Unit-led Just-In-Time Coaching

Part of a Winning Strategy to Improve Hand Hygiene

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Lori Moore, MPH, MSCE, BSN, RN
Clinical Educator
GOJO Industries, Inc.

Learning Objectives

- Describe the value of unit-led JIT coaching in providing a strong infrastructure upon which to improve unit-level safety culture
- Describe why nurse managers and frontline healthcare workers may be best positioned to provide reminders when hand hygiene opportunities are missed
- Identify important steps in building a successful unit-led JIT coaching program

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GOJO Industries, Inc.

Clinical Educator, Healthcare

My Hand Hygiene Improvement **Journey**

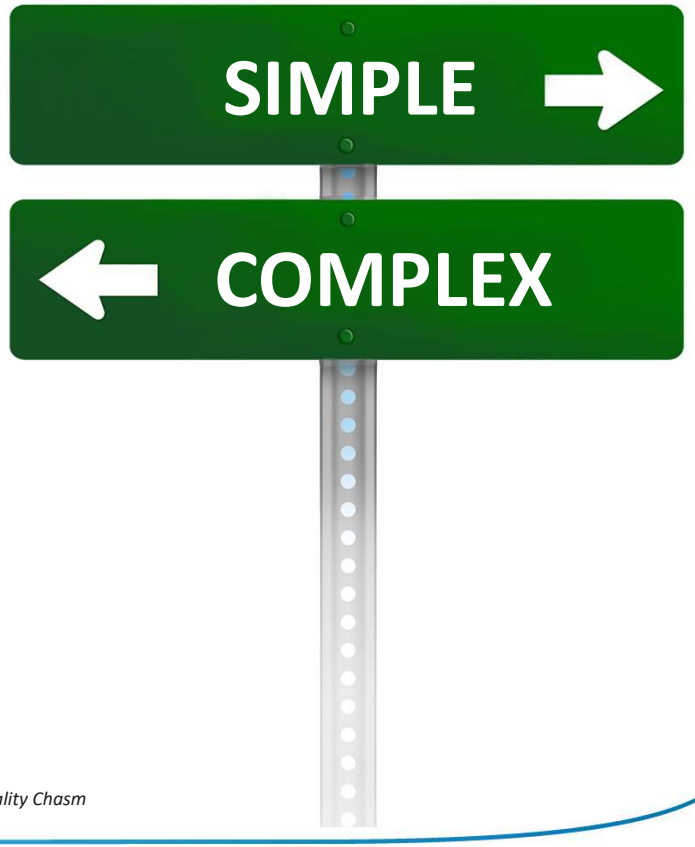
Why is Hand Hygiene Challenging?

Complexity Science

Variation results from unpredictability of behavior

Some actions need to be predictable with a high level of reliability

- **Variation should be minimal for certain behaviors if:**
  - ✓ **The levels of certainty and clinical agreement are high**
  - ✓ **The science base is consistent**



Wachter, RM. *Understanding patient safety.* McGraw-Hill Companies. 2008.
Plesk, P. Redesigning health care with insights from the science of complex adaptive systems. Appendix B in: *Crossing the Quality Chasm*

Why is Hand Hygiene Challenging?

Complexity Theory

Simple

Teaching the mechanics of cleaning hands

Complicated

Developing innovative products for cleaning hands

Complex

Hand hygiene within a healthcare system

- The task that is performed the most in any healthcare setting decision makers
- Involves many individuals—all independent decision makers

Group Monitoring System

Room entry / exit **per week**	Room entry / exit **per day**
• 24-bed ICU = 34,000	• 24-bed ICU = 4857
• 31-bed Med = 35,000	• 31-bed Med = 5000

Gawande, A. *The Checklist Manifesto: How to Get Things Right*

Why is Hand Hygiene Challenging?

- 5000 entries and exits / day (24 hours) / 31-bed **unit**
  - 160 entries and exits / **room** / day
    - 80 entries and exits / room / **shift** (12-hour)
      - 40 entries and 40 exits / room / **shift**
      - 3 entries and 3 exits / room / hour

The risk is there….whether we see it or not

Why is Hand Hygiene Challenging?

- Responsibility and accountability typically falls on the shoulders of **infection prevention professionals / quality professionals**
- IPs are **not in a position of responsibility or authority** over the individuals who are the targets of behavior change / modification

Why is Hand Hygiene Challenging?

Organizational Level

C U L T U R E

Local Level

Shared pattern of learned behaviors and practices

Pronovost PJ, Sexton B. Assessing safety culture: guidelines and recommendations. Qual Saf Health Care 2005;14:231-233..

Shifting the Paradigm

INFECTION PREVENTION PROFESSIONAL

NURSE MANAGERS

DIRECT PATIENT CARE PROVIDERS

Working through others to influence behavior and safe patient care at the bedside

What Makes Sense?

1

INFECTION PREVENTION PROFESSIONAL

Responsible for hand hygiene behavior of:

500

STAFF MEMBERS

1

INFECTION PREVENTION PROFESSIONAL

10

NURSE MANAGERS

Each responsible for hand hygiene behavior of:

50

STAFF MEMBERS

Play Your Strengths

Nurse Managers

Strong impact on direct patient care providers

- Relationship with staff
- Influence culture
- Responsible for quality metrics
- Strong influence over performance
- Reside on the unit, ability to observe performance
- Inspire and empower unit staff to solve problems

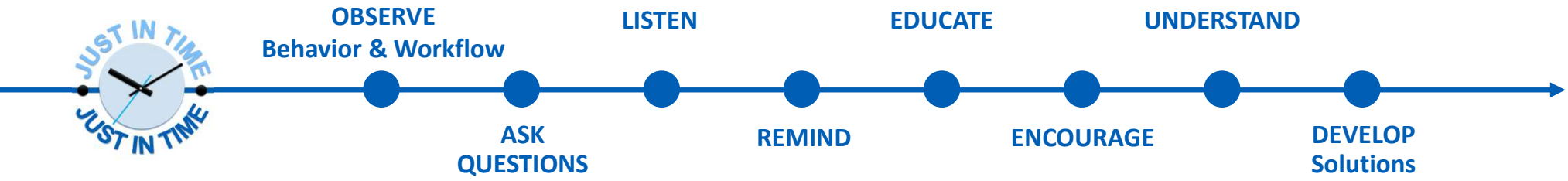
Infection Prevention Professional

Leadership based on influence rather than authority[1]

- Establish a clear vision
- Communication / Influence
- Collaborate with other leaders
- Influence and persuasion
- Problem solving
- Provide expertise
- Develop others

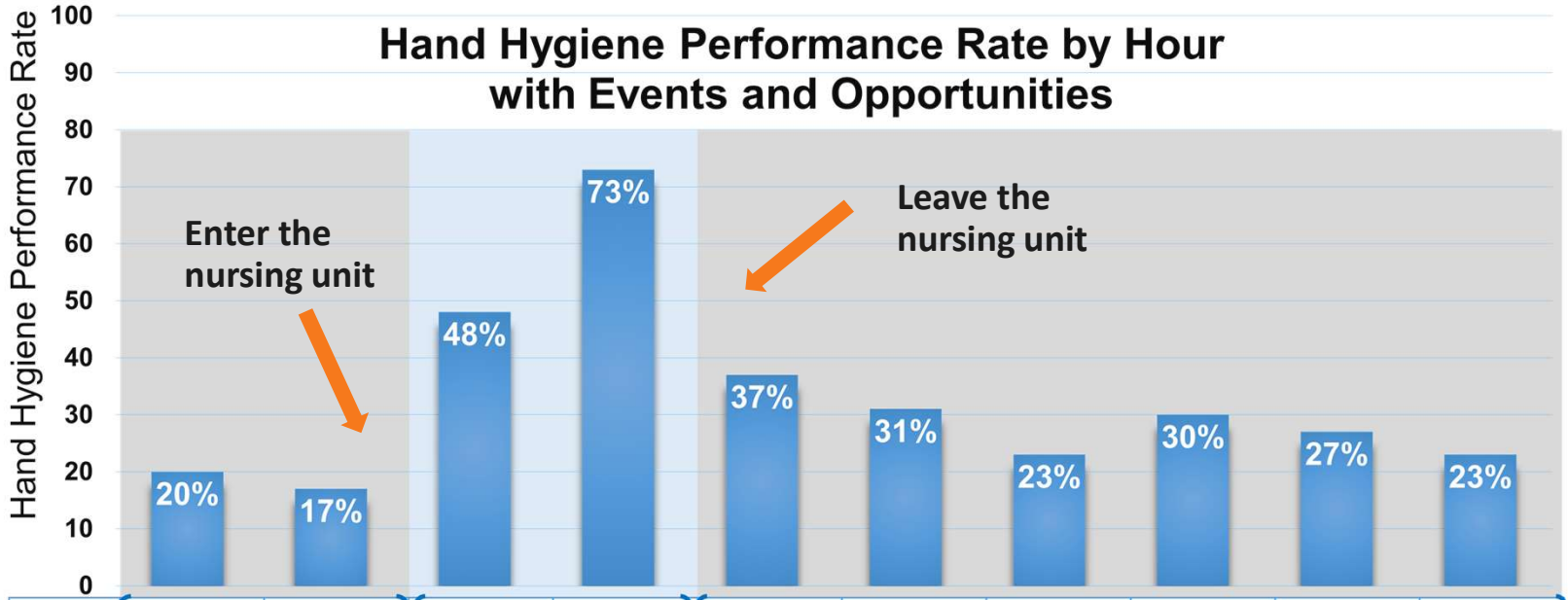
[1]Billings C, et al. Advancing the profession: An updated future-oriented competency model for professional development in infection prevention and control. *Am J Infect Control*. 2019;47:602-614

Causes for Noncompliance are Determined at the Local Level



Chassin MR, et al. Improving hand hygiene at eight hospitals in the United States by targeting specific causes of noncompliance. Jt Comm J Qual Patient Saf. 2015;41:4-12. . *BMJ Qual Saf*. 2014;0:1-7.

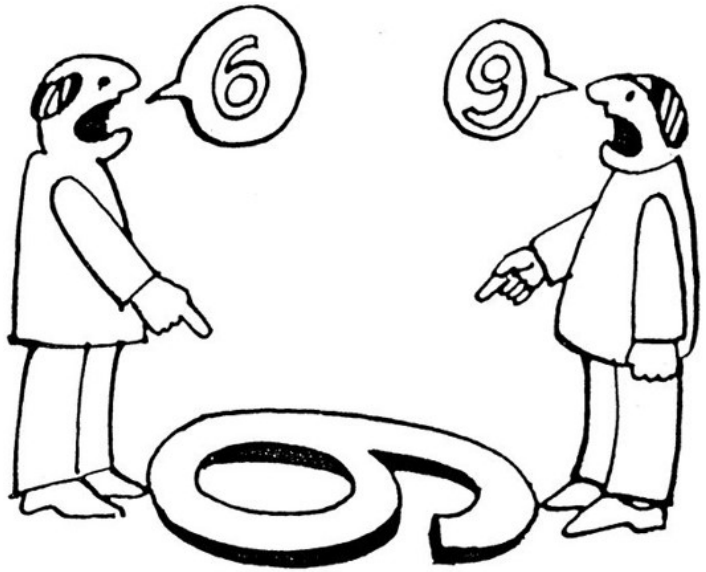
The Hawthorne Effect



Time	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00
Events	41	57	74	91	72	43	33	43	31	30
Opps	207	344	154	124	194	140	141	142	116	132
Rate	20%	17%	48%	73%	37%	31%	23%	30%	27%	23%
	Observer absent		Observer present		Observer absent					

Moore, L. High hand hygiene performance can be achieved despite barriers: The value of pairing direct observation with electronic hand hygiene monitoring. Poster, APIC National Conference 2017, Portland, OR.

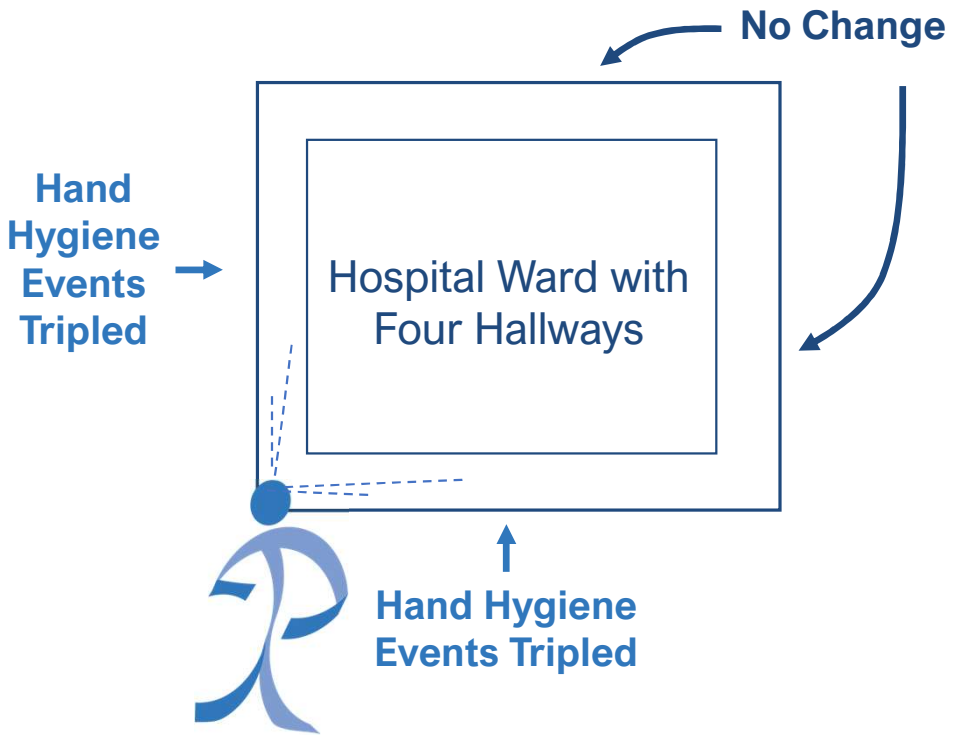
The Hawthorne Effect
Is It Good…*or Is It Bad?*



The Hawthorne Effect – The Downside

Srigley 2014

- Hand hygiene event rates tripled in hallways where **observers were present** as compared to hallways with no observers
- Findings call into question the accuracy of directly observed hand hygiene rates



Srigley JA, et al. Quantification of the Hawthorne effect in hand hygiene compliance monitoring using an electronic monitoring system: a retrospective cohort study. *BMJ Qual Saf*. 2014;0:1-7.

The Hawthorne Effect – The Upside

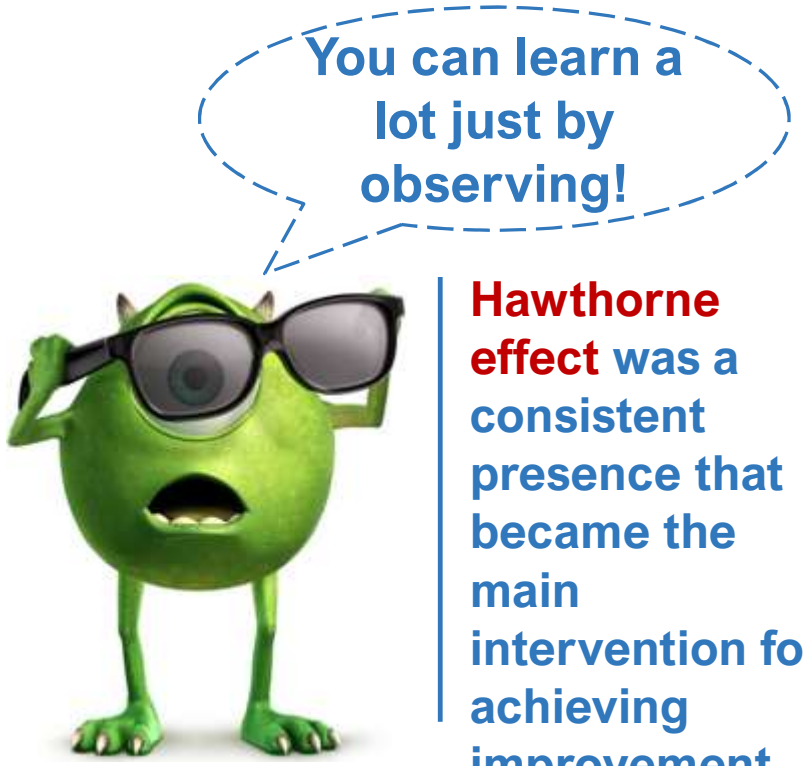
Sickbert-Bennett, UNC Hospitals

Implemented Clean In/Clean Out Program

- All hands on deck approach
  - 4000 staff observing/providing reminders
  - >140,000 observations recorded

Results

- Positive correlation between 1) the number of unique observers and rates, and 2) the number of reminders and rates
- HAIs substantially decreased



Hawthorne effect was a consistent presence that became the main intervention for achieving improvement

Sickbert-Bennett EE, et al. Reducing health care-associated infections by implementing a novel all hands on deck approach for hand hygiene compliance. *Am J Infect Control*. 2016;44:e13-e16.
Sickbert-Bennett EE, et al. Reduction of health care-associated infections by exceeding high compliance with hand hygiene practices. *Emerg Infect Dis*. 2016;22:1628-1630.
Sickbert-Bennett EE, et al. The holy grail of hand hygiene compliance: Just-in-time peer coaching that leads to behavior change. *Infect Control Hosp Epidemiol*. 2020;41:229-232.

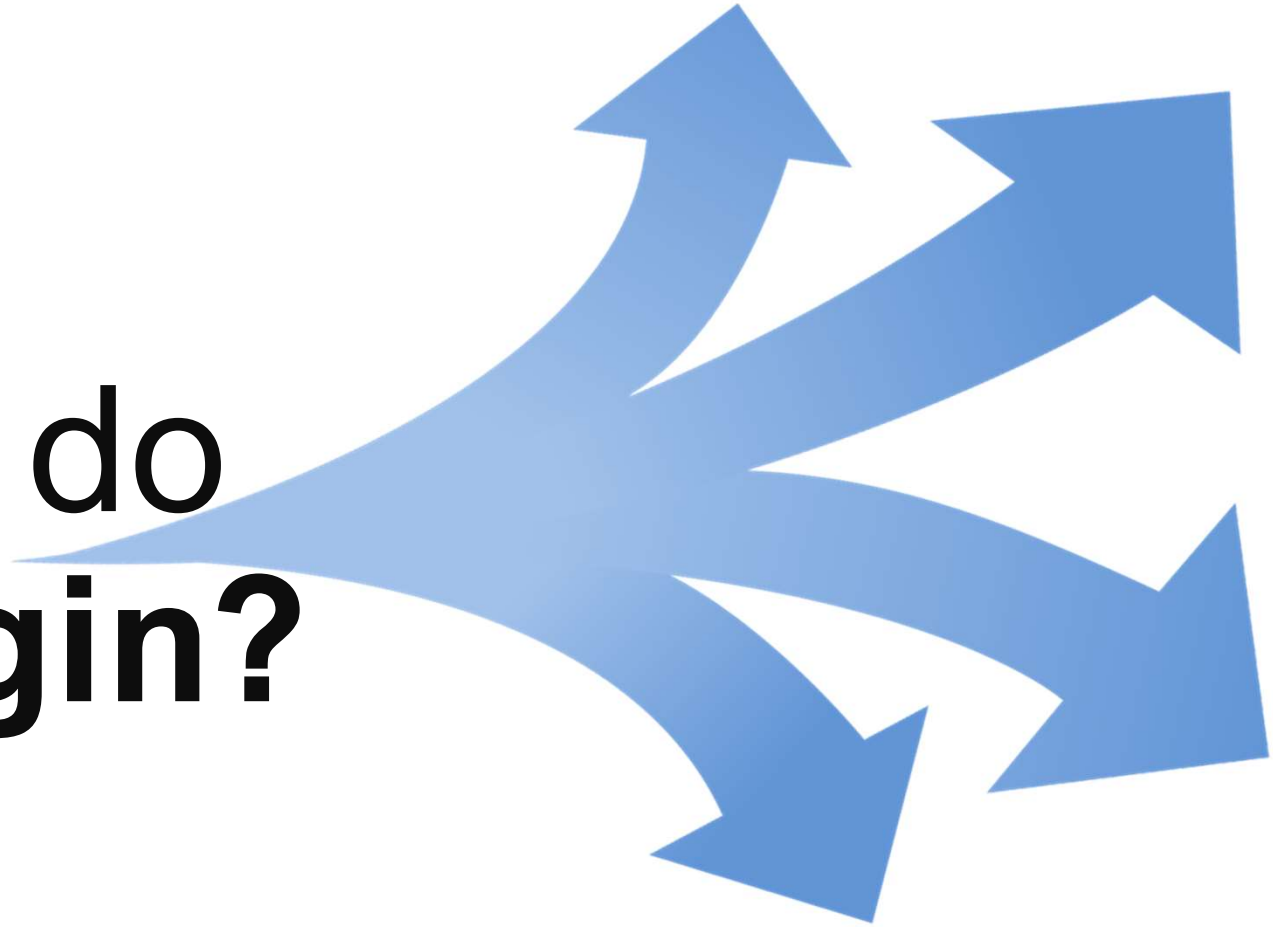
Unit-led

A.K.A. “Speaking Up”

Reflection

- IPs historically have held a disproportionate role in the task of changing hand hygiene behavior of care providers
- Nurse managers are best positioned to influence and impact behavior at the bedside
- This paradigm shift can lead to improvements in hand hygiene
- Unit-led Just-In-Time Coaching
  - Provides a strong infrastructure upon which to improve unit-level safety culture

Where do we **begin?**



Unit-led Just-In-Time Coaching

STEPS TO SUCCESS

GETTING ***STARTED***

10 GROW YOUR PROGRAM

9 REWARD & CELEBRATE ACCOMPLISHMENTS

8 EVALUATE PROGRESS

7 COACH YOUR COACHES

6 CREATE RULES FOR JIT ENGAGEMENT

5 CREATE A COACHABLE ENVIRONMENT

4 DEVELOP GOALS & METRICS FOR SUCCESS

3 GATHER YOUR TEAM

2 ESTABLISH ACCOUNTABILTY & COMMUNICATION

1 BUILD THE CASE

Create the Vision

“You’ll know you’ve achieved a safe culture when you see someone low in the hierarchy—say, a new nurse—reminding a senior physician to wash his or her hands, and the physician responds by simply saying, ‘Thank you,’ then turns to the sink or gel dispenser.”

Robert M. Wachter, MD, *Understanding Patient Safety*

The **ultimate goal** of JIT is to create an environment in which it is the **expectation to be reminded to clean hands** when an opportunity is missed rather than the exception.

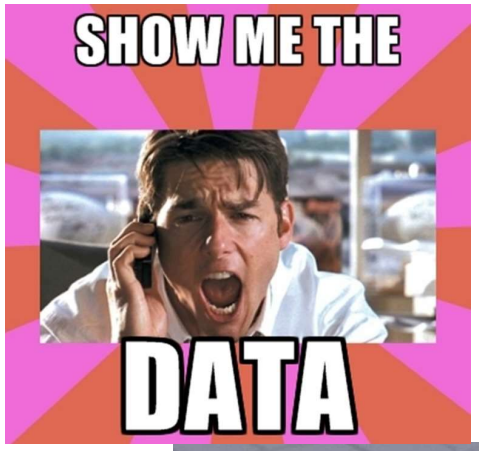
Generate Value

"**When value is defined as the highest quality** and hand hygiene is very low, there is a mismatch."

"When we have a unit full of independent problem solvers, we have **created a culture of safety**."

Greg Horner, Vice President Operational Excellence
University of Chicago Medicine, 9/23/2014

Share the Problem



Why Now?

Hand Hygiene – Of Reason and Ritual

Weinstein, RA, 2004

- After more than 150 years [since Semmelweis, 1840]—**hand hygiene adherence rates remain low**
- We must change the rules **so that healthcare workers expect to be observed and given direct, immediate feedback** until the behavior of role models becomes everyone's ritual
- The age of reason is over… it's time for action

Weinstein, RA. Hand hygiene—Of reason and ritual. *Ann Intern Med*. 2004;141:65-66.

The Joint Commission

NPSG 7

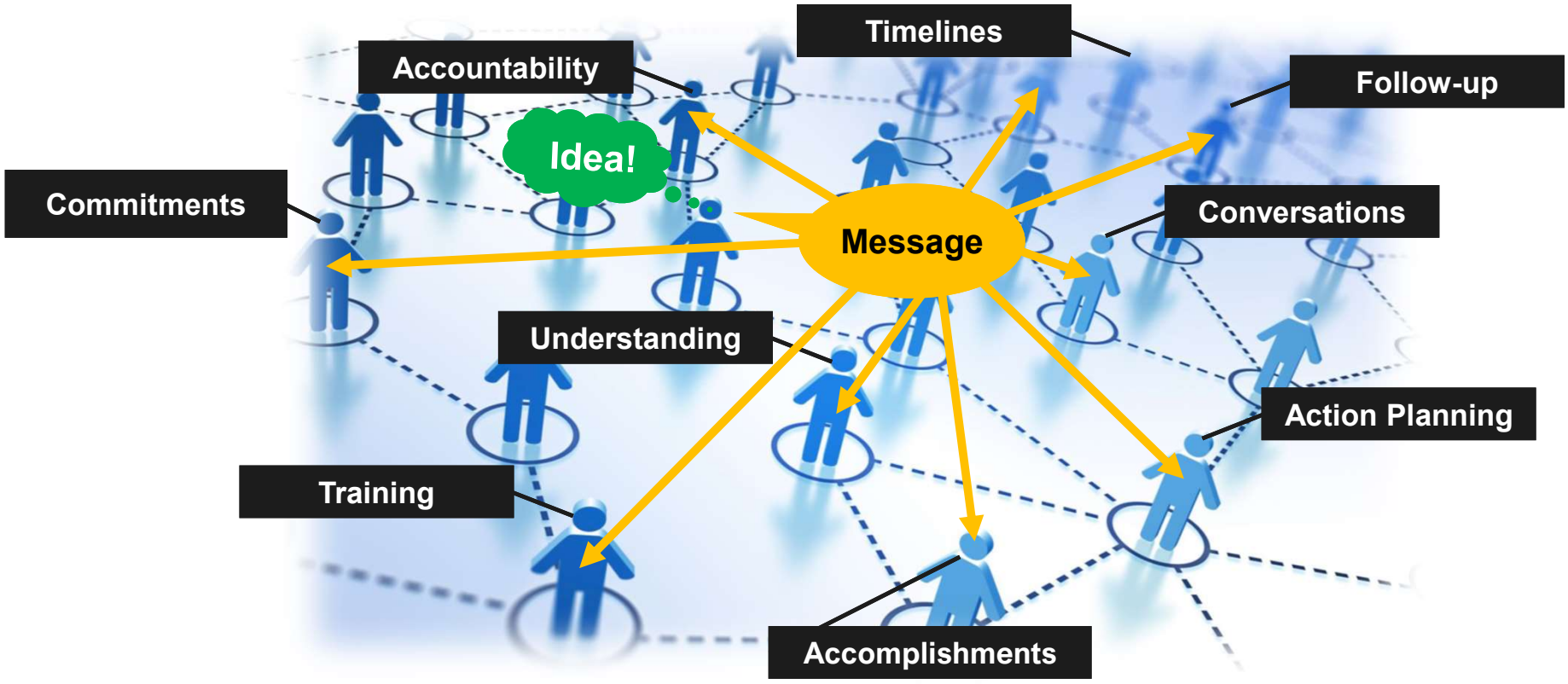
- Comply with CDC or WHO guidelines
- Citing observations of hand hygiene noncompliance while providing patient care

There has been sufficient time for all organizations to train personnel who engage in direct patient care.

The Leapfrog Group

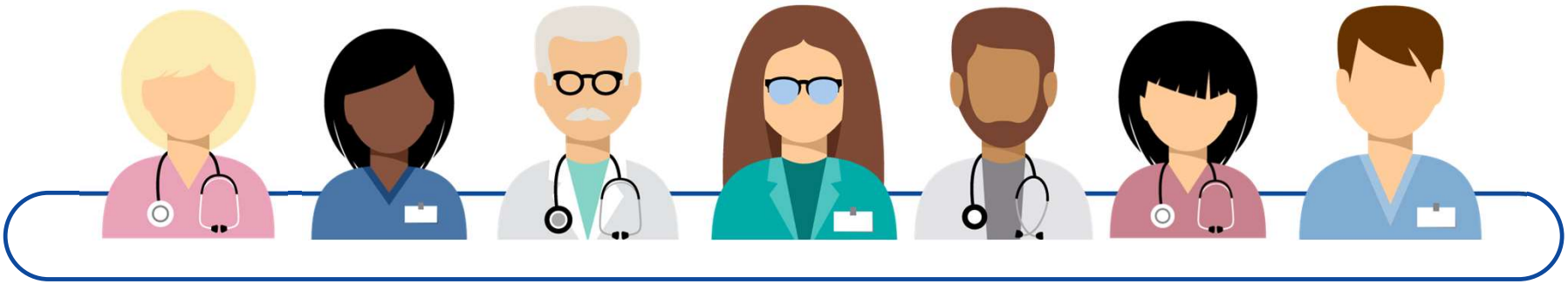
- Does your hospital use coaches to provide individuals with feedback when they are not compliant with hand hygiene?

Planning and Structure



Gather Your Team

TEAM — Once you have this sold, it's time to start gathering your team!



Leadership | Pilot Unit | Nurse Manager | JIT Coaches

Leadership Support

Executive

Nursing

Physician

Share the vision | Align expectations | Demonstrate organizational commitment | Cultivate collaboration | Dedicate resources | Remove barriers / Conflict management | Celebrate achievements

Pilot Unit

High-Performing Units

- High levels of safety culture at the unit level
- Close collaboration and involvement of unit management /free of hierarchy
- Unit managers set standards with staff involvement (collaboration)
- Staff aware of consequences of noncompliance
- Safety issues anticipated and pre-empted
- Addressing coworkers in cases of noncompliance is common
- Implemented more HH interventions than low-performing units

Low-Performing Units

- Low levels of safety culture at the unit level
- Units with multiple medical specialties consistently showed difficulties in collaboration between medical and nursing staff
- Opposing points of view on collaboration
- Reactive approach to safety issues
- Staff focused on own performance and addressing coworker's noncompliance was not a part of the culture
- Discrepancies on improvement strategies

Caris MG, et al. Patient safety culture and the ability to improve: A proof of concept study on hand hygiene. *Infect Control Hosp Epidemiol.* 2017;38:1277-1283

Nurse Manager

Five Practices of Exemplary Leadership® Model (Kouzes, Posner)

- Inspires a shared vision – Breathes life into the vision
- Models the way – Creates standards of excellence
- Challenges the process – Changes the status quo
- Enables others to act – Builds spirited teams
- Encourages the heart – Provides recognition

If the NM is not engaged—this won't work!

- Organizational commitment
- Enjoys being in the position
- Achievement motivated
- Favorable impact on team recruitment, satisfaction and retention

Kallas KD. Profile of an excellent nurse manager. *Nurs Admin Q.* 2014;38:261-268.

Nurse Manager Readiness Assessment

Transtheoretical Model and the Stages of Change

Precontemplation	Contemplation	Preparation	Action	Maintenance
No recognition of need or interest in change	Thinking about changing	Planning for change	Adopting new habits	Ongoing practice for new behaviors

High performing units
vs
Low performing units

Long-term follow-up
and
relationship building

Caris MG, et al. Patient safety culture and the ability to improve: A proof of concept study on hand hygiene. *Infect Control Hosp Epidemiol.* 2017;38:1277-1283
Glanz K, Rimer BK, Lewis FM. Health Behavior and Health Education: Theory, Research, Practice, 3rd ed. San Francisco, CA: Jossey-Bass
Apisarnthanarak A., et al. Behavior-based interventions to improve hand hygiene adherence among intensive care unit healthcare workers in Thailand. Infect Control Hosp Epidemiol. 2015;36:517-521

JIT Coaches

Qualities / traits

- Volunteers
- Passion for hand hygiene or patient safety
- Role model / looked upon as a resource
- Highly respected by peers
- Critical thinker / problem solver
- Approachable
- Willingness to speak up across the chain of command
- Willing to invest the time / go above and beyond

Develop Goals for Success

GOALS

- ✓ Specific
- ✓ Measurable
- ✓ Achievable
- ✓ Realistic
- ✓ Timely

Incremental goal setting

The best measure is the one you can adjust in the process

Create a Coachable Environment

Involve unit staff – they have the answers

- Share the vision – the purpose….the what and the why
- Buy-in takes time
  - **Don't stamp out resistance – encourage feedback**
  - **Even difficult people can provide valuable input**
- Get back to the basics:
  - When to use soap, when to use sanitizer
  - Hand hygiene expectations prior to gloving
  - Skin health, lotion

Create a Coachable Environment

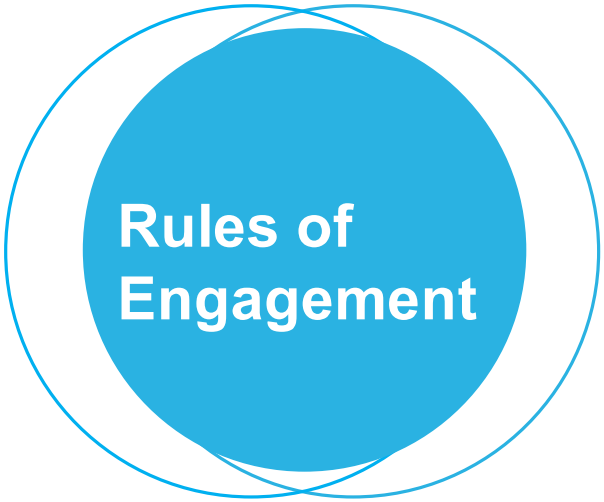
Involve physicians and ancillary staff

JIT coaching unit announcements

Mission critical!! No one wants to be caught off guard

Create Rules of Engagement

- **Keep it simple – Clean in, Clean out**
- Respect for all
- Be discrete, speak softly
- Nonverbal cues or code word
- Know when to hold ‘em and know when to fold ‘em
- Non-punitive
- Positive feedback for good hand hygiene



Coach Your Coaches

Develop your coaches

- Create a script and role play
- Set expectations
  - When to remind: Entry/ Exit
  - Who to remind: Unit staff? MDs? Ancillary staff?
  - **How to respond to noncompliance / eye rolling**
- Report out on coaching / barriers / feedback
  - To whom? When? How? Frequency?
- Provide support and encouragement
- Celebration / Rewards—this is tough stuff

Evaluate Progress….Regularly

- Trial and error
- This is not easy
- What is working, what is not
- Stick with it
- Lessons learned – document
- **Report outs to leadership**

Reward & Celebrate Accomplishments

Recognition is **Important**

A Few Gold Nuggets

- The goal is patient safety, not achieving a number
- It's a marathon, not a sprint—you need to be committed
- Lasting change starts at the periphery and moves toward the corporate core
- It's not about finger-pointing, it's about learning
- We can't change culture—
  - Unless we change habits and practices and the way people interact with each other
- Removing barriers will not help—until the habit is built
- Everyday conversations are the primary mechanism for effecting change
  - If you're not talking about it—it can't happen…..Talk about it……Everywhere

THANK YOU