

# Why do you wash your hands?

Does the solution to Hand Hygiene Compliance lie in understanding different types of Hand Hygiene Behaviour – **Inherent** and **Elective**?

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Figure 1: Hand print culture contaminated with *C.diff* spores

**Background:** Hospital Acquired Infections (HAI) like *C.diff* and MRSA can be transmitted on hand surfaces - correct Hand Hygiene removes contamination, yet Healthcare Professional compliance remains low.

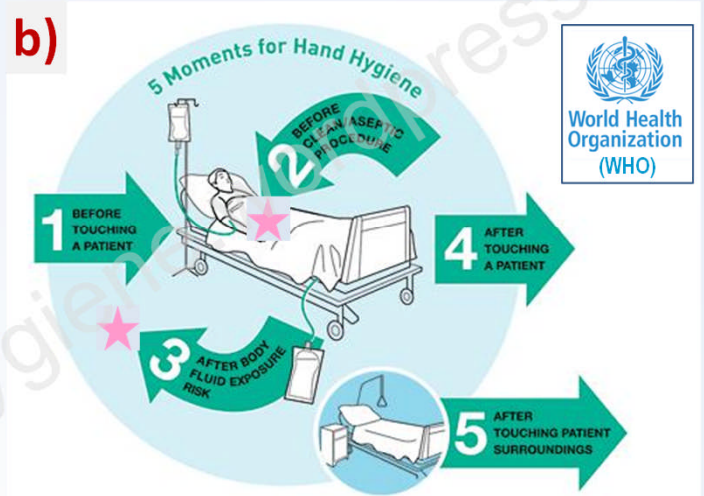


Figure 2: WHO Hand Hygiene Guidelines – “My 5 Moments”

**Initial Findings:** Whilst compliance technology has found success in other sectors, our **Systematic Review** of Hand Hygiene and Technology found WHO Moments “2” and “3” (see ★ Fig. 2) have no technological solution.

- c) **Inherent:** Performed when hands appear or feel dirty, or when danger is sensed.  
**Elective:** Performed not automatically, but because of learnt practices of care.

**On-going Research:** A Case Study at UHCW is underway investigating the current Hand Hygiene Audit process, working with Healthcare Professionals to identify examples of **Inherent** and **Elective** Hand Hygiene.

**Retrospective analysis** is to be used to test the hypothesis that compliance rates will be higher for **Inherent** examples than for **Elective** examples. Focus will then turn to the potential for the role of technology (“If so” – Figures 3, 4, below).



Figure 3: Healthcare Professional performing IV Care

**IV Care** - An example of WHO Moment “2” or “3” – would this procedure trigger **Inherent** Hand Hygiene?  
**If so** - Can **Human Behaviour** ensure Healthcare Professionals **automatically** perform Hand Hygiene?



Figure 4: Healthcare Professional monitoring a Patient pulse

**Taking a Pulse** – An example of WHO Moment “4” – would this result in **Elective** Hand Hygiene?  
**If so** - Are Healthcare Professionals more likely to need **Technology** to aid their compliance at **Elective** points?