

Clean Care is Safer Care: a worldwide priority

Didier Pittet¹ and Liam Donaldson²

¹ Lead, Global Patient Safety Challenge, WHO World Alliance for Patient Safety

² Chair, WHO World Alliance for Patient Safety,

World Health Organization (WHO) Headquarters, Geneva, Switzerland

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Correspondence to:
Professor Didier Pittet,
Director, Infection Control Programme
University of Geneva Hospitals,
24 rue Micheli-du-Crest
1211 Geneva 14, Switzerland
email: didier.pittet@hcuge.ch
Fax +41-22-372 3987
Phone +41-22-372 39834

Commentary

At any time, over 1.4 million people worldwide are suffering from infections acquired in hospitals.¹ Between 5-10% of patients admitted to modern hospitals in developed countries acquire one or more infections; 15-40% of those admitted to critical care are affected.² The risk is two to 20 times higher in developing than in developed countries. The burden of disease outside hospital is practically unknown due to the absence of surveillance. Importantly, no health care setting, no hospital, no country in the world can claim to have solved the problem.

On 13 October 2005, the WHO World Alliance for Patient Safety^{3,4} launches the first biennial Global Patient Safety Challenge, "Clean Care is Safer Care", which targets health care-associated infection (HAI) and will cover 2005-2006.⁵ But why HAI when so many other diseases are vying for investment priority status and public attention?

In the United States, one of every 136 patients becomes severely ill as a result of acquiring an infection in hospital.⁶ This is equivalent to 2 million cases, leading to additional cost estimates of between US\$ 4.5-5.7 billion and about 80,000 deaths per year. In England, more than 100,000 cases of HAI are estimated to cost £1 billion and directly cause over 5000 deaths annually.⁷ In Mexico, the estimate is 450,000 infections, causing 35 deaths per 100,000

inhabitants each year.⁸ In developing countries, more than half of all infants housed in neonatal units suffer HAI with a fatality rate of between 4% and 56%.⁹ In turn, while caring for the sick, healthcare workers are also exposed to risks including (among others) tuberculosis, hepatitis, HIV and blood-borne pathogens. During the SARS pandemic, the proportion of infected healthcare workers ranged from approximately 20% to 60% of cases worldwide with differences between hospitals; the better the education in infection control, the lower the risk.^{10,11}

HAI presents many of the characteristics of a major patient safety problem. It affects hundreds of millions of people worldwide, complicates the delivery of patient care, contributes to patient deaths and disability, promotes resistance to antibiotics, and generates additional expenditure to that already incurred by the patient's underlying disease. Infection has multiple causes related both to the systems and processes of care provision, economic constraints on systems and countries, as well as to human behaviour. Prevention strategies are effective in reducing infection in both developed and developing countries; most are simple and not resource-demanding.¹² Several health-care settings have succeeded in reducing the risk to patients, but others have not. Thus, there are gaps in patient safety arising because existing tools and interventions are not being implemented widely. Importantly, the gap in patient safety exists not only between countries, but also within the same country: where some hospitals succeed, others can't, don't, or even don't try.

The Global Patient Safety Challenge embraces well-established WHO strategies already addressing risks for infection in areas such as blood, injection and immunization, clinical procedure safety, safe water, basic sanitation and waste management. These actions have a direct bearing on HAI and patient safety and are combined with efforts to implement new *WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft)* in response to the message "Clean Care is Safer Care".⁵ The challenges are enormous but so are the rewards: preventing illness, saving lives, improving patient safety, and providing an overall better quality of care for millions of patients and families.

Implementation of the Challenge in countries comprises three major strategies: campaigning to build global awareness of the importance of HAI and to help catalyse leadership, commitment and action; country pledges to ensure political commitment and leadership at the highest level; and testing implementation strategies worldwide (see Table).

Reducing HAI requires multifaceted interventions. To this end, "Clean Care is Safer Care" links to other action areas of the World Alliance to ensure that HAI forms an important part of the global patient safety agenda.³ It links in particular to "Patients for Patient Safety", thus offering opportunities for the greater involvement of patients and their families in reducing the infection risk.

HAIs are unintended, undesirable, and intolerable events. Many are preventable. Tools for change and improvement are available and it is now time for action. Success relies not only on system changes and improvement in economic constraints, but even more on human and organisational change; both developed and developing countries provide models to be followed to improve patient safety. This is a unique chance to learn by sharing successes and failures.

Adopting the philosophy behind the Challenge "Clean Care is Safer Care" is not an option, but a duty to patients, families, and healthcare workers. This challenge touches many aspects of health care at differing strata and requires commitment at all levels in the patient safety chain. One of the many lessons of the great cathedral builders of former times was that

cathedral building requires the sharing of strength, the contribution of not just artisans and experts, but of everyone in the community. Great cathedrals were built upon the foundations of earlier efforts. This is also a lesson to be learned by each partner in the healthcare arena if we are to bring significant improvement.

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Table. Country-level activities to achieve the Global Patient Safety Challenge, 'Clean Care is Safer Care'

A. The challenge at country level is to:

- catalyse and sustain strong and visible leadership and stewardship by the government, health authorities and professionals, and minimize complacency;
- promote hand hygiene based on the new guidelines, blood safety strategies, injection safety programmes, safety of clinical procedures, and efforts that ensure access to safe water and sanitation in health care;
- assist countries to identify and reduce national barriers to implementing these strategies and programmes;
- invest in the development of monitoring tools and support the establishment of independent systems to track progress and impact;
- help develop or strengthen mechanisms within countries to ensure the availability of goods and commodities relating to cleaner and safer care, and access to them;
- identify elements of success and lessons learned from the district test implementation, and disseminate them widely;
- work through partnerships with the civil society and patients groups to maximize the impact of efforts.

B. The pledge

The pledge is a clear statement by the minister of health of a country interested in addressing health care-associated infection. The statement will urge health organisations to:

- acknowledge the importance of health care-associated infection;
- share with the WHO World Alliance for Patient Safety available information on this problem, including surveillance data if appropriate;
- consider the adoption of WHO strategies and guidelines to tackle health care-associated infection;
- develop campaigns at national or sub-national levels for improving hand hygiene among health-care providers.

C. Pilot testing

WHO is supporting pilot testing of preventive actions in several districts in developed, transitional and developing countries to measure processes, structures and outcomes before and after implementation, help monitor progress and assess the acceptability, feasibility and impact of the integrated package of actions.

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