



CLEAN CARE IS SAFER CARE

Is it possible to curb the spread of infection on a global scale through better hand hygiene?

The First Global Patient Safety Challenge, *Clean Care is Safer Care* provides clear evidence that a powerful global response can be mounted in a bid to curb the spread of infection in every health-care setting in all countries of the world.

In a large number of WHO Member States, ministries of health, professional organizations and individual health care facilities have been mobilized to use political commitment, national campaigning, strategies and tools and training and surveillance to protect patients from acquiring potentially fatal infections.

Renewed action on health care-associated infection has taken place as a direct result of the First Global Patient Safety Challenge in 32 countries, representing about 55 % of the world's population. There is tangible proof that National Ministerial commitments are resulting in real changes to patient safety.

Half the people in the world can look forward to cleaner and safer care, and a lowered risk of becoming ill with an infection as a result of their health care. That is because they live in countries whose governments have pledged to become part of a worldwide movement to address health-care associated infections, under the Global Patient Safety Challenge: *Clean Care is Safer Care*.

It is more and more difficult to hide from the truth that a cleaner safer approach to patient care is not only a right of patients in all countries, but is being seen as the cornerstone upon which all other safety and quality improvements can be built.

Effective strategies and tools are available

In developed countries with sophisticated treatments and technologies patients still die of health care-associated infection (HAI). For example, studies from the US show that 80,000¹ people die each year as a result of HAI. That's 200 people every single day. In developing countries the situation is even more stark with 4,384² children dying every day, equating to a plane crashing every hour. With conservative estimates suggesting that at least 9% of these infections could be prevented just through better hand hygiene, there is huge potential to reduce suffering and death of this magnitude. Yet in many resource-poor countries the basic infrastructure for hygiene does not exist and staff are simply unable to do the right thing.

Disfigurement and death can be prevented for millions of patients if the existing strategies and tools known to make improvement possible, are made available in every country. In particular, if antiseptic handrubs were able to be made cheaply, this could transform country capacity to wipe-out many HAIs. For this reason, the Global Challenge for Patient Safety is advocating for cheap, efficient production and manufacture of these products.

Effective interventions for success:

- **Political commitment**
- **Financial resource allocation**
- **Policy development**
- **National campaigning**
- **Multimodal programmes, including:**
 - Antiseptic handrubs at the point of patient care
 - Access to safe water, soap and towels
 - Training and education
 - Clear messages to staff on when and how to clean hands
 - Monitoring and feedback of compliance
 - Effective and acceptable products for staff to clean their hands
 - Staff hand care programmes
 - Involvement of patients and their relatives in improvement
 - Promotion of appropriate glove use

(Based on the WHO Guidelines on Hand Hygiene in Health Care-Advanced Draft)

Keys to Success



Both developed and developing countries have shown that by adopting recommended strategies it is possible to increase compliance with hand hygiene and reduce the burden of infection. Changing practices within individual health-care facilities involves a combination of culture and behaviour change. This can only occur against a background of a supportive government which demonstrates its commitment to address this recalcitrant problem through action-oriented goals. This is perhaps one of the biggest challenges of this Global Challenge.

However, as the facts that follow highlight, in over 30 countries worldwide, a tangible change is happening, in some cases at a rapid pace, and many countries are succeeding in spite of poor infrastructure and significant resource constraints. Some of these countries have agreed to pilot test the advanced draft of the WHO Guidelines on Hand Hygiene in Health Care.

The Netherlands, the Russian Federation, and United Arab Emirates have set up **national committees** on infection control, are planning to do so, or are developing relevant **policies**.

In all cases, **political commitment** at the highest level is driving change. Bangladesh, Belarus, Georgia, India, Kazakhstan, Kyrgyzstan, Republic of Moldova, the Philippines, Slovenia, Tajikistan have recently committed to addressing the problem of health care-associated infection.

Bahrain, Canada, Ireland, Italy, Hong Kong SAR, Malaysia, Kingdom of Saudi Arabia, Switzerland, Scotland, England and Wales, and Northern Ireland have allocated more **resources** to initiate **national hand hygiene campaigns** in hospitals and made an **alcohol-based handrub** available at the point of care to at least make it possible for staff to clean their hands at the point of patient care and treatment.

In Scotland, \$5 million US is being spent on **campaigning** over a two year period to get staff and the public to drive up hygiene standards in a bid to slash infections caused by influenza, the common cold and *E. coli*. In Switzerland, they have launched a multi-strategy campaign to promote hand hygiene and are already showing a significant improvement in hand hygiene compliance. Where infection rates were monitored in parallel, the impact of hand hygiene improvement was dramatic, with estimates of 17,000 infections averted and projected cost savings equivalent to CHF 60 million nationwide.

Northern Ireland, Bahrain, Canada, Ireland, Hong Kong SAR, Malaysia, Kingdom of Saudi Arabia, Switzerland, the United Kingdom of Great Britain and Northern Ireland have developed **training programmes** on infection control. Strengthening the workforce in terms of infection control capacity is also a key feature of much of the work. These countries are also monitoring the success of their programmes by strengthening or establishing **surveillance systems**.



The real Challenge will be sustainability and spread

Health care-associated infection has been described as the silent epidemic. Never before in the history of infection control has there been such an opportunity to improve the health of so many millions of people through promoting such basic but essential practices. The numbers of countries working on this is testimony to the desire for change on every continent.

Many countries are undertaking small-scale improvement projects. The piloting and complementary testing of the WHO Guidelines on Hand Hygiene in health Care, is occurring in sites in each of the WHO regions. In Bangladesh, a successful pilot will see the hand hygiene improvement programme scaled up across the entire country.

Over the next one to two years, the results obtained from pilot and complementary testing will help shape global scale up and sustainability and will go a long way to ensure that hand hygiene improves year on year, patients are safer and that less and less patients die or are harmed due to an infection which could have been avoided by better hand hygiene.

¹Source: Global Patient Safety Challenge, 2005

²Source: who Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary

Six key ways health care facilities can improve hand hygiene and halt the spread of infection

- Antiseptic handrubs placed at the point of patient care in all health care facilities
- Access to water, soap and non-reusable towels
- Training and education of staff on the right things to do
- Observing staff practices and giving feedback on performance
- Using reminders in the workplace
- Supporting hand hygiene and clean care through a culture of cleanliness

(Based on the recommendations of the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft))