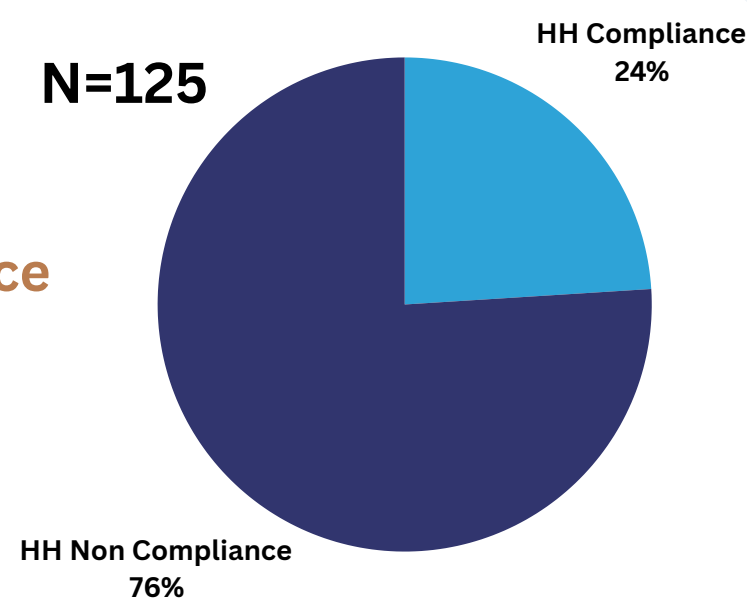
This study aimed to determine the baseline Adherence rates of HH among different cadres of inpatient staff, as a metric for an improvement plan.

Methods

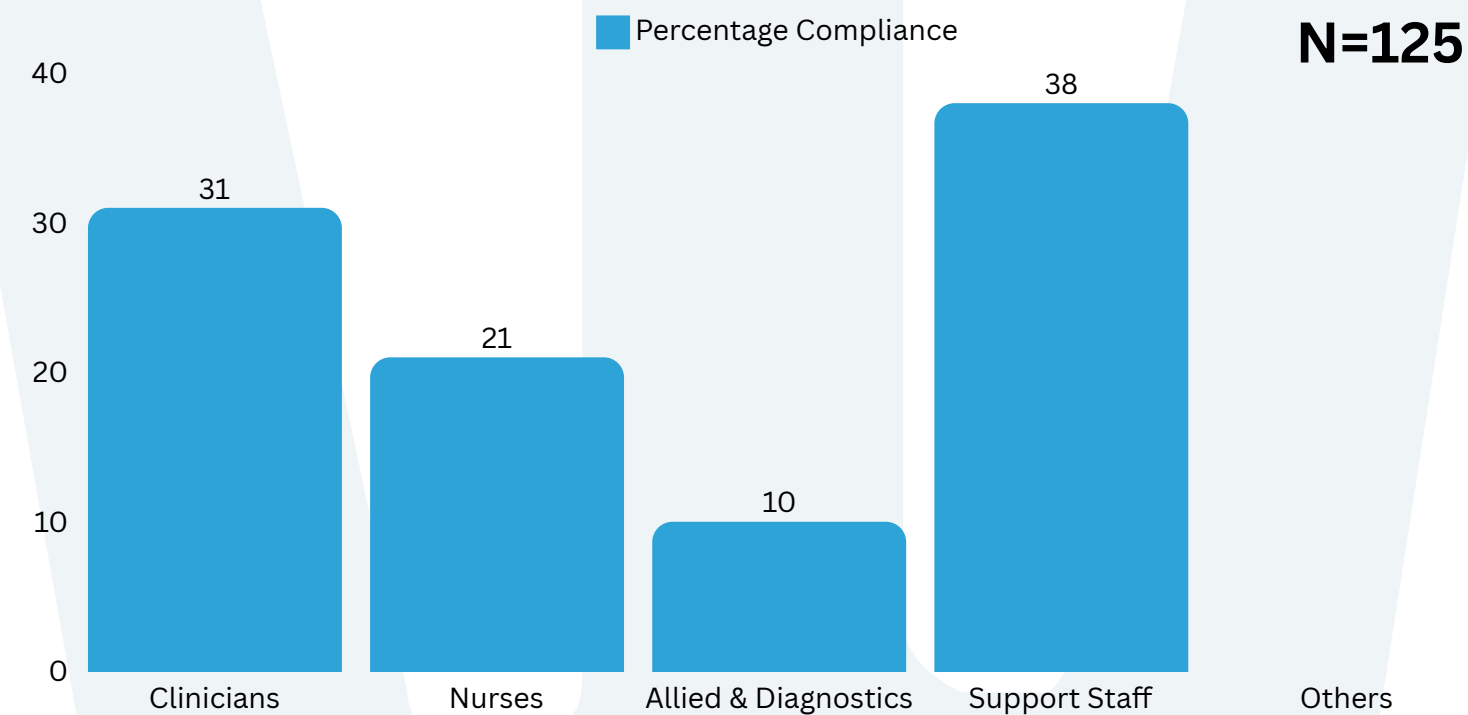


Results

Overall Compliance Rates

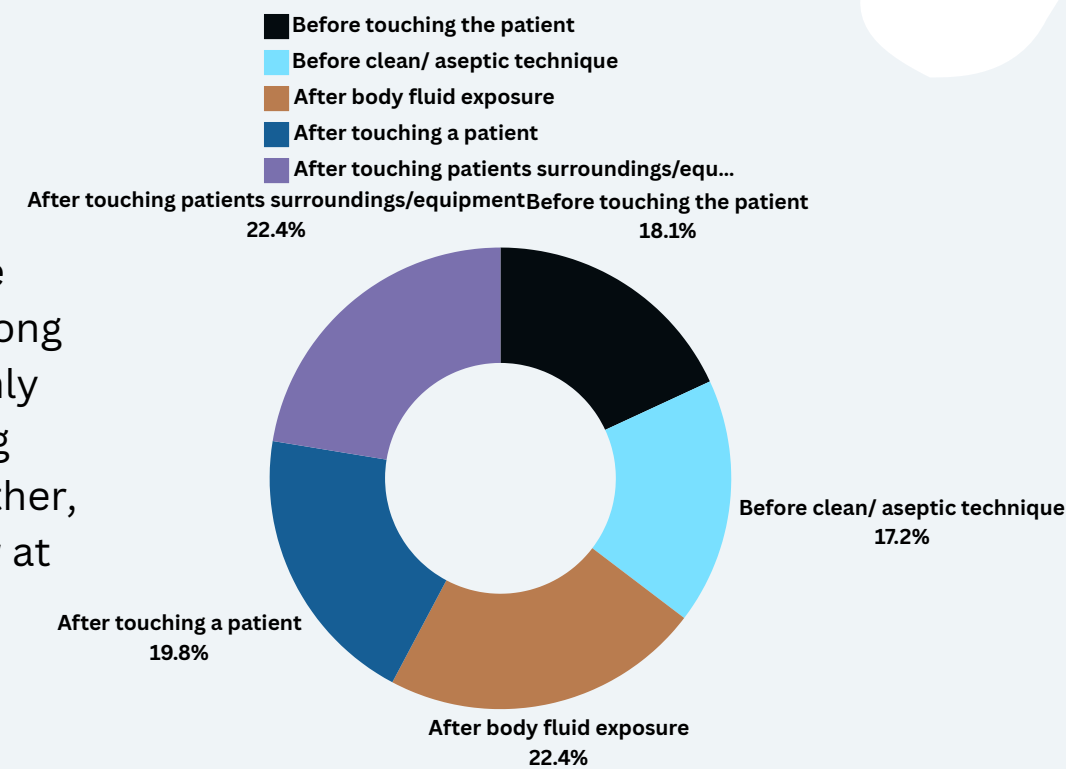


Compliance Rates Per Cadre

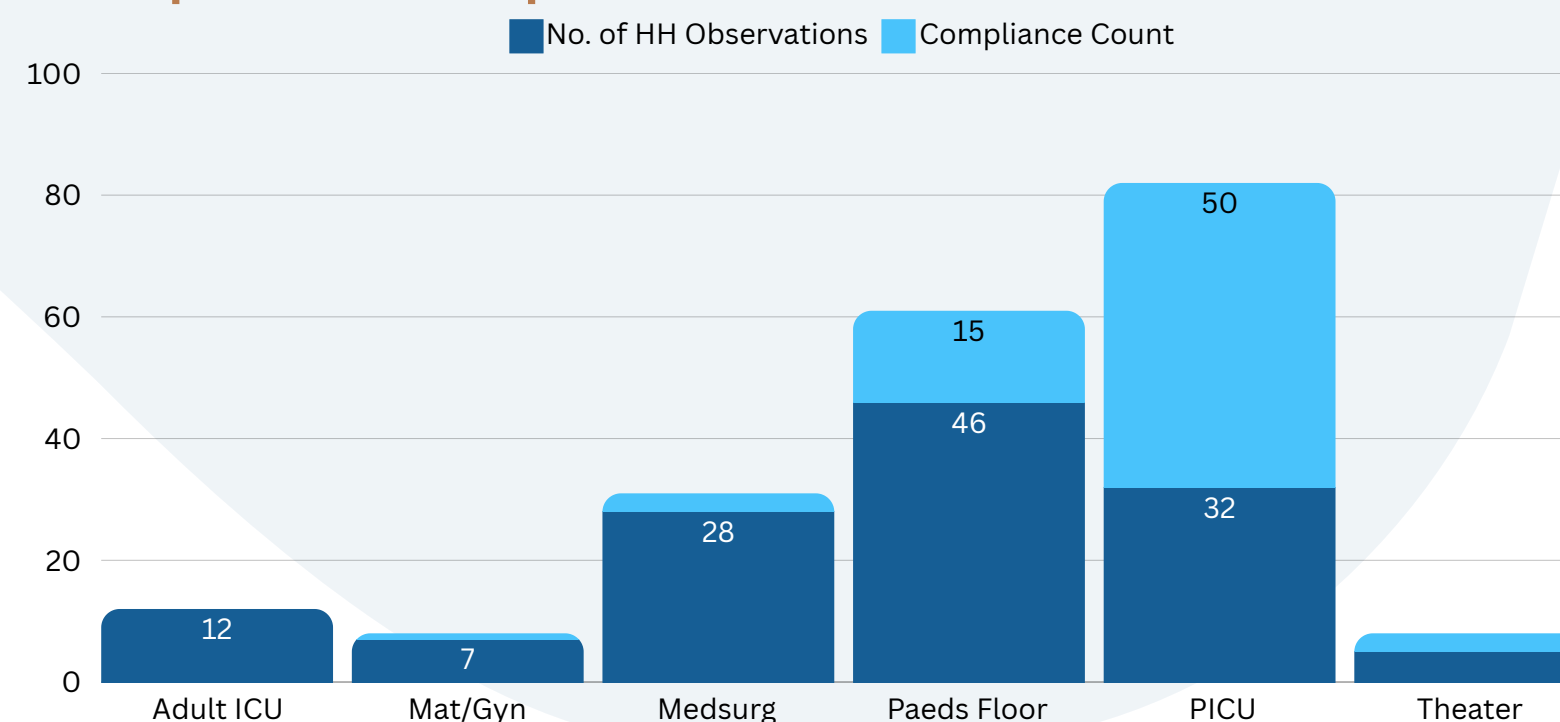


Compliance Rates Per HH Moment

Compliance rates before touching the patient among clinical teams were at only 12% (N=24). After moving from one patient to another, compliance was also low at 10% (N=16).



Compliance Per Inpatient Unit



Discussion

- The 24% overall hand hygiene compliance rate at Kijabe Hospital closely mirrors the SSA average of 21.1% (4), highlighting a consistent regional challenge rather than an isolated institutional issue.
- Clinician compliance was particularly concerning at only 12%, especially before patient contact and when moving between patients, identifying critical moments for targeted improvement initiatives.
- These findings establish an important baseline for IPC efforts while confirming that hand hygiene challenges in Kenya reflect broader systemic barriers across healthcare settings in Sub-Saharan Africa.

Conclusion & Next Steps

- This study establishes critical baseline data highlighting significant opportunities for improvement in hand hygiene practices.
- A year-long, multidimensional intervention plan will be implemented, including education, reminders, feedback, and system changes.
- Compliance rates will be tracked against HAI incidence per 100 admissions to evaluate the effectiveness of the interventions.

References

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