

Keeping the hand hygiene agenda alive: Acting on data and the influence of global surveys
Prof. Didier Pittet, World Health Organisation
Broadcast live from the 45th Middle East Medical Assembly (www.mema.aub.edu.lb)

**WHO First Global Patient Safety Challenge:
Clean Care is Safer Care**

**Keeping the hand hygiene agenda
alive: acting on data and the
influence of global surveys**

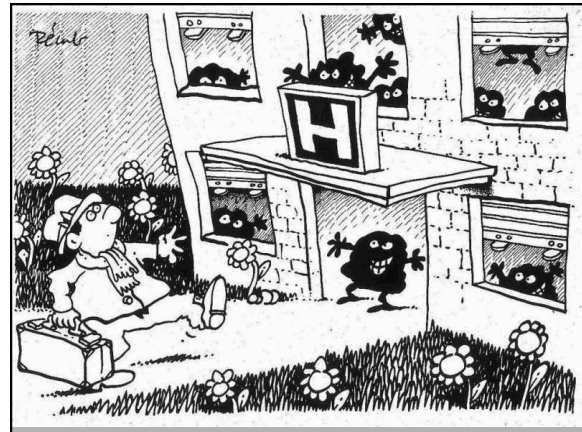
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Broadcast live from the
 45th Middle East Medical Assembly,
 Beirut, Lebanon

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SAVE LIVES
 Clean Your Hands
 May 3, 2012



Outline

- *Clean Care is Safer Care*: Oct 2005-April 2012
- 1st results of the WHO Hand Hygiene Self-Assessment Framework global survey
- New on 5 May 2012!
- What's next?

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Allegretti B et al. Lancet 2011;377:228-41

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

Published on 5 May 2011
<http://www.who.int/gpsc/en/>

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

Clean Care is Safer Care

Health-care-associated infection in Africa: a systematic review

Systematic reviews

Bagheri Nejad S, et al. Bull OMS 2011;89:757-765

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Through the promotion of best practices in hand hygiene and infection control, *Clean Care is Safer Care* aims to reduce health care-associated infection (HAI) worldwide

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Clean hands reduce the burden of infection



From 1975 to Feb 2011, at least 27 studies demonstrated the effectiveness of hand hygiene improvement to reduce HAI



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




Political commitment is essential to achieve improvement in infection control

Ministerial pledges to the 1st 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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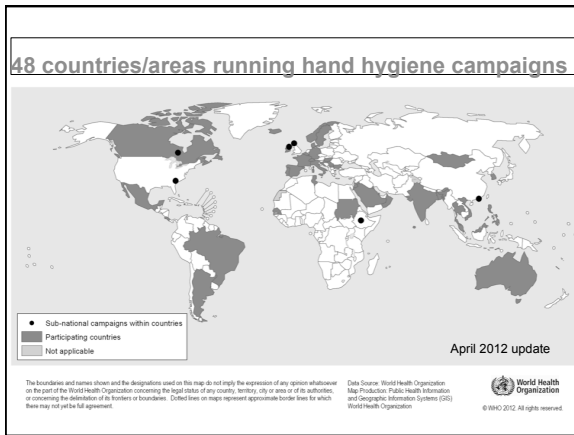
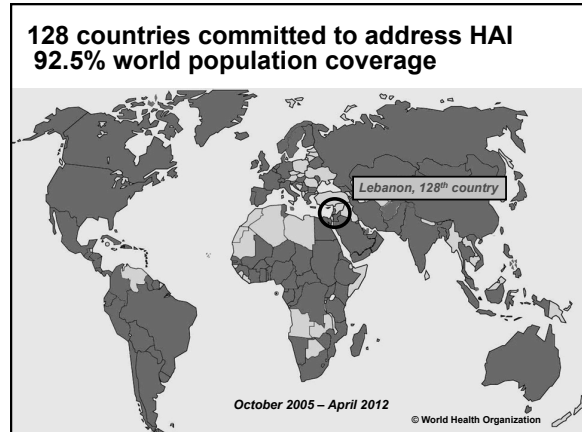
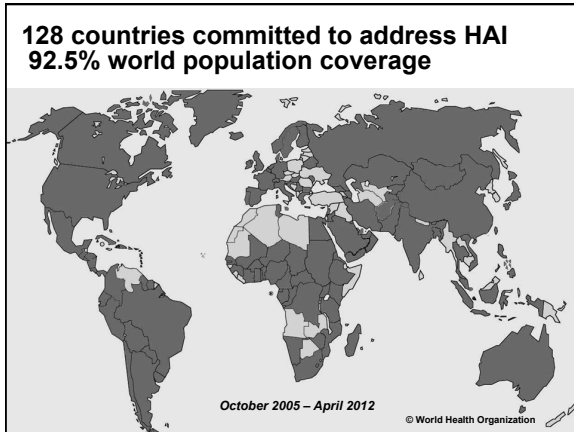

Kabul, Afghanistan - April 2012

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

Knowledge & evidence → Action

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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, made up of **5 core components**, to improve hand hygiene in health-care settings

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

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The My Five Moments approach

Making it easier to

- understand
- remember
- practice

the hand hygiene indications at the point of care

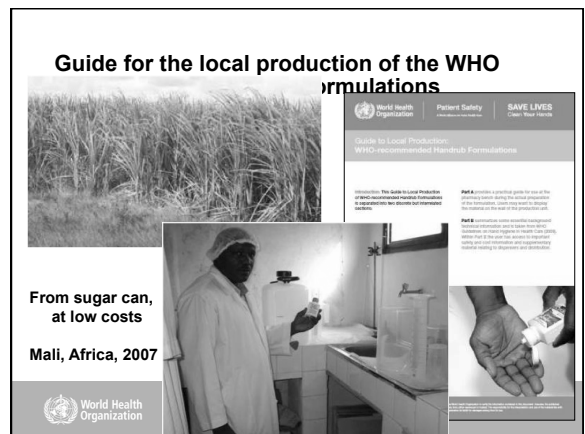
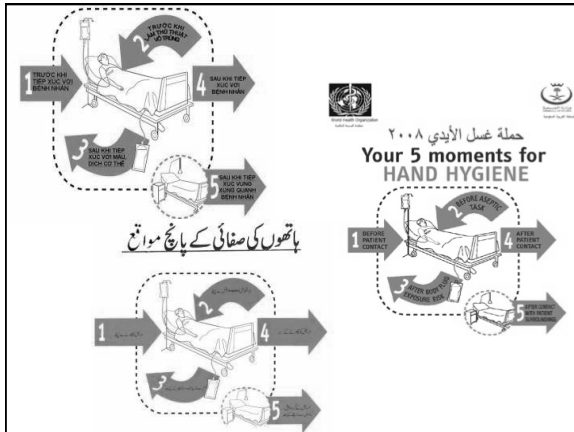
My 5 moments for HAND HYGIENE

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

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From country pledges

.. to patient point of care

My 5 moments for HAND HYGIENE

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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Hand hygiene must still be improved in 2012

But we have seen some success

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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 objective for **5 May 2011** was to have all registered health-care facilities assess their hand hygiene practices through:
WHO Hand Hygiene Self-Assessment Framework (HHSAF)
a validated tool to obtain a situation analysis of hand hygiene promotion and practices and identify the level of progress within YOUR health-care facility

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Hand Hygiene Self-Assessment Framework

Aims of the Framework

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

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Structure of the HHSAF

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

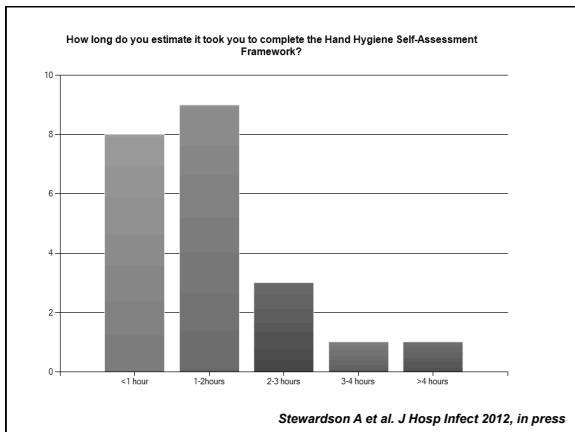
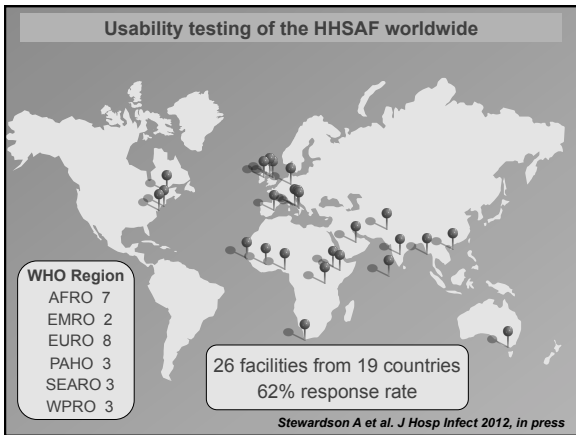
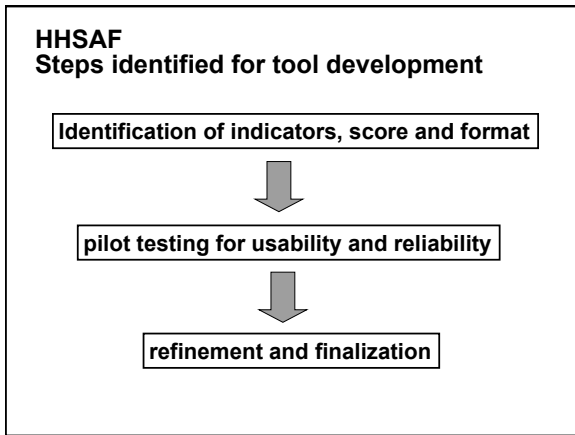
27 Indicators

- Reflecting key elements of each component

Hand Hygiene Self-Assessment Framework 2009

English, French, Italian, Arabic, Portuguese, Vietnamese

<http://www.who.int/gpsc/5may/en/>



HHSAF Tested for reliability worldwide

- Complete reliability responses from 41 facilities in 16 countries
- Using the variance components model, with a level of <0.4 as the pre-determined cut-off for poor reliability
- Reliability for the total score for the HHSAF and the subtotal of each of the five components ranged from 0.54 to 0.86

Stewardson A et al. J Hosp Infect 2012, in press

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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? Choose one answer	Not available	0	→ Ward Infrastructure Survey → Protocol for Evaluation of Tolerability and Acceptability of Alcohol-based Handrub in Use or Planned to be Introduced (Method 1) → Guide to Implementation 1.1
	Available, but efficacy* and tolerability* have not been proven	0	
	Available only in some wards or in discontinuous supply (with efficacy* and tolerability* proven)	5	
	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		

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	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		
1.2 What is the sink:bed ratio? Choose one answer	Less than 1:10	0	→ Ward Infrastructure Survey → Guide to Implementation 1.1
	At least 1:10 in most wards and 1:1 in isolation rooms and in intensive care units	5	
1.3 Is there a continuous supply of clean, running water? Choose one answer	No	0	→ Ward Infrastructure Survey → Guide to Implementation 1.1
	Yes	10	
1.4 Is soap* available at each sink? Choose one answer	No	0	→ Ward Infrastructure Survey → Guide to Implementation 1.1
	Yes	10	
1.5 Are single-use towels available at each sink? Choose one answer	No	0	→ Ward Infrastructure Survey → Guide to Implementation 1.1
	Yes	10	
1.6 Is there a dedicated/available budget for the continuous procurement of hand hygiene products (e.g. alcohol-based handrubs)? Choose one answer	No	0	→ Guide to Implementation 1.1
	Yes	10	

2. Training and Education			
Question	Answer	Score	WHO improvement tools
2.1 Ongoing training of health-care workers in your facility: 2.1a How frequently do health-care workers receive training regarding hand hygiene in your facility? Choose one answer	Never	0	→ Global Education Strategy → Hand Hygiene Technical Information Manual → Hand Hygiene Training Film → Global Accrediting the Training Film → Global Accrediting the Training Film → Hand Hygiene Technical Information Manual
	At least once	5	
	Regular training for medical and nursing staff, or all professional categories (at least annually)	10	
	Mandatory training for all professional categories at commencement of employment, then ongoing regular training (at least annually)	20	
	Regular training for all professional categories at commencement of employment, then ongoing regular training (at least annually)	20	
2.1b Is a process in place to confirm that all health-care workers complete this training? Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Guide to Implementation 1.2
	Yes	20	
2.2 Are the following WHO documents (available at www.who.int/gpsc/5may/tools), or similar local adaptations, easily accessible to all health-care workers? 2.2a The WHO Guidelines on Hand Hygiene in Health-care: A Summary 2.2b The WHO Hand Hygiene Technical Information Manual 2.2c The WHO Hand Hygiene, Why, How and What (Infobox) 2.2d The WHO 'Glove Use Information Leaflet' Choose one answer	No	0	→ Guide to Implementation 1.2
	Yes	5	
	Yes	5	
	Yes	5	
	Yes	5	
2.3 Is a professional with adequate skills* to serve as a trainer for hand hygiene educational programmes active within the health-care facility? Choose one answer	No	0	→ WHO Guidelines on Hand Hygiene in Health-care → Hand Hygiene Technical Information Manual → Hand Hygiene Training Film → Global Accrediting the Training Film
	Yes	15	
2.4 Is a system in place for training and evaluation of hand hygiene compliance observers? Choose one answer	No	0	→ Guide to Implementation 1.2
	Yes	15	
2.5 Is there a dedicated budget that allows for hand hygiene training? Choose one answer	No	0	→ Template for Hand Hygiene Compliance Observers → Hand Hygiene, Why, How and What (Infobox) → Template Action Plan → Guide to Implementation 1.2 and 1.1 (Page 10)
	Yes	10	
Training and Education subtotal			/100

3. Evaluation and Feedback			
Question	Answer	Score	WHO improvement tools
3.1 Are regular (at least annual) ward-based audits undertaken to assess the availability of handrub, single-use towels and other resources for hand hygiene? Choose one answer	No	0	→ Ward Infrastructure Survey → Guide to Implementation 1.1
	Yes	10	
3.2 Do health-care workers' knowledge of the following topics assessed at least annually (e.g. after education sessions)? 3.2a The correct technique for hand hygiene 3.2b The indications for hand hygiene 3.2c The correct technique for hand hygiene Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene Technical Information Manual → Hand Hygiene Training Film → Global Accrediting the Training Film
	Yes	15	
3.3 Is there a system in place to monitor hand hygiene compliance regularly (at least every 3 months)? Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Guide to Implementation 1.2
	Yes	15	
3.4 Do you have a hand hygiene compliance rate (HCR) target? 3.4a How frequently is direct observation of hand hygiene compliance performed using the WHO Hand Hygiene Observation Tool (or similar technique)? 3.4b What is the overall hand hygiene compliance rate according to the WHO Hand Hygiene Observation Tool (or similar technique) in your facility? Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene Technical Information Manual → Hand Hygiene Training Film → Global Accrediting the Training Film → Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox)
	Yes	15	
3.5 Feedback 3.5a Do you have a feedback system (health-care workers at the end of each hand hygiene compliance observation assessment)? 3.5b Do you have a feedback system (regularly or at least monthly) feedback of data related to hand hygiene indicators with demonstration of needs to other staff? 3.5c Do health-care workers* know their hand hygiene compliance rate? 3.5d Do facility leaders* know their hand hygiene compliance rate? Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox)
	Yes	15	
Evaluation and Feedback subtotal			/100

4. Reminders in the Workplace			
Question	Answer	Score	WHO improvement tools
4.1 Are the following posters (or locally produced equivalent with similar content) displayed? 4.1a Poster explaining the indications for hand hygiene 4.1b Poster explaining the correct use of handrub 4.1c Poster explaining correct hand-washing technique Choose one answer	Not displayed	0	→ Ward Infrastructure Survey → Guide to Implementation 1.4
	Displayed in some wards/treatment areas	5	
	Displayed in most wards/treatment areas	10	
	Displayed in all wards/treatment areas	25	
	Displayed in all wards/treatment areas	25	
4.2 How frequently does a systematic audit of all posters for evidence of damage occur, with replacement as required? Choose one answer	Never	0	→ Guide to Implementation 1.4
	At least annually	15	
4.3 Is hand hygiene promotion undertaken by displaying and regularly updating posters, other than those mentioned above? Choose one answer	No	0	→ Guide to Implementation 1.4
	Yes	10	
4.4 Are hand hygiene information leaflets available on wards? Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Guide to Implementation 1.4
	Yes	10	
4.5 Are other workplace reminders located throughout the facility? (e.g. hand hygiene campaign consenters, badges, stickers, etc.) Choose one answer	No	0	→ SAFE LINES: Clean Your Hands Campaign* → Guide to Implementation 1.4
	Yes	15	
Reminders in the Workplace subtotal			/100

5. Institutional Safety Climate for Hand Hygiene			
Question	Answer	Score	WHO improvement tools
5.1 Is there a designated hand hygiene team* that is dedicated to the promotion and implementation of optimal hand hygiene practices in your facility? 5.1a How is the team established? 5.1b Does this team meet on a regular basis (at least monthly)? 5.1c Does this team have a clear mandate to promote hand hygiene? 5.1d Does this team have a clear mandate to monitor hand hygiene performance, organize (see section 3.5) training, and evaluate hand hygiene performance? Choose one answer	No	0	→ Guide to Implementation 1.2
	Yes	5	
	Yes	5	
	Yes	5	
	Yes	5	
5.2 Have the following members of the facility leadership made a clear commitment to support hand hygiene promotion? 5.2a Director or medical superintendent (hand hygiene promotion assessed by the facility, through site assessment) 5.2b Chief executive officer 5.2c Medical director 5.2d Director of nursing Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox)
	Yes	5	
	Yes	5	
	Yes	5	
	Yes	5	
5.3 Is there a clear plan for the promotion of hand hygiene throughout the entire facility for the 5 WHO Clean Care: Your Hands Annual Infection Control Week? 5.3a Is there a clear plan for the promotion of hand hygiene throughout the entire facility for the 5 WHO Clean Care: Your Hands Annual Infection Control Week? Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox)
	Yes	5	
	Yes	5	
	Yes	5	
	Yes	5	
5.4 Are systems for identification of Hand Hygiene Leaders* in place? 5.4a A system for designation of Hand Hygiene Champions* 5.4b A system for recognition and utilization of Hand Hygiene Champions* Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox)
	Yes	5	
	Yes	5	
	Yes	5	
	Yes	5	
5.5 Do you have a formal programme of patient engagement based on hand hygiene? 5.5a Are patients informed about the importance of hand hygiene* (e.g. with a leaflet)? 5.5b Are patients informed about the importance of hand hygiene* (e.g. with a leaflet)? Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox)
	Yes	5	
	Yes	5	
	Yes	5	
	Yes	5	
5.6 Do you have a formal programme of patient engagement based on hand hygiene? 5.6a Do you have a formal programme of patient engagement based on hand hygiene? 5.6b A hand hygiene educational target to be achieved established each year 5.6c A hand hygiene educational target to be achieved established each year 5.6d A system for inter-institutional sharing of reliable and tested local innovations 5.6e Communications that regularly mention hand hygiene e.g. facility newsletter 5.6f System for personal accountability* 5.6g A Buddy system** for new employees Choose one answer	No	0	→ Hand Hygiene, Why, How and What (Infobox) → Hand Hygiene, Why, How and What (Infobox)
	Yes	5	
	Yes	5	
	Yes	5	
	Yes	5	
Institutional Safety Climate subtotal			/100

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Indicator	Response	Score
1.1. Are you probably to attend hand hygiene training in your health-care facility?	Yes	10
1.2. Do you have a hand hygiene policy?	Yes	10
1.3. Do you have a hand hygiene training program?	Yes	10
1.4. Do you have a hand hygiene audit program?	Yes	10
1.5. Do you have a hand hygiene feedback program?	Yes	10
1.6. Do you have a hand hygiene promotion program?	Yes	10
1.7. Do you have a hand hygiene evaluation program?	Yes	10
1.8. Do you have a hand hygiene improvement program?	Yes	10
System Change subtotal		50 / 100

Interpretation:

- 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
- 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)

HHSAF score and hand hygiene levels

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

4 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.

4 levels of HH promotion and practice

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


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Leadership: your facility is a reference centre and contribute to the promotion of HH through research, innovation and information sharing.




WHO HHSAF Global Survey

- April-December 2011
- **Main objective:** to evaluate the current status of hand hygiene infrastructure, promotional activities, performance monitoring and feedback, and institutional commitment in health-care facilities around the world
- Invitations to participate to all health-care facilities registered for **SAVE LIVES: Clean Your Hands** and submit their HHSAF results online
- Strict confidentiality kept on the facility's identity

WHO HHSAF Global Survey: 1st results

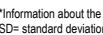


- 2119 health-care settings from 69 countries
- 70% of facilities (736/1050) registered for the WHO "Save Lives: Clean Your Hands" initiative
- 74% of facilities (1564/2119) involved in a national campaign on hand hygiene

HHSAF 1st Survey: Facilities' characteristics

Characteristics	Total
Number of countries	69
Number of participating health-care facilities*	2119
Type of facility, n (%)	
Public	747 (71)
Private	302 (29)
Facility pattern, n (%)	
Teaching	232 (22)
General	813 (78)
Type of care, n (%)	
Acute care	513 (48)
Long-term care	132 (12)
Acute and long-term	259 (24)
Other	172 (16)
Mean number of beds per facility (±SD)	318 (444)

*Information about the variables included in the table were not provided by all health-care facilities
SD= standard deviation

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Overall HHSAF score and level in participating facilities

	Values
Overall score, mean±SD (range)	292.5±100.6 (0-500)
Hand hygiene level, n (%)	
Inadequate	111 (5)
Basic	631 (30)
Intermediate (or consolidation)	864 (41)
Advanced (or embedding)	488 (24)
Proportion of centres among leadership hospitals with a score ≥12 (%)	393/471 (83)

SD= standard deviation

HHSAF 1st Survey: Results by region (1)

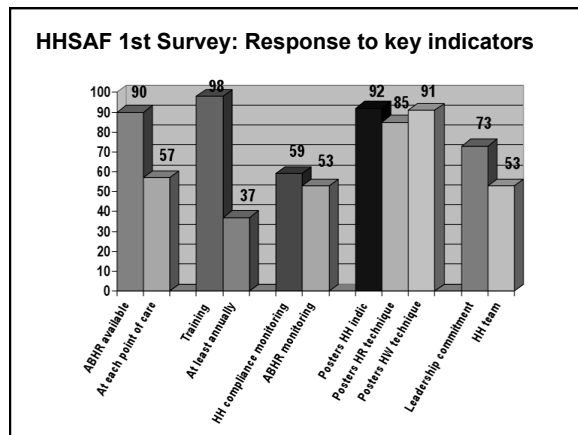
	Region		
	Africa	Americas	Eastern Mediterranean
Number of countries	10	13	11
Number of participating facilities	55	1127	159
Overall score, mean±SD (range)	218.5±94.8 (0-420)	265.1±104.2 (20-500)	327.1±92.4 (95-495)
Hand hygiene level, n (%)			
Inadequate	7 (13)	97 (9)	2 (1)
Basic	26 (48)	441 (40)	35 (22)
Intermediate (or consolidation)	18 (33)	385 (35)	68 (44)
Advanced (or embedding)	3 (6)	190 (17)	51 (33)
Proportion of centres with a leadership score ≥12, n (%)	2 (67)	157 (86)	45 (88)

SD= standard deviation

HHSAF 1st Survey: Results by region (2)

	Region		
	Europe	South East Asia	Western Pacific
Number of countries	24	3	8
Number of participating facilities	615	11	152
Overall score, mean±SD (range)	324.6±76.3 (30-495)	364.8±61.0 (270-490)	351.8±89.4 (132.5-490)
Hand hygiene level, n (%)			
Inadequate	5 (1)	0 (-)	0 (-)
Basic	101 (17)	0 (-)	28 (18)
Intermediate (or consolidation)	340 (56)	7 (64)	46 (31)
Advanced (or embedding)	163 (27)	4 (36)	77 (51)
Proportion of centres with a leadership score ≥12, n (%)	121 (78)	3 (75)	65 (85)

SD= standard deviation



Outline

- *Clean Care is Safer Care*: Oct 2005-April 2012
- 1st results of the WHO Hand Hygiene Self-Assessment Framework global survey

- New on 5 May 2012 !

- What's next?

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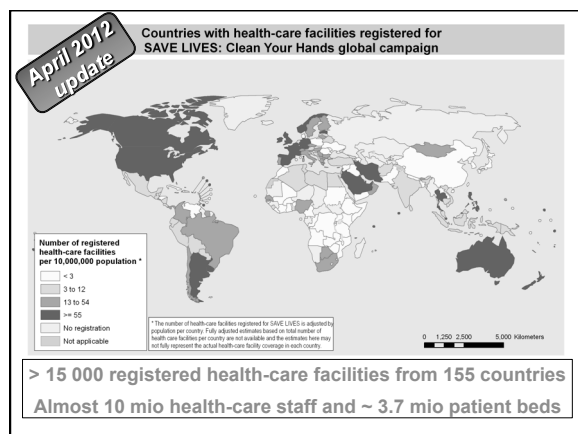
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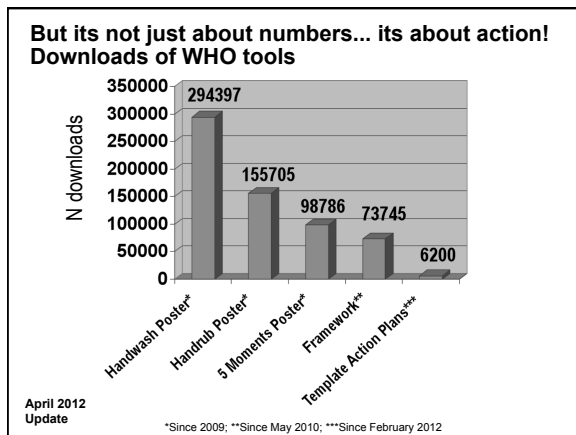
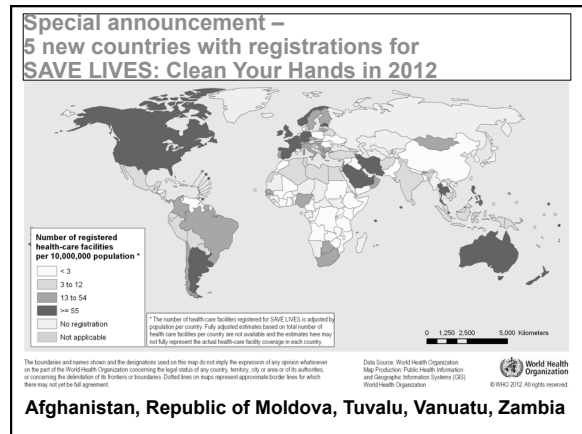
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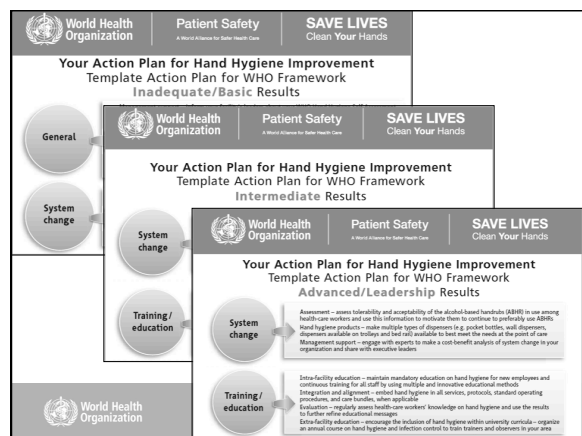
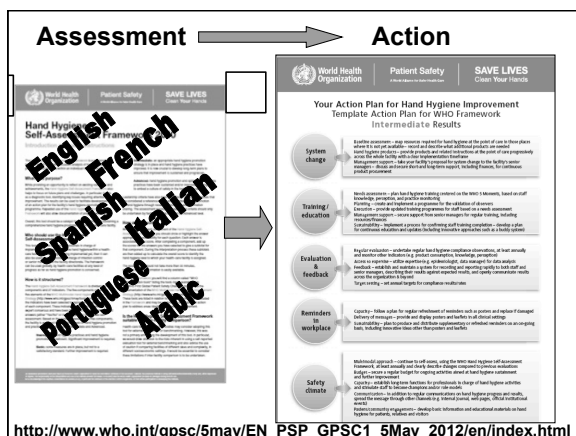


5 May 2012 - What's YOUR Plan?

WHO call for action

- Based on your facility's HHSAF results, make **YOUR** targeted **Action Plan** to improve and sustain hand hygiene!
- Identify at least one or more actions that can be accomplished by or on 5 May 2012 to show **YOUR** facility's commitment to improving hand hygiene!
- Share with WHO your web page link featuring your plans!
- Celebrate on 5 or 7 May!

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Examples – Facilities' Action Plans from around the world

System Change	Training	Evaluation & Feedback
...
...
...

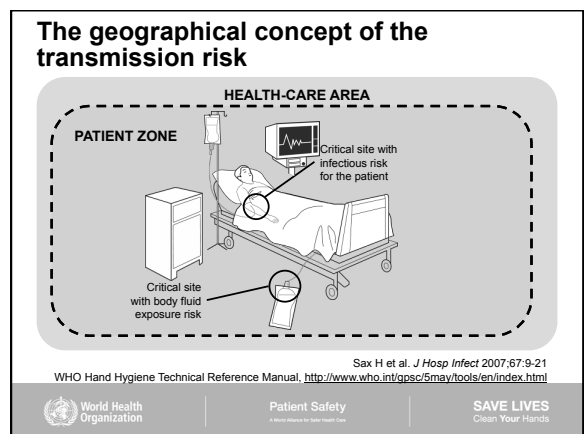
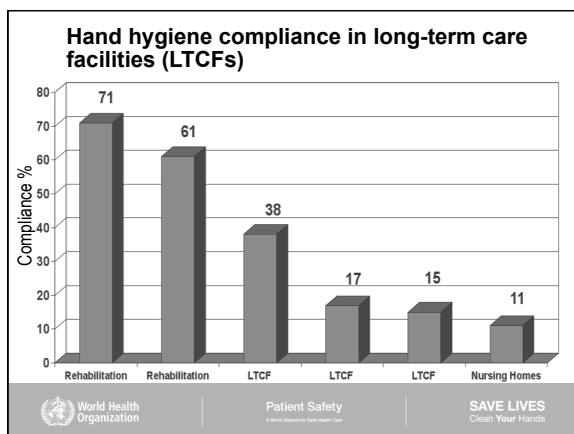
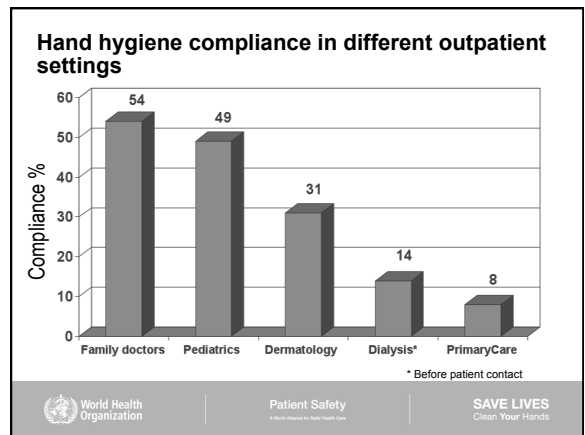


New for 2012

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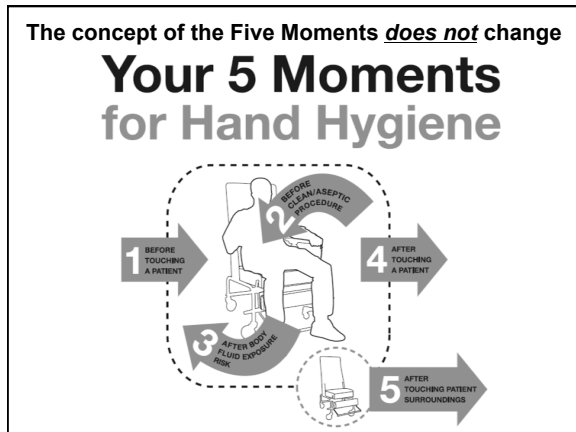
Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities

A Guide to the Application of the WHO Multimodal Hand Hygiene Improvement Strategy and the "My Five Moments for Hand Hygiene" Approach

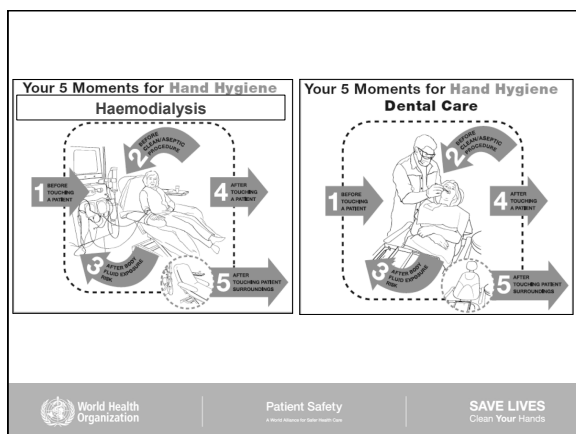
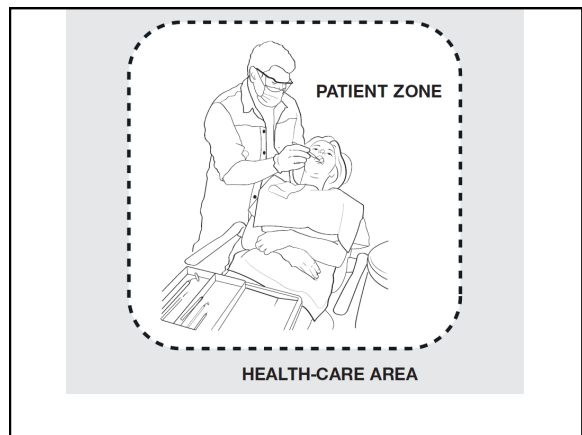
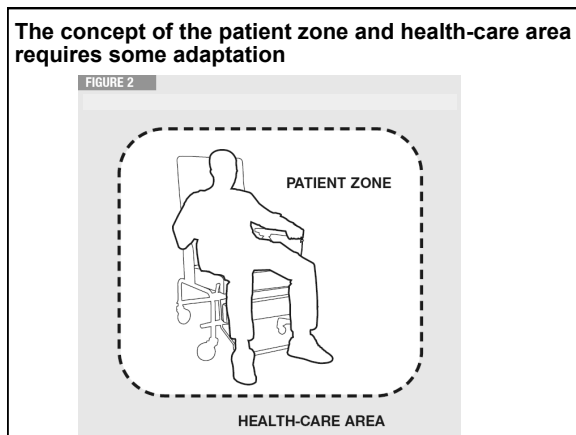


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- ### Practical examples
- Public vaccination campaign
 - Blood drawing in a laboratory
 - Visit to a general practitioner's office
 - Mother-and-child consultation in a health post
 - Consultation in an emergency polyclinic
 - Home care
 - Chest radiograph in a diagnostic centre
 - Haemodialysis in a specialized ambulatory clinic
 - Labour and delivery assistance
 - Dental care in a clinic
 - Long-term care facilities



- ### The patient zone concept in primary care
- In primary care settings, in many cases no "zone" is temporarily dedicated to a patient **exclusively**
 - The patient's access to health-care is limited to a short time and the space allocated to care delivery accommodates numerous successive patients
 - The time required for actual contamination of the surroundings by patient's flora is basically unknown
 - *In these conditions the concept of patient zone coincides with the patient him/herself*

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It requires adaptation!

Your 5 Moments for Hand Hygiene Haemodialysis

Your 5 Moments for Hand Hygiene Dental Care

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It requires adaptation!

Your Moments for Hand Hygiene Vaccination Campaign

Your Moments for Hand Hygiene Paediatric Consultation

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Your Moments for Hand Hygiene Care in a residential home

1 BEFORE TOUCHING A PATIENT	• Do not touch the patient before you have washed your hands.
2 BEFORE ASEPTIC PROCEDURE	• To protect the patient against health-care workers' hands.
3 AFTER BODY FLUID EXPOSURE RISK	• Do not touch the patient's exposed body parts, including the patient's face, hair, clothing or body fluids.
4 AFTER TOUCHING A PATIENT	• Do not touch the patient's exposed body parts, including the patient's face, hair, clothing or body fluids.

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New for 2012!
Translations and adaptation update – making it easier for people to take action

- Hand hygiene tools in Russian
- French and Spanish posters for outpatient care
- New adapted tools for health-care workers' education on hand hygiene in outpatient care

New for 2012

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Australian College of Midwives WA Branch

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New for 2012!
Private Organizations for Patient Safety (POPS) launch

Led by the WHO Patient Safety program, **POPS** is a global community

- sharing sound objective information,
- promoting compliance with WHO recommendations, and
- enhancing hand hygiene product availability and accessibility in all parts of the world.

New for 2012

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Outline

- *Clean Care is Safer Care: Oct 2005-April 2012*
- 1st results of the WHO Hand Hygiene Self-Assessment Framework global survey
- New on 5 May 2012!

- **What's next?**

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What's next?

Health-care facilities:

1. **Commit** = register for **SAVE LIVES: Clean Your Hands** (if not already)

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What's next?

Health-care facilities:




2. **Track progress** = use the WHO HHSAF

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What's next?

Health-care facilities:




3. **Plan actions** = address the components of the WHO multimodal improvement strategy, use WHO Template Action Plans, hand hygiene improvement tools and plan reuse of the HHSAF

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What's next?

Health-care facilities:




4. **Communicate** = share activities in support of **SAVE LIVES: Clean Your Hands** with others by presenting information on local web pages

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What's next?

Health-care facilities:

5. **Become a leader hospital** = lead others towards excellence

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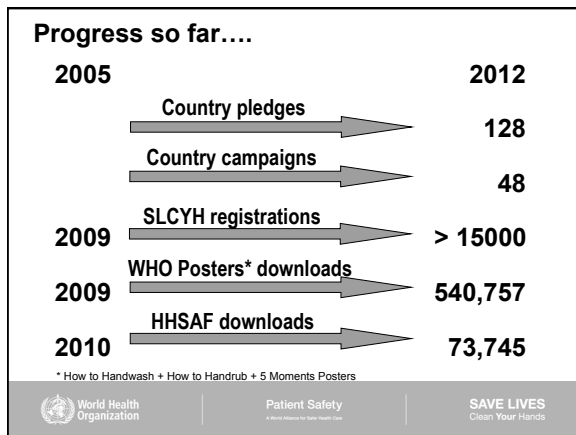
Asia-Pacific/European Award for Excellence in Hand Hygiene promotion



Leadership


your facility is a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing

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Thank you for your support – the impact is being felt all around the globe

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Asking questions is not possible through this teleclass
 Find all information at www.who.int/gpsc/5may
 Send enquiries to didier@webbertraining.com
 or to savelives@who.int

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2012 WHO Teleclasses	
February 8 Behavioural Change in Infection Prevention and Control, Prof. Andreas Voss	Clean Care is Safer Care
March 7 Achievements in Improving Injection Safety Worldwide, Dr. Selma Khamassi	August 8 Processing Medical Devices in Settings with Limited Resources, Dr. Nizam Damani
April 17 Implementing Change: The Technical & Socio-Adaptive Aspects of Preventing Catheter-Associated Urinary Tract Infection, Prof. Sanjay Saint	September 5 Successes and Challenges in Developing and Implementing Bundles in Infection Prevention, Prof. Don Goldmann
May 7 Keeping the Hand Hygiene Agenda Alive: Acting on Data and the Influence of Global Surveys, Prof. Didier Pittet	October 2 The Role of Education in Low and Middle Income Countries, Prof. Shaheen Mehtar
June 6 Economic Impact of Healthcare-Associated Infections in Low and Middle Income Countries, Dr. A. Nevzat Yalcin	November 7 Measuring Impact: Key to Infection Control Scale-Up and Sustainability, Prof. Jacqui Reilly
July 11 Patient Involvement in Infection Control, Claire Kilpatrick	December 5 New Developments in Infection Control for Renal Dialysis, Prof. W.H. Seto

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