

From Clean Hands to Clean Hospitals, 2005 to 2022
Prof. Didier Pittet, University of Geneva, Switzerland
A Webber Training Teleclass

From Clean Hands to Clean Hospitals, 2005 to 2022

Professor Didier Pittet, MD, MS, CBE

Professor of Medicine (hon) Faculty of Medicine,
University of Geneva, Switzerland
Chair, Clean Hospitals

Hosted by Dr. Pierre Parneix
Hôpital Pellegrin, France

Former-Director of Infection Control Programme,
The Geneva University Hospitals, Switzerland

www.webbertraining.com



**at least 0.5 million
each day in hospitals only**

Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, France
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Hospital infections

500,000 patients each day

16 million **deaths** every year

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Daily impact of hospital infections in the USA....



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Daily impact of hospital infections in the USA....



Daily impact of hospital infections in the USA....



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Daily impact of hospital infections in the USA....



Daily impact of hospital infections in the USA....



Healthcare-associated infections

A silent pandemic

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Clean Hands

Where did we start ?
What did we do ?
Where are we today ?
Where do we go ?

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Clean Hands

Where did we start ?
What did we do ?
Where are we today ?
Where do we go ?

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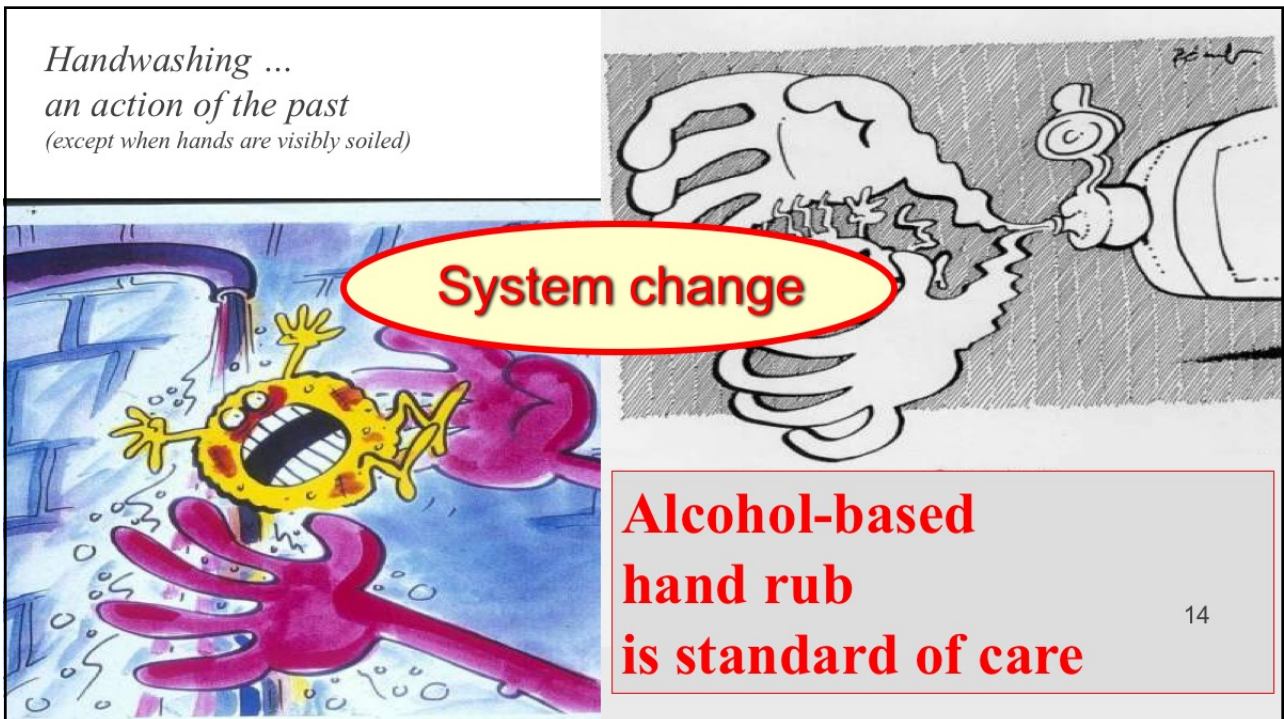
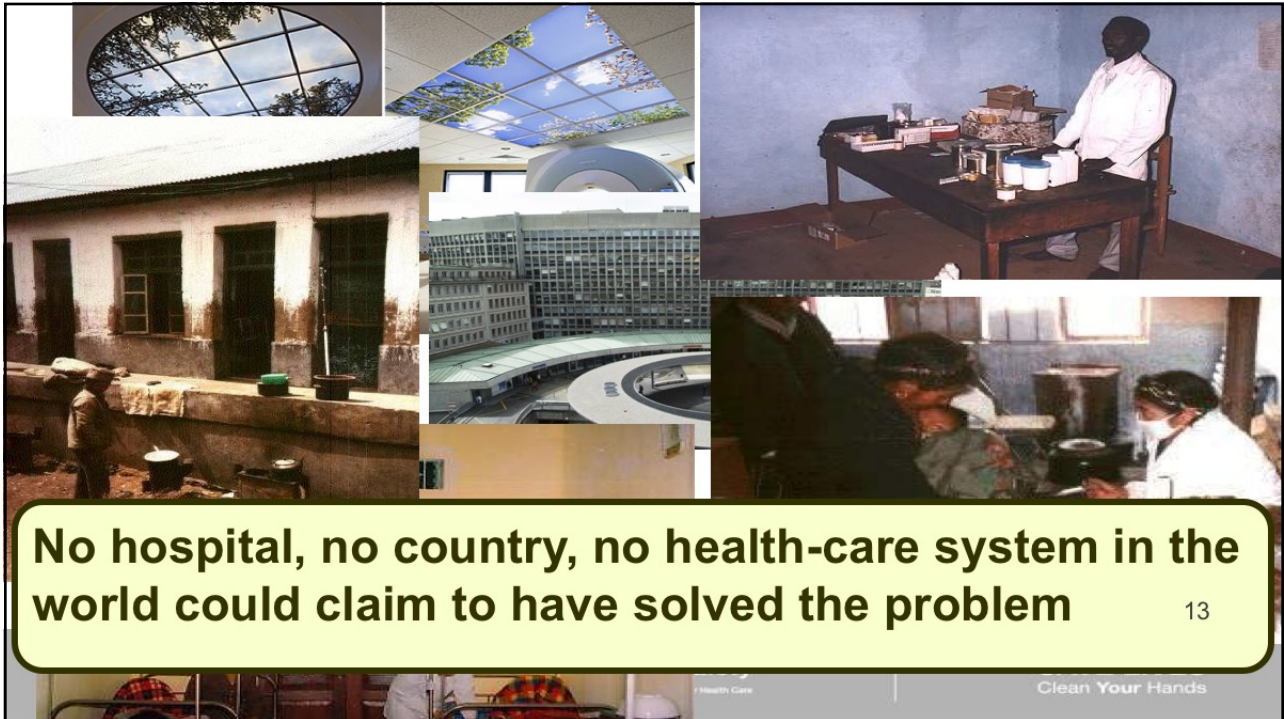


Compliance < 40%

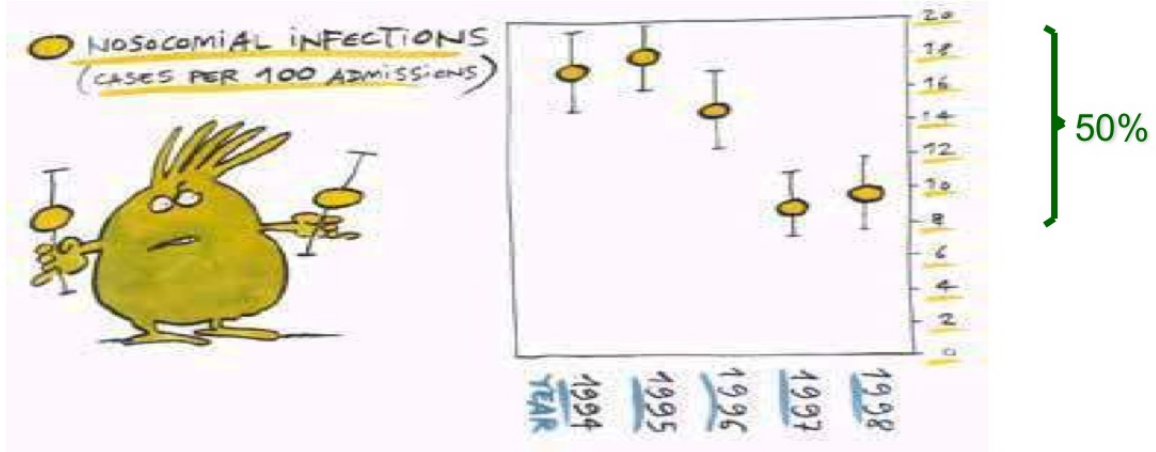
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Hospital-wide nosocomial infections; trends 1994-1998



www.hopisafe.ch

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Pittet D et al, *Lancet* 2000; 356: 1307-1312

The University of Geneva Hospitals (HUG), 8 years follow-up



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Pittet D et al, *Inf Control Hosp Epidemiol* 2004; 25:264

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Effectiveness of a hospital-wide programme to improve compliance with hand hygiene

Didier Pittet, Stéphane Hugonnet, Stephan Harbarth, Philippe Mourouga, Valérie Sauvan, Sylvie Touveneau, Thomas V Perneger, and members of the Infection Control Programme

THE LANCET Vol 256 – October 14, 2000

**« Geneva model » of hand hygiene promotion,
Reproduced with success (2002-2005)**

- ◆ in single hospitals in France, Belgium, USA, Australia ...
- ◆ in multiple hospitals in Hong Kong, Australia, Belgium, ...
- ◆ in national promotion campaigns: Belgium, the UK, Switzerland

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Clean Hands

Where did we start ?
What did we do ?
Where are we today ?
Where do we go ?

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Clean Hands

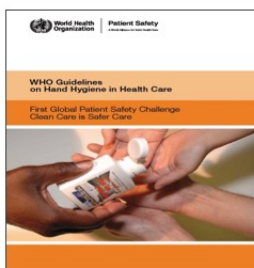
Where did we start ?
What did we do ?
Where are we today ?
Where do we go ?

- Review the evidence
- Multimodal strategy
- New guidelines
- Implementation tools
- Field testing
- Implementation strategy
- Allow for adaptation
- Promotion campaigns
- Obtain endorsement
- Monitor levels
- Train-the-Trainers (TTT)
- Drive excellence

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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 (2009), made up of **5 core components**, to improve hand hygiene in health-care settings



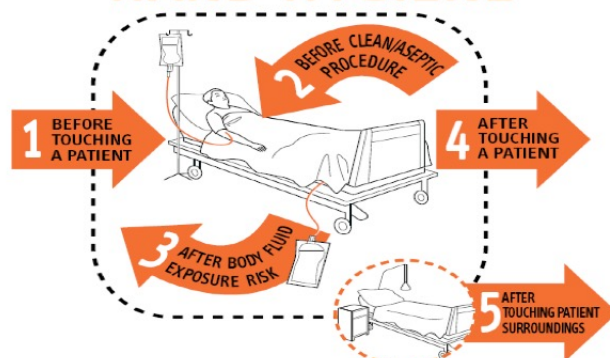
The My Five Moments approach

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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TRƯỚC KHI TIẾP XÚC VỚI BỆNH NHÂN (1)
TRƯỚC KHI LÀM THỦ THUẬT VỆ SINH (2)
SAU KHI TIẾP XÚC VỚI MÀU DỊCH CƠ THỂ (3)
SAU KHI TIẾP XÚC VỚI BỆNH NHÂN (4)
SAU KHI TIẾP XÚC VỚI MÔI TRƯỜNG BỆNH NHÂN (5)

ہاتھوں کی صفائی کے پانچ مواقع

قبل مریض سے رابطہ کرنے سے پہلے (1)
قبل صحت کی تدابیر سے پہلے (2)
مریض کے جسم سے مائع یا دیگر مایعات کے ساتھ رابطہ کرنے کے بعد (3)
مریض سے رابطہ کرنے کے بعد (4)
مریض کے ماحول سے رابطہ کرنے کے بعد (5)

World Health Organization
 2008 Campaign for Hand Hygiene
حملة غسل الأيدي ٢٠٠٨
Your 5 moments for HAND HYGIENE

1 BEFORE PATIENT CONTACT
 2 BEFORE ASEPTIC TASK
 3 AFTER BODY FLUID EXPOSURE RISK
 4 AFTER PATIENT CONTACT
 5 AFTER CONTACT WITH PATIENT SURROUNDINGS

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5 MOMENTS for Hand Hygiene
 Loh Guan Yee SPECIALISTS CENTRE

1 BEFORE TOUCHING A PATIENT
 2 BEFORE CLEAN/ASEPTIC PROCEDURE
 3 AFTER BODY FLUID EXPOSURE RISK
 4 AFTER TOUCHING A PATIENT
 5 AFTER TOUCHING PATIENT SURROUNDINGS

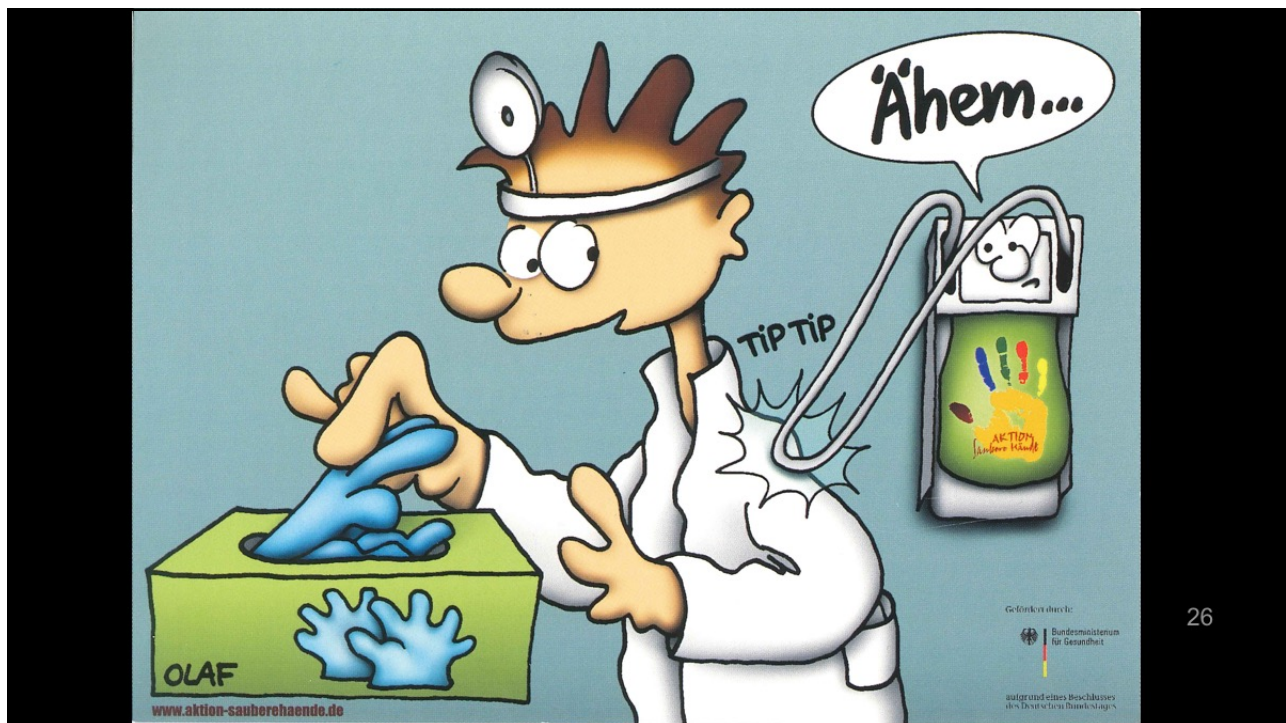
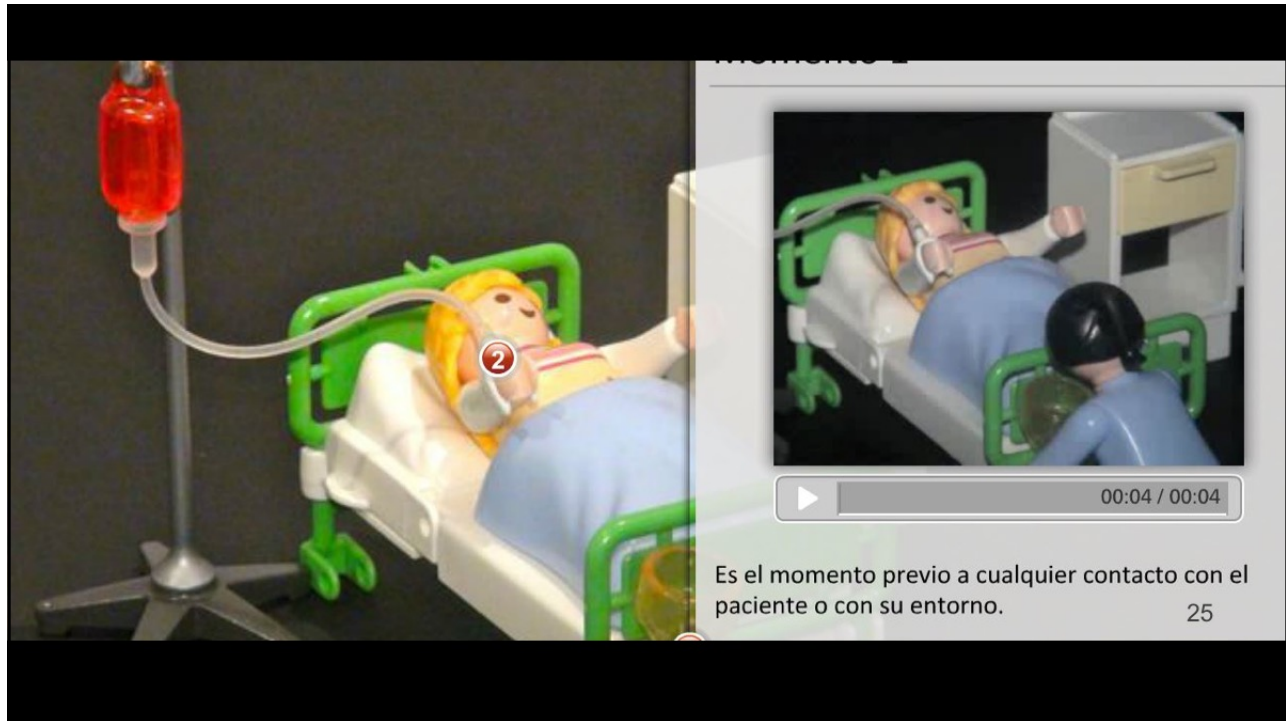
1	BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her.	WHY? To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure.	WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).	WHY? To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.	WHY? To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched.	WHY? To protect yourself and the health-care environment from harmful patient germs.

Los 4 momentos de la higiene de manos

Momento 1

Es el momento para cualquier contacto con el paciente o con su entorno.

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Adapt to Adopt



www.tinyurl.com/AdaptToAdopt

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Your 5 Moments for Hand Hygiene

1 BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching her/him. To protect the patient against harmful germs carried on your hands.
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How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: **20-30 seconds**

- 1a** Apply a palmful of the product in a cupped hand, covering all surfaces;
- 1b** Rub hands palm to palm;
- 2** Rub hands palm to palm;
- 3** Right palm over left dorsum with interlaced fingers and vice versa;
- 4** Palm to palm with fingers interlaced;
- 5** Backs of fingers to opposing palms with fingers interlocked;
- 6** Rotational rubbing of left thumb clasped in right palm and vice versa;
- 7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
- 8** Once dry, your hands are safe.

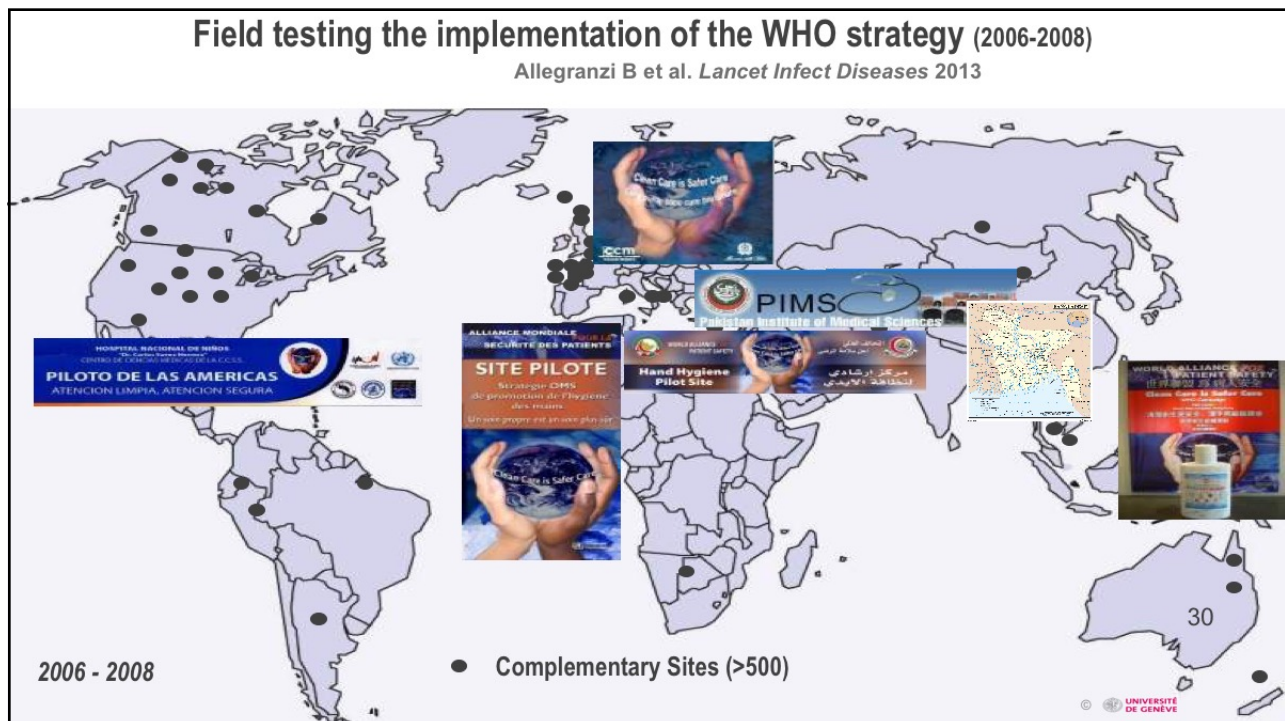
World Health Organization

Patient Safety

A WHO Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands



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Universal – WHO Essential Medicines List



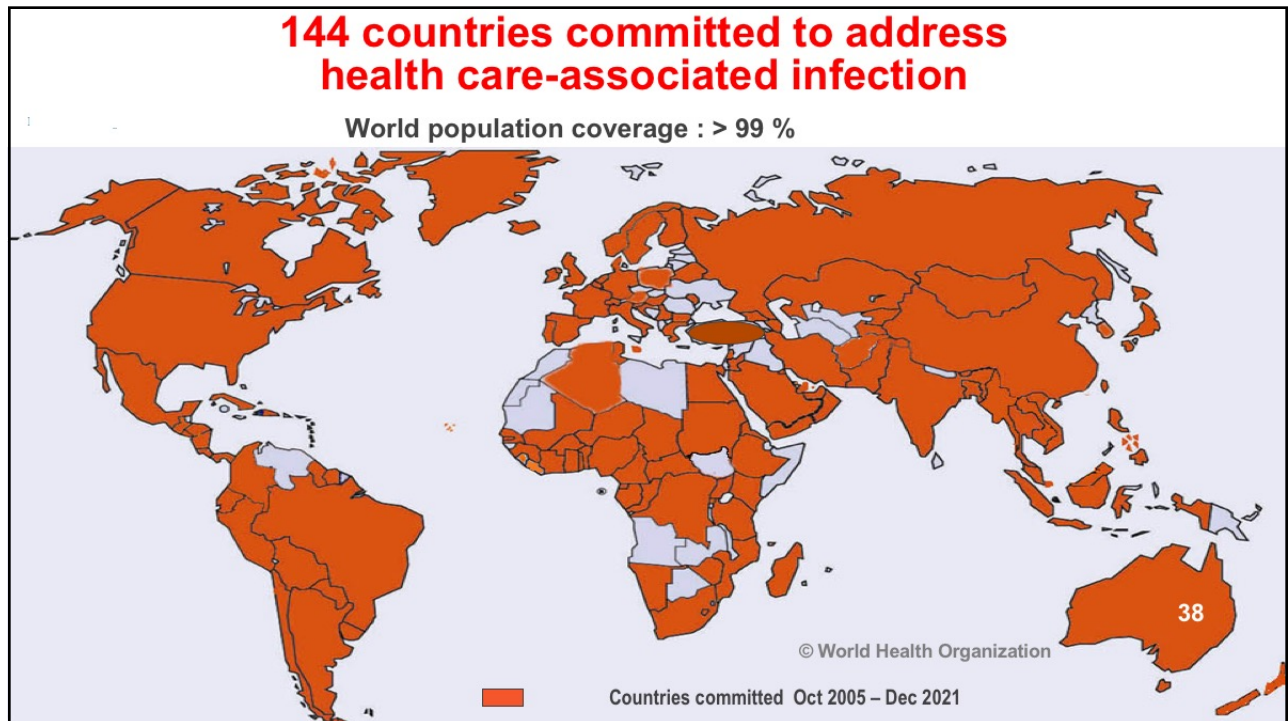
Clean Hands

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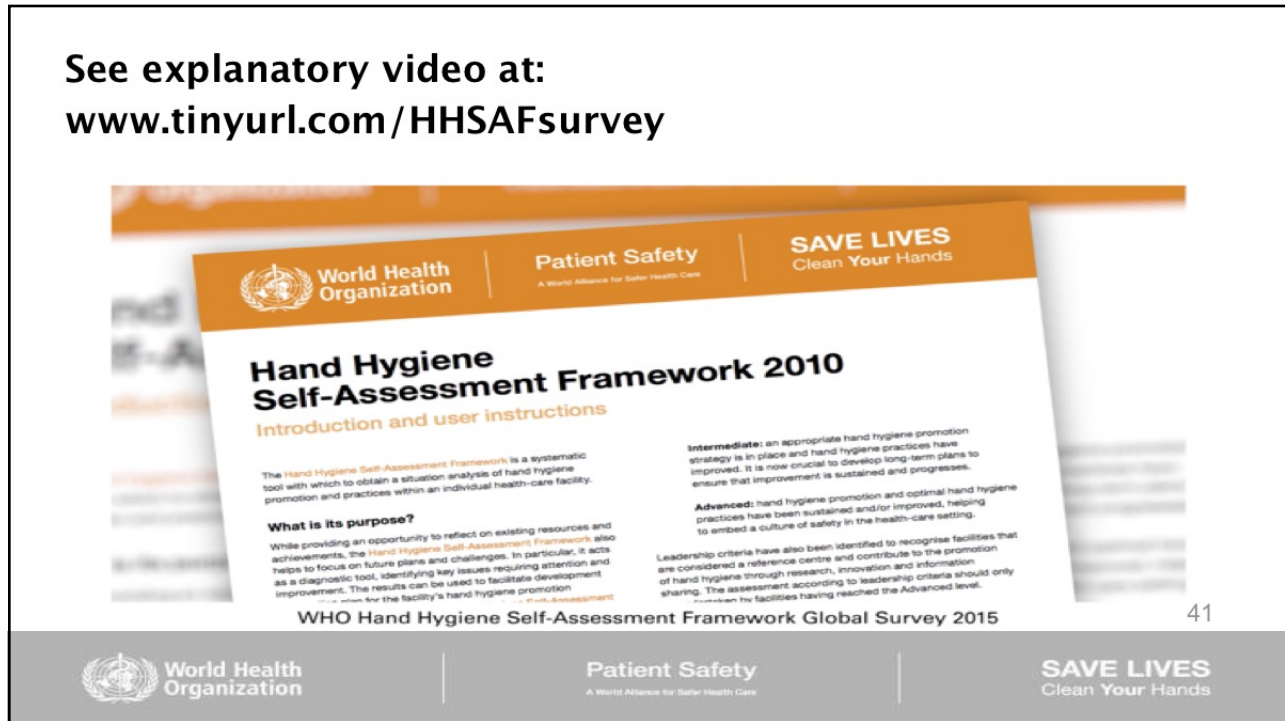
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Tools to monitor practices and ensure
sustainability of the solution worldwide...

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See explanatory video at:
www.tinyurl.com/HHSAFsurvey



Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment

➔

Action

www.who.int/gpsc/5may/hhsa_framework/ru/
[ork/en/](http://www.who.int/gpsc/5may/hhsa_framework/en/)

Clean Hands

Where did we start ?
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WHO Global Hand Hygiene Self-Assessment Survey 2019

Marlieke de Kraker - Geneva University Hospitals, Switzerland
Ermira Tartari - University of Malta, Msida, Malta

ICPIC September 2021, Oral Session O13

*Thursday 16 Sept
09:00 - 10:30*

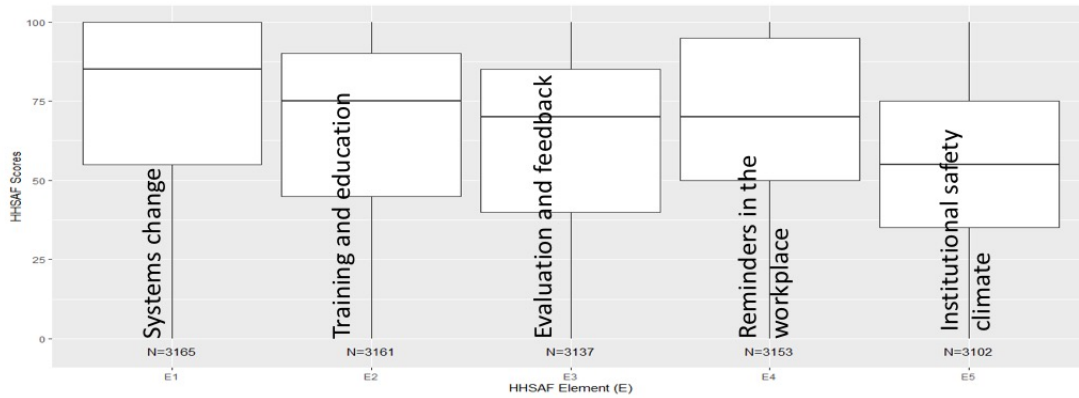
Collaborators:
Sara Tomczyk - RKI, Germany
Anthony Twyman - WHO-HQ
Laurent Francioli - MIT, USA
Benedetta Allegranzi - WHO-HQ
Didier Pittet - HUG, Switzerland

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The Lancet Inf Dis

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Worldwide hand hygiene implementation level



Overall median score: 365, IQR 278 – 430 – Intermediate HH level

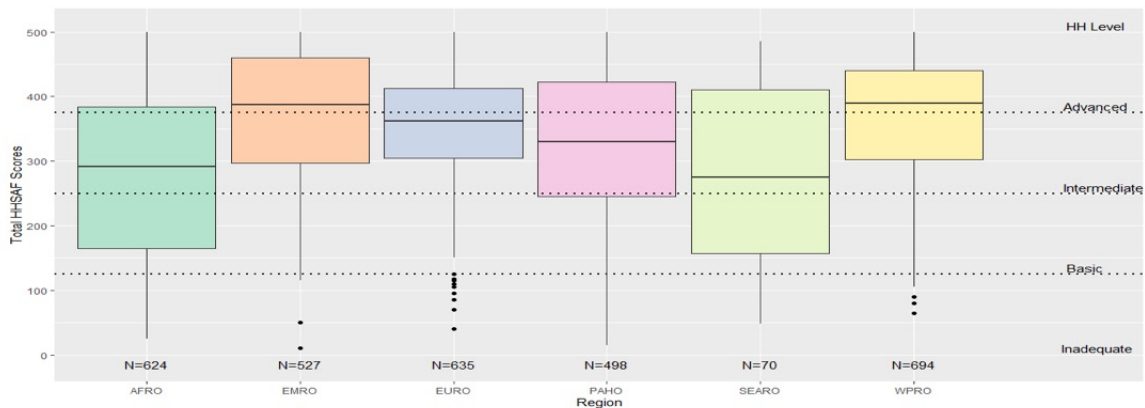
The Lancet Inf Dis

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*Box-whisker plot displays weighted median, interquartile range and range of each score



Worldwide hand hygiene implementation level: WHO region



SEARO 276 (IQR 157-411, Intermediate) versus EMRO 388 (297-460), Advanced)

The Lancet Inf Dis

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*Box-whisker plot displays median, interquartile range and range of each score



Clean Hands

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Train-The-Trainers

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TRAIN THE TRAINERS

in hand hygiene:

Based on the WHO multimodal strategy:

1. Lectures and round tables
2. Hands-on-simulation training
3. Sharing of experiences
4. Evaluation of knowledge pre-post course



TRAIN THE TRAINERS

in hand hygiene:

- Brazil
- Spain
- Mexico
- Malaysia
- South Africa
- Iran
- Thailand

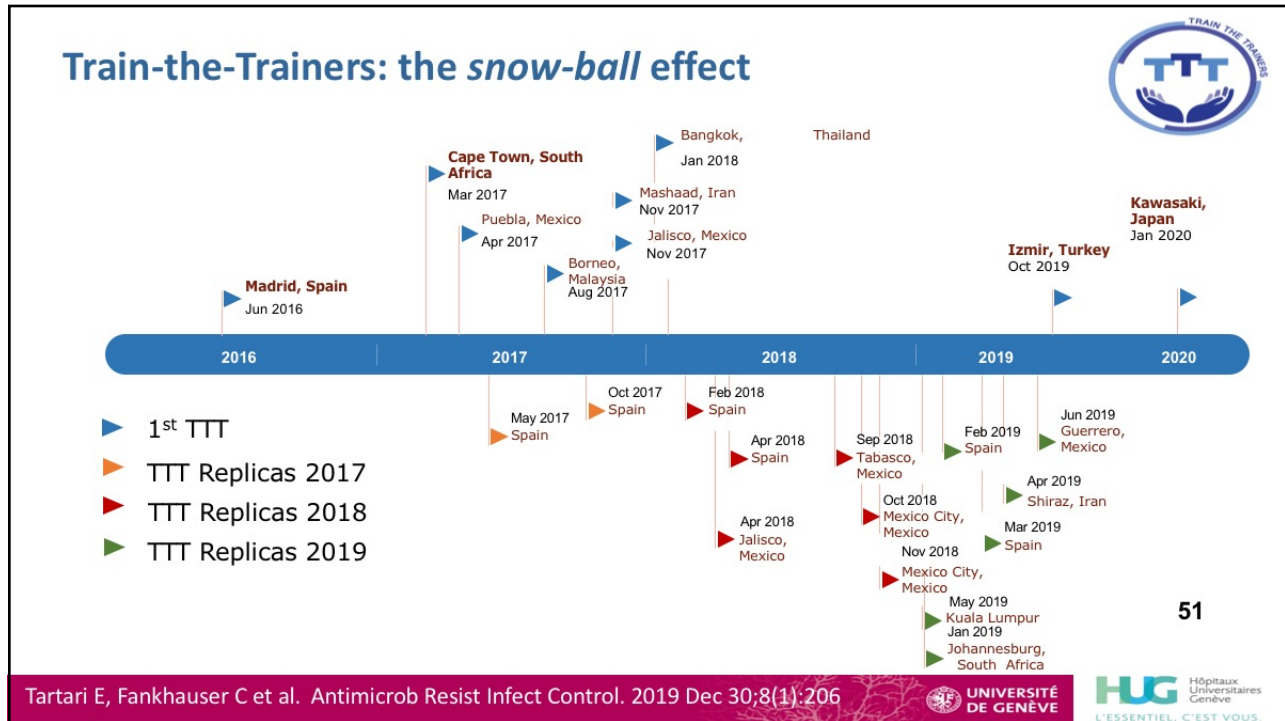


2019:

South Africa
Malaysia
Vietnam
Iran

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How to **achieve** excellence in hand hygiene ?

www.hhea.info

Be the next
hand hygiene
excellence ward
hospital!

www.hhea.info



Clean Hands

15 YEARS !

In previous years, WHO Global Patient Safety Challenges were born from calls from around the world on specific patient safety issues, and were also reflected in global campaigns, which have brought together stakeholders from different sectors and to catalyze political and professional actions. They have also generated knowledge and safety of patients receiving care globally.



World Health Organization

2005-2022

The focus and objectives of Clean

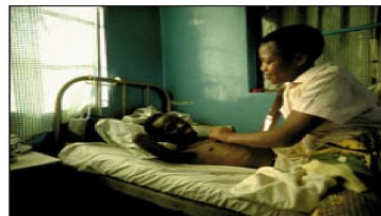
The first of these Challenges, Clean Hands, targeted the important aspect of hand hygiene (HCAIs). HCAI is the most frequent infection worldwide in both developed and developing countries. Each year, 10 million patients are affected each year by HCAIs, leading to 10 million additional hospital days and 10 million losses for health systems too.

Centre Publications Countries Programmes Governance About WHO

Clean Care is Safer Care

The burden of health care-associated infection worldwide

Health care-associated infection (HCAI), also referred to as "nosocomial" or "hospital" infection, is an infection occurring in a patient during the process of care in a hospital or other health care facility which was not present or incubating at the time of admission. HCAI can affect patients in any type of setting where they receive care and can also appear after discharge. Furthermore, they



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YES
hands

Clean Hospitals

Where did we start ?
What did we do ?
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Where do we go ?

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What is Clean Hospitals?

A coalition of international stakeholders who work explicitly to promote and support healthcare environmental hygiene

- research
- publications
- participation in conferences and events
- education and training
- specialized working groups



Where did we start?

- Identifying the need

- The healthcare environment remains a major gap in IPC
- We need to address silos and fragmentation in the field
- Clean Hospitals' official launch was at "Interclean 2018"

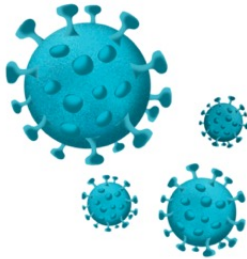
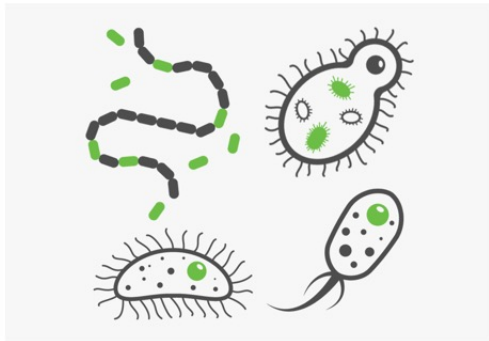


The role of HEH in disease transmission

- Depends on the setting
- 50-70% of HAI are caused by contaminated hands
- Estimate 20-40% of HAI are spread through the healthcare environment



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Healthcare-associated infections in Europe

- Currently, 1 out of every 15 patients will get an HAI during their hospital stay
- If we are able to reduce 20% through improved HEH that means 1/19 will get an HAI
- If we are able to reduce 40% through improved HEH that means 1/25 patients will get an HAI

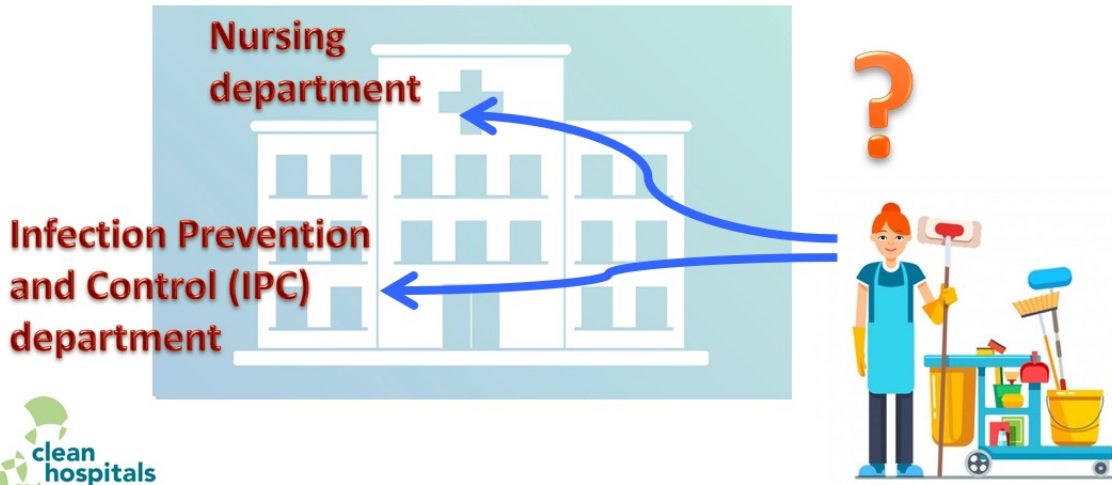
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Who cleans what? Everyone is crucial to the outcome

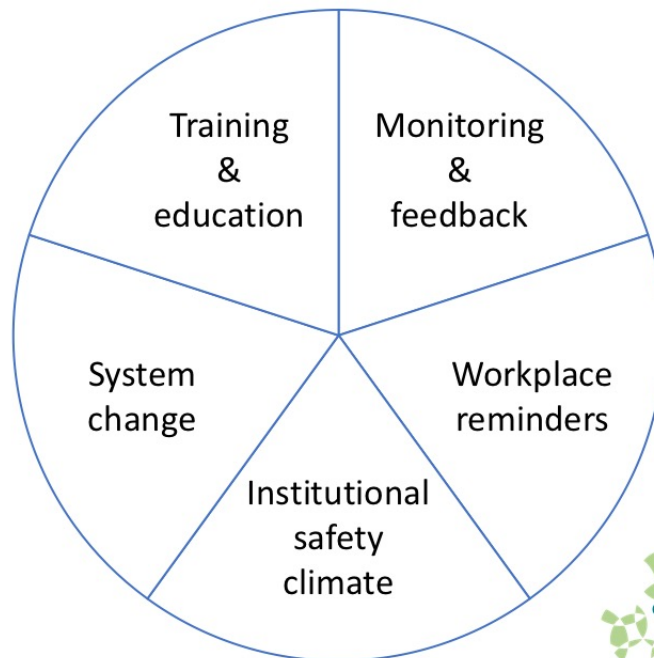


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Logistics of hospital cleaning



The Multimodal Strategy for Healthcare Environmental Hygiene



5 Elements in HEH

- System change- access to necessary products and supplies
- Training and education- of EVS staff, managers, and raising awareness for other healthcare staff and administration
- Monitoring and feedback- of performance how clean is clean, and optimizing feedback is for improving performance
- Workplace reminders- safety posters, events, etc
- Institutional safety climate- career advancement, ability to communicate with nursing staff and up the heirarchy



System Change

Availability of tools, supplies and machines to:

- Cleaning and disinfecting surfaces
- To treat air when needed
- To sterilize and reprocess medical devices
- Water treatment
- Waste treatment
- Laundry



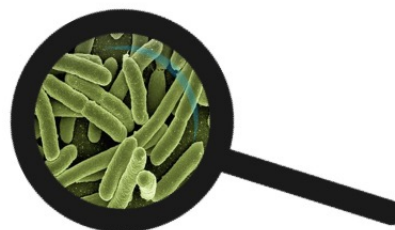
Training & Education

- Training EVS staff for cleaning and disinfection, how to operate equipment, or do specialized tasks
- Can be through classroom, manuals training, job training or E-learning



Monitoring & Feedback

- Monitoring EVS staff through visual monitoring, ATP measurements, fluorescent marking or, rarely, with microbiological sampling
- Feedback can be given in a constructive or punitive way, and either individual, the team, or institutional level (or a combination)



Workplace Reminders

Workplace reminders help EVS staff in their tasks

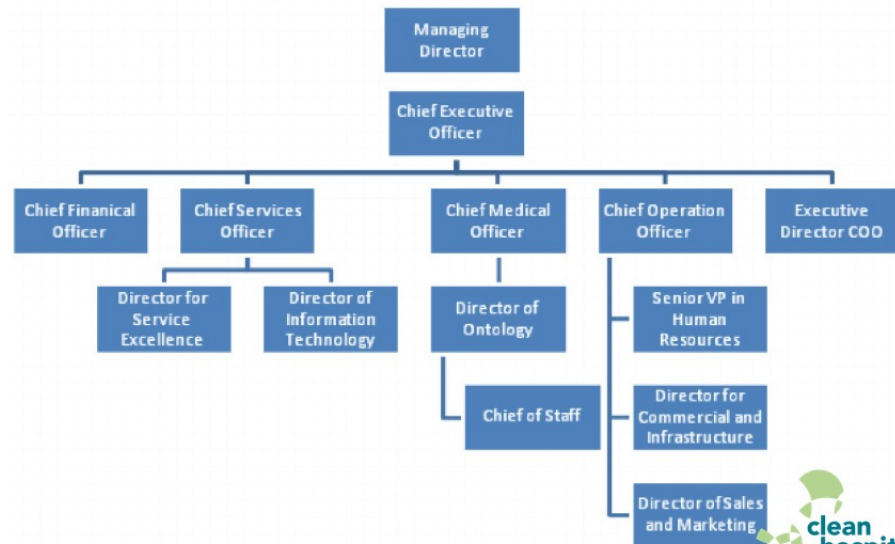
Required safety posters, individual reminders, additional activities and events for raising awareness



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Institutional Safety Climate

All other efforts will be insufficient without the support from the institution



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Multimodal Studies in HEH

An increasing number of interventions in HEH are multimodal in nature

Many bundle some of the 5 components of the multimodal improvement strategy into a single complex intervention

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Optimising HEH

- Optimal HEH is as much about the products as it is about institutions and people
- All elements need to work harmoniously for improvement

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Clean Hospitals

Where did we start ?
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Where do we go ?

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What did we do?

Brought together academia and industry to:

- Champion the science, best practices and evidence-based solutions
- Drive and support academic research
- Create a network where project members can exchange and collaborate
- Create a platform from which to bring healthcare environmental hygiene into the spotlight



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2021 in Numbers



Another very busy year despite COVID-19!

7 Peer-reviewed publications

20 Conferences in person and remotely

2 Teleclasses/Webinars

CH Day Teleclass:

37,000 live attendees

over **88,000** on-demand attendees

Teleclass on COVID and Fake News: **38'000**
attendees during live sessions

2 Digital Days

1 Global Clean Hospitals Day

1 Book chapter

+ **100s** of citations

+ major increase of HEH abstracts at ICPIC

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Publications in the last 2 years:



- Vaux S, Fonteneau L, Venier AG, Gautier A, Soing Altrach S, Parneix P, Lévy-Bruhl D. Influenza vaccination coverage of professionals working in nursing homes in France and related determinants, 2018-2019 season: a cross-sectional survey. *BMC Public Health*. 2022 May 25;22(1)
- Peters A, Schmid MN, Kraker MEA, Parneix P, Pittet D. Results of an international pilot survey on healthcare environmental hygiene at the facility level. *Am J Infect Control*. 2022 Mar 6:S0196-6553(22)00133-X.
- Peters, A., Schmid, M., Parneix, P. et al. Impact of environmental hygiene interventions on healthcare-associated infections and patient colonization: a systematic review. *Antimicrob Resist Infect Control* 11:38 (2022).
- Peters, A., Carry, J., Cave, C. et al. Acceptability of an alcohol-based handrub gel with superfatting agents among healthcare workers: a randomized crossover controlled study. *Antimicrob Resist Infect Control* 11, 97 (2022).
- Peters, A., Cave, C., Carry, J. et al. Tolerability and acceptability of three alcohol-based handrub gel formulations: a randomized crossover study. *J Hosp Infect*. 2022 Feb 3:S0195-6701(22)00034-2.
- Peters A, Lotfinejad N, Palomo, R et al. Decontaminating N95/FFP2 masks for reuse during the COVID-19 epidemic: a systematic review. *Antimicrob Resist Infect Control* (In press)
- Peters, A., Palomo, R., Ney, H. et al. "The COVID-19 pandemic and N95 masks: reusability and decontamination methods". *Antimicrob Resist Infect Control* 10, 83 (2021)
- Peters, A. Guitart C., Pittet D. "Addressing the global challenge of access to supplies during COVID-19: Mask reuse and local production of alcohol-based handrub" *Environmental and Health Management of Novel Coronavirus Disease (COVID-19)*. Elsevier. Dehghani et al. Ed. 2021.

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Publications in the last 2 years (2):



- Peters A, Frat E, Iten A, Sauser J, Schibler M, Pittet D. "Alcohol-based hand rub and influenza A: the danger of publishing a flawed study with no clinical relevance". *J Hosp Infect.* 104:1, p120-122, Jan 2020.
- Peters A, Vetter P, Guitart C, Lotfinejad N, Pittet D. "Understanding the emerging coronavirus: what it means for health security and infection prevention". *J Hosp Infect.* 104:4, p440-448, March 2020. Peters A, Parneix P, Otter J, Pittet D.
- Putting some context to the aerosolization debate around SARS-CoV-2. *J Hosp Infect.* 2020;105(2):381-382.
- Peters A, Buetti, N, Harbarth S., Pittet D. Der schadhliche Effekt von Falschinformationen. Swissnoso. Swiss Federal Office for Public Health (OFSP/ BAG). Nov. 2020.
- Peters, A and Pittet, D. "COVID-19 and health care environmental hygiene". *MJA Insight.* 27 July 2020.
- Otter, J. Exploring SARS-CoV-2 hospital surface and air contamination in London. *Reflections in IPC.* July 8, 2020. <https://reflectionsipc.com/2020/07/08/exploring-sars-cov-2-hospital-surface-and-air-contamination-in-london/>
- Peters, A and Pittet, D. "Clean Hospitals answers to a widely shared piece of fake news about alcohol-based handrub". Press Release. *Clean Hospitals.* Sept 2020. Peters, A.
- "The Impact of misinformation and fake news on public health during COVID-19". Policy Brief. *Clean Hospitals.* Sept 2020.
- Hajjar, J., Parneix P. Nonmedical fabric face masks: Why? When? And how? Health& Co. Oct, 2020.
- Bervas, C., Parneix P. "Dossier : Communication & formation – Infox : le défi des médias sociaux et du web. Health& Co. Dec, 2020.

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Clean Hospitals Day



- 2020 was specifically focused on COVID-19
- 2021 focused on cleaners
- Videos
- Teleclass (*21,000 attendees during the live session and 77,109 on-demand attendees*)
- Webinars
- Company involvement
- Social media

Clean Hospitals Day 2022 - 20 October

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Clean Hospitals

Where did we start ?
What did we do ?
Where are we today ?
Where do we go ?

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Where are we today?



- Continuing our research and academic work
- Expanding our network and connections with industry
- Finding new ways to champion healthcare environmental hygiene and patient safety

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COVID-19 sensitized the whole world to contact transmission

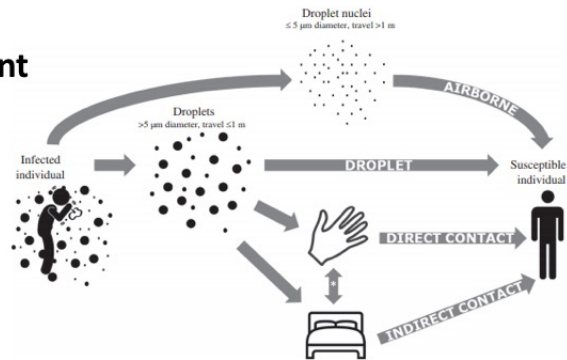


Hands and environment

Hands are a hyper-mobile prolongation of the environment

The good news?

Environmental hygiene and IPC awareness:
Never “waste” a pandemic...



* Transmission routes involving a combination of hand & surface = indirect contact.

Figure from Otter et al. [https://www.journalofhospitalinfection.com/article/S0195-6701\(15\)00367-9/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(15)00367-9/fulltext)

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Peters et al.
Antimicrobial Resistance & Infection Control (2022) 11:38
<https://doi.org/10.1186/s13756-022-01075-1>

Antimicrobial Resistance
and Infection Control



REVIEW

Open Access

Impact of environmental hygiene interventions on healthcare-associated infections and patient colonization: a systematic review

Alexandra Peters^{1,2}, Marie N. Schmid², Pierre Parneix³, Dan Lebowitz¹, Marlieke de Kraker¹, Julien Sauser¹, Walter Zingg⁴ and Didier Pittet^{1*}

Abstract

Background: Healthcare-associated infections (HAI) are one of the gravest threats to patient safety worldwide. The importance of the hospital environment has recently been revalued in infection prevention and control. Though the literature is evolving rapidly, many institutions still do not consider healthcare environmental hygiene (EH) very important for patient safety. The evidence for interventions in the healthcare environment on patient colonization and HAI with multidrug-resistant microorganisms (MDROs) or other epidemiologically relevant pathogens was reviewed.

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Main Conclusions

The healthcare environment is important for patient safety

There are numerous HEH interventions that can reduce HAI

We need more and better studies designed to measure colonization/HAI



American Journal of Infection Control 000 (2022) 1–9



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journal homepage: www.ajicjournal.org



Major Article

Results of an international pilot survey on health care environmental hygiene at the facility level

Alexandra Peters MA^{a,b}, Marie N. Schmid BS^b, Marlieke E.A. de Kraker PhD^a, Pierre Parneix MD^c,
Didier Pittet MD, MS, CBE^{a,*}

^a Infection Control Programme and WHO Collaborating Center on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland

^b University of Geneva, Geneva, Switzerland

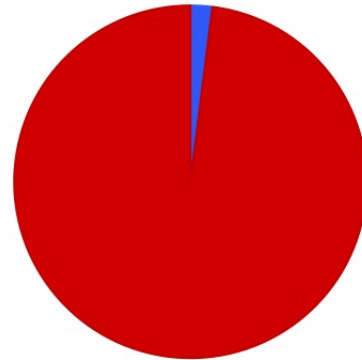
^c Nouvelle Aquitaine Health Care-Associated Infection Control Centre, Bordeaux University Hospital, Bordeaux, France

Peters A, Schmid MN, Kraker MEA, Parneix P, Pittet D. Results of an international pilot survey on healthcare environmental hygiene at the facility level. Am J Infect Control. 2022 Mar 6:S0196-6553(22)00133-X. doi: 10.1016/j.ajic.2022.02.029. Epub ahead of print. PMID: 35644296.



Pilot survey results: HEH programs insufficient across resource levels

98% (50/51) of HCFs were
majorly lacking in at least one of
the components of the
multimodal strategy



Designed to support facility improvement (not to meet a pre-defined level)



Hand Hygiene Self-Assessment Framework 2010

Introduction and user instructions

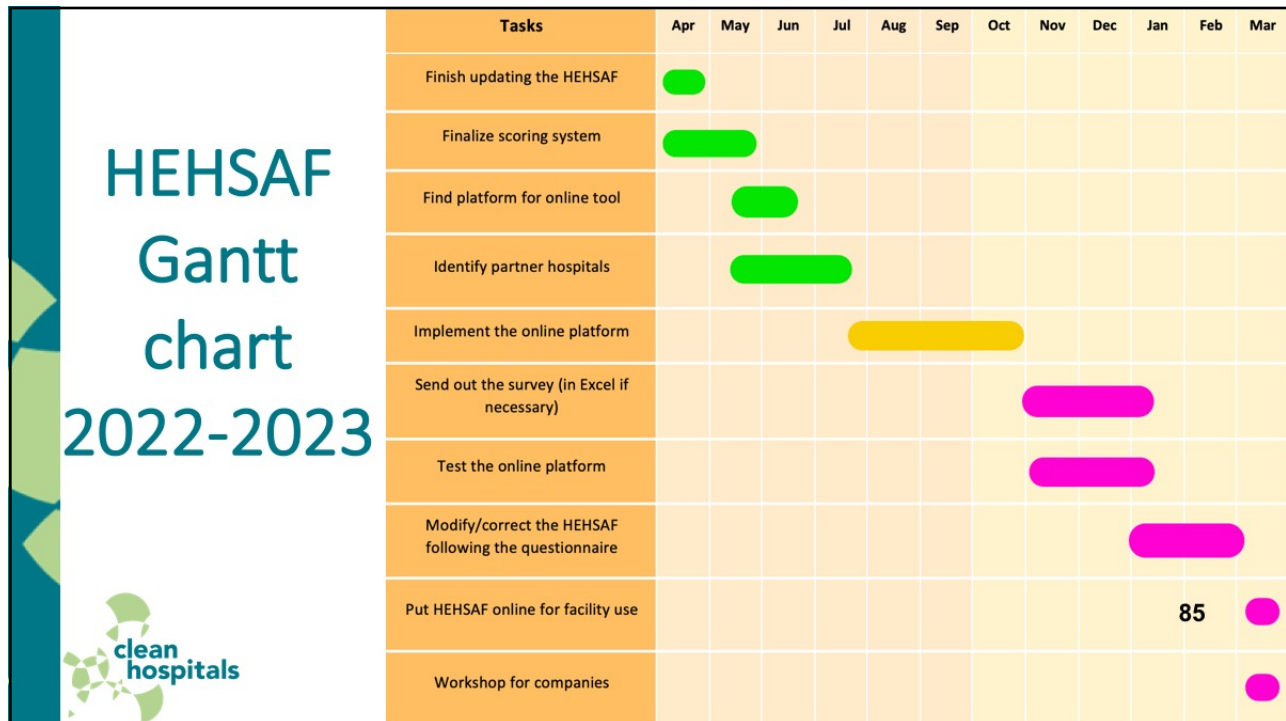
Total Score (range)	Hand Hygiene Level
0 - 125	Inadequate
126 - 250	Basic
251 - 375	Intermediate (or Consolidation)
376 - 500	Advanced (or Embedding)



Healthcare
Environmental Hygiene
Self-Assessment
Framework
(HEHSAF)



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Where do we go?

- Continued research and publications: academic and white papers in peer-reviewed journals
- Develop, test, validate and diffuse the Healthcare Environmental Hygiene Self-Assessment Framework (HEHSAF)
- Clean Hospitals Day Conference - 20 October 2022
- Programme currently under preparation for 2023

clean hospitals

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Steps to take for the future: How can we do better?



- Growing the Clean Hospitals initiative
- Working on addressing gaps in the field
- Develop, test, validate and diffuse the Healthcare Environmental Hygiene Self-Assessment Framework (HEHSAF)
- Working to include relevant stakeholders globally
- Keep the momentum post-pandemic

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Clean Hospitals Day: TODAY!



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Celebrating Clean Hospitals Day, 20 Oct 2022

1-Day International
 Scientific Conference on
 Healthcare Environmental Hygiene,
 Geneva, Switzerland

- scientific lectures
- meet-the-experts
- industry-sponsored sessions
- industry exposition



Clean Hospitals Day: 20th of October, 2022

Better Patient Safety Through Improved
 Healthcare Environmental Hygiene

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Our Stakeholders:

BIBRAUN, SARAYA, gamma, MetalSkif, nateosanté, ECOLAB, essity, aircor, aircospace, aircor, aircor

20 October 2022
3rd clean hospitals® Day

Clean Hospitals Day International Conference
 Crowne Plaza Hotel 08:00-20:30 20 October 2022
 Av. Louis-Casal 75/77, 1216 Genève, Switzerland

2022

08:00 Welcome Coffee & Visit of the Exhibition
 08:45 **Session 1: Environmental Control**
 10:00 Coffee & Visit of the Exhibition
 11:00 **Session 2: Healthcare Environmental Hygiene Self-Assessment Framework (HEISAF)**
 12:25 - 13:40 Lunch & Visit of the Exhibition
 13:40 - 15:30 **Concurrent Symposium 1, 2 & 3**
 15:40 **Session 3: Medical Devices Reprocessing**
 16:30 Coffee & Visit of the Exhibition
 16:50 **Session 4: Air and Water Control**
 17:20 Closing remarks
 17:45 Clean Hospitals Day Agenda
 19:30 Clean Hospitals Day Webber Teleclass

VENUE: **CROWNE PLAZA AN IHG® HOTEL GENEVA**

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Contact us at info@cleanhospitals.com www.cleanhospitals.com

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More information on <https://cleanhospitals.com/2022-conference/>

Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, France
www.webbertraining.com

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Clean Hospitals Day Int. Conf. – Morning sessions	
08:00 – 08:45	Welcome: Coffee & Visit of the Exhibition
Session 1: Environmental Control - Moderators: Immaculee Nahimana (CH), Didier Pittet (CH)	
08:45 – 09:15	Healthcare surfaces: how clean is clean ? – Stephanie Dancer (United Kingdom)
09:15 – 09:45	Evolution of biocide standards and regulations: a few clouds on the horizon? – Claire Khosravi, Karen Wares, Ellie Wishart (Clean Hospitals Partners)
09:45 – 10:15	True sustainability: the only way forward – Tracey Gauci (United Kingdom)
10:15 – 10:35	Round Table 1
10:35 – 11:05	Break: Coffee & Visit of the Exhibition
Session 2: Healthcare Environmental Hygiene Self-Assessment Framework (HEHSAF) Moderators: Ermira Tartari (MT), Pierre Parneix (FR)	
11:05 – 11:35	HEHSAF: survey, tools and the transposable model – Alexandra Peters (Clean Hospitals)
11:35 – 12:05	A deep dive into the Geneva model for environmental hygiene – M-Céline Zanella (Switzerland)
12:05 – 12:25	Round Table 2

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Clean Hospitals Day Int. Conf. – Lunch break	
12:25 – 13:40	Break: Lunch & Visit of the Exhibition
12:30 – 13:30	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; background-color: #e6f2ff;">Saraya Sponsored Symposium A</div> <div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; background-color: #4a7ebb; color: white;">Essity Sponsored Symposium B</div> <div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; background-color: #2e5496; color: white;">B. Braun Sponsored Symposium C</div> </div>
Session 3: Medical Devices Reprocessing - Moderators: Delphine Perréard (CH), Didier Pittet (CH)	
13:40 – 14:10	Guidelines for validation: new European Guidelines - Harry Oussoren (Netherlands)
14:10 – 14:40	Example of national adaptation: the 'Swiss checklist' - Hervé Ney (Switzerland)
14:40 – 15:10	Challenges and strategies for endoscope reprocessing – Jean-Louis Frossard (Switzerland)
15:10 – 15:30	Round Table 3

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Clean Hospitals Day Int. Conf. – Afternoon sessions

15:30 – 16:15	Break: Coffee & Visit of the Exhibition	
15:40 – 16:10	Sanitized Sponsored Mini-symposium D	The Interclean Group Sponsored Mini-symposium E
Session 4: Air and Water Control - Moderators: Bruno Grandbastien (CH), Yves Martin (CH)		
16:15 – 16:45	Real-life experiences of controlling Legionella in healthcare - Sara Romano Bertrand (France)	
16:45 – 17:15	Air control during construction in hospitals - Emmanuel Vanoli & Cyril Crawford (France)	
17:15 – 17:35	Round Table 4	
17:35 – 17:55	Closing: Closing remarks	

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3rd Clean Hospitals Day - Evening Events

17:55 – 19:30	Clean Hospitals Day Apéro
19:30 – 20:30	Clean Hospitals Day Webber Teleclass – Prof. Didier Pittet



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Spreading the word on social media

Help us spread the word



Follow us on Twitter [@Clean_Hospitals](https://twitter.com/Clean_Hospitals)

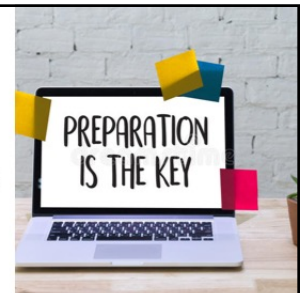
[#CleanHospitalsDay](https://twitter.com/hashtag/CleanHospitalsDay)

[#CleanHospitals](https://twitter.com/hashtag/CleanHospitals)



The future of HEH...

- Must be flexible, agile, and based on best practices
- Needs to include all types of healthcare facilities, not just hospitals
- Must take into account logistics, production, quality control, communication
- Needs international standards for products and procedures
- Needs to include having plans in place for emergency situations, from the international level to the facility level



From **Clean Hands** to **Clean Hospitals**

Where did we start ?
What did we do ?
Where are we today ?
Where do we go ?

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Conclusions:

From **Clean Hands** to **Clean Hospitals**



- Clean Hands showed the way to go from 1995
- Reviewing the evidence and building intervention strategies was critical
- Monitoring performance, progress and time trends ensured improvement and sustainability

- Clean Hospitals was launched in 2018
- The model is framed on the Clean Hands model
 - review the evidence
 - develop strategies
 - monitor practices
 - ensure sustainability

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www.who.int/gpsc/5may
www.CleanHandsSaveLives.org

#HandHygiene
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Clean Hospitals Partners









































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www.webbertraining.com/schedulep1.php	
October 27, 2022	<u>BUILDING (ENHANCING) EVIDENCE-BASED ANIMAL-ASSISTED THERAPY PROGRAMS IN HUMAN HEALTHCARE</u> Speaker: Prof. Jason Stull , College of Veterinary Medicine, The Ohio State University
	<i>(FREE Teleclass)</i>
November 3, 2022	<u>CIC ... PATHWAYS TO CERTIFICATION</u> Speaker: Sandra Callery , CBIC President, 2022
	<i>(South Pacific Teleclass)</i>
November 9, 2022	<u>WHERE IS THE STRENGTH OF EVIDENCE? A REVIEW OF INFECTION PREVENTION AND CONTROL GUIDELINES</u> Speaker: Prof. Philip Russo , Cabrini Monash University Department of Nursing Research, President ACIPC
	<i>(FREE Teleclass)</i>
November 10, 2022	<u>SHARING KNOWLEDGE: LEARNING FROM THOSE WHO HAVE CHALLENGED THE CIC</u>

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