


Hot Issues in Hand Hygiene Improvement

Julie Storr, World Health Organisation
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WORLD ALLIANCE FOR PATIENT SAFETY




Hot issues in Hand Hygiene Improvement The 1st Global Patient Safety Challenge

Julie Storr
Project Manager of the WHO First Global Patient Safety Challenge


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Context: the WHO World Alliance for Patient Safety

- October 2004 – launch of the World Alliance for Patient Safety by Director General of WHO
- To address adverse events in healthcare



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The First Global Patient Safety Challenge

- Clean Care is Safer Care
- A programme of the World Alliance for Patient Safety
- Acknowledges the prevention of health care associated infection as a critical patient safety issue



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100 Million Hands



WHO statistics reveal **59.2 million** full-time health care workers globally

Over 100 million hands:

- Caring
- Touching
- Treating patients every day.

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Objectives of the Challenge

At the global level	Awareness
At the political level	Mobilising nations
For health care settings	Technical guidelines and tools

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Objectives of the Challenge

Stakeholder work	Awareness
Country pledges	Mobilising nations
Implementation strategies	Technical guidelines and tools

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A roadmap

- Offers a "road map" for coordinated strategies/campaigns,
- Up to date, evidence based methodologies for hand hygiene improvement - as a starting point,
 - Creating a **global movement**,
- Its focus is to ensure clean, safe care of patients – all of the time and everywhere

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The First Global Patient Safety Challenge – Five integrated action areas

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Hand hygiene is the entrance door

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Hand hygiene is the entrance door

To infection control and safer patient care

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1. Awareness raising & country pledges

- October 2005 – High profile launch of the First Global Patient Safety Challenge
- 8 countries sign the Pledge (ministerial commitment)

Ministerial Pledges

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Ministerial Pledges

- I resolve to work to reduce health care-associated infection through actions such as:
- Acknowledging the importance of health care-associated infection;
- Developing or enhancing ongoing campaigns at national or sub-national levels to promote and improve hand hygiene among health care providers;

Ministerial signature

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Ministerial Pledges

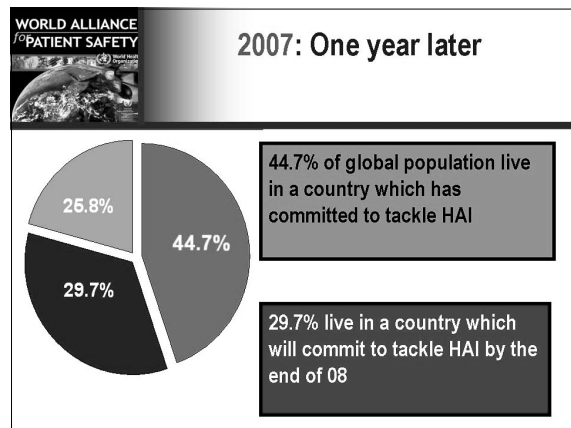
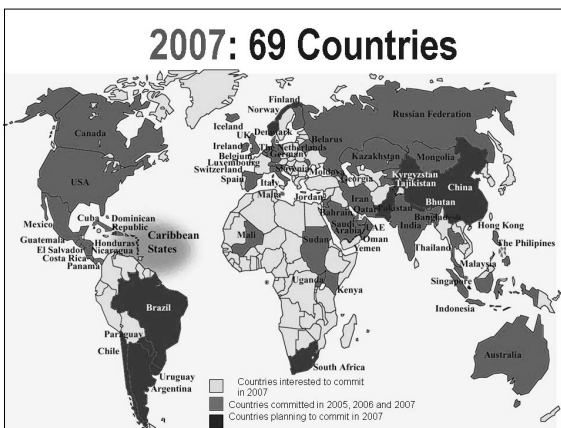
- Sharing experiences and, where appropriate, available surveillance data, with the WHO World Alliance for Patient Safety;
- Considering the use of WHO strategies and guidelines to tackle health care-associated infection

Ministerial signature

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Pledges 2005/06

Saudi Arabia
India
Bangladesh
Malaysia
Northern Ireland
Republic of Ireland



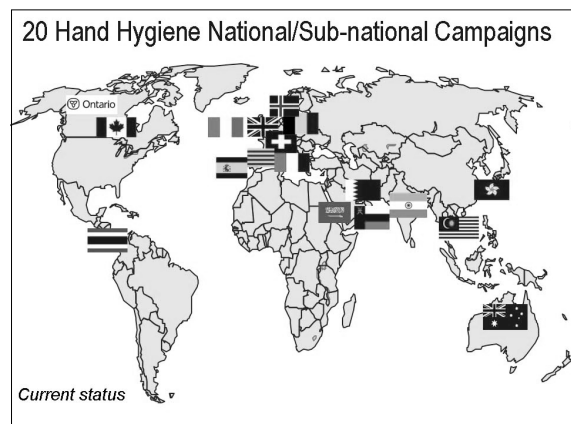
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2007: One year later

i.e. 3/4 of the worlds population will live in a country which has made a national pledge to tackle HAI

44.6% of global population live in a country which has committed to tackle HAI

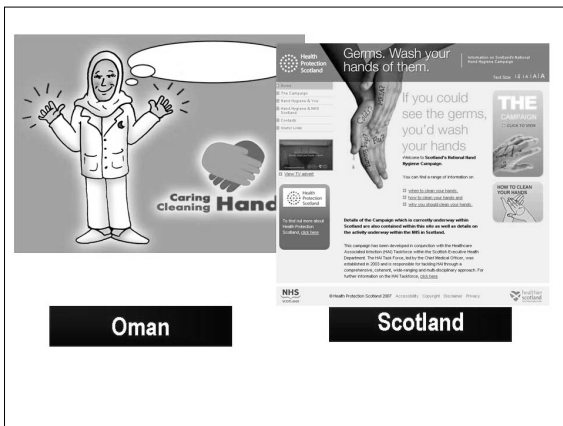
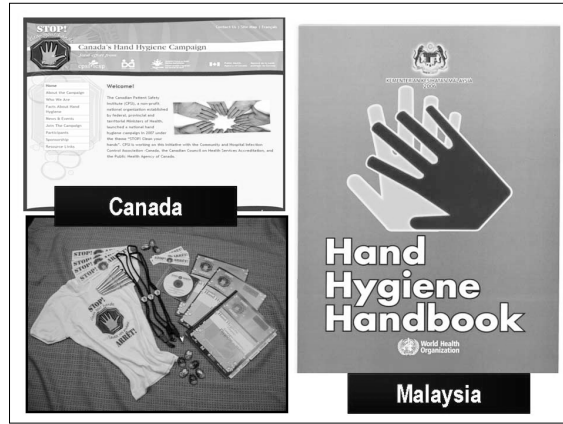
29.5% live in a country which will commit to tackle HAI by the end of 08



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Hand hygiene cuts infant deaths



INFANT deaths due to infections picked up at hospital have been reduced by half following the introduction of an antiseptic alcohol hand rub. For staff, it was revealed yesterday.

The Salmora Medical Complex (SMC) Severus Healthcare Unit (SHU) introduced the new hand rub and other infection control measures last year, following a rise in infant mortality rates.

In 2003 infant mortality rates (aged four weeks and under) as a result of hospital acquired infections stood at 27 per 1000 live births. This rose to 65 in 2004, then to 68.

Following the implementation of the new procedures, from January to September last year infant mortality rates fell to hospital related infections were 13 per 1000 live births.

From October last year to June this year infant mortality rates due to hospital related infections had been reduced to 18.

Infect in the Neonatal ICU have also been reduced by 90 per cent since the changes were introduced.

Health Ministry Infection Control Officer (IC) Dr. Huda Al-Ansari said every

THE ALCOHOL RUB
the alcohol hand rub before coming into contact with a patient.

Previously, the model for hand hygiene was only wash with soap and water.

"We will use soap and water, but the alcohol rub can easily be used more frequently," Dr Al-Ansari told the GDN.

As a result of the Health Ministry's efforts on hand hygiene and infection control, Bahrain has been selected by the World Health Organisation (WHO) to host a complementary site for testing, evaluating and implementing strategies in the Eastern Mediterranean Region (EMR).

Dr Al-Ansari has been selected by WHO to be a complementary site coordinator.

She will be in direct contact with WHO staff to ensure to enhance hand hygiene practices

INCREASE AT THE SMC ICU
rub the alcohol solution into their hands and the implementation of them via a special section in the EMR. The senior consultant in infectious diseases and clinical microbiology will go to WHO headquarters in Geneva on Saturday to share the methodology and outcomes of the Health Ministry's hand hygiene programme.

She will present Bahrain's approach to infection control to her global counterparts, who will also share their experiences.



Switzerland – how to transform a hospital into a hand hygiene excellence centre?

World Alliance for Patient Safety


Conclusions – country campaigns

- A global movement is in progress
- Valid data is helping to drive the process to sustainability
- All nations running national campaigns are collecting “pre” and “post” data
- Most nations aware of the importance of integrating **clean hands** with broader infection control and safety agendas

World Alliance for Patient Safety

Awareness raising - general


www.who.int/gpsc/en/



- Website
- News bulletins
- Guideline downloads
- Registration and interactive platform for test sites

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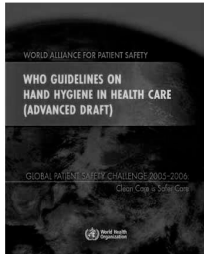
Stakeholder support



- IFIC – urges all members to support the Challenge
- This will be strengthened in 2007/08

World Alliance for Patient Safety

2. Technical Work – The WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft)



- 2 international consultations
- 9 task forces
- > 100 international experts
- > 700 references
- Ongoing testing in sites
- Summary translated in WHO official languages

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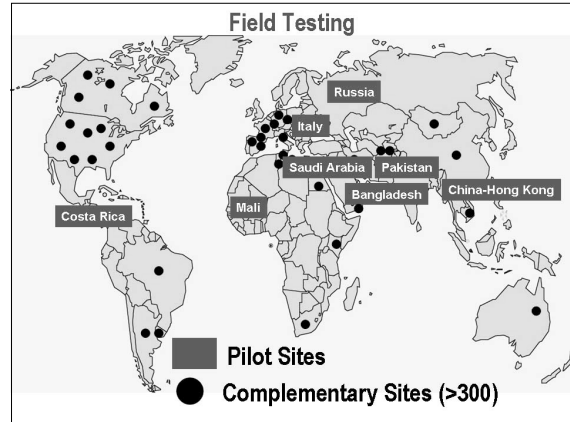
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Taskforces – working to address unresolved issues

Behaviour change	Glove use & reuse	Religion & culture
Education & training	WHO alcohol formula	Patient involvement
Indicators	Water quality	National Guidelines



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Field testing the implementation strategy of the Guidelines

- To provide local data on the resources required to carry out the recommendations
- To generate information on feasibility, validity, reliability and cost-effectiveness of the interventions
- To adapt and refine proposed implementation strategies



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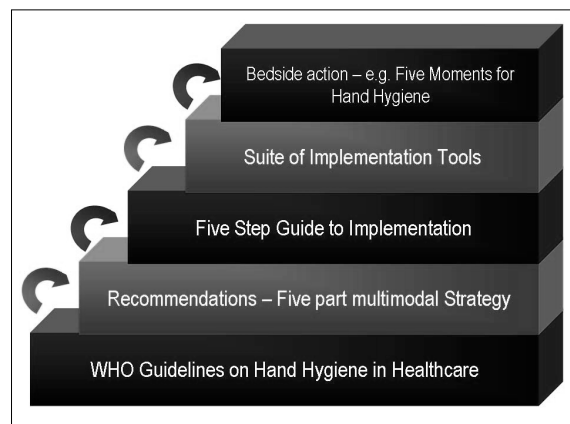
Improving practice at the bedside

Aim:

- universal application and implementation
- increased reliability
- increased likelihood of knowledge transfer
- increased hand hygiene
- less infection

Knowledge

Action

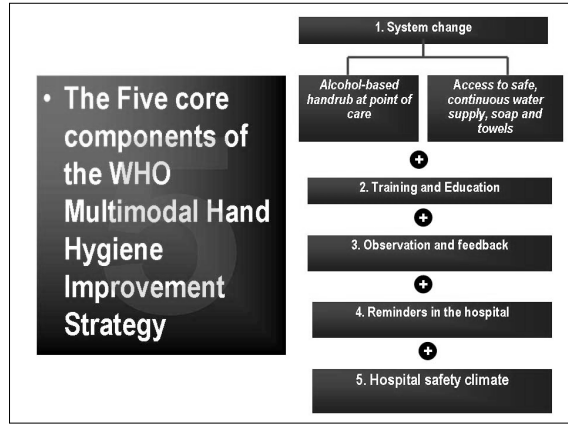


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Guide to Implementation and suite of tools

Implementation Toolkit

- Tools for system change**
 - Facility Situation Analysis
 - Guide to Local Production
 - Alcohol handrub production and cooling tool
 - Hand Hygiene Survey
 - Information Sheet 5
 - Alcohol Based Handrub provided to the Facility for point-of-care placement
- Tools for training & education**
 - Facility Situation Analysis
 - Suite of Information Leaflets (1-7)
 - Recommendations Leaflet
 - Pocket Cards
 - Brochure
 - Five Moments Poster
 - Education and Training
- Tools for evaluation & feedback**
 - Facility Situation Analysis
 - Suite of Evaluation Methods i.e. Surveys and Monitoring Tools
 - How to Use Data
 - Data Summary Report Framework
- Tools reminding staff in the workplace**
 - Facility Situation Analysis
 - Information Sheet 7
 - Suite of posters
 - "How To" posters
 - Five Moments poster
- Tools for promotion of a safety culture**
 - Facility Situation Analysis
 - Suite of posters
 - Five Moments Poster
 - Letter Templates
 - Leaflet
 - Recommendations Advisory Sheet

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Implementation tools: System change

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WORLD ALLIANCE FOR PATIENT SAFETY WHO RECOMMENDED HAND ANTISEPTIS FORMULATION Guide to Local Production

METHOD: 10-LITER PREPARATIONS
These can be prepared in 10-litre glass or plastic bottles, with cover/threaded caps.

RECOMMENDED KNOWLEDGE OF PRODUCTS	
FORMULATION 1	FORMULATION 2
• Alcohol 95% • Hydrogen peroxide 7% • Chlorine 5%	• Alcohol 95% • Hydrogen peroxide 7% • Chlorine 5%

STEP BY STEP PREPARATION:

- The alcohol for the bottles to be used should be placed into the large plastic bottle.
- The hydrogen peroxide is added to the mixture.
- The chlorine is added to the mixture.
- The bottles are filled up to the volume indicated on the label.
- The bottles are capped and stored in a cool, dark place.

FINAL PRODUCTS:

FORMULATION 1	FORMULATION 2
• Final concentration: alcohol 95% v/v hydrogen peroxide 1.25% v/v	• Final concentration: alcohol 95% v/v hydrogen peroxide 1.25% v/v

- 41 public hospitals:
- 18,150 gallons per month
- More than 5 million x 100ml bottles annually.

Hong Kong 2007

Economies of scale

Approx. \$4 HK a bottle (50 cents US; 25 pence)

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Implementation tools: Training and education

WHO Multimodal Hand Hygiene Improvement Strategy

Education Session on Health Care-associated Infections and Hand Hygiene for Trainers, Observers and Health-care Workers

ANNEX 18

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Implementation tools: Evaluation (observation)

WORLD ALLIANCE FOR PATIENT SAFETY OBSERVATION FORM

Observer Name: _____ Date: _____

Site: _____ Hospital: _____

Department: _____ Service name: _____

Form No: _____

Table with columns for Observation No., Date, Time, and various observation categories (e.g., Hand hygiene knowledge, Hand hygiene practice, Hand hygiene compliance).

WORLD ALLIANCE FOR PATIENT SAFETY ANNEX 34

OBSERVATION FORM

Country: _____ City: _____ Hospital: _____ Site ID: _____

Observer (initials): _____ Date (dd/mm/yyyy): _____ Period No.: _____ Department: _____

Start/End time (hh:mm): _____ Session No.: _____ Service name: _____

Session duration (min): _____ Form No: _____ Ward name: _____

Prof. cat. Code Number	Prof. cat. Code Number	Prof. cat. Code Number	Prof. cat. Code Number
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

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A standardized method for hand hygiene observation

MANUAL FOR OBSERVERS

DIAGRAM - INDICATIONS FOR HAND HYGIENE

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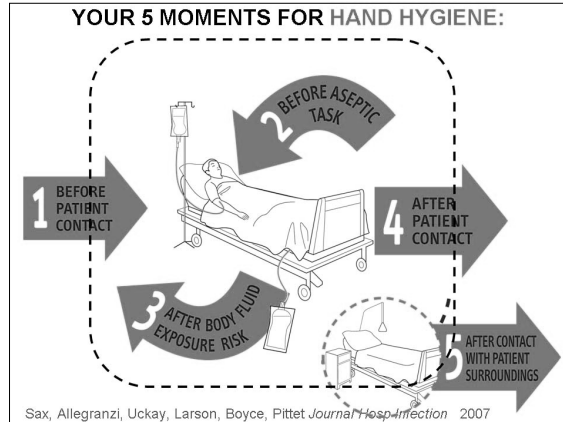
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Your Five Moments for Hand Hygiene - making hand hygiene more reliable

- Indications should be **universally understandable** and **no longer open to interpretation**
- **User centred, design approach**
- Human factors engineering, cognitive behaviour science and elements of social marketing,
- Designates the moments when hand hygiene is required to effectively interrupt microbial transmission during a care sequence.



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Implementation tools: Reminders

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CLEAN HANDS

How to handwash?

Duration of the activity: 15-30 sec.

How to handrub?

Duration of the activity: 20-30 sec.

Prevention is better than cure.

Many germs can be spread by hand contact. Cleaning your hands thoroughly with an alcohol-based hand rub greatly reduces the risk of spreading infections such as colds, flu, and healthcare-associated infections. For more information visit www.scotlandhandhygiene.com

Germs: Wash your hands of them.

Clean hands, clean conscience.

Many germs can be spread by hand contact. Cleaning your hands thoroughly with an alcohol-based hand rub greatly reduces the risk of spreading infections such as colds, flu, and healthcare-associated infections. For more information visit www.scotlandhandhygiene.com

Germs: Wash your hands of them.

e.g. Scotland

Keeping Patients Safe and Healthy

6 Key Moments for Hand Hygiene

CLEAN YOUR HANDS

e.g. Ontario

DeBug

BUGGER...

e.g. Australia

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e.g. Hong Kong

What lies beneath...

Use gloves properly.
Protect your patients! Protect yourself!
When the gloves come off, clean your hands.

Belfast City Hospital
Clean Hands Safe Hands

e.g. Northern Ireland

What lies beneath...

Use gloves properly.
Protect your patients! Protect yourself!
When the gloves come off, clean your hands.

Belfast City Hospital
Clean Hands Safe Hands

e.g. Spain

millorem l'eficiencia
en menys de 30 segons es pot eliminar
el 99% dels microorganismes

Riyadh Medical Complex

Bugs on Strike

e.g. Riyadh

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cleanyourhands® campaign

a whole world in your hands

2004/05

A clean hand is a hand you can trust

2005/06

STOP INFECTION IN ITS TRACKS
START TO MAKE A DIFFERENCE

2007/08

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Implementation tools: Safety culture

A Year of Cleaner and Safer Care: 2005-2006

Is it possible to curb the spread of infections via a global scale through better hand hygiene?

Model Letter: Variables to aid communication with Senior Staff

Annex 20: Sample letter to Chief Executive/ Medical Staff

Dear Sirs,

It is a pleasure to offer you the opportunity to make a difference to the world. It is a pleasure to offer you the opportunity to make a difference to the world. It is a pleasure to offer you the opportunity to make a difference to the world.

Riyadh Medical Complex
Hand Hygiene Campaign Champion

Name : Dr. Hamad Almana'a
Hospital : RMC
Department : ENT
Date : 13 - 10 - 2005 / 2006

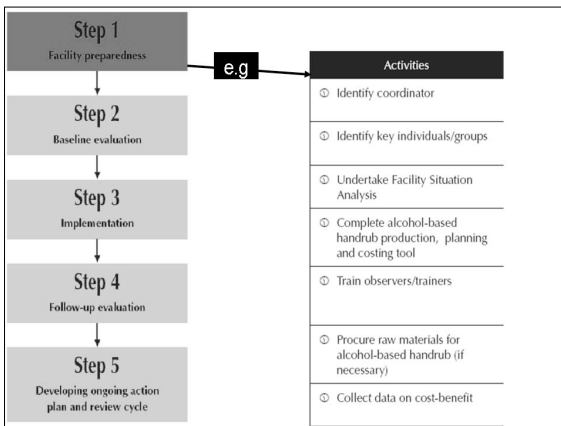
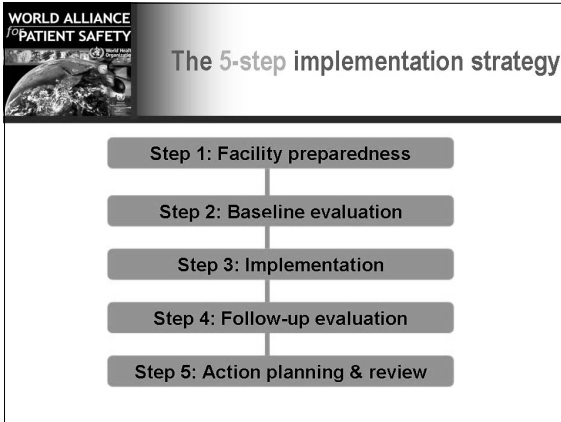
e.g. Saudi Arabia

Strong visible message of commitment - e.g. University Hospitals, Geneva

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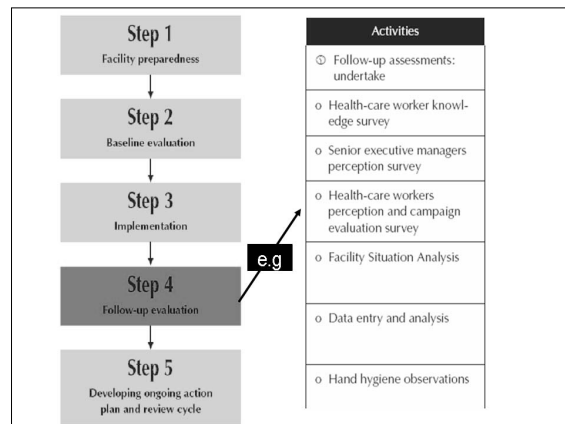
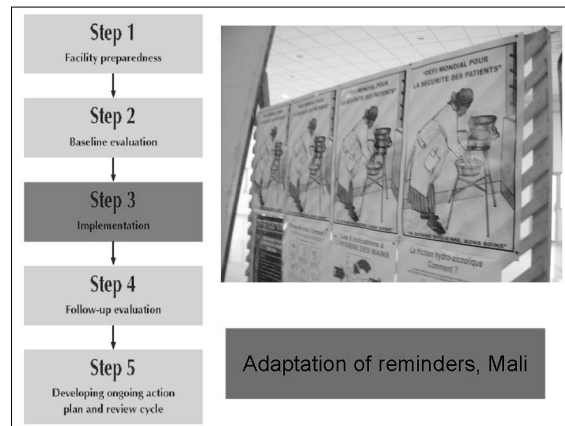
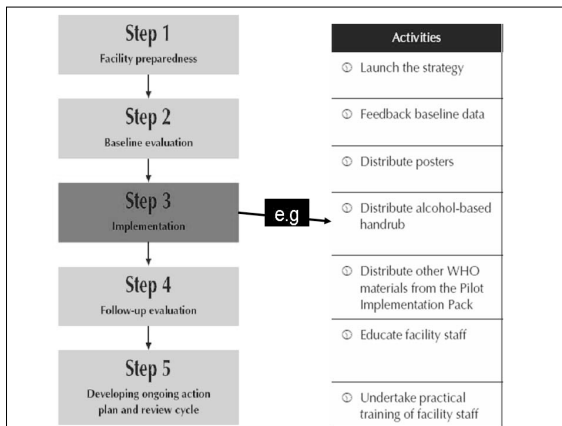
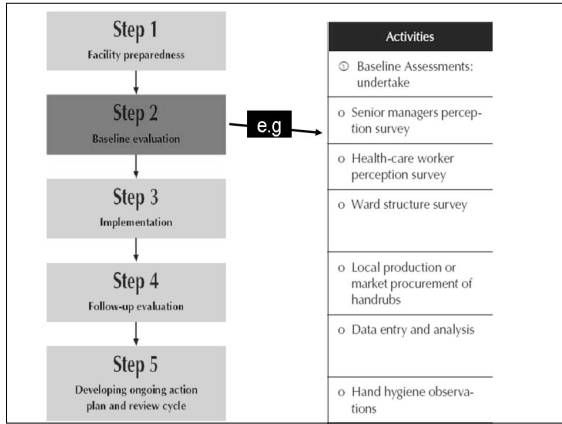
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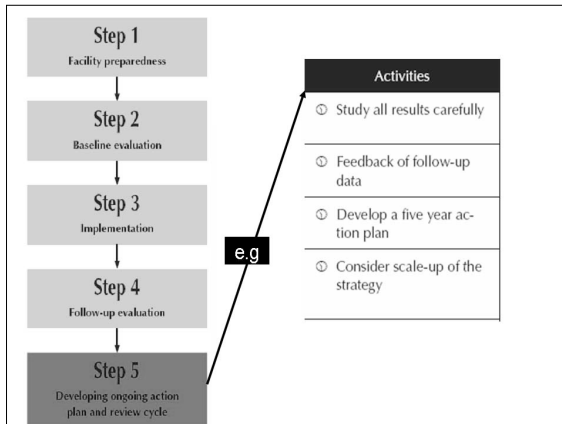


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The way forward... scaling up, sustainability, impact

- Promote and actively encourage patient participation
- Expand current networks, in particular create a “hand hygiene club of nations”
- Active drive to share country learning with developing countries
- WHO Collaborating Centre
- Strengthen the global movement

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The First Global Patient Safety Challenge

The end

The Next Few Teleclasses	
November 6	Commissioning Infection Control Strategies ... with Yvonne Sawbridge, National Health Service (UK)
November 8	Hazard Vulnerability Analysis for Infection Control ... with Andrew Streifel, University of Minnesota
November 15	An Approach to Outbreak Management - Using Biostats to Clobber Bugs ... with Dr. Dick Zoutman, Queen's University
November 29	Effective Infection Prevention in 3-5 Steps ... with Allen Soden, Deb Ltd.
December 6	Infection Control in the Living and the Dead - The Angola Marburg Outbreak ... with Prof. Adriano Duse, U. of Witwatersrand, South Africa

For the full teleclass schedule – www.webbertraining.com
For registration information www.webbertraining.com/howtoc8.php

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