Methodology, results, and discussion: This was a qualitative, descriptive, exploratory study conducted with health professionals from different areas in a medium- and low-complexity hospital in the interior of São Paulo. Data were collected through semi-structured interviews using Google Forms with 350 participants and analyzed using Bardin's content analysis technique (2011). Professionals reported that low-quality alcohol products—strong odor, sticky texture, slow drying time, or causing skin irritation—discourage frequent use. Preference for products with good sensory characteristics and quick absorption was recurrent. Perceived effectiveness was also linked to confidence in the product. In addition, it was observed that when professionals participate in product selection, adherence tends to be higher.

Conclusion: The quality of the alcohol-based product significantly influences adherence to hand hygiene. Health care institutions should consider professionals' preferences when selecting these products, prioritizing formulations that provide comfort and safety. Such measures may contribute to increased adherence and, consequently, to reduced health care–associated infections.

Keywords: Hand Hygiene, Patient Safety, Infection Prevention, Adherence, Product Quality.

https://doi.org/10.1016/j.bjid.2026.105320

691

ADHERENCE TO HEALTH CARE–ASSOCIATED INFECTION PREVENTION MEASURES IN AN INTENSIVE CARE UNIT OF A TERTIARY TEACHING HOSPITAL AND ITS IMPACT ON INFECTION AND COLONIZATION DENSITIES BY MULTIDRUG-RESISTANT MICROORGANISMS

Luciana de Oliveira Matias *,
Renata da Rocha Flud,
Sandra Gomes de Barros Houly,
Letícia Sandre Vendrame Saes,
Michelle Oliveira Max,
Diego Cassola Pronunciato, Felipe Alberto Lei,
Samily Aquino de Sá Oliveira,
Caio de Castro Novais, Karen de Castro Baubab,
Josiane Trevisol Leal, Diogo Boldim Ferreira,
Eduardo Alexandrino Medeiros

Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil

Introduction: Hand hygiene and the use of personal protective equipment (PPE) are among the recommended measures to prevent the spread of antimicrobial multidrug-resistant microorganisms (MDR) in health services. Objectives: To evaluate the impact of a multimodal intervention on hand hygiene practices, PPE use by health professionals, HAI density, and patient colonization by MDR.

Methods: A quasi-experimental study conducted in an adult ICU at a hospital in São Paulo, developed over three periods: pre-intervention (08/01–10/31/2023), multimodal intervention (11/01/2023–04/30/2024), and post-intervention (05/01–10/31/2024). In the first period, professionals maintained their usual hand hygiene and PPE practices for MDR contact precautions. During the intervention, trainings were conducted; educational videos and leaflets were provided; supplies for hand hygiene were made available (one bottle of alcohol gel per bed); reminder posters were placed in the unit; and feedback on evaluation results was given. In the post period, the implemented measures were maintained. Hand hygiene was considered "compliant" when performed according to the WHO's 5 moments and without wearing jewelry/adornments. PPE use was considered "compliant" when the correct sequence of donning and/or doffing was observed. HAIs were reported according to ANVISA criteria. To identify patients colonized with MDR, rectal swabs were collected upon ICU admission and weekly until discharge. ICU-acquired colonization was defined as a positive culture from the 3rd day of ICU stay onward.

Results: A total of 1,188 hand hygiene evaluations were performed; mean adherence by study period was 50%, 52.67%, and 66.5% ($p > 0.05$), respectively. Regarding PPE use, 356 observations were made; means were 32.33%, 46.17%, and 45.17% ($p = NS$). Mean HAI densities due to MDR per 1,000 patient-days were 2.23, 5.45, and 3.83 ($p = NS$). Mean MDR colonization densities per 1,000 patient-days were 19.5, 11.43, and 8.03 ($p < 0.001$).

Conclusion: The multimodal intervention contributed to better professional practices related to HAI prevention measures and had a significant impact on reducing MDR colonization density.

Keywords: Intensive Care Units, Multidrug Resistance, Personal Protective Equipment, Hand Hygiene, Health Care –Associated Infection.

https://doi.org/10.1016/j.bjid.2026.105321

692

AMEBA: A PLAYFUL AND INNOVATIVE TOOL FOR MULTIDISCIPLINARY DISCUSSION OF HEALTH CARE–ASSOCIATED INFECTIONS BASED ON THE PDSA CYCLE

Tassiana Rodrigues dos Santos Galvão *,
Danilo Galvão Teixeira,
Ana Paula Bento Maia Lima,
Dulcilane Saraiva da Silva,
Rebecca Wagner Saad Quintela Pirotto

Hospital Geral de Itapevi, Itapevi, SP, Brazil

Introduction: Health care–associated infections (HAIs) remain among the main hospital challenges, affecting patient safety, length of stay, and costs. Structured, multidisciplinary analysis of these cases can generate learning and process improvements. For this purpose, the "AMEBA" methodology was created, bringing together five HAI causative axes: Environment, Materials, Team, Bundles, and Companion/Patient.