(P2-88) To Assess the Effect of Camera Surveillance in Improving Compliance with Handwashing Practices in the ICU Setting

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Background: Handwashing has been shown to be the most effective means of reducing cross infection in the healthcare environment. However, staff compliance remains low in the real setting.

Methods: A prospective study was carried out over one month period in one cubicle of neurosurgery intensive care unit (ICU). A surveillance camera which was previously installed and functioning was focused on a cubicle of three patients, and recordings of the previous 24 hours were reviewed every day for 15 days. The number of incidents in which handwashing was required but not performed was recorded. An incident was defined as any one of the following: (1) handwashing not performed by healthcare workers; (2) touching different patients without handwashing; (3) using the same gloves for different patients and for different procedures; (4) not performing handwashing after finishing the procedures. Following this 15-day period, all staff were verbally instructed during every shift that they were under surveillance for the next 15 days. Camera recordings of the previous 24 hours were similarly reviewed every day for these 15 days and incidents recorded.

Results: In the first 15-days period, there was a total of 480 incidents when handwashing was not performed. Of the incidents, 83%($n = 401$) occurred during the night shift, especially during the early morning hours. In the subsequent 15 days when the staff were informed that they were under camera surveillance, the total number of events when handwashing was not done was 140. The difference between the two periods was statistically significant($p < 0.01 >$.

Conclusion: Handwashing is practiced poorly in this ICU. As the maximum number of incidents occurred during the night shift, poor motivation may be one of the factors for this behavior. This study shows that camera surveillance plays a major role in changing the staff behavior and may improve compliance for handwashing.

(P2-89) Investigation, the Association of Cardiac Risk Factors and the Risk of Acute Myocardial Infarction, in ED Patients with Non-Diagnostic ECG

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Objective: To investigate the association of cardiac Risk factors and the risk of Acute myocardial infarction, in ED patients with non-diagnostic ECG. Methods:

Results: 474 patients were enrolled,150 had non diagnostic ECG In this study HTN with p-value = 0/012 (> 0/05), HIP with p-value = 0/0001 (> 0/001), FH with p-value = 0/001 (> 0/01) was significantly more prevalent in those who ruled in for AMI.

Conclusion: In the past studies in patients with non-diagnostic ECG only hypertension Was significantly more prevalent in those who ruled in for AMI and cardiac risk factors have limited clinical value in diagnosing of AMI in ED patients. In this study HLP, HTN, FH was significantly more prevalent in those who ruled in for AMI An observational study is conducted in an educational hospital in Shahid Beheshti university during a period of two years. In this study, patients with symptoms suggestive of AMI including. chest pain, Dyspnea, palpitation, syncope, cerebrovascular accident, nausea, vomiting, vertigo, loss of consciousness were enrolled. Demographic, historical feature and risk factors, such as age, sex, diabetes, hypertension, hyper lipidemia, renal failure, positive family history of CAD, smoking, substance abuse, Alcohol use in the past 24 hours, cocaine use in the past 48 h were recorded. Nondiagnost ECG including these categories: Normal, non specific, early Repolarization, abnormal without signs of ischemia such as old bundle branch block, LVH, … A final diagnosis of Acute myocardial infarction was determined by CK - MB and Troponin - 1.

(P2-90) Modified Delphi Study to Determine Optimal Data Elements for Inclusion in an Emergency Management Database System

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Topic: Information and communication technology (ICT).

Objectives: ICT are introduced into organizations with the goals of managing resources, increasing efficiency and work productivity and reducing workload. In the context of developing countries, these goals are accentuated given the existing conditions. The aim of this study was to identify hospital institutional capacity indicators to provide recommendations to an emergency management database system operating in the Western Cape province of South Africa as http://hospitalbedbureau.co.za/.

Methodology: A two round modified Expert Delphi study was conducted by email. A panel of 16 experts drawn from the fields of emergency medicine, critical care, trauma surgery and disaster medicine were consulted. Participants were initially asked to propose hospital institutional capacity indicators that warranted inclusion in the emergency management database system currently operating in Cape Town, South Africa. In the second round these proposals were collated and scored using a 7 point Likert scale. Areas that did not reach consensus in the Delphi study will be presented as synopsis statements for discussion at the Emergency Medicine Symposium hosted by the department of Accident and Emergency Western Cape.

Results: Round 1 comprised 237 statements. Consensus was defined a priori to be > 80%. A total of 52 of 237 statements had reached consensus upon completion of the Delphi study. This represented 21.9% of the total number of statements. Of these 20 reached consensus at > 90% and 32 reached consensus at > 80%.

Conclusion: The use of a Delphi study achieved consensus in aspects of hospital institutional capacity that can be translated into practical recommendations for implementation by the local