Table B.21: *Clostridioides difficile*, Hand Hygiene–Single Systematic Reviews

Note: Full references are available in the [Section 4.2 reference list](#Section4point2refs).

| Author, Year | Description of Patient Safety Practice | Setting/s, Population/s | Summary of Systematic Review Findings | Implementation Themes/Findings | Notes |
| --- | --- | --- | --- | --- | --- |
| **Louh et al., 201725** | Hand hygiene | Acute care hospitals | Systematic search for controlled trials of interventions to reduce the rate of CDI in acute care hospitals. Search for articles published between January 1, 2009, and August 1, 2015. Review of four studies that evaluated the effect of hand hygiene campaigns. These used multifaceted campaigns that included access to alcohol-based hand rub, education, auditing, and feedback on hand hygiene compliance, in addition to advertising the use of hand hygiene. Mixed results. A nationwide hand hygiene campaign in hospitals in England and Wales showed significant reduction in CDI rates, but studies that investigated single-hospital campaigns showed no change in CDI acquisition. Hand hygiene was included in some but not all bundled interventions—bundled interventions all reduced CDI rates. Although older studies (before 2009) have shown a significant reduction in nosocomial infections from observing good hand hygiene, further benefit from promoting hand hygiene is unlikely, as the margin for improvement diminishes. | If an institution has adequate hand hygiene processes, incremental efforts to improve hand hygiene may not be as beneficial as other interventions. Institutions with few resources should strive to improve environmental practices, with implementation of bleach-based cleaning. Institutions with more resources should consider bundled interventions that incorporate environmental cleaning, restrictive ASPs, and checklists. | Review covers multiple PSPs. Environmental cleaning (daily/terminal with bleach) is found as most effective PSP of the five PSPs reviewed. |