

Keeping the hand hygiene agenda alive: Acting on data and the influence of global surveys
Prof. Didier Pittet, World Health Organisation
Broadcast live from the 45th Middle East Medical Assembly (www.mema.aub.edu.lb)

**WHO First Global Patient Safety Challenge:
Clean Care is Safer Care**

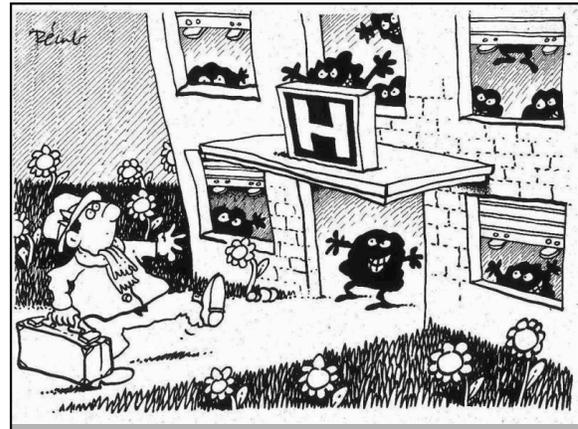
**Keeping the hand hygiene agenda
alive: acting on data and the
influence of global surveys**

Professor Didier Pittet
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Broadcast live from the
 45th Middle East Medical Assembly,
 Beirut, Lebanon

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 Middle East Medical Assembly
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 Clean Your Hands
 www.webbertraining.com | May 3, 2012



Outline

- *Clean Care is Safer Care*: Oct 2005-April 2012
- 1st results of the WHO Hand Hygiene Self-Assessment Framework global survey
- New on 5 May 2012!
- What's next?

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Allegretti B et al. Lancet 2011;377:228-41

Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis

Published on 5 May 2011
<http://www.who.int/gpsc/en/>

Report on the Burden of Endemic Health-Care-Associated Infection Worldwide

Clean Care is Safer Care

Health-care-associated infection in Africa: a systematic review

Systematic reviews

Health-care-associated infection in Africa: a systematic review

Methods

Introduction

Background

Conclusions

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Bagheri Nejad S, et al. Bull OMS 2011;89:757-765

Through the promotion of best practices in hand hygiene and infection control, *Clean Care is Safer Care* aims to reduce health care-associated infection (HAI) worldwide

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Clean hands reduce the burden of infection



From 1975 to Feb 2011, at least 27 studies demonstrated the effectiveness of hand hygiene improvement to reduce HAI



• Pittet D. Lancet 2005; 366:185-86
 • Allegranzi B and Pittet D. J Hosp Infect 2009;73:305-15



Political commitment is essential to achieve improvement in infection control

Ministerial pledges to the 1st Global Patient Safety Challenge

I resolve to work to reduce health care-associated infection (HCAI) through actions such as:

- acknowledging the importance of HCAI;
- hand hygiene campaigns at national or sub-national levels;
- sharing experiences and available surveillance data, if appropriate;
- using WHO strategies and guidelines...



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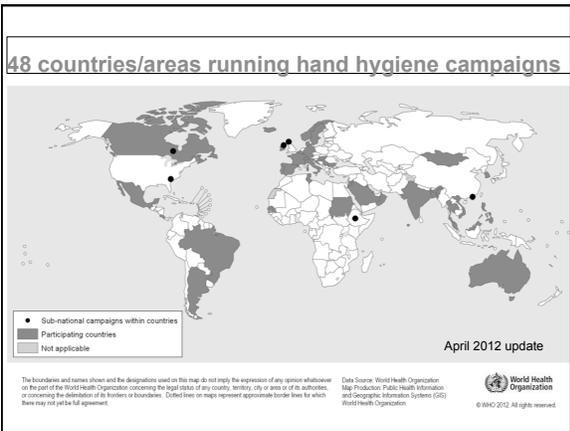
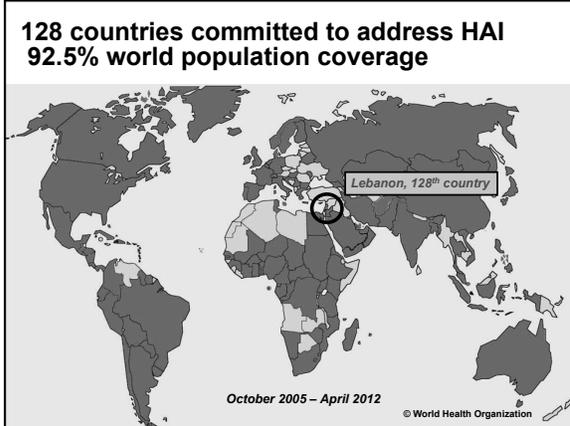
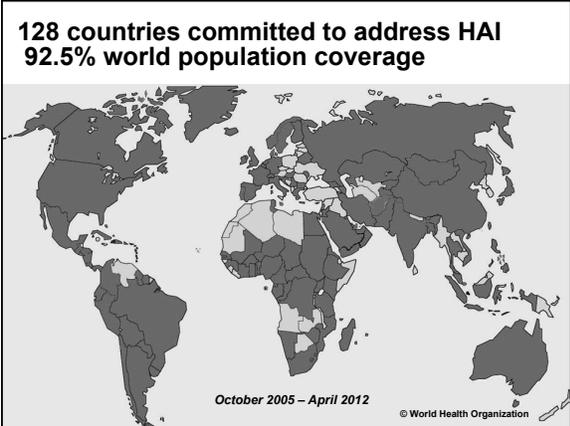

Kabul, Afghanistan - April 2012

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Implementation strategy and toolkit for the WHO Guidelines on Hand Hygiene in Health Care

Knowledge & evidence → Action

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What is the WHO Multimodal Hand Hygiene Improvement Strategy?

Based on the evidence and recommendations from the WHO Guidelines on Hand Hygiene in Health Care, made up of **5 core components**, to improve hand hygiene in health-care settings

- ONE System change**
Alcohol-based handrubs at point of care and access to safe continuous water supply, soap and towels
- TWO Training and education**
Providing regular training to all health-care workers
- THREE Evaluation and feedback**
Monitoring hand hygiene practices, infrastructure, perceptions, & knowledge, while providing results feedback to health-care workers
- FOUR Reminders in the workplace**
Prompting and reminding health-care workers
- FIVE Institutional safety climate**
Individual active participation, institutional support, patient participation

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The My Five Moments approach

Making it easier to

- understand
- remember
- practice

the hand hygiene indications at the point of care

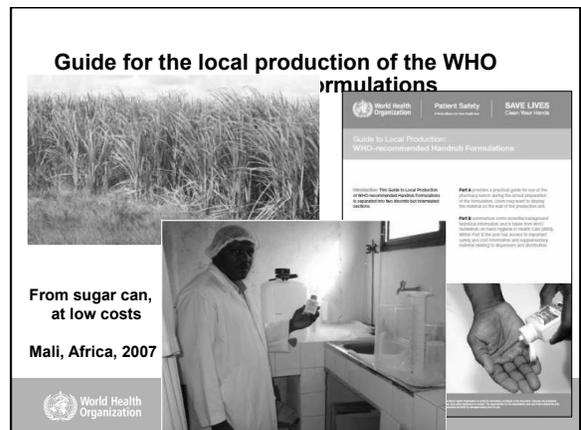
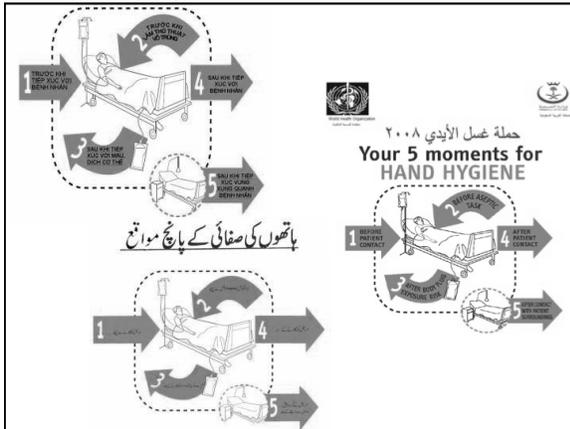
My 5 moments for HAND HYGIENE

Sax H, Allegranzi B, Uçkay I, Larson E, Boyce J, Pittet D. *J Hosp Infect* 2007;67:9-21

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From country pledges

.. to patient point of care

My 5 moments for HAND HYGIENE

WHO SAVE LIVES: Clean Your Hands

- To maintain a global profile on the importance of hand hygiene in health care to reduce health care-associated infections and enhance patient safety worldwide
- **Every 5 May** – WHO, bringing people together to improve and sustain hand hygiene

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Hand hygiene must still be improved in 2012

But we have seen some success

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5 May 2011
Where do YOU stand on hand hygiene?

- ***It's time to move from commitment to sustained action on hand hygiene improvement!***
- The key objective for **5 May 2011** was to have all registered health-care facilities assess their hand hygiene practices through:
WHO Hand Hygiene Self-Assessment Framework (HHSAF)
a validated tool to obtain a situation analysis of hand hygiene promotion and practices and identify the level of progress within YOUR health-care facility

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Hand Hygiene Self-Assessment Framework

Aims of the Framework

1. Provides a systematic **situation analysis** of hand hygiene structures, resources, promotion and practices within a health-care facility
2. Facilitates development of an **action plan** for strengthening the facility's hand hygiene improvement programme
3. Documents **progress** over time through repeated use

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Structure of the HHSAF

5 Components

1. System Change
2. Education and Training
3. Evaluation and Feedback
4. Reminders in the Workplace
5. Institutional Safety Climate

} WHO Multimodal Hand Hygiene Improvement Strategy

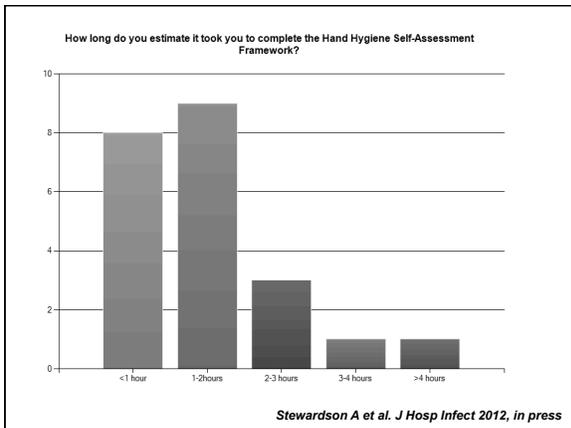
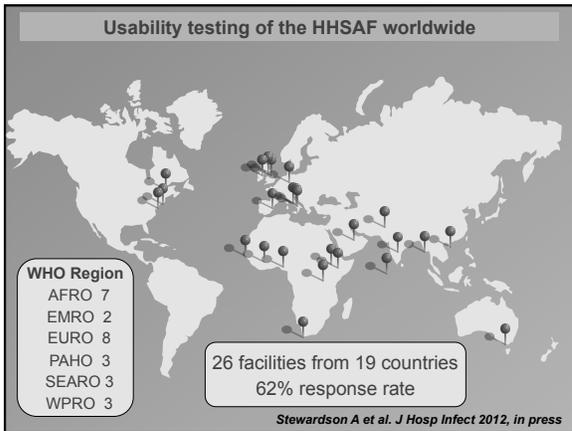
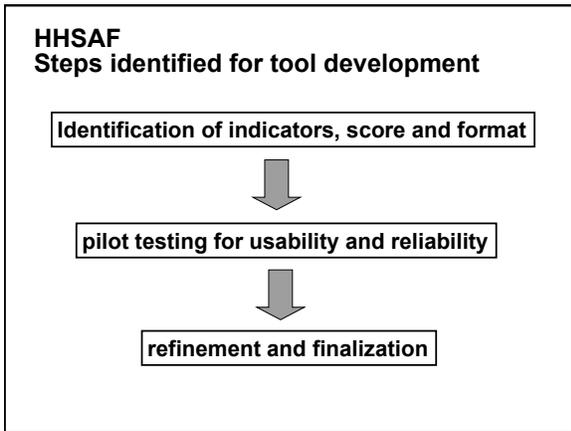
27 Indicators

- Reflecting key elements of each component

Hand Hygiene Self-Assessment Framework 2009

English, French, Spanish, Italian, Arabic, Portuguese, Vietnamese

<http://www.who.int/gpsc/5may/en/>



HHSAF Tested for reliability worldwide

- Complete reliability responses from 41 facilities in 16 countries
- Using the variance components model, with a level of <0.4 as the pre-determined cut-off for poor reliability
- Reliability for the total score for the HHSAF and the subtotal of each of the five components ranged from 0.54 to 0.86

Stewardson A et al. J Hosp Infect 2012, in press

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System Change subtotal 50 / 100

Interpretation:

1. Add up your points.

Component	Subtotal
1. System Change	85
2. Education and Training	60
3. Evaluation and Feedback	55
4. Reminders in the Workplace	70
5. Institutional Safety Climate	65
Total	335

2. Determine the assigned "Hand Hygiene Level" for your facility.

Total Score (range)	Hand Hygiene Level
0 - 125	Inadequate
126 - 250	Basic
251 - 375	Intermediate (or Consolidation)

HHSAF score and hand hygiene levels

Components attributed 100 points

- Each indicator assigned a score - *Weighted for importance*

"Hand hygiene level"

- Inadequate (0-125)
- Basic (126-250)
- Intermediate (251-375)
- Advanced (376-500)
- Leadership

4 levels of HH promotion and practice

- Inadequate:** HH practices and promotion are deficient. Significant improvement is required.
- Basic:** some measures are in place, but not to a satisfactory standard. Further improvement is required.
- Intermediate:** an appropriate HH promotion strategy is in place and HH practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
- Advanced:** HH promotion and optimal HH practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

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Leadership: your facility is a reference centre and contribute to the promotion of HH through research, innovation and information sharing.





WHO HHSAF Global Survey

- April-December 2011
- Main objective:** to evaluate the current status of hand hygiene infrastructure, promotional activities, performance monitoring and feedback, and institutional commitment in health-care facilities around the world
- Invitations to participate to all health-care facilities registered for **SAVE LIVES: Clean Your Hands** and submit their HHSAF results online
- Strict confidentiality kept on the facility's identity





WHO HHSAF Global Survey: 1st results

- 2119 health-care settings from 69 countries
- 70% of facilities (736/1050) registered for the WHO "Save Lives: Clean Your Hands" initiative
- 74% of facilities (1564/2119) involved in a national campaign on hand hygiene

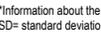




HHSAF 1st Survey: Facilities' characteristics

Characteristics	Total
Number of countries	69
Number of participating health-care facilities*	2119
Type of facility, n (%)	
Public	747 (71)
Private	302 (29)
Facility pattern, n (%)	
Teaching	232 (22)
General	813 (78)
Type of care, n (%)	
Acute care	513 (48)
Long-term care	132 (12)
Acute and long-term	259 (24)
Other	172 (16)
Mean number of beds per facility (±SD)	318 (444)

*Information about the variables included in the table were not provided by all health-care facilities
SD= standard deviation





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Overall HHSAF score and level in participating facilities

	Values
Overall score, mean±SD (range)	292.5±100.6 (0-500)
Hand hygiene level, n (%)	
Inadequate	111 (5)
Basic	631 (30)
Intermediate (or consolidation)	864 (41)
Advanced (or embedding)	488 (24)
Proportion of centres among leadership hospitals with a score ≥12 (%)	393/471 (83)

SD= standard deviation

HHSAF 1st Survey: Results by region (1)

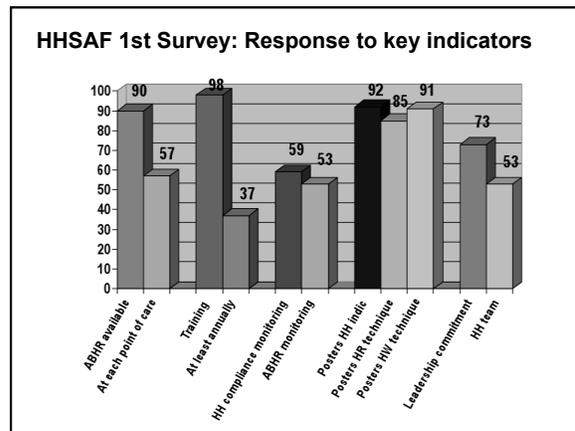
	Region		
	Africa	Americas	Eastern Mediterranean
Number of countries	10	13	11
Number of participating facilities	55	1127	159
Overall score, mean±SD (range)	218.5±94.8 (0-420)	265.1±104.2 (20-500)	327.1±92.4 (95-495)
Hand hygiene level, n (%)			
Inadequate	7 (13)	97 (9)	2 (1)
Basic	26 (48)	441 (40)	35 (22)
Intermediate (or consolidation)	18 (33)	385 (35)	68 (44)
Advanced (or embedding)	3 (6)	190 (17)	51 (33)
Proportion of centres with a leadership score ≥12, n (%)	2 (67)	157 (86)	45 (88)

SD= standard deviation

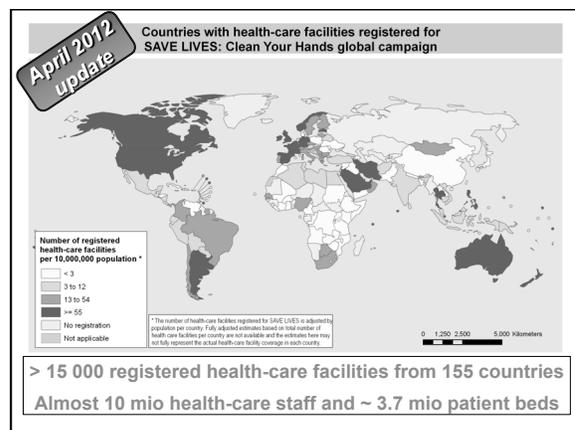
HHSAF 1st Survey: Results by region (2)

	Region		
	Europe	South East Asia	Western Pacific
Number of countries	24	3	8
Number of participating facilities	615	11	152
Overall score, mean±SD (range)	324.6±76.3 (30-495)	364.8±61.0 (270-490)	351.8±89.4 (132.5-490)
Hand hygiene level, n (%)			
Inadequate	5 (1)	0 (-)	0 (-)
Basic	101 (17)	0 (-)	28 (18)
Intermediate (or consolidation)	340 (56)	7 (64)	46 (31)
Advanced (or embedding)	163 (27)	4 (36)	77 (51)
Proportion of centres with a leadership score ≥12, n (%)	121 (78)	3 (75)	65 (85)

SD= standard deviation



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Health-care facilities registered for SAVE LIVES: Clean Your Hands 2009-2012

SAVE LIVES: Clean Your Hands

10 000 10 500 11 000 11 500 12 000 12 500 13 000 13 500 14 000 14 500 15 000

= number of hospitals registered May 2010

World Health Organization Patient Safety SAVE LIVES Clean Your Hands

Special announcement – 5 new countries with registrations for SAVE LIVES: Clean Your Hands in 2012

Number of registered health-care facilities per 10,000 population*

- < 3
- 3 to 12
- 13 to 54
- >= 55
- No registration
- Not applicable

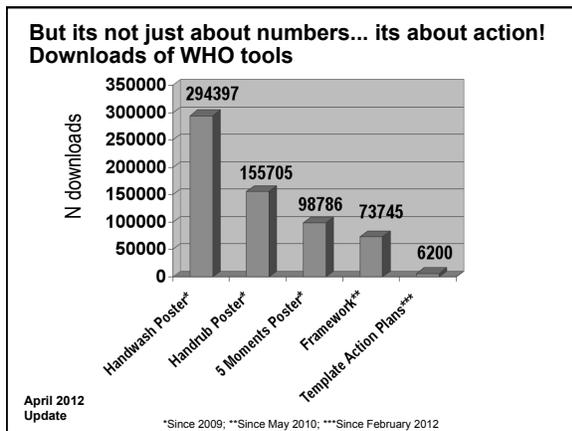
* The number of health-care facilities registered for SAVE LIVES is adjusted by population per country. Fully adjusted estimates based on total number of health-care facilities per country are not available and the relative bars may not fully represent the actual health-care facility coverage in each country.

The boundaries and names shown on the map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of the authorities or concerning the distribution of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be a firm agreement.

Data Source: World Health Organization, World Population, Public Health Information and Geographic Information Systems (GIS) Unit/World Health Organization

Afghanistan, Republic of Moldova, Tuvalu, Vanuatu, Zambia

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5 May 2012 - What's YOUR Plan?

WHO call for action

- Based on your facility's HHSAF results, make YOUR targeted **Action Plan** to improve and sustain hand hygiene!
- Identify at least one or more actions that can be accomplished by or on 5 May 2012 to show YOUR facility's commitment to improving hand hygiene!
- Share with WHO your web page link featuring your plans!
- Celebrate on 5 or 7 May!

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Assessment → Action

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Your Action Plan for Hand Hygiene Improvement Template Action Plan for WHO Framework Intermediate Results

- System change**: Update policies, procedures, regulations to include the use of alcohol-based hand rub (ABHR) in all patient care areas. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.
- Training/education**: Develop and implement a hand hygiene training program for all staff. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.
- Evaluation & feedback**: Monitor and evaluate hand hygiene performance. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.
- Remember to workplace**: Ensure that all staff are aware of the importance of hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.
- Safety climate**: Foster a culture of safety where hand hygiene is a priority. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.

English, French, Spanish, Italian, Portuguese, Arabic

http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2012/en/index.html

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Your Action Plan for Hand Hygiene Improvement Template Action Plan for WHO Framework Inadequate/Basic Results

- General**: Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.
- System change**: Update policies, procedures, regulations to include the use of alcohol-based hand rub (ABHR) in all patient care areas. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.
- Training/education**: Develop and implement a hand hygiene training program for all staff. Review and update policies, procedures, regulations, and standards for hand hygiene. Review and update policies, procedures, regulations, and standards for hand hygiene.

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Your Action Plan for Hand Hygiene Improvement Template Action Plan for WHO Framework Advanced/Leadership Results

- System change**: Assessment – assess tolerability and acceptability of the alcohol-based hand rubs (ABHR) in use among health-care workers and use this information to motivate them to continue to preferentially use ABHRs. Hand hygiene products – make multiple types of dispensers in a proper format, well-dispersed, dispensers available on trolleys and bed rails available to best meet the needs at the point of care. Management support – engage with experts to make a cost-benefit analysis of system change to your organization and share with executive leaders.
- Training/education**: Intro-facility education – maintain mandatory education on hand hygiene for new employees and continuous training for all staff by using multiple and innovative educational methods. Integration and alignment – embed hand hygiene in all services, protocols, standard operating procedures, and care bundles, when applicable. Site facility education – recognize the inclusion of hand hygiene within unit-level curricula – organize an annual course on hand hygiene and infection control to train business and clinicians in your area.

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Examples – Facilities' Action Plans from around the world

The collage includes several documents and a chart. On the left, there are three boxes labeled 'System Change', 'Training & Education', and 'Evaluation & Feedback'. In the center, there's a document from 'Al Garbia Hospitals' with Arabic text. On the right, there's a 'SAVE LIVES' chart with a table of data.

Country	Facility	Compliance %
USA	St. Vincent's Hospital	54
USA	St. Vincent's Hospital	49
USA	St. Vincent's Hospital	31
USA	St. Vincent's Hospital	14
USA	St. Vincent's Hospital	8



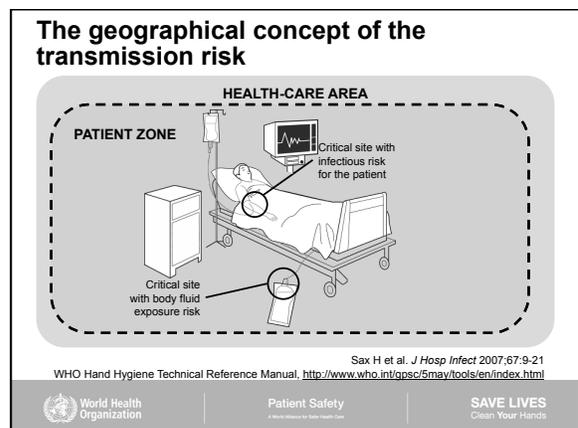
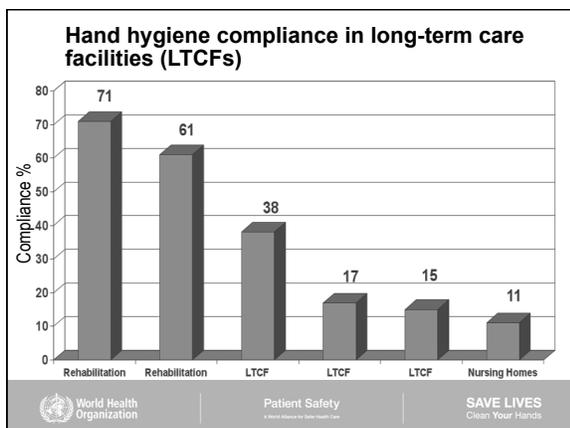
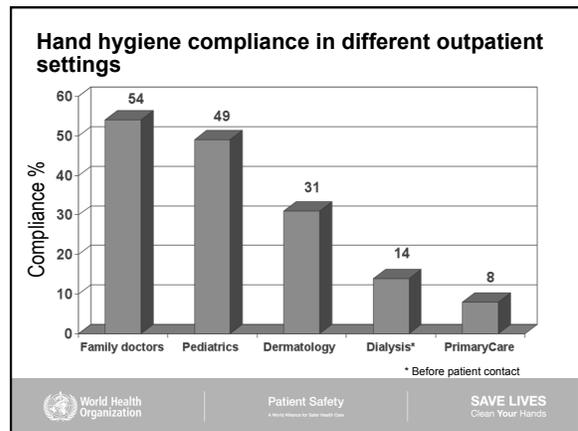
New for 2012

SAVE LIVES Clean Your Hands

Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities

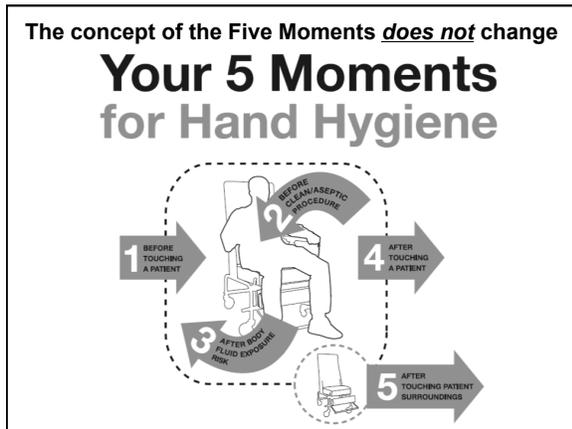
A Guide to the Application of the WHO Multimodal Hand Hygiene Improvement Strategy and the "My Five Moments for Hand Hygiene" Approach

World Health Organization

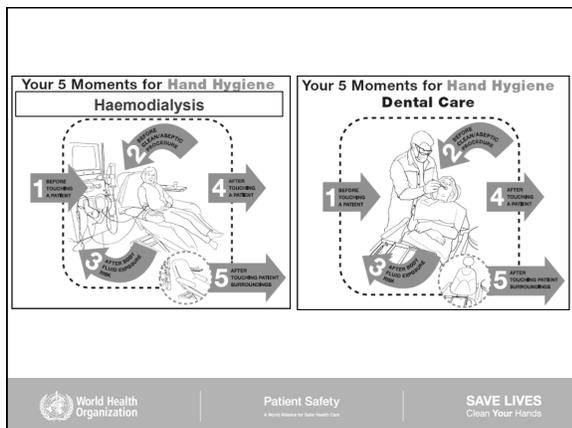
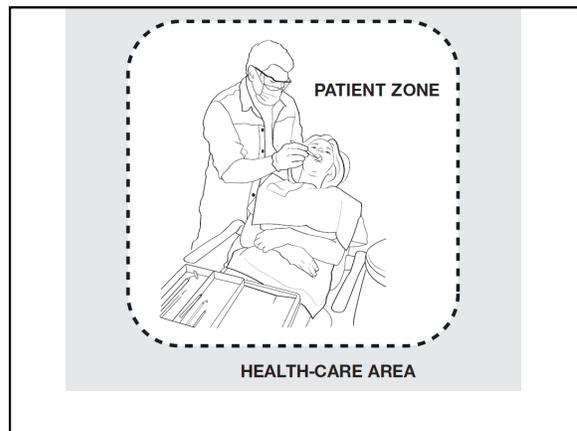
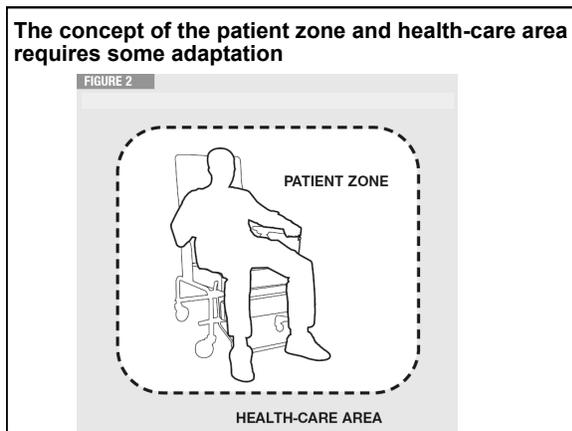


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- ### Practical examples
- Public vaccination campaign
 - Blood drawing in a laboratory
 - Visit to a general practitioner's office
 - Mother-and-child consultation in a health post
 - Consultation in an emergency polyclinic
 - Home care
 - Chest radiograph in a diagnostic centre
 - Haemodialysis in a specialized ambulatory clinic
 - Labour and delivery assistance
 - Dental care in a clinic
 - Long-term care facilities



- ### The patient zone concept in primary care
- In primary care settings, in many cases no "zone" is temporarily dedicated to a patient **exclusively**
 - The patient's access to health-care is limited to a short time and the space allocated to care delivery accommodates numerous successive patients
 - The time required for actual contamination of the surroundings by patient's flora is basically unknown
 - *In these conditions the concept of patient zone coincides with the patient him/herself*

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It requires adaptation!

Your 5 Moments for Hand Hygiene Haemodialysis

Your 5 Moments for Hand Hygiene Dental Care

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It requires adaptation!

Your Moments for Hand Hygiene Vaccination Campaign

Your Moments for Hand Hygiene Paediatric Consultation

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Your Moments for Hand Hygiene Care in a residential home

1 BEFORE TOUCHING A PATIENT	• To prevent the patient's germs from spreading to your hands.
2 BEFORE ASEPTIC PROCEDURE	• To prevent the patient's germs from spreading to the aseptic procedure.
3 AFTER BODY FLUID EXPOSURE RISK	• To prevent your hands from spreading other germs to the patient's skin or the aseptic procedure.
4 AFTER TOUCHING A PATIENT	• To prevent your hands from spreading germs to the environment from hand-to-hand contact.

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New for 2012!
Translations and adaptation update – making it easier for people to take action

- Hand hygiene tools in Russian
- French and Spanish posters for outpatient care
- New adapted tools for health-care workers' education on hand hygiene in outpatient care

New for 2012

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Australian College of Midwives WA Branch

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New for 2012!
Private Organizations for Patient Safety (POPS) launch

Led by the WHO Patient Safety program, **POPS** is a global community

- sharing sound objective information,
- promoting compliance with WHO recommendations, and
- enhancing hand hygiene product availability and accessibility in all parts of the world.

New for 2012

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A Webber Training Teleclas
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Keeping the hand hygiene agenda alive: Acting on data and the influence of global surveys
Prof. Didier Pittet, World Health Organisation
Broadcast live from the 45th Middle East Medical Assembly (www.mema.aub.edu.lb)

Outline

- *Clean Care is Safer Care: Oct 2005-April 2012*
- 1st results of the WHO Hand Hygiene Self-Assessment Framework global survey
- New on 5 May 2012!

- **What's next?**

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What's next?

Health-care facilities:

1. **Commit** = register for **SAVE LIVES: Clean Your Hands** (if not already)

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What's next?

Health-care facilities:

2. **Track progress** = use the WHO HHSAF

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What's next?

Health-care facilities:

3. **Plan actions** = address the components of the WHO multimodal improvement strategy, use WHO Template Action Plans, hand hygiene improvement tools and plan reuse of the HHSAF

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What's next?

Health-care facilities:

4. **Communicate** = share activities in support of **SAVE LIVES: Clean Your Hands** with others by presenting information on local web pages

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What's next?

Health-care facilities:

5. **Become a leader hospital** = lead others towards excellence

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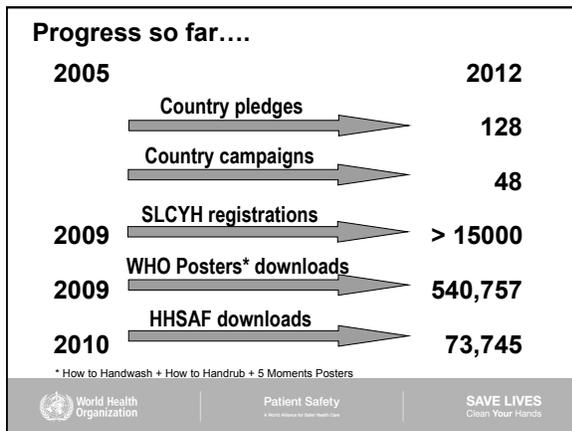
Asia-Pacific/European Award for Excellence in Hand Hygiene promotion



Leadership

your facility is a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing

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Thank you for your support – the impact is being felt all around the globe

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Asking questions is not possible through this teleclass
 Find all information at www.who.int/gpsc/5may
 Send enquiries to didier@webbertraining.com
 or to savelives@who.int

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2012 WHO Teleclasses	
February 8 Behavioural Change in Infection Prevention and Control, Prof. Andreas Voss	Clean Care is Safer Care
March 7 Achievements in Improving Injection Safety Worldwide, Dr. Selma Khamassi	August 8 Processing Medical Devices in Settings with Limited Resources, Dr. Nizam Damani
April 17 Implementing Change: The Technical & Socio-Adaptive Aspects of Preventing Catheter-Associated Urinary Tract Infection, Prof. Sanjay Saint	September 5 Successes and Challenges in Developing and Implementing Bundles in Infection Prevention, Prof. Don Goldmann
May 7 Keeping the Hand Hygiene Agenda Alive: Acting on Data and the Influence of Global Surveys, Prof. Didier Pittet	October 2 The Role of Education in Low and Middle Income Countries, Prof. Shaheen Mehtar
June 6 Economic Impact of Healthcare-Associated Infections in Low and Middle Income Countries, Dr. A. Nevzat Yalcin	November 7 Measuring Impact: Key to Infection Control Scale-Up and Sustainability, Prof. Jacqui Reilly
July 11 Patient Involvement in Infection Control, Claire Kilpatrick	December 5 New Developments in Infection Control for Renal Dialysis, Prof. W.H. Seto

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