

Fig. 3.

securing the annual budget for the HH program and the enforcement of HH policy across the setting. **Results:** NNUH, using the WHO Hand Hygiene Self-Assessment Framework, is currently in the advanced level (395 of 500) compared to 2017 (intermediate level, 292 of 500). Overall, HCW HH compliance increased from 44% (range, 31%–57%) in 2017 to 53% (range, 30%–72%) in 2018 and to 61% (range, 55%–66%) through October 2019. During the 3-year study period, Nursing compliance increased from 36% to 59% and to 64%, respectively, whereas the compliance for doctors increased from 42% to 56% and 58%, respectively. Regarding the missed opportunities, “before patient” was the most frequent cause for missed opportunity with a rate of 60% (Fig. 3). This missed opportunity was mainly related to the misuse of gloves (mainly among nurses), which requires an ad hoc intervention. **Conclusions:** Implementation of the WHO HH strategy is feasible and effective in low-income countries and leads to significant improvements in compliance. Periodic training, personnel engagement, and leadership are key factors of HH improvement in our setting.

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#### Presentation Type:

Poster Presentation

#### Hand Hygiene In and Out: Compliance and Sustainability Are Possible: 90/90 Program in a Mexican Tertiary-Care Center

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**Background:** The American British Cowdray Medical Center I.A.P., also known as “ABC Medical Center,” is a highly specialized hospital and private assistance institution located in Mexico City. The ABC Medical Center implemented hand hygiene policies since around 2009, when Mexico committed to patient security. However, hand hygiene compliance remained low. **Methods:** The objective of the “Hand Hygiene 90/90” program was to increase hand hygiene compliance through an integral strategy including a multidisciplinary team with leaders from different areas (nursing, physicians, human resources, quality, and educators). It was named “90/90” because it aimed to accomplish a 90% hand hygiene compliance among all health providers and hospital staff in 90 days (October 1–December 29) upon entering and exiting patient rooms (ie, In & Out). The “Hand Hygiene 90/90” program led by the epidemiology area consisted of 5 specific components: management, supplies, education, monitoring, and social marketing (Fig. 1). For a period of 90 days, several permanent actions were implemented; they had a positive influence on the expected outcome (Fig. 2). **Results:** The starting point at the ABC Medical Center upon launching the program was 70% compliance. With the “Hand Hygiene 90/90” program, the first steady change was observed at the end of November 2012 (ie, the sixth measurement point). An 88% compliance was achieved, all compliance was >50% from this point on. The highest compliance was achieved among health providers (doctors and nurses), followed by administrative staff. At the end of December 2012, 91% compliance was achieved by all health providers and hospital staff. Sustainability has been possible over the years through ongoing hand hygiene campaigns. In the 5 years following the implementation of the program, hand hygiene compliance remained mostly below the 90% standard (Fig. 3). **Conclusions:** An intervention for continuous improvement and hand hygiene compliance using the

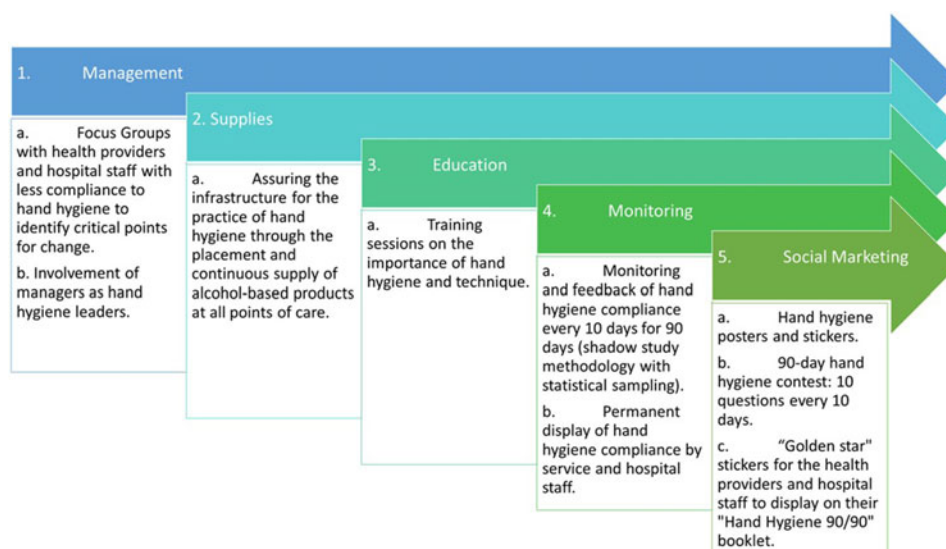


Fig. 1.

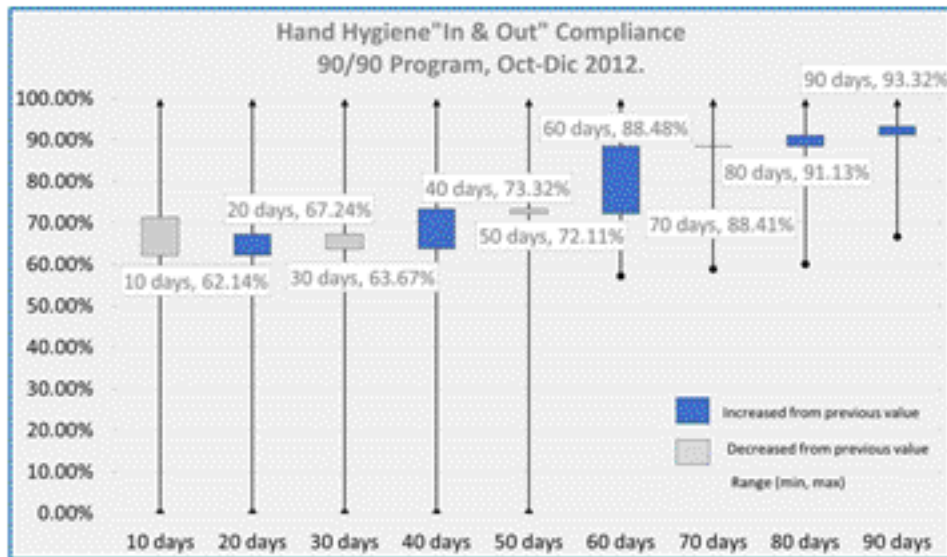


Fig. 2.

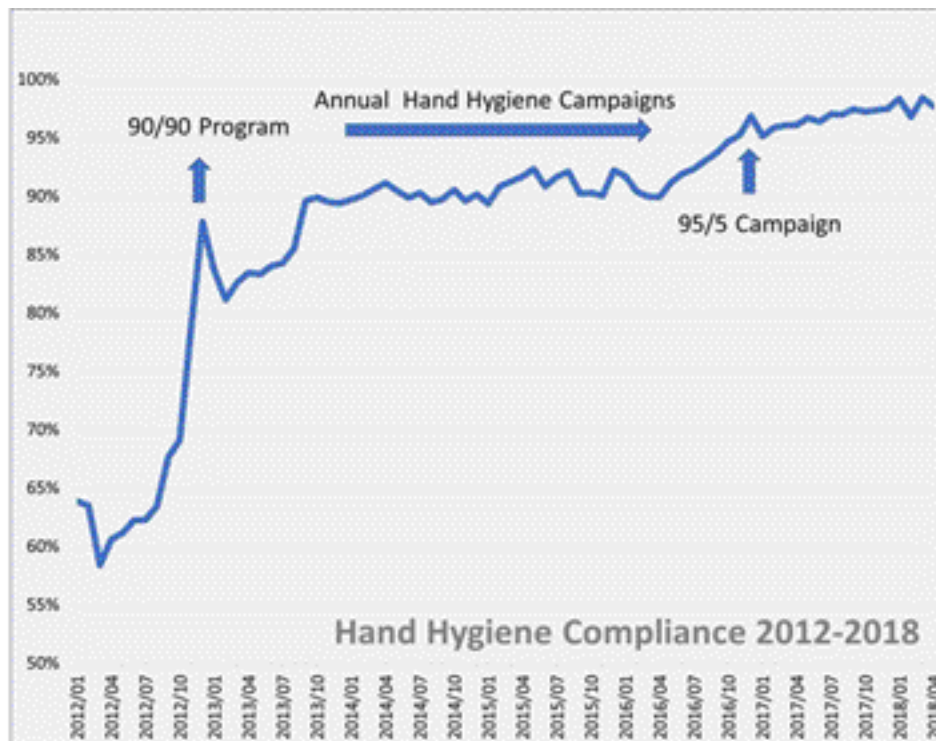


Fig. 3.

WHO 5 Moments was implemented throughout 2018, (in addition to the “In & Out” program). This intervention also incorporated elements of the WHO Multimodal Strategy 1 to develop a comprehensive hand hygiene program together with new indicators. The ABC Medical Center, with the support and leadership of the Ministry of Health, aims to become an example of institutions that achieve national and international benchmarks in the implementation of patient safety programs that are not only successful but also sustainable.

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**Hand Hygiene in Acute Care Hospitals—Evaluation of 12 Years National Hand Hygiene Campaign in Germany**

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