

BACKGROUND

Healthcare-associated infections (HAIs) affect 1 in 31 hospital patients on any given day in the U. S. Hand Hygiene is the single most important action to prevent HAIs.

- ❖ 1 in 31 patients affected by HAIs daily ¹
- ❖ Traditional observation captures only 5-20% actual opportunities ²⁻⁴
- ❖ HAIs cost hospitals \$28,000-45,000 extra per infection ⁴
- ❖ Up to 50% oh HAIs are preventable through proper hand hygiene ⁴

PURPOSE

To evaluate the impact of electronic hand hygiene monitoring on compliance, opportunity capture, patient safety, and staff engagement.

Specific Objectives:

- ❖ Compare traditional observation with electronic monitoring.
- ❖ Review current evidence on the effectiveness of electronic systems.
- ❖ Identify barriers and facilitators to successful implementation.
- ❖ Engage staff in a culture of safety and continuous improvement. Use evidence to support future UMC performance.

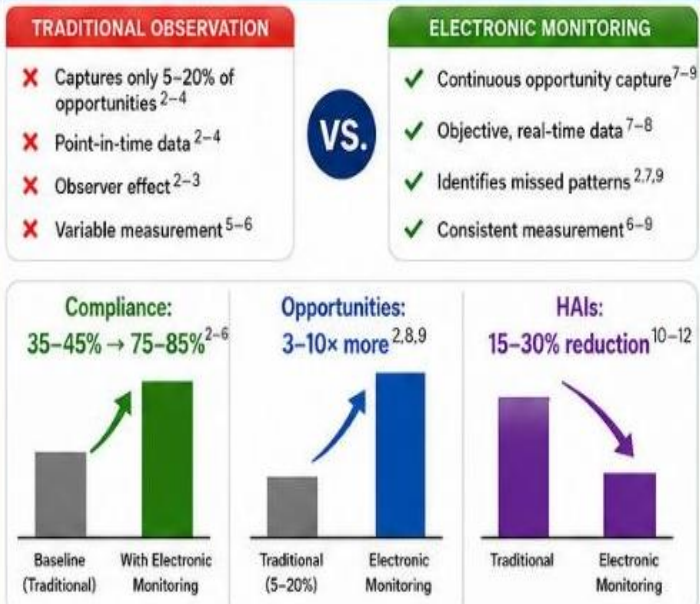
METHODS

- ❖ **Design:** Evidence review and comparative analysis.
- ❖ **Sources:** Peer-reviewed studies, systematic reviews, meta-analyses, and multicenter studies.
- ❖ **Comparison:** Electronic monitoring systems versus traditional direct observation.
- ❖ **Focus:** Compliance, opportunity capture, infection outcomes, and staff perceptions.
- ❖ **Data plan:** Use current traditional-observation data as the baseline and compare it with published outcomes following implementation of electronic monitoring.

WHY ELECTRONIC MONITORING?



TRADITIONAL VS. ELECTRONIC MONITORING



RESULTS

CURRENT UMC BASELINE (TRADITIONAL DATA)



EXPECTED IMPACT WITH ELECTRONIC MONITORING



CONCLUSIONS

- ❖ Electronic hand hygiene monitoring provides more accurate data and captures significantly more opportunities than traditional observation.
- ❖ Evidence shows improvements in compliance, HAI reduction, and staff engagement when paired with feedback and education.
- ❖ Addressing staff concerns through transparency, communication, and involvement is essential for successful implementation.
- ❖ UMC is positioned to improve patient safety, reduce infections, and create a culture of continuous improvement, beyond compliance.

REFERENCES

See Poster author for reference list.

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