

Center for Health Protection
Emerging and Re-emerging Infectious Diseases
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The 1st Global Patient Safety Challenge: *Clean Care is Safer Care*

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Recap: the World Alliance for Patient Safety

- October 2004 – launch of the World Alliance for Patient Safety by Director General of WHO
- To address adverse events in healthcare

Adverse events in healthcare

- A serious problem
 - 10% of hospital patients suffer an adverse event each year (UK, New Zealand, Canada and Europe)
 - 1.4 million hospital patients worldwide acquire HAI (at any given time)
- High economic impact
- The problem is even more serious in developing countries
- Less data available from developing countries

Overview of the Alliance


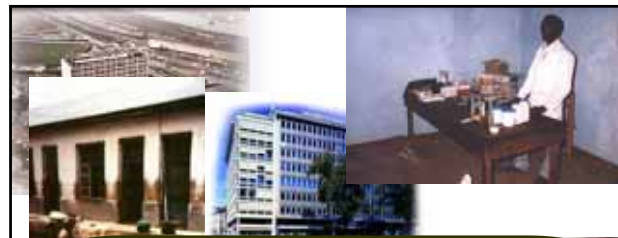
- Supports countries in developing safe systems
- Generates awareness and commitment: political, clinical, patient
- Engages global and regional partners: private, public, NGO
- Develops and shares knowledge: guidelines, standards, research data, solutions, reporting & learning
- Provides technical expertise to countries
- Mobilises resources to implement country projects

Ten action areas 2007- onwards

Ten action areas of the Alliance

- First Global Patient Safety Challenge: Clean Care is Safer Care
- Second Global Patient Safety Challenge: Safer Surgery Saves Lives
- Patients for Patient Safety
- Taxonomy
- Research on patient safety
- Reporting and learning
- Solutions to improve patient safety
- Technology and simulation
- Care of acutely ill patient
- Exemplar hospitals

Average infection rate:
 8-12 % of patients in acute care hospitals in developed countries
 Risk is higher in critical care (15-40 %)
 Risk is 2 to 20 fold higher in developing countries

Burden of disease outside hospitals is unknown
 No hospital, no country, no health-care system in the world can claim to have solved the problem

Burden of major infections worldwide			
MALARIA <ul style="list-style-type: none"> N° annual episodes: 300-500 mio N° annual deaths: 1.5-2.7 mio 90 countries at risk worldwide 		HIV <ul style="list-style-type: none"> N° affected: 39.5 mio N° new infections/year: 4.3 mio N° deaths in 2006: 2.9 mio Most countries affected with different infection rates 	
TUBERCULOSIS <ul style="list-style-type: none"> N° new infections/year: 8 mio N° deaths in 2005: 1.6 mio 1/3 of the world currently affected 		HEALTHCARE-ASSOCIATED INFECTIONS <ul style="list-style-type: none"> Hundreds of millions of patients infected each year At any time, 1.4 mio in hospitals N° deaths: at least 50.000 per day N° deaths: at least 18 mio per year ALL countries affected 	




Health care-associated infection is a major patient safety problem

- Affects hundreds of millions of individuals worldwide each year
- Multifaceted causation related to
 - systems and processes of care provision
 - economic constraints on systems and countries
 - human behaviour



Health care-associated infection is a major patient safety problem

- Data to assess the size and nature of the problem and to create the basis for monitoring the effectiveness of actions
- Patient safety gap
 Some healthcare institutions and systems control the risk to patients much better than others



Health care-associated infection: solutions to the problem

- Prevention strategies reduce infections in developed, transitional and developing countries
- Most solutions are simple and not resource-demanding
- Several health-care settings have succeeded in reducing the risk to patients, but others have not

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for PATIENT SAFETY

Health care-associated infection: solutions to the problem

- Gaps in patient safety arise because existing tools and interventions are not being implemented widely
- Gaps not only between countries, but also within the same country
... both in developed and developing countries

World Alliance for Patient Safety

FIRST GLOBAL PATIENT SAFETY CHALLENGE

To reduce
health care-associated infections
Hand hygiene as the cornerstone



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Welcome to the hospital?

- WHO statistics reveal **59.2** million full-time health care workers globally
- Over 100 million hands:
 - Caring
 - Touching
 - Treating patients every day





The First Global Patient Safety Challenge

- Clean Care is Safer Care
- A programme of the World Alliance for Patient Safety
- Acknowledges the prevention of health care associated infection as a critical patient safety issue

A roadmap

- Offers a "road map" for coordinated strategies/campaigns
- Up to date, evidence based methodologies for hand hygiene improvement - as a starting point
 - Creating a *global movement*
- Its focus is to ensure clean, safe care of patients – all of the time and everywhere

The 1st Global Patient Safety Challenge – "Clean Care is Safer Care"



- A programme of the World Alliance for Patient Safety
- Acknowledges the prevention of health care-associated infection as a critical patient safety issue

The 1st Global Patient Safety Challenge – Five integrated action areas



Hand hygiene is the entrance door



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Visual Alliance for Patient Safety

Safety in Action High 5s

Standard Operating Protocols

- Managing Concentrated Injectable Medicines
- Assuring Medication Accuracy at Transitions in Care
- Communication during Patient Care Handovers
- Performance of Correct Procedure at Correct Body Site
- Improved Hand Hygiene to Prevent Health Care-Associated Infections

Visual Alliance for Patient Safety

Improved Hand Hygiene to Prevent Health Care-Associated Infections

Improved Hand Hygiene to Prevent HealthCare-Associated Infections

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High level leadership is key for success

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Objectives of the Challenge

Stakeholder work	1. Awareness
Country pledges	2. Mobilising nations
Implementation strategies	3. Technical guidelines and tools

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1. Awareness raising - general

www.who.int/gpsc/en/

- Website
- News bulletins
- Guideline downloads
- Registration and interactive platform for test sites

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1. Awareness raising - Stakeholder support

- IFIC – urges all members to support the Challenge
- ICNA – has pledged formal support
- This will be strengthened in 2007/08

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1. Awareness raising & country pledges

- October 2005 – High profile launch of the 1st Global Patient Safety Challenge

Video

Ministerial Pledges

2. Mobilizing nations - Ministerial Pledges

I resolve to work to reduce healthcare-associated infection (HAI) through actions such as:

- Acknowledging the importance of HAI;
- Hand hygiene campaigns at national or sub-national levels;
- Sharing experiences and available surveillance data, if appropriate;
- Using WHO strategies and guidelines...

Ministerial signature

Ministerial Pledges

I resolve to work to reduce healthcare-associated infection through actions such as:

- Acknowledging the importance of health care-associated infection;
- Developing or enhancing ongoing campaigns at national or sub-national levels to promote and improve hand hygiene among health care providers;

Ministerial signature

Ministerial Pledges

- Sharing experiences and, where appropriate, available surveillance data, with the WHO World Alliance for Patient Safety;
- Considering the use of WHO strategies and guidelines to tackle health care-associated infection

Ministerial signature

Pledges 2005/06

Saudi Arabia

India

Bangladesh

Malaysia

Northern Ireland

Republic of Ireland

One year later – November 2006: more country pledges

Pledges as at November 2006

A Year of Cleaner, Safer Care, 2006

Kenya

Finland

Bhutan

Singapore

USA

Russia



Pledge Country - progress reports

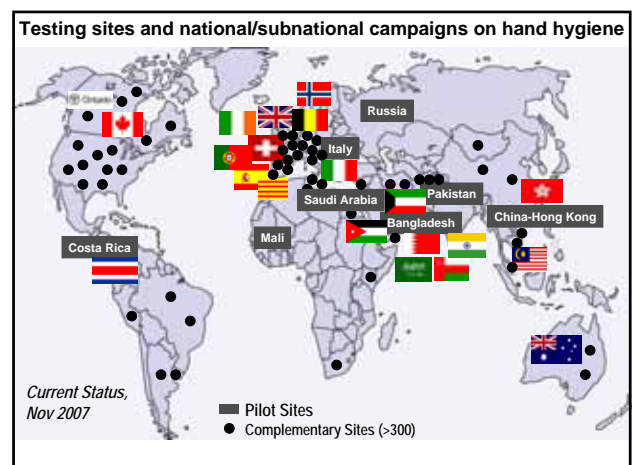
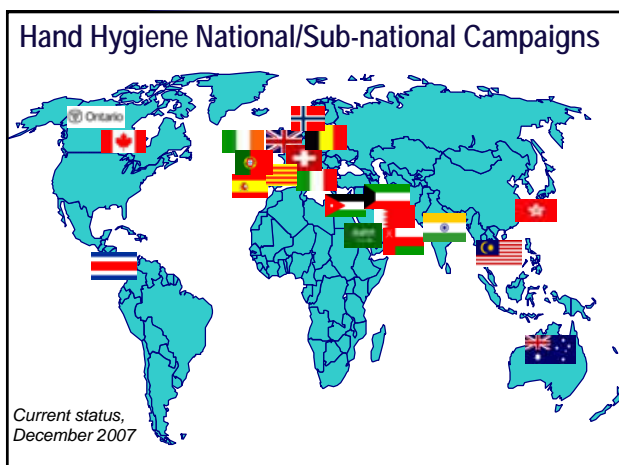
- New policy development
- Financial and human resources allocation
- National campaigning
- National guidelines
- Training programmes
- Surveillance systems
- Multimodal programmes (implementation in health-care settings)

2007: Two years later

i.e. 3/4 of the world's population will live in a country which has made a national pledge to tackle HAI

44.6% of global population live in a country which has committed to tackle HAI

29.5% live in a country which will commit to tackle HAI by the end of 2008





Preview of some of the
country campaigns

**WORLD ALLIANCE
PATIENT SAFETY**

- Adoption of alcohol-based handrub as standard of care

Handwashing with soap and water when hands are visibly dirty

Core recommendation

Solution alcoolique pour la désinfection des mains
Alcohol-based hand rub

1st Global Challenge 2003 - 2004

**Clean Care
is Safer Care**

HUGA
Hospital Under Germs Attack

As part of the World Alliance, WHO has launched the Global Challenge in collaboration with HUGA

World Alliance for Patient Safety

World Health Organization

Canada

Malaysia

Oman

Scotland

Australia

Bahrain



GLOBAL HYGIENE SURVEY - MALAYSIAN RESULTS

Which do you feel is the most effective way to prevent the spread of germs at home?

Wash hands regularly	41%
Avoid public places	30%
Avoid crowded places	25%
Wearing face mask	15%
Other	9%

Which of the following measures do you think will help protect against flu?

Wash hands regularly	35%
Avoid public places	25%
Avoid crowded places	25%
Wearing face mask	15%
Other	10%

Where do you think children are most likely to catch infection?

In the home	35%
At school	25%
On public transport	15%
Other	25%

Where do you think the most germs are within the home?

Door handles	25%
Children's toys	25%
Other	50%

When do you tend to take short cuts and not wash your hands properly?

Before eating/handling food	5%
After using the toilet	25%
After sneezing or coughing	25%
After handling animals or pets	15%
Other	30%

Clean hands a must

Poll: Most M'sians unaware that washing them prevents infection

By DHARMENDER SINGH, dhsingh@thestar.com.my

KUALA LUMPUR: Malaysians are generally clean but they are not washing their hands enough. In a Global Hygiene Survey, a third of the respondents admitted to taking short cuts by not washing their hands after going to the toilet.

Another 34% did not wash their hands before meals. The survey was funded by Reckitt Benckiser Malaysia and

It includes nine global experts in the fields of microbiology, virology, infectious disease, immunology and public health. Other countries included in the survey aimed at providing a better picture of current hygiene practices were the United States, Britain, Germany, Italy, South Africa, Saudi Arabia and India.

Some of the questions asked were on the effective way to prevent the spread of germs at home and measures to protect against influenza (see graphic).

diseases at Hospital Kuala Lumpur, said hands were the human body's main contact points for microbes but many Malaysians seemed to be unaware of this.

He said all it took for an infection to take place was a hand carrying microbes to touch the inner nose, mouth or the eye to enable them to get into the body.

"The survey revealed that only a third of Malaysians think that washing hands is an effective prevention method for infections and this, is

rying microbes can spread," he told a press conference to announce the results of the survey yesterday.

Lee said many people, when faced with outbreaks including the avian influenza and SARS, thought that wearing a mask would prevent infection, when touch was a far easier way to pick up a virus.

He said another misconception was that infections would be caught from outside the house, whereas poor cleaning habits at home could allow microbes to breed and

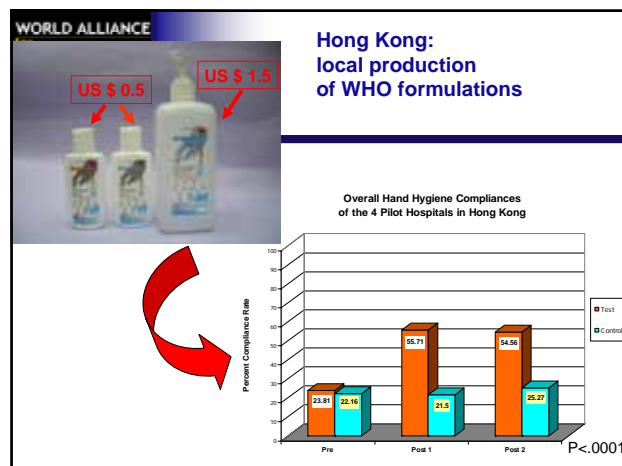
Council chairman Prof Jho Oxford said Malaysians did not feel too badly as they were placed in the middle of the scale compared with other countries in the survey.

"The main thing here is that we have identified the weak areas and now we have to begin work to increase its awareness among the people on how best to avoid infection," he said.

He said as the world face more dangerous outbreaks such as the avian influenza and SARS, proper hygiene method

Country progress: Hong Kong

A Long Journey to HH Enhancement in Public Hospitals



Country progress: Malaysia

Launch of the National Hand Hygiene Campaign
3rd to 7th September 2007

Malaysia

2006:

- Critical areas of care - 1 million bottles

2007:

- 4 million bottles

2008/2009

- Yearly allocation of 5 million bottles

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Country progress: Saudi Arabia

NATIONAL CAMPAIGN: ALCOHOL-BASED HANDRUBS IN MORE THAN 200 HOSPITALS

Ministry of Health
Saudi Arabia

THE LANCET

"This leading hospital includes the central issue of a long-term plan to increase safety which is drawing and adopting good practice and any information in doing so."

Lancet 2006; 367:1025

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Country progress: Switzerland

Compliance with hand hygiene (%)

Time Point	Compliance (%)
baseline, May 2005	54
follow-up, May 2006	68

116 hospitals

hand hygiene campaign 2005/2006

Come?

Comment?

Wie?

- **25% increase of hand hygiene compliance in 4 months**
- **17,000 infections prevented in 2006**
- **Cost savings: 60 million CHF in 2006**

born at the global level,

Emphasizing that a unique opportunity now exists to reverse the incidence of health care-associated infection in Switzerland.

A coalition to work to reduce health care-associated infection (HCAI) within

Switzerland – *how to transform a hospital into a hand hygiene excellence centre?*

World Alliance for Patient Safety

Cleaner Care is Safer Care
Le cure pulite sono cure più sicure

Italy - November 10, 2006: Launch of the National Campaign
“Le cure pulite sono cure più sicure”
Translation and adoption of the entire WHO multimodal hand hygiene improvement strategy in 143 hospitals

- 
- ## Conclusions – country campaigns
- A global movement is in progress
 - Valid data is helping to drive the process to sustainability
 - All nations running national campaigns are collecting “pre” and “post” data
 - Most nations aware of the importance of integrating *clean hands* with broader infection control and safety agendas

Regional workshops to promote Clean Care is Safer Care

SEARO

PAHO/AMRO

EMRO

AFRO

2008

3. Technical Work – The WHO Guidelines on Hand Hygiene in Health Care (*Advanced Draft*)

consultations

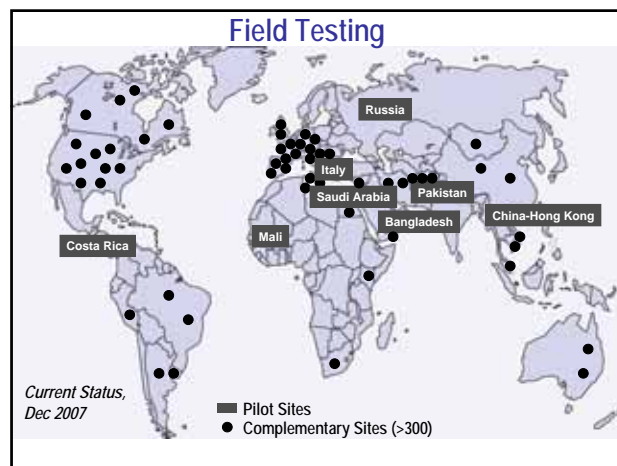
experts

sites

ed in WHO

Taskforces – working to address unresolved issues

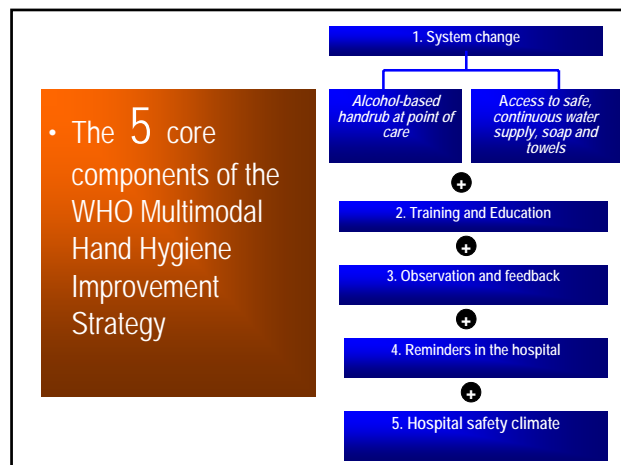
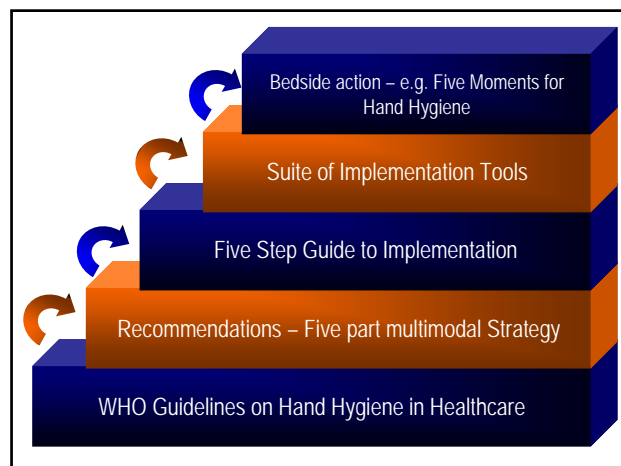
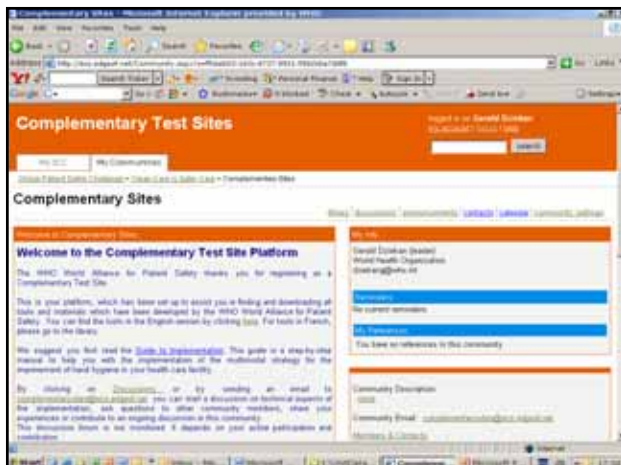
Behaviour change	Glove use & reuse	Religion & culture	Advocacy & communications
Education & training	WHO alcohol formula	Patient involvement	National Guidelines
Indicators	Water quality	Regulation & accreditation	FAQs

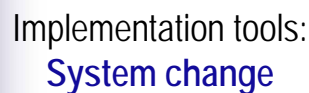



Field testing the implementation strategy of the Guidelines

- To provide local data on the resources required to carry out the recommendations
- To generate information on feasibility, validity, reliability and cost-effectiveness of the interventions
- To adapt and refine proposed implementation strategies

http://www.who.int/gpsc/country_work/pilot_testing_inform/index.html







Core recommendation

- Adoption of alcohol-based handrub as standard of care

Handwashing with soap and water when hands are visibly dirty

Solution alcoolique pour la désinfection des mains
Alcohol-based hand rub

1st Global Challenge 2005 - 2006

Clean Care is Safer Care

HUG

As part of the World Alliance, WHO has launched the Global Challenge in collaboration with HUG.

World Alliance for Patient Safety

World Health Organization





Hong Kong





Ontario





Australia









Riyadh, Saudi Arabia





England 2006





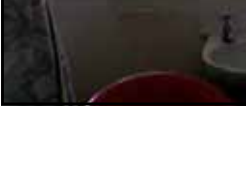


Kyrgyzstan 2006

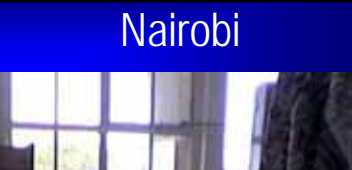






Bangkok 2007

Nairobi



Durban, South Africa



Local production: Mali 2007

- 41 public hospitals:
- 18,150 gallons per month
- More than 5 million x 100ml bottles annually.

Economies of scale

Approx. \$4 HK a bottle
(50 cents US; 25 pence)

Hong Kong 2007



Implementation tools:
Training and education



Information sheets, for health care workers, administrators, decision makers...

Implementation tools: Evaluation (observation)

ANNEX 34
OBSERVATION FORM

Country: _____ City: _____ Hospital: _____ Site ID: _____

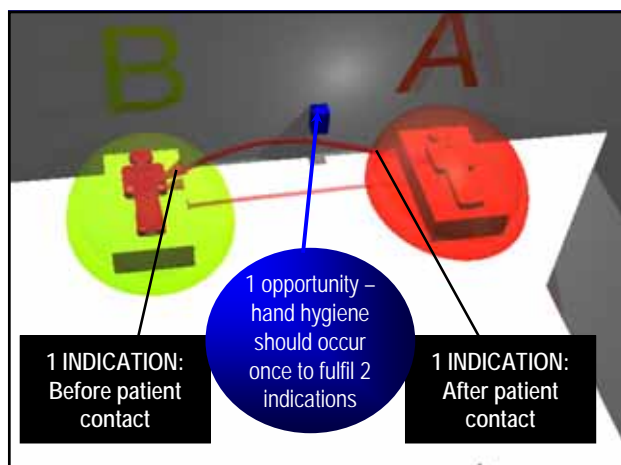
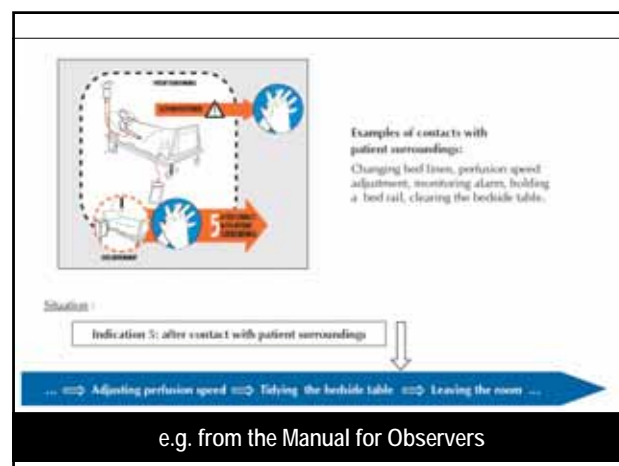
Observer (name): _____ Date: (dd-mm-yyyy) _____ Period No: _____ Department: _____

Start/End time (h-mm): _____ Season No: _____ Service name: _____

Season duration (min): _____ Form No: _____ Ward name: _____

Post-aid Code Number	Indication	Action	Post-aid Code Number	Indication	Action	Post-aid Code Number	Indication	Action	Post-aid Code Number	Indication	Action
1	bed rail	bed rail up	2	bed rail	bed rail down	3	bed rail	bed rail up	4	bed rail	bed rail down
5	bed rail	bed rail up	6	bed rail	bed rail down	7	bed rail	bed rail up	8	bed rail	bed rail down
9	bed rail	bed rail up	10	bed rail	bed rail down	11	bed rail	bed rail up	12	bed rail	bed rail down
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97	bed rail	bed rail up	98	bed rail	bed rail down	99	bed rail	bed rail up	100	bed rail	bed rail down

A standardized method for hand hygiene observation



Your 5 Moments for Hand Hygiene - making hand hygiene more reliable

- Indications should be **universally understandable** and **no longer open to interpretation**
- User centred, design approach
- Human factors engineering, cognitive behaviour science and elements of social marketing,
- Designates the moments when hand hygiene is required to effectively interrupt microbial transmission during a care sequence.

YOUR 5 MOMENTS FOR HAND HYGIENE:

1 BEFORE PATIENT CONTACT

2 AFTER CONTACT WITH PATIENT

3 BEFORE APROCEDURE

4 AFTER CONTACT WITH PATIENT SURROUNDINGS

5 AFTER CONTACT WITH PATIENT SURROUNDINGS

Proposes a unified vision for

- trainers, observers and HCWs
- to facilitate education
- minimize inter-individual variation
- increase adherence

Sax, Allegranzi, Uckay, Larson, Boyce, Pittet *Journal Hosp Infection* 2007

WORLD ALLIANCE FOR PATIENT SAFETY

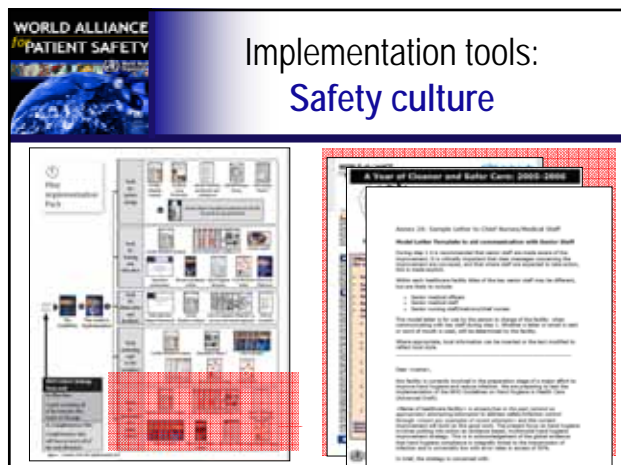
Implementation tools: Reminders

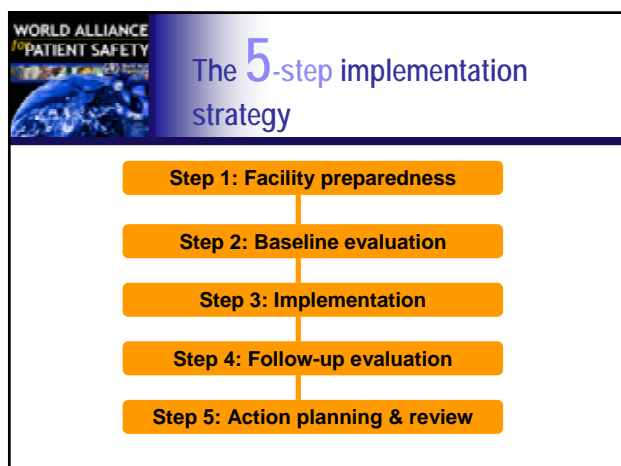
e.g. Scotland

e.g. Ontario

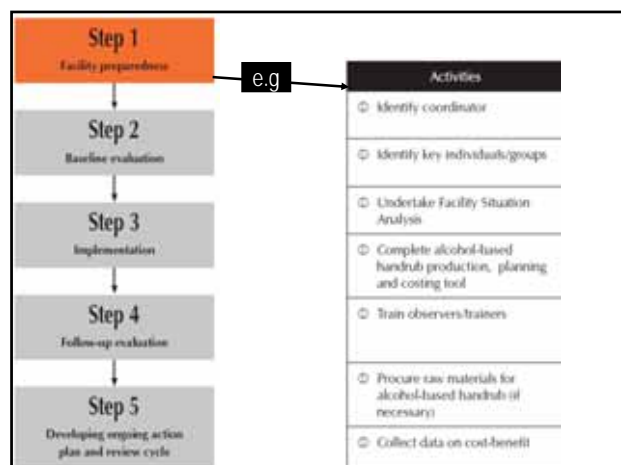
e.g. Australia

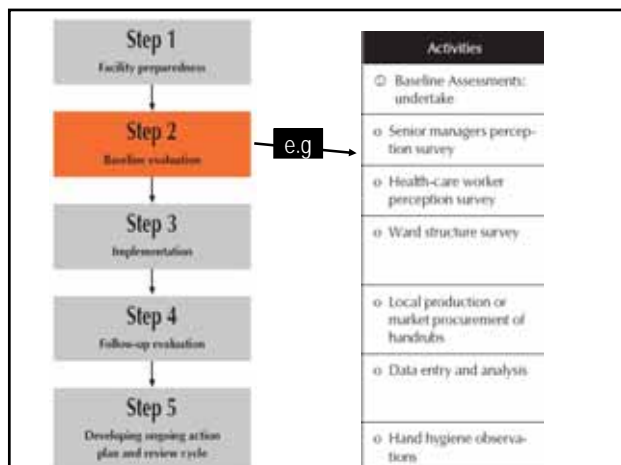
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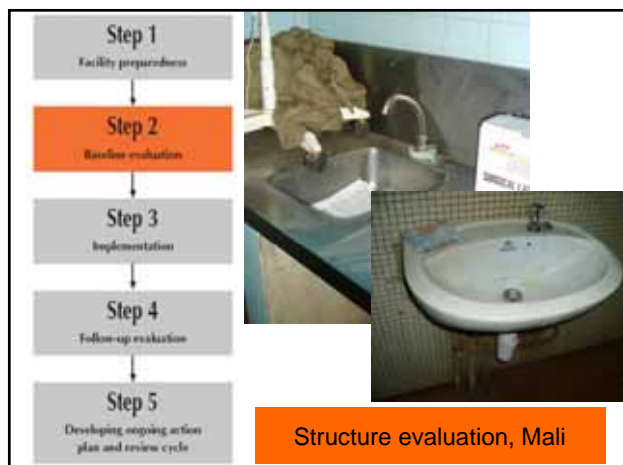




Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
Step 1: Facility Preparedness			Step 2: Baseline Evaluation			Step 3: Implementation			Step 4: Follow-up Evaluation			Step 5: Developing/Updating Action Plan and Review Cycle
Activities Identify coordinator Identify key individuals/groups Undertake Facility Situation Analysis Complete alcohol-based handrub production, planning and costing tool Undertake training on data entry and analysis			Activities Baseline assessment undertaken Survey management perception survey Health-care worker perception survey Third structure survey Local production or market procurement of handrubs Data entry and analysis			Activities Launch the strategy Feedback baseline data Distribute proper Distribute alcohol-based handrubs Educate facility staff Undertake practical training of facility staff Undertake handrub indicator tests Complete monthly monitoring of usage of products			Activities Follow-up assessment undertaken Health-care worker knowledge survey Survey executive management perception survey Health-care workers perception and campaign evaluation survey Facility Situation Analysis Data entry and analysis Hand hygiene observations Monthly monitoring of use of products			Activities Study of results carefully Feedback of follow-up data Develop a five year action plan Consider a change of the strategy Procure raw materials for alcohol-based handrubs (if necessary) Train observers/trainers Procure raw materials for alcohol-based handrubs (if necessary) Collect data on cost/benefit

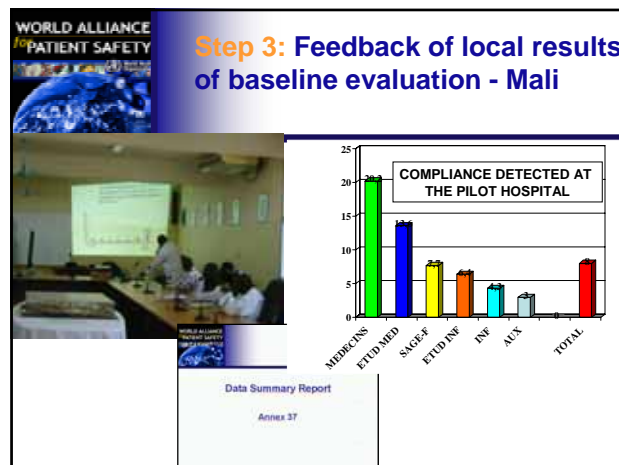
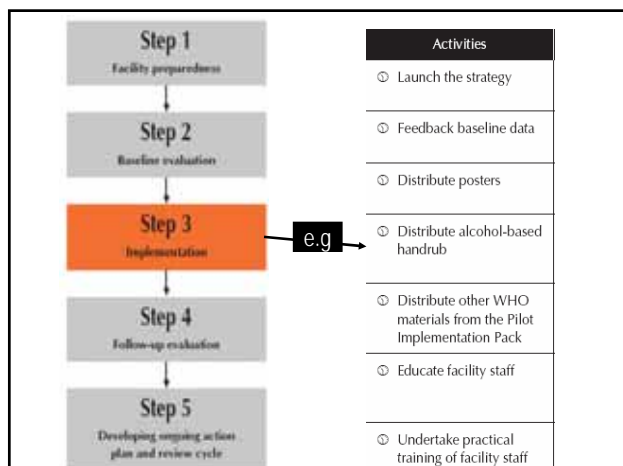


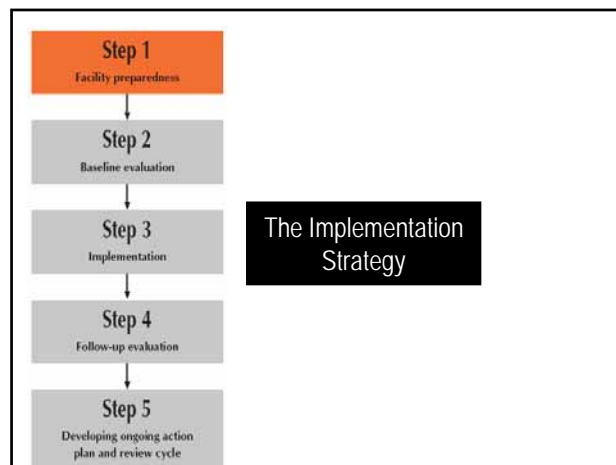
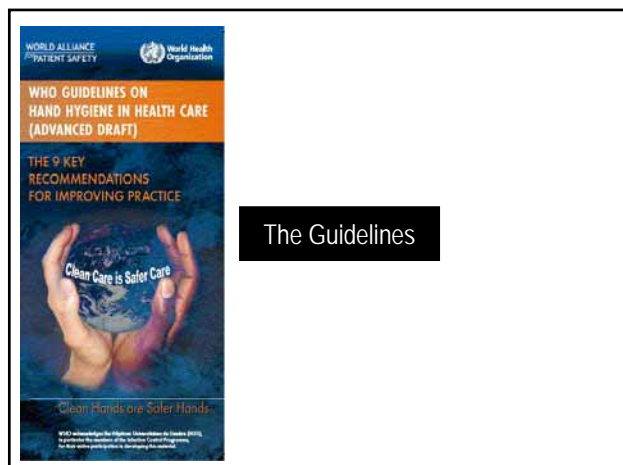
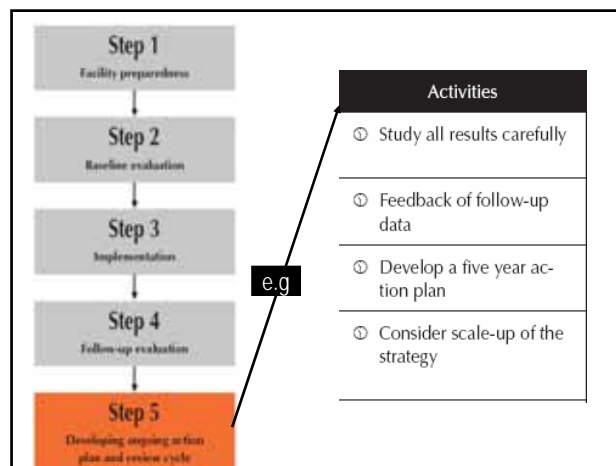
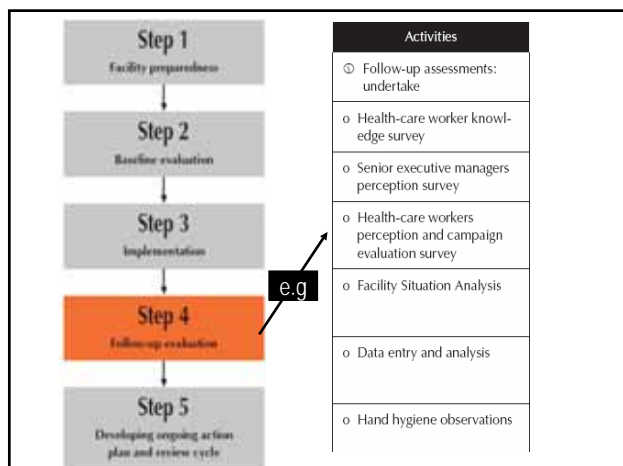
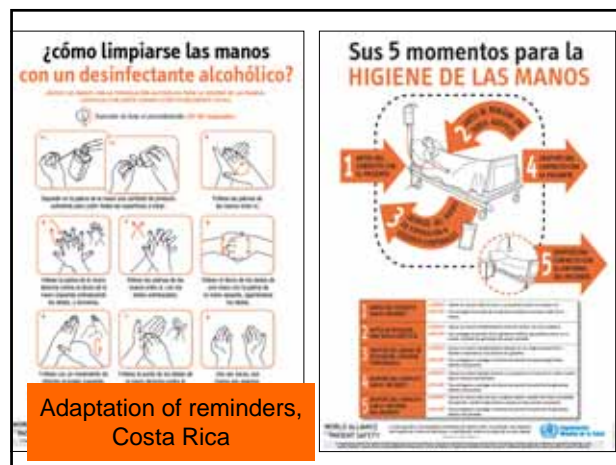
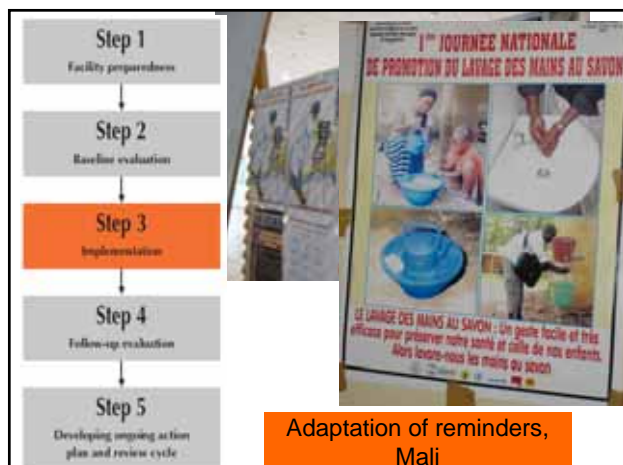


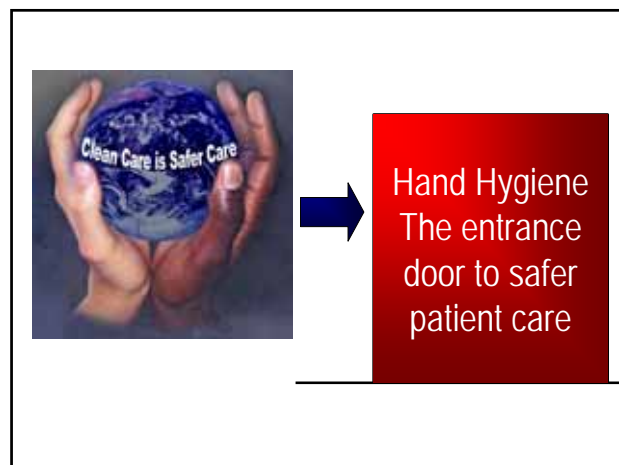
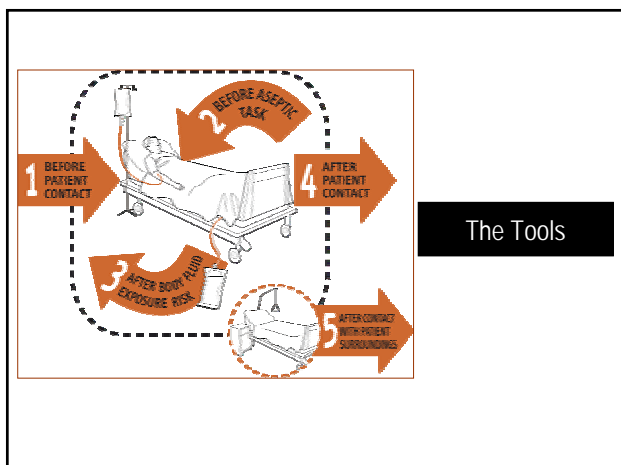


Step 2: hand hygiene structure survey – Mali pilot site

Unité	N° Lieux De Soins	N° Salles	N° Lits	N° Lavabo (salles)	N° Lavabo + Salon + Serv. (salles)	N° Autres Lieux Soins	N° Lavabo (autres lieux)	N° Lavabo Salon + Serv. (autres lieux)
CHIR B – Pav. Dolo	6	5	15	4	4	1	1	1
CHIR B – CH I	4	2	16	0	0	2	2	2
MAL INF	8	5	16	0	0	3	3	?
REANIMATION	8	4	9	0	0	4	3	0
URGENTES	3	2	10	2	0	1	0	0
CHIR A – CHIR II	4	3	16	0	0	1	1	1
CHIR A – Pv. PTET	9	7	22	5	4	2	1	1
GYNECO – OBST	6	3	9	0	0	3	2	2
NEPHRO – PRINC	12	6	10	1	0	6	4	2
NEPHRO – ANNEX	7	5	17	2	0	2	2	2
MED C	6	5	21	0	0	1	1	1
MED D	13	4	10	1	0	9	8	8
UROLOGIE	22	19	38	0	0	3	1	1







**WORLD ALLIANCE
for PATIENT SAFETY**

The way forward... scaling up, sustainability, impact

- Invite all WHO Member States to pledge
- Empower stakeholders
- Link to other Alliance streams of work
- Run additional regional workshops
- Strengthen the ongoing collaboration with other WHO departments
- Evaluate the implementation strategy testing in pilot and complementary sites

**WORLD ALLIANCE
for PATIENT SAFETY**

The way forward... scaling up, sustainability, impact

- Promote and actively encourage patient participation
- Expand current networks, in particular create a "hand hygiene club of nations"
- Active drive to share country learning with developing countries
- Create a WHO Collaborating Centre
- Evaluate the impact on patient safety
 - Estimate and monitor the burden of HAI
 - World Clean Hands Measurement Day (point prevalence)



**WORLD ALLIANCE
for PATIENT SAFETY**

The way forward... what's next ???

- Emerging en Re-emerging pathogens
 - . HIV / AIDS, Malaria, TB and Multi R TB,
 - . HBV, HCV
 - . Oncogenic viruses of public health importance
 - . Emerging viruses (SARS)
 - . Prions diseases
 - . Flu, human-flu, avian-flu pandemic preparedness
 - . Health-care associated MRSA and community MRSA
 - . Enteric pathogens and MultiR gram negatives

.....

The way forward... what's next ???

- Emerging en Re-emerging pathogens
..... *are and still will remain of critical importance for public health*

We need:

- Powerful and valid surveillance systems / Early warning syst
- International networks / Coordinated sentinel networks
- Public health involvement at the highest level
- Political support and expert endorsement on technical levels
- Coordination by high level agencies / Recognized experts

Global problems need local and global control

High level leadership is key for success

"Catch on fire with enthusiasm
and people will come for miles
to watch you burn."



John Wesley (1703 – 1791)
*quoted by Margaret Tannahil – Scottish Executive, at the
First meeting of Country Campaigning Nations, WHO
Geneva August 2007*

*It is now possible to improve
hand hygiene in your facility!
It's your duty, to protect
patients and yourself!
You can make a change!*

*Easy infection control for everyone...
Simple measures save lives!*

*Easy infection control
for everyone...*

Special thanks to:

Thank you for your attention

For further information please visit the website:
<http://www.who.int/gpsc/en/>
 and/or contact us at:
patientsafety@who.int

Any facility can become a complementary site and have access to the Pilot Implementation Pack
 by registering at:
www.who.int/gpsc/country_work/pilot_testing_info/en/index.html



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