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## Front line empowerment: making hand hygiene contagious

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## Conflict of interest statement

- I have no conflict to declare



## Objectives

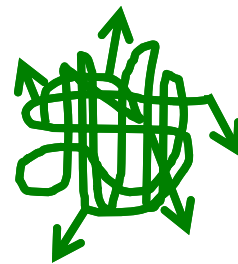
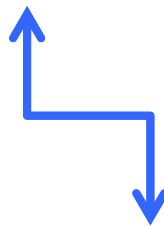
- Introduction to a different way of thinking
- Some evidence
- Improving hand hygiene



Simple

Complicated

Complex



More Agreement

More Certain

Adapted from Brenda Zimmerman, 2010

Less Certain  
Less Agreement



## Simple versus the complex

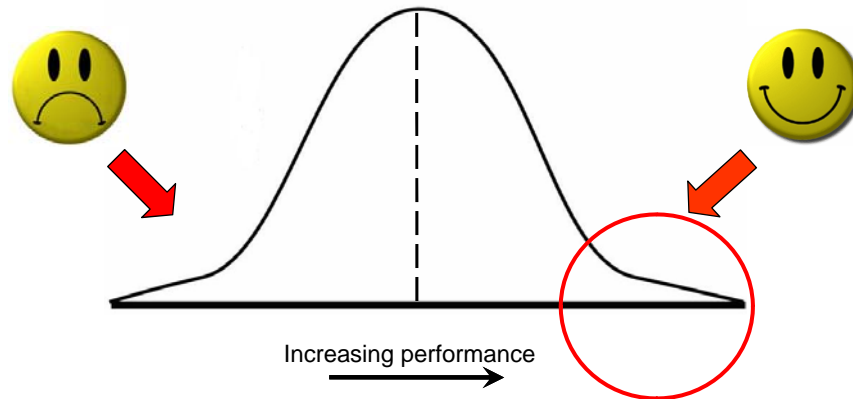
- Search for solutions
- Problem solve
- Checklists
- Algorithms
- Best practices
- “Social immune response”
- Sensitive to local culture
- No one size fits all
- Multiple actions
- Paradoxes
- Importance of relationships, intuition
- Social Proof
- “Minimum specifications”

## Infection Control strategies

- Prevention
  - Represent almost all infection control strategies
- Containment
  - Often neglected

Weick and Sutcliffe, 2007

## Positive Deviance



## Not all positive deviants are able to express themselves

- Good ideas but never put into practice
- Use Liberating Structures to tease out ideas

# Key points

- Ideas come from those “touching” the problem
- The group acts on ideas from “someone just like me”
- Ideas are spread amongst peers (not top down)
- What works for one group may not work for another despite a similar challenge



## The Canadian PD Project



Vancouver General Hospital, Kelowna General Hospital,  
Joseph Brant Memorial Hospital, Trillium Health Centre,  
Toronto East General Hospital

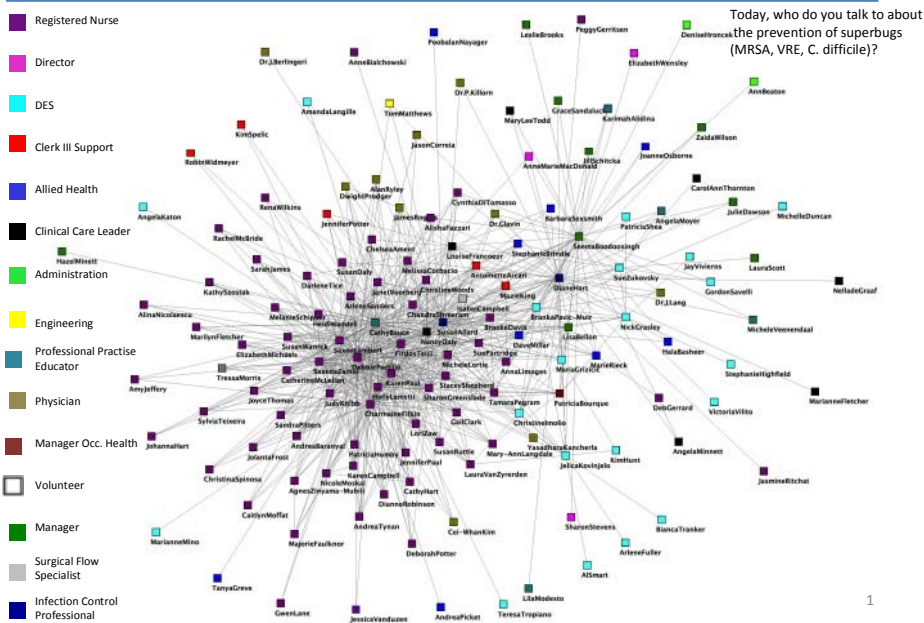


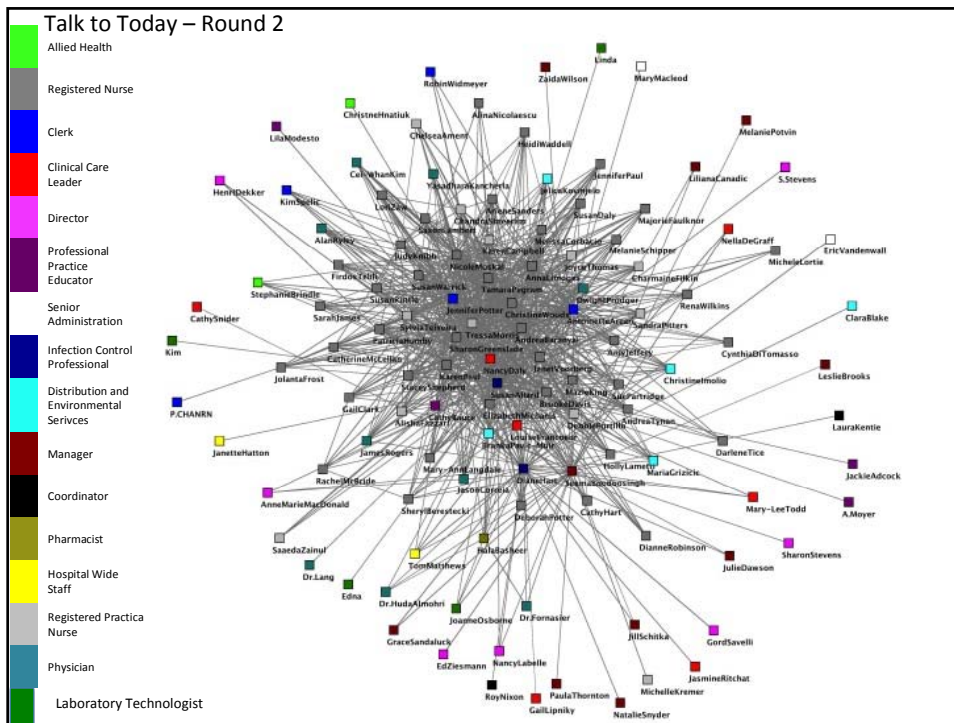
# 18 month study

- 5 self-selected hospitals
- Used Positive Deviance and Liberating Structures
  - 4 used it on specific nursing units
  - 1 used it hospital wide
- Measures
  - Interconnectivity
  - Behavioral changes
  - MRSA, VRE, *C. difficile* rates



## Who do you talk to today about superbugs?





## Interviews: Identified Tensions

Traditional Healthcare Culture	Emergent Culture
In a 'do-er' culture, need to get things done immediately	Taking the time for discovery and learning
Evidence-based practice (scientific proof)	Practice-based evidence (social proof)
Information and data are trusted	Stories and relationships are trusted
Culture change is complicated	Changes can be simple
Leaders need to 'step-up'	Leaders need to 'step-back'
Top-down leadership from traditional leaders	Bottom-up leadership from the front line

Site	Unit	Hospital	Unit with respect to Hospital
	% Change	% Change	% Change
1A	+3	+36	-33
1B	-51	+51	-102
1C	-100	-83	-17
2A	-48	-11	-37
2B	+2	-15	+17
3	+257	+198	+58
4	-100	+175	-275
<b>Overall</b>			<b>-56</b>





## The UHN hand hygiene program

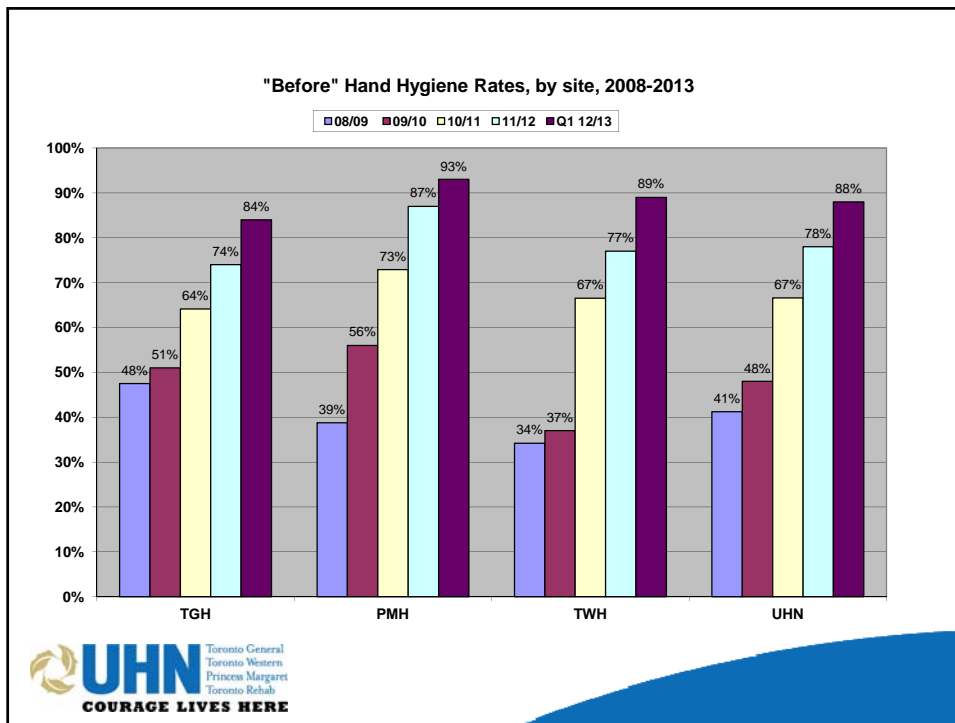
- 6 years of trying
- Many missteps
  - One size fits all approach
  - Poor auditing ability
  - Physicians not involved
  - Tim Horton’s gift certificates



## Our new hand hygiene approach

- Clear top down leadership to set expectations
- Transparent audit and feedback
- Programs expected to meet targets, *but not given a roadmap*
- Frontline engagement, including physicians
- No “one size fits all” strategy







## Summary

- **Prevention** and **Containment** are both important to improving patient safety
- We have seen huge success with less work
- I will never go back



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