

## Sustaining Improvement – Additional Activities for Consideration by Health-Care Facilities

If your health-care facility already has a well-established hand hygiene improvement strategy, it is critical to maintain the momentum and sustain the improvements.

**Such health-care facilities are likely to already have long-term strategic visions and action plans related to ensuring hand hygiene improvement remains a patient safety priority. Long-term planning will contribute to ongoing awareness raising, assist with securing funding and help with continuous improvement.**

Your health-care facilities will already have addressed the 5 components of the WHO Multimodal Hand Hygiene Improvement Strategy and thus: have established the necessary infrastructure; offer a comprehensive training programme for health-care workers; have plans for regular monitoring and evaluation of hand hygiene and health care-associated infection (HCAI); have clear reminders in the workplace; and have strong and demonstrable leadership and support for your initiatives.

This document provides some suggestions of additional activities and tools that you might consider implementing to build on your achievements, maintain momentum and aid in sustainability. It is also intended to help other facilities learn from your experiences. WHO's First Global Patient Safety Challenge team would be extremely interested to learn of any plans to implement these initiatives or any other supplementary initiatives not listed here.

The list of potential additional tools and activities is not exhaustive.



ACTIVITY	DETAILS
<p><b>E-learning tools</b></p>	<p>Many current training programmes involve face-to-face interaction between the trainer and trainee. Not all such training can be entirely replaced with online materials – for example, practical workshops and demonstrations of how to handrub or handwash might be best achieved through personal interaction and discussion.</p> <p>E-learning may be particularly useful if a large health-care worker population has to be trained. This form of distance learning also reduces the time and energy investment by the teacher and is very advantageous for easily monitoring the learning process.</p> <p>Successful e-learning programmes in medical and care domains have recently been described, used in association with traditional training (blended-learning). E-learning should be a strategy that complements the classic teaching methods and remains associated to them.</p> <p>Constraints to e-learning relate to the limited basic computer skills and limited access to a personal computer and the internet in some health-care facilities. Construction of an e-learning module can be very time-consuming requiring specific competencies by the trainer.</p> <p>Elements of training which might be suitable to be viewed online or downloaded at the convenience of the trainee are listed below:</p> <ul style="list-style-type: none"> <li>▪ Background on transmission of health care-associated pathogens</li> <li>▪ The burden of HCAI worldwide</li> <li>▪ The burden of HCAI and the impact on this of the improvements made at your facility</li> <li>▪ Expectations of health-care workers in enhancing the hand hygiene improvement initiatives at your facility</li> <li>▪ Simulations of the "My 5 Moments for Hand Hygiene" approach</li> <li>▪ Simulations relating to clinical practices to facilitate observer competence</li> <li>▪ Other scenario-based work</li> </ul> <p>Advantages of e-learning materials include:</p> <ul style="list-style-type: none"> <li>▪ Can be viewed at the convenience of the trainee</li> <li>▪ Once produced, subsequent costs are minimal</li> <li>▪ Can be made available immediately to all new health-care workers, thus avoiding the need and cost of arranging training sessions for each new starter, and avoiding the possibility that the trainee misses the training session</li> <li>▪ Can be readily shared with other health-care facilities to help them to improve hand hygiene</li> <li>▪ Can act as a source of motivation and feedback</li> </ul>

ACTIVITY	DETAILS
<p><b>Symposia, lectures, debates</b></p>	<p>Lectures or symposia on key issues in HCAI prevention and hand hygiene might help motivate health-care workers and serve to remind them of the importance of compliance to the "My 5 Moments for Hand Hygiene" approach, particularly if impact on clinical outcomes can be demonstrated.</p> <p>Inviting health-care worker participation, providing a forum for debate and demonstrating how the efforts of health-care workers have increased compliance, reduced HCAI and, if data is available, reduced morbidity or mortality, can aid ongoing motivation and support.</p> <p>Potential topics could include:</p> <ul style="list-style-type: none"> <li>▪ The continued relevance of clean hands in the reduction of clinical disease – selling hand hygiene in a crowded market-place</li> <li>▪ Hand hygiene: the lifelong responsibility of all health-care workers</li> <li>▪ The hand hygiene systems in place at our facility – what next?</li> <li>▪ Maintaining and strengthening data analysis and feedback internally</li> <li>▪ How improvements in hand hygiene have reduced HCAI, morbidity and mortality at the facility – a look at the lives we have saved through improved hand hygiene</li> <li>▪ “Twinning” with another facility – how can we learn from and help others benefit from our successes</li> <li>▪ With the excellent resources and training available at our facility, why is compliance with the "My 5 Moments for Hand Hygiene" approach not 100%? Is this achievable and when?</li> <li>▪ What are the most difficult Moments to comply with at our facility? And why?</li> <li>▪ Should the facility implement a zero-tolerance policy on hand hygiene compliance?</li> <li>▪ Should health-care workers be held personally accountable for non-compliance with hand hygiene guidelines?</li> <li>▪ How to introduce or strengthen patient involvement and empowerment in hand hygiene initiatives?</li> </ul>
<p><b>Presentation / publication of your facility’s data on documented improvements in HCAI</b></p>	<p>Sharing data on how your facility has achieved hand hygiene improvement and in particular, how these improvements have contributed to create a climate which is favourable to patient safety and reduction of HCAI (and morbidity/mortality) would:</p> <ul style="list-style-type: none"> <li>▪ Add to the growing body of literature to support the importance of hand hygiene</li> <li>▪ Help other facilities and health-care workers to understand the importance of hand hygiene and to establish effective action plans to improve hand hygiene worldwide</li> <li>▪ Raise the profile of your facility as a centre with excellent patient safety and infection control standards</li> <li>▪ Help motivate your health-care workers to continue their efforts with hand hygiene</li> </ul> <p>Submission of manuscripts to peer-reviewed medical or nursing journals or submission of abstracts to local, national or international conferences would be of particular value, as this would provide citable reference material that could be used by WHO Patient Safety or other health-care professionals and organizations in their ongoing communications and efforts to improve hand hygiene and reduce HCAI.</p>
<p><b>Discussion papers on hand hygiene</b></p>	<p>In addition to publication of the data on improvements in hand hygiene at your facility, your health-care workers may also be interested in authoring reviews, discussion papers or commentaries on current issues pertinent to hand hygiene and its role in the general patient safety arena. These papers could address issues pertinent to local, regional or global audiences.</p>



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<p><b>Patient involvement and empowerment</b></p>	<p>While the responsibility for hand hygiene rests firmly with the health-care worker, as part of an all-inclusive multimodal hand hygiene improvement strategy, the involvement of patients in hand hygiene improvement, including their positive encouragement to implement good hand hygiene could improve compliance with the "My 5 Moments for Hand Hygiene" approach. Performing correct hand hygiene in view of the patient has anecdotally been associated with promoting patient confidence.</p> <p>Patient awareness and understanding of hand hygiene is an important aspect to be considered in long-term action plans. However, the successful establishment of a patient involvement and empowerment strategy requires the full support of health-care workers across all levels of the organization. Information sessions may be required to reassure health-care workers as to the goals of the strategy, i.e. reduction of harm to patients, and to win their full support.</p> <p>WHO Guidelines on Hand Hygiene in Health Care (2009) suggest that empowerment be introduced within the context of hand hygiene improvement to key decision-makers.</p> <p>Patient empowerment or involvement initiatives could include:</p> <ul style="list-style-type: none"> <li>▪ Establishing a core support network for individual and organizational support including health-care workers, community leaders, champions of health care causes, patient advocates and advisers</li> <li>▪ Engaging patient organizations to lobby for funding to support long-term initiatives</li> <li>▪ Providing information leaflets / posters for patients at key points upon arrival and throughout the duration of their stay at the facility to inform them of the hand hygiene expectations and how they can encourage and support hand hygiene promotion – involve patients/patient groups in the development of these materials</li> <li>▪ Developing a lay-observers protocol</li> </ul> <p>Please also refer to the “Guidance on Engaging Patients and Patient Organizations in Hand Hygiene Initiatives” document that provides some further detailed guidance on how to engage with patients and patient organizations.</p>

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<p><b>Sharing experience: internal</b></p>	<p>Encouraging senior managers or other highly-trained and respected health-care workers to share their hand hygiene expertise with new or junior health-care workers is motivational and informative and one of the key factors outlined in the WHO Guidelines on Hand Hygiene in Health Care (2009) that influences adherence with hand hygiene. In particular, this has been described as having a positive influence on the compliance of medical personnel.</p> <p>Some examples of potential activities are outlined below.</p> <p><b>Buddying</b> A “buddy” system could be implemented in which each new health-care worker is coupled with an established, trained health-care worker who takes responsibility for:</p> <ul style="list-style-type: none"> <li>▪ Highlighting the importance of hand hygiene and explaining the "My 5 Moments for Hand Hygiene" approach</li> <li>▪ Explaining the facility’s hand hygiene initiatives/policies and guidelines (and any penalties/rewards for non-compliance/compliance)</li> <li>▪ Sharing the facility’s data that shows the improvements that have been made to hand hygiene and the impact that this has made on reducing HCAI, morbidity and mortality</li> <li>▪ Showing the facility’s resources for hand hygiene</li> <li>▪ Demonstrating the correct handwashing and handrubbing techniques, explaining when to use gloves</li> <li>▪ Providing the new worker with pertinent information resources and training materials</li> <li>▪ Monitoring and evaluating the new health-care worker’s compliance with the "My 5 Moments for Hand Hygiene" approach as part of ongoing observation and feedback loops</li> </ul> <p>Buddy systems may assist in encouraging and motivating both the new and established workers to practice optimal hand hygiene.</p> <p><b>Internal Newsletters</b> Newsletters distributed to health-care workers could be used to:</p> <ul style="list-style-type: none"> <li>▪ Provide up to date information on initiatives and improvements in hand hygiene</li> <li>▪ Highlight cases, individuals, teams or wards who have performed exceptionally – i.e. recognition of good practice</li> <li>▪ Announce upcoming training, presentations, debates or publications</li> </ul> <p><b>Lunchtime Presentations</b> Short presentations led by individual wards or key workers could be used as a motivational and educational tool. Such presentations could:</p> <ul style="list-style-type: none"> <li>▪ Explore the hand hygiene issues in their ward / department</li> <li>▪ Explain how these issues were addressed</li> <li>▪ Outline the improvements and progress made</li> <li>▪ Discuss key learnings from the activities</li> <li>▪ Consider next steps and future directions</li> </ul>



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	<p><b>Focus Groups</b></p> <p>The focus group technique in this case could help health-care workers, who already attended regular training sessions on hand hygiene, to express their personal perception, attitude, beliefs, and difficulties to practice hand hygiene, especially specific indications, and to discuss with a facilitator the complexity of the behavioural changes expected from them. The focus groups should take place at ward/unit level so that the discussion on local everyday practice is encouraged. These groups should be moderated by a facilitator. The facilitator should be a trained health-care worker, experienced in hand hygiene, thus, ideally a role model.</p> <p><b>Internal Roadshow</b></p> <p>Facilities might consider organizing roadshows particularly on a regular (at least annual) basis. This could coincide with each 5 May, dedicating specific areas in each ward / department to:</p> <ul style="list-style-type: none"> <li>▪ Demonstrate good hand hygiene in their section</li> <li>▪ Explain how they are trying to reach their long term goals for compliance with the "My 5 Moments for Hand Hygiene" approach</li> <li>▪ Display posters and information on good practice</li> <li>▪ Present (informally) data on the improvements and/or good compliance with the "My 5 Moments for Hand Hygiene" approach</li> </ul>

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<p><b>Sharing experience: external</b></p>	<p>Facilities excelling in hand hygiene may be interested in sharing their experience with other facilities at an earlier stage of hand hygiene improvement, either locally or with another country. Such programmes would help the global effort to improve hand hygiene and save lives, and raise the profile of your facility.</p> <p>Some possibilities for sharing experience include:</p> <ul style="list-style-type: none"> <li>▪ Preparation of a case study of your experience that WHO Patient Safety could use to illustrate your success to other facilities worldwide               <ul style="list-style-type: none"> <li>○ This will be posted on the WHO Patient Safety website (<a href="http://www.who.int/gpsc/5may/en/">www.who.int/gpsc/5may/en/</a>)</li> <li>○ To access template case study documents, visit <a href="http://www.who.int/gpsc/5may/en/">www.who.int/gpsc/5may/en/</a></li> <li>○ Be creative! Consider sending in video examples of your great work. See examples at <a href="http://www.youtube.com">www.youtube.com</a></li> </ul> </li> <li>▪ Communicating with your local health authority / department and, for example:               <ul style="list-style-type: none"> <li>○ Offer to present your case study to other facilities</li> <li>○ Encourage health-care workers from other facilities to visit your facility to learn more about hand hygiene</li> </ul> </li> <li>▪ “Twinning” with another facility to help them to:               <ul style="list-style-type: none"> <li>○ Understand the importance of hand hygiene</li> <li>○ Create an effective action plan to improve hand hygiene</li> <li>○ Secure funding for any needed resources</li> </ul> </li> <li>▪ Sharing training materials (such as e-learning tools)</li> <li>▪ Publication of data on hand hygiene improvement in peer-reviewed manuscripts, or presentation of data at local, national or international conferences</li> <li>▪ Contact the editor at your local health-care professional trade publication               <ul style="list-style-type: none"> <li>○ Tell them about your goals and your success</li> <li>○ Ask them if they would like to write an article about this to include in their next feature – if not, ask if they would accept an article written by you!</li> </ul> </li> </ul>
<p><b>Personal accountability for health-care workers</b></p> <p><b>And/or</b></p> <p><b>Rewards for compliance</b></p>	<p>Where a facility has provided all possible resources to make good hand hygiene possible, the facility might consider whether health-care workers should be made personally accountable if they do not comply.</p> <p>Acknowledgement of good hand hygiene practice and compliance with the "My 5 Moments for Hand Hygiene" approach is important for motivation. This can also stimulate healthy competition between workers, encouraging greater hand hygiene compliance across the facility.</p> <p>Consider how good hand hygiene could be acknowledged (and rewarded) at your facility, for example:</p> <ul style="list-style-type: none"> <li>▪ Inclusion of hand hygiene in personal objectives for health-care workers, linked to career development</li> <li>▪ Organize competitions, such as poster/gadget preparation by individual health-care workers or groups and award the best ones (according to visual effect, conceptual consistency, usability)</li> <li>▪ Event on 5 May to publicly acknowledge and thank key workers / teams / wards / departments with good compliance to the "My 5 Moments for Hand Hygiene" approach               <ul style="list-style-type: none"> <li>○ This could include an awards ceremony</li> </ul> </li> <li>▪ Announcements in internal newsletters or at formal/informal meetings</li> </ul>