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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**Hospital infections**

500,000 patients each day

16 million deaths every year

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

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No hospital, no country, no health-care system in the world can claim to have solved the problem
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Compliance < 40%

Why?

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Relation between opportunities for hand hygiene for nurses and compliance across hospital wards

On average, 22 opp / hour for an ICU nurse

Time constraint = major obstacle for hand hygiene

handwashing
soap + water
1 to 1.5 min

alcohol-based
hand rub
15 to 20 sec

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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

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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Mashhad, Iran
April 2015

Changing behavior .... a universal challenge

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

« Talking walls »

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My son, if they don’t get me, you will become multi-resistant

Handrub is the natural killer of cross transmission

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Dirty Staph
...out of hospital

Workplace reminders

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Results

Monitoring + Performance feedback

www.hopisafe.ch

Hospital-wide nosocomial infections; trends 1994-1998

www.hopisafe.ch

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Effectiveness of a hospital-wide programme to improve compliance with hand hygiene
Didier Pittet, Stéphane Hugonnet, Stephan Harbarth, Philippe Mounaoua, Valérie Sauvan, Sylvie Touveneau, Thomas V. Perneger, and members of the Infection Control Programme
THE LANCET Vol 256 – October 14, 2000

◆ 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

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Launch
1st Global Patient Safety Challenge
WHO headquarter, Geneva, Switzerland
13 October 2005

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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140 countries committed to address health care-associated infection
World population coverage: > 95%

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

Knowledge & evidence ➔ Action

World Health Organization
Patient Safety
SAVE LIVES

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 healthcare 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


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Adapt to Adopt

If you want people to Adopt ...
Let them Adapt

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Adapt to Adopt

www.tinyurl.com/AdaptToAdopt

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:
60,000 deaths annually in the United States
6.5 deaths due to the instructor's failure to wash hands
25 days of life lost

EQUIPMENT
Essential equipment:
- Gloves
- Soap
- Water
- Hand hygiene technique
- Alcohol-based hand rub
- Disposable paper towels

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

Available soon:
-Shewari
-Urdu

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Using innovative ways around the world to apply the 5 Moments

Translated in:
- French
- Portuguese
- Japanese
- Spanish
- Italian
- German
- Chinese
- Russian
- Romanian
- Turkish

Available soon
- Shewali
- Urdu

Evidence of successful implementation of the strategy worldwide...

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From modern health care settings

To settings with limited resources

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In a multi-cultural environment

Ensuring universal system change

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

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www.tinyurl.com/HHSAFsurvey

Hand Hygiene Self-Assessment Framework 2010

1. System Change

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
<th>WHO improvement tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 How readily available is alcohol-based handrub in your health-care facility?</td>
<td>Not available</td>
<td>0</td>
<td>Hand hygiene survey</td>
</tr>
<tr>
<td></td>
<td>Available, but efficacy* and tolerability* have not been proven</td>
<td>0</td>
<td>Protocol for evaluation of tolerability and acceptability of alcohol-based handrub in use or planned to be introduced Method 1</td>
</tr>
<tr>
<td></td>
<td>Available only in some wards or in discontinuous supply (with efficacy* and tolerability* proven)</td>
<td>6</td>
<td>Guide to implementation Method 1</td>
</tr>
<tr>
<td></td>
<td>Available facility-wide with continuous supply (with efficacy* and tolerability* proven)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Available facility-wide with continuous supply, and at the point of care (with efficacy* and tolerability* proven)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Available facility-wide with continuous supply at each point of care (with efficacy* and tolerability* proven)</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>1.2 What is the亲手ratio?</td>
<td>Less than 1:10</td>
<td>0</td>
<td>Hand hygiene survey</td>
</tr>
<tr>
<td></td>
<td>At least 1:10 in most wards</td>
<td>5</td>
<td>Guide to implementation Method 1</td>
</tr>
<tr>
<td></td>
<td>At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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www.tinyurl.com/HHSAFsurvey

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

www.tinyurl.com/HHSAFsurvey

Evaluation & feedback
WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

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www.tinyurl.com/HHSAFsurvey

Reminders in the workplace
WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

www.tinyurl.com/HHSAFsurvey

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

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5. Institutional Safety Climate for Hand Hygiene

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
<th>WHO improvement tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1a Is such a team established?</td>
<td>No</td>
<td>0</td>
<td>Guide to implementation 8.5</td>
</tr>
<tr>
<td>5.1b Does this team meet on a regular basis (at least monthly)?</td>
<td>Yes</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5.1c Is there dedicated time available to organize a hand hygiene campaign and to teach hand hygiene principles?</td>
<td>Yes</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5.2 Have the following members of the facility leadership made a visible commitment to support hand hygiene improvement?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2a Chief executive officer</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5.2b Medical director</td>
<td>Yes</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5.2c Director of nursing</td>
<td>Yes</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Score

<table>
<thead>
<tr>
<th>Component</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. System Change</td>
<td></td>
</tr>
<tr>
<td>2. Education and Training</td>
<td></td>
</tr>
<tr>
<td>3. Evaluation and Feedback</td>
<td></td>
</tr>
<tr>
<td>4. Reminders in the Workplace</td>
<td></td>
</tr>
<tr>
<td>5. Institutional Safety Climate</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

2. Determine the assigned ‘Hand Hygiene Level’ for your facility.

<table>
<thead>
<tr>
<th>Total Score (range)</th>
<th>Hand Hygiene Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 125</td>
<td>Inadequate</td>
</tr>
<tr>
<td>126 - 250</td>
<td>Basic</td>
</tr>
<tr>
<td>251 - 375</td>
<td>Intermediate (or Consolidation)</td>
</tr>
<tr>
<td>376 - 500</td>
<td>Advanced (or Embedding)</td>
</tr>
</tbody>
</table>

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Interpretation:

1. Add up your points.

<table>
<thead>
<tr>
<th>Component</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Change</td>
<td>85</td>
</tr>
<tr>
<td>Education and Training</td>
<td>60</td>
</tr>
<tr>
<td>Evaluation and Feedback</td>
<td>55</td>
</tr>
<tr>
<td>Reminders in the Workplace</td>
<td>70</td>
</tr>
<tr>
<td>Institutional Safety Climate</td>
<td>65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>335</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
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</tr>
<tr>
<td>251 - 375</td>
<td>Intermediate (or Consolidation)</td>
</tr>
<tr>
<td>376 - 500</td>
<td>Advanced or Excellent</td>
</tr>
</tbody>
</table>

Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment → Action

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

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WHO HHSAF Global Survey 2011

- Participation of 2119 health-care settings from 69 countries
- Find more at http://www.who.int/gpsc/5may/hhsa_framework/en/

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Median component scores for US facilities participating in the WHO Hand Hygiene Self-Assessment Framework survey 2011 (n = 129)


WHO Hand Hygiene Self-Assessment Total score in hospitals* in 2011 & 2015 Overall and by WHO region

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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
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

www.hhea.info

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Hand Hygiene Excellence Award Video

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Hand Hygiene Excellence Award hospitals, 2010 to 2015
(n=346 applicants)

Asia-Pacific: 2010
Europe: 2013
Latin-America: 2014
Africa: from 2017
Middle East: from 2017
North-America/Canada: from 2018

www.hhea.info

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

What else?

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

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

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 assess the chances of choosing the most satisfying alternative possible.

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

1. Identify the Decision To Be Made
2. Gather Information
3. Identify the Alternatives
4. Weigh the Evidence
5. Choose From Alternatives
6. Take Action
7. Review the Decision

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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)

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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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

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

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

---

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

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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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

Having a positive influence, … even without direct line authority

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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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

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

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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

Adapt to Adopt

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December 1  2017 TELECLASS SCHEDULE RELEASED

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

www.webbertraining.com/schedulept1.php

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