The Effect of Wearable Electronic Hand Washing Monitoring Systems on ICU Patients with *Clostridium difficile* Infections

Gabrielle Brooks, B.S., Megan Puglisi, B.S., & James Wyatt, B.S. Shermel Edwards-Maddox, MSN, RN, CNE, RN-BC, Kelle Huong Phan, DNP, RN, NNP-BC

Background

In 2012-2018 Clostridium difficile (C. Difficile) infection rates have more than doubled. Using the hand washing monitoring systems may enforce safe hand hygiene for nursing staff and other hospital personnel. Compliance using the badge monitoring system has increased incidence of hand-washing and decreased infection rates including C. difficile in the ICU. The prevalence of C. difficile in the United States has been decreasing since wearable electronic hand washing monitoring systems have been put into practice.

PICOT Question

For ICU patients (P) does the use of electronic hand washing monitoring systems (I) reduce the risk of C. difficile infections (O) compared with alternative current hospital methods without the wearable badges (C) over the course of a six month period (T).

Literature Search

Databases used: -Google Scholar -CINAHL Complete -EMBASE Key Terms: -ICU patients -Handwashing surveillance -Clostridium difficile -Electronic wearable badges Article Selection Criteria: -Published 2019-2022 -Published in scholarly journal or peerreviewed journal



Synthesis of Findings

• The implementation of this technology has had a significant impact on HAI with periods of zero infections recorded, especially in patients with C. difficile.¹⁻³

• Proper hand hygiene is one of the most effective interventions in reducing prevalence of HAIs especially C. difficile, which is responsible for about 12% of infections.^{2,3} • With the adoption of sensors being placed in hand washing stations, badges, and patient rooms it has increased compliance rates from 65.4% to 89.9%.^{1,4,5} • Health care acquired infections remain a large problem with 1 in 31 hospitalized patients acquiring a HAI annually, representing over \$30 billion in economic costs and around 100,000 deaths.^{1,2,6} • With the badge system, there has been fewer rates of infection in the ICU, less spread from patient to patient, and shorter ICU stays.^{2,4}

Decision to Change

- stay in the ICU.
- being watched and tracked



• The addition of the electronic handwashing badge system on hospital systems will have shown to be cost effective and decrease hospital acquired infections, increase handwashing in staff, and decrease length of

The implementation of this system will decrease the spread of infections in the hospital by using the Hawthorne effect. This is the alteration of behavior of the nurses due to their awareness that handwashing is

The implementation of electronic hand washing monitoring system using a badge system into practice reduced cases of C. difficile infections.

By the end of the 6-month implementation period, the electronic handwashing badge system will decrease the incidence of C. difficile acquired infections in the ICU patients by 15%. The C. difficile infection rate in the ICU patients will be evaluated before and after the implementation period.

Special thank you to the state of Texas and the George Foundation for their financial support towards our education. We would also like to thank professor Edwards-Maddox, Dr. Phan, and the rest of the UHCON faculty for their continued guidance and encouragement.

1. Banks, M., & Phillips, A. B. (2021). Evaluating the effect of automated hand hygiene technology on compliance and C. difficile rates in a long-term acute care hospital American Journal of Infection Control, 49(6), 727–732. https://doi.org/10.1016/j.ajic.2020.10.018 2. Durant, D. J., Willis, L., & Duvall, S. (2020). Adoption of electronic hand hygiene monitoring systems in New York State Hospitals and the associated impact on hospital-acquired *C*. difficile infection rates. American Journal of Infection Control, 48(7), 733-739. https://doi.org/10.1016/j.ajic.2020.04.005 3. Lee, J.C., Hung, Y.P., Tsai, B.Y., Tsai, P.J., & Ko, W.C. (2021). Severe Clostridium difficile infections in intensive care units: Diverse clinical presentations. Journal of *Microbiology, Immunology and Infection*, 54(6), 1111–1117. https://doi.org/10.1016/j.jmii.2020.07.012 4. Meng, M., Seidlein, A.H., & Kugler, C. (2022). Hand hygiene monitoring technology: A descriptive study of ethics and acceptance in nursing. Nursing Ethics, 29(2), 436-447. https://doi.org/10.1177/09697330211015351 5. Prudhvi K., Javed M. & Sadaka F. (2022). Effectiveness of electronic monitoring system on healthcare workers' compliance with hand hygiene. Critical Care Medicine, 50(1), 600. https://doi.org/10.1097/01.ccm.0000811132.77968.1f 6. Wang, C., Jiang, W., Yang, K., Yu, D., Newn, J., Sarsenbayeva, Z., Goncalves, J., & Kostakos, V. (2021). Electronic monitoring systems for hand hygiene: Systematic review of technology. Journal of Medical Internet Research, 23(11), 1-29. https://doi.org/10.2196/27880 7. Zhang, X., Kadimisetty, K., Yin, K., Ruiz, C., Muak, M.G., & Liu, C. (2018). Smart ring: A wearable device for hand hygiene compliance monitoring at the point-of-need. *Microsyst Technol 25*(1), 3105–3110. https://doi.org/10.1007/s00542-018-4268-5

UNIVERSITY of HOUSTON COLLEGE of NURSING

Evaluation



Acknowledgements

References