

Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

Prof Didier Pittet & Margaret Murphy

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

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Clean Care is Safer Care

Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

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Infection Control Programme &
WHO Collaborating Centre on Patient Safety
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WHO Patients for Patient Safety Programme
Ireland

Hosted by:
Dr. Edward Kelley
Strategic Programmes
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May 6, 2013




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Ginny's story (1)

- 35 y old woman, married, one child
- General good conditions, loving sports and life, very active
- She was admitted to the hospital for a fall
- Diagnosis of broken ankle
- 2 surgical interventions were necessary to guarantee ankle stability







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Ginny's story (2)




- After the second surgical intervention she acquired a surgical site infection (SSI) due to *Staphylococcus aureus*
- The SSI progressed to an organ/space infection (osteomyelitis)
- Long series (26) of surgical interventions (muscle and bone debridement and bone transplantation) during 5 years



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Ginny's story (3)

- The infection persisted, with poor clinical improvement and also deterioration of general conditions
- Finally, decision of leg amputation and substitution with prosthesis
- After one year, cerebral vascular problems due to the long-term infection led to right eye blindness and short-term memory deficits



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Ginny's final considerations

"...I've been lucky to survive all these medical procedures. The Staph infection did not ruin my life but altered it forever...

Hospitals and physicians should provide coordinated care for all their patients throughout their treatment... Had best practices been in place, the Staph infection problem would have not occurred and a broken ankle would not have resulted in an amputated leg. Remember, anyone can break an ankle but that's where the story should end!"

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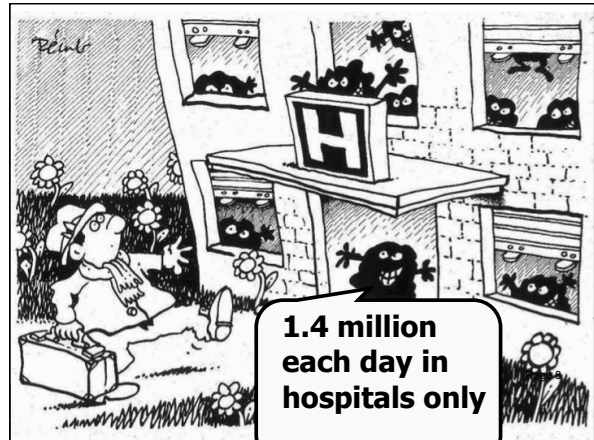
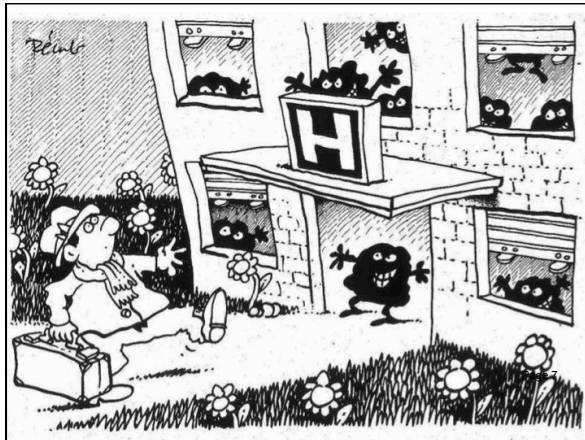
Ginny's story video is available at http://www.youtube.com/watch?v=s5x1f3_NJX8

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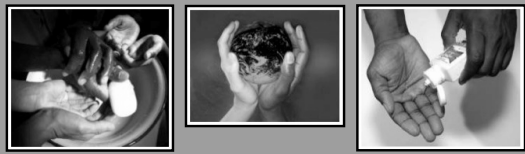
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Through the promotion of best practices in hand hygiene and infection control, *Clean Care is Safer Care* aims to reduce health care-associated infection (HAI) worldwide



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Outline – Prof D. Pittet – « 5 May 2013 » Teleclass Series

- A patient centered vision as part of the WHO call to action for 5 May 2013
- Update on the impact of hand hygiene improvement to reduce health care-associated infection
- Hand hygiene promotion universal spread
- The WHO call to action for 5 May 2013: monitoring and feedback and patient participation
- Achievements of SAVE LIVES: Clean YOUR Hands around the world over the last year

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Impact of hand hygiene promotion on HAI

- 1977- April 2013, **45 studies** investigated the impact of hand hygiene to reduce HAI
- Over the last year, as many as **14 original articles + 1 review** have been published on this topic
- 41** showed that behavioural change, illustrated by improvement of hand hygiene or other indicators, leads to the reduction of HAI
- Only 4/44 studies showed no significant impact on HAI but in 2 hand hygiene compliance did not increase significantly

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Impact of hand hygiene promotion on HAI

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The effect of hand hygiene compliance on hospital-acquired infections in an ICU setting in a Kuwaiti teaching hospital

Journal of Infection and Public Health (2013) 6, 27–34

Mona F. Salama^{a,b}, Wafaa Y. Jamal^{a,c}, Haifa Al Mousa^d, Gabriel Mestre¹, Gema Gallemi², Jesús Rodriguez

"The 3/3 Strategy": A Successful Multifaceted Hospital Wide Hand Hygiene Intervention Based on WHO and Continuous Quality Improvement Methodology

Reduction in the incidence of MRSA with use of alcohol-based hand rub solutions and gloves

Kazuaki Matsumoto · Akari Shigemitsu · Keiko Yaji · Yoshihiro Shimodomo

Impact of a hand hygiene educational programme on hospital-acquired infections in medical wards

O. Monizal¹, E. Calvo², H. Rivera¹, 1) Infection Control Nurse and 2) Senior staff

Impact of a hospital-wide hand hygiene promotion strategy on healthcare-associated

Time-series analysis of the relationship of antimicrobial use and hand hygiene promotion with the incidence of healthcare-associated infections.

Lee YT, Chen SC, Lee MC, Hung HC, Huang HJ, Lin HC, Wu DJ, Tsao SM. J Antibiot (Tokyo). 2012;65:311-6

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Positive deviance: Using a nurse call system to evaluate hand hygiene practices

Rita de Cássia Ribeiro de Macedo RN^{a,*}, Eloísa Martins Oliveira Jacob RN^a, Vanessa Pio da Silva RN^a, Edson Américo Santana RN^a, Antonio Ferreira de Souza RN^a, Priscila G Miguel C

Impact of a hospital-wide hand hygiene promotion strategy on healthcare-associated infections

Alcohol-based hand rub and ventilator-associated pneumonia

Saramma PP et al IJCCM 2013

Moi Lin Ling^a and Kue B

Major article Am J Infect Control. 2012 Dec 20. pii: S0196-6553(12)01205-9

Promoting and sustaining resulted in significant re

Jaffar A. Al-Tawfiq MD^{a,*}, Mah

Effectiveness of a compr rates in a lone-term care

Effect

Ho M

Review

Bund care-

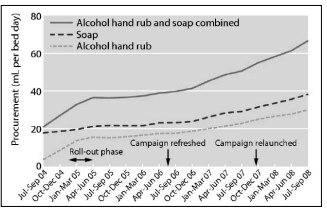
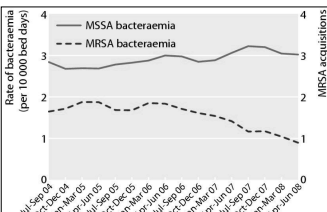
Impact of a hospital-wide hand hygiene initiative on healthcare-associated infections: results of an interrupted time series

Kirkland et al. BMJ Qual Saf 2013

Evaluation of the national Cleanyourhands campaign to reduce *Staphylococcus aureus* bacteraemia and *Clostridium difficile* infection in hospitals in England and Wales by improved hand hygiene: four year prospective, ecological, interrupted time series study

Stone et al

Ted Pincock RN, CIC^{a,*}, Paul Bernstein RN, CIC^b, Shawn Warthman MBA^c, Elizabeth Holst BA^d

Procurement (int. per bed day)

Alcohol hand rub and soap combined
Soap
Alcohol hand rub

Roll-out phase Campaign refreshed Campaign relaunched


Rate of bacteraemia (per 10 000 bed days)

MSSA bacteraemia
MRSA bacteraemia

MSSA acquisitions (per 1000 bed days)

Stone SP et al. BMJ 2012;344:e3005

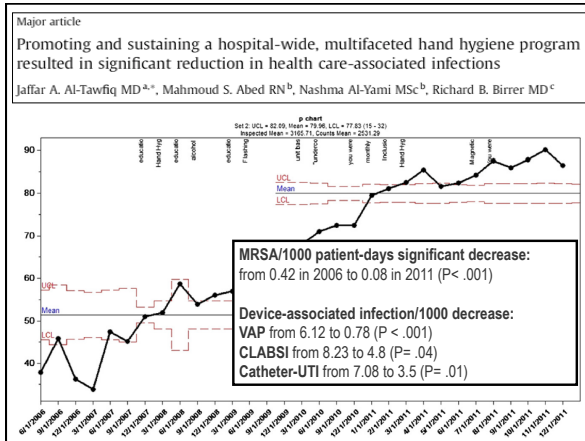
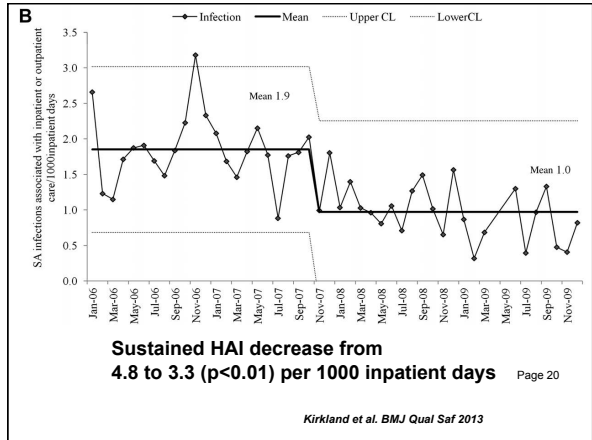
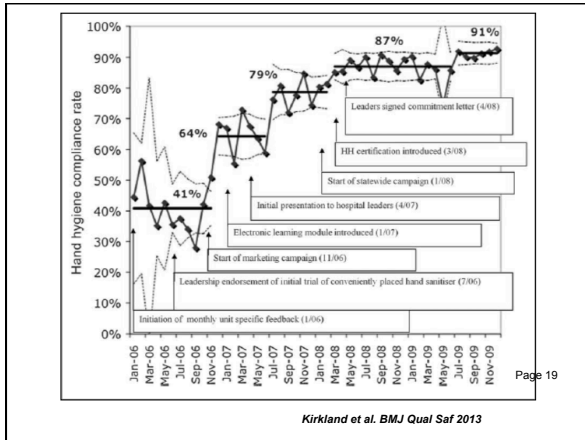
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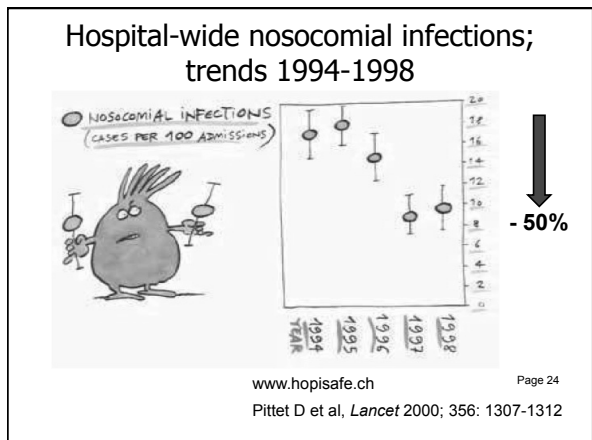
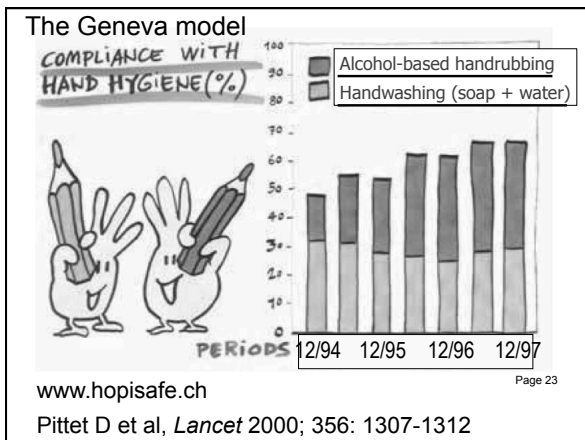
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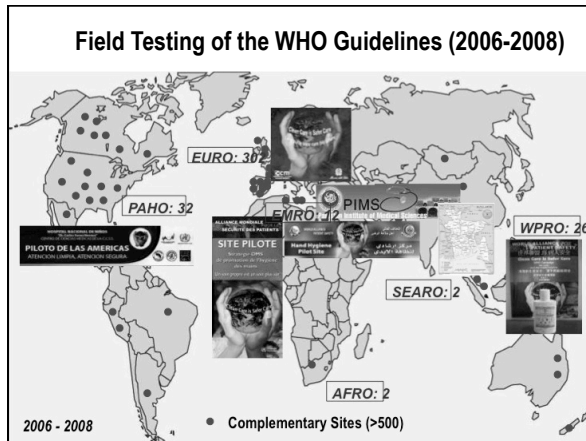
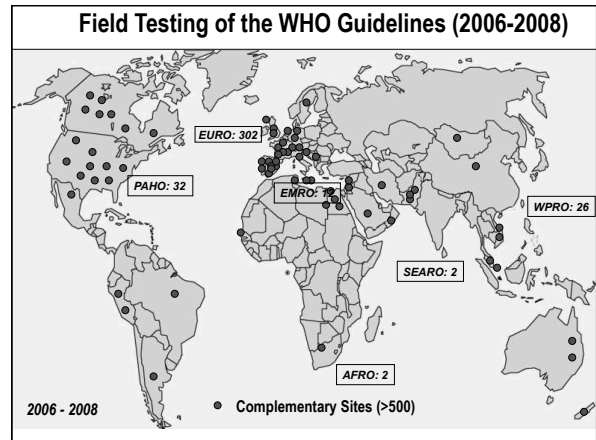
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Implementation strategy and toolkit for the WHO Guidelines on Hand Hygiene in Health Care

Knowledge & evidence → Action

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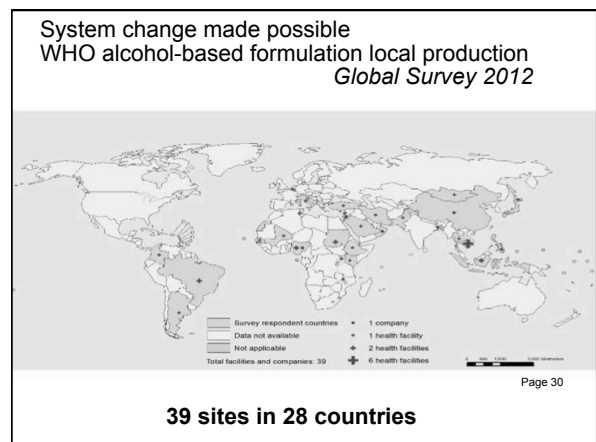
My 5 moments for HAND HYGIENE



System Change implemented in all sites (handrubbing vs handwashing)

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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

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Main results

WHO alcohol-based (ABHR) formulation local production - Global Survey 2012

- WHO ABHR local production proved feasible in all 39 sites
- Locally sourced alcohol used in 72% of sites (sourced from the chemical industry [53%] or the agro-industry [47%] e.g. sugar cane, corn, manioc, mahogany and walnut)
- Excellent product tolerability and acceptability in 82%
- Quality control performed by 87% of sites (but 4 countries lacked access to required equipment)
- WHO ABHR promoted as part of a multimodal strategy in 88% of sites
- WHO ABHR formulations less expensive than marketed products (evaluation in 16 sites)

We thank Dr. J. Bauer-Savage (Institute of Tropical Medicine and International Health, Charité – Universitätsmedizin Berlin, Germany) for technical contribution to this survey



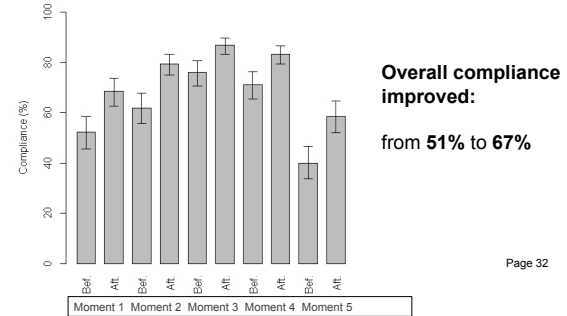
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Testing of the WHO strategy in pilot sites

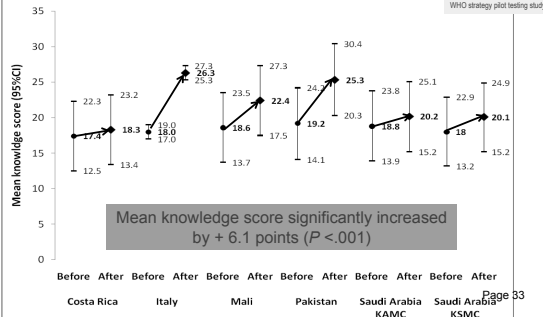
Hand Hygiene Compliance

by indication before and after the implementation



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Knowledge of hand hygiene before and after training by pilot site



Indicators of long-term sustainability (2 years follow-up)

| Indicator | Number of sites/total | Site |
|--|-----------------------|---------------------------------------|
| Strategy implementation continued | 6/6 | All |
| Alcohol-based handrub continued to be available | 5/5 | All |
| Educational sessions repeated at least once a year | 5/5 | All |
| Hand hygiene compliance monitoring and performance feedback repeated regularly | 4/5 | Costa Rica, Mali, Saudi Arabia |
| Poster use continued and refreshed | 5/5 | All |
| Implementation expanded to other hospitals in the country | 5/6 | Costa Rica, Italy, Mali, Saudi Arabia |
| Launch or sustainment of a national campaign following pilot testing | 4/6 | Costa Rica, Italy, Saudi Arabia |

Hand Hygiene Australia Since 2009, a nation-wide culture change program



Components:

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

Measurement

- HH compliance
- ABHRs usage data (monthly)
- Rates of methicillin-resistant *S. aureus* (MRSA):
 - HCA-MRSA bacteremia per 100 patient discharges (100 PDs) (monthly)
 - HCA-MRSA isolates per 100 pt days (monthly)

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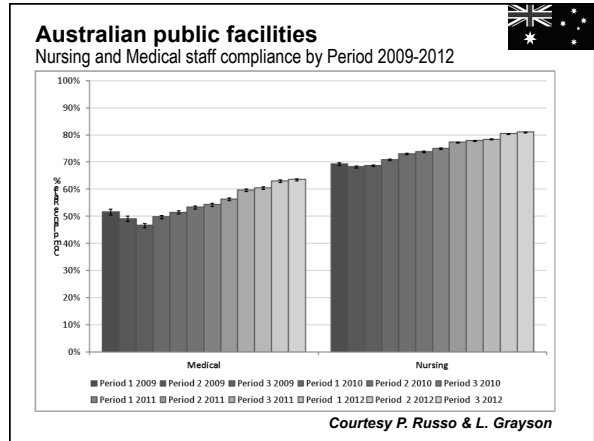
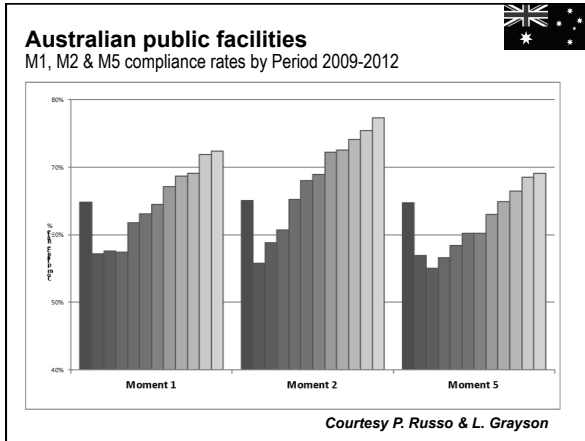
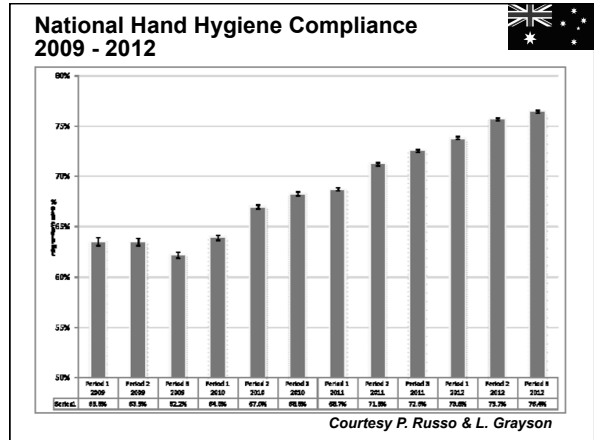
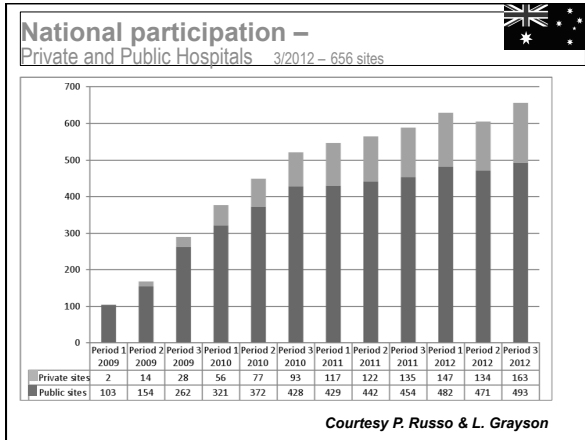
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Facilities awarded with the Hand Hygiene Excellence Award in South-East Asia and Western Pacific

Hand Hygiene Self-assessment Framework Leadership level

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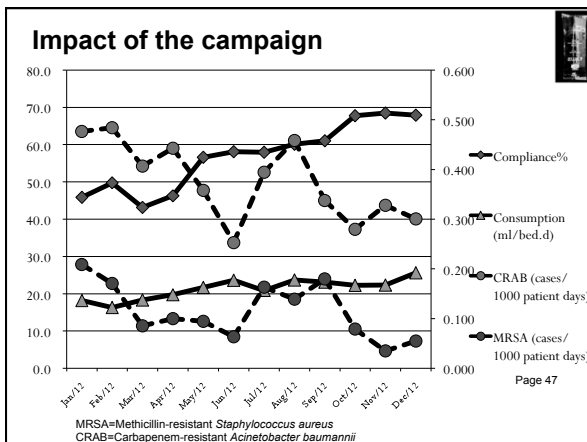
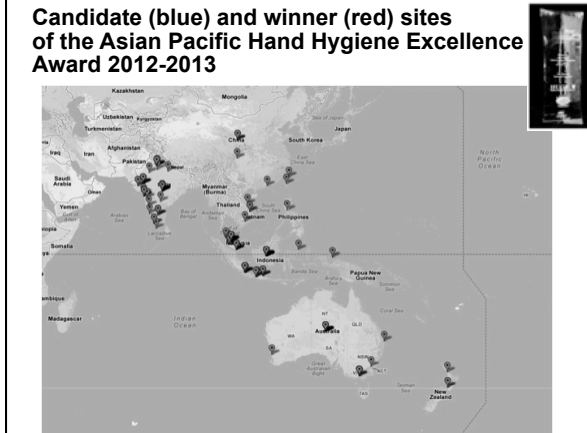


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Baptist Hospital, Hong Kong, China

Among innovations:
Doctors' hand hygiene enhancement program during ward rounds

Hand Hygiene Compliance Rate for Doctor

| Time Point | Compliance Rate % |
|---|-------------------|
| Before 2 weeks (Jan 2012) | 36.9% |
| After 2 weeks (Feb 2012) | 65.1% |
| Implementation Hospital-wide (Mar 2012) | 75.5% |

Help Your Doctor for Excellence in Hand Hygiene



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5 May 2013 call to action:

- Continue to focus on hand hygiene monitoring and performance feedback!
- Patients have a voice too!
 - Identify the best way to gather **patient participation** in hand hygiene promotion and improvement, according to the local culture and your facility's approach

- These two focuses were chosen on the basis of the HHSAF Global Survey findings (http://www.who.int/gpsc/5may/hhsa_framework/en/index.html)

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2011 Global Survey using the WHO Hand Hygiene Self-assessment Framework

English French Spanish Italian Arabic Portuguese Vietnamese

http://www.who.int/gpsc/5may/hhsa_framework/en/

Hand Hygiene Self-assessment Framework Survey 2011: Response to key indicators

| Indicator | Response % |
|--------------------------------------|------------|
| ABHR available at each point of care | 90 |
| Training at least annually | 57 |
| HH compliance monitoring | 98 |
| ABHR monitoring | 37 |
| Posters HH index | 59 |
| Posters HH technique | 53 |
| Posters HH technique | 92 |
| Leadership commitment | 85 |
| HH team | 91 |
| PT participation | 73 |
| PT participation | 22 |

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5 May 2013 call to action:
1. Monitoring + feedback!
2. Patients have a voice too!

Monitoring and feedback of hand hygiene indicators

Is a vital component of any successful hand hygiene campaign

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5 May 2013 call to action:
1. Monitoring + feedback!
2. Patients have a voice too!

Clean Care is Safer Care

Hand hygiene monitoring and feedback

WHO has also developed the Hand Hygiene Self-Assessment Framework, a tool to obtain a situation analysis and a score of hand hygiene promotion and practice within an individual health-care facility, according to a set of indicators reflecting the WHO 5 Moments. Regular use of the Framework will allow documentation of progress with time.

In particular, monitoring hand hygiene compliance is of crucial importance to:

- assess baseline compliance by health-care workers (HCWs);
- provide feedback to health-care workers about defective practices as well as improvement;
- evaluate the impact of promotion interventions; and
- investigate outbreaks.

Observative direct observation of hand hygiene practices by a trained observer

http://www.who.int/gpsc/5may/monitoring_feedback/en/

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5 May 2013 call to action:
1. Monitoring + feedback!
2. Patients have a voice too!

Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment → **Action**

English
French
Spanish
Italian
Portuguese
Arabic

Your Action Plan for Hand Hygiene Improvement
Template Action Plan for WHO Framework
Intermediate Results

- System change
- Training & education
- Evaluation & feedback
- Reinforce the workplace
- Safety climate

http://www.who.int/gpsc/5may/hhsa_framework/en/

5 May 2013 call to action:
1. Monitoring + feedback!
2. Patients have a voice too!

Hand hygiene compliance monitoring

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Hand Hygiene Technical Reference Manual

To be used by health-care workers, trainers and observers of hand hygiene practices

http://www.who.int/gpsc/5may/tools/evaluation_feedback/en/

Sax H et al.
Am J Infect Control 2009

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5 May 2013 call to action:
1. Monitoring + feedback!
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Observation of Hand Hygiene Practices

COMPLIANCE

performed hand hygiene actions (x 100)

required hand hygiene actions (opportunities)

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5 May 2013 call to action:
1. Monitoring + feedback!
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Direct observation of hand hygiene compliance

ADVANTAGES

- Accurate evaluation of staff practices at the point of care, incl. appropriateness of technique and glove use
- Allowing analysis of compliance stratified by health-care worker profession or hand hygiene indication
- Standardized method available – benchmarking possible
- Essential for performance feedback to show local reality: gaps and progresses
- Helpful for educational purposes to understand key indications

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Direct observation of hand hygiene compliance

DISADVANTAGES

- Technically difficult
- Resource demanding and time-consuming
- Inter-observer reliability
- Possible Hawthorne effect – covert observations are difficult to conduct

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1. Monitoring + feedback!
2. Patients have a voice too!

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Mobile Web Application (MWA)

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Hand Hygiene Australia

Russo P et al. ICPIC 2011

<http://www.hha.org.au/HHComplianceSystem/hhcappwho.aspx>

New for 5/5/2013

Hand Hygiene Australia

Hand Hygiene Application (HHCApp) for INTERNATIONAL DATA COLLECTION PROJECT

HHA, one of the most active national hand hygiene campaigns, have developed an online web based application for hand hygiene compliance monitoring, consistent with the WHO hand hygiene observation method. HHCApp has greatly assisted in the management and reporting of hand hygiene compliance data and is currently used by over 600 hospitals in Australia, and 40 hospitals in New Zealand.

HHA has kindly agreed to make HHCApp freely available for use by other national campaigns or healthcare facilities. This webpage has been specifically set up for non-Australian/New Zealand hospitals who wish to freely access and use the data collection and reporting tools developed by HHA.

In the context of activities for 5 May 2013, the World Health Organization (WHO) SAVE LIVES: Clean Your Hands initiative strongly encourages countries and individual healthcare settings to use the HHCApp and participate in the international data collection project launched by HHA.

HHCApp is accessible via any mobile device (Smart phone, iPad, tablet etc.) with web browsers, or on desktop computers with internet browsers (IE 7 and above, Google Chrome, Firefox or Safari).

When mobile devices are used, hand hygiene compliance data collected through direct observation according to the WHO 'My 5 Moments' approach will be automatically uploaded to the international database. The data is stored securely off-site.

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Alcohol-based Hand Rub Consumption: nation-wide monitoring in Germany

TABLE 2. Increase in Alcohol-Based Hand Rub Consumption from 2007 to 2010 among 152 Hospitals Stratified by Type of Unit

| Hospital, year | Consumption, L | PDs | Consumption, median (IQR), mL/PD | Difference relative to 2007, mL/PD | |
|----------------|----------------|------------|----------------------------------|------------------------------------|-------|
| | | | | Median (IQR) | P |
| All | | | | | |
| 2007 | 282,360 | 13,951,042 | 18.0 (13.9–23.4) | | |
| 2010 | 419,803 | 15,474,605 | 25.1 (19.8–31.5) | 6.8 (3.9–9.9) | <.001 |
| ICU | | | | | |
| 2007 | 74,416 | 987,796 | 65.8 (51.9–91.3) | | |
| 2010 | 101,377 | 1,073,577 | 88.9 (69.2–109) | 17.0 (5.6–31) | <.001 |
| Non-ICU | | | | | |
| 2007 | 207,944 | 12,963,246 | 14.7 (11.7–18.4) | | |
| 2010 | 318,426 | 14,401,028 | 21.2 (17.2–24.6) | 6.3 (3.4–8.6) | <.001 |

NOTE. IQR, interquartile range; PD, patient-day.

Behnke M et al. ICHE 2012

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Monitoring of Alcohol-based Hand Rub Consumption

Caveats

- It does not address behaviour and thus cannot help behavioural change
- It can be reliably used as an indicator only when ABHR is the predominant hand hygiene action
- Results must be adjusted for surgical hand preparation technique
- Influenced by unnecessary hand hygiene actions by healthcare workers, use for other purposes (e.g. surface disinfection), and use by patients and visitors

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Systematic literature review of automated / electronic systems for hand hygiene monitoring

- Main Objective:**
 - To review the available published studies related to the use of automatic/electronic systems for hand hygiene monitoring
- Specific objectives:**
 - To evaluate type of technology and methods used for monitoring hand hygiene compliance by automatic/electronic systems
 - To assess the correlation of these methods' results compared to standard hand hygiene direct observation data
 - To analyze advantages and disadvantages of these methods
 - To assess feasibility and cost issues
 - To evaluate association with improvement of other process and outcome indicators

New for 5/5/2013

We thank Dr. L. Amadio (University of Udine, Udine, Italy), Dr. J. Boyce (New Haven Hospital, New Haven, USA), M. C. Kobacki (Glasgow, Scotland, UK) and Dr H. Sax (Zurich University Hospital, Zurich, Switzerland) for technical contribution to this review

Hosted by Dr. Ed. Kelley
A Webber Training Teleclass
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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

Prof Didier Pittet & Margaret Murphy


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

Preliminary Results

5 May 2013 call to action:
1. Monitoring + feedback
2. Patients have a voice too!

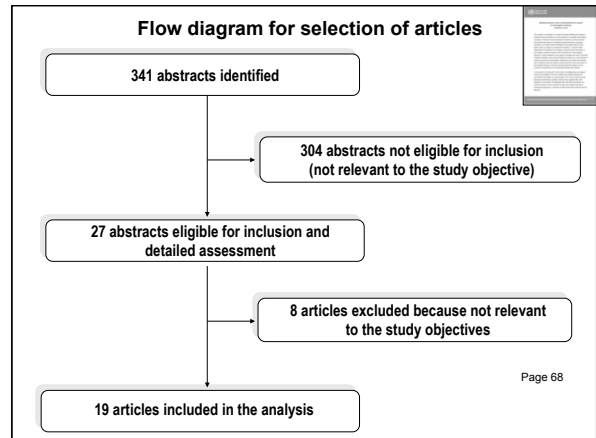
- Cochrane Library (no review available)
- Pub Med
- Embase

New for 5/5/2013



http://www.who.int/gpsc/5may/monitoring_feedback/en/

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands



Systematic literature review of automated / electronic systems for hand hygiene monitoring

Advantages

1. Continuous monitoring
2. Mitigation of the Hawthorn effect
3. No expertise, human resources required for observation
4. Automatic data downloading and analysis
5. Useful to evaluate dispenser use according to location
6. Effective as an intervention to improve compliance

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Systematic literature review of automated / electronic systems for hand hygiene monitoring

Drawbacks, gaps

1. No distinction between indication and opportunity
2. Most systems refer to entering and/or leaving from the room and not to standard indications
3. Risk of jeopardizing the 5 Moments approach
4. Only methods with personal badge are able to identify the HCWs and their number per each opportunity
5. Hand hygiene technique and glove use not assessed
6. Cost evaluation not available (cost available in 1 study only)
7. Unaffordable for settings with limited resources

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Systematic literature review of automated / electronic systems for hand hygiene monitoring

Conclusions

- Most studies were pilot, small sample size; need for larger, more accurate studies
- Most published studies are based on systems that either
 - do not measure compliance (but ABHR consumption or other indicators)
 - do not use standard definitions of opportunities for measuring compliance (e.g. room entry/exit)
- Limited evidence is available to validate their use compared to direct observation
- Some evidence that electronic monitoring is effective as an intervention to improve compliance

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http://www.who.int/gpsc/5may/monitoring_feedback/en/

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Systematic literature review of automated / electronic systems for hand hygiene monitoring

Final conclusions

- These new technologies are promising and may become the future approach to hand hygiene monitoring when available resources permit, and provided that they reflect the WHO 5 Moments for hand hygiene
- However, additional research is needed to support their adoption as a standard

http://www.who.int/gpsc/5may/monitoring_feedback/en/

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Patient participation in hand hygiene promotion

5 May 2013 call to action:
1. Monitoring + feedback!
2. Patients have a voice too!

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Patient participation in hand hygiene promotion: the scientific evidence (1)

Patient Participation: Current Knowledge and Applicability to Patient Safety

YVES LONGTIN, MD; HUGO SAX, MD; LUCIAN L. LEAPE, MD; SUSAN E. SHERIDAN, MBA; LIAM DONALDSON, MD; AND DIDIER PITTEP, MD, MS

Mayo Clin Proc. • January 2010;85(1):53-62

Patient Empowerment and Multimodal Hand Hygiene Promotion: A Win-Win Strategy

Maryanne McGuckin, Dr ScED,^{1,2} Julie Storr, BN, MBA,^{3,4} Yves Longtin, MD,⁵ Benedetta Allegranzi, MD,⁶ and Didier Pittet, MD, MS^{4,5}

American Journal of Medical Quality XXXX, 1-8
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SAGE

Patient participation in hand hygiene promotion: the scientific evidence (2)

Patient empowerment and hand hygiene, 1997–2012

M. McGuckin*, J. Govednik *Journal of Hospital Infection xxx (2013) 1–9*
<http://dx.doi.org/10.1016/j.jhin.2013.01.014>

Review article
Patient-centered hand hygiene: The next step in infection prevention

Timothy Landers RN, PhD^{a,*}, Said Abusaleem RN, PhD^b, Mary-Beth Coty RN, PhD^b, James Bingham MS^c

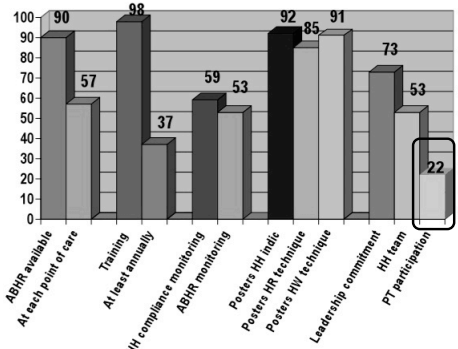
^aCollege of Nursing, The Ohio State University, Columbus, OH
^bSchool of Nursing, University of Louisville, Louisville, KY
^cCGO Industries, Inc., Akron, OH

American Journal of Infection Control 40 (2012) S11-S17

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Hand Hygiene Self-assessment Framework Survey 2011: Response to key indicators



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WHO survey on patient participation in facilities around the world

- Aim:** describe the current practices and perceptions regarding patient participation amongst infection control professionals at institutions using such a strategy
- Design:** self-administered survey (Dec 2012 to Mar 2013)
- Participants:** institutions with Patient Participation program (from WHO Hand Hygiene Self-Assessment Framework global survey)
- Responses:** 260/658 (response rate=40%)
- 41 countries
- All 6 WHO regions


New for 2013

We thank Dr. A. Stewardson and Dr. A. Gayet-Ageron (University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland), Dr. Y. Longtin (Laval University Infectious Diseases Research Center, Quebec, Canada) and the WHO Patients for Patient Safety Programme for technical contribution to this survey

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WHO survey on patient participation in facilities around the world



Countries with at least one respondent

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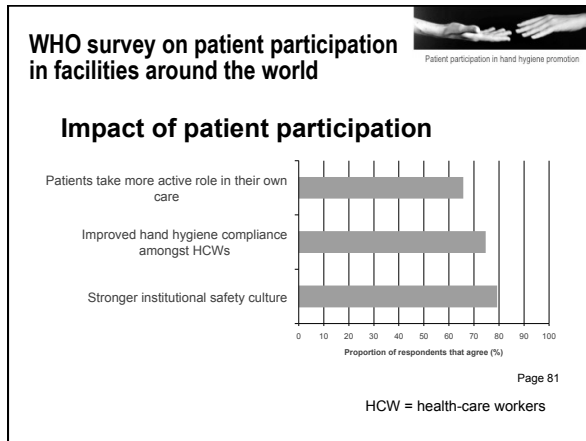
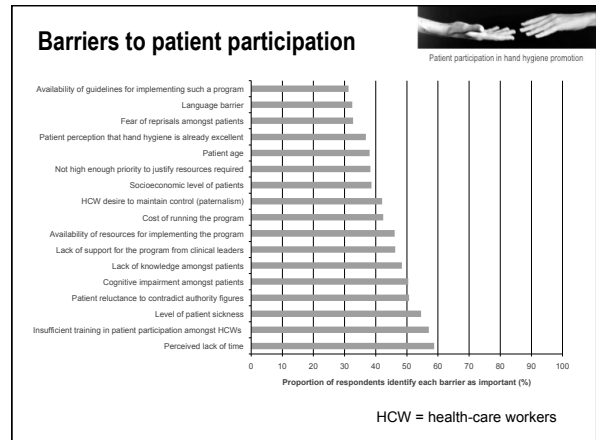
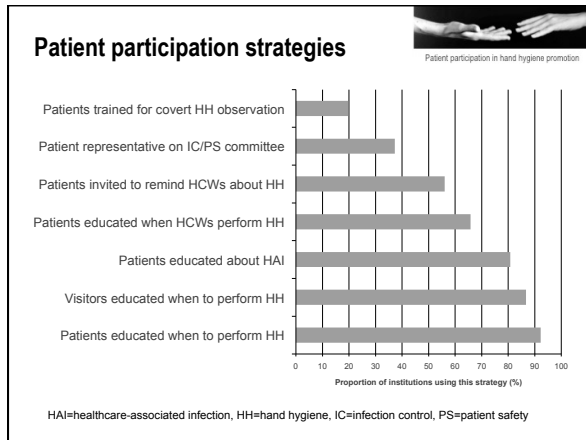
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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

Prof Didier Pittet & Margaret Murphy

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



WHO survey on patient participation in facilities around the world

Conclusions

- Institutional Patient Participation programs for hand hygiene promotion frequently include patient education but other strategies to empower patients to actively participate and take a more active role in their care are less common
- Patient Participation programs are perceived as useful for improving hand hygiene and creating a positive patient safety climate

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World Health Organization

What is available from WHO? Advanced search

Clean Care is Safer Care

Patients have a voice too!

The WHO Guidelines on Hand Hygiene in Health Care (2009) encourage partnership between patients, their families, and health-care workers to promote hand hygiene in health-care settings.

Patient participation/engagement/empowerment in hand hygiene promotion refers to the involvement of patients in the fostering of hand hygiene best practices by both patients and health-care workers in health-care settings.

The goals are:

- To implement a true safety culture in which both patients, (and their relatives and visitors) and health-care workers work together towards strengthening infection prevention and control and promoting hand hygiene best practices.
- While the responsibility for hand hygiene rests firmly with the health-care worker, to encourage patients to support health-care workers in improving hand hygiene in various ways, such as learning about hand hygiene best practices and reminding or evaluating hand hygiene.

http://www.who.int/gpsc/5may/5may2013_patient-participation/en

World Health Organization

What is available from WHO? Search

Clean Care is Safer Care

Inventory of patient stories

On this page you can see web sites featuring videos and stories of patients affected by health care-associated infection and/or involved in hand hygiene promotion. These can be very powerful for health-care workers' training and patients' awareness raising and empowerment. If you know of any good videos of patient stories on health care-associated infection and patient participation in hand hygiene, please send us the link by sending an email to savelives@who.int.

Patients affected by health care-associated infection

- Patient affected by post-operative necrotizing fasciitis by MRSA
- Ginny's story about hospital-acquired osteomyelitis by staphylococcus
- Patient affected by post-operative MRSA infection
- Glen's story about MRSA bacteraemia
- Gabby's story about MRSA neonatal infection

Patient involvement in hand hygiene

http://www.who.int/gpsc/5may/5may2013_patient-participation/en

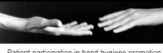
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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

Prof Didier Pittet & Margaret Murphy

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What is available from WHO?


Tips for implementing a successful patient participation programme

Hand hygiene promotion in health care

Tips for patients

New for 5/5/2013

We thank Dr M. McGuirk (McGuckin Methods International, Ardmore, USA), Dr Y. Longtin (Laval University Infectious Diseases Research Centre, Quebec, Canada) and the WHO Patients for Patient Safety Programme for technical contribution to these tools




Tips for implementing a successful patient participation programme

1. Ensure that a multimodal hand hygiene improvement strategy is in place in your institution
2. Obtain strong support from your institution's leadership and key stakeholders
3. Reassure HCWs about the goals of patient participation
4. Convince patients that they can be involved in hand hygiene promotion
5. Identify champions to support the patient participation programme in your institution
6. Pilot test the Programme
7. Measure the success of your Programme

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http://www.who.int/gpsc/5may/5may2013_patient-participation/en



Hand hygiene promotion in health care - Tips for patients


4 main things you and/or your family can do:

1. Ask if an initiative involving patients or a patient participation programme exist
2. Don't be afraid to ask about hand hygiene practices in the facility
3. Observe if alcohol-based handrub dispensers as well as sinks, soap and towels are available in your room or if health-care workers carry pocket bottles
4. If hand hygiene products are available, start by thanking your doctor, nurse, or other health-care workers when you see them cleaning their hands before touching you

New for 5/5/2013

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Highlights to help you understand the right moment and the right way to remind your doctor, nurse, or other health-care worker about hand hygiene

Hand hygiene promotion in health care - Tips for patients

http://www.who.int/gpsc/5may/5may2013_patient-participation/en

WHO? Doctors, nurses and any other health-care worker (such as technicians and assistants) who touch you. Your relatives and visitors should also clean their hands upon arrival, especially before touching you, and then before leaving too.

WHAT? When a health-care worker enters the zone/area where you receive care (near your bed, for example), before they touch you or any critical site (e.g. catheter, wound dressing, drainage tube), you can ask them to clean their hands with an alcohol-based handrub. Or, you can thank them in advance, as they approach you, as a polite reminder.

WHEN? The five important times you should remind health-care workers about hand hygiene:

1. Before anyone touches you
2. Before health-care workers perform a clean/aseptic procedure, such as inserting an IV (intravenous catheter)
3. After tasks which might lead to exposure to body fluids, such as emptying your urinary catheter
4. After anyone touches you
5. After anyone touches things in your care area, such as bedrails or your medical chart.

WHERE? Wherever health care takes place, whether in a hospital, clinic, or doctor's office.

HOW? Reminding and thanking are positive interactions and your health-care provider will understand your positive intentions to avoid an infection. Keep it simple, and do it often!

- "Thank you for your hand hygiene action"
- "Did you clean your hands?"
- "Did I remind you about hand hygiene?"

New for 5/5/2013

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

Outline

- A patient centered vision as part of the WHO call to action for 5 May 2013
- Update on the impact of hand hygiene improvement to reduce health care-associated infection
- Hand hygiene promotion universal spread
- The WHO call to action for 5 May 2013: monitoring and feedback and patient participation
- Achievements of SAVE LIVES: Clean YOUR Hands around the world over the last year

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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...



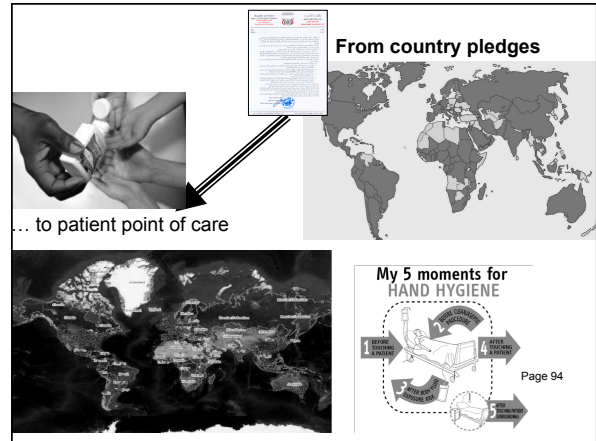
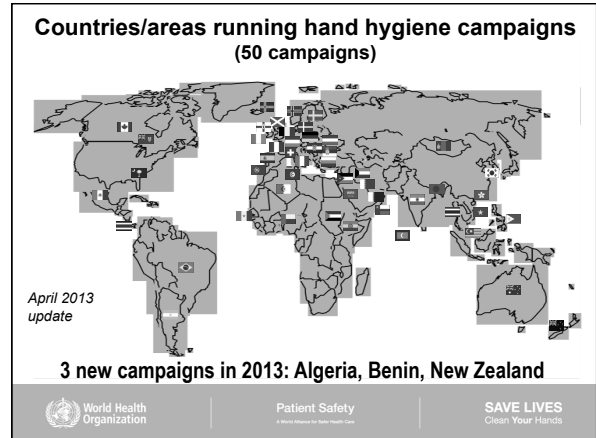
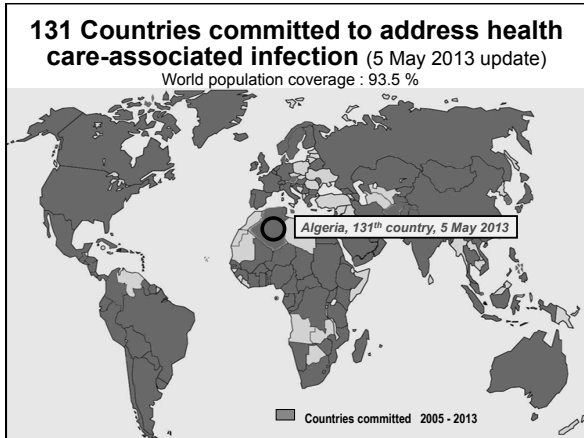
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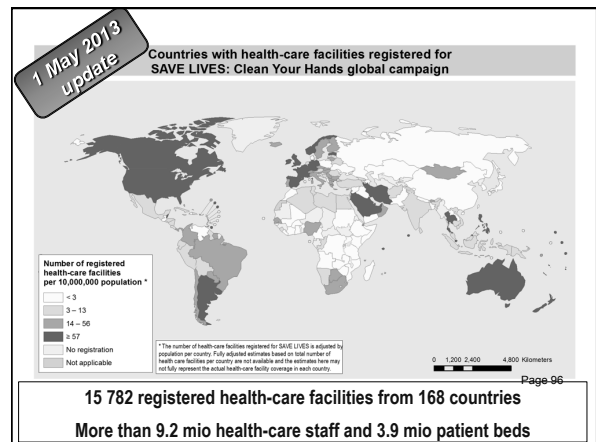


Let's celebrate!!!
2009-2013 5th year of
WHO SAVE LIVES: Clean Your Hands

- 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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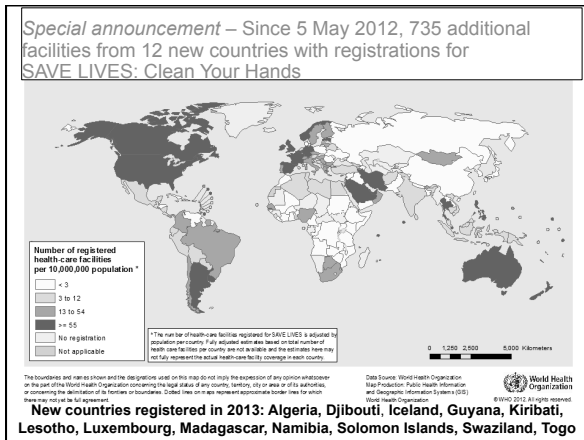


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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

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National events organized on 5 May

Main 5 May stakeholders

Support from Private Organizations for Patient Safety (POPS)
sharing costs and leveraging all possibilities

• Press releases

• Videos – Uganda example for 2013 – dancing!

• My Five Moments for Hand Hygiene

• Banners

• Posters

• Training programmes

• Promoting sign up to SAVE LIVES: Clean Your Hands

Private Organizations for Patient Safety

Promoting the Hand Hygiene Self Assessment Framework in a number of countries

2000 English (UK) & 2000 French
 4500 for Spain, Portugal, Finland and Poland
 5000 for Russia, Japan, Malaysia and China
 3000 for UK, IRL, IT, PL, Baltics, CH, Slovenia, Croatia, Austria, Germany, Czech Republic, Belgium and Netherlands

POPS - Telling the World about 5 May!

SOUP Privately Supports WHO Campaign to SAVE LIVES: Clean Your Hands

The web and social media for 5 May 2013 including LinkedIn and

Deb Supports "SAVE LIVES: Clean Your Hands" Campaign

Save Lives Clean Your Hands

Ultracleanz

SAVE LIVES: Clean Your Hands

WHO SAVE LIVES: Clean Your Hands Day is Coming!

SAVE LIVES: CLEAN YOUR HANDS 2013

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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

Prof Didier Pittet & Margaret Murphy

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



**Issued on
5 May 2012**

**New for
5 May 2013**

**SAVE LIVES
Clean Your Hands**

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

A Guide for the Adoption of the WHO Recommended Hand Hygiene Implementation Strategy and the '5 Moments for Hand Hygiene' Approach

**SAVE LIVES
Clean Your Hands**

La higiene de las manos en la asistencia ambulatoria y domiciliaria y en los cuidados de larga duración

Una guía para la adopción de la estrategia recomendada de la OMS para la promoción de la higiene de las manos y del modelo 'Los Cinco Momentos para la Higiene de las Manos'

Spanish translation kindly provided by the Ministry of Health, Social Services and Equality of Spain

**New for
5/5/2013**

New Arabic web page

منظمة الصحة العالمية

الصحة العالمية

المواضيع الصحية | بليكات وخدمات | مركز وسائل الإعلام | المطبوعات | الشبان | برامج ومشاريع | معلومات

الرعاية التلطيفية رعاية أشل مسؤومية

الرعاية الطبية ورعاية أشل مسؤومية

نظفوا أيديكم لإفقاذ الأرواح – الحملة السنوية العالمية لمنظمة الصحة العالمية

الاستعداد للاحتفال بيوم 5 أيار/مايو 2013

بما يلي دعوتنا إليكم للتلصق:

- واسألوا التركيز على رصد نظافة اليدين وإيجاد التعطيلات على خلفياتها
- أعدوا تطبيق إفطار منظمة الصحة العالمية بشأن التقييم الذاتي
- أعدوا تطبيق التلصق متى إذا كان مرتبطك قد تمكن مقارنة بالعام
- التلصق من أتم التلصق لكم بعد أن تطمئن على الإفطار. فالرجاء أن تلتصق لتكنه لتحصروا بها
- إلى آلاف الرافد التي اشاعت من تلك الأداة الرسمية لتكن خالفا وما تحرم من التدم في
- تحسين نظافة اليدين
- ينبغي الإنشاع إلى أصوات المرضى أيضا!

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Patient Safety

SAVE LIVES
Clean Your Hands

**New for
5/5/2013**

كيف تفرك يديك؟

كيف تغسل يديك؟

اللحظات الخمس لنظافة اليدين

نظفوا أيديكم لإفقاذ الأرواح

كيف تفرك يديك؟

كيف تغسل يديك؟

اللحظات الخمس لنظافة اليدين

We thank the WHO Eastern Mediterranean Regional Office and Dr E. Tarras (King Abdulaziz Medical City, Riyadh, Kingdom of Saudi Arabia) for technical contribution and generating these tools

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**New for
5/5/2013**

New Chinese web page

世界卫生组织

世界卫生组织

数字和统计数字 | 媒体中心 | 出版物 | 国家 | 规划和项目 | 关于世卫组织

清洁卫生更安全

世卫组织全球年度宣传活动“拯救生命：清洁你的手”

世卫组织关键信息

总干事
总干事和高级管理层的

世卫组织的领导
世卫组织《组织法》、执行委员会
和世界卫生大会

媒体中心

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Patient Safety

SAVE LIVES
Clean Your Hands

**New for
5/5/2013**

拯救生命 清洁你的手

如何干式洗手?

如何洗手?

手卫生5时刻

拯救生命 清洁你的手

如何干式洗手?

如何洗手?

手卫生5时刻

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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

Prof Didier Pittet & Margaret Murphy

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

New for 5/5/2013

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Thank you for your support – you contribute to patient safety and saving lives!

SAVE LIVES:
Clean Your Hands

Asking questions is not possible through this teleclass
Follow us on Facebook World Health Organisation and Twitter
@WHO @DidierPittet
Find all information at www.who.int/gpsc/5may
Send enquiries to paul@webbertraining.com
or to savelives@who.int

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Patients for Patient Safety

Margaret Murphy
Patients for Patient Safety

Introduction

The Dilemma

- Translating aspiration into reality, Recommendation into implementation
- Ensuring policies and protocols = safer and better quality care
- The raison d'être = the patient, the man in the bed
- 'Facts are friendly' – positives and negatives
- Loss of opportunity
- Need to access reality directly from the patient – the patient perspective
- What is possible vs what is being experienced

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Patient Participation in Hand Hygiene Promotion

Activities to mobilize action!

- Newsletter articles
- Targeted emails to gather rapid response
- from patient community
- New webpages created
- Presentations and Online discussions
- Educational workshops
- Sharing feedback and resources

...And more!!

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PFPS Champions in Action around the world - the tip of the iceberg -

- Canada** – motivating hospitals to engage patients and striving to increase hand hygiene compliance across Canada
- Educational workshops in **Mexico** – Inspiring patients and families to take action! PFPS Champions running workshops to educate patients to the potential role for patients in preventing nosocomial infection
- Rapid feedback from the patient community - PFPS Champions around the world have provided input for finalising a 'Tips for Patients' document for hand hygiene promotion in health care

'I think this campaign is helping providers to really think outside of the box'
PFPS Champion, Canada

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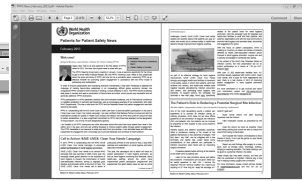
PFPS Champions in Action around the World - the tip of the iceberg –

- **USA** – PFPS champion through her organization - MRSA Survivors Network – inspiring others through webinars and talks on hand hygiene and MRSA prevention
- **Egypt** – encouraging local hospitals to take action and assisting in the production of photos and videos for 5 May
- Patients involved in 5th May celebrations / ceremonies



Clean Your Hands

New webpages



Newsletter articles

Patients sharing feedback and resources

Patients helping to create an inventory of patient stories



Pa

Aim of the PFPS Effort

- Raise awareness - Stimulate change
- Use the tool – the story
- Evoke feelings - Influence behaviour

Facts do not change feelings and feelings are what influence behaviour. The accuracy, the clarity with which we absorb information has little effect on us.

It is how we FEEL about the information that determines whether we will use it or not.

Vera Keane 1967

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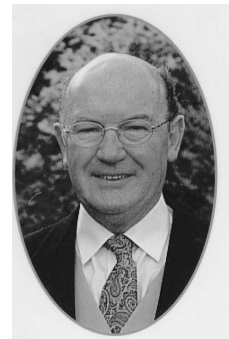
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A Reality Check

“More than anything, what distinguishes the great from the mediocre, is not that they fail less, it is that they rescue more!”

- Atul Gawande 2012



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Acknowledging Reality Resolutions Going Forward

- Patient perceptions and fears
- Perceived gaps in guidance for patient
- Disturbing variation in levels of compliance by staffs
- Feedback and the role for patients
- Collection of patient experience data through the audit process
- The role of leaders in empowering patients and facilitating meaningful partnerships
- Acknowledging that the patient has the greatest vested interest in the outcome
- The necessary commitment from healthcare

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SAVE LIVES
Clean Your Hands

The Patient Pledge of Partnership



In honour of



those who have died,
those who have been left disabled,
our loved ones today,
we will strive for excellence,
so that all people receiving healthcare
are as safe as possible,
as soon as possible.



This is our pledge of partnership

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Hand Hygiene Promotion Universal Spread: Impact and Patient Participation

Prof Didier Pittet & Margaret Murphy

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| 2013 | |
|---|--|
| WHO Teleclass Schedule | |
| Clean Care is Safer Care | |
| February 6 | August 7 |
| Improving the Patient Safety Culture as a Successful Component of Infection Control Strategies , Dr. B. Allegranzi | Decontamination of High-Touch Environmental Surfaces in Healthcare: A Critical Look at Current Practices and Newer Approaches , Prof. S. Sattar |
| March 6 | September 3 |
| Patient Participation in Hand Hygiene Promotion and Improvement , Dr. Y. Longtin & Dr. M. McGuckin | Preventing Central Line-Associated Bloodstream Infections: The Matching Michigan Approach Applied in the USA and Other Countries , Prof. P. Pronovost |
| April 9 | October 9 |
| Innovation and New Indicators in Hand Hygiene Monitoring , Prof. J. Boyce | Implementing Infection Control Through a Patient Safety Partnership Approach in Africa , J. Storr |
| May 6 | November 11 |
| Special Lecture for 5 May , Prof. D. Pittet | Antimicrobial Resistance Issues Worldwide and the WHO Approach to Combat it , Dr. C. Pessoa da Silva |
| July 3 | December 4 |
| Risk Assessment and Priority Setting in Infection Control in Low to Middle Income Countries , Prof. N. Damani, | Control of Multi-Drug Resistant Organisms in the Nursing Home Setting , Prof. A. Voss |

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