sani nudge

Målbart bedre Håndhygiejne

Manglende håndhygiejne er et vedvarende problem

20%
af alle HAI kan forhindres med god håndhygiejne.

18%
er den gennemsnitlige compliance blandt sundhedspersonale på plejehjem.

10%
af alle borgere på plejehjem har en infektion.

1.WHO. gpsc_ccisc_fact_sheet_en.pdf [Internet]. [cited 2019 Aug]. Available from: https://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf
2. Erasmus V, Daha TJ, Brug H, Richardus JH, Behrendt MD, Vos MC, et al. Systematic review of studies on compliance with hand hygiene guidelines in hospital care. Infect Control Hosp Epidemiol. 2010 Mar;31(3):283–94.
3. Epidemiol. 2010 Mar;31(3):283–94. World Health Organization, editor. WHO guidelines on hand hygiene in health care: first global patient safety challenge: clean care is safer care. Geneva, Switzerland: World Health Organization, Patient Safety: 2009

You can't improve what you don't measure.

Quality improvement expert – W. Edwards Deming

How you measure is important.
If your measurement is off,
your improvement will also be.

Upålidelige data fra direkte observationer

Hawthorne effekt

Gør at compliance data overestimeres med 55%

Insignifikant data

Selv med ugentlige observationer måles <0,01% af alle situationer

Begrænset indblik

Flere hygiejne situationer er umulige at måle, så som toiletter

1. Eckmanns T, Bessert J, Behnke M, Gastmeier P, Ruden H. Compliance with antiseptic hand rub use in intensive care units: the Hawthorne effect. Infect Control Hosp Epidemiol. 2006 Sep;27(9):931–4.

Viden redder liv

Forstå jeres kultur

Hvor jeres forbedringsarbejde har den største effekt på håndhygiejnen

Fokuser hvor der er behov

Udvælg de vigtige områder, som I ønsker at holde specielt øje med

Dokumenter jeres succes

Automatisk dokumentation of forbedringsarbejdet gør at I kan fokusere på værdiskabende arbejde.

Beboer besøg

Interaktion

En Sani sensor placeres ved indgangen og skaber en usynlig "clean zone" i boligen.

Flere sensorer kan opsættes, hvis man ønsker at adskille områder i boligen

Sani ID

Sani ID

En Sani ID sættes nemt på de nuværende navneskilte. Data indsamles anonymt og på gruppeniveau.

Dispenser forbrug

🔍

Målinger

En sensor påsættes alle nuværende sprit- og sæbedispensere og registrerer anvendelse.

Hvordan: Hver gang en dispenser anvendes, er det nærmeste ansatte, som krediteres for anvendelsen.

Hurtig og nem implementering

Systemet er nemt at installere og gøres uden at forstyrre beboere og personale.

3 timers installation

Det tager 3 timer at installere en afdeling med 30 boliger.

2 års batterilevetid

Alle sensorer har en batterilevetid på 2 år og bruger standard AA-batterier.

Ingen vedligeholdelse

Systemet sender automatisk besked, hvis en sensor går i stykker.

Dashboard

Få hurtigt et overblik over hvor der er brug for hjælp og hvor I kan lære fra.
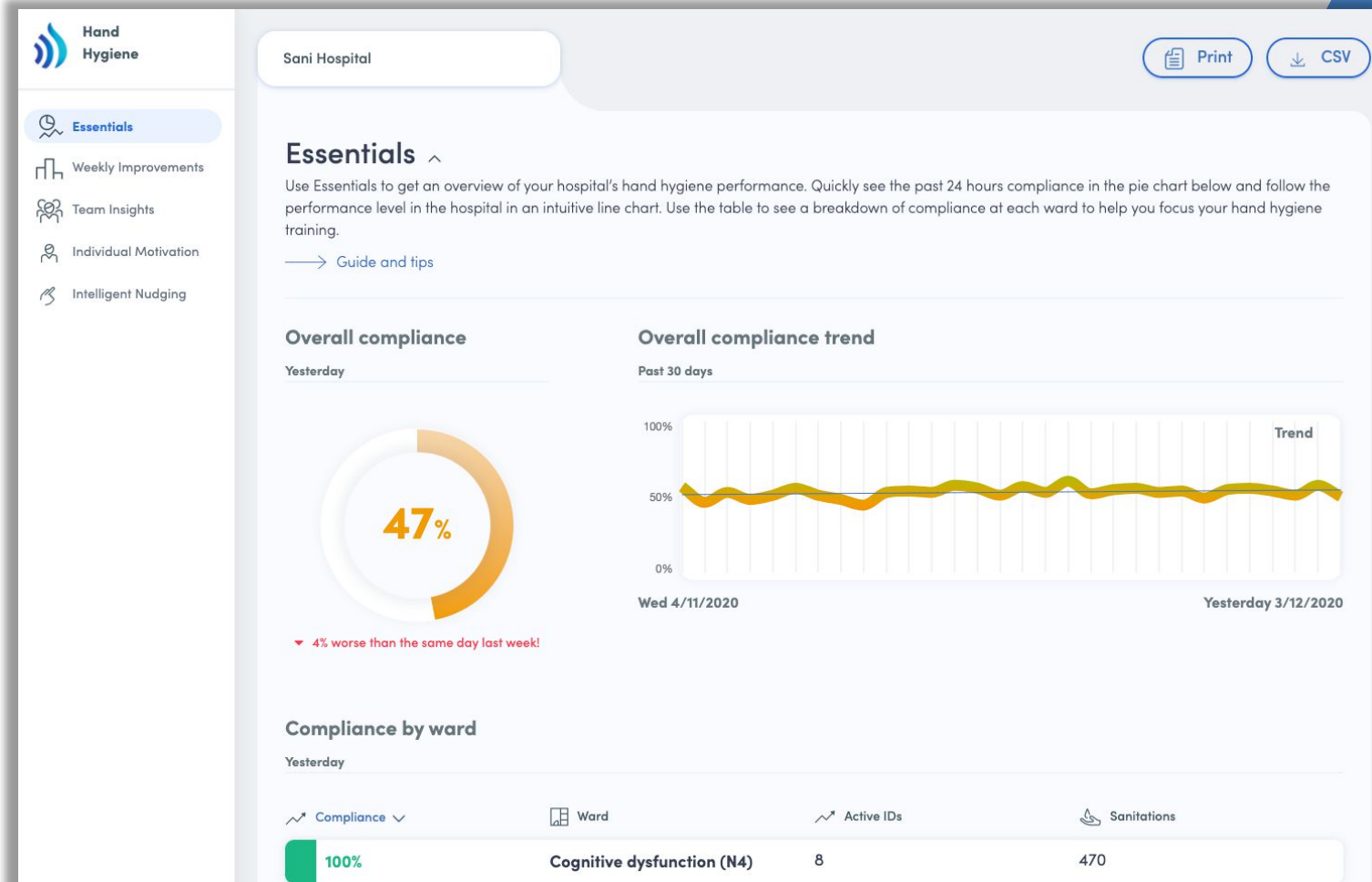
Intelligent Nudging

Giv ansatte et lille skub I den rigtige retning efter behov.
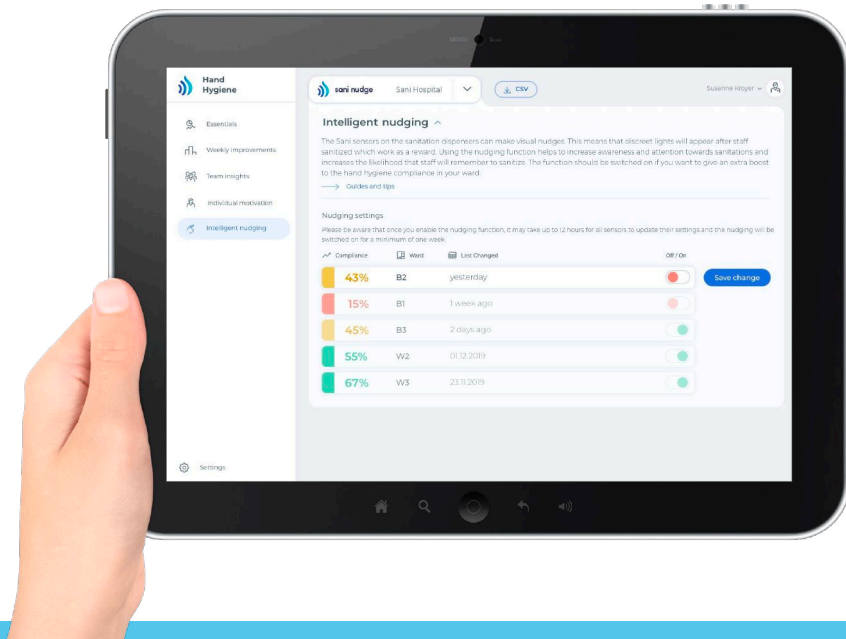
Team indsigt

Alle er ikke ens, og det er vigtigt at forstå forskelligheden, når man laver forbedringsarbejde.
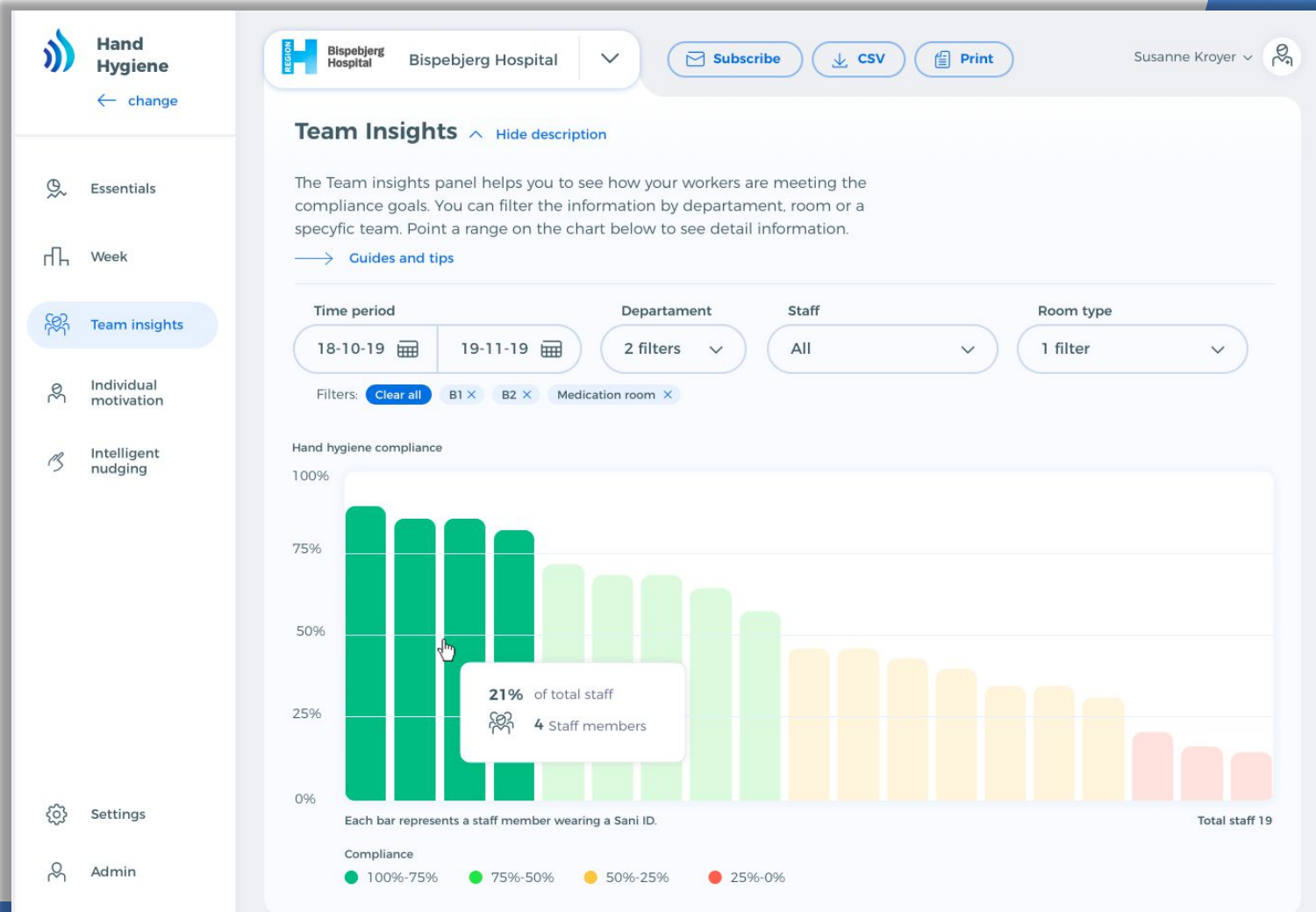
Anonymt men personligt

Ansatte kan se hvor gode de er til at udføre håndhygiejne uden at de behøver dele det med andre.
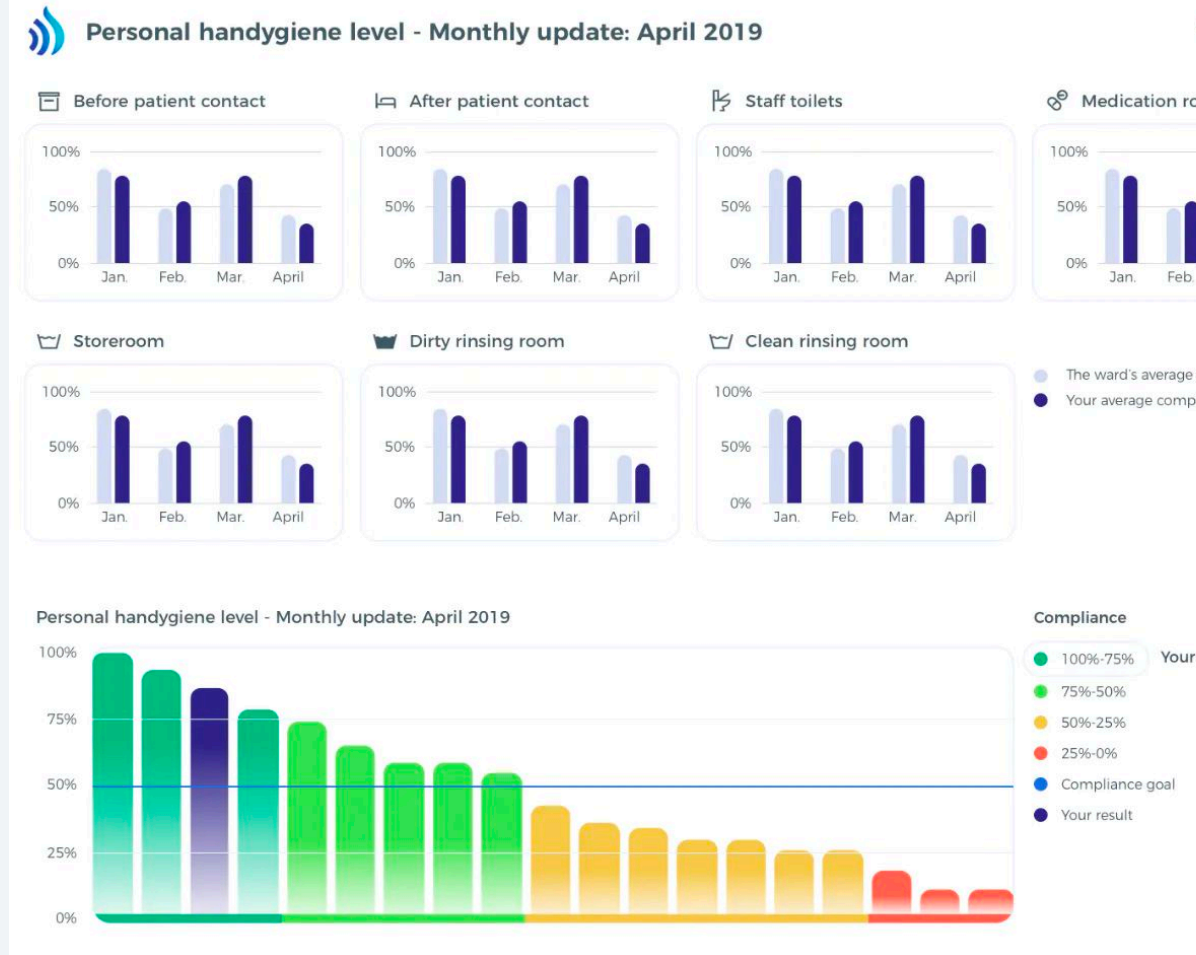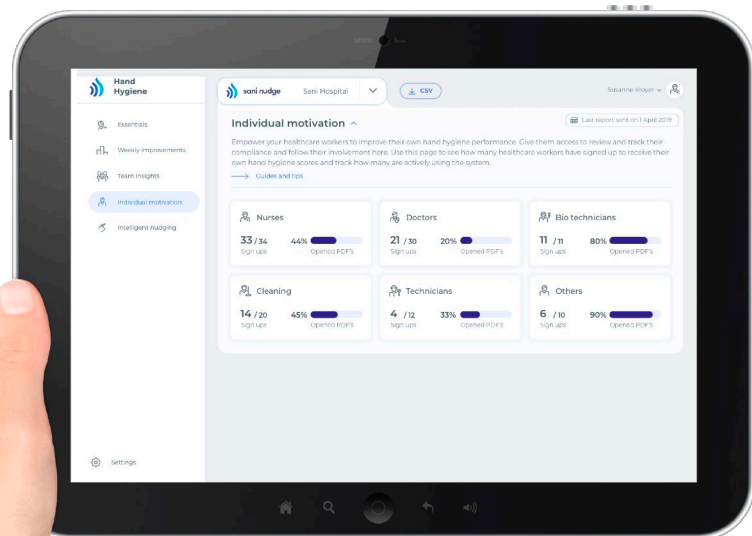
Bare 10 minutter hver uge

Ved at tale om håndhygiejne på ugentlige tavlemøder, får alle en forståelse for barrierer for håndhygiejne og kan blive motiveret af deres samlede forbedring.
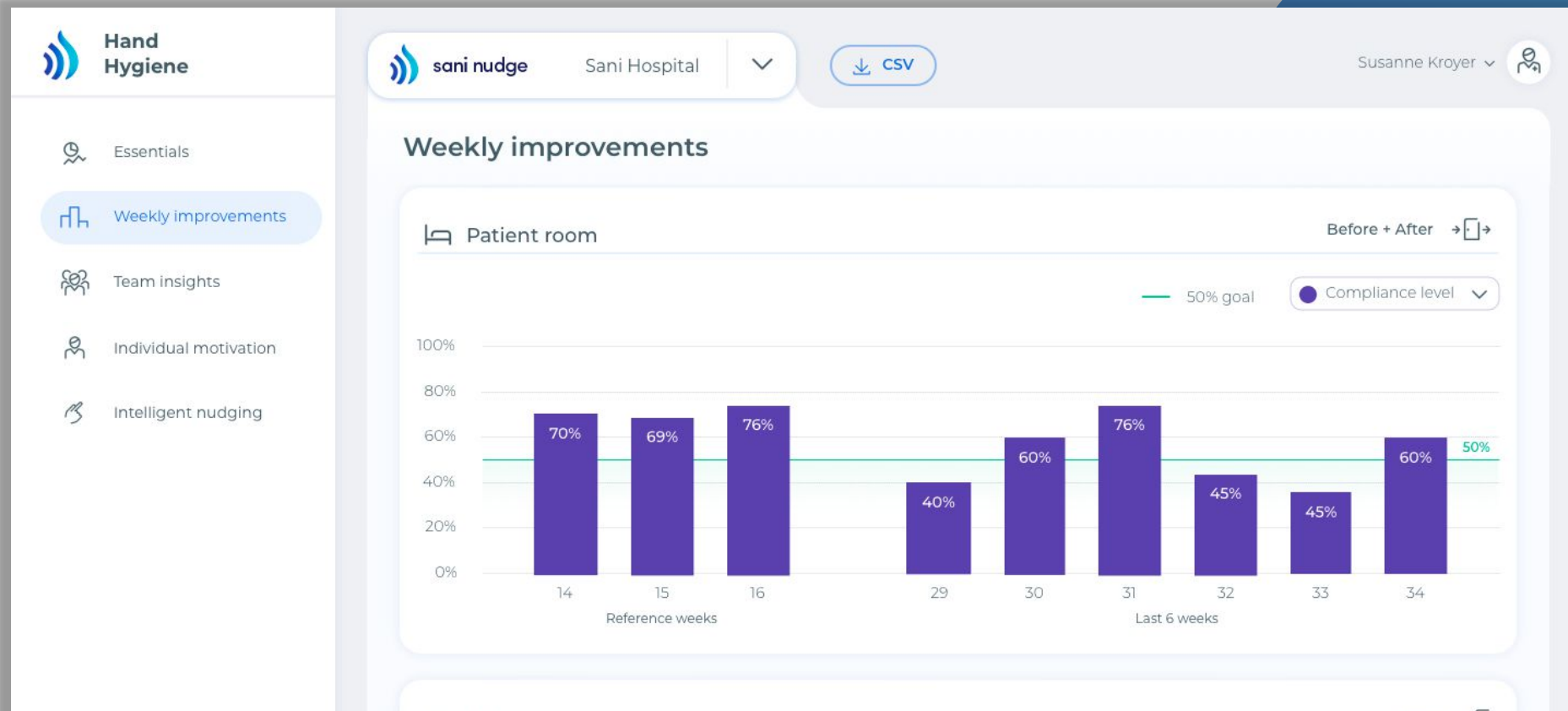
Det virker!

Alt efter hvor meget fokus der er på håndhygiejne ser vi typisk en fordobling i compliance over 12 måneder.
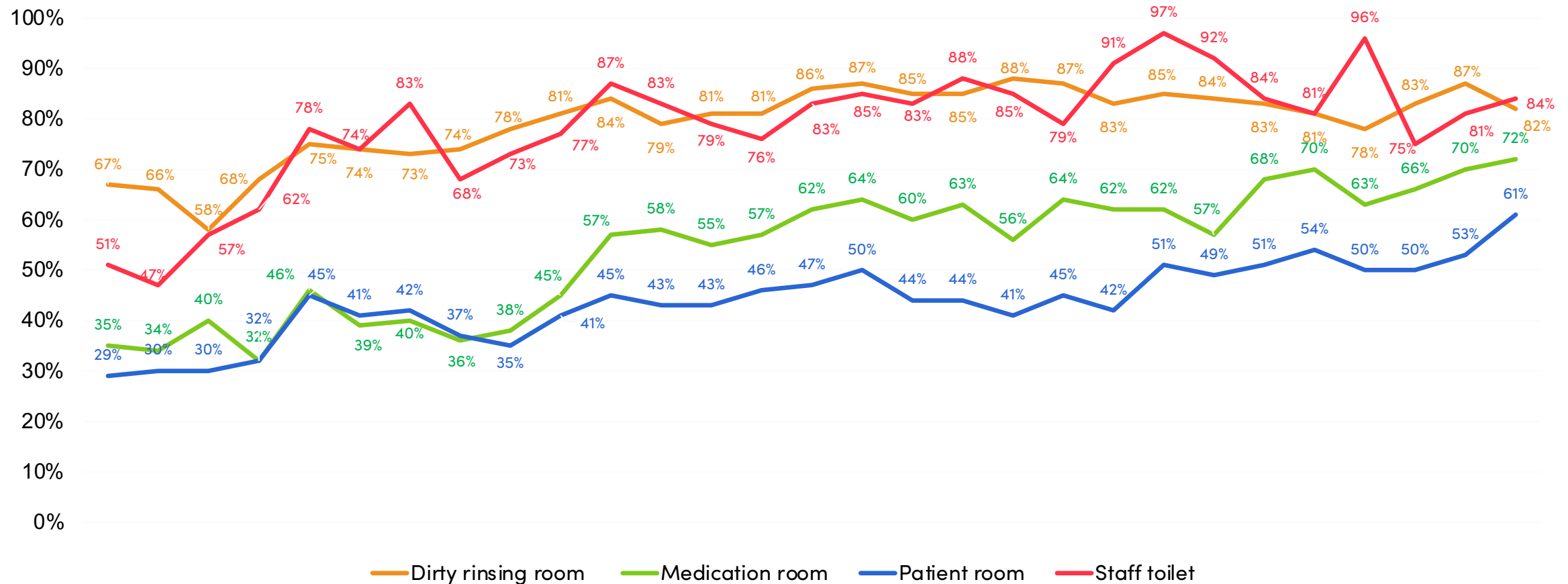
Resultater fra plejehjem

Forbedring ses allerede fra første uge, hvor resultater bliver delt med personalet.

Flytning af dispensere på plejehjem

En barriere er tilgængelighed. Flytning af dispensere til indgangsparti i hver bolig fordoblede compliance hos borgerne.

Forbedring på tværs af alle ansatte

Alle får et løft så smittekæden brydes.

3 måneders forbedringsarbejde

Baseline

Bispebjerg and Frederiksberg Hospitals

At Bispebjerg Hospital we use electronic monitoring to improve hand hygiene compliance – experiences from a nurse perspective

IN THE ORTHOPEDIC DEPARTMENT (M4), THE SANI NUDGE SYSTEM IS INSTALLED AND USED AS A [...] SYSTEM TO MONITOR THE HAND HYGIENE OF STAFF. DATA ARE COLLECTED VIA SENSORS AND IS SUBSEQUENTLY DISCUSSED (AT STAFF MEETINGS IN O[...] BEHAVIOUR AND IMPROVE HAND HYGIENE COMPLIANCE.

Data collection
The sensors are placed on the staff name badges, above the patient beds and on alcohol dispensers.

During the first period, data from the Sani nudge system was validated up against direct observations and video recordings.

After a test period, staff and the department head nurse defined some clear goals and expectations. Effort to reach these goals was achieved via increased focus on hand hygiene, education and an open dialogue.

Staff data was anonymized. Data presented at meetings reflected the average compliance of the department.

Håndhygiejne - Medicinrum M4

The staff says:
- "It does not feel like surveilla[...]"
- "It was motivating to see the re[...] and was a true eye opener"
- "It was nice to be able to discu[...] concrete situations, and in that learn new things"

Results
- Open dialogue about be[...] and habits.
- Clear improvement in co[...]
- The results helped to ide[...] were not placed optima[...] we move to other places[...] ➡ improved complian[...]

It is clear how focus and data have helped staff to improve compliance in the medication room (figure above: before vs. after staff meetings with data presentation) and in the rinsing/sluice rooms (figure below).

When the sensors are stopped, we were educated in hand hygiene by the hygiene organization which was followed by weekly staff meetings with data presentation and team reflection.

The reason for the decline of compliance during some periods was also discussed and is therefore taken into account.

Håndhygiejne - Skyllerum URENT M4

Fig. 1. Illustration of the principle of the Sani nudge system

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Rigshospitalet
Infektionshygiejnisk Enhed

Er hospitalsinfektioner e[...] problem end hidtil antag[...]

Badino J, Hygiejnesygeplejerske PG Diploma Infection Control, Rigshospitalet
Hansen MB, MD PhD, Rigshospitalet
Iversen A, Klinisk sygeplejespecialist, Aarhus Universitetshospital
Holt J, Hygiejnesygeplejerske cand. pæd. pæd., Statens Serum Institut
Münter L, Sekretariatschef, Rådet for Bedre Hygiejne
Egholm M, Ingeniør, Konduto
Jensen T, Ingeniør, Konduto

BAGGRUND

Hospitalsinfektioner medfører store omkostninger både økonomiske, men også samfundsmæssige og menneskelige i form af sygefravær, genoptræning og invaliditet[1].

Hospitalsinfektioner udgør en væsentlig sundhedstrussel, da de forårsager 37.000 dødsfald i Europa og 99.000 dødsfald årligt i USA[2], hvilket placerer dem på top 5-listen over hyppigste årsager til dødsfald og koster flere menneskeliv end AIDS, brystkræft og motorkøretøjsulykker tilsammen[3].

Der er sket en seksdobling i antallet af multiresistente bakterier siden 2012[4]. Herudover vil antallet af danskere over 70 år næsten være fordoblet om 20 år, hvilket gør problematikken højaktuel, da denne gruppe bruger dobbelt så mange sundhedsydelse som folk, der er 50 år[5].

FAKTA

Danmark	Europa

Undersøg[...] vaskede h[...] herunder [...]

Improve Hand Hygiene Behavior with the Sani Nudge System

Measure patient contact precisely and identify poor compliance behavior.

sani nudge

Automated hand hygiene monitoring increases the understanding of poor compliance behavior: A prospective observational study

Iversen AM[1], Lauridsen CR[1], Hansen R[2], Hesselbo B[2], Alexander R[3], Hansen MB[3], Kavalaris CP[2]
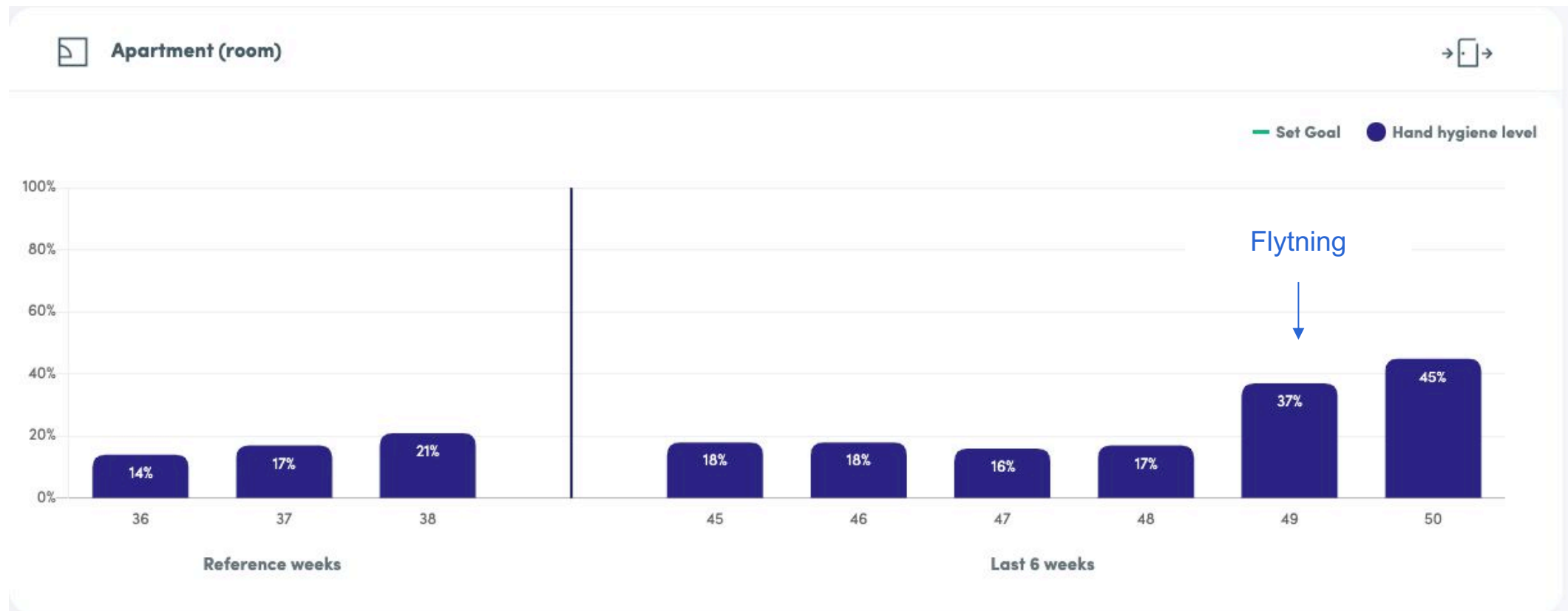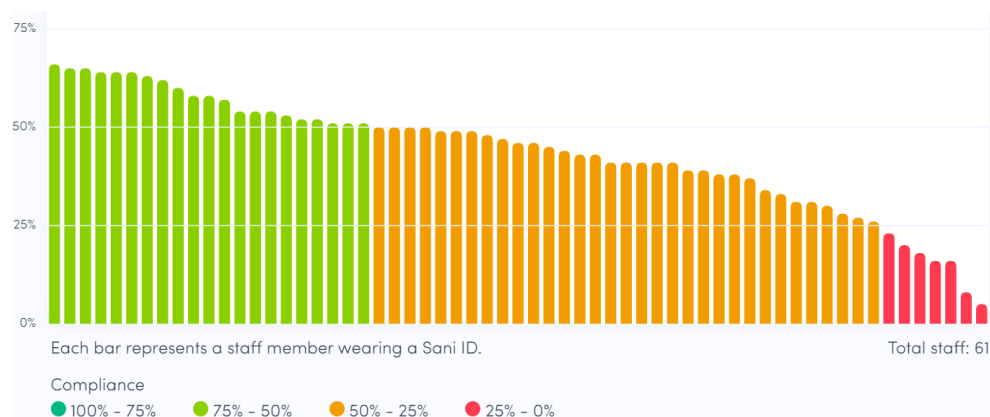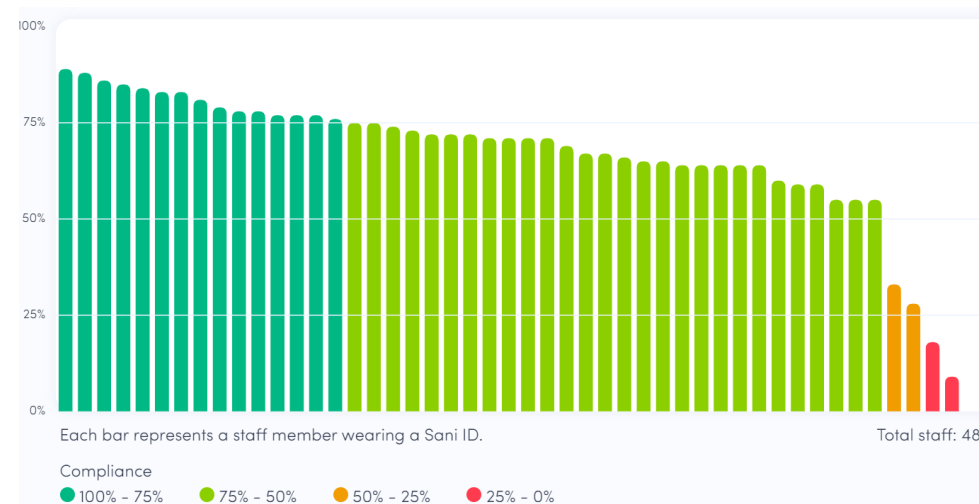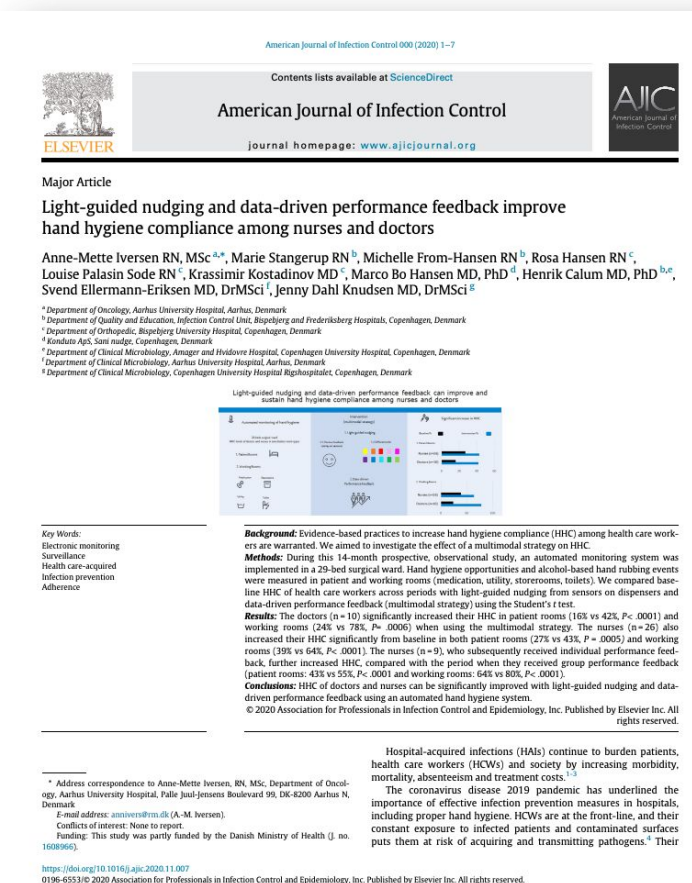
[1]Aarhus University Hospital, Denmark; [2]Bispebjerg University Hospital, Denmark; [3]Konduto ApS, Sani nudge, Copenhagen, Denmark.

INTRO
- Low hand hygiene compliance (HHC) at ho[...]
- Go[...] me[...]

OBJECTIVE
- W[...] us[...] m[...]

METH[...]
- N [...]
- Sa[...] wa[...]
- A p[...] cre[...] wh[...] be[...]

RESULTS
- The system registered 2.2 million data

Fig. 1: The Sani nudge system™
Sensors located on staff name tags, patient beds and sanitizers. Algorithms based on the WHO's '5 Moments for Hand Hygiene'. A patient clean zone around each bed is created by the sensors and used to register whether hand hygiene has been performed before and after patient contact. The system has been validated and compared with direct observations.
Available from: https://saninudge.com/

P407

AUTOMATED HAND HYGIENE MONITORING INCREASES THE UNDERSTANDING OF POOR COMPLIANCE BEHAVIOUR: A PROSPECTIVE OBSERVATIONAL STUDY

M. B. Hansen[1], A-M. Iversen[2], C. R. Lauridsen[2], R. Hansen[3], B. Hesselbo[4], R. Alexander[1], C. P. Kavalaris[4]

[1]Konduto ApS, Copenhagen; [2]Department of Oncology, Aarhus University Hospital, Aarhus; [3]Department of Orthopedic; [4]Department of Quality and Education, Bispebjerg University Hospital, Copenhagen, Denmark

Correspondence: M. B. Hansen

Introduction: Low hand hygiene compliance (HHC) at hospitals remains a problem and good monitoring methods are needed.
Objectives: We aimed to asses HHC and describe our experiences using a real-time automated hand hygiene monitoring system.
Methods: An automated HHC monitoring system (Sani nudge™) was installed at two Danish hospital wards between Feb 2018 and Sep 2018. The system constantly monitored staff hygiene behaviour using sensors located on staff name tags, patient beds and sanitizers. Specially designed algorithms based on the WHO's '5 Moments for Hand Hygiene' and local hospital guidelines were used to calculate the HHC levels. The system has been validated and compared with direct observations

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Is it time to rethink hand hygiene monitoring?

AUTHORS: Iversen AM, Clinical Nurse Specialist, Aarhus University Hospital • Lauridsen CR, RN, Aarhus University Hospital • Kavalaris CP, Infection Control Nurse, Bispebjerg University Hospital • Stangerup M, Infection Control Nurse, Bispebjerg University Hospital • Hansen R, Charge Nurse, Bispebjerg University Hospital • Hesselbo B, Senior Consultant, Bispebjerg University Hospital • Alexander R, MSc, PhD, sani nudge • Hansen MB. MD PhD. sani nudge

REFERENCES:
1. Kingston, L-M, et al. (2017) Attitudes and practices of Irish hospital-based physicians towards hand hygiene and hand rubbing using alcohol-based hand rub: a comparison between 2007 and 2015. A Journal of Hospital Infection. Vol 97. Is. 1. pp 17-25
2. Jacob, J.T, et al (2018) Preventing healthcare-associated infections through human factors engineering. Current Opinion in Infectious Diseases. Vol. 31. Is. 4. pp 353-358
3. Scott, U.J., Don, N.S. and Creedon, S. (0,1,1) Routine hand hygiene audit by direct observation has nemesis arrived? The Journal of Hospital Infection. Vol. 77. is. 4 pp 290-293
4. Scheithauer, S. et al (2010) Do WIF-based hand hygiene dispenser systems increase hand hygiene compliance? American Journal of Infection Control Vol. 46. Is. 10. Pp 1152-1134
5. Sani nudge: www.saninudge.com (accessed on 16/09/2018)
6. WHO. www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/ (accessed on 28/09/2018)

BACKGROUND
Low hand hygiene compliance (HHC) at hospitals continues to be a problem[1] and the accuracy of HHC monitoring is still a challenge[2]. Direct observation of hand hygiene is standard practice but is limited by the Hawthorne effect and enhanced inter-server variation[3]. In addition, the method is time consuming, labor intensive and captures only a fraction of the total hand hygiene events.

There have been many significant improvements in technologies over the years, but the healthcare sector has not exploited these opportunities. Automatic monitoring of HHC is now possible and allows continuous data collection and analysis. Importantly, the Hawthorne effect is mitigated and required human resources are minimal[4].

OBJECTIVE
The first important step to improve HHC is to get insight into data, trends and behavior. Therefore, we aimed to monitor HHC using a real-time location system specifically designed for hospitals (sani nudge™)[5]. In addition, we aimed to look into different situations where HHC was particularly low and work with hospital staff on improving these cases.

METHOD
The sani nudge system™ was installed at two hospital wards and used sensors to monitor sanitizations (Fig. 1). In addition, specifically designed algorithms, based on WHO's 'moments for Hand Hygiene' and local hospital guidelines and practices, were used to calculate the HHC. The system monitors WHO moments 1, 4 and 5. The daily trend of HHC was recorded on a continual 24-hour basis between February 2018 and September 2018. This study focused on hand hygiene using alcohol-based sanitizations.

RESULTS
During the study period, the system registered 2.2 million data points equating to 127,601 direct observations and an average HHC of 46%. Interestingly, most patient contacts occurred from 5am to 2pm, but the lowest HHC was between 9pm and 4am.

We found a disparity in HHC rates according to the room type with the lowest HHC in patient bedrooms (36%) and the highest in staff toilets (80%). In the patient bedrooms, the hospital staff had a higher tendency to sanitize hands after patient contact rather than before patient contact (Fig. 2). In line with this, we found that HHC was highest in rooms that were often considered dirty (Fig. 3). For example, there was a lower HHC in the medicine room (Fig. 3a) compared with staff toilet (Fig. 3b) and rinsing room (Fig. 3c).

We found that with the system fully integrated, the hospital staff worked to maintain a constant level of good hand hygiene (Fig. 3d). Fluctuations in HHC rates between days became smaller and a general upward trend could be seen. In addition, rooms that had low HHC at the start of the study, such as staff toilets, improved to show a steady high level of compliance week on week.

By using this monitoring system, instead of direct observation, this study can also look at HHC in all rooms at the same time using a heatmap (Fig. 4). The heatmap provides an overview of rooms with high vs. low HHC, thus helping the wards and hygiene nurses to direct the resources to where it is most needed.

CONCLUSION
HHC can successfully be monitored using a computerized system. Interestingly, we found the lowest HHC during late evening/night and in patient bedrooms, especially before patient contact. This data-driven approach enables hospitals to have precise, accurate and real-time compliance rates and gives important insights into hygiene behaviors and helps identify areas that need to be improved. As a result, tailored hygiene campaigns can be created that specifically address these areas. In future studies, we will use the system to investigate HHC of patients, visitors and different staff groups while using the data actively to improve HHC.

HOW THE SYSTEM WORKS:
1. **Detect.** The sani ID continuously shares each employee's hand hygiene opportunity to our system. 2. **Record.** The sani sensor records all dispenser usage and nudges to remind whenever compliance drops low. 3. **Interaction.** The patient sensor creates a zone around the treatment bed to detect whenever patient contact has occurred. 4. **Share.** The sensors anonymously record and send the data from all events to our secure server.

Figure 1. Illustration of the sani nudge™ system

Figure 2. Hand hygiene compliance in patient bedrooms stratified according to patient contact
- Only sanitizing before patient contact: 14%
- No sanitation during visit: 46%
- Sanitizing both before and after patient contact: 16%
- Only sanitizing after patient contact: 24%

Figure 3a: Hand hygiene compliance in the medicine room
Figure 3b: Hand hygiene compliance in staff toilets
Figure 3c: Hand hygiene compliance in rinsing rooms
Figure 3d: Total hand hygiene compliance in the whole ward

Data are provided as means and illustrated at a random period for simplicity.

Figure 4: Heatmap for hand hygiene compliance
- Over 70%
- 40% - 69%
- Under 39%

The Capital Region of Denmark
midt
Automated hand hygiene monitoring increases the understanding of poor compliance beha[...]
A prospective observational study

Anne-Mette Iversen[1], Camilla R. Lauridsen[1], Rosa Hansen[2], Bjørn Hesselbo[3], Rebekah Alexander[4], Aaron Alex[4], Marco B. Hansen[4], Christiane P. Kavalaris[3]

INTRODUCTION
Hospital-acquired infections and spread of antimicrobial resistance can be reduced by improving hand hygiene compliance (HHC) among healthcare workers (HCWs). However, low HHC at hospitals remains a problem and good monitoring methods are needed.

OBJECTIVES
We aimed to describe our experiences using a real-time automated hand hygiene monitoring system.

METHODS
An automated HHC monitoring system (Sani nudge)™ was installed at two Danish hospital wards between February 2018 and September 2018.

The system constantly monitored staff hygiene behaviour using sensors located on staff name tags, patient beds and sanitizers (Figure 1). Specially designed algorithms based on the WHO's '5 Moments for Hand Hygiene' and local hospital guidelines were used to calculate the HHC levels.

A patient clean zone around each bed was created by the sensors and used to register whether hand hygiene was performed before and after patient contact. In the patient rooms, the WHO moments 1, 4 and 5 were measured. The system has been validated and compared with direct observations. Only alcohol-based hand disinfection was measured.

RESULTS I
With 79 staff members (nurses, n=73; doctors, n=6) involved, the system registered 2.2 million data points equating to 127,601 direct observations and a mean HHC of 46%.

There was a disparity in HHC rates across room types with the lowest HHC in patient bedrooms (mean 36%) and the highest in staff toilets (mean 80%) (Figure 2).

Fluctuations in HHC between days became smaller as the HCWs worked with the data from the fully integrated system and a general upward trend could be seen with data presentation and helps identify areas that need to be improved.

RESULTS II
In the patient bedrooms, the staff more often sanitized hands after (mean 35%) than before (mean 26%) patient contact.

Fig. 3. Hand hygiene compliance of healthcare workers before vs. after patient contact

The automa[...] system prov[...] alternative t[...] methods in[...] information[...] approach pr[...] repeatable, [...] compliance [...] insights into[...] Importantly,[...] hospitals to[...] areas with l[...]

Fig. 2. Overview of HHC and sanitizer usage in one of the hospital wards. The color in each room illustrates the average compliance range during the study period. The circles indicate location of the sanitizers whereas the colors illustrate the amount of time being used. Grey colored rooms (storage rooms etc.) were not included in the study. White bars indicate location of doors. CR, clean rinsing room (sluice room for the storage of clean goods); DR, dirty rinsing room (sluice room for soiled goods); K, kitchen; M, medication room; O, office; PR, patient room (1 bed); PR.2, patient room (2 beds); PR.3, patient room (3 beds); PT, patient toilet; SR, storeroom; ST, staff toilet.

Fig. 1. Illustration of the principle of the Sani nudge system

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Bispebjerg and Frederiksberg Hospitals, Denmark
The Hygiene Organization

Can automated hand hygiene monitoring improve compliance?

Stangerup M, Pahl Kavalaris C, From-Hansen M, Hygiene Organization; Hansen R, Skovdal R, Orthopedic Department; Hesselbo B, Data Unit; Bispebjerg and Frederiksberg Hospitals

BACKGROUND
- Hand hygiene is one of the most important tools to prevent transmission of pathogens.
- Direct observation is a common method used but limited by the Hawthorne effect and inter-observer bias.
- Sani nudge is an electronic monitoring system developed as part of a national innovation collaboration between Bispebjerg and Frederiksberg Hospitals, Aarhus University Hospital, The Technical University of Denmark and Sani nudge.
- We aimed to investigate the effect of nudging and data-driven performance feedback on the compliance levels.

RESULTS
- In total, 116,347 observations were registered with an average baseline compliance of 47%.
- All rooms (not patient rooms): The compliance increased from 39% to 52% (phase 2) and further to 66% (phase 3) and 71% (phase 4).
- In the patient rooms, compliance was lower but increased from 28% to 46% (median).
- When only looking at nurses receiving individual data, compliance increased from 72% to 80% (median).

The sensors are placed on existing alcohol-gel dispensers (sanitizers), staff name badges and above the patient bed.

Fig. 1. Median hand hygiene compliance: All rooms (not patient rooms)
Fig. 2. Median hand hygiene compliance: Patient rooms
Fig. 3. Nurses receiving individual data. Before vs. After presented as median hand hygiene compliance in All rooms (not patient rooms)

METHODS
- The system monitors the hand hygiene performance continuously using sensors placed on the staff name tag, at the patient beds and on existing soap- and alcohol dispensers.
- Data was available on team level (stratified by profession), individual level and according to room type.
- The sensor algorithms are based on the WHOs 5 Moments for Hand Hygiene but local guidelines could also be implemented.
- Data was provided by Sani nudge and the Data Unit of the hospitals.
- From the beginning of the study, it was decided that all staff was anonymized. Only those who wanted their own individual compliance level (phase 4) had data sent directly to them in a secure system.

The study was divided into 4 phases:
1. Baseline period
2. Nudging (discrete visual lights appearing on sensors)
3. Nudging and weekly data presentation meetings
4. Nudging, weekly meetings and individual data (volunteers)

CONCLUSION
Hand hygiene compliance increases with nudging and data-driven performance feedback, especially when data is presented on weekly team meetings.

The staff, whom by the end of the study received individualized data, increased compliance even further.

The electronic monitoring system is a good method to increase compliance and the data-driven approach provides the hospital with non-biased, real-time data which helps the hospitals to identify critical areas with low compliance.

Contact: maria.stangerup@regionh.dk

Nyeste studier

Iversen Am et al. Clinical experiences with a new system for automated hand hygiene monitoring: A prospective observational study. Am J Infect Control. 2020 May;48(5):527–533.

Knudsen et al. Light-guided nudging and data-driven performance feedback improve hand hygiene compliance among nurses and doctors. Am J Infect Control. 2020 Nov 10;S0196-6553(20)30991-3.

Hansen et al. Assesing the clinical accuracy of a hand hygiene system: Learnings from a validation study. Am J Infect Control. 2021 Jan 13; S0196-6553(21)00006-7.

Compliance for læger

Iversen et al. Light-guided nudging and data-driven performance feedback improve hand hygiene compliance among nurses and doctors. Am J Infect Control. 2020 Nov 10;S0196-6553(20)30991-3.
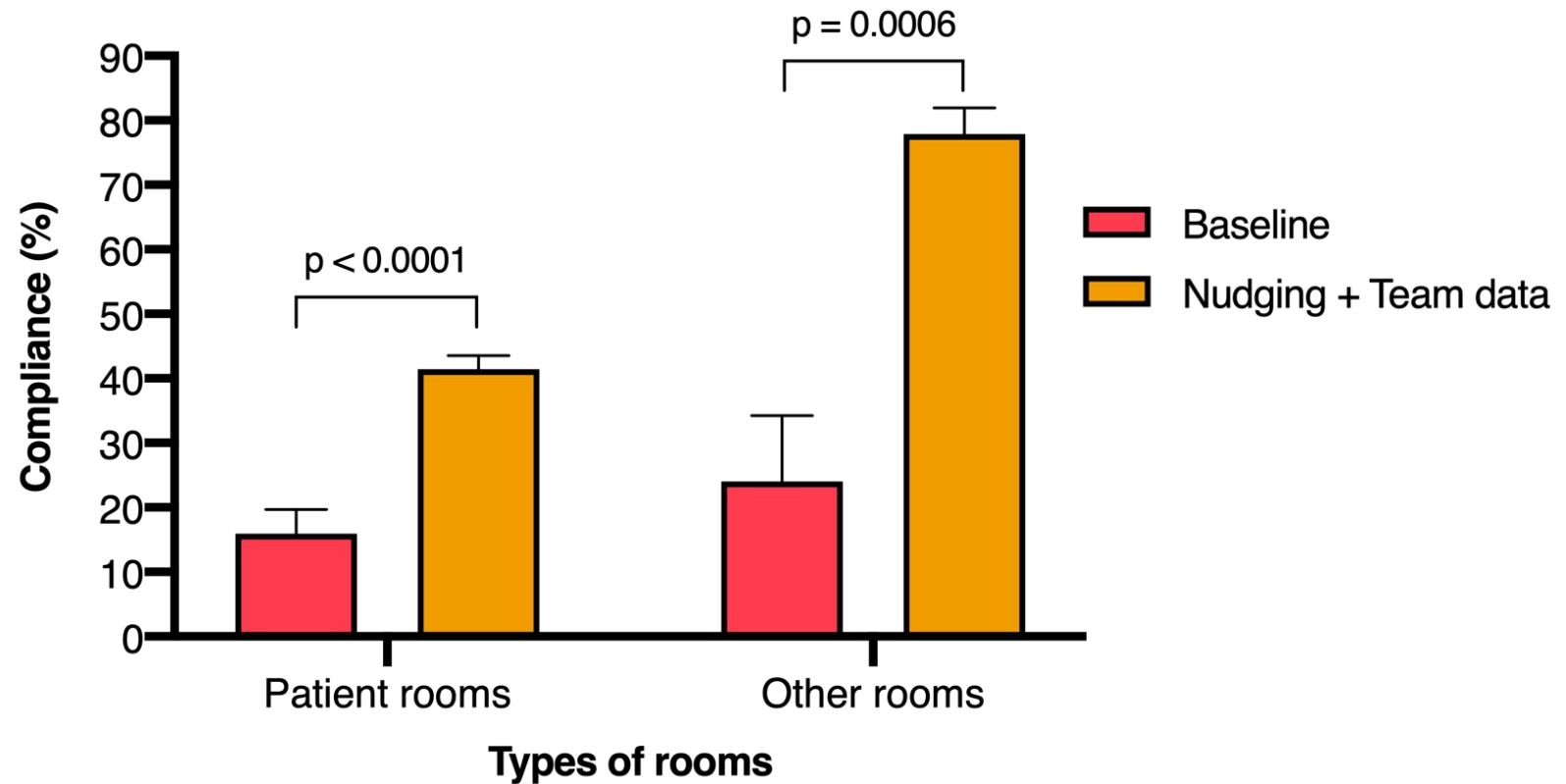
Compliance for sygeplejesker

Knudsen et al. Light-guided nudging and data-driven performance feedback improve hand hygiene compliance among nurses and doctors. Am J Infect Control. 2020 Nov 10;S0196-6553(20)30991-3.
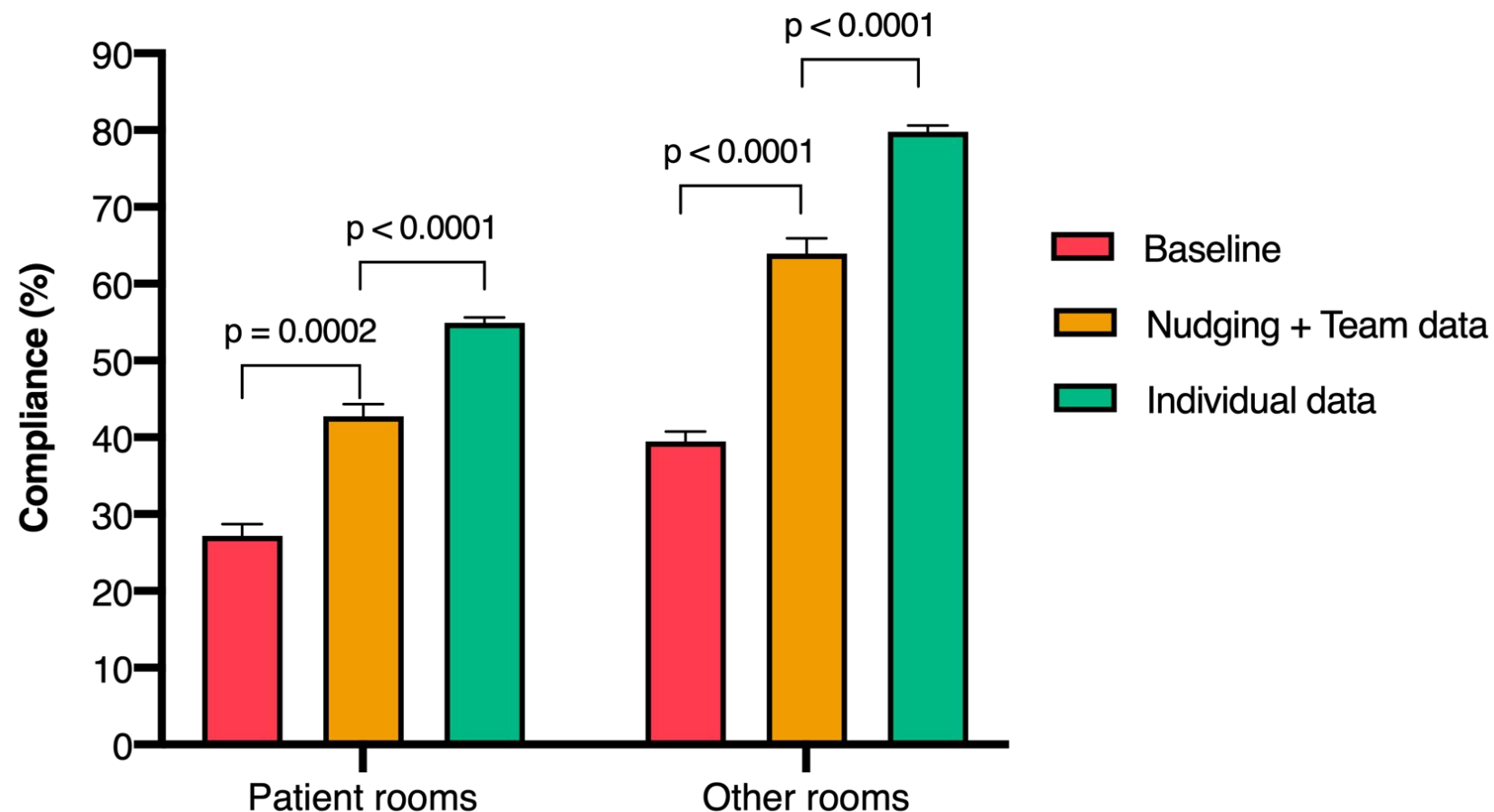
Forbedring på alle områder
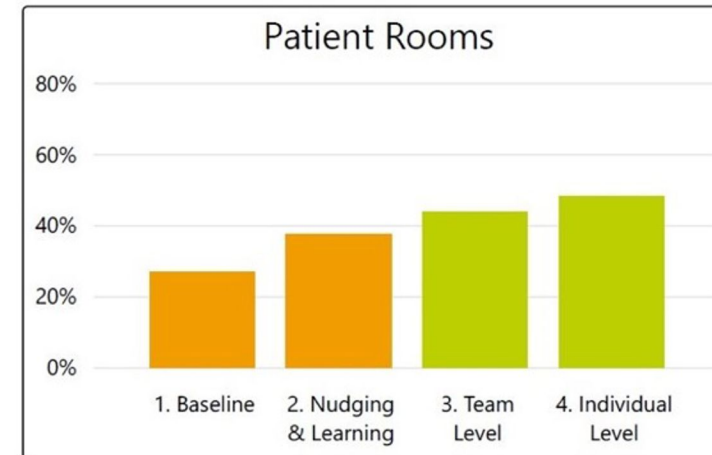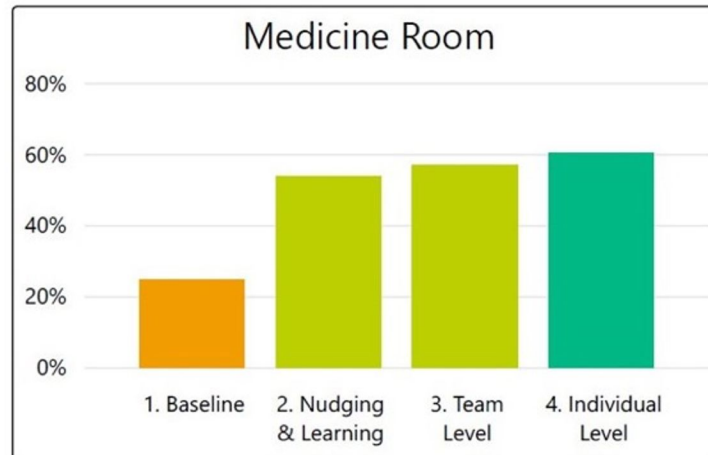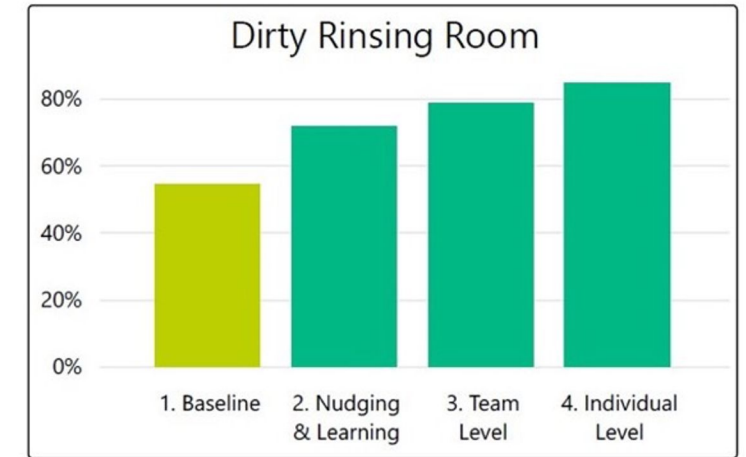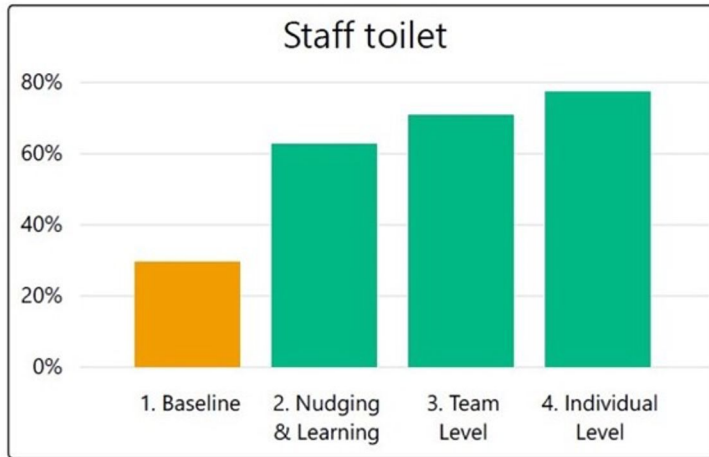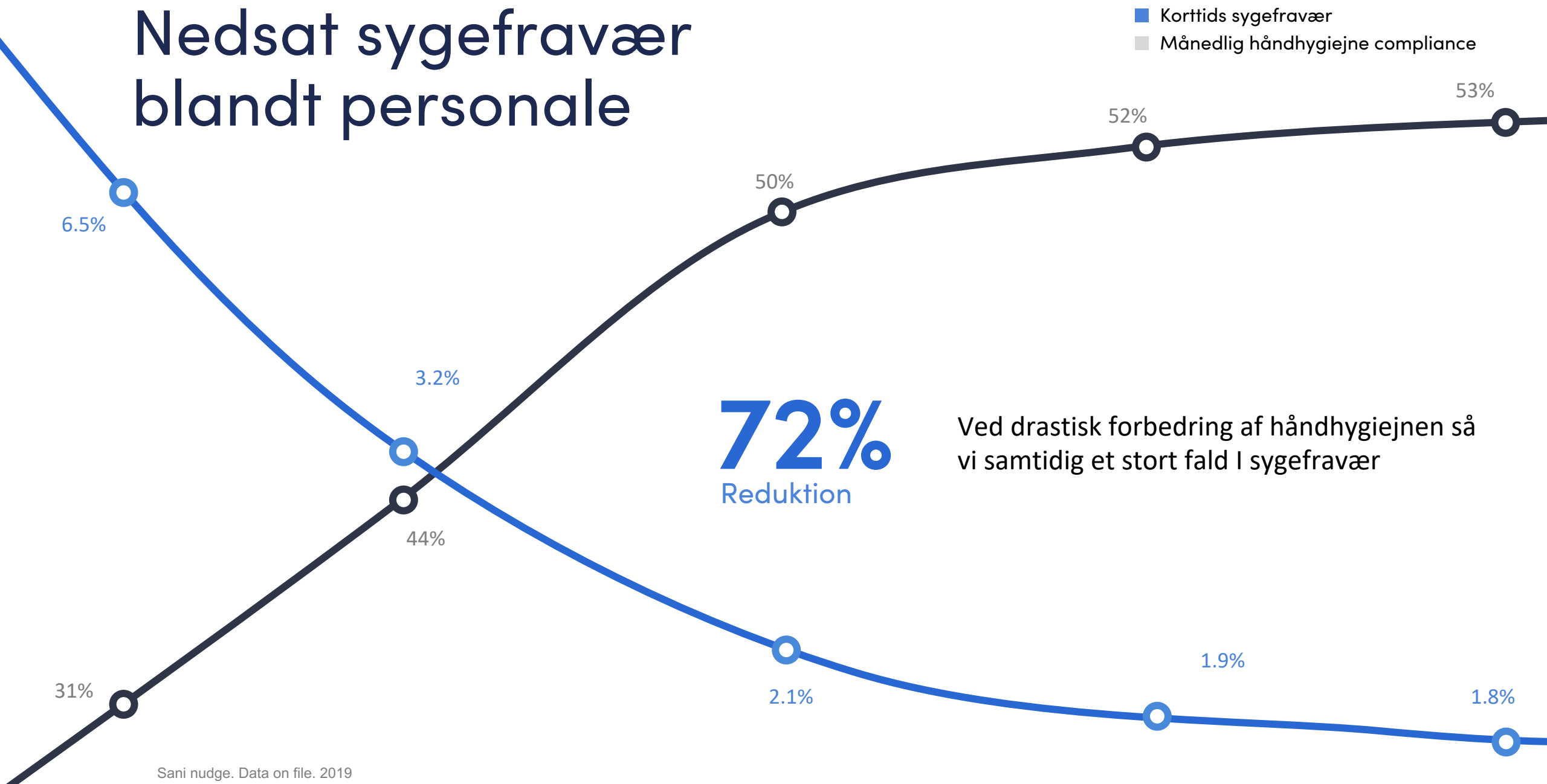
Research pipeline

Vi har studier kørende på ledende forskningsinstitutioner

| Collaborators	Project	Planning	Data collection	Data analysis	In review	Published
Bispebjerg & Aarhus University Hospitals Jenny Dahl Knudsen, Svend Ellermann-Eriksen, Anne-Mette Iversen, Marie Stangerup et al.	Light-guided nudging and data-driven performance feedback improve hand hygiene compliance among nurses and doctors.					Published
Bispebjerg & Aarhus University Hospitals Jenny Dahl Knudsen, Svend Ellermann-Eriksen, Anne-Mette Iversen, Marie Stangerup et al.	Significantly improved hand hygiene compliance using nudging and performance feedback					Published
University Hospital Mannheim Alexandra Heninger, Nina Wismath, Evelyn Fritz, et al.	Accessing the clinical accuracy of hand hygiene monitoring systems: Is it time for new standards?				In Review	
Technical University of Denmark, Aarhus University Hospitals, & Sølund Nursing Home COVIDtrace project group	A data-driven modelling of disease transmission and pathways in healthcare workers.			Data Analysis		
Sølund Nursing Home COVIDtrace project group	Improving hand hygiene in nursing homes.		Data Collection			
Bispebjerg & Frederiksberg Hospitals Marie Stangerup, Bente Olesen, Henrik Calum et al.	The effect of nudging in improving hand hygiene compliance		Data Collection			
Herning & Holstebro Hospitals Susanne Gundersborg, Annette Haagerup et al.	The effect of a single-patient rooms vs. multi-patient rooms on hospital staff's hand hygiene compliance		Data Collection			
Kolding Hospital Jens Kjølseth Møller, Susanne Kolle, Mette Holst, Annie Rosenfeldt Knudsen et al.	Automated hand hygiene monitoring and interventions to improve hand hygiene compliance		Data Collection			
Aarhus University Hospital Anne-Mette Iversen, Svend Ellermann-Eriksen, Morten Münster, Brian Kristensen et al.	The effect of performance feedback and behaviorally-informed messaging on hand hygiene compliance on healthcare workers		Data Collection			
Radboud University Medical Center Joost Hopmann, Heiman Wertheim, Amla Tostmann et al.	Improving hand hygiene compliance using automated monitoring systems and regular feedback to healthcare workers		Data Collection			
Imperial College NHS Trust Hospitals Jon Otter et al.	Implementing and using data actively to reduce the number of hospital-acquired infections and staff sick leave		Data Collection			

Udvalgte kunder

Tranbjerg plejehjem
Danmark

Sølund plejehjem
Danmark

Imperial Trust London
England
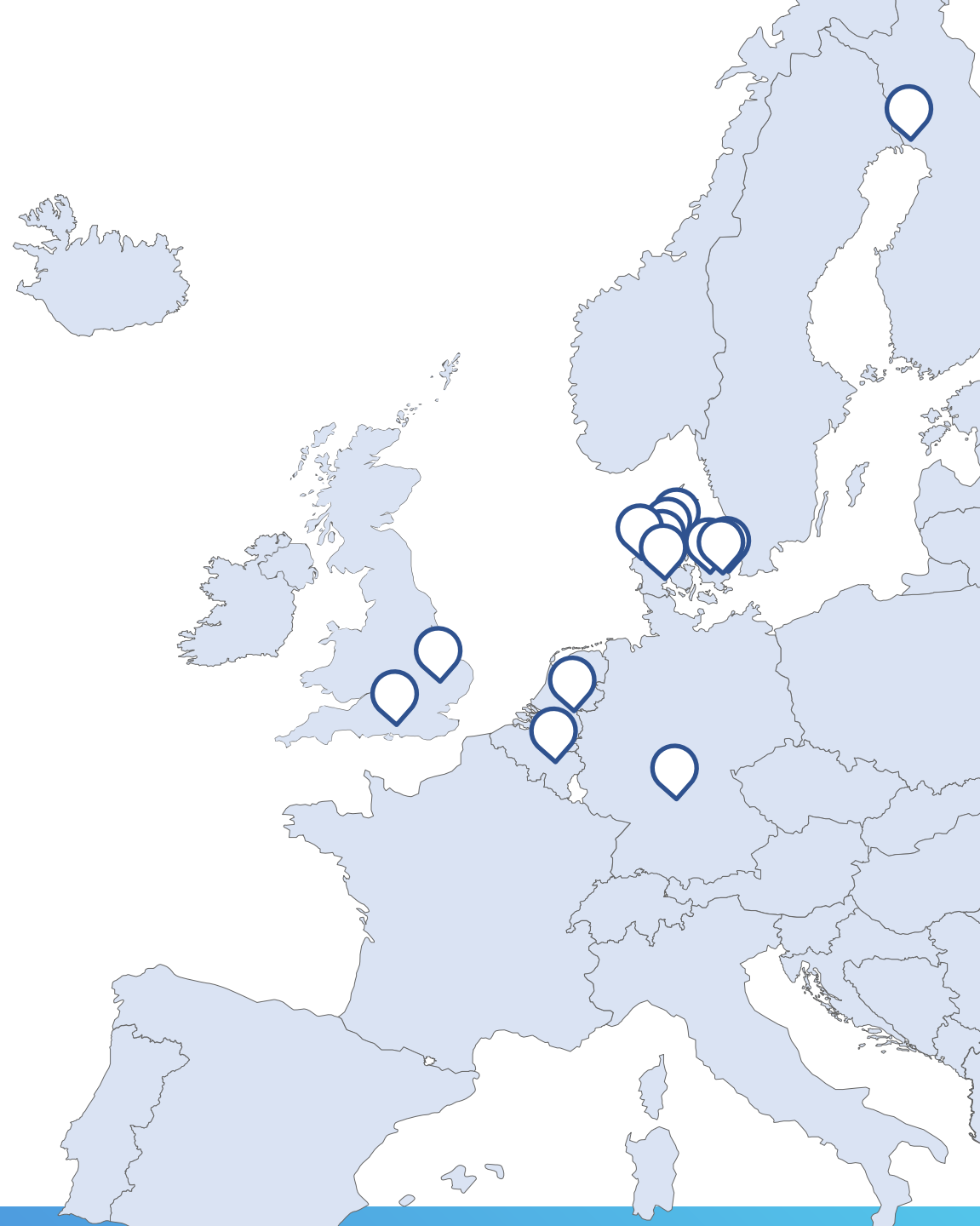
Kom igang for en lav månedlig pris

Pris eksempel for plejehjem med 100 boliger

Udstyr :   98.000,00 kr.
Implementering :   29.500,00 kr.

Månedlig licens: **11.500,00 kr.**

Total år 1:   265.500,00 kr.
Total år 2:   138.000,00 kr.

Kontakt

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Q&A

På døgn-/dagtilbud/værksteder for mennesker med udviklingshæmning er vi ret sikre på, at borgerne er lige så meget smittespredere som personalet – der er megen kropskontakt dagen lang. Vil du mene at vi vil kunne udrede også ift deres hygiejne – tror du de vil kunne bære sensoren uden at "pille den af sig"?

– Vores system er målrettet personale, men hvis borgerne på dagtilbud er motiveret til at arbejde med deres hygiejne, kan systemet sagtens bruges med dem.

Hvad vil det koste på et genoptræningcenter der betjener 2700 borger årligt fordelt på 2 afdelinger? Borgerne træner ambulant

– For at vi kan give et tilbud skal vi vide hvor mange steder I ønsker at implementere systemet.

Hvordan er levetiden for hardware? Både sensorer og batterilevetid.

– De holder batteri i 24 måneder på 4 stk AA batterier, som vi kender fra fjernbetjeninger. Sensorerne er der garanti på så længe der betales licens.

Var licens udgiften 11.500 /måned?

– Licensen afgøres af hvor mange steder i måler håndhygiejnen. For 100 boliger vil det blive 11.500 kr/måned.

Overvågning af borgere rejser mange etiske og juridiske spørgsmål.

– Det er korrekt og man kan også diskutere om det har den store effekt på infektionsspredning at forbedre håndhygiejnen blandt beboerne. Derfor fokuserer vores løsning på personalet, der er den største smittekilde.