

Call for Action - What impact is your campaign having?

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CLEAN CARE IS SAFER CARE TEAM

As CleanHandsNet enters its fourth year of operation since its launch in August 2007, the time has come to look more closely at the impact of national and sub-national hand hygiene campaigns.

Ideally, the impact of national campaigns should be measured by looking at the effect or influence of improved hand hygiene practices on the health care-associated infection (HCAI) burden. We are aware that this might prove difficult due to a paucity of national surveillance data and because hand hygiene is seldom the only intervention put in place and the results of other programmes could influence the observed results. The impact of a campaign can also be evaluated by assessing other indicators such as changes in hand hygiene practices, measured through health-care workers' compliance with the recommendations and product consumption, the number of health-care workers who have received hand hygiene training at the national level or their knowledge improvement and finally improvement of the hand hygiene infrastructure at the point of care. At the national level, the effect of a campaign can also be assessed by the issuing of new policies and the level of participation of facilities in coordinated activities. Measuring impact can be a challenge due to the long time lag between implementation and the visible effect. Measuring success indicators is also time- and resource-consuming. Despite this, measuring the impact of campaigns provides useful feedback that helps identify what actions are working, while highlighting areas that need to be improved. Impact can be measured at different stages during a campaign's life-cycle and we encourage you to consider its measurement as a valuable means of ongoing evaluation and monitoring.

The key questions could be the following:

"What is the impact of hand hygiene national...

Continued on page 2

WHO CleanHandsNet



No 5, January 2012

Have you discovered the CleanHandsNet Workspace?

SECRETARIAT

The new collaboration platform CleanHandsNet Workspace has been officially launched! CHN members have been sent an invitation to participate in the new workspace where you can have direct contact with your counterparts at the global level, participate in discussions, make announcements, share national documents related to hand hygiene and provide a link to your

national campaigns website. Additional features include a calendar with important events and a library where you can find key publications and keep up-to-date with "media monitoring", a weekly update of hand hygiene-related news from around the world. Use your invitation and join us on this new platform! We need your input to keep it alive!

Five Steps for 5 May 2012 - What's YOUR plan?

SECRETARIAT

Our call to action for 5 May 2012 is to invite health-care facilities to create a targeted action plan for sustained hand hygiene improvement, based on the results obtained from using the WHO Hand Hygiene Self-Assessment Framework.

WHO has outlined steps that facilities can undertake from now until 5 May 2012 and will provide template action plans soon:

- **January – What's YOUR Plan:** have you used the [WHO Hand Hygiene Self-Assessment Framework \(HHSAF\)](#) to know how your facility is progressing with hand hygiene improvement? If not, use it now as the focus for 5 May is on **YOUR Plans**, based on **your HHSAF results!**
- **February – What's YOUR Plan:** Have you carefully analysed your own WHO

HHSAF results? Based on these results, it's now time to plan your actions to improve and sustain hand hygiene! Use the [WHO Targeted Action Plan Templates](#) to guide YOUR plans!

- **March – What's YOUR Plan:** Have you made YOUR facility's plan? Are you discussing and engaging with other key players for success and who can help with your action plan to ensure success? Identify at least one or more actions that can be accomplished by or on 5 May 2012 to show YOUR facility's commitment to improving hand hygiene!
- **April – What's YOUR Plan:** Is your targeted plan ready for use now, is everyone engaged in supporting its success? If yes, place your Action Plan on your web pages and share the web site address on the CleanHandsNet Workspace and with savelives@who.int so it can feature on WHO web pages.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

Continued from page 1

... and sub-national campaigns on the reduction of HCAI?" Best evidence links effective and appropriate hand hygiene with alcohol-based handrubs to a reduction in HCAI, but how does this translate into everyday practice? Do the "My five moments for hand hygiene" approach and the implementation of a multimodal strategy on a large scale increase effective hand hygiene? How have the perceptions and knowledge of health-care workers changed since the introduction of your hand hygiene campaign? Do health-care workers value feedback on performance and link this to a reduction in HCAI? Do health-care workers appreciate their role as potential vehicles for the transmission of harmful pathogens?

We would like to propose a phase of sharing and discussion of the available information on this issue from campaigning countries. This is very important to ensure sustainability and continuous support to existing campaigns and to stimulate other countries to initiate. We believe that this exercise will be helpful for all of us: for you to realize your many achievements and to learn from others; for WHO to be able to further highlight the success of hand hygiene promotion in countries around the world; for others to be inspired and follow the example of successful countries.

This newsletter represents the first step in this exercise. We encourage you to share additional information and documents through the new collaboration platform CleanHandsNet Workspace and to interact with each other through comment and discussion. We also intend to perform a systematic review and prepare a scientific publication on this topic. We would like to invite you to actively participate by providing your input with your data and comments. May we warmly thank you in advance for sharing your experiences on measuring impact (including how it has been measured), any challenges/barriers encountered and how these have been overcome.

Are you ready for YOUR 5 May activities/celebrations focused on one or more selected actions from your plan?

• **May – What's YOUR Plan:** Celebrate on 5 or 7 May! Involve staff and the facility's leadership in your selected action(s) and/or report their results! If you haven't yet, issue YOUR targeted Action Plan, and progress your facility's hand hygiene improvement now, sharing your web page link featuring your plans with WHO to be featured on their pages.

We hope that you all will play a leading role in the preparation of 5 May 2012 in your country and that you will share our proposal with health-care facilities and help them to adapt it! Sharing is part of global learning. Ask them to share information about their action plans and activities on their web pages focused on hand hygiene, on or around 5 May 2012. As national coordinators, share information about your national and local activities in the CleanHandsNet Workspace. We will then feature information and the web links on the WHO web site to facilitate dissemination and

global learning.

We also ask that you, as leaders in infection control, continue to encourage health-care facilities which have not already done so, to register for WHO SAVE LIVES: Clean Your Hands. We know that there are many more in your country and in others that have still to register and this is vital if together we are going to maintain the profile of hand hygiene in health care across the globe. From NOW on, set yourself a goal of getting **new** health-care facilities to [register](#) for **SAVE LIVES: Clean Your Hands**, in your [country and to stimulate others to do the same! Several countries still have no or few facilities registered! See numbers at \[http://www.who.int/gpsc/5may/registration_update/en/index.html\]\(http://www.who.int/gpsc/5may/registration_update/en/index.html\).](#)

Be part of making this global annual campaign a true long-term success!

WHO extends a big thank you to all those who participated in the WHO Hand Hygiene Self-Assessment Framework

SECRETARIAT

The Global Survey was closed on 31 December 2011. The team is in the process of downloading, cleaning and analysing the data. Upon request, those of you who actively promoted the survey within your national campaign will be sent the database including your country facilities. The overall results displayed on the WHO web site will feature among the announcements for 5 May 2012. The team warmly thanks all those who promoted participation in this important survey and, more importantly, all participating facilities.

WHO Teleclasses in 2012

SECRETARIAT

Take advantage of the highly informative **Free WHO teleclass series on infection control**, an excellent virtual training opportunity to keep up-to-date alongside colleagues from around the globe! Thanks to Webber Training again, the 2012 teleclass series (http://www.who.int/gpsc/5may/EN_PSP_GPSC1_2012-teleclass-infectn-control.pdf) will be held monthly and will focus on emerging key topics in infection control, including the perspective from settings with limited resources.

Teleclass recordings from 2011 can still be downloaded at <http://webbertraining.com/recordingslibraryc4.php> in addition to a very rich schedule for 2012. In 2011, the WHO teleclass series gathered amazing participation, with a minimum attendance of 700 participants to a maximum of 6 000. In addition, single presentations were downloaded up to 7 800 times. The most viewed teleclasses for 2011 include:

- Hand Hygiene Education and Monitoring;

- The Importance of Worldwide Hand Hygiene Events and Activities;
- MRSA – Is Search & Destroy the Way to Go?;
- Best Practice for Cleaning, Disinfection and Sterilization in Health Care.

News from the Network - Focus on impact of national hand hygiene campaigns

Australia

Hand Hygiene Australia - 2011

This year was one of consolidation for the Australian National Hand Hygiene Initiative (NHHI). Hand hygiene compliance data has been routinely submitted to Hand Hygiene Australia by over 550 acute care hospitals, representing approximately 90-95% of all acute care beds in the public sector.

Hand hygiene compliance data continues to steadily improve across all States and Territories. Two States now routinely publicly report identifiable hospital level compliance data, with others considering this in the near future.

Major improvements in the data collection process for auditors has been facilitated by the development of an online data base (HHCApp) and a mobile web application. The use of these two applications has eliminated duplicate data entry and data entry error. A flexible suite of reports are now available as soon as the data is entered.

For the first time ever, national *Staphylococcus aureus* bloodstream infection rate data was collated and analysed as an outcome measurement as part of the NHHI. This data, and hand hygiene compliance rates are included in a recent Medical Journal Australia publication (MJA 195[10] – 21 November 2011 pp615-619) which reviews outcomes 24 months after the implementation of the NHHI. Major findings include:

- national hand hygiene compliance rates have increased significantly since the commencement of the NHHI;
- compliance rates among medical staff are significantly lower than nursing staff;
- MRSA bacteraemia rates have significantly declined since the introduction of the NHHI;
- A multimodal approach to implementing a hand hygiene programme is successful.

As the challenge to educate all health-care workers continues, new online education packages have been developed for medical, nursing, allied health and non clinical staff. HHA are

working with a nursing university to pilot an undergraduate education package on the 5 Moments for Hand Hygiene. Also, in an exciting development, HHA is now working with the Royal Australasian College of Surgeons to develop an education package for surgical trainee applicants. All surgical trainee applicants will be required to undertake this programme as part of their application process.

In November 2011, Hand Hygiene Australia and Austin Health were awarded the World Health Organization (WHO) “Centre of Hand Hygiene Excellence” award. The award was presented to Professor Lindsay Grayson by Professor Didier Pittet, External Lead, WHO First Global Patient Safety Challenge, during a special ceremony at Austin hospital.

This award sees Hand Hygiene Australia become one of four centres to be honoured worldwide. The award not only recognises the ground breaking and national leadership work done by Hand Hygiene Australia but also the Australian Commission on Safety and Quality in Health Care in implementing the National Hand Hygiene Initiative.

Hand Hygiene Australia would like to acknowledge the hard work of all those involved in the NHHI in hospitals across Australia. Participation in the NHHI requires leadership, collaboration, education, data collection, collation analysis and feedback. The dedication of all those involved in infection prevention contributed significantly to the success of the NHHI.

Many challenges lie ahead for the NHHI. One of the future focuses is the primary care settings and long- term care facilities. These areas require clear direction and leadership for hand hygiene programme, and HHA are privileged to be assisting WHO in the development of hand hygiene guidelines for these settings.



Presenting the Centre of Hand Hygiene Excellence to the members of the HHA National Team
 Professor Paul Johnson (Austin Health), Sally Havers (HHA), Phil Russo (National Program Manager HHA) Professor Didier Pittet, (Lead, WHO First Global Patient Safety Challenge, University of Geneva Hospitals), Kaye Bellis (HHA), Kate Ryan (HHA) Kel Heard (HHA) Professor Lindsay Grayson (Director HHA). Absent: Rob Fletcher (WA), Wendy Peacock (SA), Fiona Wilson (TAS) and Jennifer Gillott (NSW)

Belgium

Four multifaceted country-wide campaigns to promote hand hygiene in Belgian hospitals

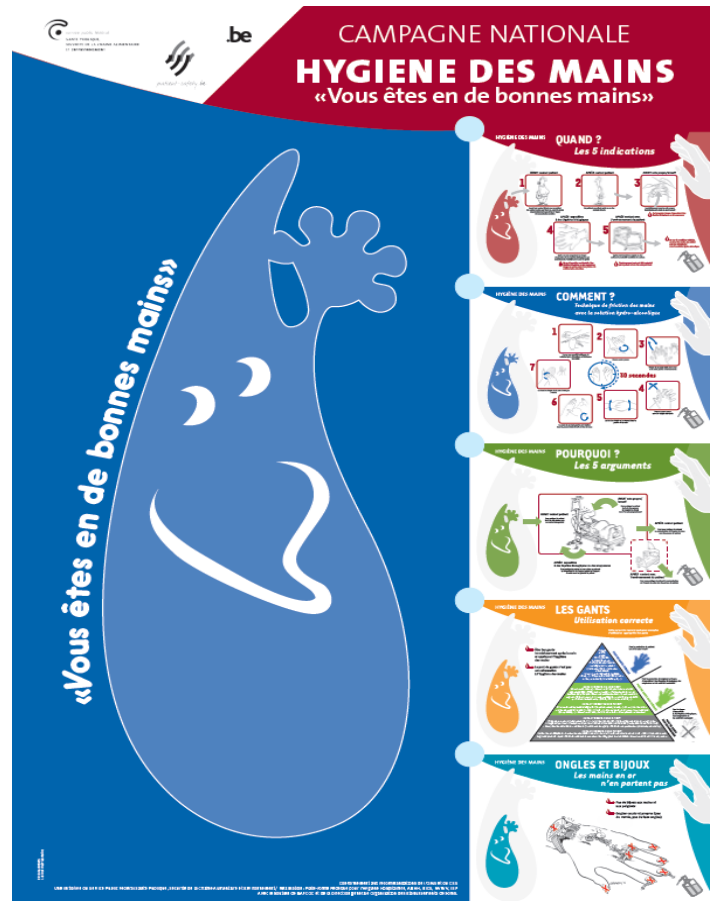
The Federal Platform for Infection Control (FPIC), with the support of the Belgian Antibiotic Policy Coordination Committee (BAPCOC), was able to procure funding (125 000 Euros per campaign) from the Belgian federal government for campaigns to improve hand hygiene compliance in Belgian hospitals. A multidisciplinary working group organized four countrywide multifaceted campaigns in 2005, 2006-07, 2008-09, and 2010-11, respectively.

The campaigns combined reminders on the work floor, education sessions for health-care workers, promotion of alcohol-based handrubs, patient awareness, and audits with performance feedback (all campaign materials are available at www.handhygienedesmains.be). The infection control teams of the participating hospitals displayed or distributed the campaign materials and organized educational sessions during the one month intervention periods. Before and after the intervention periods they measured hand hygiene compliance of health-care workers by direct observation using a standardized observation roster. The opportunities for and actual hand hygiene actions were recorded by distinguishing handrubbing and handwashing and stratified by indication according to the WHO five moments and by professional category (nurses, nursing assistants, physicians, physiotherapists, others).

Almost all acute care hospitals and about two thirds of chronic care and psychiatric hospitals voluntarily participated in the hand hygiene campaigns. The hand hygiene compliance percentage increase was 19%, 16%, 11% and 10% during the first, second, third, and fourth campaign, respectively. Although compliance before starting a new annual phase of the campaign was lower each time than after the previous one, a steady increase in compliance rates before the campaign over time of 13% was observed. After the campaign, compliance rates seem to stabilize around 70%.

Increased compliance was observed in acute care, chronic care and psychiatric hospitals as well as in all types of hospital units, with the highest rates in paediatric units. Although compliance improvement was observed in all types of health-care workers, it was markedly lower among physicians than nurses. Compliance increased for all hand hygiene indications although it was much higher (often +20%) after patient contact and body fluid exposure risk than before patient contact and aseptic tasks.

We conclude that countrywide campaigns to promote hand hygiene are feasible and have positive short-term and long-term results when they are repeated regularly.



Canada

Canada's innovative approach to promoting effective hand hygiene

About 220 000 people are afflicted with health care-associated infections in Canada every year. Eight to twelve thousand of those individuals acquiring health care-associated infections will die. Canada's Hand Hygiene Challenge, [STOP! Clean Your Hands](#), is helping health-care providers and patients improve hand hygiene practices and compliance. Canada's Hand Hygiene Challenge was developed by the [Canadian Patient Safety Institute](#) and infection prevention and control initiatives are provided through its flagship programme, [Safer Healthcare Now!](#) Below is a historical overview of our Canadian Hand Hygiene Challenge and a snapshot of current tools, resources and supports available to help achieve optimal hand hygiene practice in Canada.

Canada's Hand Hygiene Challenge, launched in 2007, has over 400 enrollees representing all Canadian provinces and territories. Initial activity within the campaign focused on train-the-trainer sessions, which were used to promote hand hygiene practices and teach organizations how to conduct hand hygiene audits.

Following the train-the-trainer sessions, ongoing auditing support has been available to organizations through training tools and auditing resources. Over the past few years, Canada's Hand Hygiene Challenge has evolved to include a number of tools, resources and educational initiatives which are available to promote optimal hand hygiene practices, including a [Patient and Family Hand Hygiene Guide](#) that is available to download.

In conjunction with the second annual STOP! Clean Your Hands Day on 5 May 2011, the World Health Organization (WHO) [Hand Hygiene Self-Assessment](#) tool was adapted for Canadian health-care settings. This online assessment allows organizations to reflect on existing resources and achievements and focus on future plans and challenges by identifying key issues requiring attention and improvement.

An online hand hygiene educational module is available at www.handhygiene.ca to help health-care workers and volunteers improve hand hygiene. The e-learning module is a fun and interpretative way to learn, providing education on proper hand hygiene techniques, including the four moments of hand hygiene. The free online module includes a quiz, takes only 15 minutes to complete and provides a certificate upon successful completion. The module's advanced features can provide usage reports, customization and create incentives for employees to participate. Organizations are using the advanced features to access usage reports quickly and efficiently that help identify education compliance issues, skill gaps, and provide the data needed to meet Accreditation Canada's required organizational practices (ROP) tests for compliance.

Dr Michael Gardam, Intervention Lead for the *Safer Healthcare Now!* [Infection Prevention and Control intervention](#) and Medical Director of Infection Prevention and Control at the University Health Network in Toronto, Canada, is pioneering an innovative approach to prevent health care-associated infections. The [STOP Infections Now Collaborative](#) combines behavioural change techniques, including liberating structures and positive deviance, with the model for improvement in a traditional 18-month Collaborative. The aim of the Collaborative is to help acute and long-term care institutions to improve compliance with evidence-based strategies to reduce health care-associated infections, including hand hygiene, environmental cleaning, and surveillance. Teams participating in the STOP Infections Now Collaborative are using the various infection prevention and control measures to monitor their progress over the course of the Collaborative, including the WHO Hand Hygiene assessment tool for pre- and post-analysis of their hand hygiene practices.

"We all know the things that work to control infections – clean

hands, a clean environment, appropriate antibiotic use – we just don't do those things well," says Dr Gardam. "Empowering the frontline to come up with their own ideas helps to influence behaviours downstream and you end up with solutions that work. With liberating structures, teams are also encouraged to develop measures that are meaningful to them."

Safer Healthcare Now! recently introduced four process [measures to monitor hand hygiene compliance](#). These include the volume of alcohol-based handrub used for the area being monitored; the volume of hand hygiene soap used for the area being monitored; the percentage of appropriate hand hygiene practice by health-care workers; and the percentage of hand hygiene products available at bed spaces or patient areas being monitored. Teams enter data online through a Patient Safety Metrics system to track and compare their progress.

A video competition held in conjunction with [Canada's Forum on Patient Safety and Quality Improvement](#), profiled 14 [hand hygiene videos](#) produced by health-care organizations as a creative way of promoting and demonstrating effective hand hygiene. Videos submitted for the competition were viewed over 2900 times on Facebook and 550 times on YouTube!

The [Hand Hygiene Toolkit](#) and [Hand Hygiene Human Factors Toolkit](#) are available to support health-care organizations to improve hand hygiene practices and assessment. A Getting Started Kit is also being developed that will focus on hand hygiene topics, data collection and analytical tools. The STOP Infections Now Getting Started Kit will be available in early 2012. The Canadian Patient Safety Institute is also developing strategies for Canadian health-care organizations to join the WHO Global Hand Hygiene event on 5 May 2012.

Good health-care starts with good communication and Canada's innovative strategies are making great strides in promoting effective hand hygiene. For more information, visit www.handhygiene.ca.



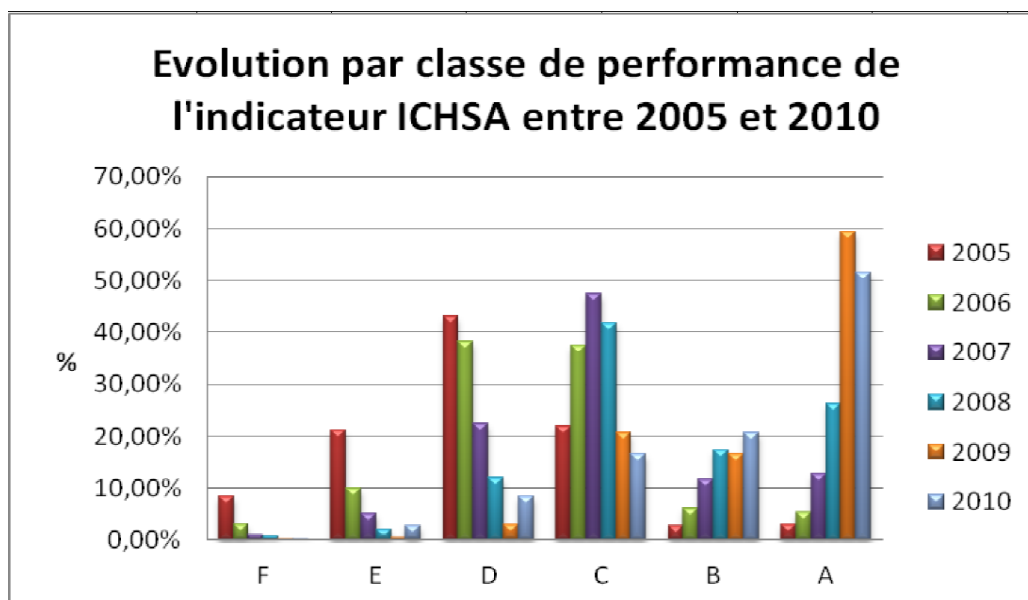
France

En France, la lutte contre les infections nosocomiales (IN) est une priorité nationale depuis 1992. L'organisation du dispositif repose sur un pilotage et un programme nationaux, une expertise mobilisable et un dispositif d'appui, de surveillance et de signalement structurés à tous les échelons (national, interrégional, régional et local). Au niveau local, l'expertise repose sur une équipe de professionnels dédiés dans les établissements de santé. Les recommandations nationales préconisent, depuis 2001, l'utilisation des produits hydro-alcooliques (PHA) en remplacement du lavage des mains lors des soins. Dès 2005, l'utilisation de ces produits a fait l'objet d'un indicateur national, « ICSHA » (indicateur de consommation de PHA). Il est présenté sous la forme d'un pourcentage (%) et d'une classe de

performance A (la meilleure) à F (la moins bonne) en fonction d'objectifs personnalisés définis selon le type d'activité des établissements de santé et le nombre de frictions recommandées pour chacune de ces activités par jour et par patient.

Entre 2005 et 2009, le pourcentage d'établissements situés en classe A ou B pour cet indicateur est passé de 6% à 75,5%. En 2010, ICSHA est marqué par une double évolution, d'une part l'augmentation du niveau d'exigence en termes de nombre de frictions par jour, par patient et par activité et, d'autre part, une modification du calcul des classes de performance. Malgré ces changements et l'épidémie de grippe de l'hiver 2009 (qui explique la forte augmentation d'ICSHA cette même année), le pourcentage d'établissements en classes de performance A ou B reste élevé, à hauteur de 72,2% en 2010 (graphique 1).

Graphique 1 : Evolution par classe de performance de l'indicateur ICSHA entre 2005 et 2010



Journée mondiale d'hygiène des mains : une dynamique qui se pérennise.

Pour impulser une meilleure observance de l'hygiène des mains lors des soins, le ministère chargé de la santé français a incité les établissements de santé à réaliser des audits et à participer à la journée mondiale de l'hygiène des mains du 5 mai. A ce jour, la France reste l'un des plus gros contributeurs à la campagne mondiale de l'OMS, avec quelque 2 500 structures participantes en 2011.

L'année 2011 a été marquée par :

- une ouverture vers la médecine de ville, au travers d'une

mobilisation des ordres nationaux des professionnels de santé et des officines de ville ;

- l'ajout d'un autre thème national, « les gants ce n'est pas tout le temps, c'est seulement au bon moment », pour renforcer la sensibilisation des professionnels de santé au bon port des gants lors des actes qui le nécessitent.

http://www.sante.gouv.fr/IMG/pdf/Flyer_port_gants_pro_A5_2011.pdf

Cette année, 563 structures ont répondu à l'évaluation nationale de la journée « Hygiène des mains ». Cette évaluation a montré

une volonté et un engagement fort des professionnels de santé, des représentants des usagers et des usagers eux-mêmes dans la lutte contre les infections nosocomiales.

Le bilan a permis :

- d'identifier les activités réalisées lors de la journée du 5 mai, notamment le prélèvement microbiologique de contrôle avant et après une hygiène des mains, ainsi que les animations réalisées au niveau du hall d'accueil des établissements (graphique 2), qui ont été les deux activités dominantes de cette journée ;

- de montrer une importante appropriation de la campagne « Hygiène des mains » par les structures de soins proposant elles-mêmes leurs propres outils de communication (401 initiatives), dont des actions événementielles originales – par exemple sous forme de clip - partagées sur le site du ministère.

Quelques exemples :

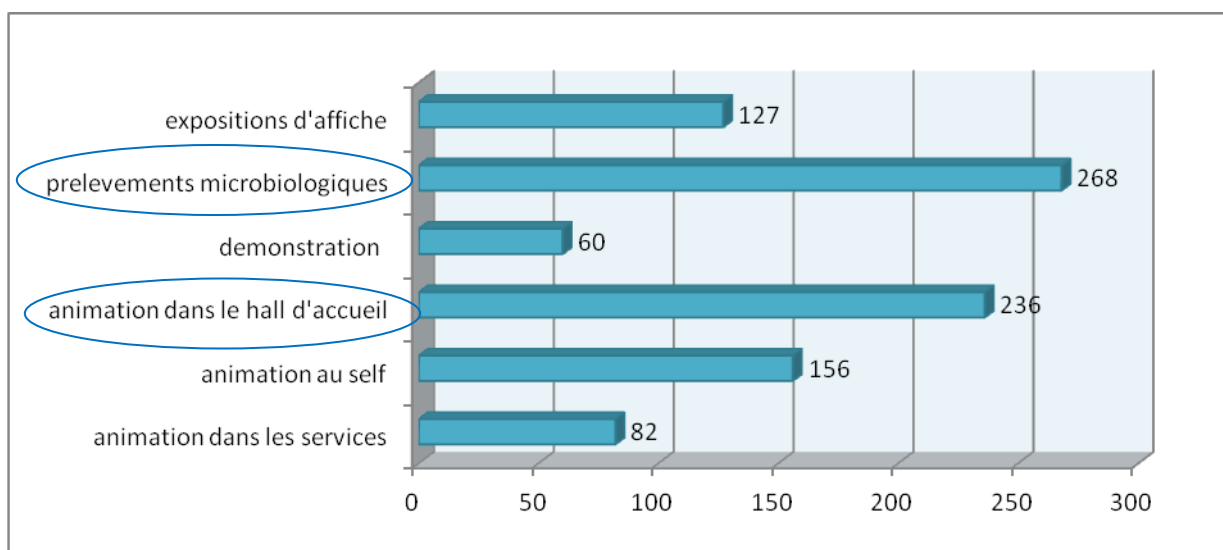
[http://www.ch-](http://www.ch-rgenteuil.com/enveloppe_video/video03/clip_eoha.html)

[rgenteuil.com/enveloppe_video/video03/clip_eoha.html](http://www.ch-rgenteuil.com/enveloppe_video/video03/clip_eoha.html)

http://www.dailymotion.com/video/x94f8p_mission-mains-propres-sacha-et-les_news#from=embed

<http://vimeo.com/2467581>

Graphique 2 : Activités complémentaires réalisées dans les établissements de santé



Perspectives 2012

En cohérence avec le domaine d'action « Les patients pour la sécurité des patients » de l'OMS, la sécurité des soins est un objectif stratégique pour l'ensemble des acteurs du système de santé en France. C'est la raison pour laquelle le ministère de la santé agit pour que chacun, professionnel et usager, prenne mieux conscience de son rôle dans le domaine de la sécurité des soins. Dans cette optique, la semaine de la sécurité des patients, campagne annuelle de sensibilisation, a été lancée : la première édition a eu lieu du 21 au 25 novembre 2011, sur le thème

« Engageons-nous pour des soins plus sûrs ». Cette campagne, qui a connu un grand succès auprès des publics visés, crée une dynamique associant patients et professionnels, pour une meilleure communication autour des soins et de leur sécurité.

<http://www.sante.gouv.fr/semaine-de-la-securite-des-patients-du-21-au-25-novembre-2011-engageons-nous-pour-des-soins-plus-surs.html>

La projection 2012 de cette semaine de la sécurité des patients pourrait prendre en compte les démarches actives autour du thème de l'hygiène des mains.

Germany

“AKTION Saubere Hände”

Germany started a national campaign to improve hand hygiene (HH) compliance on 1 January 2008. The campaign, “AKTION Saubere Hände,” is funded by the German Ministry of Health for six years and was initiated by the National Reference Centre for

the Surveillance of Nosocomial Infections, the Society for Quality Management in Health Care and the German Coalition for Patient Safety. The campaign is designed as a multimodal campaign based on the WHO implementation strategy. By the end of 2011, over 900 health-care institutions were actively participating in the campaign, among which are hospitals, rehabilitation clinics, long-

term care facilities and outpatient care settings. Voluntarily participating hospitals have to implement the following measures: active support by hospital administrators of local campaign implementation, participation in a one-day introductory course, education of health care workers at least once a year, measurement of alcohol-based handrub utilization and feedback on resulting data, implementation of the WHO "My 5 Moments for Hand Hygiene" model, increase in handrub availability, participation in national hand hygiene day and participation in national campaign network workshops. Observations to measure hand hygiene compliance are voluntary.

Measurement of alcohol-based handrub consumption

The German HH campaign established an alcohol based handrub (AHR) surveillance system as an additional component in the existing national nosocomial infection surveillance system, KISS (Krankenhaus-Infektions-Surveillance-System). Hospitals participating in the national campaign determine AHR consumption on a mandatory basis. AHR consumption is recorded at the individual unit level. Data are stratified according to the status of the unit as ICUs and non-ICUs. Data are also stratified by the following specialties: medical, surgical, interdisciplinary, other conservative specialties, other surgical specialties, pediatrics and neonatology. The following data are required annually per unit:

AHR consumption in millilitre (ml), annual number of patient days, unit type and specialty. Using a web-based data entry tool, data are collected and analyzed in the KISS data centre. Hospitals and units receive their individual data, together with the distribution of data of all participating institutions.

362 hospitals provided AHR consumption data from 3 882 units in 2009. Overall, the median AHR consumption in 2009 in 543 ICUs was 83 ml/PD, with a range of 43 to 141 ml/PD between the 10th and the 90th percentile. The median AHR consumption in 3 339 non-ICUs was 18 ml/PD with a range of 10 to 38 ml/PD between the 10th and the 90th percentile. 129 hospitals provided AHR consumption data consecutively for 2007, 2008 and 2009. Overall, there was a median increase of 30.7% of AHR consumption within two years of campaign.

Consumption is determined as purchased amount per year and unit which poses some limitations to the AHR consumption data set. First of all, there might be a participation bias given that the programme is voluntary (may provide a higher estimate of the consumption in the entire population). Second, it is impossible to determine the amount of AHR used for inappropriate opportunities (e.g., given to patient and relatives, inappropriately used for small surface disinfection, unnecessary health-care worker hand hygiene actions).

Compliance observation

The German HH campaign recommends their participants to use direct compliance observation at least in areas of high risk such as ICUs. The campaign provides a defined observation method based on the WHO 5 moments model and a standardized observation tool. A minimum of 200 hand hygiene opportunities (HHO) per unit and 20 HHOs per indication and observation period have to be observed in order to be analyzed. Observations have to be carried out at baseline, after intervention and as a long-term measurement at least once a year. All data are entered and analyzed by the campaign team and results are fed back to the hospitals. Data are stratified by ICU versus non-ICU, by type of unit, by indication, by HCW type and by observation period. Observers are trained by the campaign at least once and educational material is freely accessible on the campaign website. Overall, 180 out of over 700 hospitals have performed observation studies. Overall, there was a baseline compliance of 60.9% in 163 German hospitals. After intervention in 62 hospitals with 189 units, there was a compliance increase of 11.4%. At our yearly network meetings we present patient care sequences to infections control professionals in order to determine inter rater reliability. In 2009 and 2010 inter rater reliability ranged from 30% to 65% depending on the patient care sequence presented. Therefore compliance observation data are not used for inter hospital benchmarking but as a follow-up measurement to quantify intervention effects.

Alcohol-based handrub availability

AHR has been used as HH agent in Germany for many years. AHR dispensers have been traditionally located at the door inside a patient room, in the hallway at the entrance to a patient room and attached to sinks in patient room or patient bathrooms. There was therefore almost no AHR available at the point of care (next to the patient). The German campaign established a minimum standard for AHR availability: one dispenser per patient bed in ICUs and one dispenser for every two patient beds in non-ICUs (preferably between the two beds). Participating hospitals have to determine their AHR availability per unit based on the campaign definition in their first year and in their second year in order to measure improvement. Only dispensers inside the patient room are counted. Initial data analysis shows an increase of AHR availability from 86.8% to over 100% in ICUs and from 63.6% to 91.3% in non-ICUs. Pocket sized AHR bottles were not widely used in Germany before the campaign. The "AKTION Saubere Hände" recommends the use of pocket-sized AHR bottles especially in areas where wall-mounted dispensers are difficult to place (e.g. psychiatric units, paediatric units etc). The use of pocket-size bottles increased from 17% to 28% of ICUs and from 25% to 34% of non-ICUs.

Sénégal

Campagne nationale pour la promotion de l'hygiène des mains dans les établissements de santé au Sénégal

Au Sénégal, toutes les recommandations du comité national (PRONALIN) de contrôle des infections associées aux soins (IAS) ont été traduites sous la forme d'une feuille de route. Celle-ci a été proposée à tous les établissements de santé, en vue de la mise en place concrète de mesures administratives et organisationnelles destinées à permettre le démarrage effectif, mais aussi la pérennisation des activités techniques. Ces activités techniques reposent sur des processus basiques parmi lesquels l'hygiène des mains figure comme la première priorité.

Du 10 octobre 2011 au 10 janvier 2012, une tournée de supervision formative effectuée dans une centaine d'établissements de soins du pays, a permis de faire le point sur l'état d'exécution de la feuille de route.

Pour le moment, les impacts objectifs se situent essentiellement au niveau des indicateurs de structures et commencent seulement à toucher les processus techniques. Le cadre institutionnel est présent dans 76% des établissements mais il est rarement conforme aux recommandations. Dans 55,5% des cas un coordinateur et un adjoint en charge du contrôle des IAS ont été ou sont en train d'être nommés. La situation des activités liées à l'hygiène des mains est représentée dans la table ci-dessous.

Hygiène des mains

Indicateurs (processus)	%
Aucune activité préparatoire	74,18
Activités partiellement réalisée	25,82
Activités complètement réalisée	0,00

Ces résultats ont surtout révélé l'importance des supervisions formatives : Les non-conformités ont été très nombreuses (taux de conformité toujours < 10%) et ont pu être corrigées, d'autre part même les structures non-fonctionnelles ont pu être mises à niveau sur les activités à mener.

Toutes les corrections effectuées ainsi que le niveau de performance atteint alors qu'il ne s'agissait que de la première évaluation de la feuille de route, permettent de penser que ce niveau sera considérablement rehaussé à l'occasion de la prochaine supervision formative prévue au deuxième trimestre de 2012.

Perspectives

Pour les groupes de travail mis en place ou devant être mis en

place, il est attendu la démarche suivante :

- analyse situationnelle en utilisant le modèle de l'OMS pour l'auto-évaluation de la promotion et des pratiques d'hygiène des mains dans les établissements de santé ;
- proposition d'un plan d'action basé sur les résultats de l'analyse situationnelle ;
- mise en œuvre et suivi du plan d'action après validation par le coordonnateur.

Il faut signaler que 18 hôpitaux et certains centres de santé très engagés ont déjà procédé à l'auto-évaluation et qu'un hôpital, site pilote du programme APPS (African Partnerships for Patient Safety - Partenariats africains pour la Sécurité des Patients) de l'OMS a débuté la mise en œuvre des activités qui entrent dans le cadre de son plan d'action.



Le Ministre de la Santé remettant une affiche géante de sensibilisation sur l'hygiène des mains.

Les difficultés à prévoir résident essentiellement au niveau de la disponibilité en quantité suffisante du produit hydro-alcoolique et de la formation de tous les personnels de première ligne, malgré quelques mesures d'accompagnement prises au niveau national :

- activités de formation des cadres prévues par le PRONALIN au premier semestre 2012 dans la limite des ressources disponibles ;
- engagement personnel de Monsieur le Ministre chargé de la santé traduit par des activités de terrain et des recommandations officielles.

Conclusions

Si l'année 2011 a été l'année de démarrage concret, 2012 devrait marquer la poursuite et la généralisation des activités de promotion de la pratique de l'hygiène des mains dans la plupart des établissements sanitaires du Sénégal, surtout si les problèmes de formation et de disponibilité du produit hydro-alcoolique ne bloquent pas les plans d'action par manque ou insuffisance de ressources financières.

Spain

Spain pledged its support to the First Global Patient Safety Challenge in 2006, although specific funds for the implementation of hand hygiene (HH) improvement actions have been provided to the 18 Health Regions (HR) since 2005 by the Ministry of Health, Social Policy and Equity through the patient safety strategy. The design and implementation of the different activities was initially carried out regionally, mostly focused on system change, training and education. In 2008, a coordination mechanism at national level was considered to be advisable in order to strengthen the programme, to share initiatives, to optimize resources and to set homogeneous evaluation tools. A Coordination Team was created with representatives of all HR under the leadership of the Quality Agency of the National Health System (NHS). Its members are technical experts with an institutional support from their Regional Health-care Services. The team first met in December 2008, suggesting a specific NHS HH Programme oriented to improving HH among professionals and patients. This team put forward the following specific objectives: 1. to agree on common activities; 2. to improve health-care workers' HH information and training; 3. to select basic indicators for evaluation.

In 2009, a baseline data collection was carried out in all HR. 66% of the NHS hospitals reported on their HH improvement activities.

99% had carried out some actions such as information and reminders (85%), training (71%) and feedback (48%). 71% had performed a baseline evaluation, 55% had evaluated the implementation impact and only 40% were carrying out follow-up evaluations. Less than 20% were actually following the WHO multimodal strategy. It was clear that one of the main objectives was to make the multimodal strategy much more known and implemented. For this purpose, a network process of trainers' training was put into action and its impact is currently being evaluated.

The coordination team embarked upon the definition of basic indicators - based on WHO recommendations - which could provide feasible and useful information for the programme follow-up and planning at NHS level. A first pilot data collection was performed in 2010 and a second one in 2011 after some readjustments. The results are shown in the table below.

If we compare the information obtained for 2009 and 2010, we can see that data collection is improving: the number of Regional Health Services providing information has increased for 7 indicators and when the number of HR sending data remains the same, the denominator is higher.

All indicators have improved, except ABHR consumption. High variability in this indicator has been found among the different HR and we suspect that the data collection is heterogeneous and

	No. HR participating		Denominator		Result	
	2009	2010	2009	2010	2009	2010
Basic indicators						
1. % beds with ABHR available in the room	13	17	26,359 beds	84,350 beds	50.73%	63.78%
2. % ICU beds with ABHR available at point of care	14	17	1,328 UCI beds	4,202 UCI beds	80.80%	90.43%
3. % PHCC with ABHR available for home care	9	15	1,354 Primary HC centers	1,947 PHCC	60.04%	63.43%
4. % hospitals with HH training activities	16	18	278 hospitals	320 hospitals	73.02 %	81.25%
5. % PHCC with training activities	12	15	No aggregate	1,794 PHCC	-----	61.87%
6. ABHR consumption*	14	14	7,529,628 patient-days	11,843,414 patient-days	15.21 ml per patient-day	14.90 ml per patient-day
Optional indicators						
7. % beds with ABHR available at point of care	12	12	28,238 beds	60,719 beds	26.47%	52.58%
8. % hospitals evaluating compliance through direct 5M observation	9	13	237 hospitals	196 hospitals	41,35%	69,39%
9. % hospitals having used auto-evaluation framework**	-	10	-----	256 hospitals	-----	45,31%
10. % hospitals with specific training on 5M	13	15	224 hospitals	301 hospitals	57,58%	69,76%

*litres supplied **introduced in 2010

should be refined. Since the calculation is made upon product supply, 2009 results may also have been biased by the influenza pandemic.

An important finding is the remarkable improvement of indicator 7 (% beds with ABHR available at point of care) and the excellent situation of indicator 2 (% ICU beds with ABHR available at point of care).

It is worth mentioning the important effort that Primary Healthcare Services are investing in HH improvement (indicators 3 and 5).

We still have to refine the data collection process in order to reduce variability. We would also like to introduce some indicators of infection at NHS level.



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Patient Safety

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