

APIC National Conference 2017  
APIC Chicago Board Summary  
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The 2017 National APIC conference held many interesting presentations across the continuum. The one I found intriguing and applicable to all different healthcare settings was “Hand Hygiene and Humans”. Appropriate hand hygiene at point of care has eluded the healthcare industry and infection preventionists for as long I can recall. This presentation by Deb Burdsall emphasized that hand hygiene should be a multimodal concept to effectively change human behavior. She conveys that the use of a system, which may already be in place at a healthcare facility, could be beneficial in moving hand hygiene to the next level as it is something that employees are already familiar with. The multimodal approach should include at least 3-5 elements that are implemented together to change behavior and improve outcomes. Key strategies to an effective hand hygiene program were identified as the following:

- Clear hand hygiene definitions
- Accountability and engagement from the executives to the front line staff
- Hand hygiene products accessible and strategically placed at point of use
- Education strategies to promote behavior change
- Hand hygiene audits with feedback to staff

While most healthcare facilities attempt many different approaches to hand hygiene with initial success, long term sustainability of the improved process remains difficult. Perhaps the underlying cause of this limited success, is best described by Dr. Elaine Larson “The sad truth, however, is that those practices that depend on human behavior are sorely under practiced, poorly practiced, or omitted.” This is a great quote as it really hit home with me.

Another great tool from this presentation was Professor Didier Pittet’s World Health Organization (WHO) multimodal approach to hand hygiene:

1. Build it
  - a. Equipment and supplies – product selection with frontline staff input and ample product
  - b. Physical environment – place product in environment that will set up employees for success
  - c. Team selection for implementation - select key team members
2. Teach it
  - a. 5 W's - Who, what, when, where and why
  - b. Training – trainers, training aids and equipment
3. Check it
  - a. Audit new practice – develop audit tools, create audit timeline, implement audits by trained employees
  - b. Provide feedback – how often, when, in what format, and to whom
4. Sell it
  - a. Promote the intervention – visual cues and reminders for hand hygiene at point of care
  - b. Messaging – develop a timeline for promotional/reinforcing messages to help maintain engagement of the hand hygiene intervention; utilize creative messaging or branding; keep the message alive!
5. Live it
  - a. Ensure that all disciplines understand the hand hygiene intervention and believe in its value to safety and quality
  - b. Promotion of the audits – Audits are taken seriously with action plans as needed

Changing the behavior of humans is incredibly difficult and most certainly met with multiple challenges. Behavior change starts with a small group of individuals dedicated to the intervention. The group demonstrates persistence by investing in and understanding the elements needed for successful human behavior change. Healthcare has dedicated a great deal of resources to hand hygiene initiatives, but may be more successful if initiatives targeted the root cause: behavior and work driven challenges surrounding hand hygiene non-compliance.