

# Infection-Free Behavior: Finding a New Paradigm

## Dr. Christine Gebbie, Hunter-Bellevue School of Nursing

### A Webber Training Teleclass

**Infection-Free Behavior:  
Finding a New Paradigm**

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### Goal

- Challenge our thinking about infections
- Consider how paradigms influence choices
- Suggest some avenues for change

### What do we assume about infection?

- Germs are everywhere
- Hospitals are dangerous places
- The more degrees you have the less you wash your hands
- Microbes are wily change artists and get ahead of any antibiotic devised

### What do we know?

- Excellent hygiene practices reduce infection
- Universal precautions only work when they are truly universal:
  - Every patient
  - Every worker
  - Every time
- Infections don't all start in health care settings, but they certainly can enjoy life there!

### So what do we do about all of this?

- Wring our hands and say 'it's bigger than all of us'?
- Do lots of paperwork and messaging so we can show regulators that we've tried?
- Hire more infection control staff to watch everyone and report bad behavior?

### Step back and think it through again

- Understand risks from everyone's viewpoint
- Consider rewards from multiple perspectives
- Design something new

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#### This is prevention: a hard sell\*

- Success is invisible
- Prevention lacks drama compared with a rescue operation
- Persistent behavior change is required
- A higher standard of evidence is required before acting
- Accrual of benefits unclear

\*With thanks to Harvey Fineberg, Institute of Medicine, Sept. 24, 2008

#### Whose viewpoint applies?

- Patient
- Family
- Direct care-givers
- On-unit support staff
- Transient staff
- Front office staff
- Top management

#### Patient and family

- I want to leave here as soon as possible, without acquiring any new problems
- I don't want my loved one to come home with multiple problems

#### Care-givers

- I already give the best care I can
- I don't want to be belittled with slogans or slaps
- Management doesn't understand how little support I get to do things the right way
- I'm always setting priorities and getting the most important things done; there's no time to do everything!

#### On-unit support staff & those passing through

- All they do is think up more paper work (computer work) to keep me from having time to think
- Every unit has at least one 'I'll do it my way' person
- No one ever explains things to me
- I'm too busy to think about this
- I'm too busy to do this

#### Front office and top management

- We're about to be punished for things that are beyond our control (the 'never events' rule)
- Clinical staff don't appreciate how much we're doing for them
- It just *can't* be that hard to get everyone to wash their hands
- I'm tired of excuses
- I thought we fixed this with the last consultant we hired

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## How and why do people change?

- It's worth their while
  - Professional pride
  - Peer pressure
- Economics
  - Gain or loss of business
  - Penalties and rewards

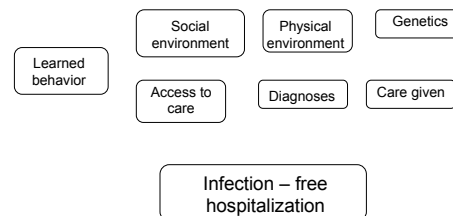
## Determinants of health model

- Health is the product of multiple interactions among
  - Genetic endowment
  - Physical environment
  - Social environment
  - Learned behavior
  - Access to care
  - Diagnoses made
  - Care given
- All of these must interact positively to lead to a state of well-being or sense of health

## Preferred outcome: infection-free behavior

- Genetic endowment
  - At this point beyond our control
- Physical environment
  - We control the space in any care facility
- Social environment
  - Family, staff, visitors
- Learned behavior
  - Ours and that of others
- Access to care
  - However it happened, the patient is there
  - What components of care are missing?
- Diagnoses
  - What does it mean to be a 'secondary diagnosis'?
- Care given
  - Who identifies and initiates?

## Designing a new system



## You draw new arrows and fill in the blanks

- Start with social environment
  - How does physical space influence interaction?
  - What learned behavior governs who speaks to whom and when?
  - What assumptions are made about the legitimate diagnoses to be made in what social circumstances?

## Or another perspective

- What about learned behavior?
  - We've focused a lot on physicians and nurses
    - When do they decide to pay attention to infections?
    - Who best helps them acquire new behavior?
  - Family members and patients?
  - Support staff
    - Record keepers?
    - Housekeepers?

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#### Systems thinking is essential

- We've thought a lot about control systems
  - New checklists
  - 'bundles' of steps to be taken
- Re-think the system from the point of view of every possible interactive arrow

#### Change can't be all at once

- Once you've developed the list of possibles, select some priorities for action
  - Actions that engage multiple perspectives
  - Actions that can be tied to reward
    - Recognition
    - Resources
  - Actions that are affordable

#### Mental paradigms are important

- Parents raised in a post-polio, post-measles world think differently about immunizations
- For Nightingale, 'cleanliness is next to Godliness' worked as well as the germ theory of disease

Begin to imagine  
infection-free  
behavior!

#### THE NEXT FEW TELECLASSES

05 Feb. 09	<i>There's More to Hemodialysis Than Water – What Every Infection Control Professional Needs to Know</i> Speaker: Sylvia Garcia-Houchins, University of Chicago Medical Center
12 Feb. 09	<i>Listeria, Clostridium difficile, MRSA – The Foodborne Link</i> Speaker: Prof. Keith Warriner, University of Guelph
19 Feb. 09	<i>The "Save Lives: Clean Your Hands" Initiative</i> Speaker: Dr. Didier Pittet & Dr. Cyrus Engineer, World Health Organisation
25 Feb. 09	<i>(South Pacific Teleclass) Friday the 13th – An Outbreak of Invasive Group A Streptococcus</i> Speaker: Julianne Toop, Princess Margaret Hospital, Christchurch
05 Mar. 09	<i>Novice – Basics of Steam Sterilization</i> Speaker: Dr. Lynne Schulster, CDC
10 Mar. 09	<i>(British Teleclass) Gleaning Gold from Surveillance Data</i> Speaker: Andrew Pearson, Health Protection Agency
12 Mar. 09	<i>Novice – Fundamentals of HAI Definitions</i> Speaker: Robert Garcia, Brookdale University, New York
19 Mar. 09	<i>Novice – Basics of Controlling Device-Related Infections</i>

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