WHO CleanHandsNet

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Call for Action

PROFESSOR DIDIER PITTET

It is with great pleasure that I write to welcome you to this first issue of the WHO *CleanHandsNet* newsletter. *Clean Care is Safer Care* is not a choice, but a basic right. Thank you for committing to the Challenge and thereby contributing to safer patient care.

Health care-associated infections (HAI) affect hundreds of millions of patients worldwide every year, leading to loss of life, more serious illnesses, long-term disabilities, prolonged hospital stays and add financial and emotional costs to patients and their families. Such infections also contribute to stress on the health systems.

Hand hygiene is a simple but effective intervention to reduce this burden. Despite this, the lack of compliance among health-care providers is problematic worldwide. Encouraging hospitals and other health-care facilities to adopt strategies to improve hand hygiene is therefore absolutely essential. Recommendations and tools to facilitate change have been prepared by the WHO First Global Patient Safety Challenge and can be freely downloaded from the website: http://www.who.int/gpsc/5may.

Countries are invited to take on the Challenge in their own health-care systems, to involve and engage patients and service users, as well as health-care providers in improvement strategies. While system change is a requirement in most facilities, sustained change in human behaviour is even more important and relies both on essential peer and political support. Together, we can ensure sustainability for the long-term benefit of everyone. **Clean hands prevent patient suffering and save lives.**

10 000 for 2010

Secretariat

Work is under way to ensure that we reach our target, which is 10 000 registrations by May 2010. But to do this, we need your support. You will receive a range of communications over the coming months. We will also make available advocacy materials and templates for you to use and disseminate.

In our December SAVE LIVES newsletter, what WHO will be doing for 5 May 2010 and how you can get involved is explained. We have already started receiving details of activities that are being planned in facilities around the world.

SAVE LIVES
Clean **Your** Hands

You can help us now by:

- Explaining to others what **SAVE LIVES: Clean Your Hands** is all about and why 5 May 2010 is important.
- Encouraging hospitals and health-care facilities in your country/region to register. Registering is easy and can be done via this weblink: http://www.who.int/gpsc/5may/register/en/index.html. There is also information available about how those with poor web access can register.
- Telling us about activities in your areas. Email savelives@who.int with your plans.

Informal Network of Campaigns

Secretariat

To ensure consistent and sustainable improvement, it is crucial that governments incorporate infection prevention and control, through hand hygiene improvement and other interventions, in their national priorities. Governments should also allocate resources to facilitate the development and implementation of coordinated activities, to promote best practices.

The WHO Guidelines on Hand Hygiene in Health Care (2009) recommend that national governments "make improved hand hygiene adherence a national priority and consider provision of a funded, coordinated implementation programme, while ensuring monitoring and long-term sustainability". To encourage and support such activities, the idea of creating a network of national coordinators/leaders was first mooted two years ago. At that time, 20 such activities had been identified and a first

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meeting was held to explore opportunities for strengthening the global response to HAI by leveraging the solidarity of a network.

A search during early 2009 established that there are at least 38 campaigns/programmes in nations and sub-nations worldwide. Forming a network, facilitated by WHO, was considered crucial for supporting these activities and aiding in scaling up and sustainability.

The terms of reference for the informal network (known as WHO *CleanHandsNet*) were drafted to take account of its primary aims, namely sharing and learning. Those taking part in the second meeting of the campaigning nations in 2009 welcomed this idea enthusiastically. The initial activities of the network will include an annual meeting, a newsletter, and preparation of strategy documents addressing different aspects of large-scale hand hygiene promotion in WHO Member States.

Hand hygiene campaign meeting – August 2009

Secretariat

A range of nations/sub-nations in different parts of the world already have ongoing coordinated activities to promote hand hygiene in health care. These activities are at various stages of maturity and the extent of coverage vary. A meeting was held in August 2009, at WHO headquarters in Geneva, which brought together individuals leading these activities in different parts of the world, and to facilitate the sharing and learning from each other's experiences.

Participants at the August 2009 meeting of campaigning nations/sub-nations.

Professor Didier Pittet, Lead of the First Global Patient Safety Challenge, opened the proceedings and identified the meeting's objectives to be knowledge sharing, learning from each other and taking forward the concept of a coordinated network. During his keynote address, he stressed the importance of hand hygiene, also noting that the recent pandemic influenza A (H1N1) outbreak is yet another reminder that hand hygiene is a critical prevention measure. Professor Pittet highlighted the role the Challenge has played in promoting this intervention at national and facility levels across the world during the past few years.

Evangelina Vazquez-Curiel of Mexico represented the "patient voice" at the meeting. She presented her personal experience of nosocomial infections and her involvement with patient safety networks in her country. Her presentation was a reminder of the real-life consequences HAI have on patients and families.

Following this, the results of a recent survey undertaken to gather information on the current status of nationally/sub-nationally-coordinated campaigns were presented. These confirmed that the focus, scope and extent of activities varied, as did the barriers to success. The role of governments in initiating and sustaining activities and the role that WHO can play as a facilitator were also made clear.

Representatives from 21 different campaigns and programmes then presented their experiences on topics such as organization, tool development and implementation, impact on structure, process, and outcome indicators and barriers, success factors, and lessons learned from campaigning and scaling up. In addition to the oral presentations, there were 22 poster presentations from campaigns represented at the meeting. Some representatives brought other campaign materials to exhibit and share as well.

All the presentations and discussions that followed confirmed the need for a multidisciplinary approach, taking local factors into account while developing strategies, securing commitment from administrative and policy-making hierarchies and the cooperation of health-care workers. The presentations were proof that it is possible to succeed in promoting hand hygiene in health-care facilities across nations/sub-nations despite the difficulties that exist.

During dinner, an interactive session was held to explore the logistics of taking forward the concept of a network of national/ sub-national-coordinated hand hygiene promotional activities. The discussions were very positive and the representatives from different campaigns and programmes expressed their willingness to be part of the network and to actively contribute to its activities.

The presentations the following day provided evidence of effectiveness and guidance for implementation strategies. These included the results of pilot testing the WHO multimodal strategy

for promoting hand hygiene in health care and topics of importance for the development of locally relevant implementation strategies such as “Human factors influencing the hand hygiene promotion and campaign”, “Campaign spread and sustainability”, "Impact of hand hygiene on healthcare-associated infections' and ”Overcoming barriers to implementing hand hygiene”.

The meeting succeeded in encouraging the participants to continue with the good work they are engaged in.

Country experiences

Consommation de produits hydroalcooliques comme indicateur: l'expérience française

Valérie Drouvot, Vanessa Van Rossem Magnani, Laetitia May-Michelangeli, Valérie Salomon.

L’hygiène des mains : une mesure phare du programme de lutte contre les infections nosocomiales

Depuis 1998, la France a placé la lutte contre les infections nosocomiales (IN) comme une des priorités du système de santé. Tous les établissements de santé (ES) publics et privés ont comme mission de lutter contre les IN. Un dispositif spécifique et très structuré est en place: à l’échelon local (comités de lutte contre les IN dans les ES), régional (antennes régionales de lutte contre les IN), à l’échelon inter régional (5 centres de coordination de la lutte contre les IN), à l’échelon national (structures d’expertise et de pilotage du programme national). Les actions sont portées par un programme national de lutte contre les IN (2000, 2005/2008, 2009/2013). Une meilleure observance des recommandations princeps comme celle de l‘hygiène des mains figure parmi les objectifs de ce programme. Les ES doivent obligatoirement mettre en place un tableau de bord associant des indicateurs de résultats, de pratiques et de moyens. L'objectif du tableau de bord des IN est d'inciter tous les ES à mesurer leurs actions et leurs résultats dans le domaine de la lutte contre les infections nosocomiales. Il vise à améliorer la qualité des soins en permettant un suivi dans le temps et des comparaisons entre les établissements. Il répond à une demande légitime d'information et de transparence de la part des usagers.

Les indicateurs du tableau de bord sont calculés à partir des données que chaque ES doit obligatoirement établir tous les ans dans un bilan des activités de lutte contre les IN selon un modèle défini par un arrêté du Ministre chargé de la santé.

Aujourd’hui, les résultats du tableau de bord sont disponibles pour 5 indicateurs dont l’indicateur de consommation de produits hydroalcooliques (ICSHA).

ICSHA : un indicateur au service de la promotion de l’hygiène des mains

Depuis 2001, la France est en faveur de l’utilisation des produits hydroalcooliques (avis du comité technique national de lutte contre les IN, comité regroupant notamment des experts dans le domaine de la prévention du risque infectieux). L’indicateur ICSHA est un marqueur indirect de la mise en œuvre effective de l’hygiène des mains et ciblé sur l’utilisation des produits hydro-alcooliques (PHA). ICSHA est le rapport entre le volume de PHA commandé par l’établissement de santé et son objectif personnalisé de consommation en volume. Cet objectif personnalisé est établi à partir d'un nombre minimal quotidien de frictions par patient, par spécialité (réanimation, médecine, chirurgie…) et par jour. ICSHA est exprimé en pourcentage de réalisation de l’objectif. ICSHA est traduit en 5 classes de performance (A, les plus en avance à F non répondant) définies par les percentiles 10, 30, 70 et 90 au sein de 13 catégories d’établissements de santé homogènes au regard du type d’activité et du risque nosocomial.

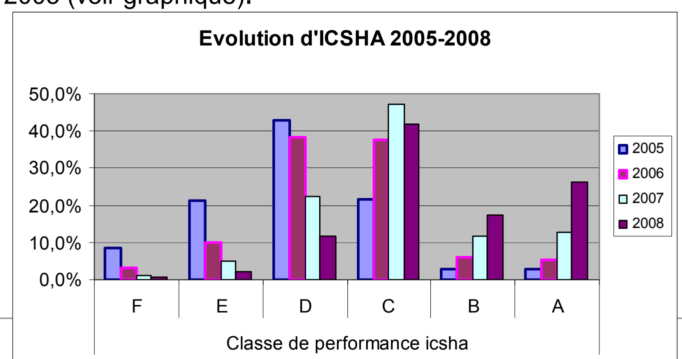
Les protocoles existent mais comment agir sur les comportements ?

En 2005, 95% des hôpitaux français avaient mis en place des protocoles pour l’hygiène des mains. En revanche, les premiers résultats d’ICSHA montraient que seuls 5,7% des établissements de santé étaient alors en classe A ou B.

Afin de faire progresser les établissements de santé, différentes actions ont été conduites :

- des campagnes nationales de sensibilisation sur l’hygiène des mains conduites par plus de 1700 établissements le 23 mai 2008 et le 5 mai 2009 ;
- une incitation nationale à l’évaluation des pratiques associée à une mise à la disposition d’outils pour la réalisation d’audits sur l’observance et la pertinence de la friction hydro alcoolique ;
- une action nationale de formation à l’audit.

Depuis, les résultats montrent une progression de l’indicateur ICSHA. En effet, 43.6% des ES sont en classe A ou B en 2008, contre 24,4% en 2007, 11.2% en 2006 et 5.7% en 2005 (voir graphique):



Consumption of alcohol-based hand rubs as an indicator: the French experience

Valérie Drouvot, Vanessa Van Rossem Magnani, Laetitia May-Michelangeli, Valérie Salomon.

Hand hygiene: a flagship component of the programme to control nosocomial infections

Since 1998, France has made control of health-care associated infections (HAI) a priority of its health system. All public and private health-care facilities have been tasked with controlling nosocomial infections. Specific and sophisticated arrangements have been put in place at the local level (committees to control HAI in health facilities), the regional level (regional HAI control units), the interregional level (5 HAI control coordination centres) and the national level (national programme advisory and overseeing body). All activities are supported by a national HAI control programme (2000, 2005–2008, and 2009–2013). Improving compliance with key recommendations such as hand hygiene is one of the programme objectives; health facilities must establish a programme management chart linking indicators of outcomes, techniques and resources. The purpose of the HAI programme management chart is to encourage all health facilities to assess their performance and results in the area of HAI control, with the aims of improving quality of care through monitoring and facilitating comparison between facilities. This satisfies a legitimate demand for information and transparency on the part of users.

The programme management chart indicators are computed from data that each health facility is obliged to compile annually in an assessment of HAI control initiatives using a template specified by order of the Minister of Health. Programme management chart results are currently available for 5 indicators, including consumption of alcohol-based hand rubs.

Hand rub consumption: an indicator for promoting hand hygiene

Since 2001, France has promoted the use of alcohol-based hand rubs (on the advice of the national technical committee for control of HAI, which comprises, among others, infection control experts). The hand rub consumption indicator is a surrogate marker of effective hand hygiene that focuses on the use of alcohol-based hand rubs. The hand rub consumption indicator is the ratio of the volume of alcohol-based hand rub ordered by a health facility to the facility-specific volumetric consumption target. This specific consumption target is calculated on the basis of the minimum daily number of hand rubs per patient per specialization (e.g. intensive care, general medicine, surgery, etc.)..The indicator is expressed as a percentage of the target attained and is divided into five performance categories (A, the most advanced, through to F, no response), defined by the percentiles 10, 30, 70 and 90 within 13 categories of homogeneous health facilities in respect of specialization and risk of HAI.

Protocols exist, but patterns of behaviour need to be modified. In 2005, 95% of French hospitals had established hand hygiene protocols. However, initial hand rub consumption indicators revealed that only 5.7% of health facilities were in categories A or B.

In order to move the process forward, various initiatives were taken:

- Nationwide hand hygiene awareness campaigns were launched by more than 1700 health facilities on 23 May 2008 and 5 May 2009;
- National call to review practices through the availability of tools for the conduct of audits to assess compliance with recommendations and the efficacy of alcohol-based hand rub;
- National assessment training;

Since then, hand rub consumption results have shown improvements: 43.6% of health facilities were in categories A or B in 2008 compared with 24.4% in 2007, 11.2% in 2006 and 5.7% in 2005 .

For more information:

Programme on the prevention of health-care associated infections 2005–2008 and 2009–2013:
http://www.sante-sports.gouv.fr/programme-national-de-prevention-des-infections-nosocomiales.html

HAI programme management chart:
http://www.sante-sports.gouv.fr/tableau-de-bord-des-infections-nosocomiales-dans-les-etablissements-de-sante.html

Assessment programmes:
http://www.grephh.fr/

Hand Hygiene Australia

Phil Russo, Lindsay Grayson

Background

Hand hygiene has been identified as a high priority for preventing health care-associated infections (HAI) worldwide and forms part of the Australian Commission on Safety and Quality in Health Care's (ACSQHC) project on HAI. The Commission has awarded a contract to Austin Health Victoria under the leadership of Professor Lindsay Grayson, who has established Hand Hygiene Australia (HHA) to undertake the Commission's National Hand Hygiene Initiative (NHHI). The purpose of the NHHI is to develop a standardized national approach to hand hygiene.

Objectives of the national hand hygiene initiative (NHHI)

The key aims of the NHHI are to develop a national hand hygiene culture-change programme that will:

- Standardize hand hygiene practice and the placement of alcohol-based hand rub in all health-care settings;
- Achieve sustained improvements in hand hygiene compliance rates;
- Accurately measure rates of staphylococcal disease – a key outcome measure of the programme;
- Reduce HAI rates;
- Develop an effective education and credentialing system to improve knowledge about hand hygiene and infection prevention and control;
- Make hand hygiene and infection prevention "core business'" for all health-care institutions and the wider Australian community;

The role of Hand Hygiene Australia (HHA)

The key role of HHA is to implement and coordinate the NHHI with each jurisdictional Department of Health and the private hospital sector. To facilitate this, HHA:

- Has developed a hand hygiene programme implementation toolkit based on the WHO Guidelines on Hand Hygiene in Health Care;
- Has developed Australian Hand Hygiene Guidelines based on the WHO guidelines;
- Has developed an online hand hygiene education module for all health-care workers accessible on the HHA website www.hha.org.au;
- Collects and collates data on hand hygiene compliance rates and *Staphylococcus aureus* bloodstream infection rates;
- Continues to provide training of key personnel for auditing hand hygiene compliance;

Progress

HHA began operations in June 2008. In collaboration with jurisdictional departments of health, a team of eight project coordinators have been appointed in most jurisdictions. The primary role of two of these coordinators is to implement the NHHI in the private sector.

As of the end of November 2009, just over 100 workshops had been conducted nationwide and over 850 health-care workers had been trained in auditing for compliance using the 5 Moments audit tool.

Hand hygiene compliance data is submitted to HHA three times a year. In August 2009, data from over 170 hospitals was received. Data is reported as overall compliance, compliance by moment, and compliance by health-care worker at a hospital, jurisdictional and national level.

Implementing a national programme has presented several challenges. Some jurisdictions had existing sub-national hand hygiene programmes, though none were based on the 5 Moments for Hand Hygiene. Other jurisdictions did not have a programme, but some hospitals did have individual activities. This resulted in a range of hand hygiene activities across Australia, of varying maturity, with most measuring compliance using different tools. Through the ACSQHC's jurisdictional representation, strong support for the NHHI was received at the political and hospital executive level. Queensland, one of the larger states in Australia, opted to continue their own locally developed successful hand hygiene campaign during 2009 and only recently agreed to participate in the national programme in 2010.

Another challenge has been data management. Presently, data is collected manually using paper audit tools based on the WHO tool, and manually entered into a simple database. To avoid the inefficiency of double data entry, HHA intends to make available an electronic audit tool developed by colleagues in New Zealand who conduct a similar campaign. When this is available, data will only be entered once on to a hand-held device and electronically transferred to an online database which is currently under development. The electronic audit tool, together with the online database will vastly improve the data management and reporting process.

While many Australian health-care institutions are enthusiastically embracing the NHHI, the challenge of sustainability lies ahead. Making hand hygiene 'core business' requires tertiary institutions responsible for educating health-care workers to adopt a uniform approach to hand hygiene and include the 5 Moments for Hand Hygiene in their curricula. This will ensure health-care workers are well informed about hand hygiene when they commence employment. It requires commitment from colleges to guarantee their professions are aware of the 5 Moments for Hand Hygiene, possibly through certification. Health-care institutions need to ensure that their employees understand and practice the 5 Moments for Hand Hygiene. Some hospitals already require their staff to undertake the HHA online education module on commencement of employment and annually thereafter.

Part of the exciting experience in Australia and its impact on pathogen transmission and HAI, is reflected in the paper by Grayson ML et al (Significant reductions in methicillin-resistant *Staphylococcus aureus* bacteraemia and clinical isolates associated with a multisite, hand

hygiene culture-change program and subsequent successful statewide roll-out.
Med J Aust. 2008 Jun 2;188(11):633-40).

Hand hygiene in Scotland

Laura McHard (née Boyd)

Scotland's National Hand Hygiene Campaign was launched in 2007 by Health Protection Scotland, part of NHS National Services Scotland. The campaign had an initial focus on acute health-care settings to support improvements in compliance with hand hygiene and to achieve 90% compliance by NHS staff in these settings by November 2008. This target was met and from January 2009 all of NHS Scotland was required to adopt a new national zero tolerance policy to non-compliance with hand hygiene by health-care staff.

Monitoring hand hygiene compliance by audit within the 14 territorial and 2 of the non territorial "special" NHS boards is a key aspect of this campaign with the publication of bi-monthly national hand hygiene compliance data, a fundamental part of the work of the campaign team. A Local Health Board Co-coordinator (LHBC) is employed by each NHS board and has responsibility for regularly auditing a representative sample of health-care workers in relation to "opportunity taken" for hand hygiene. The audit is conducted according to a standard, nationally agreed protocol.

A recent quality assurance exercise demonstrated near perfect inter-rater reliability amongst the LHBCs. A Kappa measurement of 0.83 for observed hand hygiene behaviour was reported, with no particular WHO "moment" being more difficult to identify by auditors than others. The LHBCs also have a key role in promoting good hand hygiene practice among all staff groups, through the use of campaign awareness raising materials; provision of education and training; and ensuring effective use of audit data to improve practice.

The National Hand Hygiene Campaign has until now focused on acute health-care setting, but clearly high standards of hand hygiene are relevant to all health-care settings. The campaign is therefore being extended into non-acute settings, including independent contractors such as general practitioners (GPs) , optometrists, general dental practitioners and community pharmacists. Materials provided to raise awareness of the WHO 5 Moments for Hand Hygiene include:

- Hand hygiene information leaflets for staff and patients;
- Credit card-sized reminders about the World Health Organization's (WHO) 5 Moments for Hand Hygiene;
- A range of posters designed by a creative marketing company to raise awareness of the WHO 5 Moments for posting in areas such as consultation rooms, waiting areas, toilets, and kitchens;
- Training and self assessment materials on the WHO 5 Moments which can be accessed on-line;
- Promotional materials such as mouse mats, key fobs and diary stickers containing key messages about the WHO 5 Moments for Hand Hygiene;

A comprehensive literature search has identified that there is a lack of information regarding hand hygiene compliance in the community setting and few studies have focused on hand hygiene compliance among nurses. In particular, there is no information regarding the use of the WHO "Your 5 Moments for Hand Hygiene" in community settings. The National Hand Hygiene Campaign team plan to conduct an NHS Scotland-wide service needs evaluation to identify potential barriers to hand hygiene compliance for community health-care nurses. This is a novel piece of work and the results obtained, while making a valuable contribution to the hand hygiene knowledge base, will also inform campaign activities aimed at improving current hand hygiene practice in community settings across the NHS in Scotland.

News from the Network

Mongolia

G. Ganchimeg

With pandemic influenza A (H1N1) now spreading in the country, the hand hygiene campaign has, together with the Quality Manager's Association, published a handbook on hand hygiene in Mongolian.

Mexico

Evangelina Vazquez- Curiel

The 4th Regional Workshop of Patients for Patient Safety was held in Mexico City on 21-24 September this year. It had over 500 attendees who shared patient safety experiences from their own countries. The workshop featured presentations on different aspects of HAI which underlined the need for patient involvement in promoting patient safety. The event also highlighted the Mexican '*It is in your hands*' campaign and the importance of hand hygiene in health-care settings generally. A workshop is now being organized in Colombia to prepare a handbook to provide patients with information on how to prevent infections in hospitals.

Qatar

Fouzia Al-Naimi

Qatar is planning a second national hand hygiene campaign to run for two weeks from 21 December.

Regional meeting in EMRO

Secretariat

A meeting of the Patient Safety Friendly Hospital Initiative (PSFHI) was held in Cairo during 16-19 November. Discussions focused on finalizing an assessment tool developed by EMRO to measure patient safety in the hospitals participating in PSFHI. Pilot testing data was presented and suggestions were made for final modifications to the tool. There were also discussions to agree on the contents of a patient safety improvement manual to be used in hospitals with PSFHI and to develop an action plan for countries in EMRO.

Portugal

Cristina Costa

A scientific session is being organized on 15 December to understand the impact of the campaign to promote hand hygiene launched on 8 October last year. Preliminary national results will be unveiled at the event and hospitals will be able to present their experiences and discuss strategies for sustainability. The second Global Patient Safety Challenge, *Safe Surgery Saves Lives*, will also be launched in Portugal at this time.

Sudan

May Osman Gamar Elanbya

The first national HAI control manual was launched on 8 November during a workshop held under the auspices of her Excellency Dr. Tabbita Botrus, the Federal Minister of Health. The workshop was attended by the technical officer from WHO Sudan, health-care professionals, key stakeholders and national media. The manual stresses the importance of hand hygiene as an important intervention and describes the 5 Moments for Hand Hygiene, the WHO-recommended formula for alcohol-based handrub and how to wash or rub hands. The Sudanese campaign, 'Clean Hands for Safer Care" was also highlighted and the heads of all 17 federal hospitals were urged to ensure effective implementation of the hand hygiene improvement strategy and the availability of WHO alcohol-based handrub at all times. The WHO formula for alcohol-based handrub was distributed to all federal hospitals and several hospital pharmacists have already started preparing this. A survey was conducted, using the WHO questionnaire, to assess knowledge on hand hygiene among health-care workers. Training courses on the "5 Moments" and how to use alcohol-based handrub were also conducted for health-care workers

Tunisia

Hamza Ridha

The Tunisian national programme for hand hygiene was initiated in 2008. The National Commission for the Promotion of Hand Hygiene in Health Care is now working on the second phase of the programme. The commission held a meeting on 29 September to start planning the upcoming National Day for Hand Hygiene (5 May 2010), a first celebration in Tunisia at the behest of the Public Health Minister. A working group has been set up to deliver this event.

Northern Ireland: Changing the culture

Elizabeth Mitchell

Northern Ireland signed up to the first Global Patient Safety Challenge in March 2006, and at the same time the Department of Health, Social Services and Public Safety published a strategy and action plan to tackle HAI, entitled *Changing the Culture*. This strategy received a new impetus in May 2007 when devolved government was restored in Northern Ireland and the new Minister for Health, Michael McGimpsey, made HAI one of his priorities. The Minister set targets for reducing MRSA and *Clostridium difficile*, and in 2008 he announced additional investments in cleaner and safer care for patients. Measures introduced since the restoration of devolved government have included a programme of unannounced hygiene inspections of all hospitals; restrictions on hospital visiting, and a regional hand hygiene campaign to encourage staff and visitors to wash their hands. The most recent surveillance data for Northern Ireland show reductions of approximately 30% in the numbers of MRSA and C. *difficile* infections during the past 18 months. The Department is currently updating *Changing the Culture*. The two core principles of the original strategy remain the same, namely, that infection prevention and control is an integral part of safe health-care, and that this is everyone's business.