Preventing Infections in Healthcare Workers: Strategies and Challenges
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IPAC Canada President 2014/2015

Broadcast live from the 2015 Congress of the French Society for Hospital Hygiene

Disclosures

› I have no disclosures

› I have a French name, but I don’t speak French 😊
Why don’t healthcare workers follow infection control protocols?

What hasn’t worked?

What strategies have promise?

Let’s talk about Ebola…

Lessons learned
Human nature

- People don’t do what they don’t have to
- For the most part there are no consequences
- There are no immediate impacts
- No one is watching…

People follow IC when…

- There is fear
- There is media attention
- E.g. SARS, H1N1, Ebola
  - Leads to over-reaction
  - We saw very high vaccine rates during H1N1
  - HCW demanded highest level protection during SARS and Ebola outbreaks
We assume that if we provide healthcare workers with education they will follow the protocols.

- Time and time again this hasn’t worked
  - Influenza shots
  - Hand Hygiene compliance
Promotions

- Posters
- Campaigns
- Incentives

All have short term effects, but compliance always returns to baseline after short term improvements.

How do we get healthcare workers to change their behaviour?

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Fear/Media hype

- Healthcare workers do change their behaviour based on fear and media – but this is not sustainable
- Need people to understand that there is always threats to their lives...
- Media campaigns can work
  - Seatbelts
  - Drunk driving
  - Cigarettes
  - Safe Sex
- Resulted in cultural shift – but takes a long time

Punishment/Financial Penalty

- Loss of admitting privileges
- Loss of job

- Has worked in some US hospitals – influenza vaccine rates of 99.9%

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Big Brother is Watching…

- Direct observation of healthcare workers has worked to increase hand hygiene compliance
- Public reporting of infection rates/hand hygiene compliance rates
- Competition between units
- But there is the Hawthorne effect

Fundamental to getting healthcare workers to change their behaviour is addressing culture...
Has had some success in getting improved compliance
PD doesn’t come up with new IC interventions
- All interventions are already proven effective in literature
- Individuals need to come up with interventions that work within their micro-culture
PD is best applied to complex problems that are deeply rooted in culture
Leading Questions…

- How do you know when someone has an infection?
- What do you do to protect yourself and others from this infection?
- What keeps you from doing this every time?
- Who do you know who seems to do a better job?
- Does anyone have any ideas about what we should do next?

Let’s talk about Ebola…

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Evidence or fear based approach?

We know that Ebola is spread by droplet and contact transmission (not airborne)

But patients who are acutely ill are having projectile vomiting and explosive diarrhea.
Attention to detail

Then along came Dallas

- Patient travelled from Liberia
- Sent home initially
- returned with advanced symptoms and died
- 2 nurses infected
- None of his close contacts in the community became ill
IPAC changes

- Fear and overreaction
- ‘No skin in the game’
- Differentiation between low transmission risk (‘dry’) and high transmission risk (‘wet’) patients
- Recognition that the greatest danger is in late stage disease with copious body fluids, particularly vomitus and bloody diarrhea
- Importance of fluid impermeable PPE

Controversies

- Can it be ‘airborne’?
- Need for respirators
- Can we be ready everywhere?
- Centralized care versus regional model
- We will need to be prepared…
Lessons Learned

- Educating healthcare workers doesn’t get them to change behaviour
- Campaigns work but are short-lived
- Negative consequences seem to be the strongest motivator
- Healthcare workers are most likely to follow protocols when they are afraid for their own safety
- We need to effect change at a cultural level
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Questions

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