Call for Action

PROFESSOR DIDIER PITTET

Most patient encounters worldwide occur in ambulatory care settings. Advances in care provision have allowed many therapeutic procedures to be performed in the outpatient setting. Although we often associate health care-associated infections (HAI) with inpatient care, the risk of transmission leading either to colonization or HAI exists in outpatient settings as well. Multi-drug resistant bacteria are notorious in contaminating and spreading within ambulatory care settings.

Infections acquired in ambulatory care are, however, under-recognized, since in most cases they present after the patient’s return home. It is difficult to include these HAIs in existing hospital-based surveillance systems and as a result, there is a lack of data related to HAI in settings other than inpatient ones.

While basic principles and practice of infection prevention and control in outpatient settings are substantially the same as in other settings where health-care delivery takes place, practical considerations about the specific care situations and procedures typical of these settings are needed in order to adapt control measures and enforce them. Available reports on infections possibly acquired during ambulatory care suggest that inadequate hand hygiene plays an important role. Hand hygiene compliance of less than 10% is reported in primary care settings. I encourage you to invest energy and resources to better understand the transmission risks in these settings and to take action to improve infection control practices, in particular hand hygiene.

The WHO “My 5 Moments for Hand Hygiene” concept is just as applicable in primary care and ambulatory care settings. Based on this concept, these facilities need to identify opportunities for hand hygiene in each of the common procedures carried out. This should be incorporated into the standard operating procedures or checklists to ensure that health-care workers clearly understand what is required of them and when. Efforts should also be made to minimize the need for repeating hand hygiene actions when not necessary, by organizing work efficiently and appropriately.

On this note, may I and the whole CCiSC Team wish you all a very happy and restful Festive Season.

June - December 2010: A Summary Update from Clean Care is Safer Care

SECRETARIAT

Throughout 2010, the Clean Care is Safer Care team has been busily continuing in its efforts to reduce the burden of HAI through improved hand hygiene.

In the past six months, the team participated in training sessions with key partners such as the European Society for Clinical Microbiology and Infectious Diseases (ESCMID), the International Federation for Infection Control (IFIC), the Infection Prevention and Control Africa Network (IPCAN), as well as at country level.

A joint European Centres for Disease Prevention and Control and Belgian Antibiotic Policy Coordination Committee meeting in November 2010 allowed for a number of EU countries to present progress with hand hygiene improvement.

Given the absence of a face-to-face meeting this year, we are eager to keep in touch and to use different electronic methods, as well as opportunities such as the EU meeting or other regional meetings, for the network participants to meet and share experiences.

As many of you know, we have been progressing an exploration of hand hygiene improvement in primary care, particularly around the application of the WHO ‘My 5 Moments for Hand Hygiene’. Thank you to those who have contributed to this. We hope to be able to share more information with you on this in the coming months.

A burden of disease report based on systematic review and meta-analysis is published in the Lancet. The highlights are available at http://www.who.int/gpsc/country_work/burden_hygieneMoment1 результаты2010_en.pdf.


And finally, the team has been considering the Clean Care is Safer Care forward strategy to fit with the revised vision of the WHO Patient Safety Department. Once the strategy is approved information will be made available.

### Hand hygiene compliance by WHO region - Global Observation Survey 2010

<table>
<thead>
<tr>
<th>Region</th>
<th>N Facilities (%)</th>
<th>N Opportunities (%)</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMRO</td>
<td>140 (42.8%)</td>
<td>23183 (30.2%)</td>
<td>26%</td>
</tr>
<tr>
<td>EURO</td>
<td>99 (30.3%)</td>
<td>22278 (29%)</td>
<td>64%</td>
</tr>
<tr>
<td>EMRO</td>
<td>25 (7.6%)</td>
<td>16252 (21.2%)</td>
<td>44%</td>
</tr>
<tr>
<td>WPRO</td>
<td>40 (12.2%)</td>
<td>8452 (11%)</td>
<td>61%</td>
</tr>
<tr>
<td>SEARO</td>
<td>18 (5.5%)</td>
<td>5091 (6.8%)</td>
<td>54%</td>
</tr>
<tr>
<td>AFRO</td>
<td>5 (1.5%)</td>
<td>1547 (2%)</td>
<td>48%</td>
</tr>
</tbody>
</table>

Report on European hand hygiene workshop meetings in Brussels

SECRETARIAT

The WHO Clean Care is Safer Care programme was invited by the European Centre for Disease Control (ECDC) and the Belgian Presidency of the EU, to jointly organize a workshop entitled “How to begin, how to implement and how to sustain a national (and local) hand hygiene campaign” within the “New strategies to monitor and control infections, antibiotic use and resistance in health-care facilities in the EU Member States” conference, that took place in Brussels on 8-10 November 2010.

This was an excellent opportunity to meet most of the coordinators of the existing hand hygiene campaigns in Europe, as well as representatives of countries not yet running such campaigns. Presentations from Italy, Belgium, France, Scotland, Denmark and Spain focused on specific aspects of hand hygiene promotion and offered interesting lessons learned and updates on the progress of these campaigns. With the speakers’ authorization, these can be made available at a later date.

Hand Hygiene Self-Assessment Framework tool

For coordinators to understand the existing situation related to hand hygiene improvement implementation in individual facilities in their area, CCiSC would like to suggest using the Hand Hygiene Self Assessment Framework tool: http://www.who.int/gpsc/country_work/hhsa_framework/en/index.html in as many facilities as possible, in all the campaigns. The data thus generated could be pooled to get a better sense of the global situation. As you know, we are in the process of discussing this idea with the participants of this network, in small groups. We are looking forward to working with you on this aspect.

Very stimulating debates focused on the importance of political support, the need to further improve alcohol-based handrub usage and location, the importance of campaign performance measurement, the key elements for implementation and for sustainability, and the crucial areas for research. A summary of these discussions is available upon request.

Norway
Nina Kristine Sorknes

In 1996, specific infection control regulations were introduced, which instruct all health-care facilities to establish and implement an infection control programme, including infection prevention guidelines, covering aspects such as hand hygiene.

The Norwegian Institute of Public Health (NI PH) ran a national hand hygiene campaign (Ren Omsorg: “Pure Care”) in both nursing homes and hospitals during 2005. The aims were to increase awareness of hand hygiene, promote compliance with new guidelines and encourage the use of hand disinfection with alcohol-based products as the preferred method of hand hygiene. In relation to the campaign, NIPH developed national guidelines on hand hygiene, glove use and peri-operative hand hygiene. The results of the campaign (concentrating on nursing homes) have just been published in the Journal of Hospital Infection in November 2010 (Kacelnik et al. 2010).

No post-campaign studies measuring compliance to national recommendations and sustainability of handrub consumption have been conducted. However, NIPH is planning a national campaign on standard precautions in primary health care, where hand hygiene once again will be the focus.

During Pandemic (H1N1) 2009, NIPH recommended increased awareness on hand hygiene, with a particular focus on hand disinfection, to the population in general, as well as health-care professionals. There was no systematic measure of compliance; however, general practitioners reported a dramatic fall in sick leave and encouraged NIPH to continue to push this recommendation.

In 2009 and 2010, participation in the international hand hygiene day on May 5th was coordinated by Oslo University Hospital (OUS). Invitations were sent to all hospitals in the country (numbering 54) encouraging them to support the WHO Clean Care is Safer Care campaign and to participate in activities locally. More than 40 hospitals signed up to support the WHO hand hygiene initiative, 20 hospitals participated through various local activities. Among the participating hospitals, 16 performed observation studies on compliance with the WHO Guidelines on Hand Hygiene, applying the WHO methodology.

In October 2010, OUS organized a “Train the Trainers Workshop” where 22 hospitals were able to participate. As a follow-up to this...
workshop, several hospitals are now performing observation studies on hand hygiene.

**Campaign materials produced in Norway**

The 2005 national guidelines on hand hygiene will be updated by NIPH according to the WHO recommendations and published in 2011.

**Spain**

*María del Mar Fernández Maillo*

Primary health care (PHC) in Spain makes basic health care services available within a 15-minute radius from any place of residence, in all the autonomous regions. Being located within the community, PHC services also deal with health promotion and disease prevention. The principles of maximum accessibility and equity mean that PHC also provides home-based care whenever this is necessary – this applies also to nursing home care. The main facilities are the health-care centres, staffed by multidisciplinary teams comprising general practitioners (family doctors) paediatricians, nurses and administrative staff, and, in some cases, social workers, midwives, dentists and physiotherapists. The National Health System has 2,914 health-care centres and 10,202 local clinics depending on them.

The dissemination of a patient safety culture among PHC professionals has resulted in an increased interest in hand hygiene improvement and promotion. Three yearly conferences on patient safety in PHC have been held since 2008 and practical workshops on hand hygiene and communications of experiences of hand hygiene in PHC have been presented at each of them.

The APEAS study¹ (Patient Safety in Primary Health Care) can be considered a key landmark in this process of PS empowerment. This study found that health care-associated infections accounted for 8.4% of the adverse effects detected and 79.6% of these were preventable. Considering the high attendance at PHC centres (six visits per inhabitant per year) we could roughly estimate that more than 250,000 citizens will acquire an infection while attending our PHC services.

Some regional health departments (HD) have been including PHC in their hand hygiene improvement strategies for several years: either jointly with “Specialized Care” or considering the peculiarities of PHC. In 2009, at least 67% of the HD had performed some hand hygiene activities in PHC. During 2010, 55.5% of the HD have contributed, with specific information from 22% of their centres, to a pilot study of potential indicators for monitoring the national hand hygiene programme in PHC. Individual health-care centres and whole PHC areas from eight HD (44%) have already registered their interest in SAVE LIVES: Clean Your Hands, and May 5th activities have extended from PHC facilities to include new groups such as primary schools and the community² in 2010.

The growing interest on this subject and the rising initiatives from PHC professionals have driven the hand hygiene programme National Coordination Group to start working on specific recommendations for hand hygiene in PHC. The objective is to adapt “My Five Moments” WHO model to these health-care settings, considering the special features of PHC, patients’ characteristics and the scientific evidence of health care associated infections in this care level. Some preliminary work has already been done, but more information regarding evaluation methodology and experiences still needs to be collected and assessed.

**News from the Network**

**Australia**

*Phil Russo*

Efforts are under way to promote hand hygiene in non-hospital settings. In addition to an information brochure, an audit tool has been developed for such settings. An information brochure has also been developed for patients and their visitors. All these documents are available at www.hha.org.au.

**Brazil**

Brazil has implemented legislation making it mandatory to have alcohol based handrub in all health-care facilities.

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More details on this can be found at http://new.paho.org/bra/index.php?option=com_content&task=view&id=1601&Itemid=463.

India
Dr Anil Kumar

India recently organized a national consultation workshop on patient safety, including hand hygiene. The government is advocating the formation of a Patient Safety Committee in hospitals to promote patient safety culture and implement accepted interventions, such as hand hygiene, the WHO Surgical Safety Checklist, error reporting, etc. This committee, in addition to including a multidisciplinary team from the hospital, will also include a representative from an NGO, a journalist and a patient or his/her attendant, who has suffered harm due to medical error.

Terms of reference for this committee have been developed.

Northern Ireland
Caroline McGeary, Lourda Geoghegan

The Clean your hands campaign is active in Northern Ireland since June 2008. The regional Clean your hands campaign has the backing of the Minister for Health, Social Services and Public Safety and other key stakeholders within all Health & Social Care organizations.

Phase 1 was the launch of the Clean your hands campaign into health & social care bodies in Northern Ireland from June 2008. Leadership for implementation was guided within all acute trusts by the infection prevention & control teams.

Phase 2, which saw the extension of this campaign to the primary care, medical, dental, independent sector and hospices was launched by the Chief Medical Officer on 23rd June 2010. This builds on the work already undertaken, ensuring that the same important messages are rolled out into primary and community care settings and that this important message is consistent across all health & social care organizations.

The Public Health Agency’s HAI team has held a number of training and information sessions for nursing and residential homes, addressing the importance of implementing the campaign. Packs of campaign materials were distributed to all such facilities in the region. The training sessions took place in all areas of the province and highlighted the importance of hand hygiene in the prevention and control of HAI. This campaign material will also inform the new Northern Ireland regional guidance for Infection control in nurseries and childcare settings.

Scotland
Lisa Ritchie

Scotland’s National Hand Hygiene Campaign continues to promote and provide information to staff, patients and the general public about the importance of hand hygiene and the role it can play in reducing avoidable illness and to measure and publish, on a quarterly basis, health-care staff compliance with hand hygiene.

More recently, the national campaign project team has been collaborating with the Scottish Patient Safety Programme to agree a monitoring tool for hand hygiene technique compliance.

There has been continued focus on the acute (hospital) NHS health-care setting, complimented with the engagement of primary care settings, and promotion of the hand hygiene message in non-NHS settings such as care homes and independent hospitals is also now actively taking place. A variety of materials have been reproduced and are all available to download from the campaign website www.washyourhandsofthem.com. In addition to this, work has been completed on adaptation of the WHO “My Five Moments” for use in specific settings such as paediatrics.

Senegal
Ndoye Babacar

Since 2004, Senegal has implemented a national programme to fight health care-associated infections, called PRONALIN. Key priorities and objectives were identified and a regular budget allocated. The main achievements have been the establishment of infection control committees in the country’s main hospitals, infrastructure and equipment improvement, national training for more than 3 500 health-care workers, including all professional categories, conducting two national prevalence surveys on HAIs and developing new national policies for medical waste management and antibiotic use. A national hand hygiene improvement programme has been embedded within these activities and is being implemented at facility level, with training and advocacy activities.

Sudan
May Osman

Starting the “Clean Hands for Safer Care” campaign in all primary health-care settings is one of the actions planned in the near future. The campaign has already kicked off in the federal hospitals.