

Highlights and Results From WHO SAVE LIVES: Clean Your Hands Every May 5
Claire Kilpatrick & Benedetta Allegranzi
Sponsored by WHO First Global Patient Safety Challenge, Clean Care is Safer Care

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Highlights and Results from WHO SAVE LIVES: Clean Your Hands every 5 May

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Hosted by Dr. Ed Kelley
 Coordinator and Head of Strategic Programmes
 WHO Patient Safety

Sponsored by
 WHO Patient Safety Challenge
 Clean Care is Safer Care

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Google

■ When you search for 'global health campaigns' you get
'about 66 million results'

Page 2

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What gets talked about gets done

Page 3

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Why SAVE LIVES: Clean Your Hands as a campaign

■ Drivers

- Data on sub-optimal hand hygiene practices
- Data on the impact of patient harm – thought to be a worldwide problem
- A social movement had begun....the potential impact
- WHO commitment - deemed a natural next phase of the WHO Clean Care is Safer Care programme

Move the call to action from a country pledge of commitment

↓

To the point of patient care

Page 4

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Launch 2009
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

Page 5

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About SAVE LIVES: Clean Your Hands – the components of a campaign

- Engagement
 - A global annual day; every 5 May – targeted at all HCFs
 - A regular newsletter
 - Key announcements
 - Video links, visits
 - Teleclasses
 - Targeting key leads to influence regional, national and local agendas
 - Encouraging and supporting the actions of others
- Action – WHO, building the momentum
 - Launch of all finalised WHO hand hygiene tools
 - Monitoring hand hygiene with a WHO tool – Moment 1 Global Survey
 - Launch of the WHO Hand Hygiene Self Assessment Framework – Self Assessment Global Survey
 - Launch of global data on HAI

Page 6

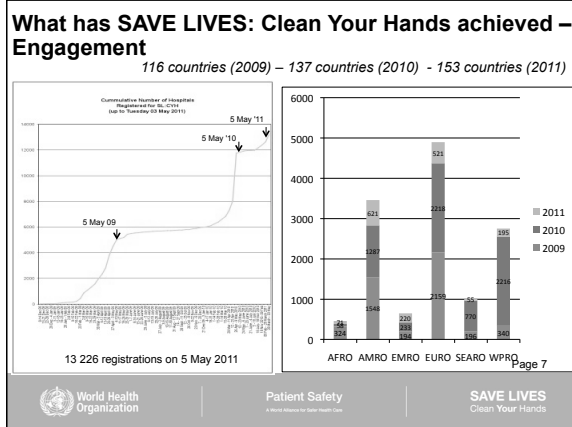
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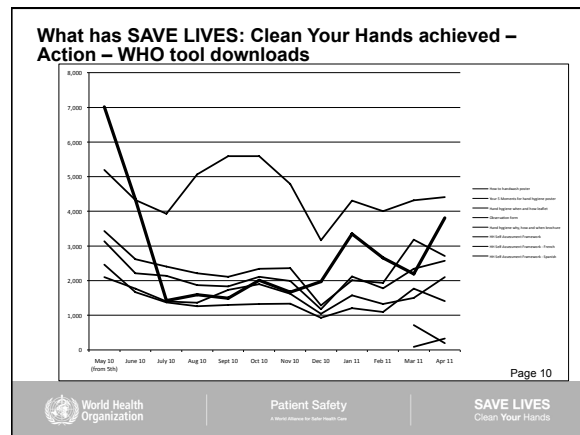
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Information on country registrations

- Success stories 2011:
 - WHO African region – 3 new countries: Benin, Gambia, Zimbabwe
 - Target = registrations in remaining 39 countries across the WHO regions
 - Increase in those countries with large numbers of HCFs
- Influencing factors:
 - ?Language
 - Smaller
 - Poorer
 - ?Structural issues
 - Less internet penetration... *But not in every case...*
 - ?Saturation
 - This is about a strong global message**
 - Using country registrations as an influencer on others

Page 9



What has SAVE LIVES: Clean Your Hands achieved – Action – local activities

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

What has SAVE LIVES: Clean Your Hands achieved – Action – local activities

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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Local Activities Analysis for 2011

- Education sessions increased
- Hand hygiene audits decreased – influence of global call to action?
- Hand hygiene testing stations decreased – influence of global call to action?
- Translation of resources increased – due to promoting the use of the HHSAF?
- 'Dancing' activities increased!!
- Too many videos and photos to show!
- Many limitations to understanding nature and volume of local activities – general 'social movement' call from WHO
- **The power of visible commitment and action is real**




Page 13

'Local Activity Countries' – 5 May 2011



Page 14

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■ Sustaining the efforts requires action....and innovation

Page 15








What does all of this mean for you



- How would you keep a campaign alive?
 - Need to maintain a local, national, regional *and* global profile




Page 16

Everyone is important in the success of 5 May

Health-care facilities	Advocates at organizational, national and regional level	WHO
Commit = register for SAVE LIVES: Clean Your Hands (if not already) Track progress = e.g. use the WHO Self-Assessment Framework Plan actions = address the components of the WHO multimodal improvement strategy and plan reuse of the Framework Communicate and motivate = share and encourage 5 May 'promotional' activities by presenting <u>detailed</u> information on local web pages and informing WHO (to support future evaluation)	Promote: -SAVE LIVES: Clean Your Hands commitment - registrations from those who have not yet; -use of the WHO Framework & WHO hand hygiene tools for improved and sustained hand hygiene; -5 May 'promotional' activities, with features on web pages; -Lobbying of key leads to support SL:CYHs year on year	Encourage: -through regular communications including a monthly newsletter; announcing registration numbers; issuing new information on the global burden of HAI; -availability of tools; -monitoring of Self-Assessment Framework use; -coordinating training and updates through Teleclasses and workshops at existing events; -targeting key global leads to act on behalf of SAVE LIVES: Clean Your Hands

Page 17

Everyone is important in the success of 5 May

- Like any campaign or project, be realistic
 - 'Your' strategy
 - Planning
 - Agreed timeframe
 - Available expertise
 - Supporting materials
 - The right messages – based on your situation
 - Commitment and funding
 - **Sharing your success!**



Page 18





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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

Page 21

www.who.int/gpsc/5may/en

Page 22

Hand Hygiene Self-Assessment Framework

Aims of the Framework

1. Provide systematic **situation analysis** of hand hygiene structures, resources, promotion and practices within a health-care facility
2. Facilitate development of an **action plan** for strengthening the facility's hand hygiene improvement programme
3. Document **progress** over time through the repeated use

Page 23

Structure

5 Components

1. System Change
2. Education and Training
3. Evaluation and Feedback
4. Reminders in the Workplace
5. Institutional Safety Climate

} **WHO Multimodal Hand Hygiene Improvement Strategy**

27 Indicators

- Reflecting key elements of each component

Page 24

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Questionnaire-like structure...and more...

1. System Change

Question	Answer	Score	WHO improvement tools
1.1 How easily available is alcohol-based handrub in your health-care facility? <i>Choose one answer</i>	Not available	0	Hand Infrastructure Survey
	Available, but efficacy* and tolerability* have not been proven	0	Protocol for Evaluation of Tolerability and Acceptability of Alcohol-based Handrub in Use or Planned to be Introduced Method 1
	Available only in some wards or in discontinuous supply (with efficacy* and tolerability* proven)	5	Guide to Implementation 1.1
	Available facility-wide with continuous supply (with efficacy* and tolerability* proven)	10	
	Available facility-wide with continuous supply, and at the point of care* in the majority of wards (with efficacy* and tolerability* proven)	30	
Available facility-wide with continuous supply at each point of care* (with efficacy* and tolerability* proven)	50		

Page 25

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Score

Components attributed 100 points

- Each indicator assigned a score - *Weighted for importance*

“Hand hygiene level”

- Inadequate (0-125)
- Basic (126-250)
- Intermediate (251-375)
- Advanced (376-500)
- Leadership

Page 26

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Hand Hygiene Self-Assessment Framework 2010

1. System Change

Question	Answer	Score	WHO improvement tools
1.1 How easily available is alcohol-based handrub in your health-care facility? <i>Choose one answer</i>	Available, but efficacy* and tolerability* have not been proven	0	Hand Infrastructure Survey
1.2 How often is handrub used?	At least 10% in most wards	0	Protocol for Evaluation of Tolerability and Acceptability of Alcohol-based Handrub in Use or Planned to be Introduced Method 1
1.3 Is there a continuous supply of clean, running water?	Yes	10	Hand Infrastructure Survey
1.4 Is handrub available at each point?	Yes	10	Hand Infrastructure Survey
1.5 Are single-use towels available at each point?	Yes	10	Hand Infrastructure Survey
1.6 Is there an identifiable budget for the purchase and replacement of the regular supply of alcohol-based handrub?	Yes	10	Hand Infrastructure Survey
1.7 Are handrub dispensers clearly labeled with the WHO recommended 20-second duration?	Yes	0	Hand Infrastructure Survey
1.8 Have handrub dispensers been placed to improve the accessibility of your health-care facility?	Yes	0	Hand Infrastructure Survey

System Change subtotal 50 / 100

Page 29

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Interpretation:

1. Add up your points.

Component	Subtotal
1. System Change	85
2. Education and Training	60
3. Evaluation and Feedback	55
4. Reminders in the Workplace	70
5. Institutional Safety Climate	65
Total	335

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)

Page 30

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Four levels of HH promotion and practice

- Inadequate:** HH practices and 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 HH promotion strategy is in place and HH practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
- Advanced:** HH promotion and optimal HH 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 HH through research, innovation and information sharing

Page 29

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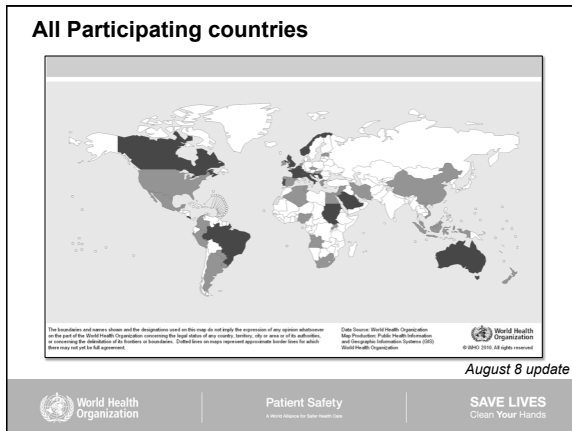
Participating National Campaigns

Page 30

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WHO Hand Hygiene Self-Assessment Framework Global Survey

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

Get more details at www.who.int/gpsc/5may/hhsaf_submissions/en/index.html

Ask clarifications through WHOframework.survey@who.int

Page 32

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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**
- August 31 - Latest Update on Clostridium difficile Control**
- September 7 - Highlights From May 5, 2011 Initiatives Around the World**
- 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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