

# Infection Control: From Global to Local ... Fostering Partnerships and Rock'n'Roll

Prof. Didier Pittet, University of Geneva Hospitals, World Health Organisation  
 Broadcast live from the International Conference on Prevention and Infection Control

UNIVERSITÉ DE GENÈVE FACULTÉ DE MÉDECINE ICPIC 2011 HUG Hôpitaux Universitaires de Genève

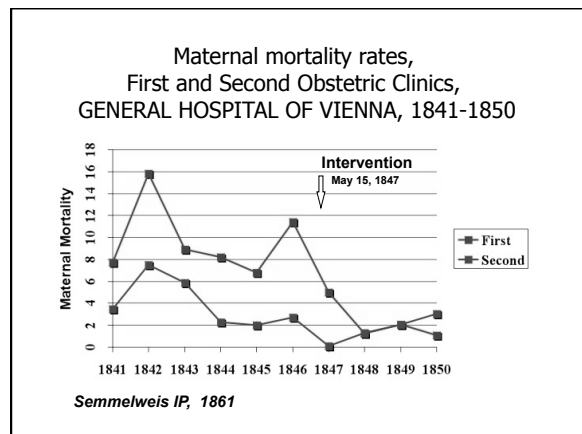
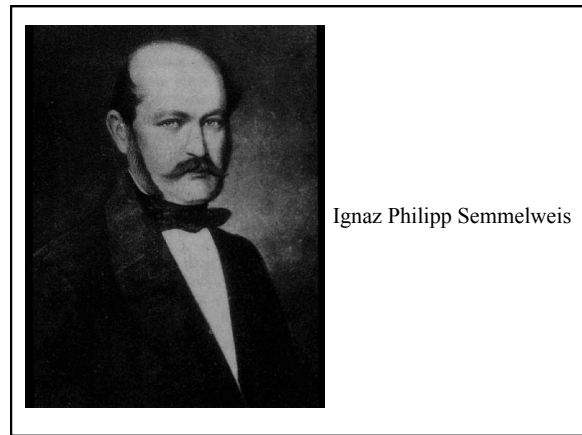
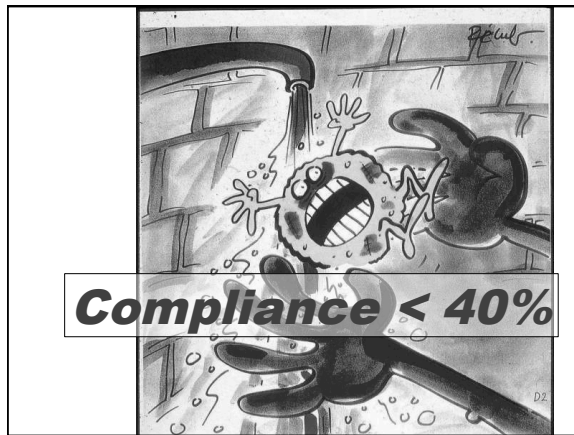
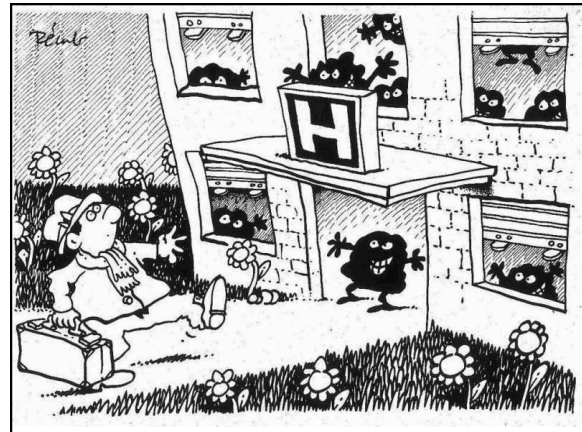
## Infection control: from local to global ... fostering partnership and rock'n'roll

**Professor Didier Pittet, MD, MS,**  
 Infection Control Program  
 WHO Collaborating Center for Patient Safety  
 University of Geneva Hospitals, Switzerland

Lead, 1st Global Patient Safety Challenge,  
 Expert Lead, African Partnerships for Patient Safety,  
 World Health Organization (WHO) Patient Safety

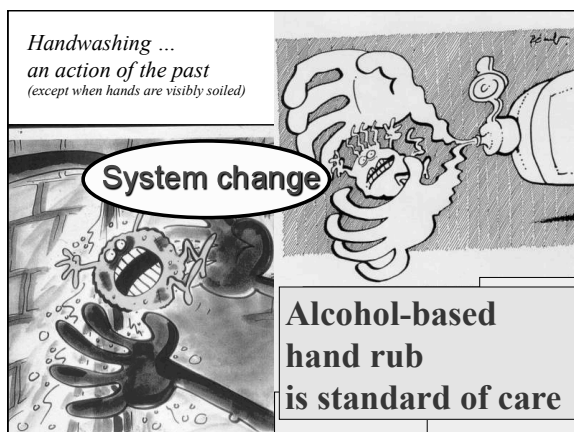
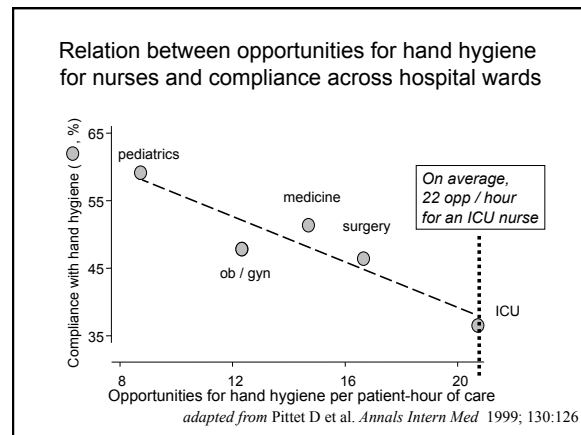
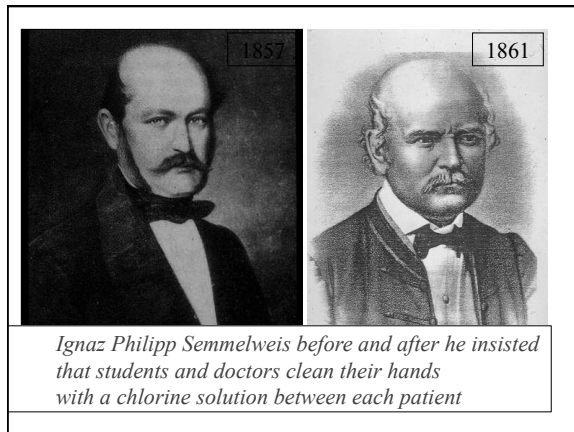
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June 29, 2011



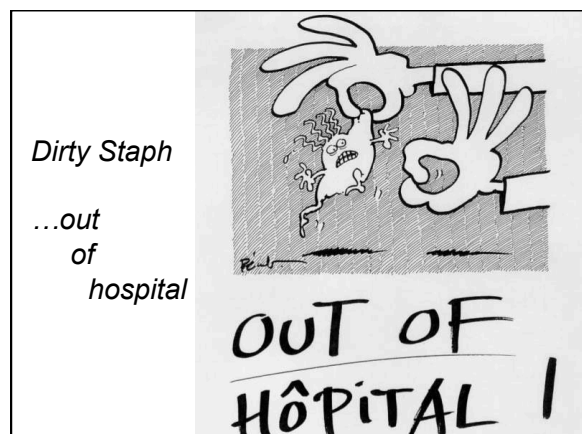
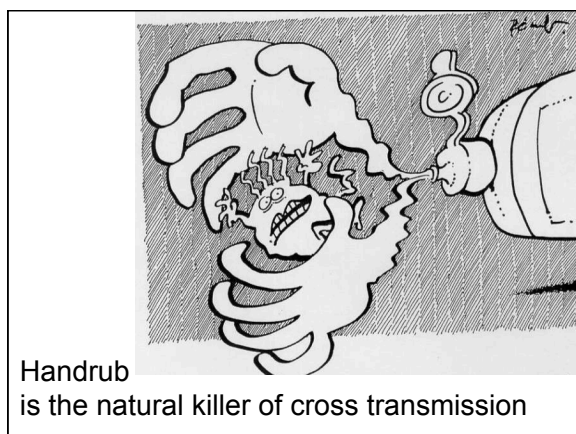
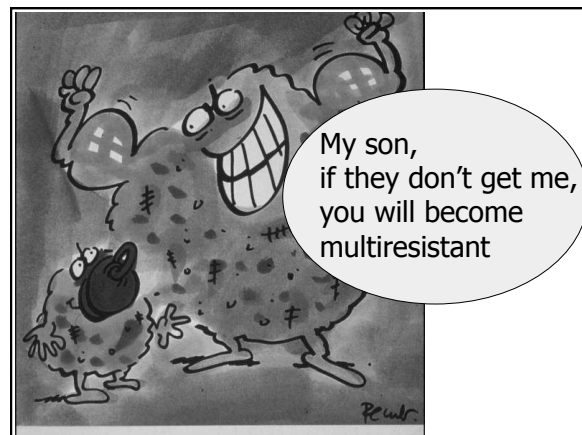
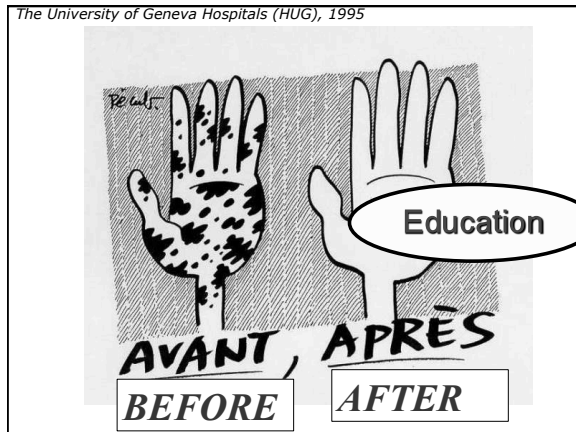
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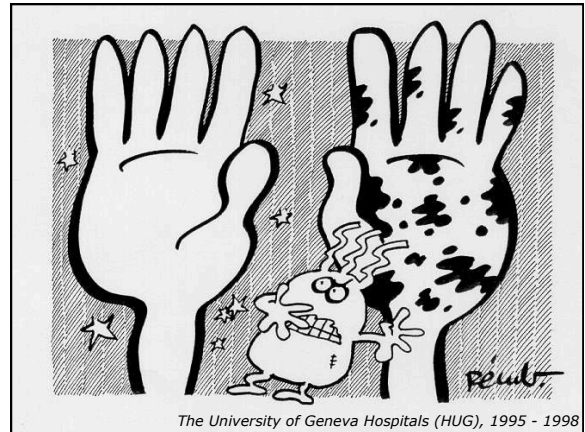
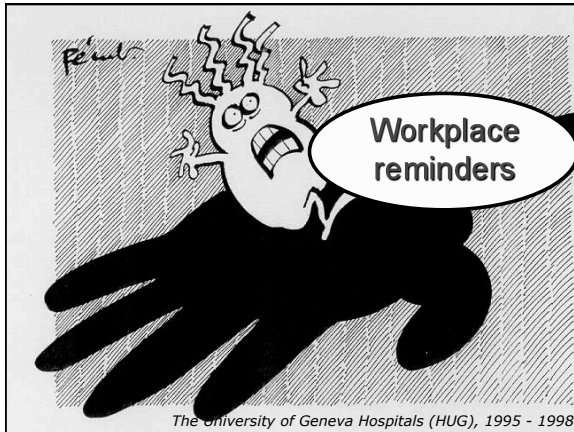
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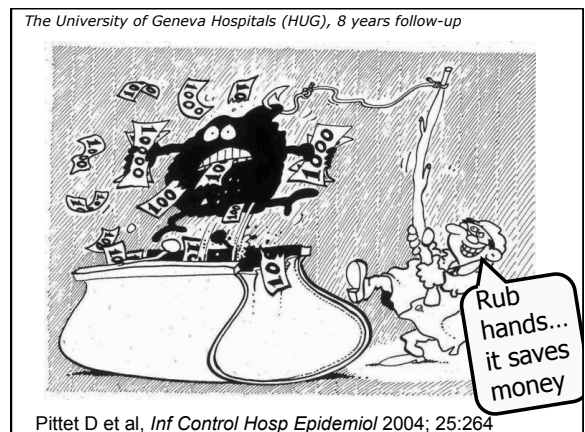
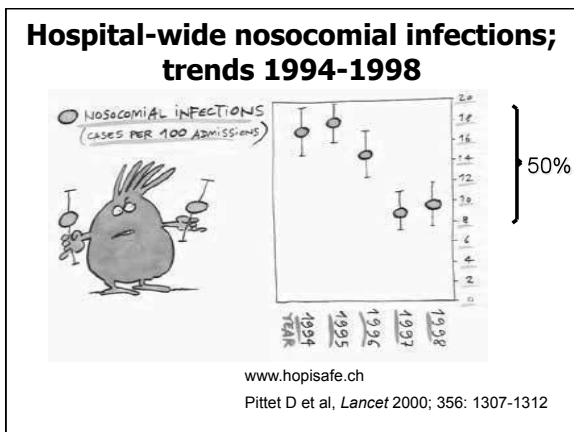
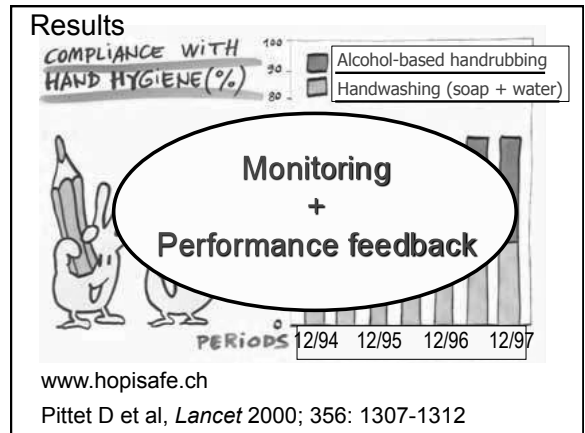
**Doctor Freud, in this hospital, it's become impossible to cause infections any more !**

**Safety culture**

Geneva's University Hospitals against Dirty Staph : war has been declared

HÔPITAL CONTRE STAPH LE SÂLE LES HOSTILITÉS VONT COMMENCER !

ON NE PEUT MÊME PLUS INFECTER COMME L'ON VEUT

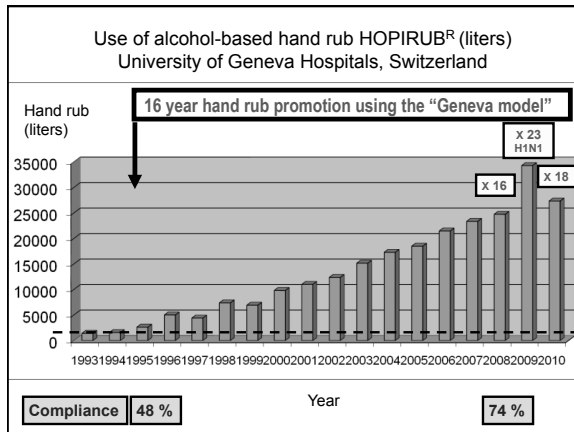


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# Infection Control: From Global to Local ... Fostering Partnerships and Rock'n'Roll

## Prof. Didier Pittet, University of Geneva Hospitals, World Health Organisation

### Broadcast live from the International Conference on Prevention and Infection Control



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

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

THE LANCET 2000; 356: 1307-1312

**Intervention – Critical elements for success**

- System change (use of alcohol-based handrubs is standard of care)
- Education of healthcare workers
- Monitoring and feedback of performance
- Reminders in the work place (posters)
- Strong administrative support
- Leadership and culture change

[www.hopisafe.ch](http://www.hopisafe.ch)  
Pittet D et al, *Lancet* 2000; 356: 1307-1312

**Through the promotion of best practices in hand hygiene and infection control, the First Global Patient Safety Challenge aims to reduce health care-associated infection (HCAI) worldwide**

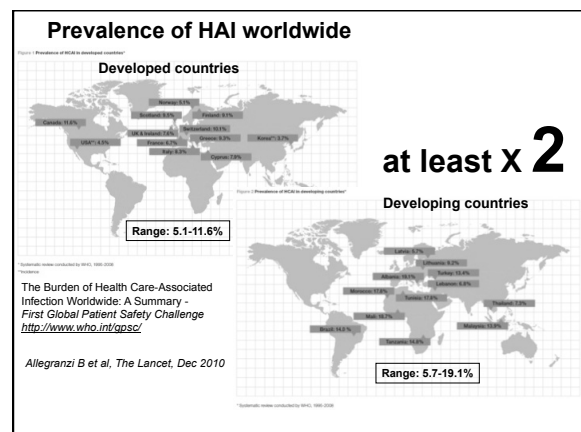
**Clean hands reduce the burden of infection**

From 1975 to June 2010, at least 36 studies demonstrated the effectiveness of hand hygiene to reduce health care-associated infection

• Pittet D. *Lancet* 2005; 366:185-86  
• Allegranzi B and Pittet D. *J Hosp Infect* 2009;73:305-15

**Objectives of the Challenge**

|  |                                   |
|--|-----------------------------------|
| Burden of HCAI<br>Stakeholders' engagement | 1. Awareness                      |
| Country pledges<br>National campaigns      | 2. Mobilising nations             |
| Implementation strategies                  | 3. Technical guidelines and tools |



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Articles

**Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis**  
 (Allegretti, Pittet, Archer, et al., Lancet Infect Dis 2011)

**Abstract**  
 Health-care-associated infections (HCAIs) are a major cause of morbidity and mortality in developing countries. We conducted a systematic review and meta-analysis to estimate the burden of HCAIs in developing countries. We searched Medline, Embase, and Cochrane for articles published between 1990 and 2010. We included studies that reported the incidence of HCAIs in developing countries. We extracted data on the number of patients, the number of HCAIs, and the types of HCAIs. We calculated the incidence of HCAIs per 100 patient-days. We also calculated the number of HCAIs per 100 patient-days. We included 10 studies that reported the incidence of HCAIs in developing countries. The incidence of HCAIs was 1.8 per 100 patient-days. The number of HCAIs was 1.8 per 100 patient-days. The types of HCAIs were: surgical site infections (SSIs), urinary tract infections (UTIs), bloodstream infections (BSIs), and ventilator-associated pneumonia (VAP).

**Conclusion**  
 The burden of HCAIs in developing countries is high. The findings indicate a need to improve infection control practices in these countries.

**Key Words**  
 Health-care-associated infections, developing countries, systematic review, meta-analysis.

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

### Objectives of the Challenge

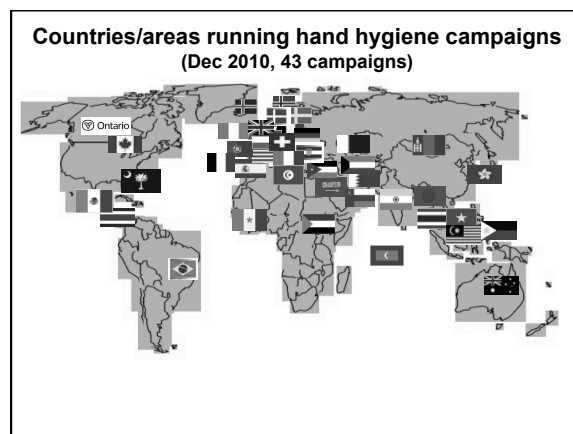
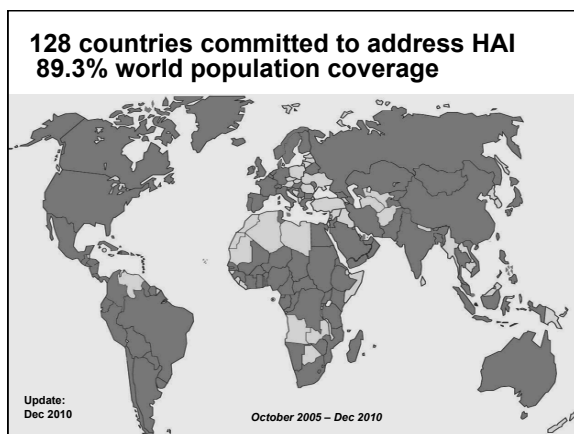
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| Burden of HCAI<br>Stakeholders' engagement | 1. Awareness                      |
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### Political commitment is essential to achieve improvement in infection control

Ministerial pledges to the 1<sup>st</sup> Global Patient Safety Challenge

I resolve to work to reduce health care-associated infection (HCAI) through actions such as:

- acknowledging the importance of HCAI;
- hand hygiene campaigns at national or sub-national levels;
- sharing experiences and available surveillance data, if appropriate;
- using WHO strategies and guidelines...



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### Objectives of the Challenge

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### Implementation strategy and toolkit for the WHO Guidelines on Hand Hygiene in Health Care

Knowledge & evidence → Action

### What is the WHO Multimodal Hand Hygiene Improvement Strategy?

Based on the evidence and recommendations from the WHO Guidelines on Hand Hygiene in Health Care (2009), made up of 5 core components, to improve hand hygiene in health-care settings

|  |
|--|
| <b>ONE System change</b><br>Alcohol-based handrubs at point of care and access to safe continuous water supply, soap and towels  |
| <b>TWO Training and education</b><br>Providing regular training to all health-care workers   |
| <b>THREE Evaluation and feedback</b><br>Monitoring hand hygiene practices, infrastructure, perceptions, & knowledge, while providing results feedback to health-care workers |
| <b>FOUR Reminders in the workplace</b><br>Prompting and reminding health-care workers  |
| <b>FIVE Institutional safety climate</b><br>Individual active participation, institutional support, patient participation  |

### The My Five Moments approach

Making it easier to

- understand
- remember
- practice

the hand hygiene indications at the point of care

Sax H, Allegranzi B, Uçkay I, Larson E, Boyce J, Pittet D. *J Hosp Infect* 2007;67:9-21

ہاتھوں کی صفائی کے پانچ مواقع

حملة غسل الأيدي ٢٠٠٨  
Your 5 moments for HAND HYGIENE

### Adoption and adaptation of Clean Care is Safer Care worldwide


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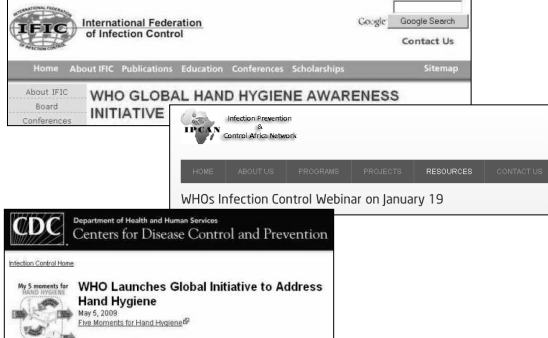
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**WHO SAVE LIVES: Clean Your Hands**

- 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



**Save Lives: Clean YOUR Hands – our stakeholders around the world**



International Federation of Infection Control

WHO GLOBAL HAND HYGIENE AWARENESS INITIATIVE

WHO's Infection Control Webinar on January 19

CDC Department of Health and Human Services  
Centers for Disease Control and Prevention


WHO Launches Global Initiative to Address Hand Hygiene  
May 5, 2009  
Five Moments for Hand Hygiene

**Facilities registered update on May 2011**




... registered health care facilities across the countries  
 ... million health-care workers, serving 2 billion patients

... to patient point of care




**My 5 moments for HAND HYGIENE**



**Evidence of successful implementation of the solution worldwide...**

**Field Testing the implementation (2006-2008)**



2006 - 2008

● Complementary Sites (>500)

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**From modern health care settings**



**To settings with limited resources**



**In a multi-cultural environment**



**Overcoming religious barriers**



**Ensuring universal system change**



**Guide for the local production of the WHO alcohol-based handrub formulations**

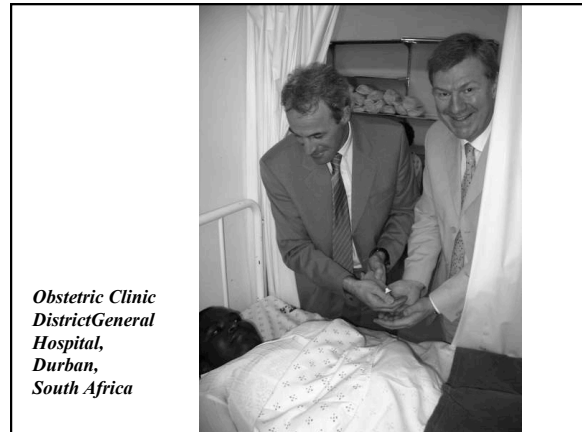
**From sugar can, at low costs**  
**Mali, Africa, 2007**

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*Durban, South Africa*



*Obstetric Clinic  
 District General  
 Hospital,  
 Durban,  
 South Africa*

**How to scale up and implement  
 the solution worldwide...**

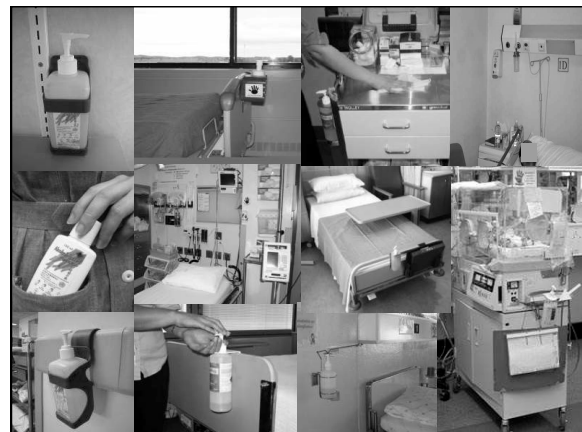


**Launch of the campaign in Mali – 2006**  
**Mali pilot site: an example to follow**



**Yaoundé 4 September 2008, 27 countries signed**

**WHO AFRO Regional Committee,  
 Ministerial Signing Yaoundé, Cameroon**



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**New tools to ensure sustainability of the strategy worldwide...**

Monitoring your institution  
 "Hand Hygiene Self-Assessment Framework"

**Hand Hygiene Self-Assessment Framework**


**HOW?**

- Download the Framework at [www.who.int/gpsc/5may/en/](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




**How to continue ... what's next ?**

**62 scientific publications (2005-June 2010)**



**WHO Patient Safety Challenge ... Clean Care is Safer Care**  
**2011 Webber Training 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 *Clostridium difficile* Control
- October 4 - MRSA - Is Search & Destroy the Way To Go?
- December 7 - Best Practice for Cleaning, Disinfection and Sterilization in Healthcare

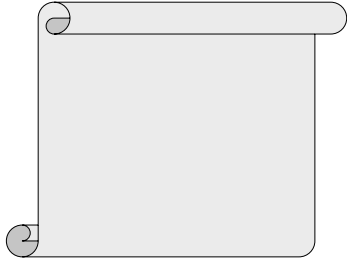


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## Asia-Pacific Award for Excellence in Hand Hygiene promotion



■ The **Hand Hygiene Self-Assessment Framework** is divided into 5 components and 27 indicators.  
**How is the Framework structured?** Multimodal Hand Hygiene Improvement Strategy

- **Four levels** of hand hygiene promotion and practice:
  - **Inadequate:** hand hygiene practices and hand hygiene promotion are deficient. Significant improvement is required.
  - **Basic:** some measures are in place, but not to a satisfactory standard. Further improvement is required.
  - **Intermediate:** an appropriate hand hygiene promotion strategy is in place and hand hygiene practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
  - **Advanced:** hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.
  - **Leadership:** your facility is a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing

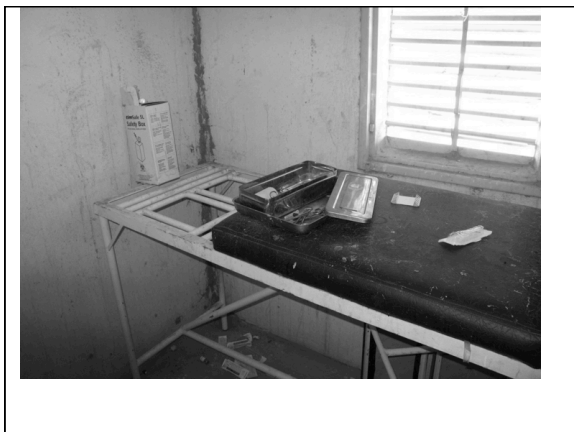
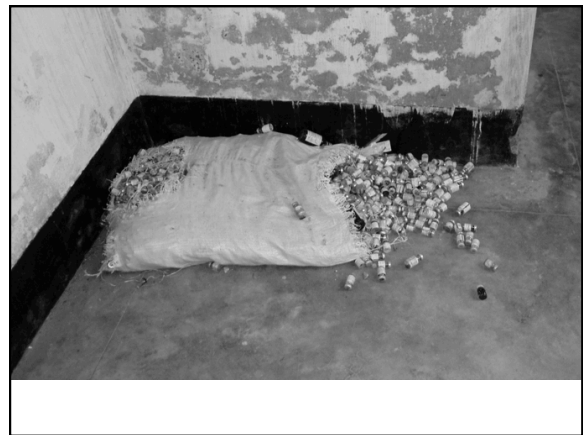
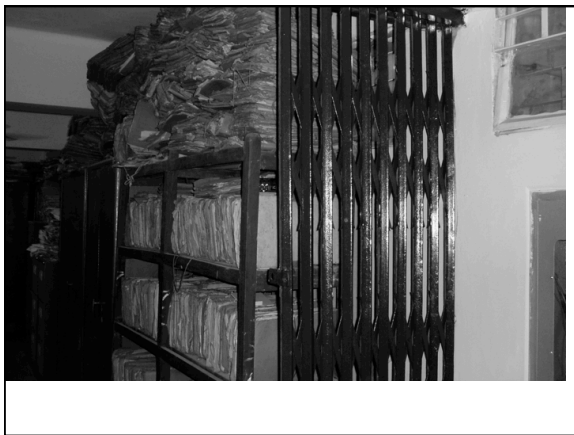
How to continue ...  
 partnerships

## CleanHandsNet - a network of existing hand hygiene campaigns facilitated by WHO



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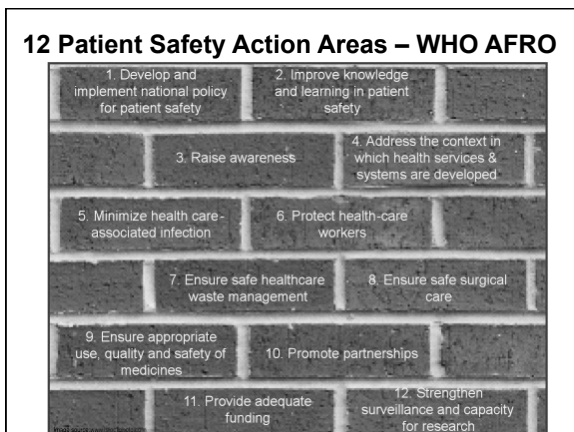
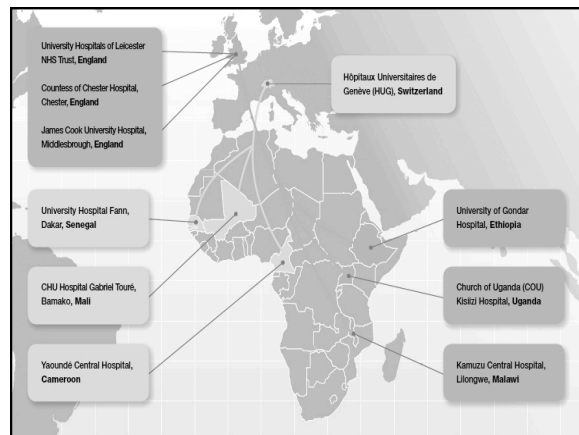
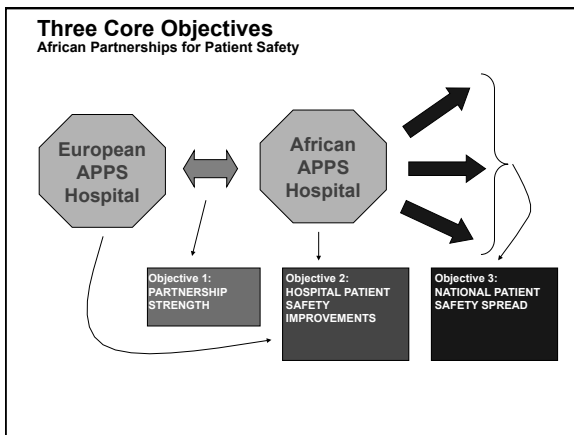
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### Turning the World Upside Down

- Shared learning
- Co-development



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Longtin Y, Sax H, Leape L, Sheridan S, Donaldson L, Pittet D.  
 Patient participation: current knowledge and applicability to patient safety.  
*Mayo Clin Proc.* 2010; 85:53-62.

and what about ...  
**Rock'n'Roll**



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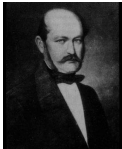


and what about ...  
**Rock'n'Roll**

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**Modern ways to communicate**

The Hand Hygiene Dance  
by Non Professionals

Institutional Safety Culture



HUG  
Hôpitaux Universitaires de Genève



UNIVERSITÉ DE GENÈVE  
FACULTÉ DE MÉDECINE

ICPIC 2011

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