

Influencing Decision Makers
Prof. Didier Pittet, University of Geneva Hospitals
Broadcast live from the 2016 conference of the Australasian College of Infection Prevention and Control



Influencing Decision Makers

Professor Didier Pittet, MD, MS,



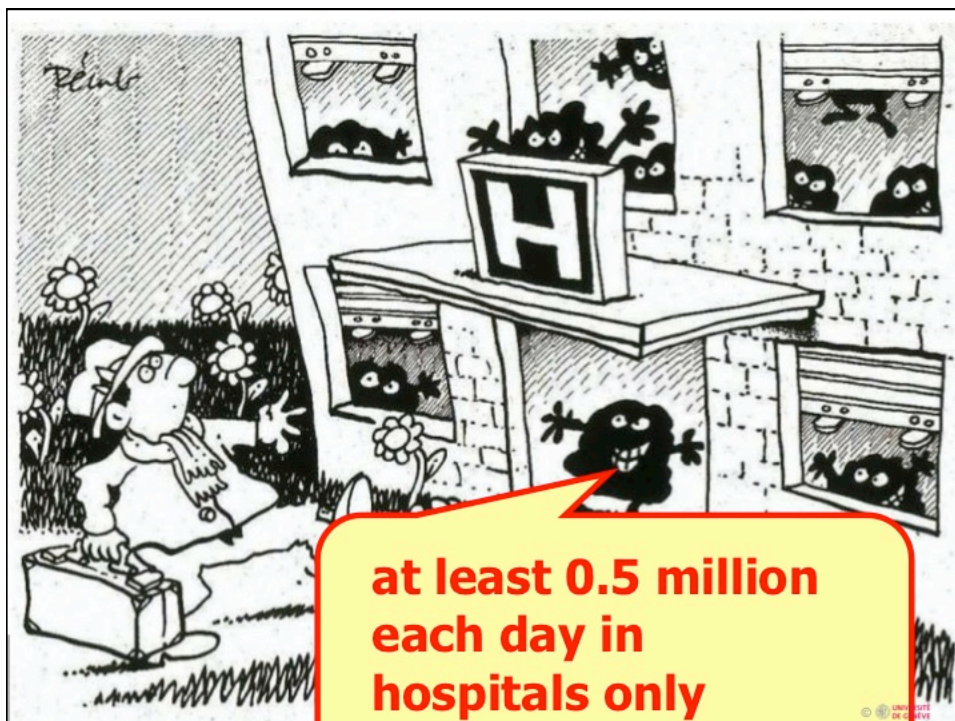
Infection Control Programme
WHO Collaborating Centre on Patient Safety
University of Geneva Hospitals and Faculty of Medicine, Switzerland

Lead Adviser, Clean Care is Safer Care
& African Partnerships for Patient Safety programmes,

World Health Organization (WHO) Health Service Delivery & Safety



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**at least 0.5 million
each day in
hospitals only**

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Hospital infections

500,000 patients each day

16 million **deaths** every year

Daily impact of hospital infections in the USA....

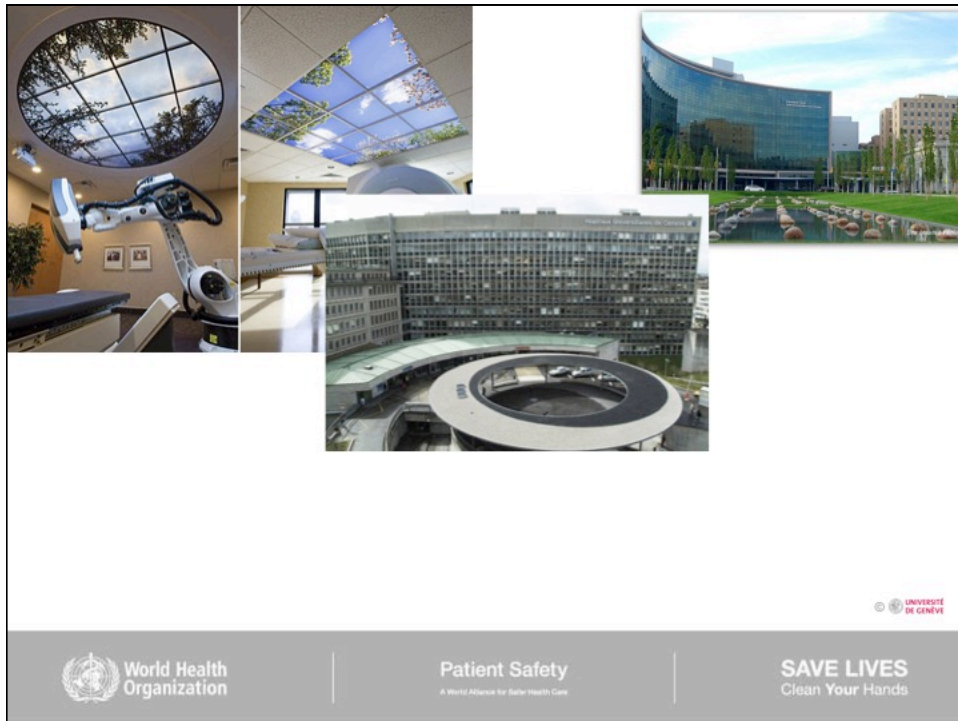


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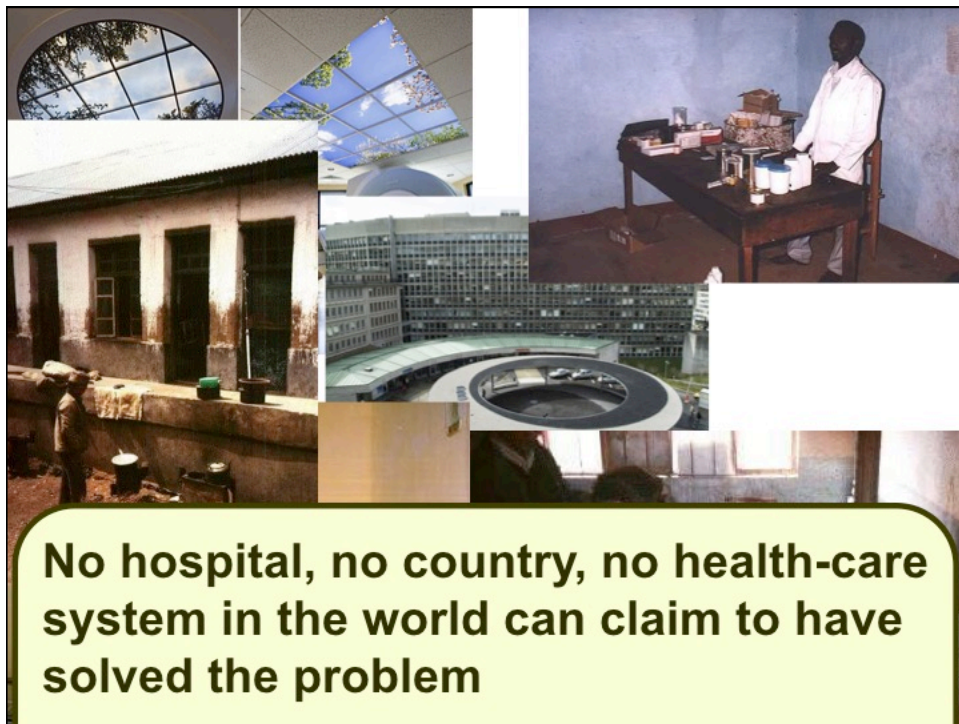


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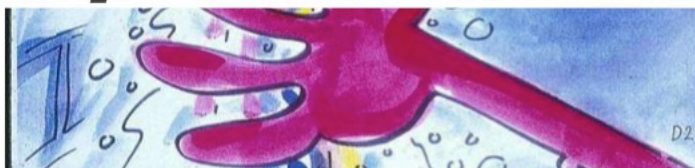
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Compliance < 40%



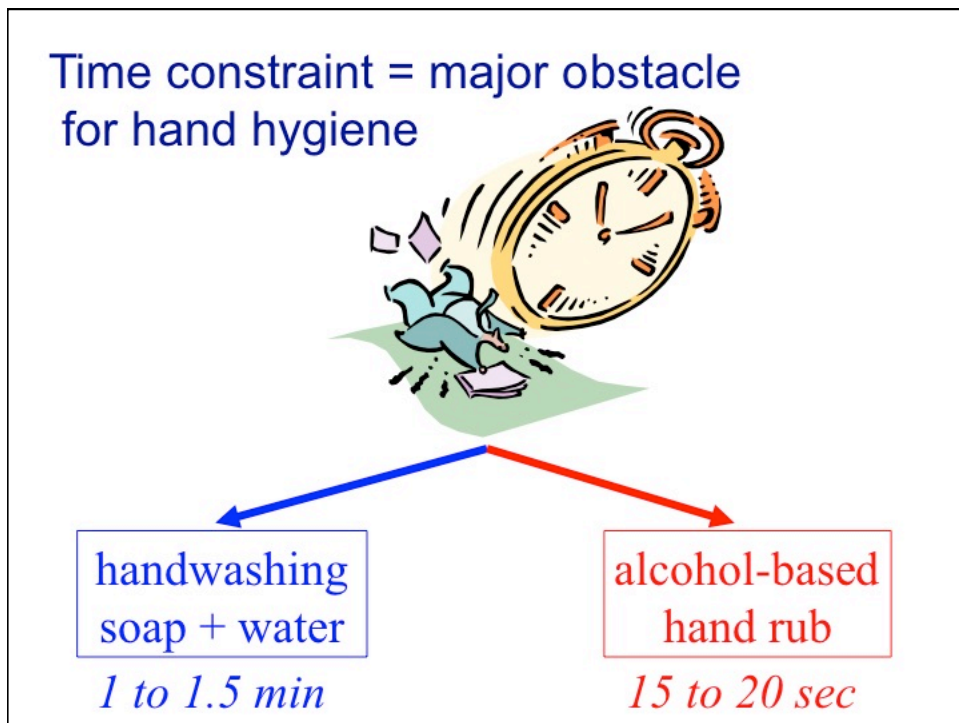
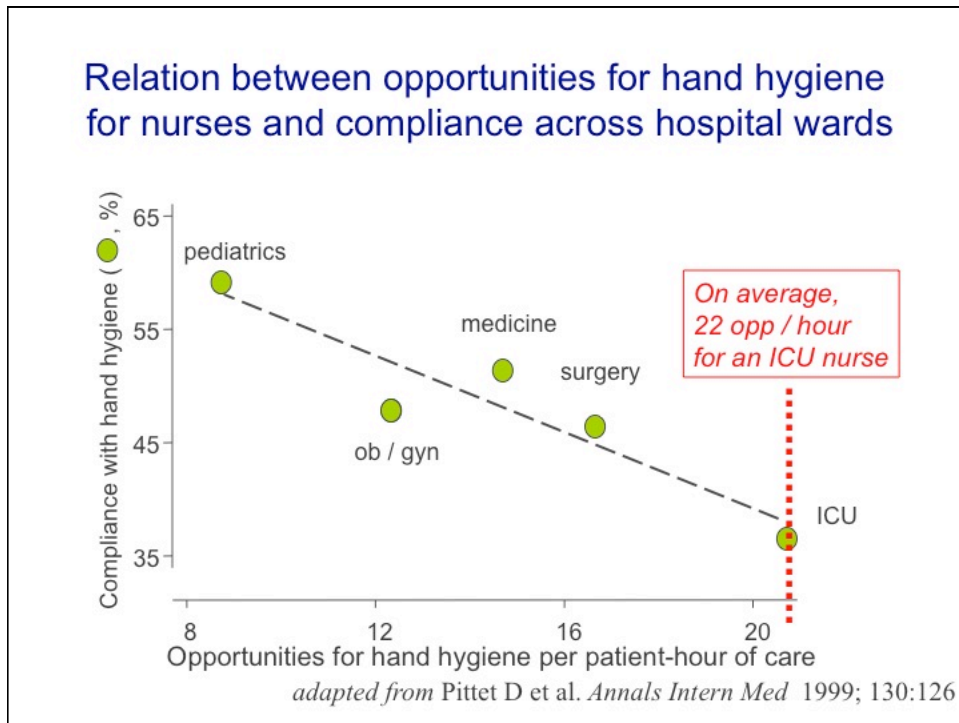
Why ?

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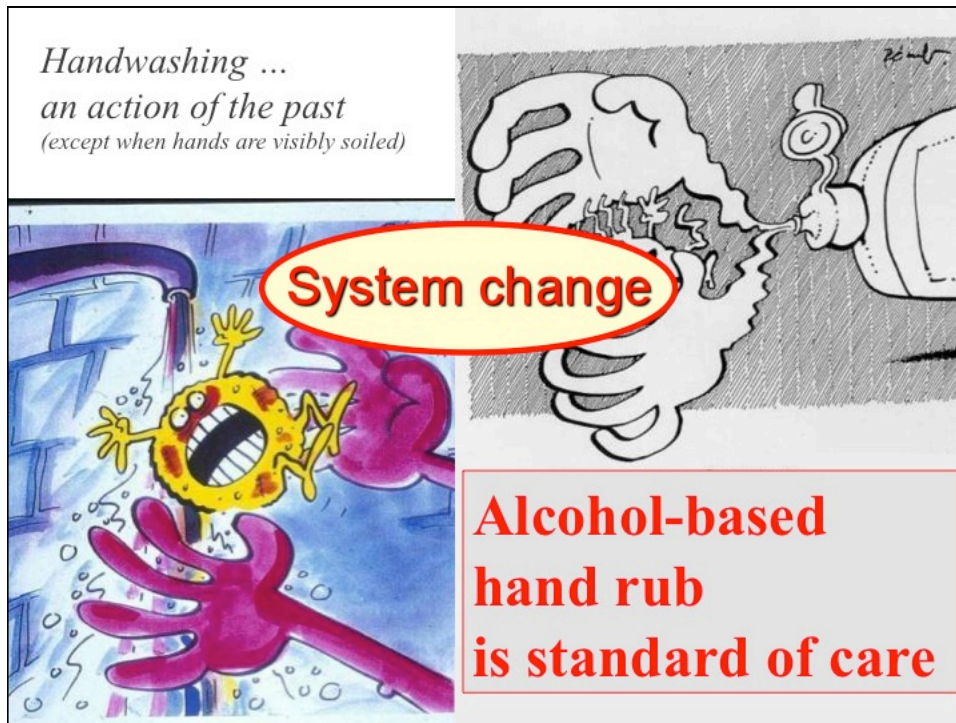
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*Handwashing ...
an action of the past
(except when hands are visibly soiled)*



System change

**Alcohol-based
hand rub
is standard of care**

Alcohol-based
hand rub at
the point of
care



HUG

The University
of Geneva
Hospitals, 1995

**Before and after any patient contact
After glove use
In between different body site care**

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Would it work ?

**Would it make
a difference ?**

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Changing behavior a universal challenge

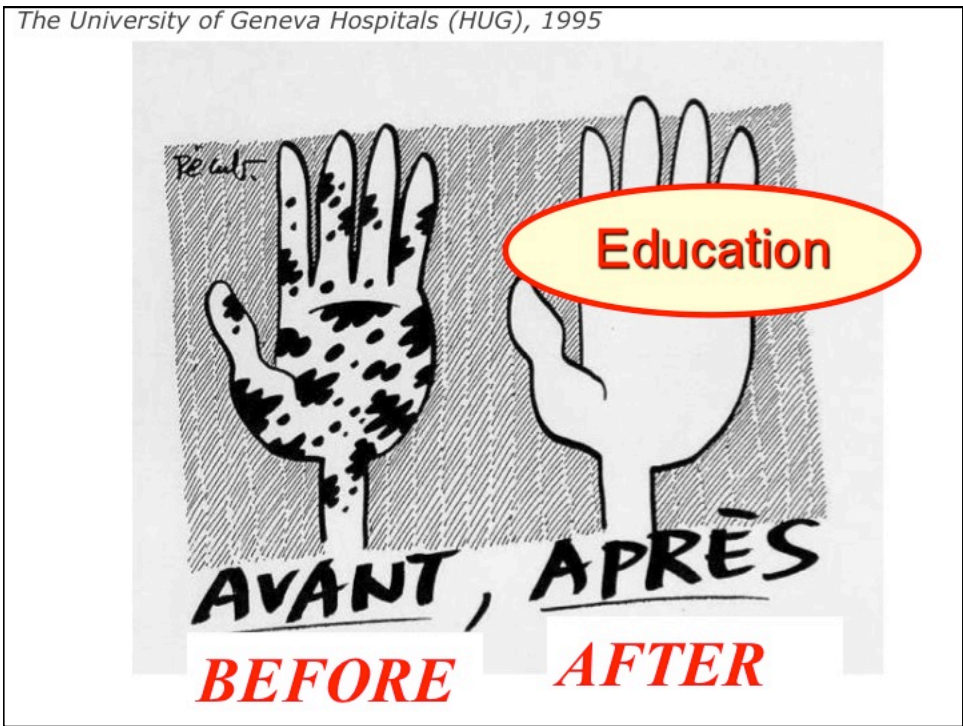


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multimodal
behavior
change
strategy



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The University of Geneva Hospitals (HUG), 1995 - 1998

« Talking walls »

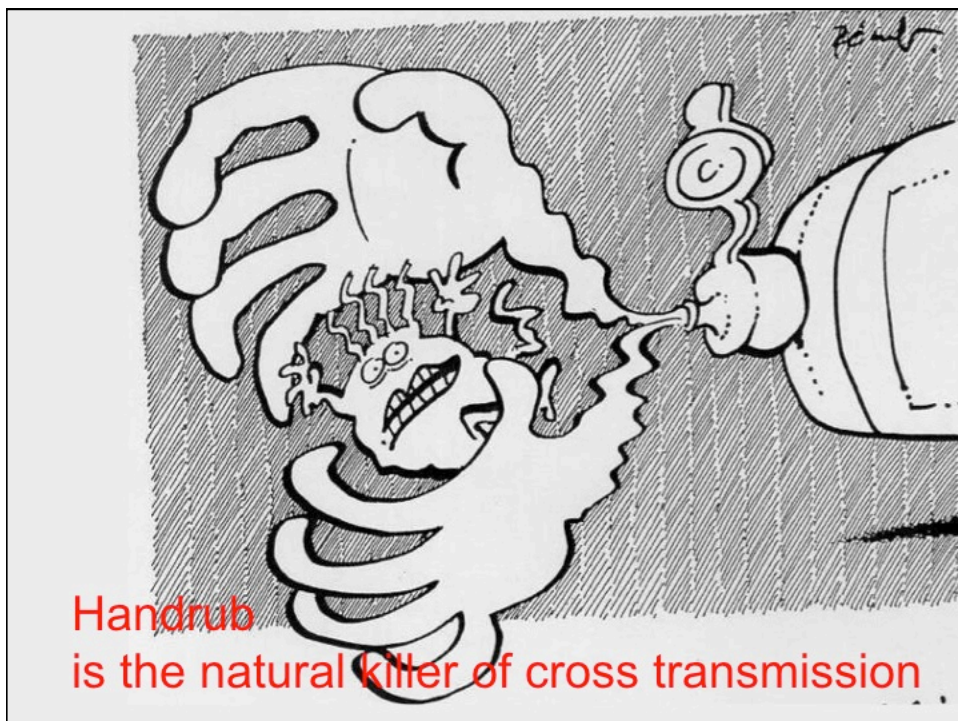
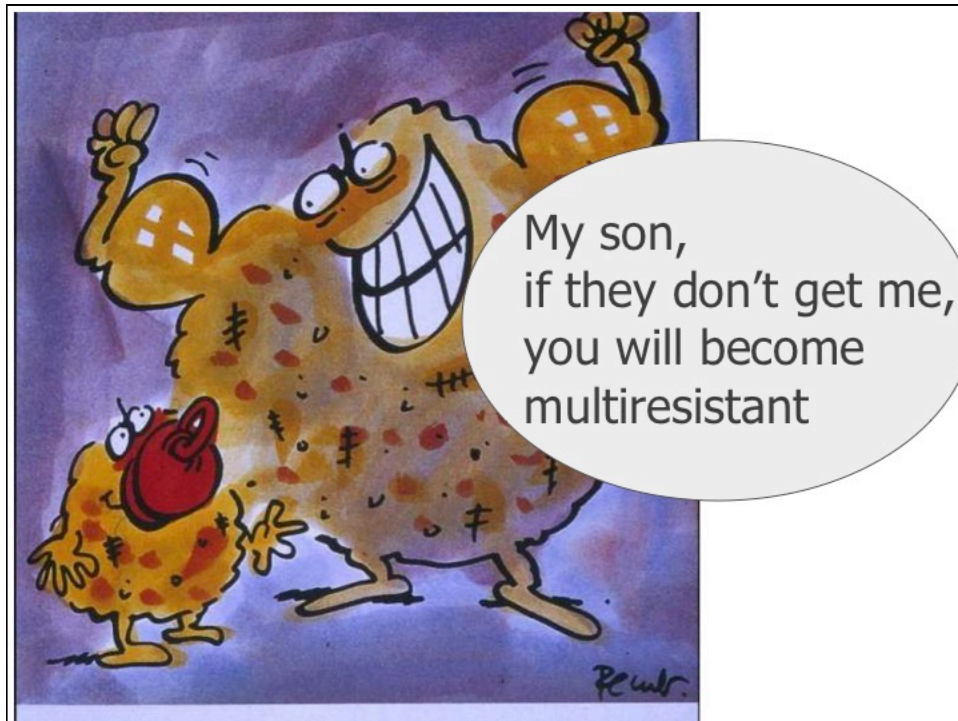


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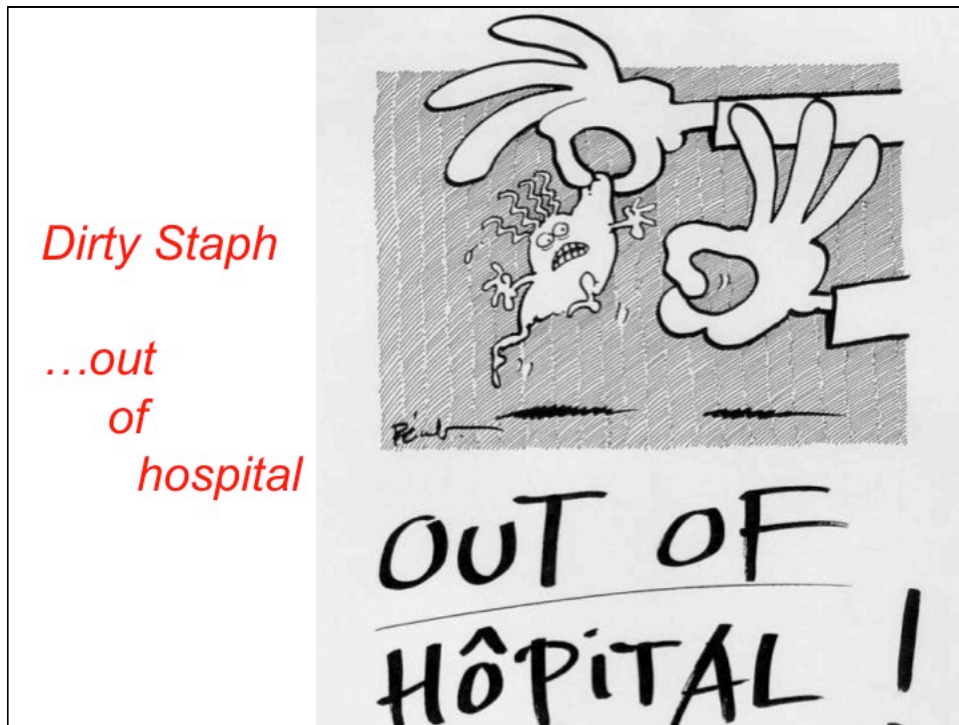


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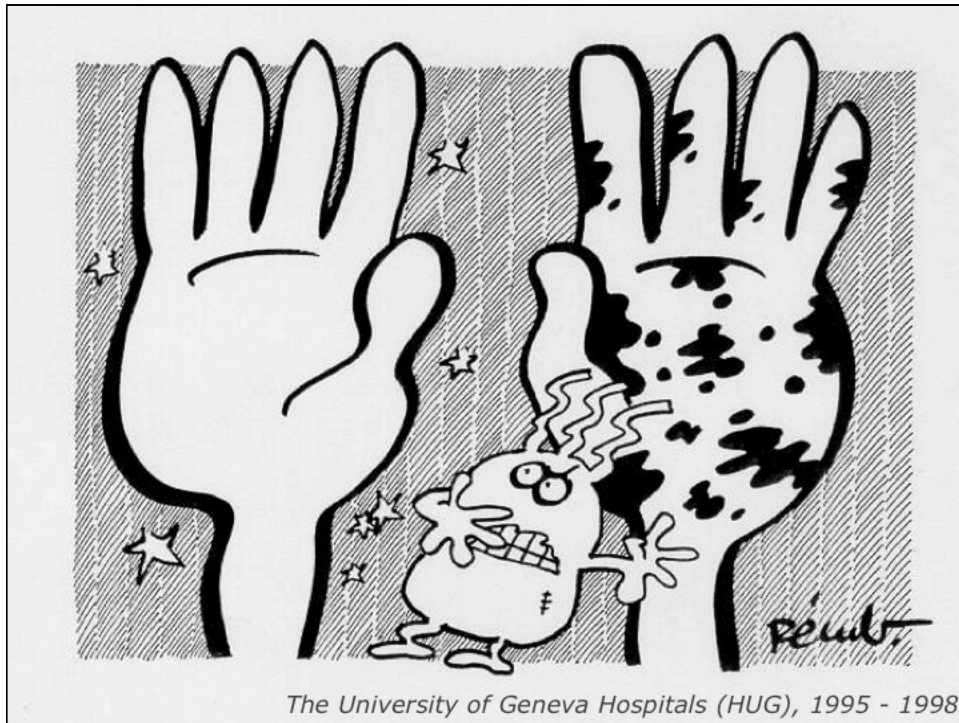


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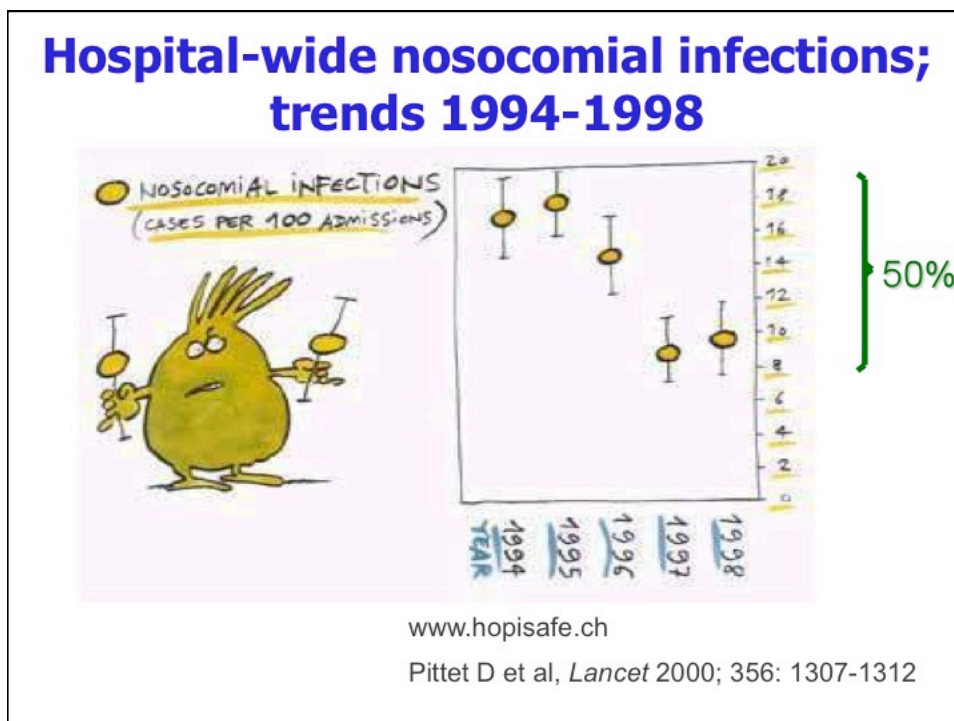
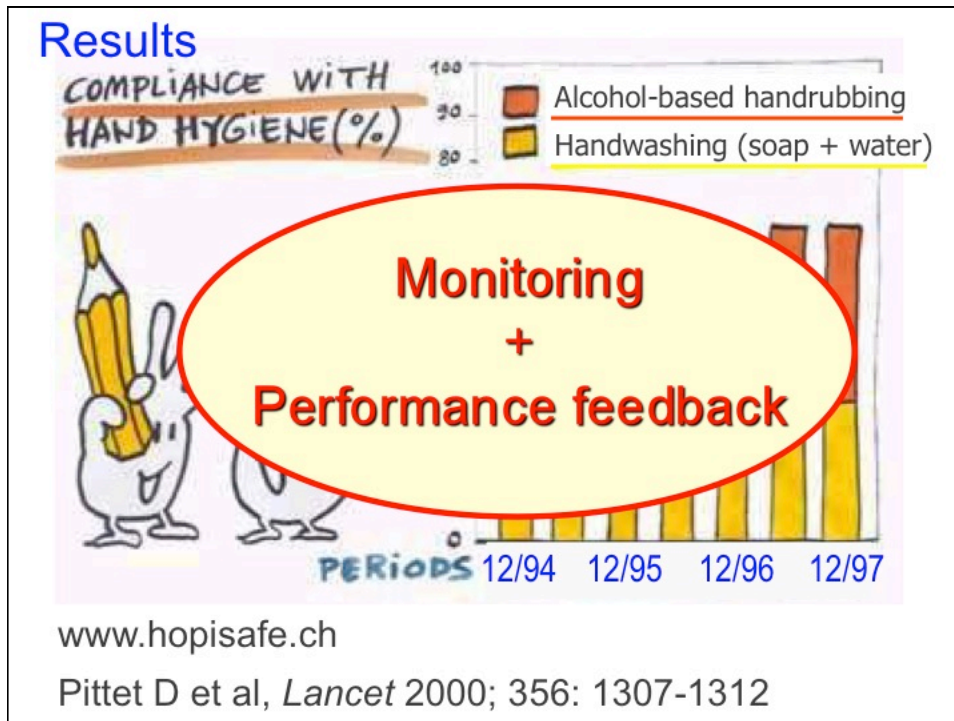


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Effectiveness of a hospital-wide programme to improve compliance with hand hygiene

Didier Pittet, Stéphane Hugonnet, Stephan Harbarth, Philippe Mourouga, Valérie Sauvan, Sylvie Touveneau, Thomas V Perneger, and members of the Infection Control Programme

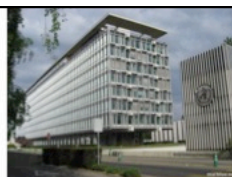
THE LANCET Vol 256 – October 14, 2000

« Geneva model » of hand hygiene promotion, Reproduced with success (2002-2005)

- ◆ in single hospitals in France, Belgium, USA, Australia ...
- ◆ in multiple hospitals in Hong Kong, Australia, Belgium, ...
- ◆ in national promotion campaigns: Belgium, the UK, Switzerland



World Health Organization (WHO),
Geneva, Switzerland,
2005



Through the promotion of best practices in hand hygiene and infection control, the 1st Global Patient Safety Challenge aims to reduce health care-associated infection worldwide



Pittet D & Donaldson L, *Lancet* 2005

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Political commitment is essential to achieve improvement in infection control

Ministerial pledges to the 1st Global Patient Safety Challenge

I resolve to work to reduce health care-associated infection (HCAI) through actions such as:

- acknowledging the importance of HCAI;
- hand hygiene campaigns at national or sub-national levels;
- sharing experiences and available surveillance data, if appropriate;
- using WHO strategies and guidelines...



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Implementation strategy and toolkit for the WHO Guidelines on Hand Hygiene in Health Care

Knowledge & evidence → **Action**

The diagram illustrates the transition from knowledge to action. On the left, under 'Knowledge & evidence', there are images of the WHO Guidelines on Hand Hygiene in Health Care (2009) and various hand hygiene products. An arrow points to the right, under 'Action', which shows a patient in a hospital bed, a hand being washed, and a bottle of hand sanitizer. The bottom of the slide features the logos of the World Health Organization, Patient Safety, and the 'SAVE LIVES Clean Your Hands' campaign.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

What is the WHO Multimodal Hand Hygiene Improvement Strategy?

Based on the evidence and recommendations from the WHO Guidelines on Hand Hygiene in Health Care (2009), made up of **5 core components**, to improve hand hygiene in health-care settings

- ONE System change**
Alcohol-based handrubs at point of care and access to safe continuous water supply, soap and towels
- TWO Training and education**
Providing regular training to all health-care workers
- THREE Evaluation and feedback**
Monitoring hand hygiene practices, infrastructure, perceptions, & knowledge, while providing results feedback to health-care workers
- FOUR Reminders in the workplace**
Prompting and reminding health-care workers
- FIVE Institutional safety climate**
Individual active participation, institutional support, patient participation

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The My Five Moments approach

Making it easier to

- understand
- remember
- practice

the hand hygiene indications at the point of care

My 5 moments for HAND HYGIENE

Sax H, Allegranzi B, Uçkay I, Larson E, Boyce J, Pittet D. *J Hosp Infect* 2007;67:9-21

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باتھوں کی صفائی کے پانچ مواقع

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1	BEFORE TOUCHING A PATIENT	WHO ¹ Clear your hands before touching a patient when approaching him/her. WAPAC ² To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHO ¹ Clear your hands immediately before performing a clean/aseptic procedure. WAPAC ² To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHO ¹ Clear your hands immediately after an exposure risk to body fluids (and after glove removal). WAPAC ² To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHO ¹ Clear your hands after touching a patient and his immediate surroundings, when leaving the patient's side. WAPAC ² To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHO ¹ Clear your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WAPAC ² To protect yourself and the health-care environment from harmful patient germs.

Momento 1

Es el momento previo a cualquier contacto con el paciente o con su entorno.

00:04 / 00:04

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Adapt to Adopt

If you want people
to AdOpt ...
Let them AdApt

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The NEW ENGLAND JOURNAL of MEDICINE

VIDEOS IN CLINICAL MEDICINE

Hand Hygiene

Yves Longtin, M.D., Hugo Sax, M.D., Benedetta Allegranzi, M.D.,
 Franck Schneider, and Didier Pittet, M.D.

OVERVIEW
 Health-care associated infections are the most common adverse events in hospital care. The burden of disease and death due to infection is a critical health care problem. Hand hygiene is the most effective measure to reduce the transmission of endogenous and exogenous pathogens in the hospital environment. Hand hygiene is a critical component of infection prevention and control, and it also plays a role in the prevention of antibiotic resistance.

EQUIPMENT
 Essential equipment for hand hygiene includes alcohol-based hand rub, soap, and disposable paper towels. The use of alcohol-based hand rub is the most effective measure to reduce the transmission of endogenous and exogenous pathogens in the hospital environment.

Translated in :

- French
- Portuguese
- Japanese
- Spanish
- Italian
- German
- Chinese
- Russian
- Arabic
- Romanian
- Turkish
- Polish
- Vietnamese

-Available soon:

- Shewali
- Urdu
-

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Using innovative ways around the world to apply the 5 Moments
THE NEW ENGLAND JOURNAL OF MEDICINE

VIDEOS IN CLINICAL MEDICINE

Hand Hygiene
Yves Longtin, M.D., Hugo Sax, M.D., Benedetta Allegranzi, M.D., Franck Schneider, and Didier Pittet, M.D.

FREE AVAILABLE at <http://www.nejm.org/doi/full/10.1056/NEJMc0903599>

Hand Hygiene VIDEOS In The New England Journal of Medicine in YOUR language

Produced in collaboration with the WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals & Faculty of Medicine, Geneva, Switzerland

Translated in :

- French
- Portuguese
- Japanese
- Spanish
- Italian
- German
- Chinese
- Russian
- Romanian
- Turkish

Available soon

- Shewali
- Urdu.....

World Health Organization http://www.who.int/gpsc/5may/hand_hygiene_video/en/

Evidence of **successful implementation** of the strategy worldwide...

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HEALTHCARE EPIDEMIOLOGY
 Robert A. Weinstein, Section Editor

Clin Infect Dis 2014; 58:248-259

Searching for an Optimal Hand Hygiene Bundle: A Meta-analysis

Marin L. Schweizer,^{1,2,3} Heather Schacht Reisinger,^{1,2} Michael Ohl,^{1,2} Michelle B. Formanek,^{1,3} Amy Blevins,⁴
 Melissa A. Ward,² and Eli N. Perencevich^{1,2}

Systematic reviews / Meta-analysis:

- Assess effective components of multimodal promotion
- Compare the efficacy of interventions

Comparative efficacy of interventions to promote hand hygiene in hospital: systematic review and network meta-analysis

Nantasit Luangasanatip,^{1,2} Maliwan Hongsuwan,¹ Direk Limmathurotsakul,^{1,3} Yoel Lubell,^{1,4}
 Andie S Lee,^{5,6} Stephan Harbarth,⁵ Nicholas P J Day,^{1,4} Nicholas Graves,^{2,7} Ben S Cooper^{1,4}

BMJ 2015; 351:h3728

<p>ABSTRACT OBJECTIVE To evaluate the relative efficacy of the World Health Organization 2005 campaign (WHO-5) and other</p>	<p>RESULTS Of 3639 studies retrieved, 41 met the inclusion criteria (six randomised controlled trials, 32 interrupted time series, one non-randomised trial, and two controlled</p>
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Clean Care is Safer Care

10 YEARS !

Background to Clean Care is Safer Care

In previous years, WHO Global Patient Safety Challenges were born from calls from around the world on specific patient safety issues, and were also reflected in global campaigns, which have brought together experts and to catalyze political and professional action. They have also generated knowledge and improved the safety of patients receiving care globally.

The focus and objectives of Clean Care is Safer Care

The first of these Challenges, Clean Care is Safer Care, targeted the important aspect of patient safety (HCAIs). HCAI is the most frequent infection worldwide in both developed and developing countries. Every year, 10 million patients are affected each year by HCAIs, with 7 million deaths. HCAIs are a major cause of health care-associated losses for health systems too.


World Health Organization

in 2015

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[Publications](#)
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[Governance](#)
[About WHO](#)

Clean Care is Safer Care

The burden of health care-associated infection worldwide

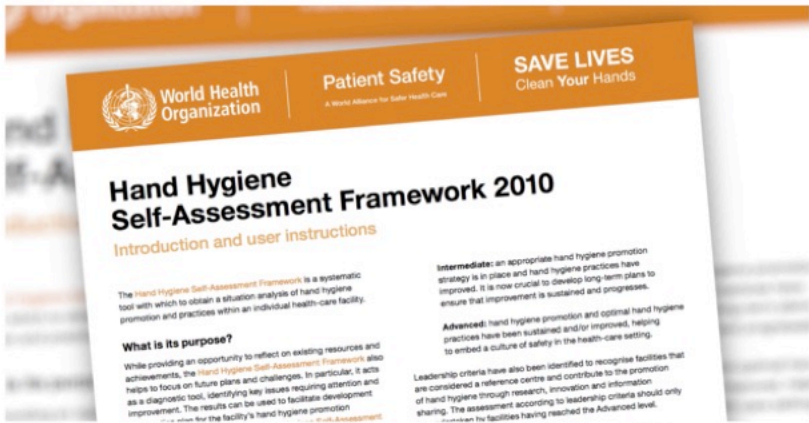
Health care-associated infection (HCAI), also referred to as "nosocomial" or "hospital" infection, is an infection occurring in a patient during the process of care in a hospital or other health care facility which was not present or incubating at the time of admission. HCAI can affect patients in any type of setting where they receive care and can also appear after discharge. Furthermore, they can be transmitted to family members and the community.




World Health Organization


YES Hands

See explanatory video at:
www.tinyurl.com/HHSAFsurvey



Hand Hygiene Self-Assessment Framework 2010
 Introduction and user instructions

The **Hand Hygiene Self-Assessment Framework** is a systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within an individual health-care facility.

What is its purpose?


While providing an opportunity to reflect on existing resources and achievements, the **Hand Hygiene Self-Assessment Framework** also helps to focus on future plans and challenges. In particular, it acts as a diagnostic tool, identifying key issues requiring attention and as a diagnostic tool, identifying key issues requiring attention and improvement. The results can be used to facilitate development of the facility's hand hygiene promotion strategy.


Intermediate: an appropriate hand hygiene promotion strategy is in place and hand hygiene practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progressed.


Advanced: hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

Leadership criteria have also been identified to recognise facilities that are considered a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing. The assessment according to leadership criteria should only be used by facilities having reached the Advanced level.

WHO Hand Hygiene Self-Assessment Framework Global Survey 2015


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www.tinyurl.com/HHSAFsurvey



http://www.who.int/gpsc/5may/hhsa_framework-2015/en/



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Hand Hygiene Self-Assessment Framework 2010					
1. System Change					
Question	Answer	Score	WHO improvement tools		
1.1 How easily available is alcohol-based handrub in your health-care facility? Choose one answer	Not available	0	→ Ward Infrastructure Survey		
	Available, but efficacy ¹ and tolerability ² have not been proven	0	→ Protocol for Evaluation of Tolerability and Acceptability of Alcohol-based Handrub in Use or Planned to be Introduced: Method 1		
	Available only in some wards or in discontinuous supply (with efficacy ¹ and tolerability ² proven)	5	→ Guide to Implementation II.1		
	Available facility-wide with continuous supply (with efficacy ¹ and tolerability ² proven)	10			
	Available facility-wide with continuous supply, and at the point of care ³ in the majority of wards (with efficacy ¹ and tolerability ² proven)	30			
1.2 What is the sink:bed ratio? Choose one answer	Available facility-wide with continuous supply at each point of care ³ (with efficacy ¹ and tolerability ² proven)	50			
	Less than 1:10	0	→ Ward Infrastructure Survey		
	At least 1:10 in most wards	5	→ Guide to Implementation II.1		
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units	10			
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www.tinyurl.com/HHSAFsurvey

Question	Answer	Score	Reference
1.2 What is the sink:bed ratio? Choose one answer	Less than 1:10	0	1) Hand Hygiene Survey 2) Guide to Implementation 5.1
	At least 1:10 in most wards	5	
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units	10	
1.3 Is there a continuous supply of clean, running water?	No	0	1) Hand Hygiene Survey 2) Guide to Implementation 5.1
	Yes	10	
1.4 Is soap available at each sink?	No	0	1) Hand Hygiene Survey 2) Guide to Implementation 5.1
	Yes	10	



http://www.who.int/gpsc/5may/hhsa_framework-2015/en/

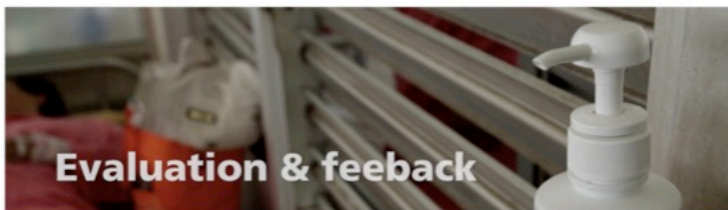


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Question	Answer	Score	Reference
1.2 What is the sink:bed ratio? Choose one answer	Less than 1:10	0	1) Hand Hygiene Survey 2) Guide to Implementation 5.1
	At least 1:10 in most wards	5	
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units	10	
1.3 Is there a continuous supply of clean, running water?	No	0	1) Hand Hygiene Survey 2) Guide to Implementation 5.1
	Yes	10	
1.4 Is soap available at each sink?	No	0	1) Hand Hygiene Survey 2) Guide to Implementation 5.1
	Yes	10	



WHO Hand Hygiene Self-Assessment Framework Global Survey 2015



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www.tinyurl.com/HHSAFsurvey

3.5 Feedback			
3.5a Immediate feedback	Is immediate feedback given to health-care workers at the end of each hand hygiene compliance observation session?	No	0
		Yes	5
3.5b Systematic feedback	Is regular (at least 6 monthly) feedback of data related to hand hygiene indicators with demonstration of trends over time given to:		
3.5b.i Health-care workers?		No	0
		Yes	2.5
3.5b.ii Facility leadership?		No	0
		Yes	7.5
Evaluation and Feedback subtotal:			15 /100



WHO Hand Hygiene Self-Assessment Framework Global Survey 2015



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1. Add up your points.

Score	Subtotal
Component	60
1. System Change	35
2. Education and Training	55
3. Evaluation and Feedback	70
4. Reminders in the Workplace	
5. Institutional Safety Climate	
Total	

Total Score (out of 100) Hand Hygiene Level



http://www.who.int/gpsc/5may/hhsa_framework-2015/en/




World Health Organization

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A World Alliance for Safer Health Care


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Clean Your Hands

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Influencing Decision Makers
Prof. Didier Pittet, University of Geneva Hospitals
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Hand Hygiene Self-Assessment Framework 2010			
5. Institutional Safety Climate for Hand Hygiene			
Question	Answer	Score	WHO improvement tools
5.1 With regard to a hand hygiene team ⁹⁹ that is dedicated to the promotion and implementation of optimal hand hygiene practice in your facility:			→ Guide to Implementation II.5
5.1a Is such a team established?	No	0	
	Yes	5	
5.1b Does this team meet on a regular basis (at least monthly)?	No	0	
	Yes	5	
5.1c Is there dedicated time available to organize a hand hygiene campaign and to teach hand hygiene principles	No	0	
	Yes	5	
5.2 Have the following members of the facility leadership made a visible commitment to support hand hygiene improvement?			→ Template Letter to Advocate Hand Hygiene to Managers → Template Letter to communicate Hand Hygiene Initiatives to Managers → Guide to Implementation II.5
5.2a Chief executive officer	No	0	
	Yes	10	
5.2b Medical director	No	0	
	Yes	5	
5.2c Director of nursing	No	0	
	Yes	5	

Score	
Component	Subtotal
1. System Change	
2. Education and Training	
3. Evaluation and Feedback	
4. Reminders in the Workplace	
5. Institutional Safety Climate	
Total	



2. Determine the assigned 'Hand Hygiene Level' for your facility.

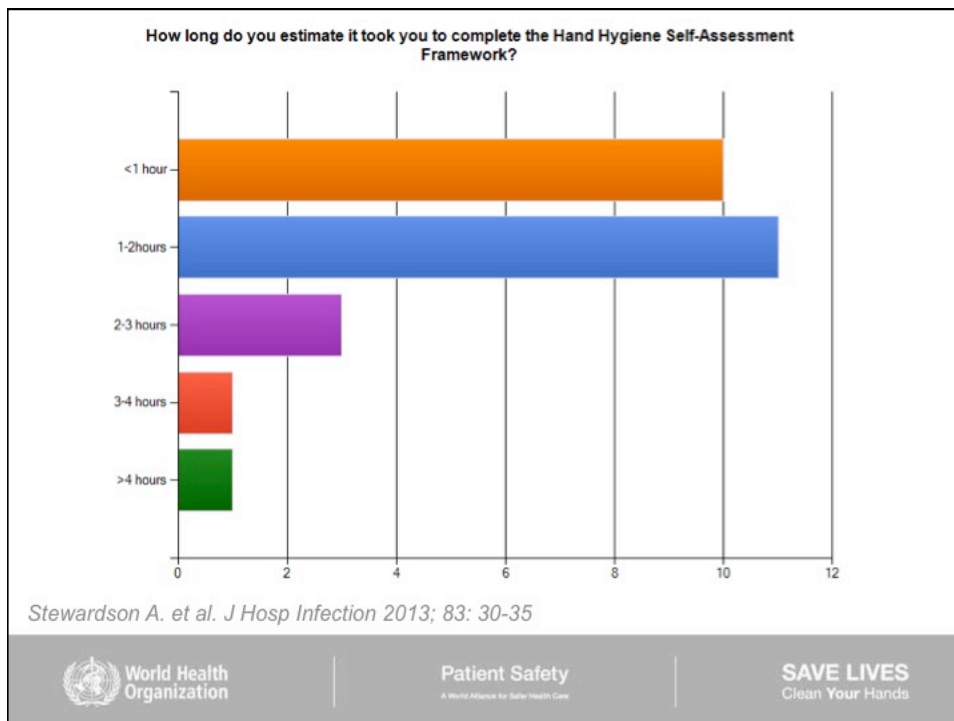
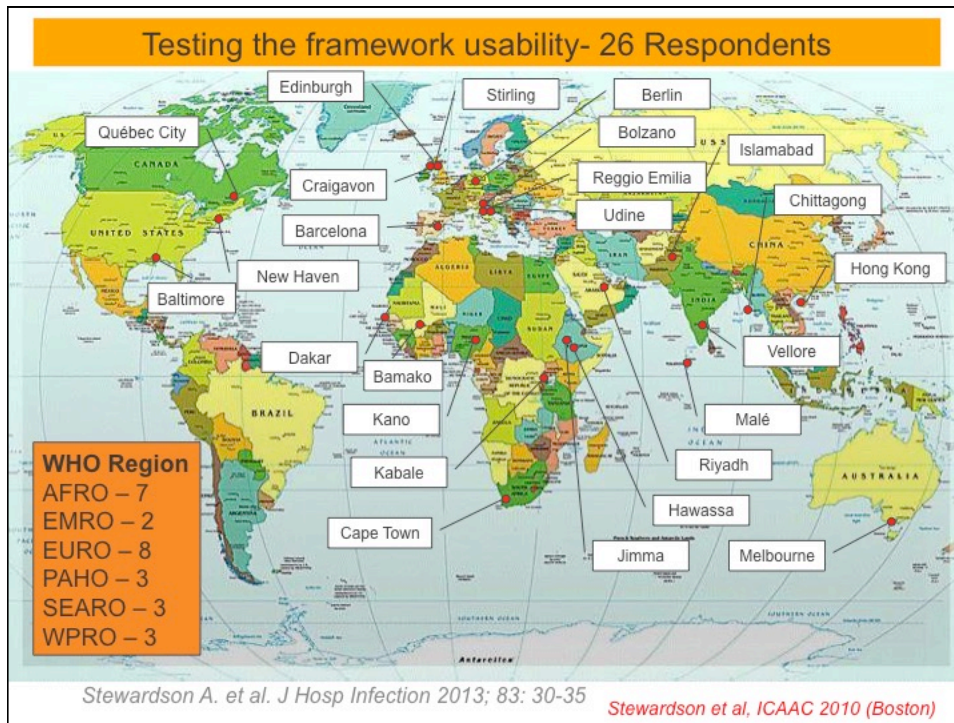
Total Score (range)	Hand Hygiene Level
0 - 125	Inadequate
126 - 250	Basic
251 - 375	Intermediate (or Consolidation)
376 - 500	Advanced (or Embedding)

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Interpretation:

- Add up your points.


Score	
Component	Subtotal
1. System Change	85
2. Education and Training	60
3. Evaluation and Feedback	55
4. Reminders in the Workplace	70
5. Institutional Safety Climate	65
Total	335

- Determine the assigned 'Hand Hygiene Level' for your facility.

Total Score (range)	Hand Hygiene Level
0 - 125	Inadequate
126 - 250	Basic
251 - 375	Intermediate (or Consolidation)
376 - 500	Advanced (or Embedding)

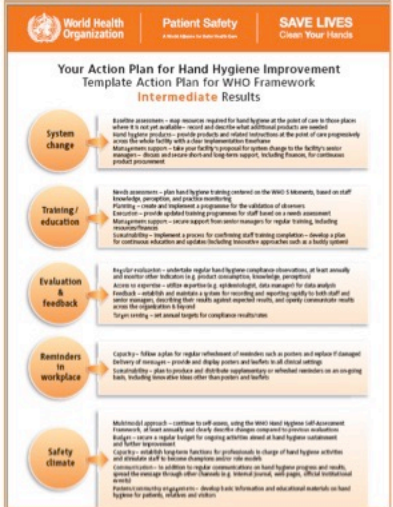
Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment



English
French
Spanish
Italian
Portuguese
Arabic

Action



www.who.int/gpsc/5may/hhsa_framework/ru/

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WHO HSAF Global Survey 2011



WHO Hand Hygiene Self-Assessment Framework Global Survey Summary Report

From April to December 2011, health-care facilities registered for the WHO SAVE LIVES: Clean Your Hands initiative and those participating in some national hand hygiene campaigns were invited to participate in a global survey based on the completion of the Hand Hygiene Self-Assessment Framework (HSAF).

The survey objectives were three-fold:

- to assess the level of progress of health-care facilities in terms of hand hygiene infrastructures, promotional activities, performance monitoring and feedback, and institutional commitment, according to a range of indicators relevant to the WHO Multimodal Hand Hygiene Improvement Strategy summarized in a score;
- to identify gaps in hand hygiene infrastructures and activities according to the HSAF indicators;
- to provide feedback through summary results.

Methods

The HSAF is a tool providing a systematic situation analysis of hand hygiene structures, resources, promotion, and practices within a health-care facility. It resembles a questionnaire and is structured in five sections, based on the five components of the WHO Multimodal Hand Hygiene Improvement Strategy (namely system change, training and education, evaluation and performance feedback, reminders in the workplace, and institutional safety climate). The tool includes 27 indicators reflecting the key elements of each strategy component. These are assigned values totaling 100 points within each HSAF section, adding up to a maximum overall score of 500 points. Based on its overall score, a facility is assigned to one of four levels of progress:

1. **Inadequate** (score of 0-125): hand hygiene practices and hand hygiene promotion are deficient. Significant improvement is required.

- Participation of **2119 health-care settings** from **69 countries**
- Find more at http://www.who.int/gpsc/5may/hsa_framework/en/
- **Scientific publication:**
B. Allegranzi et al. American Journal of Infection Control 2014;42:224-30

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Contents lists available at [ScienceDirect](#)



American Journal of Infection Control

Am J Infect Control (2014) 42:224-30
journal homepage: www.ajicjournal.org



Major article

Status of the implementation of the World Health Organization multimodal hand hygiene strategy in United States of America health care facilities

Benedetta Allegranzi MD^a, Laurie Conway RN, MS, CIC^b, Elaine Larson RN, PhD, FAAN, CIC^b, Didier Pittet MD, MS^{c,*}

^aFirst Global Patient Safety Challenge, World Health Organization Patient Safety Program, World Health Organization, Geneva, Switzerland
^bColumbia University School of Nursing, Columbia University, New York, NY
^cInfection Control Program and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland

Key Words:
WHO multimodal strategy
Health care-associated infection
Infection control
US hospitals
WHO Hand Hygiene Self-Assessment Framework

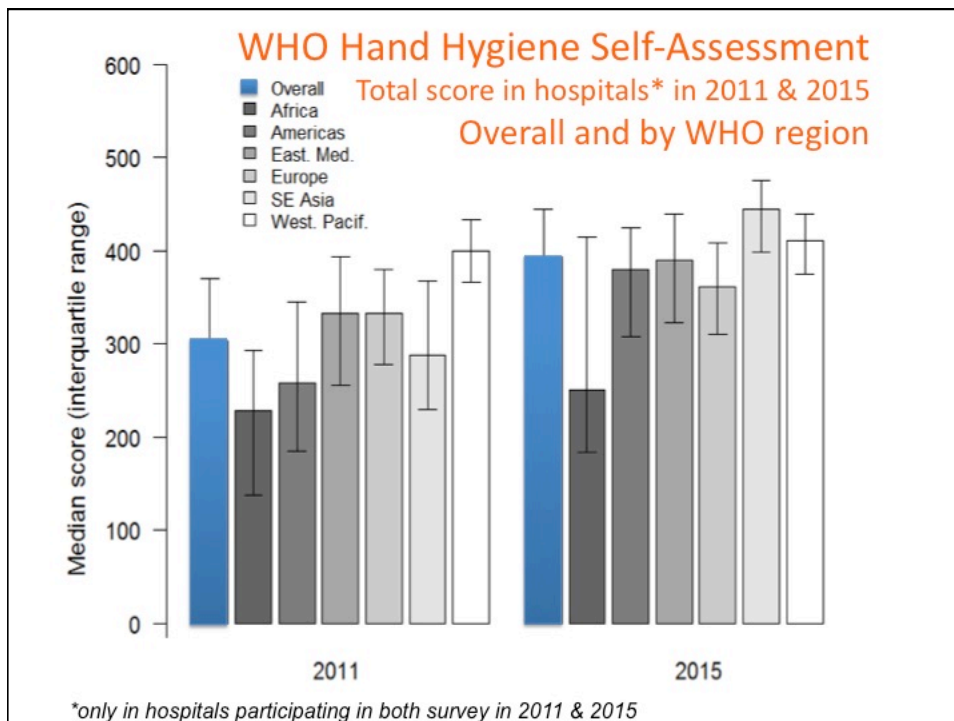
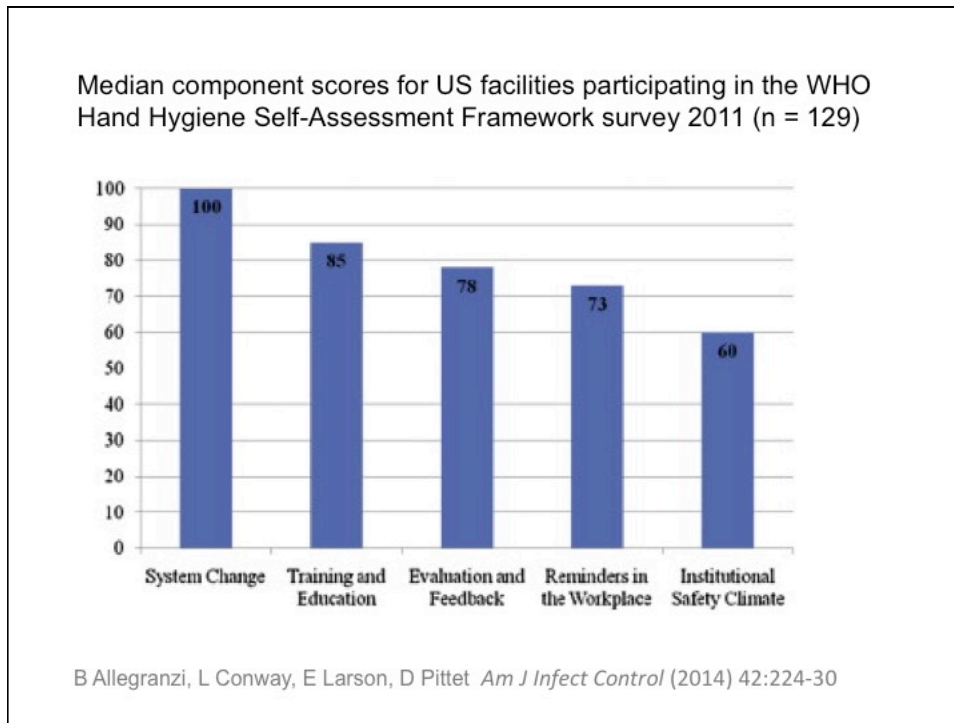
Background: The World Health Organization (WHO) launched a multimodal strategy and campaign in 2009 to improve hand hygiene practices worldwide. Our objective was to evaluate the implementation of the strategy in United States health care facilities.
Methods: From July through December 2011, US facilities participating in the WHO global campaign were invited to complete the Hand Hygiene Self-Assessment Framework online, a validated tool based on the WHO multimodal strategy.
Results: Of 2,238 invited facilities, 168 participated in the survey (7.5%). A detailed analysis of 129, mainly nonteaching public facilities (80.6%), showed that most had an advanced or intermediate level of hand hygiene implementation progress (48.9% and 45.0%, respectively). The total Hand Hygiene Self-Assessment Framework score was 36 points higher for facilities with staffing levels of infection preventionists > 0.75/100 beds than for those with lower ratios ($P = .01$) and 41 points higher for facilities participating in hand hygiene campaigns ($P = .002$).
Conclusion: Despite the low response rate, the survey results are unique and allow interesting re-

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Key role of
institutional management
in hand hygiene promotion...

Institutional management

- Secure high-level technical education
- Common sense in all circumstances
- Give ICP autonomy (and power)
- Make sure the system (processes and politics) allows ICP to work
- Make sure old rules do not apply

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Success factors (institutional level)

- Give full support to your ICPs
- Empower your ICPs
- Set up annual targets
- Transmit energy and passion
- Communicate / Communicate / Communicate ...

Performance evaluation

- According to targets and deadlines
- Positive feedback
- Using internal benchmarking
- Engage actors / hierarchy
- Communication: use graphics

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How to **achieve** ...
excellence in hand hygiene ?



*Facilities awarded
with the
Hand Hygiene
Excellence Award
in South-East Asia
and
Western Pacific,
in Europe,
and in Latin
America*



WHO Hand Hygiene
Self-assessment
Framework

www.hhea.info

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<p>Hand Hygiene</p>  <p style="text-align: center;">Asia Pacific Hand Hygiene Excellence Award</p> <p style="text-align: center;">Asia Pacific Hand Hygiene Innovation Award</p> <p style="text-align: center;">2013</p> <div style="text-align: center;">  www.hhea.info </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">   </div>	<p>Expert Review Panel</p> <p>Professor Didier Pittet (Chair) Director Infection Control Program & WHO Collaborating Centre on Patient Safety Hôpitaux Universitaires de Genève Geneva, Switzerland</p> <p>Professor Wing-Hong Seto Chief Infection Control Officer, Hospital Authority Senior Consultant Microbiologist & Director Quality Management, Queen Mary Hospital WHO Collaborating Centre for Infection Control Hospital Authority, Hong Kong</p> <p>Dr Moi-Lin Ling Director, Infection Control Department Singapore General Hospital & President, Asia Pacific Society of Infection Control</p> <p>Professor Lindsay Grayson Director, Infectious Diseases & Microbiology Austin Health Victoria, Australia</p> <p>Ms Patricia Ching Infection Control Specialist Infection Control & Quality Improvement Department Queen Mary Hospital, Hong Kong</p> <p>Ms Glensy Harrington RN, RM Infection Control Consultant Infection Control Consultancy (ICC) Melbourne, Australia</p>
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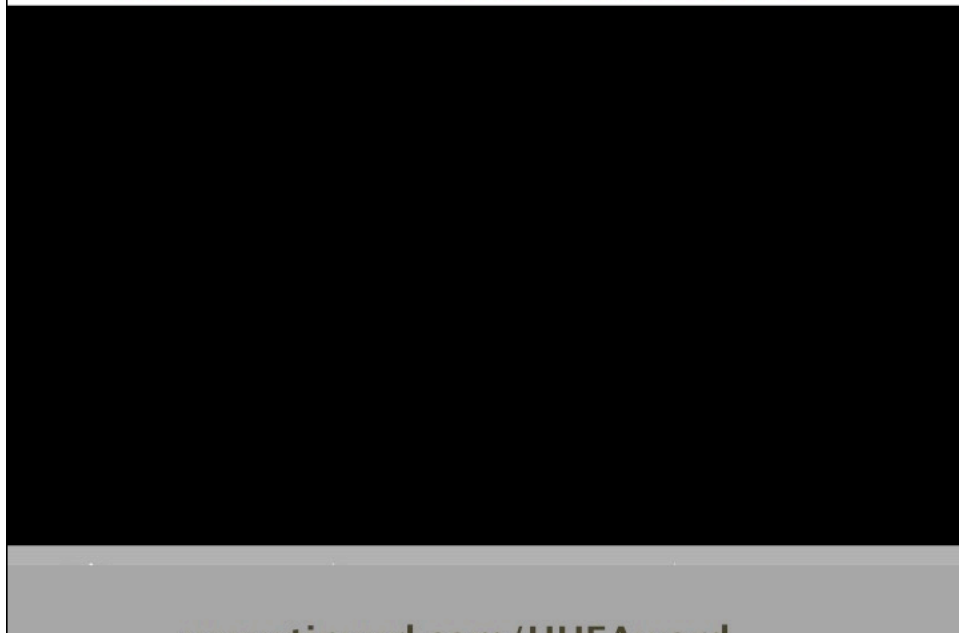
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Apply now : www.hhea.info



www.hhea.info

Hand Hygiene Excellence Award Video

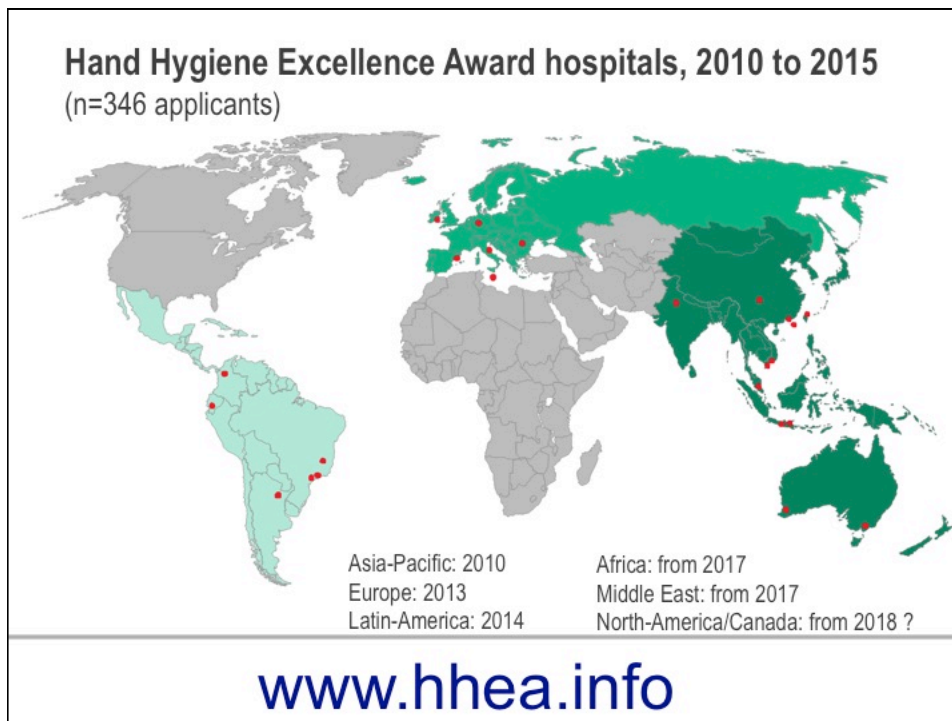


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Lessons learned

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Changing behavior

does not happen

without **resistance**

Why did it work ?

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- system change
- multimodal / evidence-based
- experience-based
- implementation strategy
- top to bottom - bottom up
- tools for implementation
- linked to positive outcomes
- reward success / excellence
- involve patients & relatives

- system change
- multimodal / evidence-based
- experience-based
- implementation strategy
- top to bottom - bottom up
- tools for implementation
- linked to positive outcomes
- reward success / excellence
- involve patients & relatives

What else ?

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- simplification (make it usable)
- co-creation
- creativity
- community experience
- adaptation
- silo busting
- sharing economy principles
- use of SoMe

Influencing decision makers

... and the next generation (video)



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Role of Managers in Hand Hygiene promotion

- ◆ Managers (can) play an important role in hospitals to ensure adherence to hand hygiene guidelines
- ◆ Managers exist at multiple levels in the organization as team leaders: departmental or divisional managers; and executive directors
- ◆ Managers are in a position to influence the effectiveness of hand hygiene both operationally and strategically
- ◆ There is an increasing recognition that an organizational approach to improving hand hygiene, that addresses systems and behavioral issues, is important



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Role of Managers in Hand Hygiene promotion

The key parameters for managers to influence hand hygiene compliance at institutional level include:

- **leadership**
- recognition of the critical role of **systems** and **behaviors**
- achieving the **correct balance** between individual and collective accountability

Although a range of factors can influence institutional hand hygiene compliance, the key challenge for managers is to adapt actions and interventions **to fit their organizations**

Further research and tools are needed



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A decision maker - Definition

A person who decides things, especially at a high level in an organization

Most decisions are made by the person who has the power to make decisions —not necessarily the “right” person, the “smartest” person, or the “best” person

If you can influence the key decision makers in your organization, you can make a positive difference



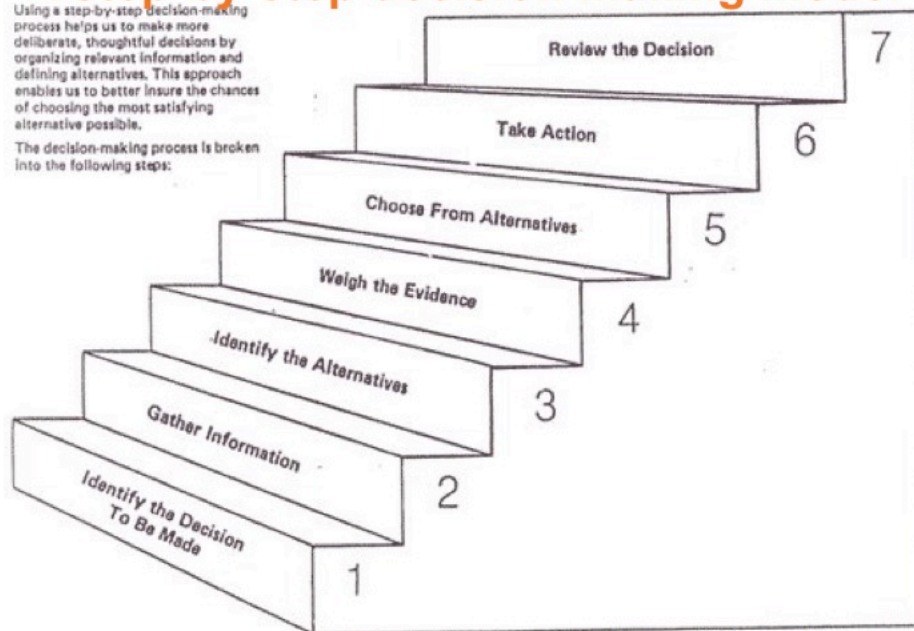
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A step-by-step decision making model

Using a step-by-step decision-making process helps us to make more deliberate, thoughtful decisions by organizing relevant information and defining alternatives. This approach enables us to better insure the chances of choosing the most satisfying alternative possible.

The decision-making process is broken into the following steps:



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Decision making

Making choices by setting goals, gathering information, & assessing alternative actions

Step 1: Identify the decision to be made

- Realize that a decision must be made
- Go through an internal process of trying to define clearly the nature of the decision you must make

Step 2: Gather relevant information

- Most decisions require collecting pertinent information
- Know what information is needed, the best sources of information, and how to get it

This step involves both internal (self-assessment) and external “work” (books, people, other sources)



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Decision making

Making choices by setting goals, gathering information, & assessing alternative actions

Step 3: Identify alternatives

- While collecting information, identify several possible paths of action, or alternatives
- List all possible and desirable alternatives

Step 4: Weigh evidence

- Favor certain alternatives which appear to have a higher potential for reaching your goal
- Place the alternatives in priority order, based upon your own value system



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Decision making

Making choices by setting goals, gathering information, & assessing alternative actions

Step 5: Choose among alternatives

- Select the alternative which seems to be best suited
- You may even choose a combination of alternatives

Step 6: Take action

- Take some positive actions & implement your choice in 5

Step 7: Review decision and consequences



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“The biggest challenge that I face at work is not managing my team. It is dealing with my boss and upper management. Any suggestions?”

Every decision in your institution is made by the person who has the power to make that decision — not necessarily the “right” person, the “smartest” person, or the “best” person
Accept these facts, you will become more effective

1. When presenting ideas to upper management, realize that it is your responsibility to sell — not their responsibility to buy
2. Focus on contribution to the larger good — not just the achievement of your objectives
3. Present a realistic cost-benefit analysis of your ideas — don't just sell benefits



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Having a positive influence, ... even without direct line authority

Do a better job of influencing decision-makers (cont'd)

6. **"Challenge up" on issues involving ethics or integrity--never remain silent on ethics violations**
7. **Realize that powerful people also make mistakes**
8. **Don't be disrespectful**
9. **Support the final decision**
10. **Make a positive difference --
...don't just try to "win" or "be right"**
11. **Focus on the future--let go of the past**



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Having a positive influence, ... even without direct line authority

Do a better job of influencing decision-makers

1. Accept the facts

- Make peace with this fact that people who have the power to make the decisions always make the decisions
- Once you get over .."life isn't fair" ..., you become more effective in influencing others and making a difference

2. Realize you must sell your ideas

- When presenting ideas to decision-makers, realize that it is your responsibility to sell, not their responsibility to buy
- The effective influencer needs to be a good teacher



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3. Focus on contribution to the larger good--not just the achievement of your objectives

- Effective influencers relate to the larger needs of the organization, not just to the needs of their unit or team

4. Strive to win the big battles

- Executives' time is very limited
- Focus on issues that will make a real difference
- Be willing to lose on small points



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Having a positive influence, ... even without direct line authority

5. Present a realistic "cost-benefit" analysis of your ideas--don't just sell benefits

- Every organization has limited resources, time, and energy
- The acceptance of your idea may well mean the rejection of another idea that someone else believes is wonderful

6. "Challenge up" on issues involving ethics or integrity--never remain silent on ethics violations

- The best of corporations can be severely damaged by only one violation of corporate integrity
- Refuse to compromise on company ethics



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7. Realize that powerful people also make mistakes

- It is realistic to expect decision-makers to be competent; it is unrealistic to expect them to be anything other than normal humans
- Focus more on helping them than judging them

8. Don't be disrespectful

- Before speaking, it is generally good to ask one question from four perspectives

"Will this comment help 1) our company 2) our customers 3) the person I am talking to, and 4) the person I am talking about?"

If the answers are no, no, no, and no, don't say it!



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Having a positive influence, ... even without direct line authority

9. Support the final decision

- Treat decision-makers the same way that you would want to be treated

10. Make a positive difference --don't just try to "win" or "be right"

- Always remember your goal: making a positive difference for the organization; focus on making a difference

11. Focus on the future--let go of the past

- By focusing on the future, you can concentrate on what can be achieved tomorrow- not what was not achieved yesterday



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Having a positive influence, ... even without direct line authority

Do a better job of influencing decision-makers

1. Accept the facts

2. Realize you must sell your ideas

3. Focus on contribution to the larger good--not just the achievement of your objectives

4. Strive to win the big battles

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Adapt to Adopt

...from rubbing to dancing

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From rubbing to dancing round the world ...

<http://www.tinyURL.com/HandHygieneRubToDance>



From rubbing to dancing round the world

Adapt to Adopt



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Coming Soon



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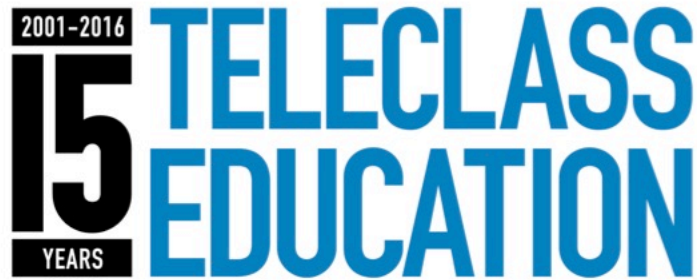
December 8 VIABILITY OF BACTERIA ON FABRICS
Prof. Jerry H. Kavouras, University of Illinois at Chicago

December 15 (FREE Teleclass)
INFECTION CONTROL IN ELDERLY CARE INSTITUTIONS – WHERE SHOULD WE GO?
Prof. Andreas Voss, Radboud University Medical Centre, The Netherlands

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