Hubungan kepatuhan cuci tangan terhadap kejadian infeksi aliran darah di unit neonatal sebelum dan setelah edukasi = The correlation hand hygiene compliance and bloodstream infection rate in neonatal unit before and after hand hygiene education

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Abstrak

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Infeksi terkait perawatan rumah sakit, dalam hal ini Infeksi Aliran Darah (IAD), merupakan masalah serius yang masih sering dijumpai. Salah satu strategi efektif untuk mengatasi hal ini adalah praktik cuci tangan sesuai rekomendasi WHO, namun sampai saat ini angka kepatuhan cuci tangan tenaga kesehatan masih saja belum optimal dilakukan karena berbagai faktor.

Tujuan: Mengetahui hubungan kepatuhan cuci tangan tenaga kesehatan terhadap angka kejadian IAD di unit neonatal sebelum dan setelah edukasi.

Metode: Penelitian potong lintang yang dilakukan di RSUPN Dr. Cipto Mangunkusumo (RSCM) dengan mengumpulkan data secara retrospektif dari Pencegahan dan Pengendalian Infeksi Rumah Sakit (PPIRS), yaitu laporan audit angka kepatuhan cuci tangan dan kejadian IAD di unit neonatal selama periode Januari 2011-September 2014, kemudian dilakukan uji korelasi Spearman.

Hasil: Kejadian IAD mencapai rerata 9,4%0, dengan angka kepatuhan cuci tangan tenaga kesehatan mencapai rerata 68%.Kepatuhan cuci tangan tenaga kesehatan tertinggi pada perawat (70%), diikuti oleh dokter (57%), sedangkan terendah adalah petugas kebersihan dan laboratorium (22%).Tidak didapatkan hubungan korelasi secara statistik antara kepatuhan cuci tangan tenaga kesehatan terhadap kejadian IAD di unit neonatal sebelum dan setelah edukasi (p>0.05). Kepatuhan tertinggi diantara 5 kesempatan cuci tangan adalah setelah terkena cairan tubuh (84%), dan kepatuhan terendah pada kesempatan setelah kontak dengan lingkungan (46%).Terdapat perbedaan tingkat kepatuhan cuci tangan pada unit perawatan, dimana level 3 terbukti lebih tinggi (71,5%) daripada level 2 (69,1%).

Simpulan: Tidak didapatkan hubungan yang bermakna secara statistik antara kepatuhan cuci tangan petugas kesehatan di unit neonatal terhadap kejadian IAD sebelum dan setelah edukasi. Secara angka absolut didapatkan penurunan IAD pada peningkatan kepatuhan cuci tangan.

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ABSTRACT

Healthcare-associated infection (HAI)- bloodstream infection (BSI) remains a serious problem that is often encountered. One of the most effective and simple practice strategy recommended by WHO to reduce HAI-BSI rate is hand hygiene in health care. Unfortunately, hand hygiene compliance of medical staff vary considerably among health centers because of multifactorial.

Objective. To analyse the correlation between hand hygiene compliance and bloodstream infection case in neonatal unit RSCM before and after hand hygiene edeucation

Methods. Cross sectional study design was used. Hand hygiene compliance and bloodstream infection data was collected retrospectively from prevention and control infection hospital database during January 2011-September 2014. Spearman correlation test was performed to assess it.

Results. Bloodstream infection insidens rate is 9,4%0 and average of hand hygiene compliance in neonatal unit is 68%. The highest hand hygiene compliance is nurses (70%), and doctors (57%), the lowest hand hygiene compliance is laboran and cleaning services (20%). Hand hygiene practice in 5 moments was performed most often after body fluid expossure risk (84%) and the lowest is after touching patient surroundings (46%). There is no signifficant stastical correlation between hand hygiene compliance and bloodstream infection case in neonatal unit RSCM (p>0.05). The hand hygiene compliance in 3rd level(71,5%) is higher than 2nd level (69,1%).

Conclusion. There are no signifficant correlation between hand hygiene compliance and bloodstream infection, including before and after the hand hygiene educational programs in neonatal unit. Basically, there is a decline of bloodstream infection rates in the increased of hand hygiene compliance.;Background. Healthcare-associated infection (HAI)- bloodstream infection (BSI) remains a serious problem that is often encountered. One of the most effective and simple practice strategy recommended by WHO to reduce HAI-BSI rate is hand hygiene in health care. Unfortunately, hand hygiene compliance of medical staff vary considerably among health centers because of multifactorial.

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