Things You Never Thought of Related to Hand Hygiene Performance and Compliance
Dr. William Jarvis, Jason & Jarvis
A Webber Training Teleclass

Things You Never Thought of Related to Hand Hygiene Performance and Compliance

William R. Jarvis, MD
Jason and Jarvis Associates, LLC

Hosted by Paul Webber
paul@webbertraining.com

www.webbertraining.com October 1, 2013

Learning Objectives

- Review the evidence supporting Alcohol-Based Hand Rub (ABHR) use in healthcare settings.
- Compare and contrast test methods used to evaluate ABHR.
- Review the key variables which influence the efficacy of ABHRs.
- Review the key variables which influence hand hygiene compliance.

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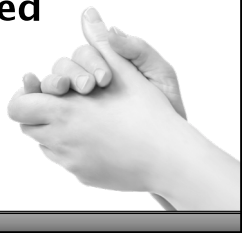
Hand Hygiene Overview: The Importance of Alcohol-Based Hand Rubs



WHO Guidelines on Hand Hygiene in Health Care

"At present, alcohol-based handrubs are the only known means for rapidly and effectively inactivating a wide array of potentially harmful microorganisms on hands"

WHO recommends alcohol-based handrubs (ABHRs) used on the following factors:

1. **Fast-acting and broad-spectrum activity** with a minimal risk of generating antimicrobial resistance
2. Can be used in **resource-limited or remote areas**
3. Process **faster and more convenient** to help promote improved hand hygiene compliance
4. **Economic benefit**
5. **Better acceptability and tolerance**

- Apply a palmful of ABHR and cover all surfaces of the hands. Rub hands until dry.

World Health Organization

PIDAC: Best Practices for Hand Hygiene

"Using alcohol-based hand rub is better than washing hands when hands are not visibly soiled."

Before and/or After:

- Contact with patient or environment
- Performing invasive/aseptic procedure
- Care involving contact with blood, body fluids, secretions and excretions
- Putting on and removing gloves
- Preparing, handling, serving food or medications
- Moving to another activity
- Moving from a contaminated body site to a clean body site

- Rub hands until product is dry. This will take a minimum of 15 seconds if sufficient product is used.

Use of Alcohol as a Skin Antiseptic

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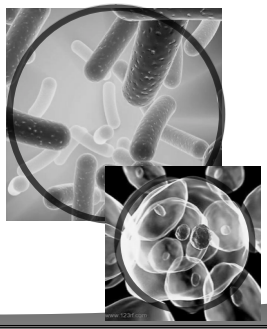
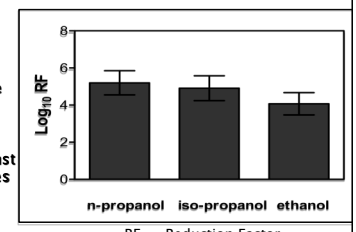
How does alcohol kill bacteria?



- Damages cell membranes → loss of cell integrity
- Inactivates proteins ("denatures")
- Acts and evaporates very rapidly

Skin Antiseptic Activity of Short-Chain Alcohols

- Alcohol-in-water mixtures tested
  - 1 minute contact time
- Antiviral Efficacy:
  - Ethanol tends to have greatest activity against non-enveloped viruses



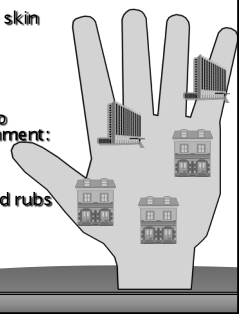
RF = Reduction Factor

SHORT-CHAIN ALCOHOLS ARE HIGHLY EFFECTIVE AT REDUCING TRANSIENT MICROFLORA ON THE SKIN

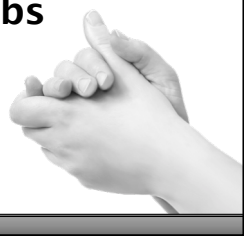
Adapted from: Rotter M et al. 1977. Mitt. D. Österr. San. Verw. 78:170-172.

Resident and Transient Flora

- **Resident microflora**: Normal inhabitants of the skin:
  - Colonize deeper layers of the skin
  - Difficult to remove
  - Target for pre-surgical hand scrubs/rubs
- **Transient microflora**: Visitors to the skin, picked up from environment:
  - On superficial layers of skin
  - Easier to remove
  - Target for alcohol-based hand rubs



Methods to Evaluate the Efficacy of Alcohol-Based Hand Rubs



ASTM E1174: Healthcare Personnel Handwash

- Predicts the reduction of organisms by washing or sanitizing hands after handling contaminated objects
- Measures reduction of transient organisms after single or multiple product uses

Endpoints:
Bacterial Reduction (log_{10})
1st Application: 3 log
10th Application: 3 log

ASTM E-1174-06: Standard test method for evaluation of the effectiveness of healthcare personnel or consumer handwash formulations.

EN1500: Hygienic Hand Rub Overview

- Challenge organism: *E. coli*
- Single product cross-over design:
  - Each volunteer uses test product and an internal reference product
- Product application for defined volume & contact time
  - Typical: 3 ml for 30 sec
- Must show non-inferiority to internal reference
  - 2 x 3 ml of 60% isopropyl alcohol
  - 60 second total rub time

Expert Opinions on Hand Hygiene Test Methods

"Hand Hygiene Research Agenda"…
"Develop new protocols for evaluating the in vivo efficacy of agents, considering in particular short application times and volumes that reflect actual use in HC Facilities"

WHO Guidelines on Hand Hygiene in Health Care (2009)

"New Methods For The Future"…
"To be plausible, results of in vivo models should show that they are realistic under practical conditions such as the duration of application…"

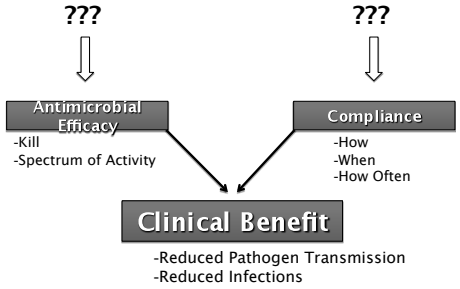
CDC Guideline for Hand Hygiene in Health-Care Settings (2002)

Unresolved Issues and Next Steps

- Beyond current methods:
- **Predicting clinical efficacy**
- **Global unified method?**
- **In vivo antiviral methods**
- Current efficacy gaps/ Future needs:
- **What is the relationship between log reduction and clinical benefit?**
- **Improved antiviral activity (norovirus solutions)**
- ***C. difficile* hand hygiene solutions**

Achieving Clinical Benefit With Alcohol-Based Handrubs

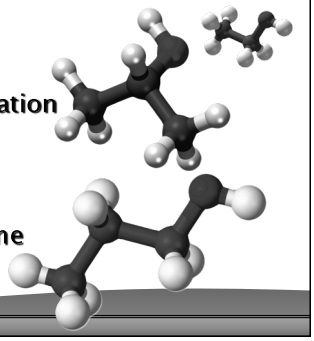
Achieving Clinical Benefit with ABHRs: Whole Systems Model



Factors Influencing ABHR Antimicrobial Efficacy

Factors Influencing ABHR Antimicrobial Efficacy:

- Alcohol Type
- Alcohol Concentration
- Formulation
- Product Form
- Application Volume



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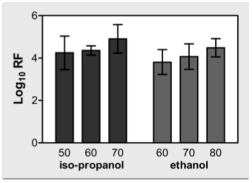
Concentration Dependence of the Activity of Short-Chain Alcohols

- Test substances:
  - Alcohol-in-water mixtures
- Test Method = EN1500
  - 1 minute contact time



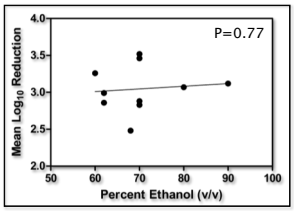
EFFICACY OF ALCOHOL-IN WATER SOLUTIONS INFLUENCED BY ALCOHOL CONCENTRATIONS.

Adapted from: Rotter et al. 1977. Mitt. D. Österr. San. Verw. 78:170-172.

Influence of ABHR Formulation

- ABHR formulations often contain:
  - Alcohol
  - Water
  - Thickeners
  - Buffering Systems
  - Secondary Actives
  - Surfactants
  - Secondary Actives
- Ingredients create specific attributes:
  - Skin tolerance, skin moisturization, aesthetic properties (e.g., skin feel, fragrance)
  - Enable specific delivery formats (rinse, gel, foam)
- Specific ingredients may improve or inhibit antimicrobial efficacy of ABHR formulations

In vivo ABHR Efficacy: Formulation has a Greater Influence than Alcohol Concentration



- Method = ASTM E1174
- 2 ml application volume
- Test products = Commercial healthcare ABHRs
- No relationship between efficacy and ethanol concentration

IN FORMULATED ABHR PRODUCTS ALCOHOL CONCENTRATION IS NOT THE CRITICAL DETERMINANT OF EFFICACY: FORMULATION MATTERS

Edmonds, S.L., Macinga, D.R., Mays-Suko, P., Duley, C., Rutter, J., Jarvis, W.R., Arbogast, J.W. AJIC 2012;40:521-5.

Does Product Form Influence Efficacy?

Efficacy of ethanol-based hand foams using clinically relevant amounts: a cross-over controlled study among healthy volunteers

Günter Kampf[*1,2], Sigunde Marschall[3], Sven Eggerstedt[3] and Christiane Ostermeyer[4]

BMC Infect Dis. 2010;10:78

FEATURE

A scientific study that proves alcohol hand sanitiser is more efficacious when dispensed onto the hands as foam rather than as gel

Authors: (*) Christine Lens, PhD

ABSTRACT

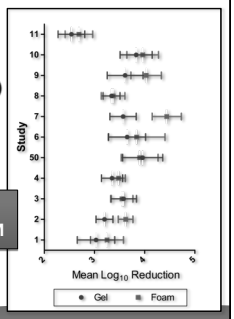
The purpose of this study was to test

FIGURE 1

CJIC. 2011;26:21

Influence of Product Form on in vivo ABHR Efficacy: Meta-Analysis

- Methods:
- 11 independent ATM E1174 experiments (2 labs)
- 2 ml application volume of 70% ethanol gel and foam ABHR formulations



META-ANALYSIS: NO SIGNIFICANT DIFFERENCES BASED ON ABHR FORM

Edmonds SL. et al. Abstract. The Influence of ABHR Product Format on In Vivo Efficacy: A Meta-Analysis. APIC's 39th Annual Educational Conference & International Meeting, San Antonio, TX. June 2012

Recommendations Regarding ABHR Application Volume

- "Apply a palmful of alcohol-based handrub and cover all surfaces of the hands [and] rub hands until dry." "Entire process should take 20-30 seconds."

WHO Guidelines on Hand Hygiene in Health Care (2009)

- "Apply sufficient product such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry (usually one to two pumps).

Provincial Infectious Diseases Advisory Committee (PIDAC)

PIDAC Best Practices in Hand Hygiene in Health-Care Settings (2010)

- "Ideal volume of product to apply to the hands is not known and may vary for different formulations. However, if hands feel dry after rubbing hands together for 10-15 seconds, an insufficient volume of product likely was applied"

CDC Guideline for Hand Hygiene in Health-Care Settings (2002)

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Audience Poll:

- Is ABHR efficacy dependent upon how much I apply to my hands?

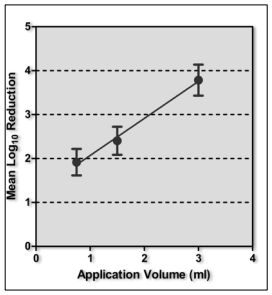
Healthcare Workers' Perceptions of ABHR Application Volume

3/4 of HEALTHCARE WORKERS DO NOT BELIEVE APPLICATION VOLUME INFLUENCES EFFICACY

Influence of Application Volume on in vivo ABHR Efficacy

- Test method: E2755
- Test product: 62% ethanol ABHR gel

ABHR EFFICACY INCREASES LINEARLY WITH APPLICATION VOLUME



Macinga D. et al. App. Environ. Microbiol. 2011; 77:8588.

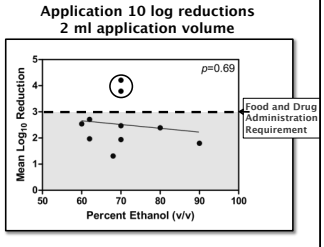
…But how long are healthcare workers willing to spend sanitizing their hands?

Most common answer = 5 seconds!

HEALTHCARE WORKERS DO NOT WANT TO SPEND A LOT OF TIME PERFORMING HAND HYGIENE

In vivo ABHR Efficacy at More Realistic Volumes

- ASTM E1174: Application 10 log reductions for various marketed ABHRs
- Only 2 products met efficacy requirements at 2 ml application volume
- Alcohol concentration does not drive efficacy



MAJORITY OF PRODUCTS DO NOT MEET EFFICACY REQUIREMENTS AT REALISTIC DOSES.

Edmonds, SL., et al. AJIC 2012;40:521-5.

Factors Influencing Hand Hygiene Compliance

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Factors Influencing Hand Hygiene Compliance

- Multimodal Hand Hygiene Program
- ABHR Product Attributes
- ABHR Dispensing and Delivery

Reasons Reported by Healthcare Workers for Lack of Adherence with Hand Hygiene Recommendations

- Skin irritation
- Inaccessible supplies
- Interference with worker/patient relation
- Patient needs perceived as priority
- Wearing gloves
- Forgetfulness
- Ignorance of guidelines
- Insufficient time
- High workload and understaffing
- Lack of scientific information demonstrating impact of improved hand hygiene on hospital infection rates

Pittet D. et al. Emerging Infectious Diseases. 2001;7:234.

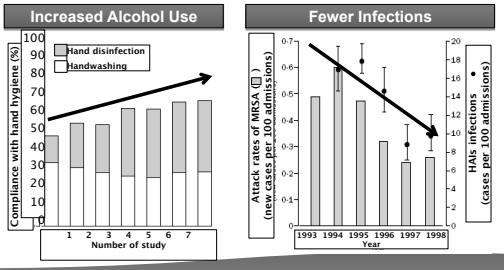
Multimodal Strategies for Successful Promotion of Hand Hygiene

Multimodal strategy		Minimum criteria for implementation
1A.	System change: alcohol-based handrub	Bottles of alcohol-based handrub positioned at the point of care in each ward, or given to staff
1B.	System change: access to safe continuous water supply and towels	One sink to at least every 10 beds Soap and fresh towels available at every sink
2.	Training and education	All staff involved in the test phase receive training during Step 3 A programme to update training over the short-, medium- and long-term is established
3.	Observation and feedback	Two periods of observational monitoring are undertaken during Steps 2 and 4
4.	Reminders in the workplace	"How to" and "5 Moments" posters are displayed in all test wards (e.g., patients' rooms; staff areas; out-patient/ ambulatory departments)
5.	Institutional safety climate	The chief executive, chief medical officer/medical superintendent and chief nurse all make a visible commitment to support hand hygiene improvement during Step 3 (e.g., announcements and/or formal letters to staff)

WHO Hand Hygiene Guidelines on Hand Hygiene in Health Care. 2009.

Impact of a Multimodal Hand Hygiene Program

- ABHR use associated with increasing compliance and reduction of transmission of healthcare-associated infections (HAIs)



Pittet D et al. Lancet. 2000;356:1307-12.

ABHR Product Attributes Which Can Influence Compliance

Skin tolerability

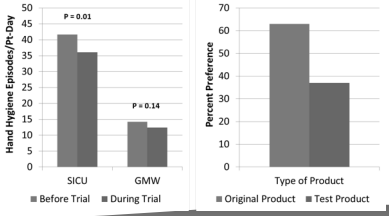
- Alcohol concentration and type
- Presence (or absence) of emollients and moisturizers
- Excipient ingredients

Feel and aesthetics

- Product form
- Emollients and moisturizers
- Excipient Ingredients

Impact of ABHR Acceptance on Hand Hygiene Frequency

- Prospective evaluation of a new ABHR formulation conducted in a SICU and on a general medical ward
- Hand hygiene frequency monitored using electronic counters



Boyce JM et al. 5th Decennial Conference on HAIs, March 2010 Abstr # 270

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Product Acceptance & Clinical Effectiveness

- The "best" ABHR are those that achieve at least a threshold of antimicrobial efficacy while optimizing product acceptance elements to ensure maximum product usage
- Product efficacy can be outweighed if products are not accepted by healthcare workers
  - Lower compliance may result in increased infection rates
- The most efficacious product is not necessarily the most effective (Semmelweis)
- The importance of product acceptability is noted in both the CDC and WHO Hand Hygiene Guidelines

Boyce, J. M. and Pittet, D.. 2002. MMWR Recomm. Rep. 51:1–45.
World Health Organization. WHO Guidelines for Hand Hygiene in Health Care. 2009;7:202.
Larson, E. et al.. American Journal of Infection Control. 2006;34: 627–35.
The Joint Commission Center for Transforming Healthcare(2010). Hand Hygiene Project: Best Practices from Hospitals Participating in the Joint Commission Center for Transforming Healthcare Project.

Impact of Product Dispensing on Compliance

- **Dispenser Placement**…
  - Point of Care vs. hallway dispensers
- **Reliability**…
  - Are the dispensers functional?
  - Batteries?
- **Dispensed Volumes**…
  - Influence product dry time
  - Influence product feel
- **Manual or Touch Free**…
  - Touch-free dispensers may promote compliance*

*Larson et al. 2005. Am J Crit Care. 14:304–11.
*Scheithauer et al. 2011. Hyg. Med. 36:496.

Influence of Dispenser Type on Hand Hygiene Frequency

- Frequency of use of manually operated and touch-free ABHR dispensers compared over 4 month period.

Table 2 Daily uses of alcohol dispenser by type of dispenser

Count	Type of dispenser		P
	Manual	Touch-free	
No. of uses per dispenser per day, mean (SD)*	25.6 (19.6)	41.2 (26.9)	.02
No. of episodes of hand hygiene per patient per hour, mean (SD)†	3.33 (2.7)	4.42 (2.8)	.04
No. of episodes of hand hygiene before contact with a patient per hour, mean (SD)†	1.26 (1.74)	1.58 (1.59)	.003

*Measured by using installed counters.
†Measured by using direct observation.

Touch-free dispensers were used significantly more often than manual dispensers

39 Larson EL., et al. Am J Crit Care 2005;14:304

How Accurate is Visual Monitoring of Hand Hygiene Compliance?

- How many healthcare workers can be visualized at one time: FEW
- What percent of all healthcare workers can be visualized at one time: FEW
- How reproducible is visual observation of hand hygiene compliance: Poor
- Visual monitoring: Resource and personnel intensive.

Visual observation of hand hygiene compliance should not be the "gold standard".

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Electronic Monitoring of Hand Hygiene (HH) Compliance May be Much More Accurate

- Study design: Before/after study in 17-bed intensive care unit from June 2008–June 2010. Initially visual observation. Then, video recording of HH (remote video auditing and real-time feedback) on entry and exit of rooms (16 weeks). Video recordings HH compliance analyzed in India and results fed back (91 weeks).
- Results: Visual observation reported 55–65% compliance. Video monitoring identified <10% compliance (3933/60542). With immediate feedback, HH compliance increased to 87.9% (262826/298860)

Video or electronic evaluation of hand hygiene compliance should be the "gold standard".

41 Armellino D., et al., CID 2012;54:1-7.

Advantages of Electronic or Video Monitoring of Hand Hygiene (HH) Compliance

- More comprehensive. Can monitor all areas of the hospital 24/7 (all healthcare workers and all areas).
- Reduced individual variation.
- Reproducible
- More accurate
- Less resource intensive
- Can provide real-time feedback
- Can even review video with healthcare workers who are disbelievers.

Video or electronic monitoring/evaluation of HH compliance should be the "gold standard".

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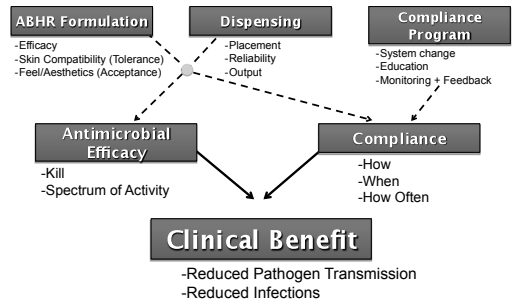
Achieving Clinical Benefit with ABHR: Whole Systems Model



Open Questions and Future Research

- **Relative influence of the variables on clinical effectiveness is unknown**
  - Do differences in product efficacy translate to measurable differences in clinical effectiveness?
  - How much of an increase in compliance is needed to significantly improve effectiveness?
  - What is the optimal ABHR use volume and are current ABHR use volumes too low?

Conclusions

- ABHRs should be considered from a whole system approach to maximize clinical effectiveness
- Formulation matters
  - Efficacy should be judged on in vivo Health Canada performance criteria and not on only alcohol content or dry time
- Dispenser output matters
  - When evaluating in vivo data, the test volume relative to dispenser output is critical
- Product acceptance and tolerability is critical to driving compliance
  - End user trials of both formulations and dispensers should be conducted to aid in purchasing decisions

Thank you!

09 October *(FREE - WHO Teleclass - Europe)*
IMPLEMENTING INFECTION CONTROL THROUGH A PATIENT SAFETY PARTNERSHIP APPROACH IN AFRICA
Julie Storr, World Health Organisation, Geneva

17 October *(FREE Teleclass)*
THE ROAD TO CIC CERTIFICATION: GETTING STARTED AND WORKING TOWARD SUCCESS
Dr. Kathryn N. Suh, The Ottawa Hospital, and Prof. Ruth M. Carrico, University of Louisville

24 October **INFECTION CONTROL CONCERNING MRSA IN A LOW-ENDEMIC AREA**
Prof. Bjørg Marit Andersen, Oslo University, Norway

30 October *(South Pacific Teleclass)*
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Liz McDonald, Melzies School of Health Research, Australia

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