

The Importance of Worldwide Hand Hygiene Events and Activities

Prof. Didier Pittet, Patient Safety, Geneva

Sponsored by WHO First Global Patient Safety Challenge, Clean Care is Safer Care

WHO First Global Patient Safety Challenge:
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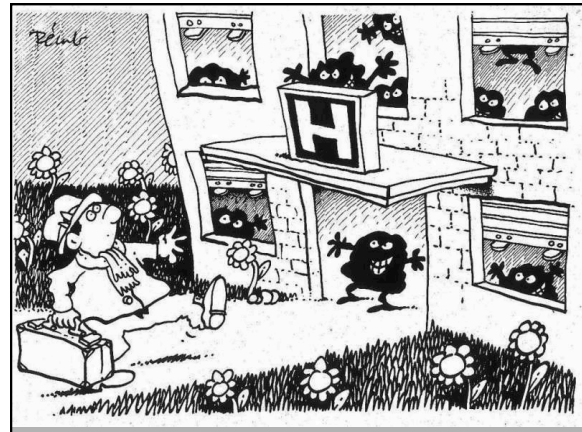
The importance of worldwide hand hygiene events and activities

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Geneva, Switzerland

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WHO Patient Safety Challenge
Clean Care is Safer Care

Hosted by
Claire Kilpatrick
World Health Organization

World Health Organization
Patient Safety
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SAVE LIVES
Clean Your Hands
May 5, 2011



Objectives

- Describe the background to WHO SAVE LIVES: Clean Your Hands – The scope of the problem
- Outline the impact of WHO's global hand hygiene efforts
- Outline examples of activities related to 5 May; the global day for focusing hand hygiene in health care

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Establishing a global, annual day for hand hygiene in health care – the initial drivers

- High burden of endemic health care-associated infection worldwide
- Known sub-optimal hand hygiene compliance rates
- The potential impact of improved hand hygiene
- The potential impact of a campaign

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High burden of endemic health care-associated infection worldwide

- Health care-associated infections (HCAI) are the most frequent adverse event in health-care delivery worldwide
- It can be estimated that each year, **hundreds of millions** of patients around the world are affected by HCAI
- The burden of HCAI is several fold higher in low- and middle-income than in high-income countries
- The burden of HCAI is one of the key areas of work of Clean Care is Safer Care

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Articles

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

Allegretti B et al. Lancet 2011; 377:228-41. Epub 2010 Dec 9.

An original article on the HCAI endemic burden in developing countries was published by the WHO *Clean Care is Safer Care* team in *The Lancet*

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Compliance with hand hygiene in different health-care facilities - Worldwide

Author	Year	Sector	Compliance (%)
Preston	1981	General Wards	16
		ICU	30
Albert	1981	ICU	41
		ICU	28
Larson	1983	Hospital-wide	45
Donowitz	1987	Neonatal ICU	30
Graham	1990	ICU	32
Dubbert	1990	ICU	81
Pettinger	1991	Surgical ICU	51
Larson	1992	Neonatal Unit	29
Doebbeling	1992	ICU	40
Zimakov	1993	ICU	40
Meengs	1994	Emergency Room	32
Pittet	1999	Hospital-wide	48

WHO Guidelines on Hand Hygiene in Health Care 2009, Chapter 16

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Pittet	1999	Hospital-wide	48

Average: 38.7%

WHO Guidelines on Hand Hygiene in Health Care 2009, Chapter 16

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WHO Moment 1 Global Observation Survey – 5 May 2010 - Results (1)

- 388 health-care settings
- 47 countries
- 82 650 opportunities
- Overall compliance: 51.4 ± 0.07%

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WHO Moment 1 Global Observation Survey – Results (2)

Hand hygiene compliance by region

WHO region	N facilities (%)	N opportunities (%)	Compliance
AMRO	140 (42.8%)	23183 (30.2%)	26%
EURO	99 (30.3%)	22278 (29%)	64%
EMRO	25 (7.6%)	16252 (21.2%)	44%
WPRO	40 (12.2%)	8452 (11%)	61%
SEARO	18 (5.5%)	5091 (6.6%)	54%
AFRO	5 (1.5%)	1547 (2%)	48%
Total	327 (100%)	76803 (100%)	51%

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WHO Moment 1 Global Observation Survey – Results (3)

Hand hygiene compliance by professional category

Professional category	Compliance
Nurse	64%
Doctor	48%
Auxiliary	58%
Other HCW	54%

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Impact of hand hygiene promotion on HCAI

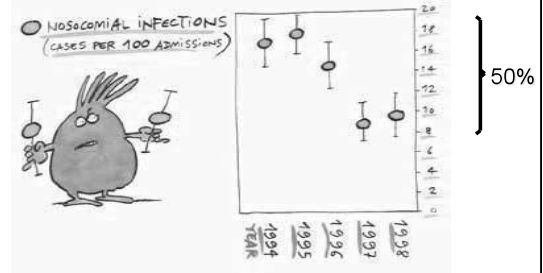
- 1977- Feb 2011, 30 studies investigated the impact of hand hygiene (as a single intervention) to reduce HCAI
- 27 showed that behavioural change, illustrated by improved hand hygiene compliance, leads to the reduction of HCAI, particularly bloodstream and surgical site infection
- Only 3/30 studies showed no significant impact on HCAI but in 2 hand hygiene compliance did not increase significantly
- An increasing number of studies have investigated the correlation between alcohol-based handrub consumption and HCAI rates



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Hospital-wide nosocomial infections trends 1994-1998



www.hopisafe.ch

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

Long-term reduction of infection rates and cost implications of successful hand hygiene promotion

TABLE
EXPENSES AND OUTCOMES ASSOCIATED WITH SUCCESSFUL HAND HYGIENE PROMOTION

Year	Amount of Handrub Used (L per 1,000 Patient-Days)	Total Cost of Handrub (per 1,000 Patient-Days)	Incremental Cost of Handrub*	Other Direct Costs†	Indirect Expenses for Promotion‡	Total Cost of the Promotion Campaign§	No. of Nosocomial Infections	Infection Rate (per 100 Admissions)	Primary Bloodstream Infections (per 1,000 Admissions)
1994	4.1	52.35*	Baseline	-	-	-	6,307	16.9	NA
1995	6.9	87.30	13,360	7,281	82,952	103,596	6,839	17.8	3.42
1996	9.5	128.50	27,250	7,155	81,520	115,929	5,376	14.6	3.40
1997	10.9	150.19	32,892	7,090	80,888	120,880	3,285	8.9	2.79
1998	15.4	218.44	55,573	3,857	48,416	107,846	3,825	9.9	3.16
1999	20.8	287.65	76,546	2,323	51,975	130,844	4,385	10.2	2.71
2000	28.3	363.03	117,154	3,873	45,089	166,117	4,103	9.2	2.87
2001	30.6	424.0	133,504	2,450	42,839	178,774	3,677	9.5	2.77

NA = not available.
* Calculated as the difference between handrub costs between 1994 (baseline period) and each following year.
† The promotion campaign started in 1995. Average costs were calculated for the period of 1995 to 2001.
‡ All necessary values are reported in 2001 Swiss Francs (CHF). Average exchange rate during the study period: 14 (€) = 1.61 CHF.

The cost of a hospital-wide hand hygiene campaign averaged Euro 2.53 per admission and corresponds to ~ 1% of costs attributable to HAI

Pittet et al.
43th ICAAC 2003 - Chicago, IL

Pittet D et al,
Infect Control Hosp Epidemiol 2005; 25, 264-266.

HH Culture-Change Program



Components:

- Executive commitment – hospital, State, national
- Alcohol-based hand-rub
- Alcohol wipes for shared equipment (not mandated)
- Education – HCWs, patients & relatives
- HCW empowerment & engagement (talking walls, gimmicks)
- Clear outcome measures
- Publicity – open reporting of good and bad results

Measurement

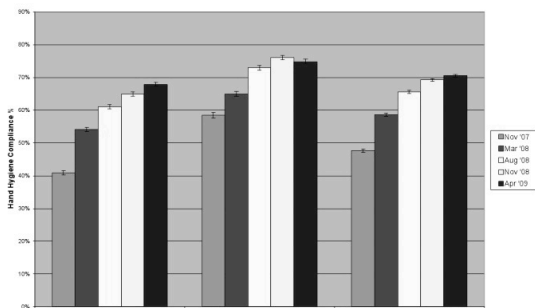
HH compliance

ABHRS usage data (monthly)

Rates of methicillin-resistant *S. aureus* (MRSA) disease:

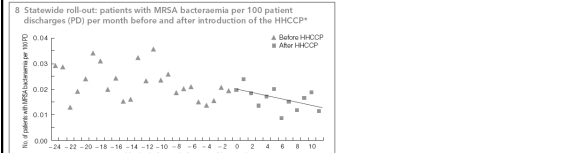
- HCA-MRSA bacteremia per 100 patient discharges (100 PDs) (monthly)
- HCA-MRSA isolates per 100 pt days (monthly)

State-wide Hand Hygiene Compliance Monitoring (2.5 y follow-up)

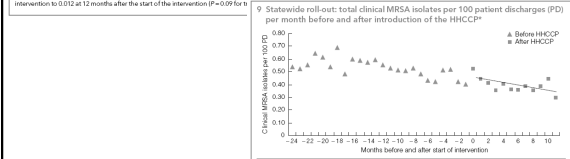


Courtesy by L. Grayson

State-wide - MRSA bacteraemia



State-wide - MRSA isolates



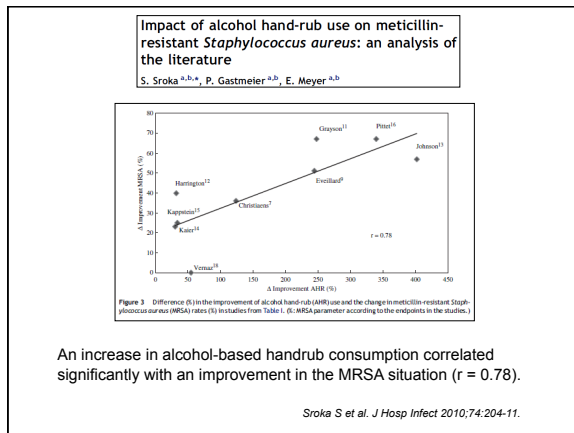
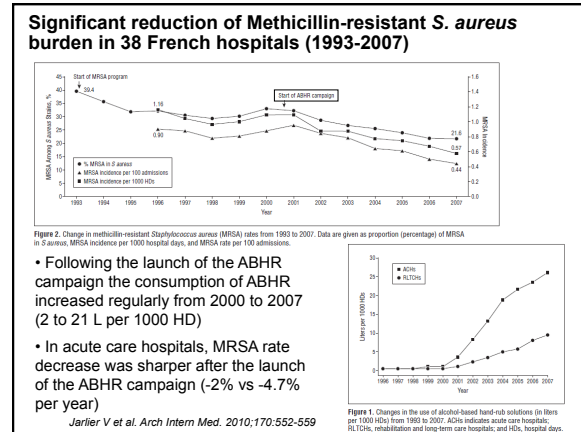
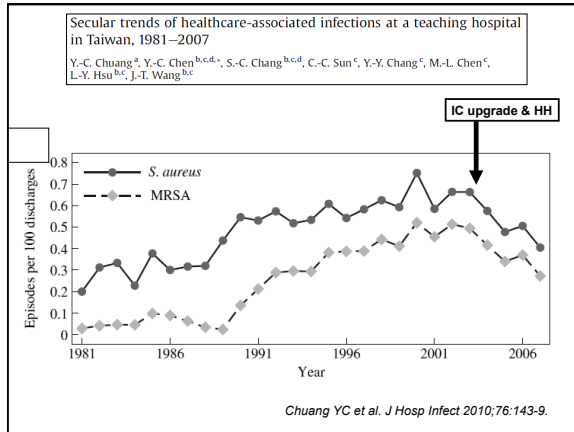
HHCCP = hand hygiene culture-change program. MRSA = methicillin-resistant *Staphylococcus aureus*.
*During the 24 months before the introduction of the HHCCP there was a significant reduction in rate of MRSA isolates per 100 PD per month (P < 0.0001 for trends). After the start of the intervention, the rate continued to decline, falling to a rate of 0.30/100 PD per month after 12 months (P = 0.04 for trends).

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Using campaigns to improve health

World TB Day

TB

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Using campaigns to improve health

Malaria

World TB Day

TB

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Using campaigns to improve health

Clean Care is Safer Care

Countries or areas running hand hygiene campaigns

Australia

Bahrain

Bangladesh

Belgium

Brazil

Canada

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WHO SAVE LIVES: Clean Your Hands

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



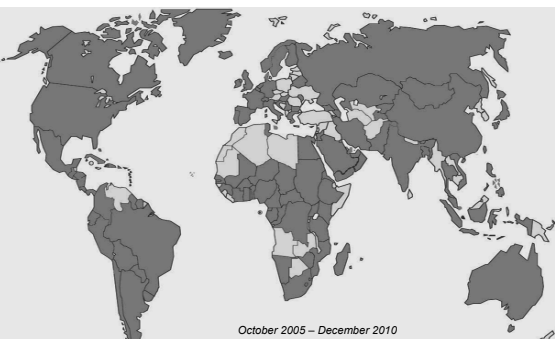
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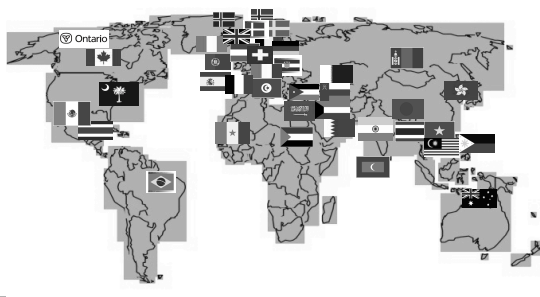
**124 countries committed to address HAI
89.3% world population coverage**



October 2005 – December 2010

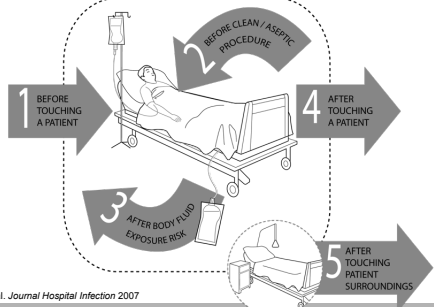
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**Countries/areas running hand hygiene campaigns
(December 2010, 42 campaigns)**



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Adoption of the “My 5 Moments for Hand Hygiene” approach



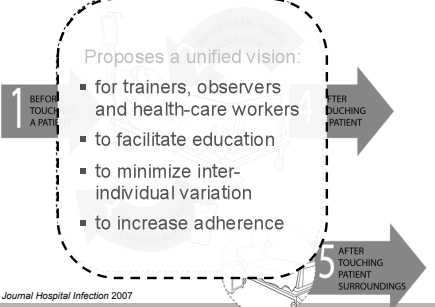
Sax H et al. *Journal Hospital Infection* 2007

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Adoption of the “My 5 Moments for Hand Hygiene” approach

Proposes a unified vision:

- for trainers, observers and health-care workers
- to facilitate education
- to minimize inter-individual variation
- to increase adherence



Sax H et al. *Journal Hospital Infection* 2007

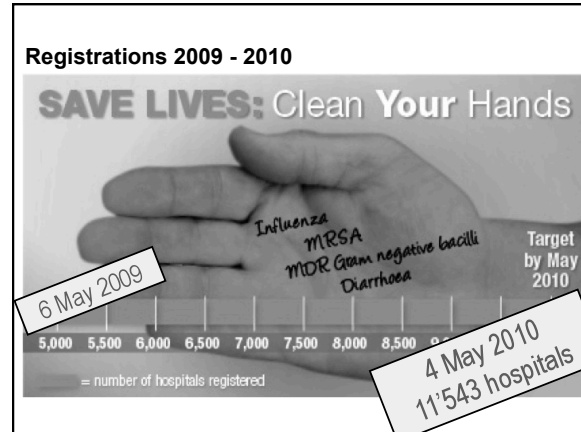
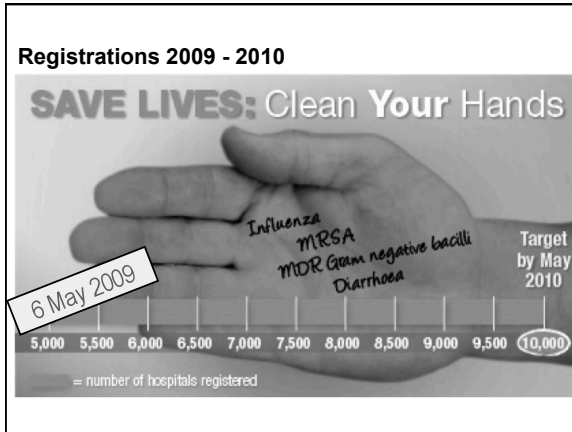
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Examples of local activities 2009 & 2010

Type of Activity	2009 (number of countries)	2010 (number of countries)
Education sessions held	32	36
Promotional material distributed	26	25
Displays about hand hygiene put up at facility	14	18
Hand hygiene audit	5	15*
Development and promotion of e learning tools	13	14
Hand hygiene testing station	6	14
Hand hygiene quiz	6	11

* WHO Moment 1 Global Survey promoted



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Examples of local activities 2009 & 2010

Type of Activity	2009 (number of countries)	2010 (number of countries)
Competition	9	10
Media coverage	9*	6
Animator -hand /mascot	3	3
Hand hygiene art project	6	3
Synchronised hand wash	0	2
Hand Hygiene questionnaire	2	1
Signing a pledge to reduce HCAI and improve HH	4	1

* WHO advocacy materials including media engagement template issued



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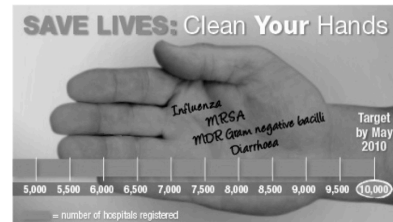
Breaking news....facilities registered – May 2011



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Breaking news....facilities registered – May 2011



13 226 registered health-care facilities from 153 countries
Approx 7.6 mio health-care staff, and 3.3 mio patient beds



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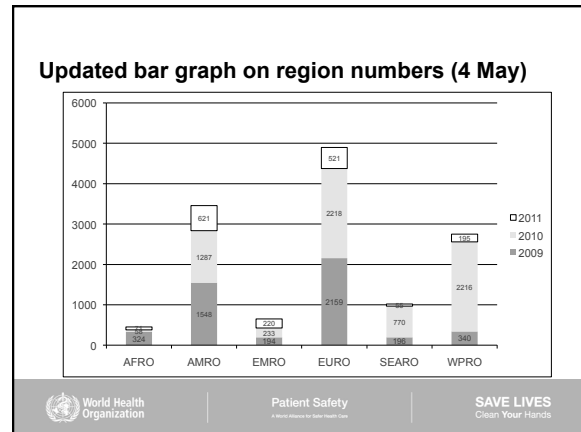
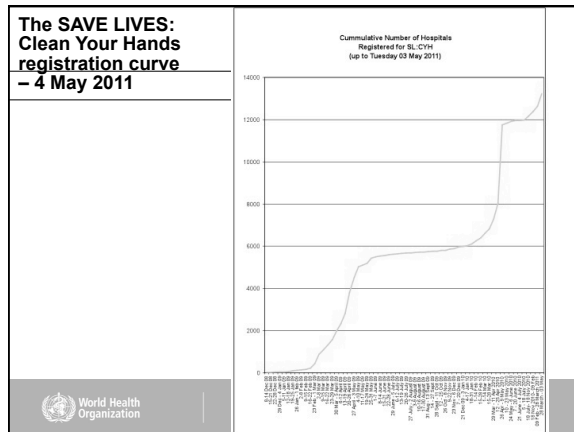
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Hand hygiene is important every day

- Aim for at least one registered health-care facility in every country
- A targeted plan to connect with those who still have no registered facilities
- Regions and countries to aim to keep the profile of hand hygiene alive by achieving more and more registrations & actively featuring SAVE LIVES: Clean Your Hands aims and goals, day on day, year on year
- SAVE LIVE: Clean Your Hands is a perfect illustration of "Great oaks from little acorns grow"

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Examples of important publications that influence the 'impact' - 2011

WHO SAVE LIVES: Clean Your Hands global annual campaign. A call for action: 5 May 2011

C. Kilpatrick - D. Pittet

Received: 7 March 2011 / Accepted: 21 March 2011 / Published online: 12 April 2011
© Springer-Verlag 2011

The World Health Organization (WHO) SAVE LIVES: Clean Your Hands was launched in 2009. This global annual campaign was developed as an extension of the WHO/Clean Care is Safer Care programme. It is targeted at healthcare facilities and has the aim of 'bringing people together to improve and sustain hand hygiene' every 5 May.

more frequently in developing than in developed countries, with an excess mortality rate as high as 27%. Nosocomial infections are three to 20 times higher and are responsible for 4-56% of all deaths in the neonatal period. The costs to healthcare systems are also well recognized, particularly in the developed world [2, 3]. In its first 2 years, WHO SAVE LIVES: Clean Your

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Examples of important publications that influence the 'impact' - 2011

Campaigns and continuity

May 5, 2011, marks WHO's third global annual hand-hygiene campaign, part of WHO's SAVE LIVES: Clean Your Hands initiative to bring hand hygiene to the point of patient care. In the battle to reduce the global burden of health-care-associated infection, this campaign sits at the front line of the First Global Patient Safety Challenge which aims to reduce health-care-associated infection through sustained improvements in hand-hygiene compliance. The annual day and the initiative itself offer a stunning array of electronic resources to participating countries and hospitals. At the campaign's centre is an easily downloadable multimodal hand-hygiene improvement strategy, giving hospitals the means to ensure installation of new patient soap and alcohol hand rub, distribution of materials such as posters reminding health-care workers to clean their hands, implementation of audits and feedback, and securing of institutional engagement.

Progress made by the campaign since its launch in 2009 has exceeded all expectations, with 12 294 hospitals signed up in 146 regions. Equally impressive has been the beginning of global benchmarking of compliance, which has revealed a worldwide compliance of slightly

26% to 61% in different WHO regions. Much remains to be done, because the number of hospitals involved in each country varies widely. In general, the campaign has not spread as well in low-income countries as it has in high-income countries, although there are many exceptions to this rule, with some high-income nations yet to sign up. However, results of a study from Mali show that the strategy can be implemented successfully even when resources are stretched, with gains made that are similar to those of European campaigns.¹

Campaigns aim to catalyse changes in culture and infrastructure. The WHO SAVE LIVES materials emphasise sustainability, 5-year plans, and the importance of institutional engagement. They will be familiar to English and Welsh readers, being similar to those of the England and Wales cleanyourhands campaign which was planned in 2002 and rolled out to all acute-care hospitals in 2004-09.² Centrally funded and coordinated in the setting of a highly professional director to reduce methicillin-resistant Staphylococcus aureus, the campaign is often held up as an exemplar model. A report to the Patient Safety Research Programme will be published shortly; notes widespread sustained

Stone S et al. *Lancet Infect Dis* 2011; **11**:340-341

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WHO Report on the Burden of Endemic Health Care-associated Infection Worldwide (A systematic review of the literature)

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

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Newly issued on 5 May 2011

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

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Constraints with HCAI surveillance

- Surveillance systems for HCAI exist in several high-income countries but are virtually nonexistent in most low- and middle-income countries
- This makes it difficult to gather reliable global information on HCAI; however no institution or country can claim to have solved the problem of HCAI
- Only 23 developing countries (23/147 [15.6%]) reported a functioning HCAI national surveillance system in 2010
- 13/28 (46.4%) European high-income countries were reporting either ICU-acquired infections, SSI, or both, to the HELICS network in 2008

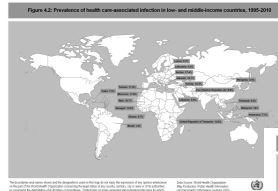


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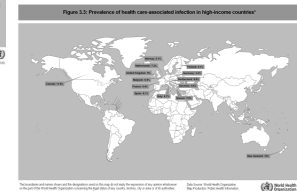
Overall prevalence of HCAI

Low- and middle-income countries



Range: 5.7-19.1%
Pooled prevalence: 10.1%
In high-quality papers: 15.5%

High-income countries



Range: 3.5-12%
Pooled prevalence: 7.6%



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Overall healthcare- and device-associated infection incidence in high risk patients, 1995-2010 – meta-analysis

High-income countries

- Overall HAI: 17.0 pt-days
- CR-BSI: 3.5/1000 cath-days
- CR-UTI: 4.1/1000 cath-days
- VAP: 7.9/1000 vent-days

Low- and middle-income countries

- Overall HAI: 47.9/1000 pt-days
- CR-BSI: 12.2/1000 cath-days
- CR-UTI: 8.8/1000 cath-days
- VAP: 23.9/1000 vent-days

- at least X 2-3
- up to 13 times higher in some countries



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Main solutions and perspectives for improvement are:

- identifying local determinants of the HCAI burden;
- improving reporting and surveillance systems at the national level;
- ensuring minimum requirements in terms of facilities and dedicated resources available for HCAI surveillance at the institutional level, including microbiology laboratories' capacity;
- ensuring that core components for infection control are in place at the national and health-care setting levels;
- implementing standard precautions, particularly best hand hygiene practices at the bedside;
- improving staff education and accountability;
- conducting research to adapt and validate surveillance protocols based on the reality of developing countries;
- conducting research on the potential involvement of patients and their families in HCAI reporting and control.



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5 May 2011

Where do YOU stand on hand hygiene?

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



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Hand Hygiene Self-Assessment Framework

HOW?

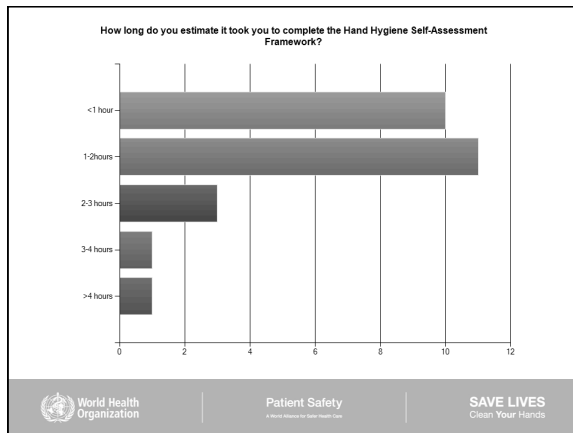
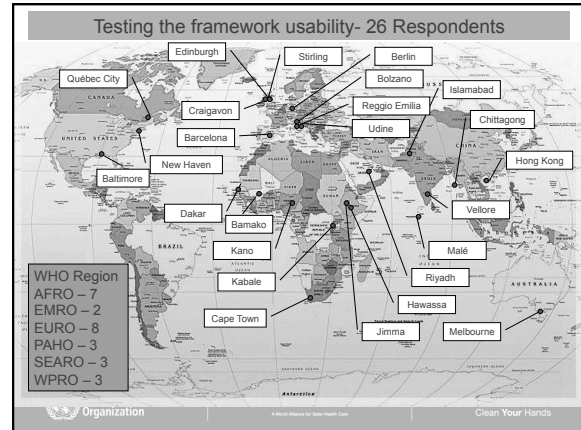
- Download the Framework at <http://www.who.int/gpsc/5may/en/> and fill out the online form to give WHO your details

- Complete the Framework and calculate the score to identify the assigned level of hand hygiene promotion and practice in your health-care facility



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Hand Hygiene Self-Assessment Framework

In French

Modèle pour l'auto-évaluation de la promotion de des pratiques d'hygiène des mains au niveau de l'établissement de soins

In Spanish

Marco de autoevaluación de la higiene de las manos 2010

Hand Hygiene Self-Assessment Framework

In Italian

Igiene delle mani
Framework per l'Autovalutazione 2010

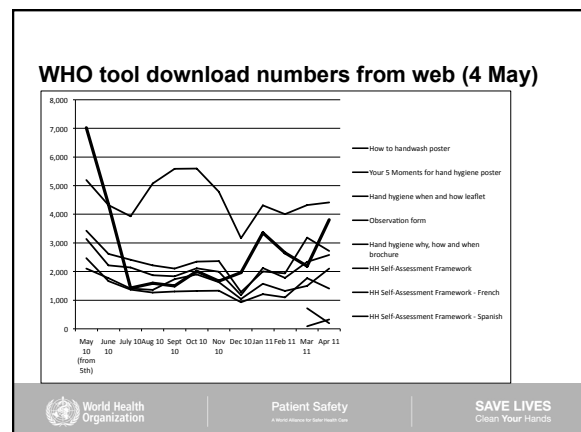
Other versions in preparation:

- Portuguese
- Arabic



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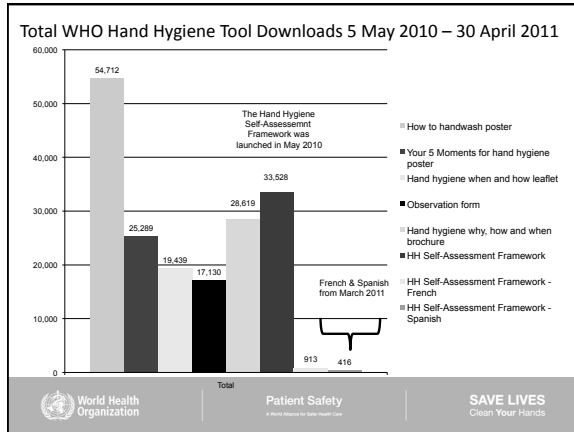
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The Importance of Worldwide Hand Hygiene Events and Activities

Prof. Didier Pittet, Patient Safety, Geneva

Sponsored by WHO First Global Patient Safety Challenge, Clean Care is Safer Care



WHO Hand Hygiene Self-Assessment Framework Global Survey

- After a pilot phase involving a number of invited health-care settings and some hand hygiene national campaigns, WHO launches a **global survey** based on the use of the WHO Hand Hygiene Framework
- The main objective is to evaluate the state of progress in terms of hand hygiene infrastructure, promotional activities, performance monitoring and feedback, and institutional commitment in health-care facilities around the world
- WHO will invite all health-care facilities registered for **SAVE LIVES: Clean Your Hands** to participate and submit their Framework results online
- Strict confidentiality will be kept on the facility's identity

WHO Hand Hygiene Self-Assessment Framework Global Survey

Use the Framework to identify where your facility stands in terms of hand hygiene resources, practices and promotion!

AND

By submitting your results online, help WHO obtain a global picture of hand hygiene progress and identify areas for further improvement!

To participate in the global survey your health-care facility must be registered for **SAVE LIVES: Clean Your Hands** and will receive an invitation by WHO

Everyone is important in the success of 5 May

WHO	Advocates at organizational, national and regional level	Health-care facilities
Encourage: <ul style="list-style-type: none"> through regular communications including a monthly newsletter; availability of tools; announcing SL:CYHs registration numbers; issuing new information on the global burden of HCAI; monitoring of Self-Assessment use; gathering of a sample of completed Self-Assessments; for 2011, coordinating a global Teleclass on 5 May 	Promote: <ul style="list-style-type: none"> use of the WHO Framework (& WHO hand hygiene tools) for improved and sustained hand hygiene; SAVE LIVES: Clean Your Hands commitment through registrations; 5 May 2011 'promotional' activities, with features on local web pages 	<ul style="list-style-type: none"> Commit = register for SAVE LIVES: Clean Your Hands (if not already) Track progress = use the WHO Self-Assessment Framework Plan actions = address the components of the WHO multimodal improvement strategy and plan reuse of the Framework Communicate = inform WHO on using the Self-Assessment Framework and plan and share other 5 May 2011 'promotional' activities by presenting information on local web pages

WHO commitment to SAVE LIVES: Clean Your Hands

Encourage:

- through regular communications incl. a monthly newsletter;
- availability of tools;
- announcing SL:CYHs registration numbers;
- issuing new information on the global burden of HCAI;
- monitoring of Self-Assessment use;
- gathering of a sample of completed Self-Assessments;

Advocates at organizational, national and regional level

Promote:

- use of the WHO Framework (& WHO hand hygiene tools) for improved and sustained hand hygiene;
- SAVE LIVES: Clean Your Hands commitment through registrations;
- 5 May 2011 'promotional' activities, with features on local web pages

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Health-care facilities

- **Commit** = register for SAVE LIVES: Clean Your Hands (if not already)
- **Track progress** = use the WHO Self-Assessment Framework
- **Plan actions** = address the components of the WHO multimodal improvement strategy, use hand hygiene improvement tools and plan reuse of the Framework
- **Communicate** = inform WHO on using the Self-Assessment Framework and plan and share other 5 May 2011 'promotional' activities by presenting information on local web pages


Example activities 2011 – the importance of acknowledging key advocates around the globe

Clean Care is Safer Care
Save Lives: Clean Your Hands
The evidence for clean hands
Campaigning countries
Information centre
Events


Web sites promoting WHO SAVE LIVES: Clean Your Hands - 5 May 2011

Advocates around the globe are committed to WHO SAVE LIVES: Clean Your Hands. At times this is demonstrated by links and information provided on web pages. A call from WHO for societies, organizations, campaigns and facilities around the globe to feature information was made as part of 5 May 2011 plans, to demonstrate commitment and action taken. WHO wishes to thank all those who are supporting SAVE LIVES: Clean Your Hands in this way.

- International
 - International Federation for Infection Control
- Africa
 - Infection Prevention and Control Africa Network
- Australia
 - Australian Infection Control Association
- Canada
 - Canadian Healthcare Now!
- Denmark
 - Statens Serum Institut
- France
 - Centre de coordination de lutte contre les infections nosocomiales
- United Kingdom of Great Britain and Northern Ireland
 - Infection Prevention Society
 - Communicable Disease Surveillance Centre Northern Ireland
- United States of America
 - Centers for Disease Control and Prevention
 - Institute for Healthcare Improvement
 - Association of perioperative Registered Nurses
 - Association for Professionals in Infection Control and Epidemiology (APIC)
- Vietnam
 - WHO Representative Office in Vietnam






Example activities 2011 – the importance of acknowledging key advocates around the globe



International Federation of Infection Control

World Health Organization
SAVE LIVES: Clean Your Hands
5 MAY 2011 - come together & lend a hand

Example activities 2011 – the importance of acknowledging key advocates around the globe



Infection Prevention and Control Africa Network

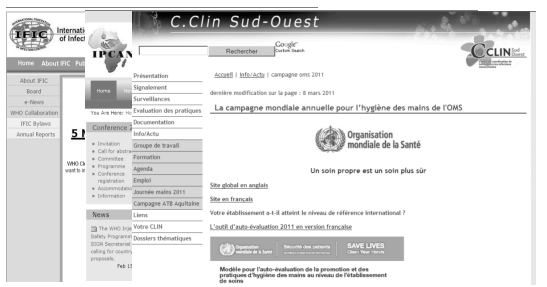
Welcome to IPAN

WHO Save Lives: Clean Your Hands - African countries PLEASE help us sign-up 1000 hospitals and health care facilities before 5 May 2011!





Example activities 2011 – the importance of acknowledging key advocates around the globe






C.Clin Sud-Ouest

IPICAN

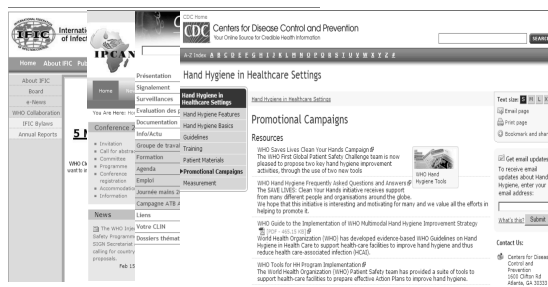
La campagne mondiale annuelle pour l'hygiène des mains de l'OMS

Organisation mondiale de la Santé

Un soin propre est un soin sûr




Example activities 2011 – the importance of acknowledging key advocates around the globe



Centers for Disease Control and Prevention

Hand Hygiene in Healthcare Settings

WHO Save Lives: Clean Your Hands Campaign

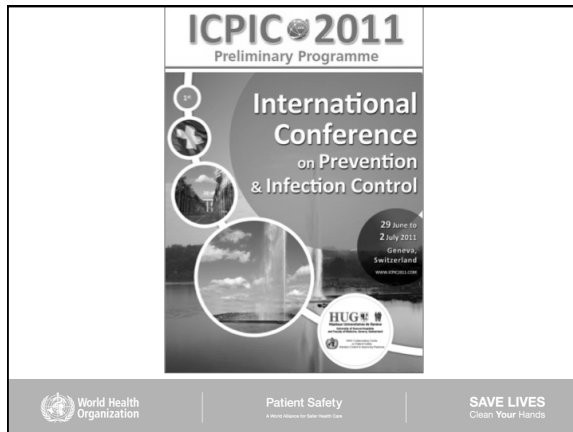




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WHO Patient Safety Challenge ... Clean Care is Safer Care 2011 Teleclass Series
February 1 - Quality Improvement in Infection Prevention and Control
April 6 - Hand Hygiene Education and Monitoring: Returning to the WHO "My Five Moments" Concept
May 5 - The Importance of Worldwide Hand Hygiene Events and Activities
June 21 - Establishing an Infection Control Program for Acute Respiratory Infections and Ensuring Pandemic Preparation
July 20 - Highlights and Results From May 5, 2011 Initiatives Around the World
August 20 - Latest Update on <i>Clostridium difficile</i> Control
October 4 - MRSA - Is Search & Destroy the Way To Go?
December 7 - Best Practice for Cleaning, Disinfection and Sterilization in Healthcare



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