



8 March 2016

HAND HYGIENE PROGRAMS: ESSENTIAL FOR HEALTH AND WELL-BEING

The Australasian College for Infection Prevention and Control (ACIPC) has noted a recent publication by Professor Nicholas Graves (Queensland University of Technology) evaluating Australia's National Hand Hygiene Initiative.

ACIPC President, Professor Ramon Shaban said, "In broad terms, hand hygiene is the single greatest measure we have for the prevention and control of infection. It is a fundamental element of all infection control programs, and the College reinforces the importance of hand hygiene for the health and welfare of individuals, the community and society as a whole."

"The findings from Professor Graves' study suggest the cost effectiveness of the national hand hygiene initiative varies across the country but overall the program was cost effective, when using a threshold of \$42,000 per life year gained. It is important to note this study explored *Staphylococcus aureus* bacteraemia as the primary outcome when determining cost effectiveness of the program. The value of the program in cost effectiveness terms may be conservative because the analysis did not include the cost benefits associated with improved hand hygiene compliance on reducing other healthcare-associated infections. There is evidence demonstrating the effect improved hand hygiene compliance has on reducing other healthcare associated infections. In work published in the College's own journal (now called *Infection, Disease and Health*), the same group of authors identified that the hand hygiene intervention was associated with reduced infection rates,"¹ he said.

Professor Graves also suggests other initiatives implemented at the time of the study, such as surveillance screening, de-colonisation, cleaning and antimicrobial stewardship may have contributed to the \$42,000 per life year gained. ACIPC recognises the role of the Infection Control Professional, the updated National Guidelines, and implementation of National Standard 3 with heightened accreditation criteria and jurisdictional key performance indicators has had in highlighting the importance of infection prevention programs in all healthcare facilities.

"The National Hand Hygiene Initiative was the first of its kind and it serves us well. Do we need to review our hand hygiene programs? The answer is yes, and this program is no exception. The focus of any such review must be on sustaining good health outcomes for our patients with due regard to cost and efficiency. In recent times funding for the program has been revised down, in the order of half of the initial reported cost of start up," Professor Shaban said.

"Healthcare-associated infections are common adverse events that occur in hospitals. They are costly to everyone; individuals, communities and society. With scarce healthcare resources, it is critical the public, health service providers and patients receive the highest return for each dollar invested. Recent Australian research estimated that \$76m is spent on infection control nurse staffing in Australia each year, which is a fraction of our health gross domestic product."²

Professor Shaban went on to say "The College strongly supports sustained investment in infection prevention and control programs and research, particularly in the area of hand hygiene. Hand hygiene is a fundamental practice to prevent and control the spread of infection, and it is here to stay."

ENDS

For interviews please contact Professor Ramon Shaban 0478 312 668.

About ACIPC

This statement is authorized by the ACIPC Board of Directors. ACIPC is the peak body for Infection Prevention and Control in the Australasian region. The College supports infection prevention and control professionals by providing them with support, networking, knowledge and up to date information relevant to their area of practice. www.acipc.org.au

¹ Barnett A, Page K, Campbell M, Brain D, Martin E, Winters S, Hall L, Paterson D & Graves N. (2014). *Changes in healthcare-associated infections after the introduction of a national hand hygiene initiative.* *Healthcare Infection.* 19(4), 128-134.

² Mitchell B, Hall L, Macbeth D, Gardner A & Halton K. (2015). *Hospital infection control units: Staffing, costs and priorities.* *American Journal of Infection Control.* 43(6), 612-616