



First Global Patient Safety Challenge

Clean Care is Safer Care

Country Campaigning Meeting:
29-30th August 2007

Briefing Paper

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"At some point I realised that even where resources may be limited, the acceptance of the concepts and a collective will to implement one step at a time, can see some dramatic transformations"

(Ms S Ganguly, formerly Sanitation and Hygiene Coordinator, UNICEF, India, 2006)

SECTION A: BACKGROUND

1. The World Alliance for Patient Safety:

- The World Alliance for Patient Safety is a programme of the World Health Organization launched in October 2004 and concerned with:
 - the development of global norms and standards;
 - the promotion of evidenced-based policies;
 - the promotion of mechanisms to recognize excellence in patient safety internationally;
 - the encouragement of research;
 - the provision of assistance to countries in several key areas.
- Its chief purpose is to facilitate the development of patient safety policy and practice in Member States.
- The Alliance has identified 10 main action areas:
 - **Global Patient Safety Challenges** – the first of which, Clean Care is Safer Care, is concerned with health care-associated infection and hand hygiene. The Second Challenge, Safe Surgery Saves Lives aims to improve the safety of surgical care around the world.
 - **Patients for Patient Safety** – is concerned with patient and consumer involvement and is building a patient-led, global network of patients and patient organizations to champion patient safety.
 - **International Patient Safety Event Classification** – is attempting to define, harmonize and group patient safety concepts into an internationally agreed classification.
 - **Research for Patient Safety** - undertakes global prevalence studies of adverse events, and is developing a rapid assessment tool for use in developing countries.
 - **Solutions for Patient Safety** - The Alliance and the WHO Collaborating Center on Patient Safety (Solutions) is promoting existing interventions and coordinating activity internationally to ensure that new solutions are delivered.
 - **Reporting and Learning** - aims to generate best practice guidelines for existing and new reporting systems.
 - **Technology and Education for Patient Safety** - involves areas such as simulation methods, robotics and automation to reduce risks to patients.
 - **Patient Safety and the Care of Acutely Ill Patients** - in collaboration with the International Partnership for Acute Care Safety (IPACS) brings together organizations and individuals worldwide with an interest in acute care.

- **Exemplar Hospitals** - promotes learning from best practice in patient safety in health-care facilities across the world

2. Recap - the First Global Patient Safety Challenge:

- *Clean Care is Safer Care* is the first of a series of Global Patient Safety Challenges, issued every two years by the Alliance, addressing a patient safety concern of universal significance.
- The duration of the Challenge has been determined by the complexity of the chosen topic.
- *Clean Care is Safer Care* addresses health care-associated infection (HAI), with an initial focus on the prevention of transmission of infection via the contaminated hands of health-care workers.
- Hand hygiene is positioned as a natural starting point for organisations that are serious about tackling the recalcitrant problems posed by the transmission of infections within healthcare.
- There are 3 objectives of the First Global Patient Safety Challenge:
 - Awareness raising
 - Country mobilization - country "pledges" to tackle HAI.
 - Development, testing and evaluation of technical guidelines (WHO Guidelines on Hand Hygiene in Health Care, Advanced Draft).
- As the main tangible output of the Challenge, the Guidelines will be focused on first.

3. WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft):

- The first and indeed major output of this Challenge is the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft).
- Emerging from the Guidelines, the implementation strategy offers a roadmap for organisations and facilities interested in improving hand hygiene (see figure 1).



Figure 1: The Implementation Strategy

- The WHO Guidelines are unique in relation to many existing national guidelines on hand hygiene, in the following important ways:
 - They represent a consensus of global expert opinion
 - They are undergoing field testing in diverse health-care settings across the world
 - They are underpinned by an implementation framework comprised of a suite of over 40 implementation tools
 - They will be subject to regular review
 - A number of Task Forces are working on unresolved issues
- The Guidelines arrive at nine key recommendations.
- One of these recommendations relates to national campaigning.

Recommendation 9.2: For National Governments:

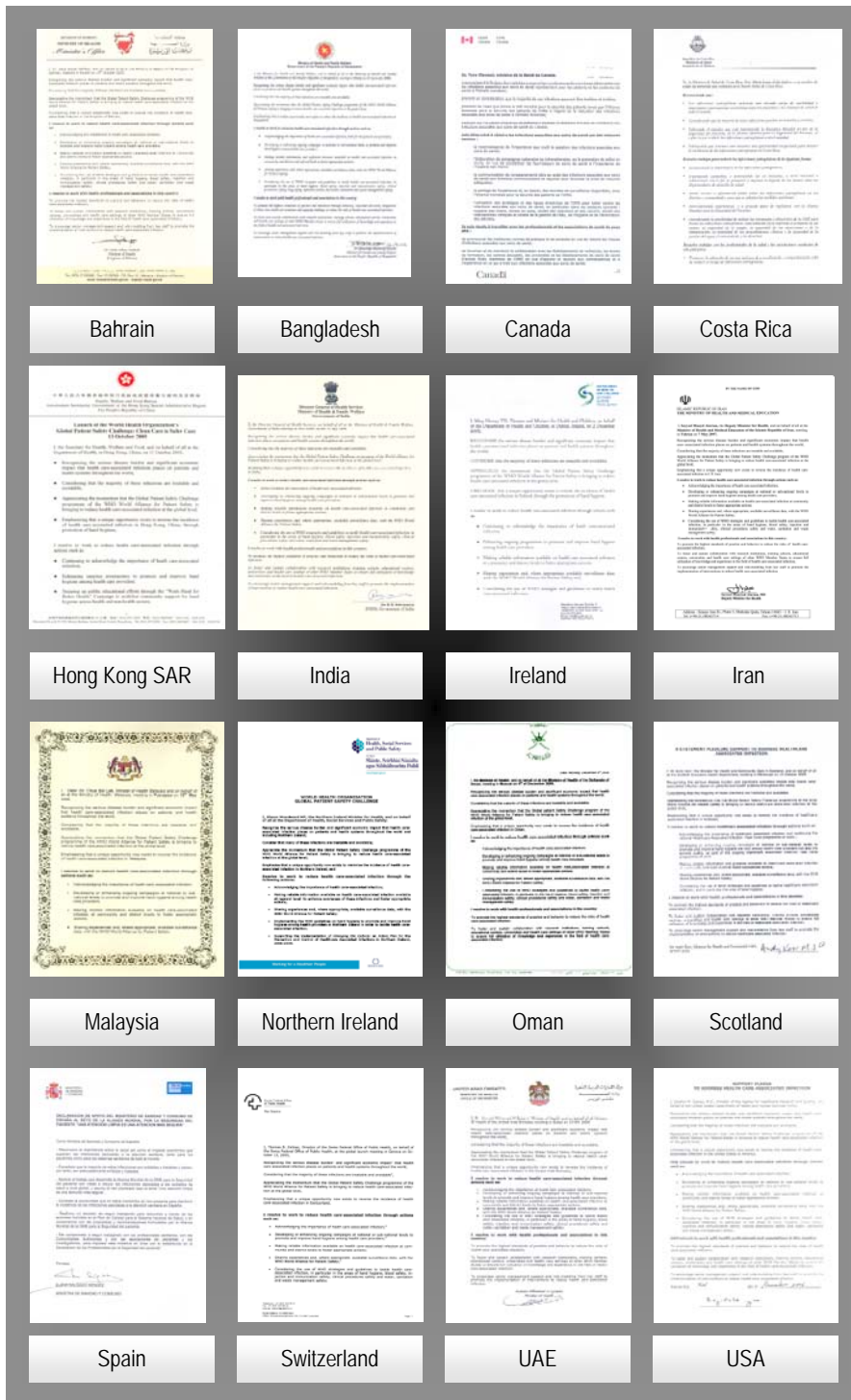
- A. Make improved hand hygiene adherence a national priority and consider provision of a funded, coordinated and implemented programme of improvement (II).
- B. Support strengthening of infection control capacities within health-care settings (II).
- C. Promote hand hygiene at the community level to strengthen both self-protection and the protection of others (II).

4. Awareness Raising:

- One of the primary objectives of the First Global Patient Safety Challenge has been to raise awareness of the issue of health care-associated infection across the world through, positioning it as a problem affecting developed and developing countries and therefore justifying global attention as a WHO programme.
- Mobilising countries to make high level commitments, as described in section 5, clearly impacts on global awareness raising.
- During the first two years of the Challenge awareness raising activity has tended to be channelled through high profile WHO-based launch events (eg the October Launch of Clean Care is Safer Care, and the 2006 One Year Anniversary Event, A Year of Cleaner, Safer Care).
- Conference presentations at international events linked to infection control and patient safety has resulted in high exposure of the objectives of the Challenge to large audiences.
- A website and news bulletin exists, together with a range of advocacy materials.
- Professional specialist and non-specialist organisations, e.g. The International Federation of Infection Control (IFIC), are increasingly being engaged to take awareness raising to a new level with more profound universal impact.

5. Country Commitments (Pledges):

- High-level ministerial support and commitment for action on health care-associated infection has been secured through the country commitments (also referred to as “pledges”).
- Forty-five countries and autonomous regions have held pledge-signing ceremonies or events. Samples of some of the pledge statements from countries which have already committed, can be seen below together with the general Pledge template outlining what ministers commit to.



What Ministers commit to – the Pledge Template:

I resolve to work to reduce health care-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;
- Making reliable information available on health care-associated infection at community and district levels to foster appropriate actions;
- 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, in particular in the areas of hand hygiene, blood safety, injection and immunization safety, clinical procedures safety and water, sanitation and waste management safety;

I resolve to work with health professionals and associations in this country:

- To promote the highest standards of practice and behaviour to reduce the risks of health care-associated infection;
- To foster and sustain collaboration with research institutions, training schools, educational centres, universities and health care settings of other WHO Member States to ensure full utilization of knowledge and experience in the field of health care-associated infection;
- To encourage senior management support and role-modeling from key staff to promote the implementation of interventions to reduce health care-associated infection.

6. Learning from established global campaigns:

- The WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft) describe a number of national and international campaigns and outline the methods employed.
- The Guidelines highlight the important role of the media in mobilizing public support, influencing behaviour change and setting the local political agenda.
- They focus on communication and public information strategies used to promote the activities of two technical programmes: the global control of tuberculosis (TB) through the Stop-TB programme, and the Tobacco-Free Initiative, the former will be focused upon here.
- **The Stop-TB Partnership**, established in 2000, comprises a network of international organisations, countries, donors from the public and private sectors, governmental and non-governmental organisations and individuals.
- The Stop TB Department of the World Health Organization, together with WHO regional and country offices:
 - develops policies, strategies and standards;
 - supports the efforts of WHO Member States;
 - measures progress towards TB targets
 - assesses national programme performance, financing and impact;
 - promotes research;
 - facilitates partnerships, advocacy and communication.
- The partnership is comprised of seven working groups, established to ensure that effective action to combat TB takes place in a planned, coordinated and efficient manner.
- Working groups are organized around specific areas of activity including (not exclusively) DOTS expansion; new TB diagnostics, drugs and vaccines; advocacy, communications and social mobilization.



Source: <http://www.who.int/tb/strategy/en/>

The **working groups** map activity in each specific area and assist countries on planning, implementing and monitoring action as well as coordinating with other partners, working groups, or committees to ensure synergy of activities.

- **The Global Public Private Partnership for Handwashing (PPP Handwashing)** and its *Central American Handwashing Initiative*, is a large-scale programme that has shown excellent results through persuading the private sector (soap manufacturers and the media) to disseminate health information by advertising and marketing non-branded soap and its appropriate use for hand hygiene.



The Handwashing Handbook

- Funding for the Global PPP for handwashing comes from many sources - the Water and Sanitation Programme, USAID, a Norwegian trust fund.
- Country support occurs through teleconferences and the distribution of information packages for new country coordinators.
- The **Handwashing Handbook** is a key communication and advocacy tool.

Source: <http://www.globalhandwashing.org/>



Partners to the global PPP Handwashing include Rotary International, the Bill and Melinda Gates Foundation and Unilever.

Source: <http://www.globalhandwashing.org/>

- The Global PPP for Handwashing has successfully utilised consumer and market studies to help understand consumer handwashing behaviour, target audiences, motivations, available communication channels, and the state of the soap market.
- In Kerala, a detailed communication package and strategies were developed and tested by the soap industry.
- Creative agencies were commissioned to sketch out and test advertisements for the radio and television, concepts for posters, kits for schools and health centres, and support materials for mobilizing country partners.
- Data on mass media helped target messages through appropriate communication routes (television, radio, newspapers and direct contact).
- In addition to using mass media, direct communications were employed, involving visits to households.
- The Global PPP for Handwashing have established a **University of Handwashing**, where learning from current initiatives is shared and support provided to new countries involved in the initiative.
- Each year a workshop brings together global PPP for Handwashing's member organizations, country coordinators, and sector specialists to share and discuss successes, challenges, and next steps.

SECTION B: MEETING PREPARATION

1. Purpose of the Meeting:

Why a meeting?

- Since the launch of the First Global Patient Safety Challenge in October 2005, the World Alliance for Patient Safety has become aware of a growing number of country's and regions which are running or have expressed a serious intention to run a national hand hygiene improvement campaign.
- In some instances the campaign is a stand-alone campaign whereas in others the campaign is part of broader in-country work to address HAI.
- It is clear that some of the campaigns known to the WHO existed prior to the First Global Patient Safety Challenge whereas others were catalysed by the momentum created by the Challenge worldwide and the Guidelines recommendations..
- The question which presents itself at this moment in time, is whether the existence of the First Global Patient Safety Challenge and the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft), which recommend national campaigning, offers an opportunity to build on and enhance current work, both on the part of the WHO and its member states.
- At the very least the meeting provides an opportunity to share experiences, to learn from each other and potentially to harmonize interventions.
- It could however be seen as a starting point for future action, and the possibilities presented stretch along a continuum from no further action, to the creation of a Hand Hygiene "Club", to the start of a major integrated partnership around hand hygiene improvement in healthcare (similar to and perhaps integrated with existing partnerships), designed to assist with scale-up and spread of hand hygiene improvement across the globe.

Against this backdrop, the goals of the Country Campaigning Meeting are:

1. To establish the different approaches and extent of current country campaigning strategies across the six WHO Regions
2. To determine best measurement parameters in relation to national campaigns
3. To determine how evaluation and other outcome-related data from national campaigns might be used in social marketing of hand hygiene improvement

4. To agree the future relationship between WHO/University Hospitals Geneva and national campaign countries
5. To determine the feasibility and interest in establishing a formal "Club" of hand hygiene campaign countries
6. To determine the potential role of campaigning countries in scale-up, spread and sustainability of hand hygiene improvement at a global level
7. To determine how best to share knowledge and improve safety of patients through national campaigning

- There will be a specific emphasis on exploring how a global movement such as the First Global Patient Safety Challenge, *Clean Care is Safer Care*, might act as a vehicle for the establishment of a partnership (or equivalent) to strengthen commitment and action on health care-associated infection.
- Already established successful global programmes, such as the Global PPP for Handwashing and the Stop-TB Partnership, should be considered as the Country Campaigning Meeting participants consider possible future actions.

2. Pre-workshop issues for consideration:

- During day 2, the focus of the meeting will shift to the likely next steps over the short, medium and long term. Country representatives are requested to consider the following issues which will be focused on throughout the meeting and particularly during day 2.
 - It is clear that representatives present at this meeting cannot arrive at answers to all of the questions presented below.
 - The meeting is very much the start of a longer term process, and the outcome of the meeting (ie the answers to some of these questions) will input into a report and recommendations on next steps.
- **Benefits of campaigning *per se*:**
- There appears to be a compelling argument for campaigning as a way of achieving global change.
 - Campaigns are usually employed because they can result in transformational change, they are usually energetic, practically-focused, fast-paced and fast acting, and are integral to creating a movement of individuals and groups, united in a common cause.
- **The role of campaigning in hand hygiene improvement:**

● The Guidelines establish an assumption that campaigning is to be strongly considered within the context of hand hygiene improvement. However, throughout the meeting WHO and colleagues involved in national and sub-national campaigning should consider the following:

- Are we confident that campaigning is an important component of hand hygiene improvement?
- Who do we need to convince? What further evidence is needed, if any, to win the argument?
- Do the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft) provide the necessary information to demonstrate the need for national campaigning?
- The WHO Multimodal Hand Hygiene Improvement Strategy is underpinned by behavioural theory and is directed at the individual, the institution and the community – does its implementation strategy and associated tools suggest the best methods to achieve successful behaviour change through campaigning - particularly at the community level?
- Do national campaigners perceive any benefits from global solidarity e.g at the very least a "Club" of Hand Hygiene Campaigning Nations?
- Is campaigning the key to the culture change required for long term success?

● The bottom line is that the application of a campaign approach to hand hygiene improvement in healthcare is relatively new.

● One of the key questions for consideration is: can a small band of nations which have implemented national campaigns, help to spread improvement and energy and at the same time motivate the right people in the right places, across all corners of the world to the benefit of patients in both the developed and developing world?

● Focusing too narrow - how to avoid:

- Is a focus on hand hygiene in health care too narrow?
- Is there a need to redress the focus of the First Global Patient Safety Challenge to address HAI more widely? If yes, what the priorities might be?
- Could the approach of the hand hygiene national campaigns be seen as a model for other potential infection control interventions? If yes, what aspects would be expected to be most fruitful?

● Questions to address over the short term?

- Are campaigns the answer in all countries?
- How and who do we need to unite with to take a possible partnership forward?
- Do possible partners want to unite with us?
- What is in it for them?

- What is the short, medium and long term vision?
- Is money required and if so where will it come from?
- How cost effective is national campaigning?
- How to convince governments in poorly-resourced countries to make hand hygiene improvement as a priority of their public health agenda despite other well known major health problems?
- How best to communicate?
- Who will lead a Hand Hygiene "Club".
- What is the role of WHO?
- What might the role of industry be?
- How do we engage industry?
- What is the role of patients and consumer groups?
- What are the global, national, sub-national and individual benefits and risks?
- Would some nations benefit disproportionately?
- Monitoring and evaluation - how important are targets?
- Monitoring and evaluation -are global targets feasible (NB there are currently no global indicators on HAI).
- Eg:
 - global compliance?
 - global infection rates?
 - global antibiotic usage?
 - global alcohol-based handrub usage?

● **Next steps - can we reach consensus on the following:**

- Do Country Campaigning Nations desire a more formal allegiance?
- Can the WHO World Alliance for Patient Safety add value to national and sub-national campaigns?
- Is there support for the establishment of a formal *partnership* or *alliance* along the lines of the *Global Public Private Partnership for Handwashing With Soap?* or the *Stop TB Partnership?*
- How can we integrate with existing similar global behaviour change programmes?
- What would be the best means of evaluating national and sub-national campaigns?
- What is the role of industry?
- How can we ensure developing and transitional countries benefit?
- What is the future for the WHO formulation of alcohol-based handrubs

Based on the assumption that campaigning is desirable as part of the global action on HAI, and that there is a collective will to build on and strengthen existing national campaigns:

- What is the role of WHO?
- What is the role of the World Alliance for Patient Safety?
- Who else needs to sit round the table?
- What other key stakeholders need to be involved?
- Who will make this happen?
- How will it happen?

Annexe 1: Questionnaire on National/Regional Campaigns

Distributed: April 2007

Dear colleague,

As you know, in the context of the 1st Global Patient Safety Challenge "Clean Care is Safer Care", we are promoting hand hygiene improvement in health care worldwide. Since we are aware of the fact that you are leading national or regional actions or campaign to promote hand hygiene, we are very interested in retrieving some more information about the methodology and tools that you are using. Therefore we kindly ask you to complete this brief questionnaire. We thank you very much in advance.

Prof. D. Pittet, *Lead 1st Global Patient Safety Challenge*

Dr B. Allegranzi, *Deputy Lead, 1st Global Patient Safety Challenge*

General information:

1. Date: _____
2. Name and title of respondent: _____
3. Role/Position: _____
4. Institution/Hospital: _____
5. Department: _____
6. Address: _____
7. City: _____
8. Country: _____
9. Postal Code: _____
10. Telephone number (with country code): _____
11. Fax number (with country code): _____
12. E-mail: _____
13. Website of Institution: _____

Specific information:

14. Are the hand hygiene campaign/actions centrally organized by the Ministry of Health? Yes No

15. If yes, by which department: _____

16. If no, are they organized by regional or district authorities or an agency or a network of experts?

Yes No

- Administrative support
- Improvement of the institutional safety climate
- Patient education and participation
- Administrative sanction/rewarding
- Promotion/facilitation of skin care for HCW hands
- Other: _____

28. Did you refer to the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft)? Yes No

29. Did you use/adapt any of the tools included in the WHO multimodal hand hygiene improvement strategy that are available on the web site

(http://www.who.int/gpsc/country_work/application_form/en/index.html)? Yes No

30. If yes, which ones?

31. Did the health-care settings involved register as "WHO complementary test site" Yes No

32. What are the main indicators of success measured within the campaign (please select all applicable)?

Hand hygiene compliance Health care-associated infection rates Soap consumption

Alcohol-based handrub consumption Health-care workers' knowledge*¹

Health-care workers' perception*¹ Senior managers' perception*¹

Structure change*² Dedicated regular budget Dedicated human resources

Other (please specify): _____

33. Please, could you provide us with overall (national/regional) data at least about the following indicators?

- Hand hygiene compliance change: from: _____ in _____ to: _____ in _____

- Health care-associated infection rates: from: _____ in _____ to: _____ in _____

34. If you have more detailed official results, could you kindly provide us with them? Yes No

35. Please, could you kindly provide us with a sample of the tools and material you produced? Yes No

H: hospital

*¹ Knowledge/perception of healthcare-associated infections and of hand hygiene

*² E.g: increased number of sinks per bed, continuous access to clean water, soap and fresh towels, availability of alcohol-based handrubs at the point of care.

Country Campaigning Meeting WHO Headquarters, Geneva, Salle B, main building 29-30 August 2007 Agenda

Note: the goals of the country campaigning meeting are listed in the Briefing Paper, section B, page 9.

DAY 1:

Wednesday, 29th August:

In attendance:

- Representatives from countries which have initiated, or are in the advanced stages of initiating national or sub-national campaigns to tackle health care-associated infection through better hand hygiene practices.
- All Core Group Members.
- First Global Patient Safety Challenge team members and professionals from the Infection Control Programme of the University of Geneva Hospitals.

- | | |
|---------------|---|
| 8:30 - 9:00 | Room set-up
Country representatives will display samples, documents, reports, papers, illustrations, relating to their national or sub-national campaigns.

Space is provided around the room to display materials. |
| 9:00 - 9:10 | Introduction and goals of the Country Campaigning Meeting (J. Storr) |
| 9:10 - 9:30 | Update on the status of the First Global Patient Safety Challenge (D. Pittet) |
| 9:30 - 10:00 | Implementation Strategy and Tools (B. Allegranzi) |
| 10:00 - 10:20 | Discussion |
| 10:20 - 10:40 | Coffee break |
| 10:40 - 11:00 | Revision of the results of the questionnaires (B. Allegranzi) |
| 11:00 - 13:00 | What do current campaigns look like – PART 1? <ul style="list-style-type: none">▪ <i>Country representatives are requested to bring to the meeting the necessary material (eg PowerPoint slides) to undertake a short presentation.</i>▪ <i>The previous presentation on the results of the questionnaire will give an overall picture of the different campaigns and highlight common features.</i> |

- *The content of the presentation from the country representatives should focus on the background, the strategies, the current status and results (if available) of their campaign. Particular aspects such as strengths, weaknesses, opportunities and critical success factors should be highlighted by the speaker.*
- *A facilitator will summarize the original aspects of specific country campaigns by referring to the following critical issues: alcohol-based handrub procurement and production, staff education, promotion and media engagement, patient and public involvement, cost-benefits.*
- *The time allocated is 20 min for presentations including results and impact evaluation and 15 min for the others.*
- *Time will be allocated for a more general discussion to include those countries which are in the planning stages of national campaigning and have not actually started yet.*

13:00 – 14:00	Lunch
14:00 – 15.45	What do current campaigns look like – PART 2? <i>The remaining country representatives will be asked to make their presentations</i>
15.45 – 16:00	Coffee break
16:00 – 17:00	What do current campaigns look like – PART 3? <i>The remaining country representatives will be asked to make their presentations</i>
17:00 – 17.45	Summary of the day work
17.45	Close of the day

DAY 2:

Thursday, 30th August : Meeting of the Country Campaigning Meeting (a.m.)

8:30 - 8:50	Complementary Testing of the WHO multimodal hand hygiene improvement strategy (G. Dziekan)
8:50 - 9:20	Monitoring and evaluation of the campaign success (discussion)
9:20 - 10:30	What next for country campaigning nations - PART1: <i>This session will address some of the questions raised within the Briefing Paper (pages 6 and 7)</i> <ul style="list-style-type: none"> ▪ <i>What countries think?</i> ▪ <i>What WHO thinks?</i>
10:30 - 11:00	Coffee break
11:00 - 12:30	What next for country campaigning nations - PART2: A strategy for solidarity, sharing, sustainability and spread
12:30 – 13:00	Close of the meeting