

Avant Original™ Instant Hand Sanitizer: A Clinical Perspective



An interview with
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This Clinical Perspective is underwritten by B4 Brands.

Dr. Booth's comments were taken from an interview conducted by representatives of B4 Brands.

The information contained in this article may not be typical of all hospitals and alternate care facilities.

Dr. Jason Booth is a family practice physician with MercyCare Vernon Village, in Cedar Rapids, Iowa. Dr. Booth recently implemented Avant Original™ Instant Hand Sanitizer throughout his practice. MercyCare Vernon Village is an affiliate of Mercy Medical Center of Cedar Rapids, one of the most respected healthcare organizations in the Midwest United States.

Hospital Acquired Infections

Two million people each year become ill as a result of hospital acquired infections (HAI).ⁱ An average of seven to ten percent of adult patients, and as high as thirty percent of critically ill patients, are infected during hospital stays. Nearly 20,000 patients die each year as a direct result of these infections. Hospital acquired infections contribute to the deaths of another 80,000 patients.ⁱⁱ The estimated annual cost to treat HAI is a staggering \$4.5 billion.ⁱⁱⁱ A study by the CDC has shown that approximately one third of HAIs can be prevented by implementing infection surveillance and following proper infection control guidelines.^{iv}

Hand Hygiene Compliance

Hand washing with soap and warm water has been standard hand hygiene protocol for decades. Healthcare workers were expected to wash their hands before and after every patient contact. However, as a result of the vast amount of time

required to effectively wash hands, and prevalent skin irritation, hand hygiene compliance has typically been low, approximately 50%. The 2002 CDC Hand Hygiene Guidelines were a tremendous shift in the way that healthcare workers conduct patient care and daily operations. "Time was without a doubt the primary impediment to full hand hygiene compliance in my office. Alcohol-based hand antiseptics reduce the time required to comply with guidelines," said Booth. The CDC guidelines allow physicians and nurses the opportunity to dramatically reduce the time they spend on hand hygiene and focus greater attention on patient care. Therefore, the quantifiable financial benefits of using an alcohol-based antiseptic involve both the staff efficiency and reductions in HAI costs resulting from full compliance.

Advantages of Waterless Hand Antiseptics

The two primary benefits of implementing Avant Original™ into Dr. Booth's practice have been consistent hand hygiene compliance of staff and efficiency improvements in the practice as a result of the product's ease of use. "My staff and I are able to quickly sanitize our hands when we enter the patients' room and move directly to serving the patients' needs," said Booth. Because Avant Original™ is quick and easy to use, compliance is easier. Efficacy is also an advantage. CDC guidelines state that alcohol-based hand antiseptics containing between 60-90% alcohol are generally more effective than hand washing. "The CDC's statement of alcohol-based products' efficacy is a strong endorsement that makes me confident that we are protecting patient safety to the highest degree possible." Patient perception of quality is also a tremendous benefit. "Patients see me and my staff using the product and they realize that we care

about protecting them from illness and that we are on top of new developments in patient safety and protection,” said Booth. Skin integrity is also a benefit of using Avant Original™. “My hands often became dry and cracked during the cold winter months of Iowa due to the numerous times that I would wash my hands. Now, with Avant Original™ my hands stay moisturized even after using the product thirty times per day.”

Product Selection Considerations

A variety of alcohol-based hand antiseptics are now available on the market. Products vary in alcohol and emollient content as well as acceptance features such as smell, consistency, and color. Cost and dispensing options are additional considerations central to the selection process. “After reading the CDC Hand Hygiene Guidelines and reviewing efficacy data, I was convinced that Avant Original™ was effective at sanitizing our hands. In addition, the product’s feel and consistency was well received by our staff,” said Booth. The speed with which Avant Original™ evaporates from the skin is also a compelling advantage. Healthcare workers are able to quickly use the product and move to patient care. “I’m able to dispense a couple of ccs of the product and begin my evaluation of the patient verbally while I rub my hands together. I no longer have to have my back to the patient while washing my hands.” Avant Original™ is available in a variety of dispensing options. “I prefer the semi-stationary pump bottles because they are simple to use and can be moved to high-traffic areas,” said Booth.

About Avant Original™

Avant Original™ contains 60% ethanol, two moisturizers and two skin conditioners, Vitamin A and Vitamin E. Avant Original™ is available in several dispensing options from portable, personal sizes to stationary and semi-stationary dispensers. Avant Original™ has undergone in vitro and in vivo testing proving broad-spectrum product efficacy. The product has also undergone Repeat Insult Patch Testing (RIPT) to prove the product does not irritate skin.

References:

ⁱ Haley RW, Culver DH, White JW, Morgan WM, Emori TG. The nationwide nosocomial infection rate: a new need for vital statistics. *Am J Epidemiol* 1985;121:159-67. Haley RW, Culver DH, White JW, et al. The efficacy of infection surveillance and control programs in preventing nosocomial infections in U.S. hospitals. *Am J Epidemiol* 1985;121:182-205.

ⁱⁱ Maki DG. Nosocomial infection in the intensive care unit. In: Parrillo JE, Bone RC, eds. *Critical Care Medicine: Principles of Diagnosis and Management*. St. Louis, Mo: Mosby; 1995:893-954.

ⁱⁱⁱ Martone WJ, Jarvis WR, Culver DH, Haley RW. Incidence and nature of endemic and epidemic nosocomial infections. In: Bennett JV, Brachman PS, eds. *Hospital infections*. Boston: Little, Brown, and Company, 1992;577-96.

^{iv} Haley RW, Culver DH, White JW, et al. The efficacy of infection surveillance and control programs in preventing nosocomial infections in US hospitals. *Am J Epidemiol*. 1985;121:182-205.