



Template Action Plan

For the implementation of the WHO multimodal hand hygiene improvement strategy

Introduction

The Template Action Plan is proposed to help representatives from health-care facilities to prepare a local action plan for the implementation of the WHO multimodal hand hygiene improvement strategy.

It is very comprehensive but it does not take into account local issues; therefore health-care facilities need to adapt it to their local situation.

The template is not intended to indicate a chronological order for undertaking the actions proposed but to give an overview of all actions necessary to secure the implementation of each strategy component, according to the details given in Part II of the Guide to Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. In that part of the Guide to Implementation, indications and instructions on how to use the available tools to implement each component of the WHO multimodal hand hygiene improvement strategy are also included.

The template covers a wide range of actions about progress of hand hygiene at facility level: from basic actions to be undertaken to inaugurate a hand hygiene programme to advanced activities indicated in facilities where hand hygiene promotion is very advanced.

The template also helps to identify roles and responsibilities, to establish a time line for action execution and budget implications and to track progress.

Overall Template Action Plan

Action	Lead person	Time frame (start and end dates)	Budget (if applicable)	Progress (include review and completion dates)
General				
Access the WHO Guidelines on Hand Hygiene in Health Care (2009) on the WHO Patient Safety website				
Adapt WHO Guidelines for local applicability while ensuring consistency with recommendations				
Access the implementation toolkit of the WHO multimodal hand hygiene improvement strategy on the WHO Patient Safety website				
Identify a co-ordinator for the hand hygiene improvement programme and a deputy co-ordinator				
Identify and establish a team/committee to support the hand hygiene co-ordinator				
Identify any prior initiatives or plans on hand hygiene improvement/infection control within the facility				
Contact the CEO/Director and senior managers of the hospital to discuss actions and activities to be implemented in line with the current progress of hand hygiene/infection control promotion at facility level and with the WHO Guidelines				
Agree on the scope and extent of the activities to be acted on				
Match required activity to available human resources				
If policies, standards, protocols, standard operating procedures, care bundles, etc are currently used in the facility, ensure one is focused on hand hygiene and plan for dissemination to all clinical settings/health-care workers				

Action	Lead person	Time frame (start and end dates)	Budget (if applicable)	Progress (include review and completion dates)
System change				
Review existing hand hygiene compliance and/or health care-associated infection (HCAI) information available to direct the hand hygiene improvement programme				
Analyse the current structures and resources:				
Ward Infrastructure Survey				
Soap/ Handrub Consumption Survey				
Discuss with CEO/Director/senior managers how to improve infrastructures, with a long-term aim to provide a sink in each room, complete with safe, running water, soap and hand towels (this will most likely link with wider/national plans)				
Discuss with CEO/Director/senior managers how to address availability of, and improving access to, resources (to provide alcohol-based handrub at each point of care)				
Decide whether to produce or procure alcohol-based handrub:				
Arrange purchase from the (local) market, taking into account availability, efficacy, tolerability and cost				
Review the Guide to Local Production: WHO-recommended Handrub Formulations				
Discuss with relevant persons/experts the feasibility and actions required to produce WHO alcohol-based handrubs within the facility, particularly affordability and safety issues				
Use the Alcohol-based Handrub Planning and Costing Tool to develop a budget spreadsheet for production of WHO-recommended alcohol-based handrub				
Explore with CEO/Director/senior managers the national or regional plans to provide alcohol-based handrubs				
Undertake tolerability and acceptability exercises using protocols for evaluation				
Make a financial plan of costs necessary to address water, sinks, soap, towels and handrub deficits and attempt to secure an adequate annual budget for this				
If required, explore with CEO/Director/senior managers the possibility of further funding assistance to support short, medium and long term plans (e.g. via national ministry of health funding/donor funds/donations from industry/other donations)				

Action	Lead person	Time frame (start and end dates)	Budget (if applicable)	Progress (include review and completion dates)
Training / Education				
Establish requirements for health-care worker training based on local numbers, needs and any other issues				
Review/design a training/education programme based on WHO training tools				
Identify the trainers (at least one per facility)				
Identify the observers (at least one per facility)				
Secure time, with support from senior managers, for trainers and observers to be trained and to perform in their allocated roles (e.g. written agreement)				
Carry out training of trainers				
Carry out training of observers (trainers and observers can receive the same basic training in the same sessions before observers receive additional specific training)				
Set the plan, including timeframe, for initiating, conducting and evaluating training for health-care workers				
Communicate the time commitment required for training of health-care workers to all managers and staff				
Establish a system for reporting on training sessions to senior managers including an action plan for addressing poor or non-attendance				
Incorporate the training programme into the overall facility financial plan				
Establish a system for updating training and competency checks of trainers (e.g. annually)				
Establish a system for updating training and competency checks of all health-care workers (e.g. annually)				
Plan to produce supplementary training materials or organize additional activities to maintain momentum and motivation (e.g. organise lunchtime debates on hand hygiene issues for health-care workers; produce e-learning materials; establish a buddy system to educate new starters on hand hygiene) in the longer term				
Establish a system for updating training materials				

Action	Lead person	Time frame (start and end dates)	Budget (if applicable)	Progress (include review and completion dates)
Evaluation and feedback				
Design or review evaluation and feedback activities including:				
Hand hygiene observations				
Ward infrastructure surveys				
Soap/handrub consumption surveys				
Perception surveys for health-care workers				
Perception surveys for senior managers				
Health-care workers knowledge surveys				
Tolerability and acceptability of alcohol-based handrub surveys				
Set the plan, including timeframe, for initiation of evaluation and feedback activities				
Include identification of all expert support that might be required (e.g. epidemiologist, data manager)				
Incorporate the evaluation and feedback activities into the overall facility financial plan				
Establish an overall system for reporting on evaluation results to senior managers including an action plan for addressing poor compliance, knowledge and infrastructures				
Utilise the Hand Hygiene Technical Reference Manual to produce plans for observations				
Identify candidates to be observers (if not already done so)				
Establish a system for on-going training and competency checks of observers (e.g. annually)				
Conduct baseline evaluations and feed back to key health-care staff, consider using:				
Data Entry and Analysis Tool and Instructions for Data Entry and Analysis				
Data Summary Report Framework				
Prepare and disseminate a plan for ongoing observations according to an agreed schedule (e.g. annually but ideally bi-monthly)				
Present results of observations each quarter or to an agreed schedule to hand hygiene implementation team and senior management				
Set annual targets for improvement in hand hygiene compliance based on agreement from all key staff and taking into account current evidence on hand hygiene compliance rates				

Action	Lead person	Time frame (start and end dates)	Budget (if applicable)	Progress (include review and completion dates)
Evaluation and feedback continued				
Assess current information on HCAI rates at the facility				
Establish a system to monitor HCAI rates on an on-going basis alongside hand hygiene compliance rates				
If possible, perform cost-effectiveness analysis to inform senior managers and secure future investment in hand hygiene				
Consider preparing a case study of improvements in hand hygiene at the facility for publication locally, regionally or nationally and on the WHO Patient Safety website				
Consider publishing data on hand hygiene improvement and HCAI rates at the facility in a peer-reviewed journal, trade journal or internal newsletter				
Consider presenting data on hand hygiene improvement and HCAI rates at the facility at local, national or international conferences				
Reminders in the workplace				
Evaluate available resources including existing reminders and local expertise to develop new reminders				
Establish requirements for updating or providing new reminders				
Establish costs and source funding where required				
Access and download posters and leaflets on the WHO Patient Safety website and investigate costs of reproduction				
Provide and/or display posters in all clinical settings				
Ensure posters are in a good condition and clearly displayed in suitable places (e.g. at the point of care, above hand wash basins)				
Distribute leaflets to all health-care workers during training and display in all clinical settings				
Plan to produce supplementary or refreshed reminders on an on-going basis, including innovative ideas other than posters and leaflets				

Action	Lead person	Time frame (start and end dates)	Budget (if applicable)	Progress (include review and completion dates)
Institutional safety climate				
Clarify that all other actions for ensuring system change, training / education, evaluation and feedback and reminders in the workplace are taking place				
Identify and secure on-going support from key senior managers and facility managers				
Prepare and send letter to advocate hand hygiene to senior managers to encourage them to continue investment in hand hygiene				
If possible, prepare a business case (local evaluation of cost-effectiveness of hand hygiene promotion) and present to senior managers to secure continued investment in hand hygiene				
Prepare and send letter to communicate hand hygiene initiatives to managers				
Establish a committee to implement the facility action plan				
Establish regular meetings to feedback and revise the action plan accordingly (an already-established committee may be chosen as the vehicle to address hand hygiene improvement)				
Prepare a plan to publicize hand hygiene activities across the facility – where available use internal communications expertise				
Establish key staff in all areas that can be updated and continue to publicise news of hand hygiene activities on an ongoing basis				
Review existing involvement of patients / patient organizations in health-care improvement activities and consider timeframe for initiating ongoing discussions/collaborations with patient organizations				
Utilize the guidance on engaging patients and patient organizations in hand hygiene initiatives				
Consider undertaking patient surveys				
Initiate patient advocacy activities (e.g. provide hand hygiene information leaflets to patients and plan for education sessions)				
Consider implementing initiatives to reward or acknowledge good hand hygiene compliance by specific health-care workers, wards or departments				
Embed hand hygiene within facility indicators and annual goals				
Plan to produce supplementary training materials or organising additional activities to maintain momentum and motivation (e.g. organise lunchtime debates on hand hygiene issues for health-care workers; produce e-learning materials; establish a buddy system to educate new starters on hand hygiene, use the SAVE LIVES: Clean Your Hands Promotional DVD)				