Report of the third meeting of WHO Patient Safety and industry representatives with invited representative from University Hospitals Geneva (WHO Collaborating Centre on Patient Safety, Infection Control and Improving Practices)

4 July 2011, World Health Organization (WHO) Geneva, Switzerland

Report Issue Date: 19 October 2011

1. Introduction

During the previous two meetings that WHO Patient Safety had with industry representatives, the interest to work together to promote hand hygiene in health-care facilities was visible. A third meeting was therefore held to have further discussions to take this idea forward. In the meantime, WHO had developed a draft proposal to outline means of working together with industry involved in hand hygiene product manufacturing or sales.

2. Aim of the meeting

The meeting was convened

- To update industry representatives on actions being taken by WHO to further the possibility of working together;

- To present and discuss a draft proposal for establishing a protected web based platform to interact with industry representatives. Specific attention was to be paid to criteria for participating in the platform, features of the proposed platform and the code of conduct for the participants;

- To provide information on WHO concepts and guidelines related to promoting hand hygiene in health care, with the purpose of aligning the messages being disseminated by the industry with that of WHO.

2. Summary of the meeting and proceedings

Following the welcome message by Dr Najeeb al Shorbaji, Director a.i Patient Safety Programme, Prof Didier Pittet and Dr Ed Kelley provided brief perspectives on the benefits of working together and how the work towards this aim is being taken forward in a fruitful and transparent manner.
The draft proposal detailing the overall objectives, criteria for participation, code of conduct and features of the proposed web based platform was circulated among the participants. Dr Elizabeth Mathai reviewed the proposal and opened it up for discussion: This was followed by a very useful exchange of information, ideas and suggestions for improving some parts of the draft proposal.

The group was informed of the sales data received from some participants, as a follow up action of the previous meeting. The type of data received and their usefulness was highlighted to emphasise the need for sharing such data to understand gaps and impact of hand hygiene promotion globally. Based on the discussion it was apparent that more participants were willing to share such data but assurance was needed from WHO on protecting the identity of individual companies submitting data. A confidentiality agreement could be an option for ensuring this.

Following this, three groups discussed specific issues related to criteria for participation, code of conduct and platform features. In general, most items were acceptable to the industry, but revision of some areas was requested and accepted. A revised proposal will be circulated by WHO to the participants. The suggestion that the platform be launched for an initial trial period of three months met with wide acceptance.

After lunch, sessions were held to help participants better understand certain WHO concepts, guidelines and tools on hand hygiene. Dr Benedetta Allegranzi, Ms Claire Kilpatrick and Dr Elizabeth Mathai led different parts of these sessions with input from Prof Didier Pittet.

The agenda for this one day meeting, as well as participants list and copies of the presentations made are attached.

3. Summary of discussions and next steps

It was explained that the purpose was to be inclusive rather than exclusive, but a minimum set of criteria are needed to ensure conduct and quality of hand hygiene products acceptable to WHO, while working together. In general the discussions were positive but the participants requested that some aspects be made clearer in the proposal as outlined below.

Criteria for participation:
- More precise information on making the product available in resource limited settings
- Clarification on assuring quality the of products

Code of conduct:
- Clarity on WHO coordination role and other general aspects related to participants such as messaging by companies and their track record

Platform features
- Details on access to platform and information by companies and sharing of information
- Additional information such as code of conduct to be posted, a resources page for definitions, resources from other agencies on issues such as quality of products and a page where pooled data such as the sales data can be uploaded.
More information on the long term objectives of this proposal and clarifications on the appropriate use of the slogan were also requested. Participants were invited to send any additional comments within two weeks of the meeting. WHO PSP will then take actions to incorporate these suggestions for modification and circulate the modified version.

Data on sales could be the first project on this platform. WHO PSP will develop a format for collecting such data and also formulate a confidentiality agreement. Specific participants agreed to share a draft format for data collection and confidentiality agreement respectively.

Dr Ed Kelley thanked all the participants for their very constructive input and enthusiasm and expressed commitment in taking this proposal forward.
Monday 4 July 2011

3rd WHO PSP Meeting with industry representatives
and invited representative from University Hospitals Geneva

Venue: Salle A, WHO Head Quarters
Geneva, Switzerland

Morning Session - Collaborative Working Topics

09.00 Welcome message          Dr Najeeb Al Shorbaji
09.15 Perspective              Professor Didier Pittet
09.30 Introductions            Dr Ed Kelley
09.45 Update on collaborative working/discussions
Demonstration of platform features
10.30 Follow up on work suggested
during February meeting
WHO PSP and Industry representatives
10.50 Break
11.00 Group discussions on
Platform features
Code of conduct
Criteria and process for participation
11.45 Group feedback and consolidation of ideas
12.45 Lunch

Afternoon Session - Technical Training Sessions

14.00 Transmission through hands
Benedetta Allegranzi
14.30 Hand hygiene in practice
Claire Kilpatrick
15.00 WHO facts on ABHR
Elizabeth Mathai
15.30 SAVE LIVES: Clean Your Hands update
Claire Kilpatrick
15.45 Break
16.00 Ask the experts session
All
17.00 Close

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Aims of the meetings/collaboration:

- To gather input on where industry can further the WHO goal of sustainable improvement of hand hygiene in health-care facilities around the globe (this will be primarily achieved through discussion)
- To discuss how we can work together to further the WHO agenda, for example supporting the availability of resources as well as activities to improve hand hygiene where there is a need, and to contribute to awareness-raising in a manner acceptable to the WHO ethos.

WHO cannot commit to collaborative activities or accept proposals but will take notes for consideration in order to progress matters accordingly.

Additional information:

- WHO is not permitted to display any undue advantage to any one company
- WHO is not in a position to validate technology or endorse or test any products;
- WHO does not warrant that all the information presented at the meeting is complete and correct and shall not be liable in any way for any damages incurred as a result on its reliance.

\[1\] Take the opportunity to give any comments on the previous meeting including the report.

\[2\] One company submitted rough data on ABHR sales in different parts of the world.
Monday 4 July 2011

3rd WHO PSP Meeting with industry representatives
and invited representative from University Hospitals Geneva

INDUSTRY REPRESENTATIVES PARTICIPATING IN THE MEETING

1. Andrew Large, CSSA
2. Marc Lessem, Medline Industries, Inc.
3. Harvey Yeap, Saraya
4. Melanie Witt, Diversey
5. Jim Arbogast, Gojo
6. Luciana Barbosa, Gojo
7. Mike Sullivan, Gojo
8. Suchismita Roy, Mölnlycke healthcare
9. Boris Baur, CareFusion
10. Wolfgang Merkens, Schulke
11. Yves Mailiard, Unident S.A.
12. Dr. Thomas-Joerg Hennig, B. Braun Medical AG
13. Myriam Sidibe, Unilever
14. Tanja Franckenstein, Ecolab Europe GmbH
15. Cheryl Littau, Ecolab
16. Tania De Sa, Ecolab
17. Paul Alper, Deb Worldwide Healthcare Inc.
18. Dr David E. Webber, World Self-Medication Industry (WSMI)
19. Sean Bay, Glanta Limited
20. Dr Hugues-Arnaud Mayer, Medef
21. Ing Paul-Denis Samec, Nosoco.Tech
22. Hansruedi Brunner, 3M
23. Dr Tamas Haidegger

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Update on collaborative working

Dr Edward Kelley
Dr Elizabeth Mathai
Potential areas of collaboration

- Improving access to essential commodities
  - ABHR
  - Water, soap, towels etc
- Raising awareness and sharing knowledge
- Participating in identified research areas

There are clear benefits in working together in these areas
Progress so far

First meeting - September 2010
- To gather preliminary information on whether and how industry can further the WHO goal of sustainable improvement of hand hygiene in health-care facilities around the globe

Second meeting - February 2011
- To keep the momentum going and to take discussions on the modality of working together forward

Reports of both meetings are available on the web
Highlights from the meetings

- Clear enthusiasm from both sides for collaborative working
- Several modalities for working were explored considering WHO role, collaborator role and benefits to country/ HCF
- Concerns from both sides were identified
- Collaborative working initially
  - Education
  - System change
  - Research
- Some initial actions identified for WHO and potential participants
Developing a web based platform

Interaction could be transparent
Provide equal opportunity for all to participate

Progress:
Proposal for the platform accepted by WHO
Details are ready for sharing, for comments from industry

A basic structure of the platform is designed
Input from industry participants is welcome
Demonstration of platform features
Platform

Uses 'Share Point' facility provided by WHO
Participation is by invitation
  all meeting criteria will be invited
The site is pass word protected

Possibilities - discussions, sharing information and
documents, calendar, alerts and so on

Documents for sharing - request by participant followed
by approval by WHO
The process

- The criteria for participation and code of conduct will be published on our website.
- There is a fee on 'cost recovery' basis for hosting the platform.
- Those expressing interest to participate will be invited by email.
  
  Need to create ADS account [https://extranet.who.int/ads/adswebinterface/help.aspx](https://extranet.who.int/ads/adswebinterface/help.aspx)
  Send us the user id
  We create the platform account
  Inform each participant
Features of the platform

http://workspace.who.int/sites/pops/default.aspx
Follow up on work suggested during February meeting
Sharing of data on ABHR sales

Rationale
This data could be used as a marker to understand use of ABHR in different parts of the world gaps in coverage by market

Companies usually have sales data archived

Request for sharing information on geographic coverage
Can such data be shared by companies?

Data shared for three years (2008, 2009, 2010) under the headings

Region
Total use in Liters
Estimated Healthcare Market
Healthcare % of Total

There appears to be big differences between high and low income areas in the total sales and also in the proportion of ABHR sales in health care.

The effect of global awareness on hand hygiene brought about by a pandemic does not appear to be sustained.
Group discussion

All groups to discuss all items
Presentation of one topic by one group

Criteria for participation
Code of conduct
Platform features
WHO information on ABHR

Dr Elizabeth Mathai
Aim of this session

Provide information on handrubbing with ABHR to align messages with that of WHO while promoting

Focus is on

- WHO recommendations
- WHO multimodal strategy
- WHO guidelines and tools

To encourage familiarity with these
WHO recommendations

A. Wash hands with soap and water when visibly dirty or visibly soiled with blood or other body fluids (IB) or after using the toilet (II).

B. If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of Clostridium difficile, hand washing with soap and water is the preferred means (IB).

C. Use an alcohol-based handrub as the preferred means for routine hand antisepsis in all other clinical situations, if hands are not visibly soiled (IA). alcohol-based handrub is not obtainable, wash hands with soap and water (IB).

Soap and alcohol-based handrub should not be used concomitantly (II)

(Part 11 Consensus recommendations)
Handrubbing is a solution to obstacles to improve hand hygiene compliance

Alcohol-based handrub for most routine clinical situations
Application time of hand hygiene and reduction of bacterial contamination

Handrubbing is:
- more effective
- faster
- better tolerated

Pittet and Boyce. Lancet Infectious Diseases 2001
Following the launch of the campaign, the consumption of ABHR increased regularly from 2000 to 2007 (2 L to 21 L per 1000 HD).

In acute care hospitals MRSA rate decrease was sharper after the launch of the ABHR campaign (-2% vs -4.7% per year).  

Jarlier et al, Arch Int Med 2010
Cost-effectiveness of hand hygiene promotion

- The use of an alcohol-based hand rub, education and HCWs performance feedback reduced the incidence of MRSA infections and expenditures for teicoplanin. For every £1 spent on alcohol-based rub, £9-20 were saved on teicoplanin expenditure (MacDonald et al. JHI 2004, 56:56-63)
Compliance is better with ABHR

Access from point of care easy - easier to perform as recommended - '5 moments'

Better tolerated by HCW compared to soap and water for multiple use per day
Poor compliance with hand hygiene - several reasons

- Perceived - Examples
  - Often too busy/insufficient time
  - Adverse events
  - Availability
  - Interferes with HCW patient relation
Time constraint = major obstacle for hand hygiene

Handwashing: 40-60 seconds
Alcohol-based handrubbing: 20-30 seconds
Acute care settings (Feb 2003 - July 2008)

- Attempted ingestion: 43
- Inadvertent splashing into mouth: 116
- Ingestion: 176
- Fire ignition: 1
- Allergic reaction: 3

Clean your hands Campaign (England & Wales)
187 acute trusts

344 events

NPSA have 5 million incident reports!
Adverse events associated with ABHR

- Scanty data available
- Identified problems
  - Ingestion
    Alcohol content is much higher than what is in alcohol beverages
    Need to practice extra caution in paediatrics, mental health
  - Skin tolerability - related to emollient or alcohol
  - Fire- may fall within regulations for explosives

Benefits far outweigh risks
The Five Components of the WHO multimodal hand hygiene improvement strategy

1a. System change – alcohol-based handrub at point of care
+ 1b. System change – access to safe, continuous water supply, soap and towels
+ 2. Training and education
+ 3. Evaluation and feedback
+ 4. Reminders in the workplace
+ 5. Institutional safety climate

The five moments for hand hygiene in health care

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

The step-wise approach

1. Facility preparedness
2. Baseline evaluation
3. Implementation
4. Follow-up evaluation
5. Review and planning

World Health Organization
Patient Safety
SAVE LIVES
Clean Your Hands
What is the WHO Multimodal Hand Hygiene Improvement Strategy?

**ONE** System change
Alcohol-based handrubs at point of care and access to safe continuous water supply, soap and towels

**TWO** Training and education
Providing regular training to all health-care workers

**THREE** Evaluation and feedback
Monitoring hand hygiene practices, infrastructure, perceptions, & knowledge, while providing results feedback to health-care workers

**FOUR** Reminders in the workplace
Prompting and reminding health-care workers

**FIVE** Institutional safety climate
Individual active participation, institutional support, patient participation

Based on the evidence
Made up of 5 core components
Implementation tools: System change

- Ward Infrastructure Survey
- Alcohol-based Handrub Planning and Costing Tool

1. System change
   Alcohol-based handrubs at point of care and access to safe continuous water supply, soap and towels

- Protocol for Evaluation and Comparison of Tolerability and Acceptability of Different Alcohol-based Handrubs: Method 2

World Health Organization | Patient Safety | SAVE LIVES
A World Alliance for Safer Health Care | Clean Your Hands
WHO-RECOMMENDED HANDRUB PRODUCTION IN 11 PILOT SITES

- Production at hospital level in 7/11
- Production volumes: 10-600,000 litres/month
  - Cost: US$ 0.30-0.50 per 100 ml
- Optimal quality control results in all sites
- Stability at tropical temperatures (up to 19 months)
  - Optimal tolerability and acceptability by HCWs
- Scale-up to national production in 5 sites
Guide to Local Production: WHO-recommended Handrub Formulations

Two formulations

- Ethanol 80% (v/v),
- Glycerol 1.45% (v/v),
- Hydrogen peroxide 0.125% (v/v)

- Isopropyl alcohol 75% (v/v),
- Glycerol 1.45% (v/v),
- Hydrogen peroxide 0.125% (v/v)

Details of preparation, quality control and other technical details can be obtained from http://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf
Other Implementation tools: examples

- Training and education
- Evaluation and feedback
- Reminders in the workplace
- Institutional safety climate

All tools available from the web site
http://www.who.int/gpsc/5may/tools/en/index.html
Compliance measurements

Observation - method of choice

Soap/Handrub Consumption Survey
Further consensus recommendations

Hand hygiene techniques
Surgical hand preparation
Selection of hand hygiene agents
Skin care
Use of gloves
Other aspects of hand hygiene etc