

# Making Hand Hygiene Core Business

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Changing Medical Behaviour – involvement of Colleges

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# College Structures / Activities in Australia and New Zealand

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- 16 Medical Colleges accredited by Australian Medical Council
- Fellowship based (and owned), not for profit, professional organisations
  - RACS
    - ◆ 6223 Fellows, 4937 active
    - ◆ 1084 Trainees
- Vocational (post graduate) education for surgeons in cardiothoracic, general, neurosurgery, orthopaedic, otolaryngology, paediatric, plastic, urology, vascular surgery



# College Structures / Activities in Australia and New Zealand

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- Maintenance of standards for surgical practice
  - Through a set of nine competencies that include medical expertise, technical expertise, clinical judgement, scholarship and teaching, professionalism, health advocacy, management and leadership, collaboration and teamwork as well as communication
- Health Advocacy
  - Road trauma
  - Surgical Safety Check list
  - Bullying and Harassment



# College Activities in Australia / New Zealand / Internationally

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- Health Technology Evaluation
  - Surgical Procedures
- Audit – mortality / morbidity
- National collaborations
  - Particularly with other medical colleges
  - Examples include
    - ◆ Input into National Registration and Accreditation
    - ◆ Mandatory Continuing Professional Development (CPD)
- International projects
- International collaborations
- Can the College and its activities assist with Hand-hygiene?



# Challenges with hand washing, proven over centuries

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- “puerperal fever was caused by chance or God; no gentleman could have hands so dirty as to cause disease, and it was inconceivable that physicians could be responsible for the deaths of their own patients”
- “150 years after Holmes and Semmelweis, all physicians accept the germ theory of disease and the importance of antisepsis”



# Challenges with hand washing, proven over centuries

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- “If hand hygiene were a drug, contained in a tablet or capsule, it would be a best seller”
- “It seems a terrible indictment of doctors that practices and protocols must be developed to take the place of something as simple... as hand washing....should lead us all to do some soul searching, is that careful and caring doctors can be so extra-ordinarily self delusional about their own behaviours”



# Obvious Issue of Significance

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- In U.S.A annually 1.8 M patients will contract a nosocomial infection, 20 K patients will die directly and 70 K indirectly. \$4.5 B extra in health costs
- In Australia, 5.5% of admissions associated with Health Acquired Infections, with an estimate of 155 K infections across Australia, 5% mortality rate.
- \*\*70% may be preventable with infection control practices\*\*



# Obvious Issue of Significance

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- Changes needed include
  - Cognitive. We think we wash our hands or are “inherently clean”
  - Built on early childhood patterns of behaviour
  - Requires re-organisation of health care environment to promote and maintain behavioural change
  
- This is hard !!



# Organisational Transformation. Theoretical Framework

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- Kotter's Eight Step model. Three stages of “defrosting” the status quo, introducing new practices and making changes stick
  - 1. Understand. Establishing a sense of Urgency
    - ◆ Understand market and competitive realities
    - ◆ Identifying and discussing crises, opportunities. Not moving is more dangerous
    - ◆ Discussions at Morb / Mort meetings about sepsis rates, avoidable deaths
  - 2. Enlist. Forming a powerful guiding coalition
    - ◆ Group needs enough power and commitment
    - ◆ Ensuring the group works together as a team across boundaries
    - ◆ Multi-disciplinary groups, from the grass roots up with obvious champions
  - 3. Envisage. Creating a vision
    - ◆ Provide direction
    - ◆ Ensure strategies will achieve this
    - ◆ Flexibility and modifications as needed



# Organisational Transformation. Theoretical Framework

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- Kotter's eight step model.
  - 4. Motivate. Communicating the vision
    - ◆ Use every vehicle possible particularly when low cost, high yield scenarios
    - ◆ Teach new behaviours through the actions of the coalition
    - ◆ Needs Board / CEO / Senior Management endorsement and example
  - 5. Communicate. Empowering Others to Act
    - ◆ Remove obstacles be they infrastructure, systems or people
    - ◆ Encourage risk taking and non traditional ideas
    - ◆ At least ten times more than expected using multiple types
  - 6. Act. Plan for and create short term wins
    - ◆ Need to have visible performance improvements
    - ◆ Recognise and reward employees involved
    - ◆ Everyone's responsible including our patients



# Organisational Transformation. Theoretical Framework

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## ■ Kotter's eight step model

- 7. Consolidate. Consolidate improvements and produce more change
  - ◆ Enhanced credibility can drive further change
  - ◆ Hire and promote the believers and creators of the new
  - ◆ Incorporate into standards of practice and cultural change
  - ◆ Public reporting
- 8. Institutionalise. Institutionalise new approaches
  - ◆ Highlight new behaviours and corporate success
  - ◆ Ensure leadership development and succession
  - ◆ Institutionalise with regulatory and accrediting authorities and standards organisations



# Shouldn't this be an ideal setting for change?

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- Clear recognition of a problem
- A desire to correct the problem
- Intervention to mitigate the problem
- Evidence that the intervention is effective
- Intervention is cheap, doable, not disruptive, and has additional unexpected benefits
- Passionate leadership and staff that buy in



# Difficulties with hand hygiene

Change at level of	Focus of factors	Difficulties, obstacles to change	Number (%) of people seeing this as a problem
Individual professional	Cognition	I seldom see complications Lack of evidence	61% 43%
	Attitudes and motivation	Gives irritation of hands Costs too much time I forget it during the rush I fall back to old routines	81% 50% 65% 49%
Team or Unit	Social influences and leadership	Nobody controls Management is not interested	50% 45%
Hospitals or health service	Organisational	It is not feasible in normal work No guidelines	61% 49%
	Resources	Absence of facilities	42%



# Effects of interventions

Intervention	Number of studies	Conclusions
Education – information	11	Short term effect
Reminders	7	Modest, but sustained effects
Performance feedback	9	Effective but needs ongoing feedback
New soap and hand rub	3	Small effect for hand rub
Adjusted sinks	3	Unclear
Multifaceted	11	Pronounced effects



# Behavioural Change

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- Change requires a comprehensive approach at different levels
  - Individual clinician
  - Clinical team
  - Hospital management and governance
  - Wider environment
- Individual clinical leader level
  - Participate in orientation / performance management of their clinical teams
  - Ensuring quality and safety issues are addressed at clinical unit level
  - Demonstrate safe practice by action and words and promote safe practice
  - Increase awareness and training about HAI prevention
- Multi-modal strategies
- **\*\*Multi-faceted involving education, motivators, philosophical and system changes as well as regulatory enforcement \*\***



# Power of persuasion. Surgical Checklist (WHO). Canadian example of a “bring it on” moment

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Fred – it has come to my attention that you don't favour carrying out the Checklist, which is now a mandatory surgical process at .... The purpose of this reminder is to emphasize the need for doing this, and of the consequences of not participating. The checklist has proven in your own and other services to be not only useful in the promotion of patient safety, but also of team-building...an important ancillary effect. You will remember your own unfortunate incident in the OR a few months ago, which would have been avoided had we used the checklist at that time.

I am informing you that if I am told that you either refuse to use the checklist, or continue being sarcastic when you are reminded, I will be forced to take OR time away from you. If you continue to disregard the processes that all other surgeons, anaesthetists and nurses have adopted, this may result in suspension of your privileges.

If you don't believe me, just try me.



# WHO strategies for Hand Hygiene

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- Five moments of hand hygiene
  1. Before touching a patient
  2. Before cleaning / aseptic procedure
  3. After body fluid exposure risk
  4. After touching a patient
  5. After touching patient surroundings
  
- Aspects of hand hygiene such as use of alcohol formulation, washing hands, use of gloves
  
- Five core components
  1. System change
  2. Training and Education
  3. Evaluation and feedback
  4. Reminders in the workplace
  5. Institutional safety climate
  
- Developed comprehensive range of tools to assist this.
  
- Are there things that can be added??



# Multiple points of reinforcement in the educational / regulatory / accreditation areas

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- Mandatory component of medical training
- Compulsory induction for all new staff
- Mandatory component of performance assessment
- Recognised modules that can be accredited and are viewed as mandatory for selection into College based programs
- Mandatory part of all clinical assessments
- Negotiation with Colleges about achieving “points” in CPD programs



# Multiple points of reinforcement in the educational / regulatory / accreditation areas

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- Negotiation with Medical Board of Australia about annual report of program is required for CPD
- ACHS – monitoring is compulsory with “hurdle” levels of compliance
- Information must be reviewed by Clinical Governance committees and reported to Boards
- Boards must believe it is a “bring it on” issue
- Management of health facilities believe this is a “bring it on” issue

