

Clean Care for All – It's In Your Hands
Prof. Benedetta Allegranzi and Prof. Didier Pittet, World Health Organization
A Webber Training Teleclass



**UNIVERSITÉ
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FACULTÉ DE MÉDECINE



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University of Geneva Hospitals
and Faculty of Medicine, Geneva, Switzerland



WHO Collaborating Centre
on Patient Safety
Infection Control & Improving Practices



**World Health
Organization**

CLEAN CARE FOR ALL – IT'S IN YOUR HANDS!

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<http://www.who.int/infection-prevention/en/>

www.webbertraining.com

May 3, 2019

Objectives



- Understand the universal health coverage (UHC) “health for all” agenda
- Understand how infection prevention and control (IPC) and hand hygiene can contribute to quality UHC
- Understand why the WHO 2019 Global Survey is critical for IPC improvement
- Learn about the 2019 campaign theme and resources
- Review examples of campaign celebrations from around the world
- Learn about the other new WHO IPC tools, to use for improvement all year round

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5 May 2019 – what's the menu



- **5 May 2019** theme: the link of IPC and hand hygiene with quality UHC
- The **evidence** that IPC and hand hygiene improve quality of care and patient outcomes
- **WHO Global survey 2019**: facility-level assessments in a spirit of improvement
- **5 May 2019**: *Clean Care For All; it's in your hands*
- 5 May 2019 **calls for actions**
- UHC / Hand Hygiene **solidarity chains**
- WHO 5 May: **video message**
- Let's pledge for **SAVE LIVES: Clean YOUR Hands** "*Clean Care for All; it's in your hands*"
- "It's in Your Hands": **the song**

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SUSTAINABLE DEVELOPMENT GOALS

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1 NO POVERTY
2 ZERO HUNGER
3 GOOD HEALTH AND WELL-BEING
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY
8 DECENT WORK AND ECONOMIC GROWTH
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE, JUSTICE AND STRONG INSTITUTIONS
17 PARTNERSHIPS FOR THE GOALS

3.1 maternal mortality
3.2 preventable deaths of newborns and children
3.3 communicable diseases
3.4 premature mortality from NCDs
3.5 substance abuse
3.6 road traffic accidents
3.7 sexual and reproductive health-care services
3.9 environmental hazards

3.8 Achieve UHC, including financial risk protection, access to **quality** essential health-care services and access to **safe, effective, quality and affordable** essential medicines and vaccines for all.

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Universal Health Coverage

What is UHC?
 UHC means that all individuals and communities receive the health services they need without suffering financial hardship.
 It includes the full spectrum of essential, **quality** health services, from health promotion to **prevention**, treatment, rehabilitation, and palliative care.

Key facts

- **At least half** of the world's population still **do not have full coverage** of essential health services.
- About **100 million people** are still being pushed into “extreme poverty” because they have to pay for health care.
- Over **800 million people** spent at least 10% of their household budgets to pay for health care.

[https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

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2018 - Affirming quality as central to UHC 


CROSSING THE GLOBAL QUALITY CHASM
Improving Health Care Worldwide

Delivering quality health services
A global imperative for universal health coverage

High-quality health systems in the Sustainable Development Goals era: time for a revolution

<http://nationalacademies.org/hmd/Reports/2018/crossing-global-quality-chasm-improving-health-care-worldwide.aspx>
<http://www.who.int/service-delivery/safety/quality-report/en/>
<https://www.hqsscommission.org/>

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Deaths due to poor quality 

The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era

- **8.6 million** deaths per year (UI 8.5-8.8) in 137 LMICs are due to inadequate access to quality care.
- Of these, **3.6 million** (UI 3.5-3.7) are people who did not access the health system.
- Whereas, **5.0 million** (UI 4.9-5.2) are people who sought care but received **poor quality care**.

Category	Number of Deaths
Poor quality	5.0 m
Non-utilization	3.6 m

THE LANCET Global Health

High-quality health systems in the Sustainable Development Goals era: time for a revolution

"Providing health services without guaranteeing a minimum level of quality is ineffective, wasteful, and unethical"





Approved by The Lancet Editorial Board

[https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(17\)30101-8.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(17)30101-8.pdf)

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Without quality, UHC remains an empty promise...

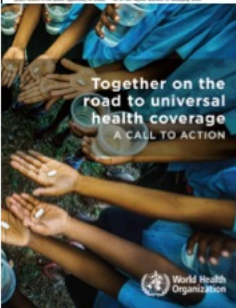
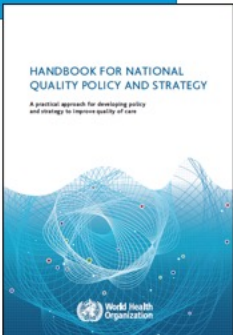





<https://www.sciencedirect.com/science/article/pii/S2214109X18303942?via%3Dihub>
https://www.who.int/universal_health_coverage/road-to-uhc/en/

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We now need to urgently support countries— together—to implement recommendations from these reports. One way we are doing that is through the WHO Initiative on **National Quality Policy and Strategy**.

Without quality, UHC remains an empty promise...



https://www.who.int/service-delivery/safety/areas/qhc/nqps_handbook/en/
<https://www.sciencedirect.com/science/article/pii/S2214109X18303942?via%3Dihub>
https://www.who.int/universal_health_coverage/road-to-uhc/en/

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The third revolution in global health



- “The third revolution in global health—a **revolution in the quality of care.**”
- “But this revolution is **hampered by a challenge that seems to paralyze even the most talented experts: agreement on what is meant by quality.**”
- “**Never has this third revolution in global health been as important as it is today.** Yet never has our understanding of what quality means felt so distant.”

Offline: The third revolution in global health

The Lancet vol 383, May 10 2014. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60769-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60769-8/fulltext)

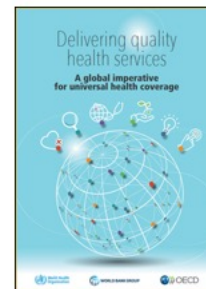
Quality health services? Health care that is...



- **Effective**
- **Safe**
- **People-centred**
- **Timely**
- **Equitable**
- **Integrated**
- **Efficient**



Source: Institute of Medicine (20)



- Improving quality implies change.
- Quality is multi-dimensional.
- Quality is the product of individuals working with the right attitude in the right system.

<http://www.who.int/servicedeliverysafety/quality-report/en/>

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How does IPC contribute to quality of care?

Journal of Research in Nursing
2016, Vol. 21(1) 39–52
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/1744987115628328

Journal of Research in Nursing
SAGE

Redefining infection prevention and control in the new era of quality universal health coverage

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Abstract
Universal health coverage (UHC) is a concept that is deeply rooted in the Development Agenda and is receiving increasing attention at the global level. The interconnection of infection prevention and control (IPC), UHC and quality has not been well described. We aim to present a novel and compelling case for considering IPC as a critical part of quality UHC and develop a preliminary theory of change model, informed by existing literature and emerging thinking on this evolving field. A review of published and grey literature on UHC, quality and IPC was undertaken with a view to reimagining common goals and informing a theory of change. A preliminary theory of change framework describing the potential synergy between UHC, quality and IPC in catalyzing concerted action at every level of the health system has been developed. A table outlining key considerations at the policy, practice and research levels is also presented. This paper considers the extent to which the global IPC community in its various form should consider position IPC as a fundamental component of quality within the context of rapidly advancing UHC-driven health system reforms. This theory of change will be

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Comment

Infection prevention: laying an essential foundation for quality universal health coverage

Leaders have across the world pledged in Astana, Kazakhstan, in October 2015, to address and expand their commitment to prevent, promote and protect the health and wellbeing of the population through and through universal health coverage (UHC). This is the opportunity for a new generation of health policy makers and leaders to honor the goals of the UHC Agenda by December and to interpret these in the context of the Sustainable Development Goals (SDGs). The UHC agenda is a global health system strengthening, after the well-established, evidence-based, and cost-effective approach of an epidemic. IPC is also complementary to UHC and is a key component of the UHC agenda.

When the UHC agenda was launched by members of the World Health Organization (WHO) in 2012, the world had not yet taken the first steps to providing essential health care services. In 2016, the world had not yet taken the first steps to providing essential health care services. In 2016, the world had not yet taken the first steps to providing essential health care services. In 2016, the world had not yet taken the first steps to providing essential health care services.

UNIVERSAL HEALTH COVERAGE

A tree diagram with 'UNIVERSAL HEALTH COVERAGE' at the top. The trunk is labeled 'HEALTH SERVICES'. The branches are labeled 'FINANCIAL PROTECTION', 'ACCESS TO ESSENTIAL SERVICES', and 'QUALITY'. The roots are labeled 'LEADERSHIP', 'POLICY', 'FINANCING', 'SYSTEMS', and 'EVIDENCE'. The base of the tree is labeled 'PEOPLE'.

Journal of Research in Nursing 2016, Vol. 21(1) 39–52 <http://journals.sagepub.com/doi/abs/10.1177/1744987115628328>
Lancet Global Health, online on 3 May 2016

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How IPC relates to the core domains of quality care

Effective care

- IPC has a demonstrated impact on patient morbidity and mortality due to healthcare-associated infections and AMR.

Safe care

- IPC occupies a unique position in the field of patient safety as it prevents one of the most frequent causes of harm.

People centered care

- IPC is universally relevant to patients and health workers at every single healthcare encounter across the entire health system and benefits from patient empowerment and participation.

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IPC is interlinked with the quality dimension of UHC

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IPC programmes based on evidence-based norms and standards, embedded at the national and local level as a central component of person-centred, safe, high quality care

Promotes and Prevents

- Promotes and prevents: avoidable harm (patients and health workers);
- Contributes to a reduction in health care costs (health facilities and nations, and out of pocket patient expenditure)

Leads to reduction:

- in the need for treatment of avoidable infections (including unnecessary antibiotics use);
- of complications of e.g. surgery - therefore enhancing rehabilitation;
- in unnecessary complicated palliative care (e.g. impact of avoidable infections on highly vulnerable patients)

Storr et al, Redefining infection prevention and control in the new era of quality universal health coverage.
 Journal of Research in Nursing 2016, Vol. 21(1) 39–52 <http://journals.sagepub.com/doi/abs/10.1177/1744987116628328>

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The interconnections between IPC and other global health priorities

World Health Organization

UNIVERSAL HEALTH COVERAGE

Infection prevention and control (IPC)

Global health priorities connected to IPC:

- Health worker safety
- Antimicrobial resistance prevention
- Health equity
- Health improvement
- Patient safety

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WASH in Health Care Facilities



Just issued:

- Global Baseline Report 2019
- Practical Steps to Improve Quality of Care



www.washinhcf.org

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Remember that 5 May is also
International Day of the Midwife...
and
12 May is ***International Nurses Day!***



<https://www.who.int/topics/midwifery/en/>
<https://www.internationalmidwives.org/>
<https://www.who.int/topics/nursing/en/>
<https://www.icn.ch/what-we-do/campaigns/international-nurses-day>

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ECDC point prevalence surveys (PPSs) of healthcare-associated infections (HAIs) in acute care hospitals and LTCFs, 2016-2017



	PPS in acute care hospitals	PPS in long-term care facilities (LTCFs)
Number of facilities, EU/EEA countries	1209 hospitals, 28 countries	1788 LTCFs, 23 countries
Number of included patients/residents	310 755	102 301
Patients/residents with at least one HAI on any given day*	6.5% ^{1,2} 1 in 15 patients	3.9% ¹ 1 in 26 residents
Estimated total number of HAIs each year in EU/EEA	4.5 million	4.4 million

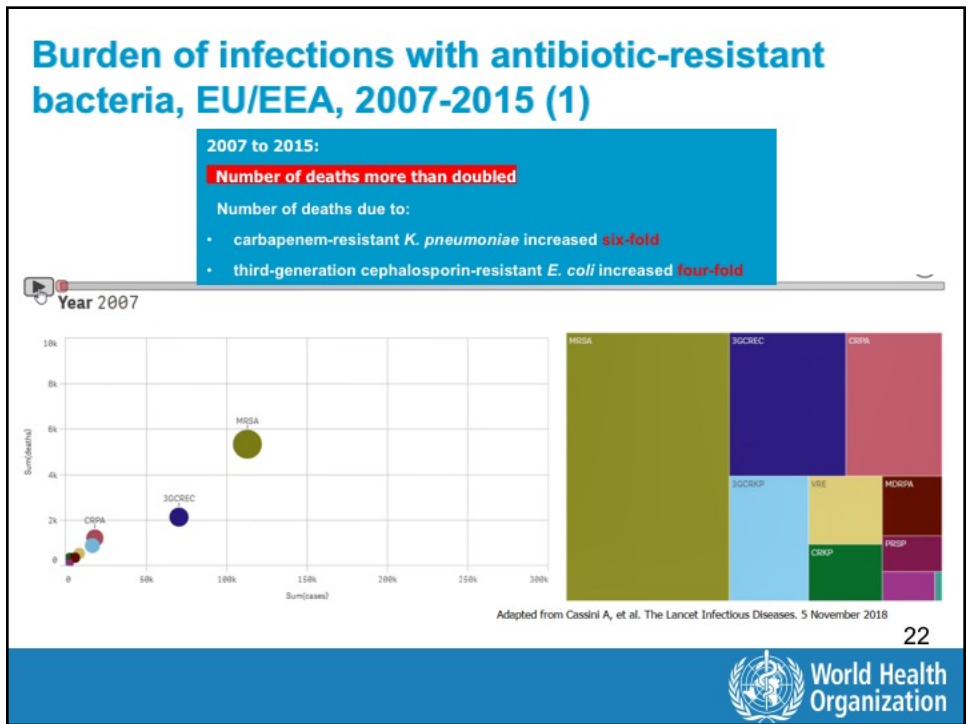
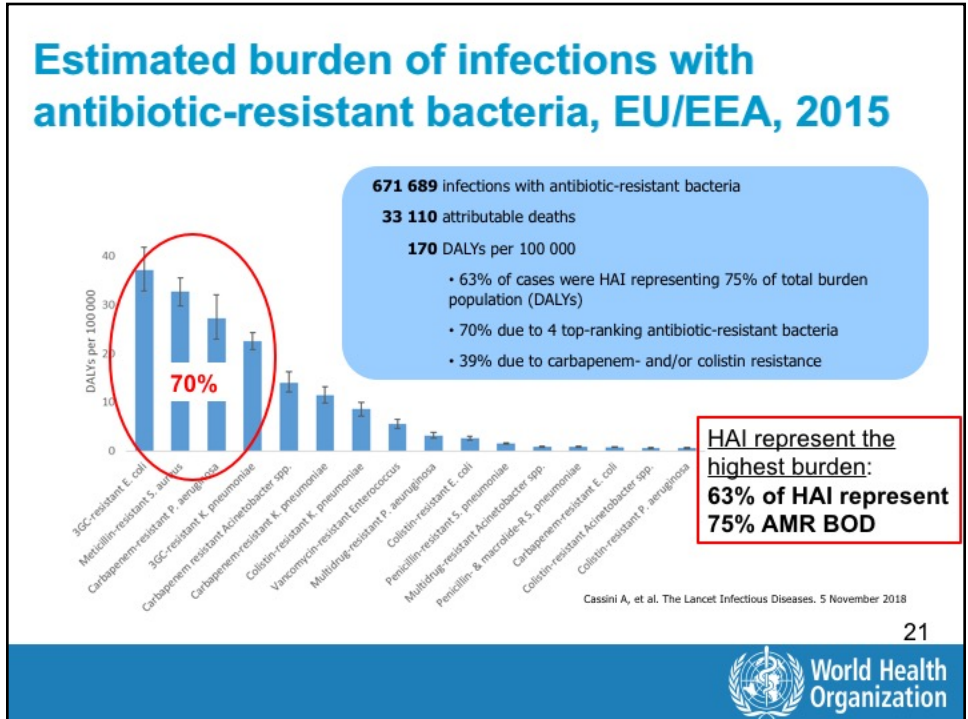
Total : 8.9 million HAIs per year

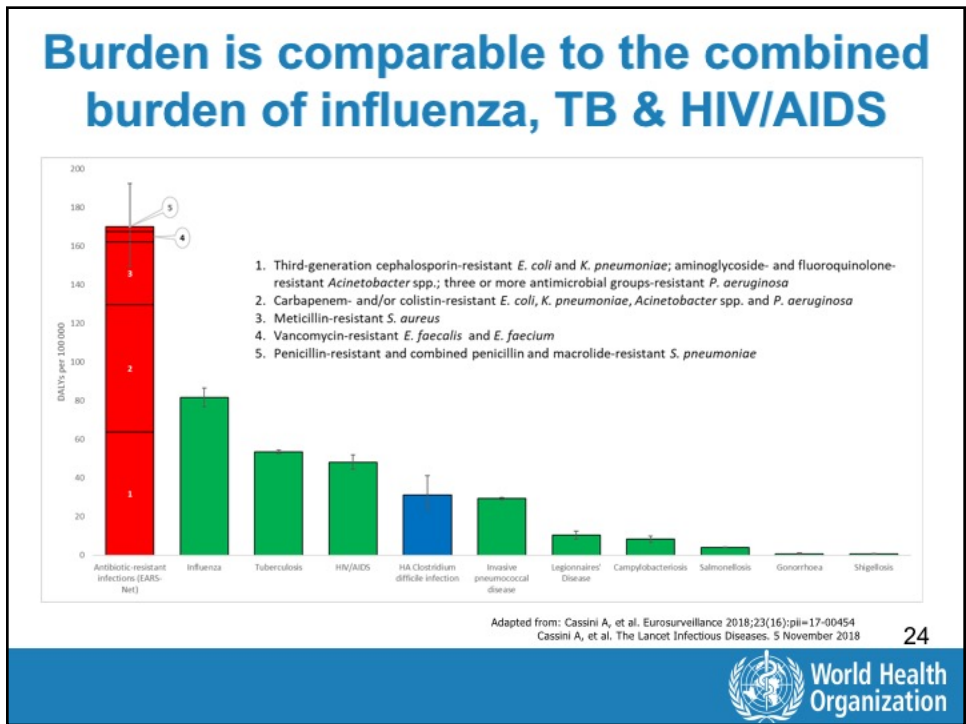
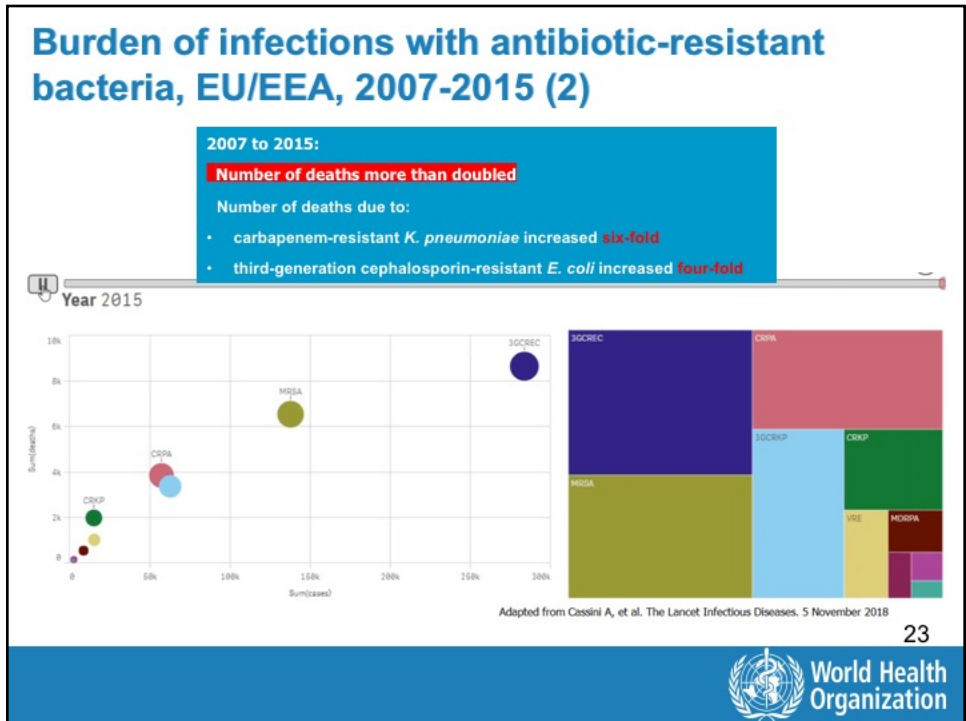
Estimated attributable deaths/year* : 91 310 (in acute care Hs only)

*PPS 2011-2012

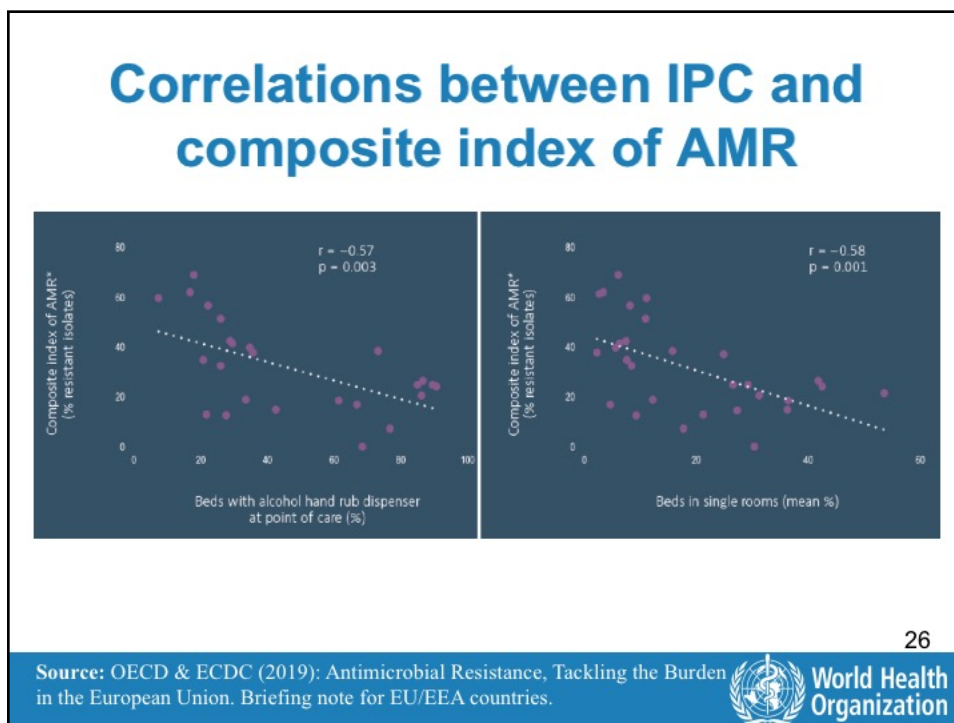
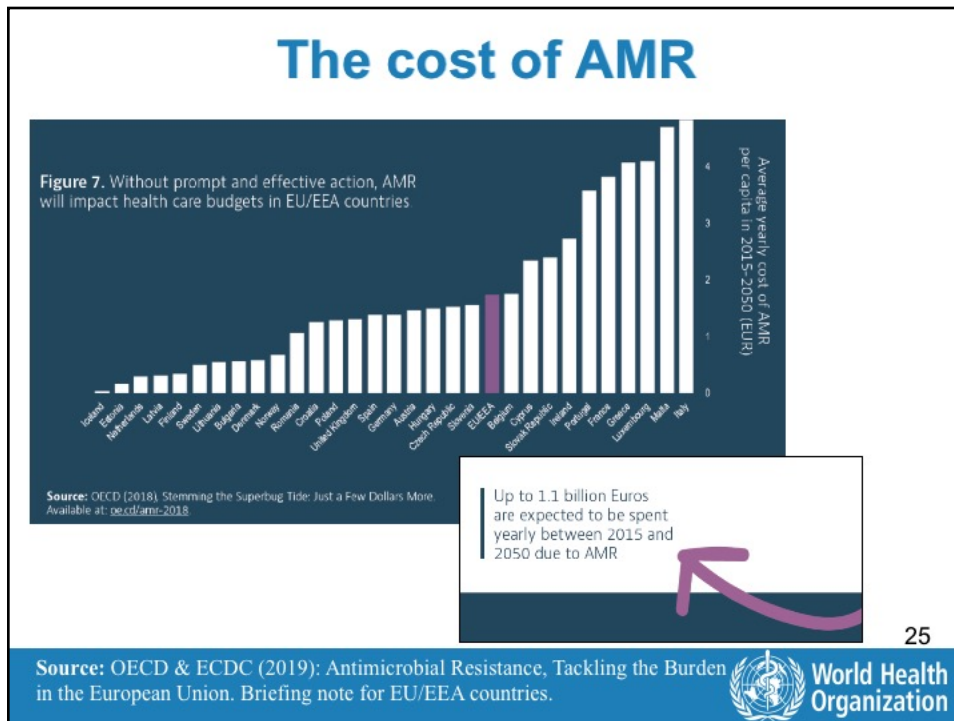
Adapted from: Suetens C, et al. Eurosurveillance 15 November 2018.

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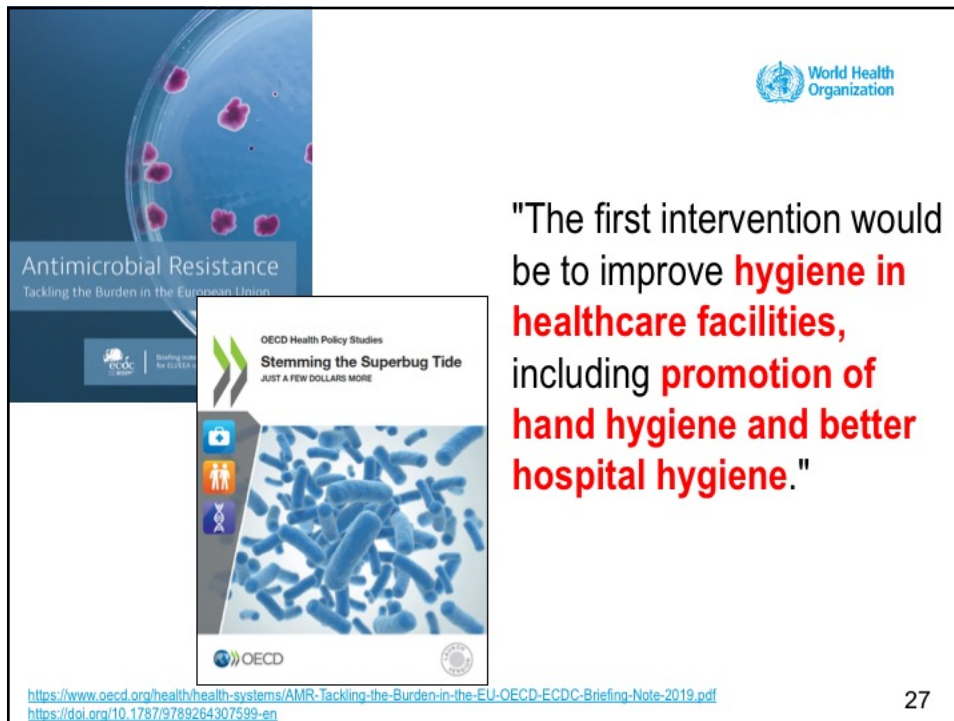




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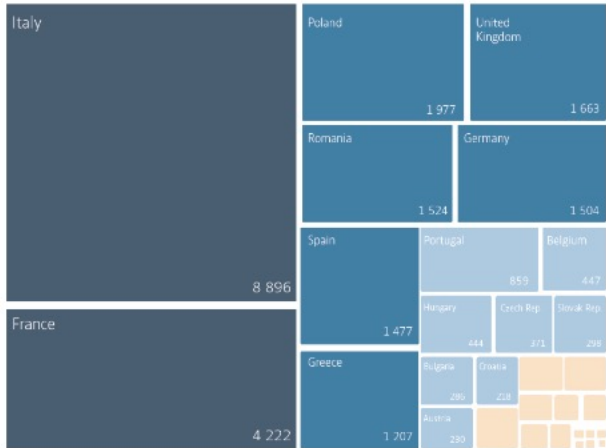
World Health Organization

"The first intervention would be to improve **hygiene in healthcare facilities**, including **promotion of hand hygiene and better hospital hygiene.**"

<https://www.oecd.org/health/health-systems/AMR-Tackling-the-Burden-in-the-EU-OECD-ECDC-Briefing-Note-2019.pdf>
<https://doi.org/10.1787/9789264307599-en>

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A mixed intervention package would save about 27 000 lives per year across EU/EEA countries



- IPC
- stewardship programmes
- use of rapid diagnostic tests in primary care
- delayed prescriptions
- public awareness campaigns

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Source: OECD & ECDC (2019): Antimicrobial Resistance, Tackling the Burden in the European Union. Briefing note for EU/EEA countries.

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Economic assessment

Investing 1.5 Euros per capita per year in a package 3 of mixed public health interventions **would avoid about 27 000 deaths per year** in EU/EEA countries.

Figure 10. Economic assessment of the mixed-intervention package: just a few Euros more produce substantial savings in health care expenditure

Package 1, for hospitals: hand hygiene, antibiotic stewardship programmes and enhanced environmental hygiene = \downarrow 85%

Package 2, for community settings: delayed antibiotic prescriptions, mass media campaigns and the \downarrow use of rapid diagnostic tests = 23%

Package 3, mix of interventions = 73%

Savings of 3, 0.7 and 2 Euros per capita per year 29

Source: OECD & ECDC (2019): Antimicrobial Resistance, Tackling the Burden in the European Union. Briefing note for EU/EEA countries.

New WHO IPC resources issued for 5 May 2019!

<https://www.who.int/infection-prevention/tools/core-components/en/>









Implementation manual to prevent and control the spread of carbapenem-resistant organisms at the national and health care facility level


Interim practical manual supporting implementation of the Guidelines for the prevention and control of carbapenem-resistant Enterobacteriaceae, *Acinetobacter baumannii* and *Pseudomonas aeruginosa* in health care facilities

<https://www.who.int/infection-prevention/tools/focus-amr/en/>


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Core components of IPC programmes at the national and acute health care facility level

- 
Core Component 1
IPC Programme
- 
Core Component 2
IPC Guidelines
- 
Core Component 3
IPC Training/Education
- 
Core Component 4
HAI Surveillance
- 
Core Component 5
Multimodal Strategies
- 
Core Component 6
Monitoring, audit & feedback
- 
Core Component 7
Workload, staffing & bed occupancy
- 
Core Component 8
Built environment, materials & equipment for IPC

<http://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/>

World Health Organization

The evidence basis of the WHO Core Components of IPC Programmes



Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Health Care Facility Level

Web Appendix III

Core Components for Infection Prevention and Control Programmes at the National and Facility Level: A draft inventory of available guidance from countries and WHO regional offices

Review

Effectiveness of national and subnational infection prevention and control interventions in high-income and upper-middle-income countries: a systematic review


Review

Impact of organizational, management, and structural factors on prevention of health care associated infection: a systematic review and expert consensus

Guidelines Articles

Core components for effective infection prevention and control programmes: new WHO evidence-based recommendations

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<http://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/>

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Recently launched WHO SSI Prevention Implementation Package

The collage features several WHO publications:

- Decontamination and Reprocessing of Medical Devices for Health-care Facilities**: A book cover showing hands being washed.
- Preventing Surgical Site Infections: Implementation Approaches for Evidence-based Recommendations**: A book cover with a circular graphic.
- Protocol for surgical site infection surveillance with a focus on settings with limited resources**: A book cover with a blue and orange design.
- Implementation Manual to Support Prevention of Surgical Site Infections at the Facility Level – Turning Recommendations into Practice**: A book cover with a globe and the word 'New!'.
- Surgical Site Infection Prevention: Key facts on decolonization of nasal carriers of *Staphylococcus aureus***: A fact sheet with text and icons.
- TO THE GREAT GLOBE OF THE LASTING TIME TO STOP SURGICAL SITE INFECTION**: A complex infographic with a world map and various data points.
- Advanced Infection Prevention and Control (IPC) Training: Prevention of surgical site infection (SSI)**: A training module cover.
- Fact sheets on SSI recommendations**: A box containing a list of key recommendations.
- HANDLE ANTIBIOTICS WITH CARE IN SURGERY**: A fact sheet about antibiotic use.

<http://www.who.int/infection-prevention/tools/surgical/en/>

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Hand Hygiene is the most important measure to prevent HAI and the spread of antimicrobial resistance

The slide includes a photograph of healthcare workers in white coats gathered around a table, reviewing documents. To the right is an orange poster with a crown at the top and the text:

KEEP CALM AND GET BACK TO BASICS

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A key example of impact on patient outcomes & quality care

Articles

Effects of the Australian National Hand Hygiene Initiative after 8 years on infection control practices, health-care worker education, and clinical outcomes: a longitudinal study

Grayson ML, Stewardson AJ, Russo PL, et al. Lancet Infect Dis 2018; published online Sept 26.

Summary: The Australian National Hand Hygiene Initiative (ANNHHI) is a national multi-sector program for hand hygiene promotion. We evaluated the impact of ANNHHI on infection control practices, health-care worker education, and clinical outcomes. We conducted a longitudinal study of 100 hospitals from 2009 to 2017. We measured hand hygiene compliance, infection control practices, health-care worker education, and clinical outcomes. ANNHHI had a significant impact on hand hygiene compliance, infection control practices, and health-care worker education. There was no significant impact on clinical outcomes.

Introduction: The ANNHHI has been successful in increasing hand hygiene compliance in health-care workers across Australia. In this study, we evaluated the impact of ANNHHI on infection control practices, health-care worker education, and clinical outcomes. We conducted a longitudinal study of 100 hospitals from 2009 to 2017. We measured hand hygiene compliance, infection control practices, health-care worker education, and clinical outcomes. ANNHHI had a significant impact on hand hygiene compliance, infection control practices, and health-care worker education. There was no significant impact on clinical outcomes.

Methods: We conducted a longitudinal study of 100 hospitals from 2009 to 2017. We measured hand hygiene compliance, infection control practices, health-care worker education, and clinical outcomes. ANNHHI had a significant impact on hand hygiene compliance, infection control practices, and health-care worker education. There was no significant impact on clinical outcomes.

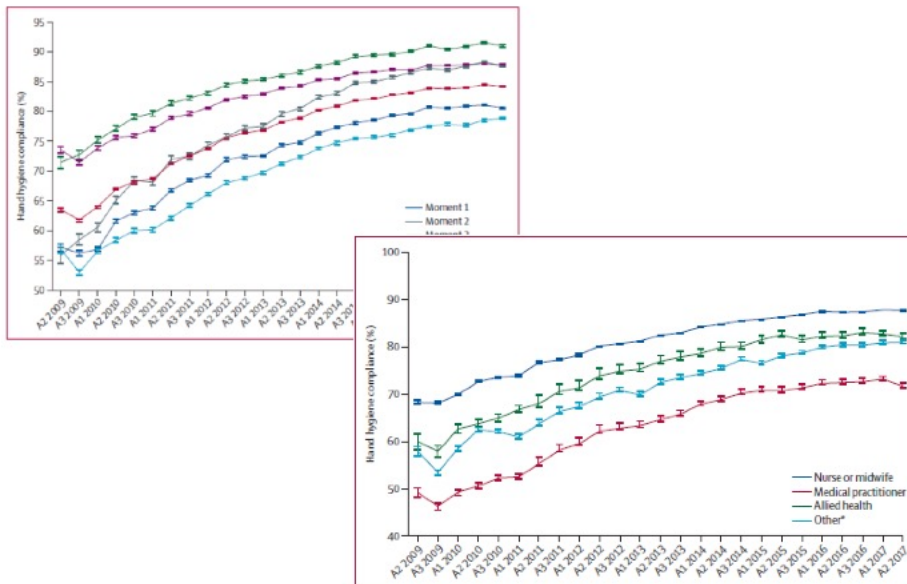
Results: ANNHHI had a significant impact on hand hygiene compliance, infection control practices, and health-care worker education. There was no significant impact on clinical outcomes.

Conclusion: ANNHHI had a significant impact on hand hygiene compliance, infection control practices, and health-care worker education. There was no significant impact on clinical outcomes.

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30491-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30491-2/fulltext)

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE | **Hand Hygiene Australia** | **World Health Organization**

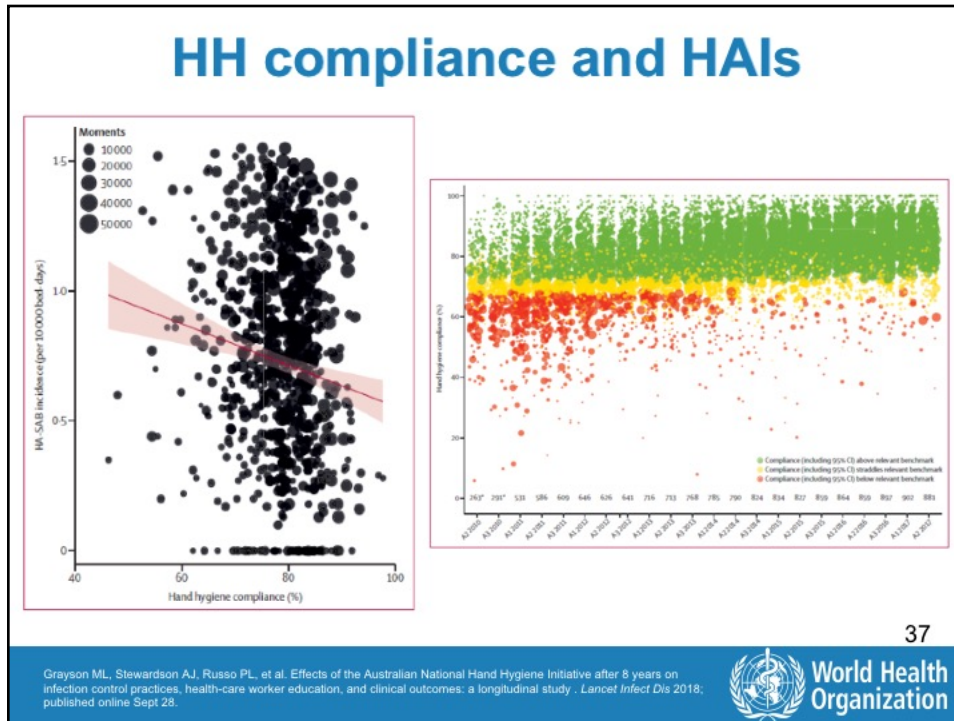


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Grayson ML, Stewardson AJ, Russo PL, et al. Effects of the Australian National Hand Hygiene Initiative after 8 years on infection control practices, health-care worker education, and clinical outcomes: a longitudinal study. *Lancet Infect Dis* 2018; published online Sept 26.

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Impact of the WHO Hand Hygiene multimodal promotion strategy

Allegranzi B et al, Lancet ID 2013

Articles

Global implementation of WHO's multimodal strategy for improvement of hand hygiene: a quasi-experimental study

Summary
Background: Health-care-associated infections are a major threat to patient safety worldwide. Transmission is mainly via the hands of health-care workers, but compliance with recommendations to wash hands and effective improvement strategies are needed. We assessed the effect of WHO's strategy for improvement of hand hygiene in five countries.

Methods: We did a quasi-experimental study between December 2006, and December 2008, at six pilot sites in 10 countries: Brazil, Chile, India, Italy, Pakistan, and South Africa. We implemented WHO's strategy

Luangasanatip N et al, BMJ 2015

RESEARCH

Comparative efficacy of interventions to promote hand hygiene in hospital: systematic review and network meta-analysis

ABSTRACT
OBJECTIVE: To evaluate the relative efficacy of the World Health Organization 2005 Campaign (WHO 5) and other interventions to promote hand hygiene among health-care workers in hospital settings and to synthesise associated information on use of resources.

DESIGN: Systematic review and network meta-analysis.

RESULTS: Of 1046 studies reviewed, 41 met the inclusion criteria (36 randomised controlled trials, 12 interrupted time series, one non-randomised trial, and two controlled before after studies). Meta-analysis of the randomised controlled trials showed the addition of goal setting to WHO 5 was associated with improved compliance (pooled odds ratio 1.15, 95% confidence interval 1.04 to 1.27, p=0.007). Of 22 previous comparisons from interrupted time series, 16 showed increases in compliance with hand hygiene, and all but four

- Significant increase of health-care workers hand hygiene compliance across all professional categories in all wards (OR 2.15, 1.99–2.32; compliance from 51.0% to 67.2%) and across all levels of resources

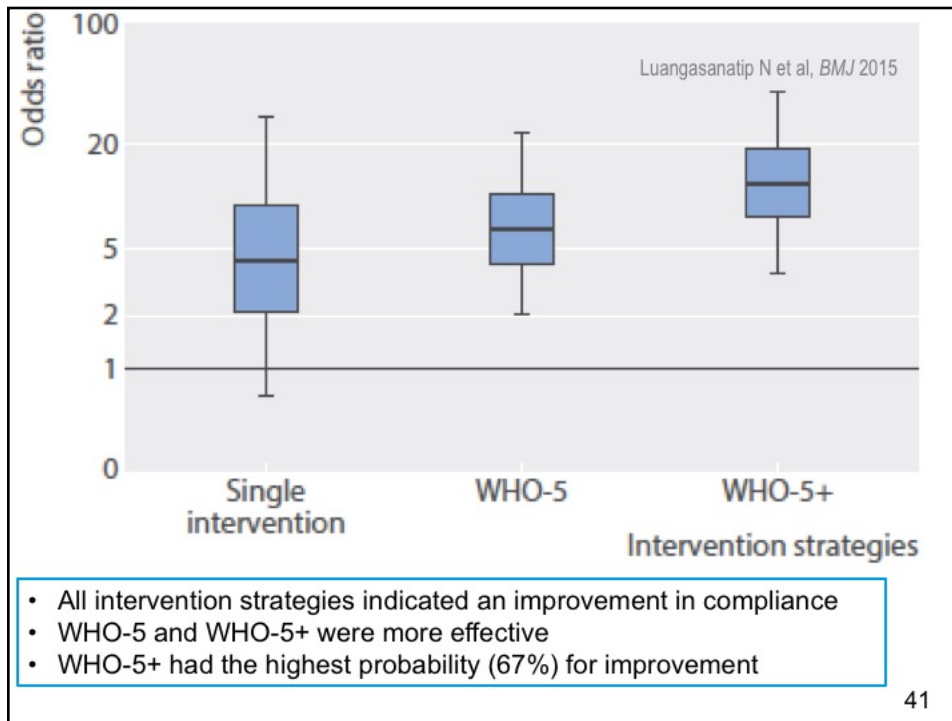
Meta-analysis from 22 studies confirmed that the **WHO hand hygiene improvement strategy is effective at increasing health care workers compliance**

Results of 19 studies showed **reduction of healthcare-associated infections**

Allegranzi B et al, Lancet ID 2013; Luangasanatip N et al, BMJ 2015

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World Health Organization (WHO)
 Geneva, Switzerland,
 2005-2015



Through the promotion of best practices in hand hygiene and infection control, the 1st Global Patient Safety Challenge aimed to reduce health care-associated infection worldwide





Pittet D & Donaldson L, *Lancet* 2005 42

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Lessons learned

Why did it work ?

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- system change
- multimodal / evidence-based
- experience-based
- implementation strategy
- top to bottom - bottom up
- tools for implementation
- linked to positive outcomes
- reward success / excellence
- involve patients & relatives

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- system change
- multimodal / evidence-based
- experience-based
- implementation strategy
- top to bottom - bottom up
- tools for implementation
- linked to positive outcomes
- reward success / excellence
- involve patients & relatives

What else ?

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- simplification (make it usable)
- co-creation
- creativity
- community experience
- adaptation
- silo busting
- sharing economy principles
- use of SoMe

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5 May 2019 – what's the menu



- **5 May 2019** theme: the link of IPC and hand hygiene with quality UHC
- The **evidence** that IPC and hand hygiene improve quality of care and patient outcomes
- **WHO Global survey 2019**: facility-level assessments in a spirit of improvement
- **5 May 2019**: *Clean Care For All; it's in your hands*
- 5 May 2019 **calls for actions**
- **UHC / Hand Hygiene solidarity chains**
- WHO 5 May: **video message**
- Let's pledge for **SAVE LIVES: Clean YOUR Hands** "*Clean Care for All; it's in your hands*"
- "It's in Your Hands": **the song**

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WHO 2019 Global Survey on Infection Prevention and Control and Hand Hygiene

Facility-level assessments in a spirit of improvement



16 January – 16 July 2019

All health care facilities and countries are invited to participate!

Find instructions here <https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>

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WHO IPC Global Survey 2019 Objectives



- 1) To encourage and support **local assessments of IPC and hand hygiene activities** using standardized and validated tools, in the context of the regular work of the IPC teams/committees and the development of local improvement plans
- 2) To gather a **situational analysis** on the level of progress of *current IPC and hand hygiene activities around the world* and inform future efforts and resource use

for supporting patient safety, health care quality improvement, outbreak preparedness and response, and antimicrobial resistance prevention and control

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Assessments in a spirit of improvement



- Regular assessments of IPC programmes are essential for **continuous quality improvement**.
- Assessment helps to identify **existing strengths** and take stock of achievements made so far to convince decision-makers that success and **progress is possible**.
- Assessment also helps to create a **sense of urgency** for the changes needed to improve IPC, taking account of the WHO core component guideline recommendations.
- By using **validated tools**, you can be confident that the information collected is meaningful and will support improvement.

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SAVE LIVES: Clean Your Hands - 5 May 2019

Monitoring IPC & Hand Hygiene – WHO Global Survey 2019



- **Tools:** IPC Assessment Framework (IPCAF)* & Hand Hygiene Self-assessment Framework (HHSAF)**
- **Timeline:**
 - Survey conduct: 16 January - 16 July 2019
 - Survey analysis: May-August 2019
- **Sample:**
 - Open voluntary participation by health care facilities around the world + countries
 - Stratified sub-sample
- **Data submission:** online protected system
- **Data confidentiality and property:** WHO's and MS (upon specific agreement) – data completely anonymized

*<http://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF?ua=1> **http://www.who.int/ipsccountry_workhhsa_framework_October_2010.pdf?ua=1 55

Training videos on the use of the tools




Infection prevention and control facility-level assessments using WHO standardized tools in a spirit of improvement – Training video

Infection Prevention and Control Global Unit
WHO HQ

WHO IPC Global Unit 2019

<https://youtu.be/yMJPVtma9I0>



<https://youtu.be/PDz8kxrPaMk>


Hand Hygiene Self-assessment Framework – training video
WHO 2019 Global Survey on Infection Prevention and Control and Hand Hygiene

Professor Didier Pittet, MD, MS, CBE

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IPC facility-level assessment tool

Core component	Definition	Materials and equipment
1. Infection prevention and control (IPC) programme	... (text too small to read)	... (text too small to read)
2. IPC guidelines	... (text too small to read)	... (text too small to read)
3. IPC education & training	... (text too small to read)	... (text too small to read)
4. HAI surveillance	... (text too small to read)	... (text too small to read)
5. Multimodal strategies	... (text too small to read)	... (text too small to read)
6. IPC Monitoring/audits & feedback	... (text too small to read)	... (text too small to read)
7. Workload, staffing, bed occupancy	... (text too small to read)	... (text too small to read)
8. Built environment	... (text too small to read)	... (text too small to read)

Box 8. IPCAF scoring interpretation


Score	Interpretation	Description
0-200	Inadequate	IPC core components' implementation is deficient. Significant improvement is required.
201-400	Basic	Some aspects of the IPC core components are in place, but not sufficiently implemented. Further improvement is required.
401-600	Intermediate	Most aspects of IPC core components are appropriately implemented. Continue to improve the scope and quality of implementation and focus on the development of long-term plans to sustain and further promote the existing IPC programme.
601-800	Advanced	The IPC core components are fully implemented according to the WHO recommendations and appropriate to the needs of your facility.

- **Structured, closed-formatted questionnaire** with an associated scoring system based on the HHSAF approach; **81 indicators**
- **Self- or joint-assessments**
- Tested for usability, reliability and construct validity in a sample of **181 acute health care facilities in 46 countries** across the world

<http://www.who.int/infection-prevention/tools/core-components/en/>
<https://youtu.be/yMJpVtma9l0>

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Structure of the IPC Assessment Framework



8 sections:

1. IPC programme
2. IPC guidelines
3. IPC education & training
4. HAI surveillance
5. Multimodal strategies
6. IPC Monitoring/audits & feedback
7. Workload, staffing, bed occupancy
8. Built environment

} **IPC Core Components**

- **Who completes it:** Health care professionals responsible for organising and implementing IPC measures and who have in-depth knowledge of IPC at the facility level

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IPC assessment framework (IPCAF) – purpose of the tool



- It provides a quantitative evaluation of the different components of IPC programmes in a systematic way, allowing changes to be tracked over time.
- Its purpose is to help assess, plan, organize and implement a facility IPC programme.
- To determine the *core components already in place* and identify *gaps or weaknesses* to guide action planning.
- The resulting scores can be used to *measure and monitor progress* in implementing IPC programmes at the facility level.
- Its usefulness depends on being completed as objectively and accurately as possible

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Section example: IPC programme




Core component 1: Infection Prevention and Control (IPC) programme

Question	Answer	Score
1. Do you have an IPC programme? Choose one answer	<input type="checkbox"/> No <input type="checkbox"/> Yes, without clearly defined objectives	0 5
2. Is the IPC programme supported by an IPC team of IPC professionals? Choose one answer	Senior facility leadership (for example, administrative director, chief executive officer [CEO], medical director) <input type="checkbox"/> No <input type="checkbox"/> Yes	0 5
3. Does the IPC team have at least one full-time IPC or equivalent (nurse or doctor working 100% in IPC)? Choose one answer	Senior clinical staff (for example, physician, nurse) <input type="checkbox"/> No <input type="checkbox"/> Yes	0 2.5
4. Does the IPC team or focal person have dedicated activities?	Facility management (for example, biosafety, waste, and those tasked with addressing water, sanitation, and hygiene [WASH]) <input type="checkbox"/> No <input type="checkbox"/> Yes	0 2.5
5. Does the IPC team include both doctors and nurses?	8. Do you have clearly defined IPC objectives (that is, in specific critical areas)? Choose one answer	0 2.5
6. Do you have an IPC committee' actively supporting the programme?	<input type="checkbox"/> No <input type="checkbox"/> Yes, IPC objectives only <input type="checkbox"/> Yes, IPC objectives and measurable outcome indicators (that is, adequate measures for improvement) <input type="checkbox"/> Yes, IPC objectives, measurable outcome indicators and set future targets	0 2.5 5 10
7. Are any of the following professional groups represented/included in the IPC committee?	9. Does the senior facility leadership show clear commitment and support for the IPC programme: By an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)? <input type="checkbox"/> No <input type="checkbox"/> Yes	0 5
8. Do you have clearly defined IPC objectives (that is, in specific critical areas)? Choose one answer	By demonstrable support for IPC objectives and indicators within the facility (for example, at executive level meetings, executive rounds, participation in morbidity and mortality meetings)? <input type="checkbox"/> No <input type="checkbox"/> Yes	0 5
9. Does the senior facility leadership show clear commitment and support for the IPC programme: By an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)? <input type="checkbox"/> No <input type="checkbox"/> Yes	10. Does your facility have microbiological laboratory support (either present on or off site) for routine day-to-day use? Choose one answer	0 5
10. Does your facility have microbiological laboratory support (either present on or off site) for routine day-to-day use? Choose one answer	<input type="checkbox"/> No <input type="checkbox"/> Yes, but not delivering results reliably (timely and of sufficient quality) <input type="checkbox"/> Yes, and delivering results reliably (timely and of sufficient quality)	0 5 10
IPC programme subtotal score		/100 60

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IPCAF – interpretation of the results: a 3-step process



1. Add up your points


	Score
Section (Core component)	Subtotals
1. IPC programme	45
2. IPC guidelines	60
3. IPC education and training	75
4. HAI surveillance	20
5. Multimodal strategies	45
6. Monitoring/audits of IPC practices and feedback	50
7. Workload, staffing and bed occupancy	65
8. Built environment, materials and equipment for IPC at the facility level	30
Final total score	390 /800

2. Determine the assigned "IPC level" in your facility using the total score from Step 1

Total score (range)	IPC level
0–200	Inadequate
201–400	Basic
401–600	Intermediate
601–800	Advanced


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Interpreting results



Box 8. IPCAF scoring interpretation


Score	IPC level	Interpretation
0-200	Inadequate	IPC core components' implementation is deficient. Significant improvement is required.
201-400	Basic	Some aspects of the IPC core components are in place, but not sufficiently implemented. Further improvement is required.
401-600	Intermediate	Most aspects of IPC core components are appropriately implemented. Continue to improve the scope and quality of implementation and focus on the development of long-term plans to sustain and further promote the existing IPC programme.
601-800	Advanced	The IPC core components are fully implemented according to the WHO recommendations and appropriate to the needs of your facility.



Source: Facility Interim Practical Manual <http://www.who.int/infection-prevention/tools/core-components/en/>

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IPCAF step 3 – Review the results and develop an action plan
Detailed facility assessment



IPCAF Section	Strengths	Gaps
1. IPC programme		
2. IPC guidelines		
3. IPC education & training		
4. HAI surveillance		
5. Multimodal strategies		
6. Monitoring/audits & feedback		
7. Workload, staffing and bed occupancy		
8. Built environment		

Source: *Facility Interim Practical Manual* <http://www.who.int/infection-prevention/tools/core-components/en/> 63

WHO Guidelines on Hand Hygiene in Health Care



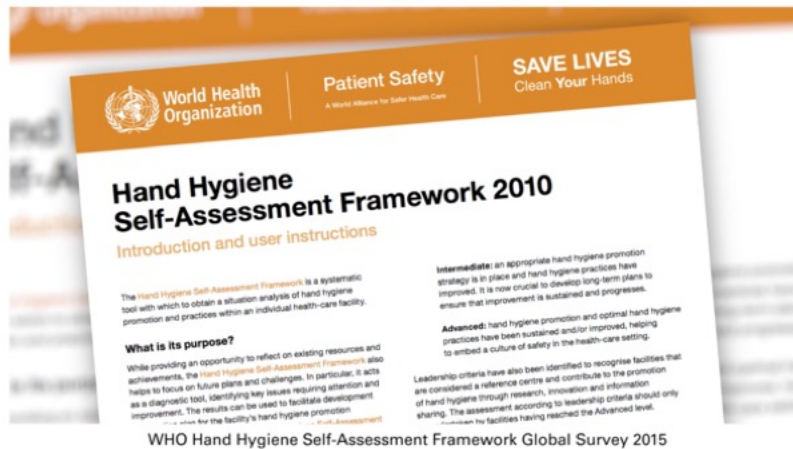
- WHO has issued resources to support Hand Hygiene guideline implementation
- The Implementation Toolkit includes the *Hand Hygiene Self-Assessment Framework (HHSAF)*
- *HHSAF*: a validated tool for the evaluation of the level of implementation of the Multimodal Hand Hygiene Improvement Strategy



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See explanatory videos at:
<https://youtu.be/PDz8kxrPaMk> and
www.tinyurl.com/HHSAFSurvey



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Introduction to the Hand Hygiene Self-Assessment Framework (HHSAF)

Purpose and background

- The HHSAF assigns hospitals a score and position on a continuum of improvement from “inadequate” to “advanced”
- It is a diagnostic tool to assess existing hand hygiene activities and identify strengths and gaps
- It comprises the 5 components of the WHO Multimodal Hand Hygiene improvement strategy and addresses a total of 27 indicators framed as questions

https://www.who.int/infection-prevention/tools/hand-hygiene/hhsa_framework/en/ 66

Introduction to the Hand Hygiene Self-Assessment Framework (HHSAF)

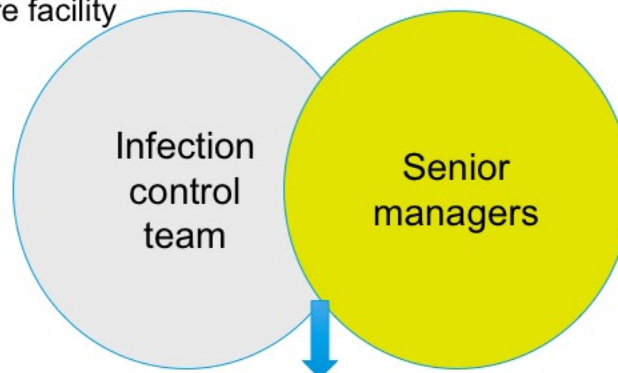
- Hand hygiene is a key healthcare quality indicator
- The HHSAF facilitates regular monitoring and reporting of the WHO multimodal improvement strategy at local and national level
- WHO recommends to use the HHSAF on an annual basis
- HHSAF survey may act as a proxy indicator of the global quality of healthcare delivery

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Who should complete and use the HHSAF?




This tool should be used by professionals in charge of implementing a strategy to improve hand hygiene within a healthcare facility



The HHSAF can be used globally at any level of hand hygiene progress

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How is the HHSAF structured?



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1. Add up your points

Score	
1. System change	100/100
2. Education and Training	60/100
3. Evaluation and Feedback	75/100
4. Reminders in the Workplace	90/100
5. Institutional Safety Climate	60/100
Total Score	385

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1. Add up your points

Score	
1. System change	100/100
2. Education and Training	60/100
3. Evaluation and Feedback	75/100
4. Reminders in the Workplace	90/100
5. Institutional Safety Climate	60/100
Total Score	385



2. Determine the assigned Hand Hygiene Level

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

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1. Add up your points

Score	
1. System change	100/100
2. Education and Training	60/100
3. Evaluation and Feedback	75/100
4. Reminders in the Workplace	90/100
5. Institutional Safety Climate	60/100
Total Score	385



2. Determine the assigned Hand Hygiene Level

Total Score	Hand Hygiene Level
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1.
Add up your points.

Score	Component	Subtotal
	1. System Change	100
	2. Education and Training	60
	3. Evaluation and Feedback	75
	4. Reminders in the Workplace	90
	5. Institutional Safety Climate	60
	Total	385

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)
376 - 500	Advanced (or Embedding)

3.
If your facility has reached the **Advanced** level, then complete the Leadership section overleaf.
(otherwise go to Step 4).

Your facility has not reached Hand Hygiene Leadership level, yet.

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Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment → **Action**

English
French
Spanish
Portuguese
Italian
Arabic

World Health Organization | Patient Safety | SAVE LIVES
Clean Your Hands



Hand Hygiene Self-assessment Framework 2010

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

- System change** - Baseline assessment - map resources required for hand hygiene at the point of care in three places where it is not yet available - record and describe what additional products are needed to meet hygiene products - provide products and related instructions at the point of care progressively across the whole facility with a clear implementation timeline
Management support - take your facility to progress to system change to the facility's senior manager - discuss and secure short and long term support, including resources, for continuous product procurement
- Training/education** - Needs assessment - plan hand hygiene training centered on the WHO 5 moments, based on staff knowledge, perceptions and practice monitoring
Planning - create and implement a programme for the education of clinicians
Education - provide updated training programme for staff based on needs assessment
Management support - secure support from senior managers for regular training, including resource allocation
Sustainability - implement a process for refreshing staff training completion - develop a plan for continuous education and practice monitoring, resource allocation such as a facility website
- Evaluation & feedback** - Regular evaluation - undertake regular hand hygiene compliance observations, at least annually and monitor other indicators (e.g. product consumption, knowledge, perceptions)
Access to expertise - utilize expertise (e.g. epidemiologist, data manager) for data analysis
Feedback - establish and maintain a system for monitoring and reporting results to both staff and senior managers, describing their results against expected results, and openly communicate results within the organization if required
Target setting - set annual targets for compliance milestones
- Reminders in workplace** - Checks - follow a plan for regular refreshment of materials such as posters and replace if damaged
Delivery of messages - provide and display posters and notices in all clinical settings
Sustainability - plan posters and display opportunities or embedded reminders on an ongoing basis, including non-sterile areas other than patient and staff
- Safety climate** - Multinational approach - continue to staff across using the WHO Hand Hygiene Self-assessment Framework, at least annually and clearly describe changes compared to previous evaluation
Budget - secure a regular budget for ongoing activities, aimed at hand hygiene evaluation and further improvement
Checks - establish hygiene facilities for professionals in charge of hand hygiene activities and allocate staff to become champions and role models
Communication - in addition to regular communication on hand hygiene progress and results, disseminate messages through other channels (e.g. internal journal, wall paper, official website and social media)
Patient contracts to encourage - include hand hygiene information and educational materials on hand

Find template action plans here:
https://www.who.int/infection-prevention/campaigns/clean-hands/EN_PSP_GPSC1_5May_2015/en/ 74

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Interpretation: A four step process

1. Add up your points

- System change
- Education and Training
- Evaluation and Feedback
- Reminders in the Workplace
- Institutional Safety Climate

2. Determine the Hand Hygiene Level

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

3. Complete the Leadership Section

- For Advanced Hand Hygiene Level
- If not go to Step 4
- Answer "yes" to at least one leadership criteria per category
- For HH Leadership level score should be 12 or more

4. Develop and execute an action plan

- Analysis of results
- Identify strengths and gaps
- Next steps for improvement
- Sustain the HH programme over the long term

HAND HYGIENE SELF-ASSESSMENT FRAMEWORK 2019

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WHO HHSAF Global Survey 2011



WHO Hand Hygiene Self-Assessment Framework Global Survey Summary Report

From April to December 2011, health-care facilities registered for the WHO SAVE LIVES: Clean Your Hands initiative and those participating in some national hand hygiene campaigns were invited to participate in a global survey based on the completion of the Hand Hygiene Self-Assessment Framework (HHSAF).

The survey objectives were three-fold:

- to assess the level of progress of health-care facilities in terms of hand hygiene infrastructure, promotional activities, performance monitoring and feedback, and institutional commitment, according to a range of indicators relevant to the WHO Multimodal Hand Hygiene Improvement Strategy summarized in a score;
- to identify gaps in hand hygiene infrastructures and activities according to the HHSAF indicators;
- to provide feedback through summary results.

Methods

The HHSAF is a tool providing a systematic situation analysis of hand hygiene structures, resources, promotion, and practices within a health-care facility. It resembles a questionnaire and is structured in five sections, based on the five components of the WHO Multimodal Hand Hygiene Improvement Strategy (name change, training and education, evaluation and performance feedback, reminders in the workplace, and institutional safety climate). The tool includes 27 indicators reflecting the key elements of each strategy component. These are assigned values totaling 100 points within each HHSAF section, adding up to a maximum overall score of 500 points. Based on its overall score, a facility is assigned to one of four levels of progress:

1. **Inadequate** (score of 0-125): hand hygiene practices and hand hygiene promotion are deficient. Significant improvement is required.

- Participation of **2119 health-care settings** from **69 countries**
- Find more at http://www.who.int/gpsc/5may/hhsa_framework/en/
- **Scientific publication:**
B. Allegranzi et al. American Journal of Infection Control 2014;42:224-30

https://www.who.int/gpsc/5may/summary_report_HHSAF_global_survey_May12.pdf?ua=1

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Contents lists available at ScienceDirect

American Journal of Infection Control

Am J Infect Control (2014) 42:224-30

journal homepage: www.ajicjournal.org



Major article

Status of the implementation of the World Health Organization multimodal hand hygiene strategy in United States of America health care facilities

Benedetta Allegranzi MD^a, Laurie Conway RN, MS, CIC^b, Elaine Larson RN, PhD, FAAN, CIC^b, Didier Pittet MD, MS^{c,*}

^a First Global Patient Safety Challenge, World Health Organization Patient Safety Program, World Health Organization, Geneva, Switzerland
^b Columbia University School of Nursing, Columbia University, New York, NY
^c Infection Control Program and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland

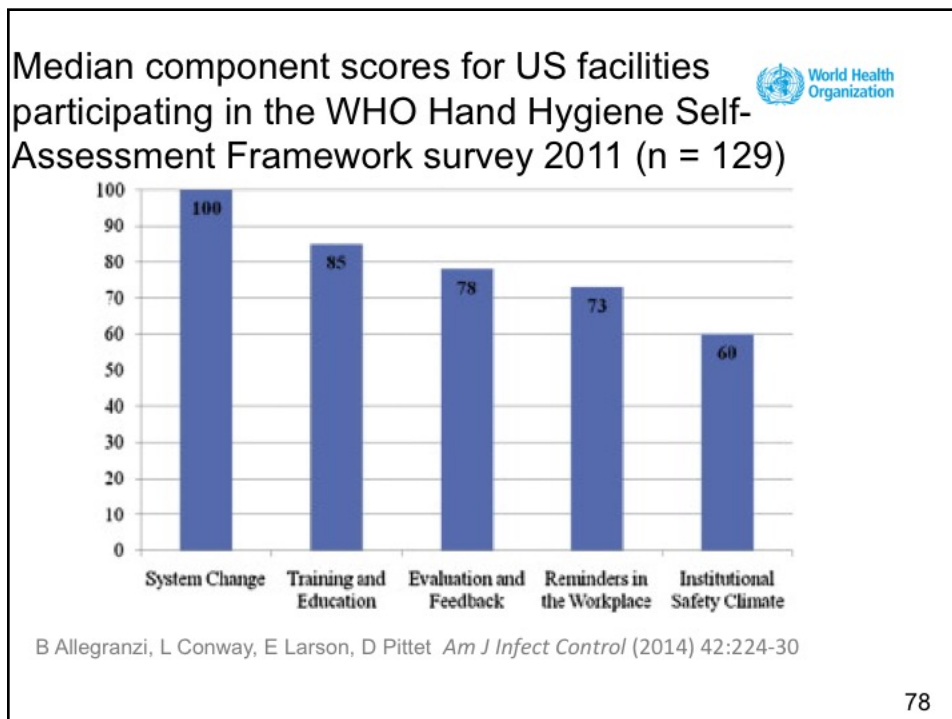
Key Words:
WHO multimodal strategy
Health care-associated infection
infection control
US hospitals
WHO Hand Hygiene Self-Assessment Framework

Background: The World Health Organization (WHO) launched a multimodal strategy and campaign in 2009 to improve hand hygiene practices worldwide. Our objective was to evaluate the implementation of the strategy in United States health care facilities.

Methods: From July through December 2011, US facilities participating in the WHO global campaign were invited to complete the Hand Hygiene Self-Assessment Framework online, a validated tool based on the WHO multimodal strategy.

Results: Of 2,238 invited facilities, 168 participated in the survey (7.5%). A detailed analysis of 129, mainly nonteaching public facilities (80.6%), showed that most had an advanced or intermediate level of hand hygiene implementation progress (48.9% and 45.0%, respectively). The total Hand Hygiene Self-Assessment Framework score was 36 points higher for facilities with staffing levels of infection preventionists > 0.75/100 beds than for those with lower ratios ($P = .01$) and 41 points higher for facilities participating in hand hygiene campaigns ($P = .002$).

Conclusion: Despite the low response rate, the survey results are unique and allow interesting re-



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October 2018; 100: 202–206

World Health Organization

Available online at www.sciencedirect.com

Journal of Hospital Infection

journal homepage: www.elsevier.com/locate/jhin

ELSEVIER

Healthcare Infection Society

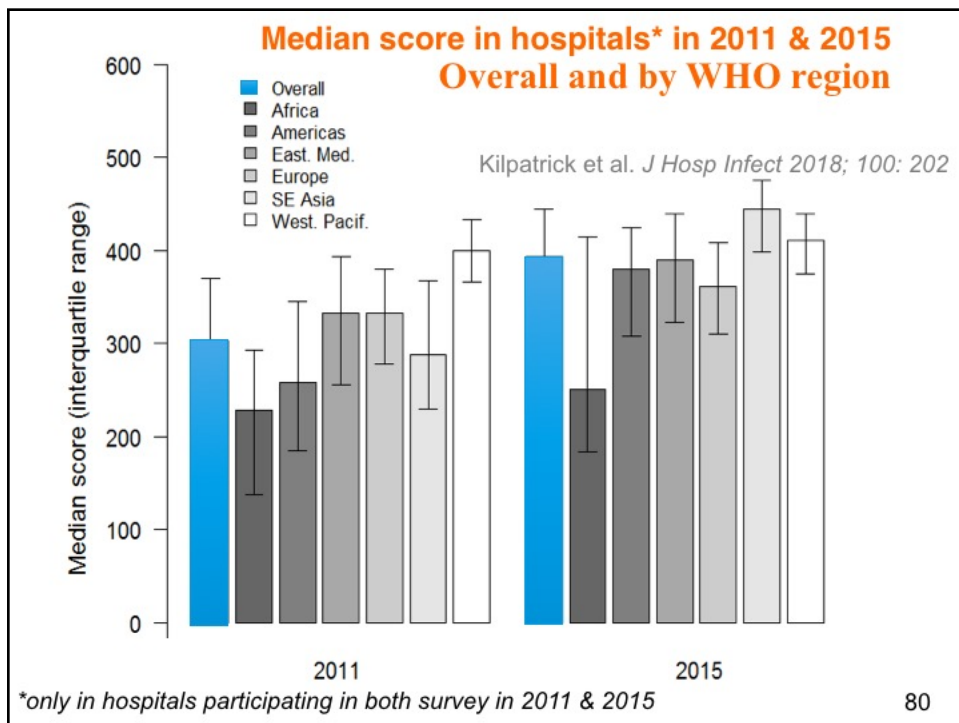
Short report

Global hand hygiene improvement progress: two surveys using the WHO Hand Hygiene Self-Assessment Framework

C. Kilpatrick^a, E. Tartari^{b,c}, A. Gayet-Ageron^{b,d}, J. Storr^a, S. Tomczyk^a, B. Allegranzi^a, D. Pittet^{b,*}

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^bInfection Control Programme and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland
^cDepartment of Nursing, Faculty of Health Sciences, University of Malta, Msida, Malta
^dDepartment of Health and Community Medicine, Division of Clinical Epidemiology, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland

Kilpatrick et al. *J Hosp Infect* 2018; 100: 202-206 79



WHO HHSAF Global surveys 2011 – 2015; conclusions



- Global improvement in hand hygiene promotion capacity was observed worldwide
- Institutional safety climate scored the lowest
- IPC interventions can be enhanced in the context of a positive safety culture
- Use of the HHSAF could counter campaign fatigue and contribute to sustained incremental progress

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People in health facilities around the world told us why using the framework is beneficial...

"We are easily carried away with various emerging priorities in infection control; the hand hygiene self-assessment framework is key to keeping hand hygiene on everyone's agenda and having a clear strategy in place."



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Organization

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A World Alliance for Safer Health Care

Hand Hygiene Self-Assessment Framework

Introduction and user instructions



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"We are easily carried away with various emerging priorities in infection control; the hand hygiene self-assessment framework is key to keeping hand hygiene on everyone's agenda and having a clear strategy in place."



World Health Organization



Patient Safety
A World Alliance for Safer Health Care


Hand Hygiene Self-Assessment Framework
Introduction and user instructions

"The tool is a driver which has enabled us to critically appraise our hand hygiene programme and improve it."



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Join us! Over 1200 facilities from 101 countries have already participated



World Health Organization

Instructions

World Health Organization

2019 WHO Global Survey on Infection Prevention and Control and Hand Hygiene

Instructions

What is this survey: a WHO global survey on the current level of progress of infection prevention and control (IPC) programmes and hand hygiene activities in health care facilities which has been launched in the context of the [2019 annual hand hygiene global campaign](https://www.who.int/news-room/feature-stories/20190505) (5 May 2019).

What are the objectives of this survey:

- 1) To encourage and support local assessments of IPC and hand hygiene activities using standardized and validated tools, in the context of the regular work of the IPC team/committee and the development of local improvement plans;
- 2) To gather a national evidence on the level of progress of current IPC and hand hygiene activities around the world and inform future efforts and resource use for supporting patient safety, health care quality improvement, outbreak preparedness and response, and antimicrobial resistance prevention and control.

Timeline: this survey will be open for four months from 10 January to 10 May 2019.

How the survey works: the survey has two targets, involving the completion of two tools at the facility:

- 1) The [WHO Infection Prevention and Control Assessment Framework \(ICAF\)](#); and
- 2) The [WHO Hand Hygiene Self-Assessment Framework \(HSAF\)](#).

Both tools are structured, closed formatted, validated questionnaires in 8 computerized scoring systems. The indicators used refer to the recommendations of the [WHO Guidelines on hand hygiene in health care](https://www.who.int/publications/m/item/20160501) and the [WHO recommendations on the rational use of antibiotics in health care](https://www.who.int/publications/m/item/20160501). They were developed in consultation with the representatives of the regional and local health care facilities. They were designed to be familiar with those guidelines before completing the tools.

A WHO online system is available for data submission with each tool. English, French, and Spanish versions will be available as well as some other languages.

Survey enrollment: This survey is open to any acute health care facility globally and participation is voluntary. If the WHO IPC and HSAF are facility-level tools, then, each facility is asked to complete and submit their tool once in the context of the survey. Alternatively, WHO encourages Ministries of Health (locally through their national IPC focal point/team) to take the lead in promoting and coordinating the survey process and data collection among health facilities in their country. If any country experiences such an interest, WHO staff can provide additional guidance and establish an agreement, ensuring data confidentiality and sharing with national authorities.

Health care facilities registered for [2019 WHO Clean Your Hands](https://www.who.int/campaigns/clean-your-hands) and participating in other WHO networks will receive a personal email invitation to participate, including specific links to the WHO IPC Global Survey online system allowing individual protected access to the survey.

- Health-care facilities registered for *SAVE LIVES: Clean Your Hands* and participating in other WHO networks will receive a personal email invitation to participate, including specific link to the WHO IPC Global Survey online system
- Other health-care facilities wishing to participate can:
 - Register for *SAVE LIVES: Clean Your Hands* at <https://www.who.int/infection-prevention/campaigns/clean-hands/register/en/>
 - Submit their data to www.who-ipc-survey.org after completing the tools locally
- You can submit enquiries to who_ipc_globalsurvey@who.int

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www.webbertraining.com

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Prof. Benedetta Allegranzi and Prof. Didier Pittet, World Health Organization
A Webber Training Teleclass

5 May 2019 – what's the menu



- **5 May 2019** theme: the link of IPC and hand hygiene with quality UHC
- The **evidence** that IPC and hand hygiene improve quality of care and patient outcomes
- **WHO Global survey 2019**: facility-level assessments in a spirit of improvement
- **5 May 2019: Clean Care For All; it's in your hands**
- 5 May 2019 **calls for actions**
- UHC / Hand Hygiene **solidarity chains**
- WHO 5 May: **video message**
- Let's pledge for **SAVE LIVES: Clean YOUR Hands** "Clean Care for All; it's in your hands"
- "It's in Your Hands": **the song**

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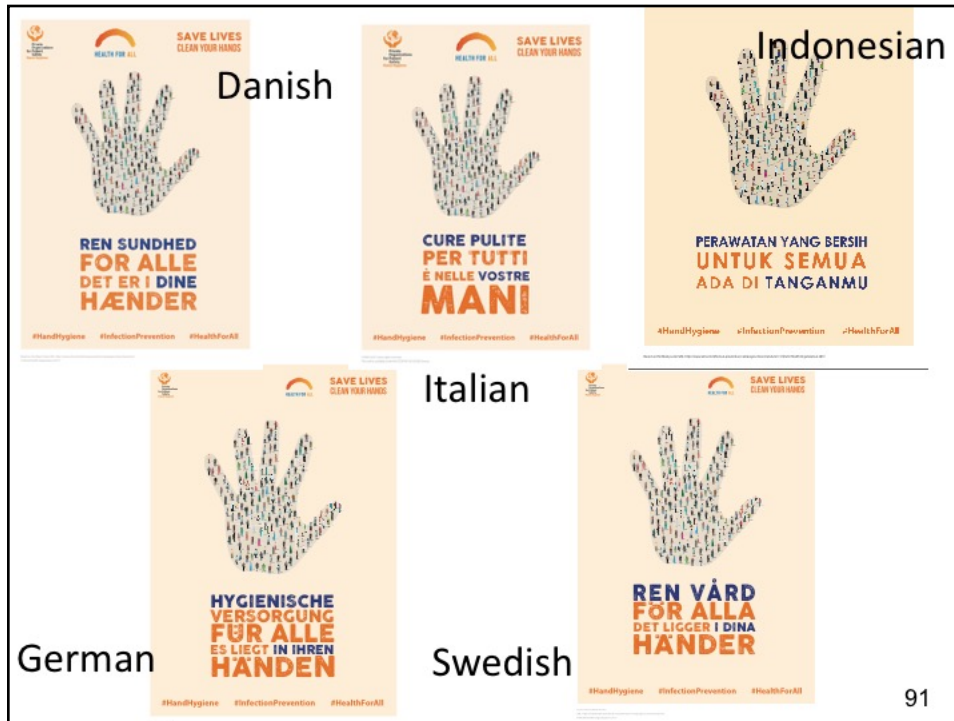


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CLEAN CARE FOR ALL IT'S IN YOUR HANDS

World Health Organization

HEALTH WORKERS

Champion clean care
It's in your hands

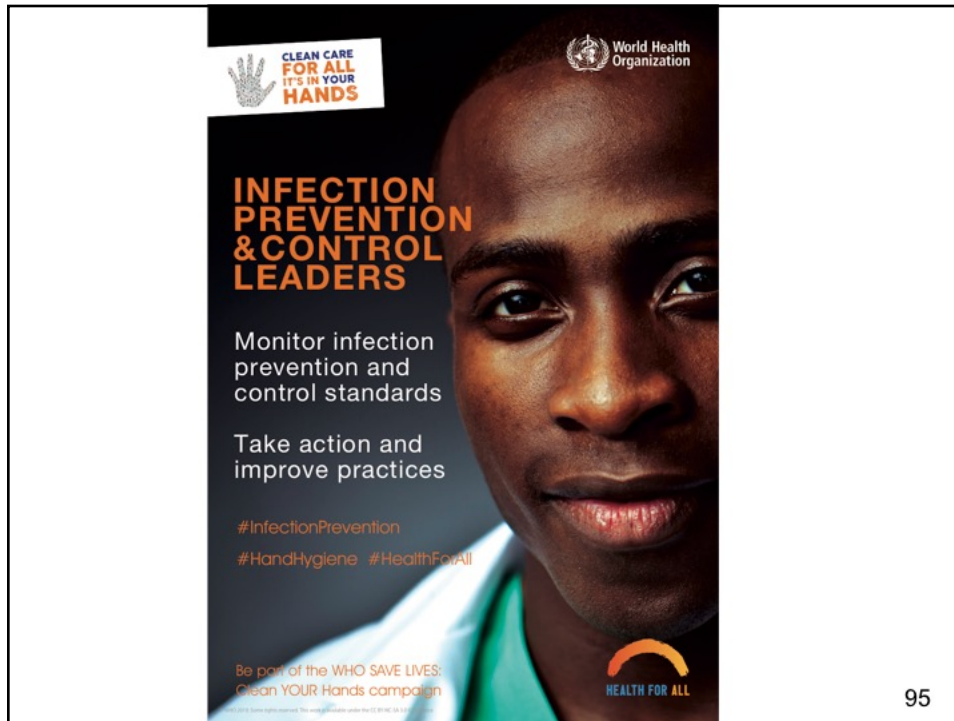
#InfectionPrevention
#HandHygiene #HealthForAll

Be part of the WHO SAVE LIVES
Clean YOUR Hands campaign

SAVE LIVES

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CLEAN CARE FOR ALL IT'S IN YOUR HANDS

World Health Organization

INFECTION PREVENTION & CONTROL LEADERS

Monitor infection prevention and control standards

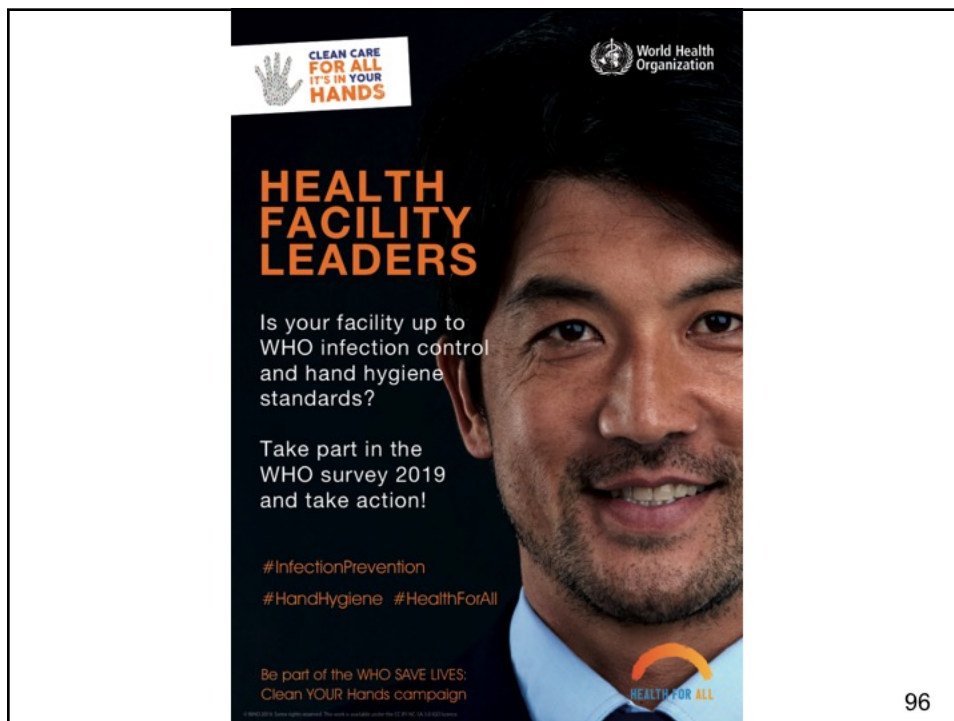
Take action and improve practices

#InfectionPrevention
#HandHygiene #HealthForAll

Be part of the WHO SAVE LIVES: Clean YOUR Hands campaign

HEALTH FOR ALL

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CLEAN CARE FOR ALL IT'S IN YOUR HANDS

World Health Organization

HEALTH FACILITY LEADERS

Is your facility up to WHO infection control and hand hygiene standards?

Take part in the WHO survey 2019 and take action!

#InfectionPrevention
#HandHygiene #HealthForAll

Be part of the WHO SAVE LIVES: Clean YOUR Hands campaign

HEALTH FOR ALL

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CLEAN CARE FOR ALL IT'S IN YOUR HANDS

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MINISTRIES OF HEALTH

Does your country meet infection prevention and control standards?

Monitor and act to achieve quality universal health coverage

#InfectionPrevention
#HandHygiene #HealthForAll

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HEALTH FOR ALL

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CLEAN CARE FOR ALL IT'S IN YOUR HANDS

World Health Organization

PATIENT ADVOCACY GROUPS

Ask for clean care
It's your right

#InfectionPrevention
#HandHygiene #HealthForAll

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HEALTH FOR ALL

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The posters are arranged in two rows. The top row contains three posters: 'HEALTH FACILITY LEADERS', 'HEALTH WORKERS', and 'INFECTION PREVENTION & CONTROL LEADERS'. The bottom row contains two posters: 'MINISTRIES OF HEALTH' and 'PATIENT ADVOCACY GROUPS'. Each poster features a portrait of a representative and key messages in English. A 'WHO' logo and a 'CLEAN CARE FOR ALL' tagline are present in the top left of each poster. A small '99' is located in the bottom right corner of the slide.

English

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The posters are arranged in two rows. The top row contains three posters: 'قيادة المرافق الصحية', 'العاملون الصحيون', and 'القادة في مجال الوقاية من العدوى ومكافحتها'. The bottom row contains two posters: 'وزارات الصحة' and 'مجموعات الدفاع عن المرضى'. Each poster features a portrait of a representative and key messages in Arabic. A 'WHO' logo and a 'CLEAN CARE FOR ALL' tagline are present in the top left of each poster. A small '100' is located in the bottom right corner of the slide.

Arabic

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Spanish
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French
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The image displays five posters in Russian, each featuring a portrait of a professional and text related to hand hygiene standards. The posters are:

- РУКОВОДИТЕЛИ ЛЕЧЕБНЫХ УЧРЕЖДЕНИЙ** (Heads of Health Institutions): Focuses on compliance with WHO standards for infection control and hand hygiene, with a call to participate in the 2019 survey.
- РУКОВОДИТЕЛИ, ОТВЕТСТВЕННЫЕ ЗА ИНФЕКЦИОННЫЙ КОНТРОЛЬ** (Infection Control Officers): Focuses on monitoring standards and implementing measures to improve practice.
- МЕДРАБОТНИКИ** (Healthcare Workers): Focuses on adherence to hand hygiene rules in medical settings, with the slogan "Compliance with hygiene rules in medical settings – it's in your hands!".
- МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ** (Ministries of Health): Focuses on national standards for infection control and measures to ensure quality of care.
- ОРГАНИЗАЦИИ ЗАЩИТЫ ПРАВ ПАЦИЕНТОВ** (Patient Rights Organizations): Focuses on advocating for patient safety and the right to quality care.

Each poster includes the WHO logo, social media hashtags (#InfectionPrevention, #HandHygiene, #HealthForAll), and a call to action to participate in the 2019 survey.

Russian

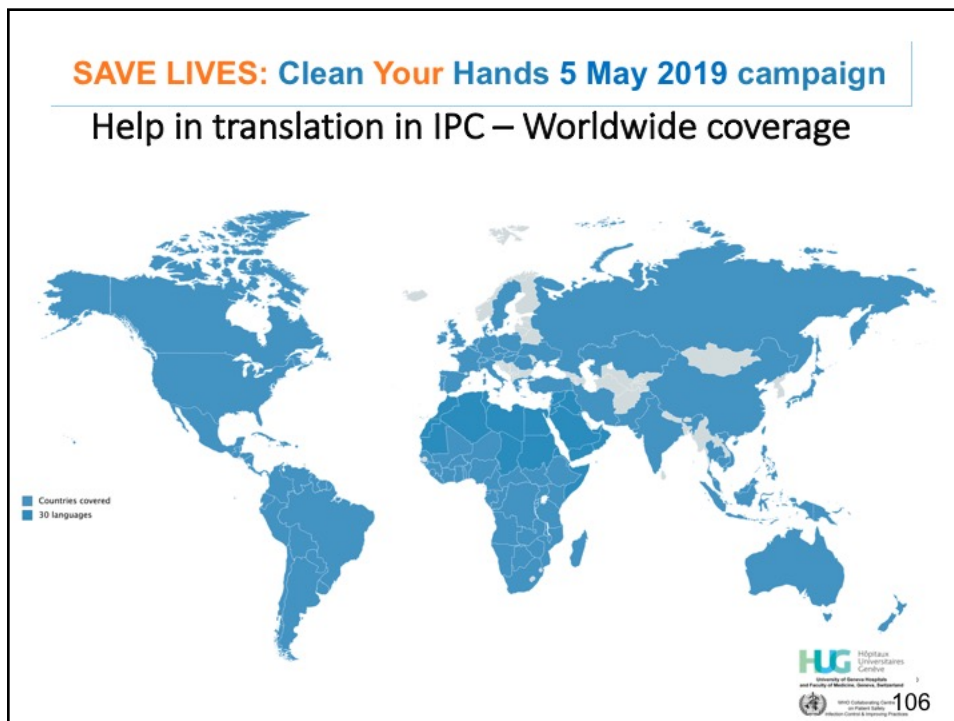
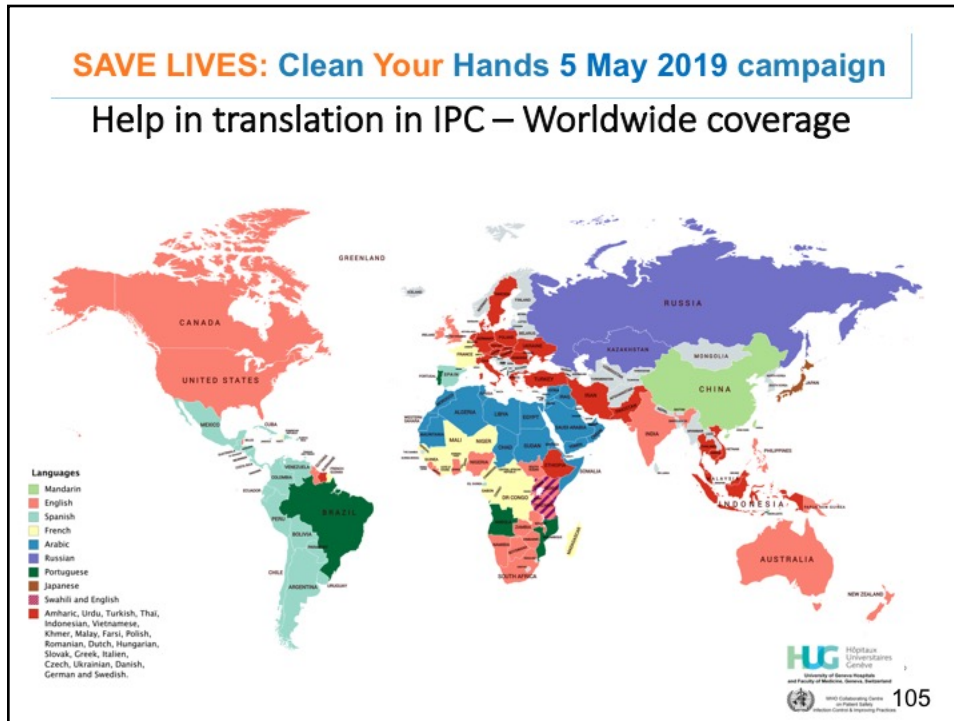
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The image shows a logo consisting of two hands holding a globe, with the text "Private Organizations for Patient Safety Hand Hygiene" below it.


**Private
Organizations
for Patient
Safety
Hand Hygiene**

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**POSTER
MAKER**

Save Lives by
Supporting the
5th of May campaign

Create your own version of the
5th of May campaign posters to print,
post and share with your friends to
spread awareness for the campaign

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Step 1: Take Your Photo



1 STAND IN FRONT OF A DARK BACKGROUND

2 ASK A FRIEND TO TAKE A PORTRAIT PHOTO

A4 DIMENSIONS

PREPARE TO A4 DIMENSIONS (Width = 210mm Height = 297mm)

TAKING YOUR PHOTO

Stand in front of a dark background

Ask a friend to take a photo in a portrait layout

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Step 2: Create Your Poster

3 CHOOSE ONE OF THE TEMPLATES IN THIS .PPT

4 AND INSERT YOUR PHOTO BEHIND THE TEXT

5 THEN PRINT! PLUS SHARE ON SOCIAL MEDIA

INSERTING AND PLACING YOUR IMAGE

To add your image onto the poster, select **insert image** and choose your photograph

Then click on your photo, right click and select **SEND TO BACK**

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Step 3: Promote The Campaign

6 SHARE ON TWITTER

7 SHARE ON INSTAGRAM

8 THEN ASK YOUR FRIENDS TO JOIN ON FACEBOOK

facebook

SHARE SOCIALLY

Choose **FILE** and then **EXPORT** to save your image as a picture and then share on all the Social Media

Make sure to use the following #Hashtags

#HandHygiene #InfectionPrevention #HealthForAll

Send it simply on www.cleanhandssave lives.org

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CLEAN CARE FOR ALL IT'S IN YOUR HANDS

World Health Organization

INFECTION PREVENTION & CONTROL LEADERS

Monitor infection prevention and control standards

Take action and improve practices

#InfectionPrevention
#HandHygiene #HealthForAll

Be part of the WHO SAVE LIVES: Clean YOUR Hands campaign

HEALTH FOR ALL

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CLEAN CARE FOR ALL IT'S IN YOUR HANDS

World Health Organization

DR. A. TEDROS DIRECTOR GENERAL WORLD HEALTH ORGANIZATION

Achieving universal health coverage means quality care for everyone, everywhere

Quality care is clean care

We all have a part to play in making care safe

#InfectionPrevention
#HandHygiene #HealthForAll

Be part of the WHO SAVE LIVES: Clean YOUR Hands campaign

SAVE LIVES CLEAN YOUR HANDS HEALTH FOR ALL

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World Health Organization

CLEAN CARE FOR ALL IT'S IN YOUR HANDS

**DR. A. TEDROS
DIRECTOR GENERAL
WORLD HEALTH ORGANIZATION**

Achieving universal health coverage means quality care for everyone, everywhere

Quality care is clean care

We all have a part to play in making care safe

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5 May promotion on stakeholders' web pages - thank you very much!

World Health Organization

APIC eNews

IFIC International Federation of Infection Control

ECDC European Centre for Disease Prevention and Control

Infection Control Africa Network

RePIas

WASH in Health Care Facilities

Health Protection Scotland

Clean Care For All – It's In Your Hands. Hand Hygiene Day: 5th May

Web sites promoting WHO SAVE LIVES: Clean Your Hands

https://www.who.int/infection-prevention/campaigns/clean-hands/SLCYH_support/en/

- 1. 5 May 2019
- 2. 5 May 2018
- 3. 5 May 2017
- 4. 5 May 2016
- 5. 5 May 2015
- 6. 5 May 2014

Centers for Disease Control
 Centro de Vigilância Epidemiológica Prof. Alexandre Vranjac, State Health Department, São Paulo, Brazil
 Generalitat de Catalunya - Seguretat dels Pacients
 Global Alliance for Infections in Surgery
 Global Maternal Sepsis Study
 Hand Hygiene Australia
 Health Protection Scotland
 Infection Control Africa Network
 Infection Prevention Association Canada
 Infection Prevention Society
 New Zealand Health Quality and Safety Commission
 RePIas
 Seguridad del Paciente - Ministerio de Sanidad, Servicios Sociales e Igualdad
 The Global Handwashing Partnership
 The International Federation of Infection Control
 The Soapbox Collaborative
 Your Health Link
 WASH in health care facilities
 World Surgical Infection Society

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Prof. Benedetta Allegranzi and Prof. Didier Pittet, World Health Organization
A Webber Training Teleclass

5 May 2019 – what's the menu



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Solidarity Chain (April 7th – May 5th)

..... and BEYOND



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**THIS WORLD HEALTH DAY,
HUNDREDS OF PEOPLE CAME TOGETHER IN GENEVA
IN SUPPORT OF HEALTH FOR ALL**

www.who.int/infection-prevention/campaigns/clean-hands/5May2019_SolidarityChain.pdf?ua=1

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Place des Nations , Geneva , WHD 2019 - United Nations, Geneva



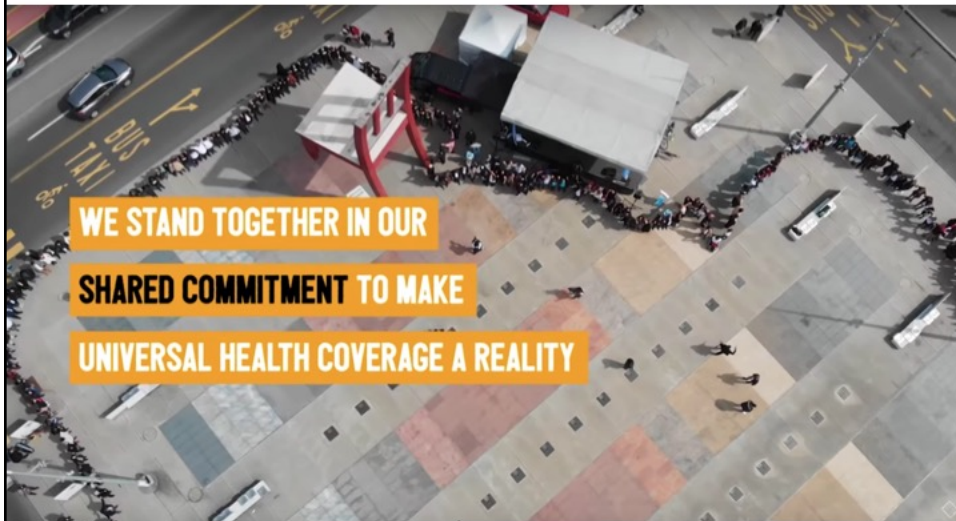
**WE STAND TOGETHER IN OUR
SHARED COMMITMENT TO MAKE
UNIVERSAL HEALTH COVERAGE A REALITY**

www.who.int/infection-prevention/campaigns/clean-hands/5May2019_SolidarityChain.pdf?ua=1

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**WE STAND TOGETHER IN OUR
SHARED COMMITMENT TO MAKE
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www.who.int/infection-prevention/campaigns/clean-hands/5May2019_SolidarityChain.pdf?ua=1

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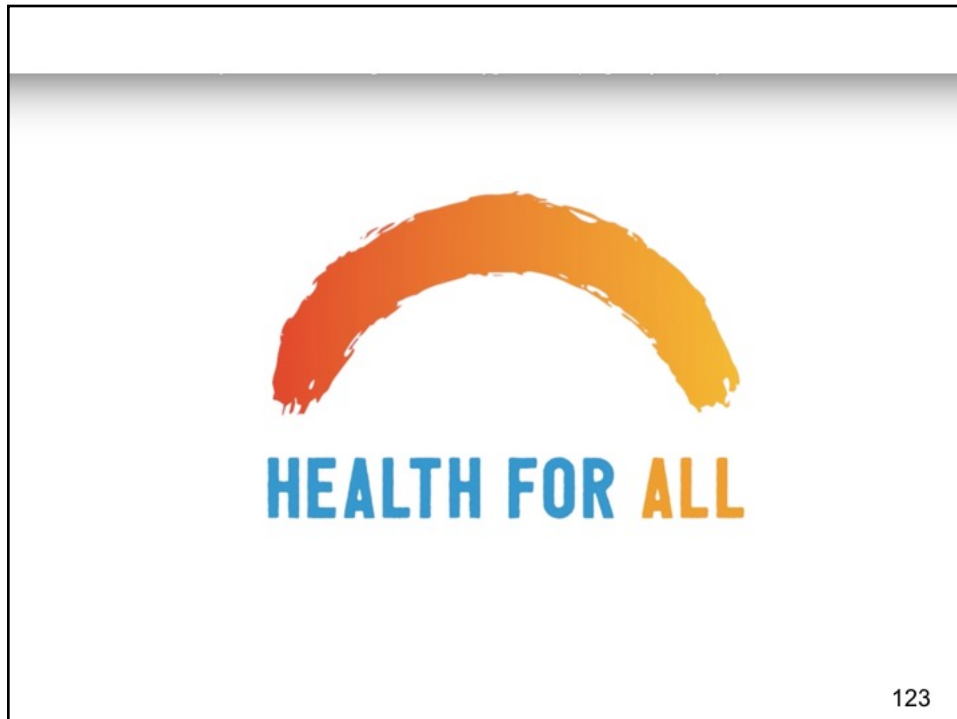


IT'S TIME FOR...

www.who.int/infection-prevention/campaigns/clean-hands/5May2019_SolidarityChain.pdf?ua=1

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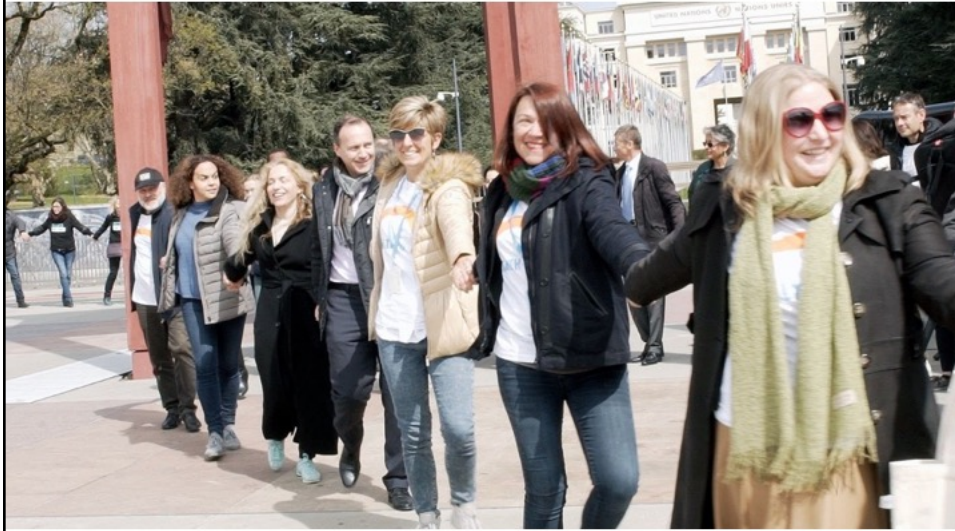


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Hand hygiene moment at first solidarity chain for
« Health for All » on World Health Day – 7 April 2019
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Hand hygiene moment at first solidarity chain for
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Place des Nations , Geneva , WHD 2019 - United Nations, Geneva



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Place des Nations , Geneva , WHD 2019 - United Nations, Geneva



Hand hygiene moment at first solidarity chain for
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5 May 2019 promotion video by  



www.tinyURL.com/5May2019WHOcc 135

The 5th of May Solidarity Chain





**Join us in a solidarity chain
to show that our health care
facility is serious
about making clean care for all
a priority**

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[World Hand Hygiene Day](#)
[SAVE LIVES: Clean Your Hands 5 May 2019](#)
[Solidarity Chain | Instructions](#)





https://www.who.int/infection-prevention/campaigns/clean-hands/5May2019_SolidarityChain.pdf?ua=1

Background
 World Hand Hygiene Day 5 May 2019 marks the 11th year of the WHO SAVE LIVES: Clean Your Hands campaign. WHO calls on everyone to be inspired by the global movement to achieve universal health coverage (UHC) under the banner of 'health for all', i.e. achieving better health and well-being for all people at all ages. This includes addressing not just financial risk protection but access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Infection Prevention and Control (IPC), including hand hygiene, is critical to achieving health for all as it is a practical and evidence-based approach with demonstrated impact on quality of care and patient safety across all levels of the health system.

Example invitation text


[World Hand Hygiene Day](#)
[SAVE LIVES: Clean Your Hands 5 May 2019 WHO campaign](#)
[Solidarity Chain | You are invited to join - {enter date and time}](#)



Join us in a solidarity chain to show that our health care facility is serious about and united in making clean care for all a priority. Take the chance to network and discuss how we can all help prevent infections through IPC and hand hygiene actions, and find out about the latest resources available for you.

What will happen?
 We will all form a chain, with linked hands at a set meeting point.
 At a key moment, you will be instructed, one person will peel off from the chain and walk directly to an agreed end point with each person following them in what would be a final march.
 During this final march, each person will take a bottle of alcohol-based handrub from their pocket and clean their hands as they walk and then hold one hand up in the air symbolizing

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Instructions  **The 5th of May Solidarity Chain**

Form a chain, walking hand in hand

At the end of your walk:

- Peel off and walk directly to the agreed end point
- During this final march,
 - take a bottle of alcohol-based handrub and clean your hands as you walk and then hold one hand up in the air symbolizing clean hands (or a five)

OR

- each person hold one hand up in the air symbolizing clean hands (or a five)

Photos and videos can be posted online.
Follow the instructions provided at
www.CleanHandsSaveLives.org

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5 May 2019 – what's the menu



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Recording together the 2019 WHO 5 May video

<https://www.youtube.com/watch?v=nw9TMfq3cE>

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Clean Care for All – It's In Your Hands
Prof. Benedetta Allegranzi and Prof. Didier Pittet, World Health Organization
A Webber Training Teleclass

Dr. Tedros – Director General of WHO



World Health Organization



<https://youtu.be/G2PUBbeHyVs>

“No one should get sick while seeking care and yet globally HAIs are one of the most common consequences of poor quality care. They cause avoidable harm to hundreds of thousands of patients and fund the flames of AMR. Strong infection prevention and control is vital...” 143

<https://www.youtube.com/watch?v=nw9TMfq3cE>
<https://youtu.be/G2PUBbeHyVs>



World Health Organization



Clean Care For All – It's In Your Hands

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A Webber Training Teleclass



Let's work together more than ever in 2019

Dr Tedros wearing the « Clean Care for All; it's in your hands » T-shirt

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**CLEAN CARE
FOR ALL
IT'S IN YOUR
HANDS**

World Health Organization
HEALTH FOR ALL

Photos include you, your home, health-care setting and country when posting your photo on social media, mentioning @WHO

**#HandHygiene #HealthForAll
#InfectionPrevention**

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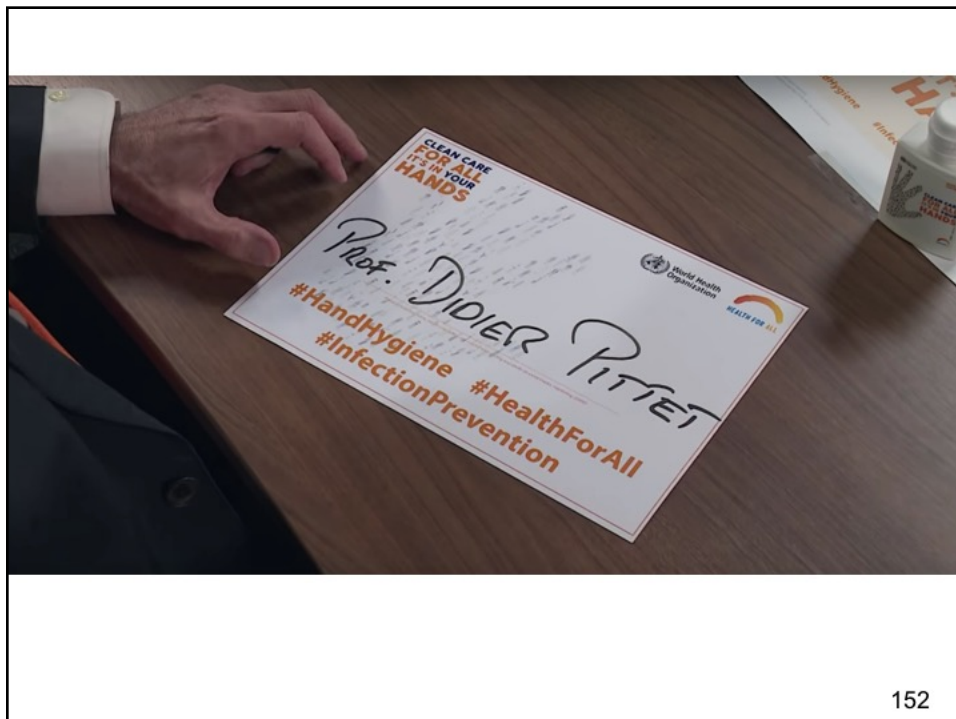
**CLEAN CARE
FOR ALL
IT'S IN YOUR
HANDS**

#HandHygiene #InfectionPrevention #HealthForAll

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CLEAN CARE
FOR ALL
IT'S IN YOUR
HANDS

World Health Organization
HEALTH FOR ALL


<https://cleanhandssavelives.org/>

Please include your name, health-care setting and country when posting your photo on social media, mentioning @WHO

**#HandHygiene #HealthForAll
#InfectionPrevention**

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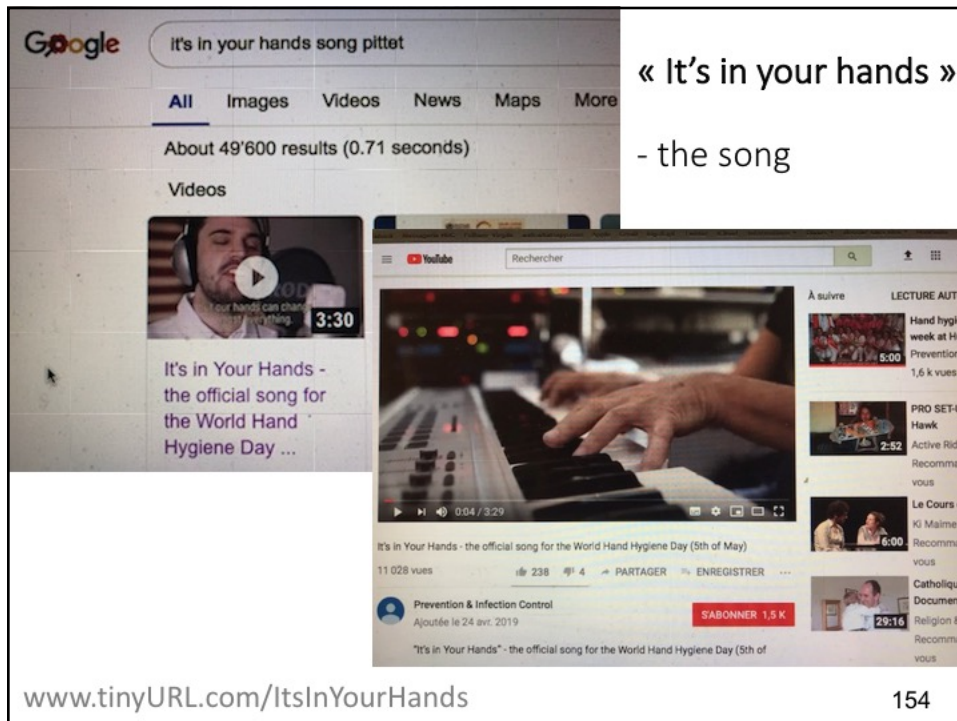
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Google it's in your hands song pittet

All Images Videos News Maps More

About 49'600 results (0.71 seconds)

Videos

It's in Your Hands - the official song for the World Hand Hygiene Day ...

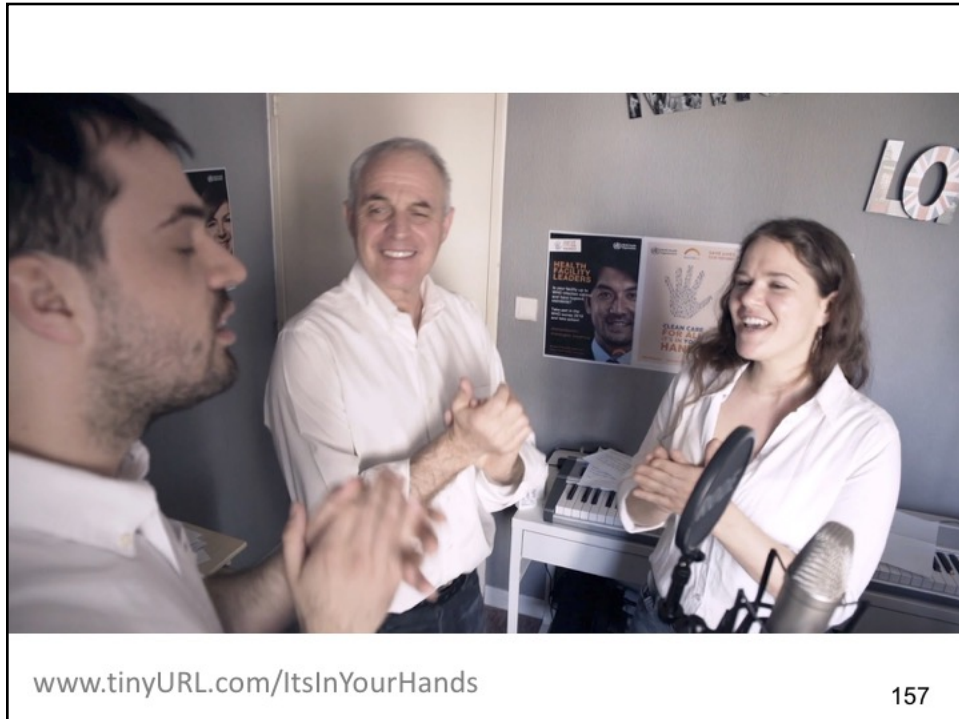
« It's in your hands »
- the song

www.tinyURL.com/ItsInYourHands 154



www.tinyURL.com/ItsInYourHands 156

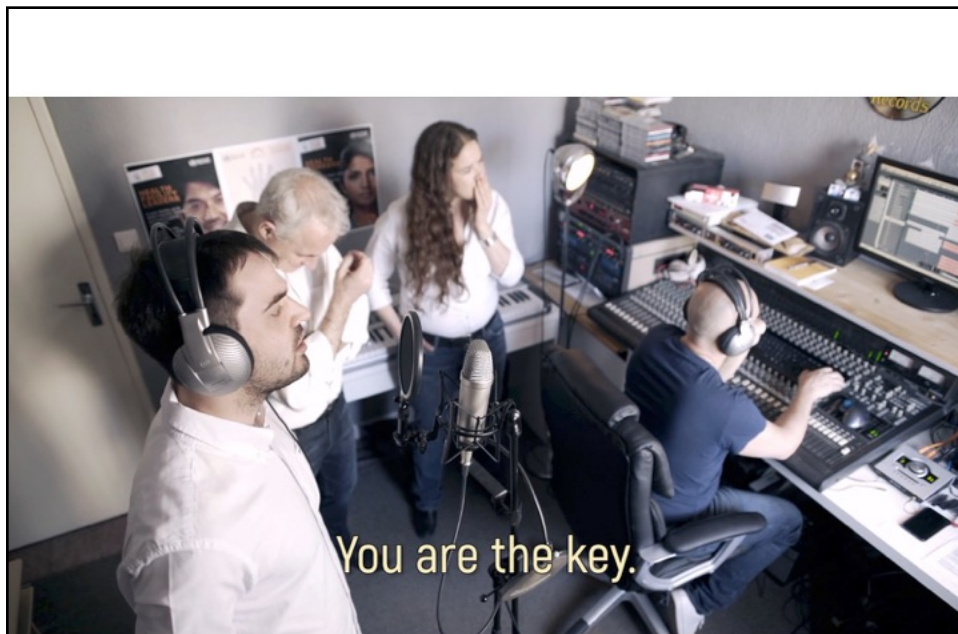
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A Webber Training Teleclass



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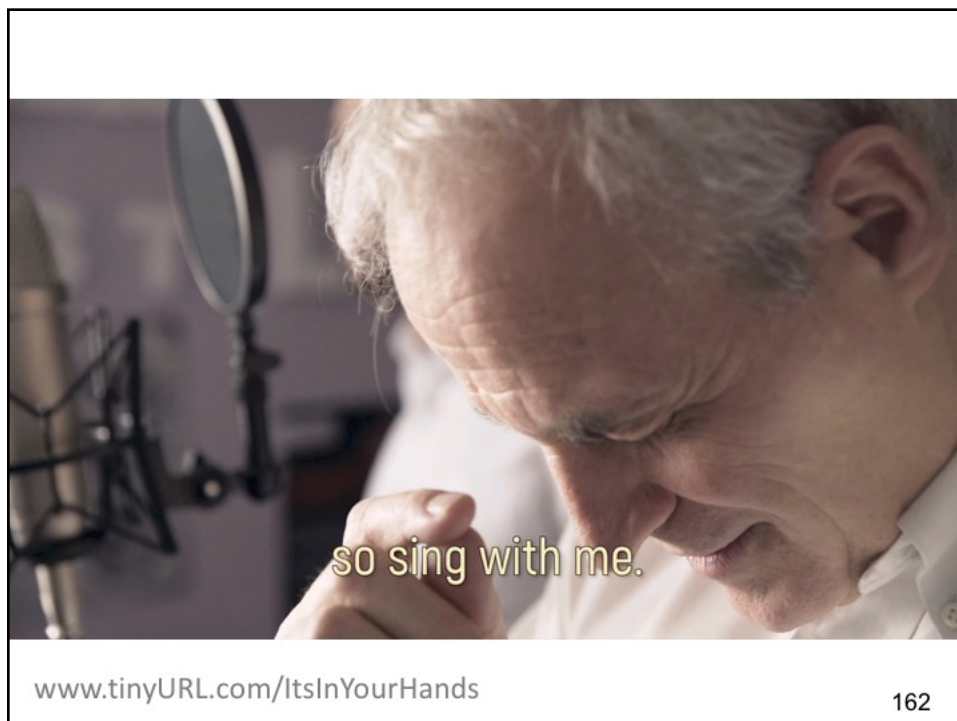
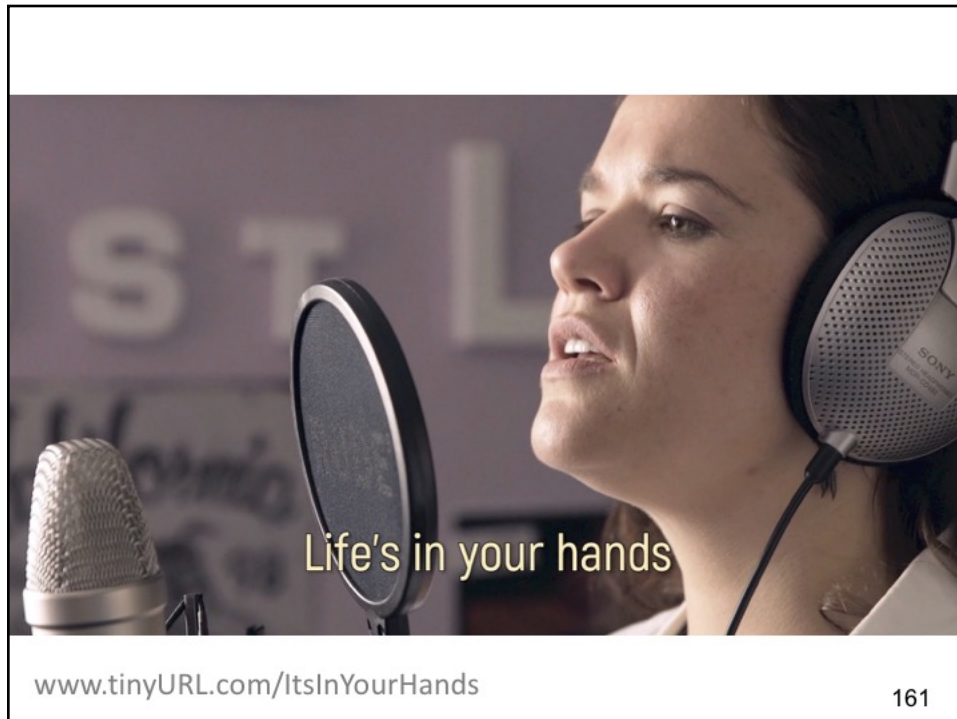


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Hands are such a simple thing


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but our hands can change most everything.

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Keep care safe,
give life a chance

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clean care for all,
it's in your hands.

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CleanHandsSaveLives.org

Clean care saves lives.

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Rubbing our hands helps us survive

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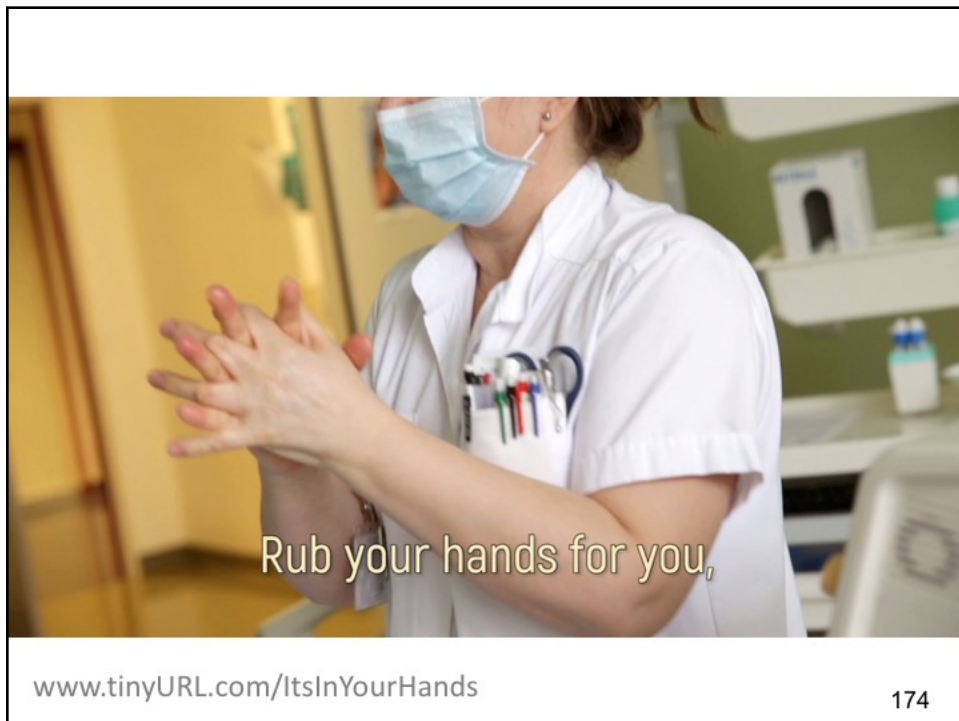
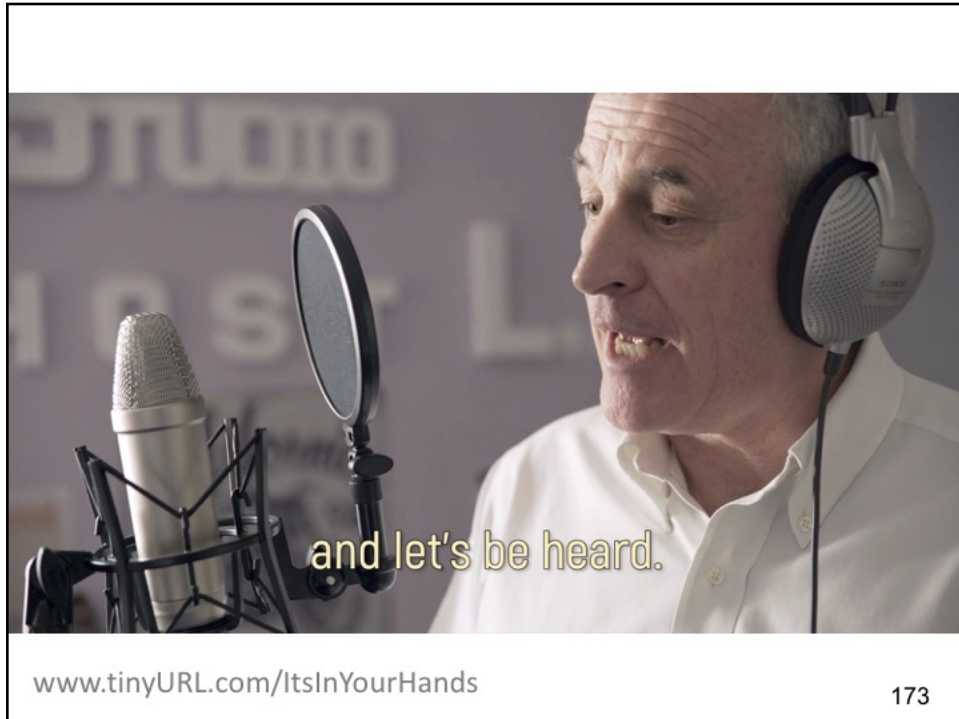
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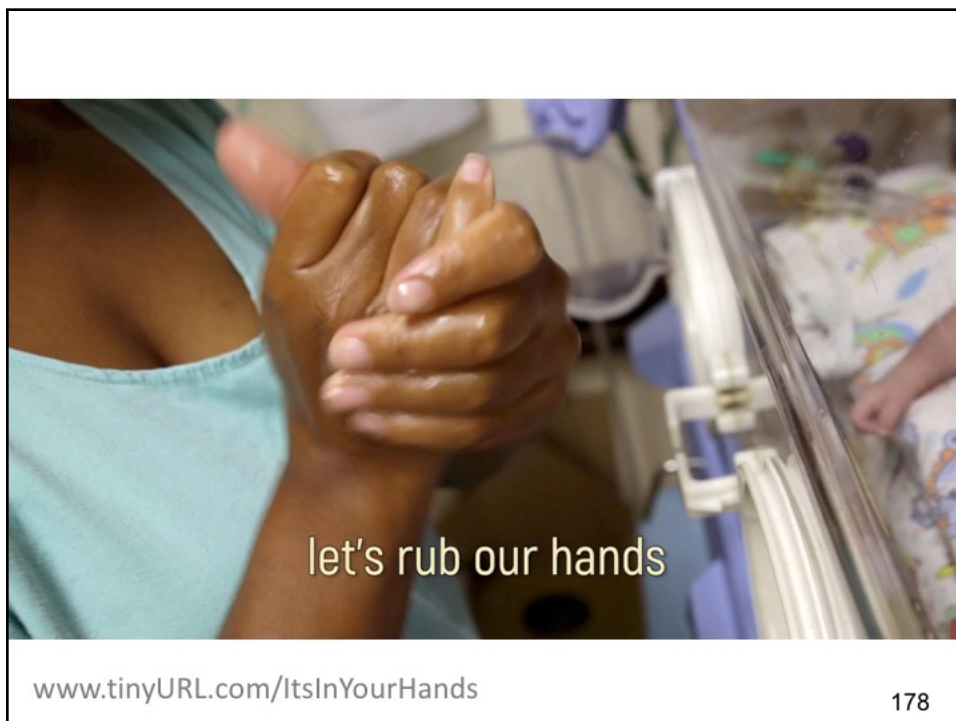
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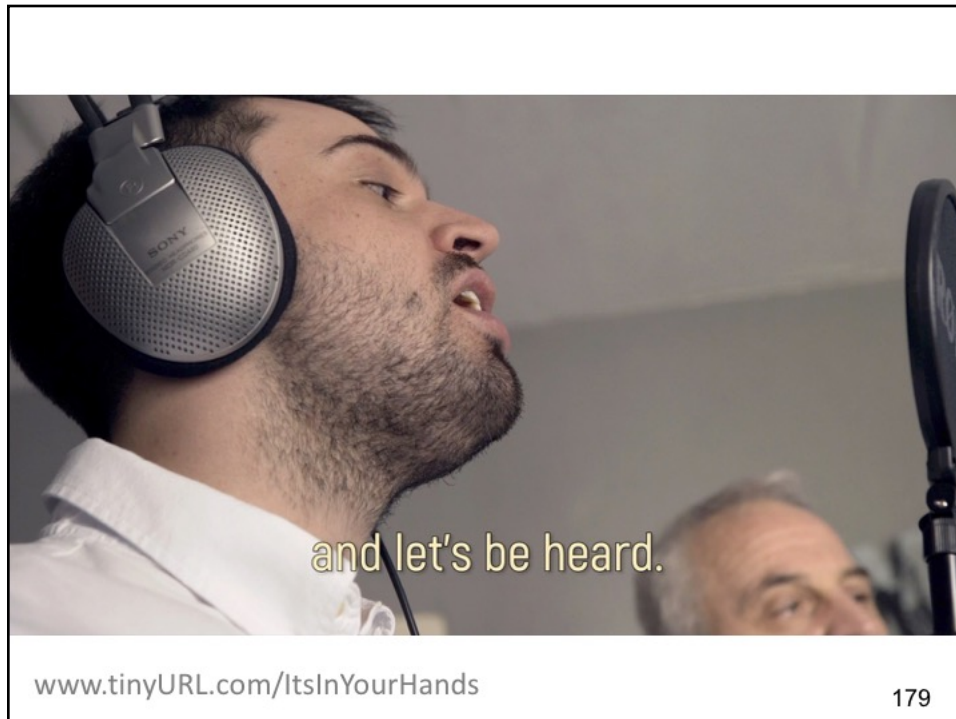
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« It's in your hands » - the song
The song and more ...

- Yes, the lyrics are made available to all of you
- Yes, we are preparing a version for KARAOKE
- Yes, we will make sure access to translations of the lyrics are available directly on YouTube
- Yes, we might help you create your own song in your own language



But only after 5 May 2019

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Shiraz, Iran, April 2019 – Participating to the final steps for 5 May 2019 preparation



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ICPIC 2019
Preliminary Programme

International Conference on Prevention & Infection Control

29 June to 2 July 2011
Geneva, Switzerland
www.icpicell.com

HUG
Humboldt-Universität zu Berlin
University of the Saarland
University of Applied Sciences

www.icpic.com

Save the Date:

**5th ICPIC, 10-13 Sept 2019,
Geneva, Switzerland**



Semmelweis at ICPIC

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<https://www.who.int/infection-prevention/campaigns/clean-hands/5may2019/en/>
www.cleanhandssaveslives.org

#HandHygiene
#HealthForAll
#InfectionPrevention



Private
Organizations
for Patient
Safety

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**For this presentation,
we would like to thank:**

- Tcheun Borzykowski, Ermira Tartari and the team at the Geneva WHO Collaborating Centre
- Claire Kilpatrick
- Safiah Mai
- Julie Storr

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**Thank you for participating in the
WHO global annual hand hygiene campaign**

“Clean care for all, it's in your hands”

&

**The WHO 2019 Global Survey on Infection
Prevention and Control and Hand Hygiene**

Learn more at:
<https://www.who.int/infection-prevention/campaigns/clean-hands/5may2019/en/>
<https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>

Send enquiries to: who_ipc_globalsurvey@who.int

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May 16, 2019	IMMIGRANT AND REFUGEE POPULATIONS: A PUBLIC HEALTH AND POLICY PERSPECTIVE ON A CONTINUING GLOBAL CRISIS Speaker: Prof. Sotirios Tsiodras , National and Kapodistrian University of Athens, Greece
May 27, 2019	<i>(FREE Teleclass – Broadcast live from the IPAC Canada conference)</i> ADAPTING IPAC IN UNCONVENTIONAL SPACES Speaker: Peter Hoffman , Public Health England Karen Staniforth , Nottingham University Hospitals, UK Dr. Michael Weinbren , University Hospitals Coventry & Warwickshire NHS Trust <i>In collaboration with Healthcare Infection Society (HIS)</i>
May 28, 2019	<i>(FREE Teleclass – Broadcast live from the IPAC Canada conference)</i> ADULT LEARNING STYLES Speaker: Karren Hoffman , University of North Carolina School of Medicine Professor Marilyn Cruikshank , University of Technology, Sydney, Australia <i>In collaboration with the Association for Professionals in Infection Prevention and Epidemiology (APIC) and Australasia College for Infection Prevention and</i>

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