

WHO First Global Patient Safety Challenge: Saving Lives in Healthcare Through Clean Hands

D. Pittet

Healthcare-associated infection (HAI) occurs in every healthcare facility in every country and affects hundreds of millions of patients annually worldwide [1–3]. This global issue has received much attention from not only healthcare settings and governments, but also the public and media. The World Health Organization (WHO) made the commitment to address this problem, in particular, through the successful activities of the First Global Patient Safety Challenge: “Clean Care is Safer Care” (<http://www.who.int/gpsc/>), launched in 2005 [1].

Over the past 5 years, much has been achieved in healthcare settings around the world to improve infection prevention and control practices and reduce HAI [4–6]. Hand hygiene has been recognised as the single most important measure in these attempts and is the cornerstone of actions promoted by “Clean Care is Safer Care.” As an integral part of the First Challenge, over 120 ministries of health pledged their commitment to tackle HAI and this has proved to be a great impetus for galvanising action in their respective countries. This has recently been enhanced in many countries and healthcare facilities who will be paying particular attention to taking action at the point of patient care on and around 5 May 2010 as participants in the WHO *SAVE LIVES: Clean Your Hands* initiative (savelives@who.int), the next phase of the First Global Patient Safety Challenge dedicated to promoting hand hygiene sustainability.

Since the formal launch of the *SAVE LIVES: Clean Your Hands* global annual initiative on 5 May 2009, more than 6,000 healthcare settings from 126 countries have registered, representing a total of around 1.2 million beds and 4.65 million healthcare workers. These healthcare facilities will: (a) receive a commendation letter for committing to this growing global movement, as well as monthly updates featuring a range of information, including freely accessible WHO tools for use in healthcare; (b) be part of a global movement to improve hand hygiene by joining a network of countries already running campaigns to ensure that hand hygiene improvement is embedded and sustained in healthcare, and whose achievements are shared on the WHO website; (c) be able to access and put into practice the WHO Guidelines on Hand Hygiene in Health Care, particularly the recommendations for action at the point of patient care; (d) enjoy the opportunity to share knowledge and successes with others; and (e) make infection prevention and

control ongoing priorities in healthcare as part of improvements to patient safety.

What can you do? We ask you to continue the call for action by: registering your facility to demonstrate a commitment to *SAVE LIVES: Clean Your Hands* and/or asking five others to do the same, while sharing your plans and successes with others through local and national publications; finding out if there is an existing hand hygiene campaign in your country and seeing what you can do to support it; listing five areas for improvement in your facility and discussing these with your colleagues and managers; sharing your information with the WHO so that ideas and successes can be disseminated widely; using and promoting a multi-modal strategy to ensure sustained hand hygiene improvement [3, 4, 7], including the WHO “My 5 Moments for Hand Hygiene” approach [8], as well as using the new WHO infection control webinar series as an additional tool to improve knowledge (<http://www.who.int/gpsc/5may/news/webinars/en/index.html>).

Have you considered what the patient safety research priorities are in your healthcare setting and have you considered publishing your work? The WHO identified that studies addressing the cost-effectiveness of patient safety activities are important in both developed [7] and developing [6] countries. In developed countries, studies on enhancing communications and safety culture were deemed to be priority areas.

The WHO Guidelines on Hand Hygiene in Health Care [3] clearly outline the gaps that exist in the knowledge and evidence, and where further work is required, for example: identifying models for patient participation in hand hygiene promotion in different cultural and social settings [3, 9]; exploring the role of alcohol-based handrub

Infection 2010; 38: 79–80

DOI 10.1007/s15010-010-3089-y

Published online: March 29, 2010

D. Pittet (corresponding author)

Infection Control Programme, University of Geneva Hospitals and Faculty of Medicine, 4 Rue Gabrielle Perret-Gentil, 1211 Geneva 14, Switzerland; Phone: (+41/22) 372-9828, Fax: -3987, e-mail: didier.pittet@hcuge.ch

D. Pittet

Lead, First Global Patient Safety Challenge, WHO Patient Safety, WHO, Geneva, Switzerland

in preventing the spread of spore-forming pathogens [3] and the feasibility of local production at a universal level [3, 6]; and establishing the duration of surgical hand preparation using alcohol-based handrub [10]. The evaluation of HAI prevalence and incidence and hand hygiene compliance [3] are also essential components for progressing sustainable infection control practices.

The *SAVE LIVES: Clean Your Hands* initiative and the activities that have taken place around the world have already re-galvanised action. It can clearly be acknowledged that many are taking continued steps to promote the reduction and prevention of HAI. Case studies have already been submitted to the WHO website and the First Challenge team is actively facilitating further sharing of knowledge between nations/sub-nations running hand hygiene campaigns through a dedicated network of campaigning countries (http://www.who.int/gpsc/national_campaigns/en/).

On 5 May 2010, your challenge is triple. First, you are invited to actively participate in a worldwide monitoring of hand hygiene compliance of healthcare workers at your institution using simplified WHO tools specifically developed for this purpose. Imagine being part of a large cohort of observers participating in a single day of monitoring of practices in a very large, 3 million-bed, health-care facility with around 7.8 million staff and the power of such an action whose only objective is to ultimately improve behaviour and reduce patient harm.

Second, using a specifically designed framework, you are asked to assess the level of your own institution towards achieving the status of a hand hygiene excellence centre. Where is your institution placed in the crusade for optimal hand hygiene performance and safe patient care? This framework will assess the level and improvement required, and provide tools to implement the key five elements of the evidence-based, validated and successful hand hygiene multi-modal promotion strategy [3], i.e. system change; healthcare workers' education; monitoring and performance feedback; reminders in the workplace; and institutional safety climate. Imagine where you are today... and where you will be tomorrow.

Third, by registering and participating, and asking others to participate, your institution will be part of our common challenge, the most ambitious ever undertaken in infection control worldwide as of today — 10,000 healthcare facilities committed together to provide safer healthcare. Just imagine... the challenge on 5 May 2009 was to unite 5,000 healthcare facilities. Our common vision is 10,000 on 5 May 2010 and a potential further improvement for hundreds of thousands of patients worldwide.

To truly protect our patients, it will take leadership, commitment, a range of actions, continuous assessment, experience-sharing and time. Patient safety improvement

models exist; they provide practical tools and induce behaviour change. The WHO efforts are internationally focused and have demonstrated that the support provided is relevant and successful. In partnership with countries and healthcare facilities, this should help bring true ownership to healthcare workers in terms of micro-organism transmission and its prevention, limiting antimicrobial resistance and, subsequently, long-term patient safety improvement.

Disclosure

WHO takes no responsibility for the information provided or the views expressed in this paper.

References

1. Pittet D, Donaldson L: Clean Care is Safer Care: a worldwide priority. *Lancet* 2005; 366: 1246–1247.
2. Allegranzi B, Pittet D: Preventing infections acquired during health-care delivery. *Lancet* 2008; 372: 1719–1720.
3. World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. Geneva: World Health Organization, 2009.
4. Pittet D, Hugonnet S, Harbarth S, Mourouga P, Sauvan V, Touveneau S, Perneger TV: Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. *Lancet* 2000; 356: 1307–1312.
5. Grayson ML, Jarvie LJ, Martin R, Johnson PD, Jodoin ME, McMullan C, Gregory RH, Bellis K, Cunningham K, Wilson FL, Quin D, Kelly AM: Significant reductions in methicillin-resistant *Staphylococcus aureus* bacteraemia and clinical isolates associated with a multisite, hand hygiene culture-change program and subsequent successful statewide roll-out. *Med J Aust* 2008; 188: 633–640.
6. Allegranzi B, Sax H, Bengaly L, Richet H, Minta DK, Chraïti M-N, Sokona FM, Gayet-Ageron A, Bonnabry P, Pittet D, on behalf of the World Health Organization "Point G" Project Management Committee: Successful implementation of the World Health Organization hand hygiene improvement strategy in a referral hospital in Mali, Africa. *Infect Control Hosp Epidemiol* 2010; 31: 133–141.
7. Pittet D, Sax H, Hugonnet S, Harbarth S: Cost implications of successful hand hygiene promotion. *Infect Control Hosp Epidemiol* 2004; 25: 264–266.
8. Sax H, Allegranzi B, Uçkay I, Larson E, Boyce J, Pittet D: "My five moments for hand hygiene": a user-centred design approach to understand, train, monitor and report hand hygiene. *J Hosp Infect* 2007; 67: 9–21.
9. Longtin Y, Sax H, Leape LL, Sheridan SE, Donaldson L, Pittet D: Patient participation: current knowledge and applicability to patient safety. *Mayo Clin Proc* 2010; 85: 53–62.
10. Widmer AF, Rotter M, Voss A, Nthumba P, Allegranzi B, Boyce J, Pittet D: Surgical hand preparation: state-of-the-art. *J Hosp Infect* 2010; 74: 112–122.