Making it stick: when asking, telling and begging just isn’t enough
May 4, 2017
Welcome!
Jason Thompson
Communications Officer - Moderator

Bienvenue!
Gina Peck
Project Coordinator – Technical Host
Thank you!

Our partners

ACCREDITATION AGREMENT CANADA

Infection Prevention and Control Canada

Public Health Agency of Canada

Agence de la santé publique du Canada

Our sponsor

GOJO

Shift to Safety
Your source for patient safety
STOP! Clean Your Hands Day

Ask Yourself…

• Making a change to your behaviour can be as simple as asking yourself a question.
• Small, incremental changes can lead to big things.
• Not only can you improve your own practices, you’re setting a great, easy to follow example for everyone around you!
How clean are your hands?
A quiz for patients and providers

• Provider Quiz taken 1,046 times so far
  • Roughly 65 per cent of providers indicated they were cleaning hands at the 4 Moments of Hand Hygiene
• Patient quiz taken 781 times so far
  • Only 47 per cent of patients say they speak up if their healthcare provider has not cleaned their hands
Lights! Camera! Action!
STOP! Clean Your Hands Day Video Competition

• 18 videos submitted
• Can be viewed on CPSI’s YouTube channel
• 13,106 minutes watched
• 10,062 total views
• And the winner’s are . . .
Before we get started

• Enter your questions into the chat box
• This webinar is being recorded
• The slide presentations will also be available online
• Stick around after the webinar to take our poll
Today’s Presenters

Jignesh Padia  Dr. Kim Corace  Cecilia Bloxom
Jignesh Padia
Patient Experiences

Surgical Site Infections
Hi!

My name is Jignesh Padia. What brings me to this session is my 5 year old son and some of the very positive experiences we had during his spinal cord detethering surgery.

Before surgery, we were very concerned about the infection. Especially because we learned that a spinal cord infection could easily result in serious condition affecting our child’s development and future.

We are very thankful to entire Neurosurgery Team and all the staff at Stollery’s for providing a positive outcome for my son’s surgery.
Summary of our surgical experience

What went well.....

* We were provided antimicrobial soap for preoperative bathing at home.
* We actively noticed rigorous hand hygiene by Neurosurgeons.
* During post surgical follow-ups Neurosurgeon always sanitized their hands before touching or examining the wound.
* Sanitizing hands in front of us as a parent gave us more confidence in the providers taking care of our son.

Potential opportunities.....

* Instruction on how many times and how to use soap were verbal. A written instruction (one pager) could ensure that parents are able to follow instructions to the point for better outcome.
* We had experienced that Nursing staff on the ward were less compliant and would even touch the wound without sanitizing hands after entering in the room.
* Ward floor was only mopped once everyday and by the end of shift you could visually see dirt on the floor. There was an opportunity for things such as catheter lines and other probes to touch the floor and get contaminated.
Below pictures show what are some of the risks for patients and especially young kids who get infected post surgery.

Many factors could cause such infections and each step to prevent it becomes important.

In the below picture you are seeing a baby who got infected post surgery. The parents of this baby are Facebook friend of ours. They told us that they never got any soap or instruction to clean their baby before surgery.
Patient/family needs

- They are worried about infections and want to do their part
  - Provide information about what they can do to prevent it
    - Many times (at arrival, during care, etc),
    - Many channels (written, 1:1 conversations, etc),
    - Many voices (physician, nurse, patient advisors, cleaning staff)
  - Ensure soap/ sanitizer and other equipment is available
- Be a role model
  - Wash/ clean your hands in front of the patients
  - Explain why and how you do it
  - Ensure all staff follow the same processes
Speaking up!

What would you do if your doctor did not wash their hands when they came into the exam room?

- Ask them if they washed up. (369 votes) 35.01%
- Say nothing and hope for the best. (482 votes) 45.73%
- Report them later. (83 votes) 7.87%
- Get up and leave. (89 votes) 8.44%
- Go home after and take a shower. (31 votes) 2.94%

Only 35% of respondents reported that they would ask a care provided to wash their hands!
What I see as a patient / family

<table>
<thead>
<tr>
<th>Province</th>
<th>Hand Hygiene Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>87 %</td>
</tr>
<tr>
<td>BC</td>
<td>83 %</td>
</tr>
<tr>
<td>SK*</td>
<td>74</td>
</tr>
<tr>
<td>AB</td>
<td>80 %</td>
</tr>
<tr>
<td>Nova scotia</td>
<td>76 %</td>
</tr>
<tr>
<td>Manitoba*</td>
<td>70 %</td>
</tr>
<tr>
<td>Quebec*</td>
<td>42.5 %</td>
</tr>
<tr>
<td>PEI *</td>
<td>73 %</td>
</tr>
<tr>
<td>New Brunswick*</td>
<td>48.5%</td>
</tr>
</tbody>
</table>

More needs to be done to create an accountability to make the data more accessible and comparable!

It took me hours and yet I couldn’t get latest data for provinces with * beside it. Some data is as old as from 2011.
You can make the difference

* By participating in this important work, you have already shown the leadership.

* Please spread the surgical check list and its use to each and every part of your organization.

* Promote best practices and most importantly hand hygiene.

* Thanks for listening and being passionate about this topic.
Dr. Kim Corace
Improving Healthcare Worker Hand Hygiene Compliance: Can behaviour change theories help?

Kimberly M Corace, Jeffrey Smith, Tara MacDonald, Leandre Fabrigar, Andrea Chambers, Sam MacFarlane, Debbie Valickis, Gary Garber

STOP! Clean Your Hands Day

May 4, 2017
Disclosures

• None of the presenters at this session have received financial support or in-kind support from a commercial sponsor.

• None of the presenters have potential conflicts of interest to declare.
Background

- Hand hygiene (HH) is key in preventing healthcare associated infections, yet adherence rates are known to be suboptimal.
- We lack data on HH barriers and motivators in long-term care facilities.
- HH is a complex, automatic behaviour.
- Psychological theories of behaviour change could be used to develop effective hand hygiene compliance interventions.

Do we use what we know about behaviour change to change HH behaviour?
The Knowledge and Education Trap

- Interventions to date have largely relied on improving individual knowledge, with limited success.
- Knowledge alone does not translate into behaviour change.
- Knowledge is necessary but not sufficient.
Moving forward beyond knowledge

Psychological frameworks of health behaviour change are promising tools to improve HH adherence
Objectives

• To identify modifiable motivators and barriers for hand hygiene compliance in long-term care facilities based on psychological theories of behaviour change

• To utilize this new information to inform novel interventions to improve hand hygiene compliance

• To explore opportunities to foster multidisciplinary collaborations between public health and behaviour change experts
Building a novel collaboration to build a new approach
Collaboration is Key

- Initial meeting bringing together public health, infection control, and psychologists with expertise in behaviour change
  - Reviewed the current literature; identified gaps and opportunities
  - Identify common agenda to foster collaboration and move things forward
- Created momentum through conducting a systematic review of the applicability of behaviour change theory to HH compliance
Study #1: Systematic Review Objectives

**Primary**
- To review the effectiveness of interventions based on psychological theories of behaviour change to improve HCW hand hygiene compliance

**Secondary**
- To determine which frameworks have been used to predict HCW hand hygiene compliance
Systematic Review Methods

• Multiple databases and reference lists of included studies were searched

• Eligibility criteria
  • Studies that applied psychological frameworks to improve and/or predict HCW hand hygiene compliance
  • English language, published, peer-reviewed studies with primary data

• All steps in selection, data extraction, and quality assessment performed independently by 2 reviewers
Systematic Review Results

- 4 theory-informed interventions had mixed results but generally resulted in increased HCW hand hygiene adherence
  - Operant Learning (positive reinforcement)
  - Change theory
  - Theory of Planned behaviour
  - Transtheoretical Model

- 2 of 3 studies found that behavioural theory could predict hand hygiene behaviour
  - Theory of Planned behaviour
  - Transtheoretical Model
  - Theoretical Domains Framework
Systematic Review Conclusions

• Potential benefit of applying behaviour change theory to HH adherence

• Heterogeneity in frameworks studied

• Methodological limitations of studies (bias)

• Unclear how the frameworks are informing interventions
  • Interventions relied largely on standard multimodal programs focusing on education, reminders, and availability of hand hygiene products

• Sustainability and generalizability across clinical settings has yet to be demonstrated
Back to Our Collaboration....

*How can we design an intervention if we don’t know what we’re targeting?*

- Collaborated on a grant proposal that would assess targets for the intervention: successfully awarded
- Completed Phase 1 of project building on information gathered in the systematic review
Study #2: Methods

- 100 HCWs at 10 long-term care facilities completed a survey which assessed behaviour change constructs
- The survey questions included:
  - A: Closed-ended questions
  - B: Open-ended questions
  - C: Self-reported self and co-worker hand hygiene compliance
Method

- Content analysis was conducted on barriers and motivators from open-ended responses
- Meaning units (i.e., a discrete idea being expressed) were coded into motivators, barriers, and suggestions to improve hand hygiene compliance, respectively
- Common themes were explored among Likert scale items using factor analysis
- Themes from content analysis and factor analysis were compared
Discussion

• Psychological theories of behaviour change provide a useful framework for understanding motivators and barriers for HCW hand hygiene compliance.

• Knowledge and training was not a major barrier identified in either closed-ended or open-ended questions reaffirming the need to explore other interventions to improve HH, such as applying behaviour change theory.

• Collaboration between behaviour change psychology and public health experts is a feasible approach to developing novel solutions for complex public health problems.
Limitations

• These data are based on self-report; therefore, participants may not always recognize or express factors that function as motivators or barriers to hand hygiene behaviour
Future Directions

• We are in the infancy of applying psychological frameworks to the infection prevention and control arena

• Many theories remain untapped

• We are continuing to identify the promising behaviour change constructs we need to target to improve HH compliance

• These targets will be used to develop a behaviour change intervention study in collaboration with our partners in long-term care
Cecilia Bloxom
Engaging Behaviour Change

May 4th, 2017
What does it mean to be engaged?
How do you change behaviour?
1. Aim High (reach the right audience)
2. Give incentive
3. Be memorable
4. Make it easy
5. Create a positive feedback loop
Aim High
(reach the right audience)
Give Incentive
Questions Save Lives

#AskListenTalk
Health Min. Henderson reminds Islanders that questions save lives - speak up & ask questions #asklistentalk #patientsafety @Patient_Safety

Health Minister @VictorBoudreau reminds NBers that questions save lives: #AskListenTalk during Canadian Patient Safety Week. pic.twitter.com/qHpHXh4u2S
Providers from across the country responded

**KEEP GOOD RECORDS!** Keep a list of medications that you are currently taking & relevant medical history in a safe location. #AskListenTalk

Dr. Lopez is helping to keep patients safe by asking: #asklistentalk #patientsafetyweek @Patient_Safety @stjoestoronto pic.twitter.com/lyAHaKOGxi
Patient from across the country responded

**Martin Arseneault** @MartinArse…
11 days ago

#asklistentalk pic.twitter.com/Njq8FmF8WV

**Island Health** @VanIslandHealth
8 days ago

"Is this medication meant for me?"
Questions Save Lives – See more questions from Day 3 of #CPSW: ow.ly/KF8V305woJk
#AskListenTalk pic.twitter.com/Vblhi6EJWo

Shift to Safety
Your source for patient safety
Be Memorable
Make it easy
Positive Feedback Loop
Patient’s Dream or Scream: What Kind of Provider are You?

How safe is the care you are providing your patients? How well do you know your stuff? Flex your medical muscle and put your expertise in the dos, don’ts and how-tos of providing safe patient care to the test.

Take the online Patient Safety Quiz at www.asklistentalk.ca

Provider’s Dream or Scream: What Kind of Patient are You?

Are you a safe patient? Test your knowledge of the dos, don’ts and how-tos of being a conscientious patient and receiving safe care.

Take the online Patient Safety Quiz at www.asklistentalk.ca
We asked **providers** and the **public** about their knowledge of Patient Safety

- **Provider Quiz**
  - 3,622
  - Times taken

- **Patient Quiz**
  - 1,961
  - Times taken

English Stats Only
STOP! Clean Your Hands Day

STOP!
clean your hands

ARRÊT!
nettoyez-vous les mains
Thank you for joining us!

Please visit our website to review the presentation and recording of this webinar

patientsafetyinstitute.ca