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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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

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

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

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!"

Ginny's story video is available at [http://www.youtube.com/watch?v=s5x1f3_NX9](http://www.youtube.com/watch?v=s5x1f3_NX9)

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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.

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

Impact of hand hygiene compliance on hospital-acquired infections in an ICU setting in a Kuwaiti teaching hospital
Monica P. Salama et al.

“3/3 Strategy”: A Successful Multifaceted Hospital Wide Hand Hygiene Intervention Based on WHO and Continuous Quality Improvement Methodology
Gabriele Moretti, Gianna Galimberti, and Lucia Ruzza
Impact of a hand hygiene educational programme on hospital-acquired infections in medical wards
Kamalaki Basu, Almadi Sheikh, Samir A. Alkhatib
Impact of a hospital-wide hand hygiene promotion strategy on healthcare-associated infections
Lee YT, Chen SC, Lee MC, Hung HC, Huang HU, Lin HC, Wu DJ, Taso SM

Impact of a hospita-wide hand hygiene promotion strategy on healthcare-associated infections
Stone SP et al.
BMJ 2012;344:e3005

Positive deviance: Using a nurse call system to evaluate hand hygiene practices
Rio de Casa Bilbao de Macario RM, Elisa Martín Molina Jacob RM, Vivesa Per de Vives BR, Esteban America Santamaria BC, Antonio Ferreiro de Sousa BC, Prieto Q, Miguel LL
Impact of a hospital-wide hand hygiene promotion strategy on healthcare-associated infections
Saravama PP et al
JACC 2013

Alcohol-based hand rub and ventilator-associated pneumonia
Wojna KD,/light at a time

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 HU, Lin HC, Wu DJ, Taso SM

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Mast head
Promoting and sustaining a hospital-wide, multifaceted hand hygiene program resulted in significant reduction in health care-associated infections

- MRSA/1000 patient-days significant decrease: from 0.42 in 2006 to 0.08 in 2011 (P < .001)
- Device-associated infection/1000 decrease:
  - VAP from 6.12 to 0.78 (P < .001)
  - CLABSI from 8.23 to 4.8 (P = .04)
  - Catheter-UTI from 7.08 to 3.5 (P = .01)

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Hospital-wide nosocomial infections; trends 1994-1998

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

Knowledge & evidence → Action


System Change implemented in all sites (handrubbing vs handwashing)

System change made possible
WHO alcohol-based formulation local production
Global Survey 2012

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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%] eg. 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)

Testing of the WHO strategy in pilot sites
Hand Hygiene Compliance
by indication before and after the implementation

Knowledge of hand hygiene
before and after training by pilot site

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

Multimodal culture change

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Australian public facilities
M1, M2 & M5 compliance rates by Period 2009-2012

Australian public facilities
Nursing and Medical staff compliance by Period 2009-2012

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

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Impact of the campaign

Impact of the campaign

Baptist Hospital, Hong Kong, China
Full participation of ICLNs in Hand Hygiene Promotion

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5 May 2013 call to action:
1. Continue to focus on hand hygiene monitoring and performance feedback!
2. 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

2011 Global Survey using the WHO Hand Hygiene Self-assessment Framework
http://www.who.int/gpsc/5may/hhsa_framework/en/

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

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Monitoring and feedback of hand hygiene indicators is a vital component of any successful hand hygiene campaign.

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

Hand hygiene compliance monitoring

Direct observation of hand hygiene compliance

ADVANTAGES
- Accurate evaluation of staff practices at the point of care, including 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

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

Mobile Web Application (MWA)


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

<table>
<thead>
<tr>
<th>Hospital, year</th>
<th>Consumption, L</th>
<th>PDs</th>
<th>Consumption, median [IQR] mL/PD</th>
<th>Difference relative to 2007 median [IQR] L/PD</th>
<th>Difference relative to 2005 median [IQR], N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1007</td>
<td>282,340</td>
<td>13,953,842</td>
<td>18.0 (12.8-25.4)</td>
<td>6.8 (3.8-9.9)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>2010</td>
<td>419,805</td>
<td>15,474,805</td>
<td>21.5 (16.6-25.9)</td>
<td>6.8 (3.8-9.9)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>2007</td>
<td>74,416</td>
<td>987,946</td>
<td>40.6 (15.8-41.5)</td>
<td>17.0 (15.1-31)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>2010</td>
<td>161,777</td>
<td>1,073,277</td>
<td>40.9 (19.2-59.6)</td>
<td>17.0 (15.1-31)</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Behnke M et al. ICHE 2012

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

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

We thank Dr. L. Arnoldo (University of Udine, Udine, Italy), Dr J. Boyce (New Haven Hospital, New Haven, USA) Ms C. Kilpatrick (Glasgow, Scotland, UK) and Dr H. Sax (Zurich University Hospitals, Zurich, Switzerland) for technical contribution to this review.
Preliminary Results
- Cochrane Library (no review available)
- Pub Med
- Embase

New for 5/5/2013

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

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

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

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

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/
Patient participation in hand hygiene promotion

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

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

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

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, Québec, Canada) and the WHO Patients for Patient Safety Programme for technical contribution to this survey.
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Patient participation strategies

- Patients trained for covert HH observation
- Patient representative on IC/PS committee
- Patients invited to remind HCWs about HH
- Patients educated when HCWs perform HH
- Patients educated about HAI
- Patients invited to remind HCWs about HH
- Patients trained for covert HH observation

WHO survey on patient participation in facilities around the world

Impact of patient participation

- Patients take more active role in their own care
- Improved hand hygiene compliance amongst HCWs
- Stronger institutional safety culture

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

What is available from WHO?

- Clean Care is Safer Care
- Inventory of patient stories

WHO survey on patient participation in facilities around the world

Barriers to patient participation

- Availability of guidelines for implementing such a program
- Fear of negative reaction from patients
- Patient perception that hand hygiene is a minor issue
- Language barriers
- Level of patient education
- HCW lack of control
- Cost of running the program

Proportions of institutions using this strategy (%)

Proportions of respondents identifying each barrier as important (%)

HCW = health-care workers
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What is available from WHO?
Tips for implementing a successful patient participation programme

Tips for patients

Hand hygiene promotion in health care

New for 5/5/2013

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

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

Hand hygiene promotion in health care - Tips for patients
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

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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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131 Countries committed to address health care-associated infection (5 May 2013 update)
World population coverage: 93.5%

Countries/areas running hand hygiene campaigns (50 campaigns)

15 782 registered health-care facilities from 168 countries
More than 9.2 mio health-care staff and 3.9 mio patient beds

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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Special announcement – Since 5 May 2012, 735 additional facilities from 12 new countries with registrations for SAVE LIVES: Clean Your Hands

Let’s celebrate our success!!!
Access to WHO 5 May 2013 website pages
(October 2012-April 2013)

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

POPS - Telling the World about 5 May!

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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

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

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

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

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.

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

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

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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2013
WHO Teleclass Schedule

February 6
Improving the Patient Safety Culture as a Successful Component of Infection Control Strategies, Dr. B. Atagayi

March 6
Patient Participation in Hand Hygiene Promotion and Improvement, Dr. Y. Longtin & Dr. M. McCrnick

April 9
Innovation and New Indicators in Hand Hygiene Monitoring, Prof. J. Rooy

May 6
Special Lecture for 5 May, Prof. D. Pittet

July 3
Risk Assessment and Priority Setting in Infection Control in Low to Middle Income Countries, Prof. N. Danzari,

August 7

September 3
Preventing Central Line-Associated Bloodstream Infections: The Matching Michigan Approach Applied in the USA and Other Countries, Prof. A. Pronovost

October 9
Implementing Infection Control Through a Patient Safety Partnership Approach in Africa, Dr. Sporr

November 11
Antimicrobial Resistance Issues Worldwide and the WHO Approach to Combat it, Dr. C. Pessou da Silva

December 4
Control of Multi-Drug Resistant Organisms in the Nursing Home Setting, Prof. A. Voss

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