



hand hygiene

By Paul Alper

Creating A Safety Culture: A Checklist for Hand Hygiene-Centric Success

Everyone who enters a healthcare facility, especially during this global pandemic, has the right to expect the highest standards of care that ensure optimized patient safety and quality. A fundamental way to achieve high levels of each is to create and continuously enhance a culture in which hand hygiene is second nature for every staff member and volunteer.

Given that hand hygiene compliance rates -- when measured accurately -- typically fall below 50 percent, an evidence-based strategic framework is essential, providing a list of hand hygiene program elements that work synergistically to ensure optimized hand hygiene behavior.

To that end, we recently created a strategic framework: "The 6 Essential Elements of Hand Hygiene,"¹ which are:

- Advanced products
- Reliable delivery systems
- Point-of-care access
- Effective learning systems
- Safety culture
- Actionable feedback

In this month's column I want to help you grow your safety culture as it relates to hand hygiene.

When it comes to building a culture of safety, one of the most important pre-conditions for success is the concept of "psychological safety." This was first defined in 1965 as an "atmosphere where one can take chances without fear and with sufficient protection."²

What this means practically is that healthcare workers on a team share a common value in the importance of patient and staff safety and further have a common belief that the team will not embarrass, punish, reject, isolate or otherwise seek retribution when anyone speaks up in a professional manner on any matter regarding risk of harm -- especially when interacting with one's supervisor or a more senior ranking staff member.

Therefore, to help create positive change in today's healthcare organization, here is a seven-step checklist to consider:

1 Empower individual units to take ownership for hand hygiene improvement and acknowledge their progress as they hit monthly/quarterly compliance growth targets.

2 Structure unit leaders' annual performance appraisals and bonuses to reward meeting your hand hygiene improvement goals.

3 Establish and implement a cycle of routinely identifying unit based obstacles and barriers to hand hygiene performance and then put in place action plans with the goal of eliminating them. Encourage input and participation at the front-line staff level. Incidentally, this is probably one of the best possible uses of direct observation -- not as a measurement tool but as one focused on coaching and real-time feedback.


4 Measure hand hygiene compliance and give feedback on performance to staff on a consistent frequency (for example, weekly) using a non-biased and validated compliance monitoring system. This might be an electronic hand hygiene compliance monitoring system or direct observation using well-trained observers who are properly validated for inter-rater reliability.

5 Celebrate when monthly/quarterly goals are achieved and collaboratively identify what to do differently when they are not. When your goals are met, set a new, higher target.

6 Make psychological safety the chosen way of working so that anyone can speak up in a professional and appropriate fashion when there is/was risk of doing harm (such as not performing proper hand hygiene when it is indicated) without fear of embarrassment, rejection, isolation, retribution or other negative consequences.

7 Ensure that your organization's senior leaders consistently model proper hand hygiene behavior and are authentically engaged in your hand hygiene improvement efforts.

Only when your organization is performing these seven steps robustly with a high degree of rigor and shared accountability, can hand hygiene ever be optimized. One thing is certain, as stated in "Still Not Safe" by Wears and Sutcliffe (a great read by the way) -- "Unless we in patient safety change, nothing will change in patient safety."³

Let me know what you think and please send me your specific hand hygiene challenges, frustrations and nagging problems -- I'll share ideas that might be of interest in this monthly column: paul@next-levelstrategies.com. Connect with me on LinkedIn. 

Paul Alper, BA, led the launch of PURELL®, invented the first electronic hand hygiene monitoring system proven to reduce infections while improving behavior and eliminating costs and is now the vice president of patient safety innovation for Medline Industries, Inc. through an exclusive engagement with his consulting practice, Next Level Strategies, LLC.

References:

1. Alper P. The Six Essential Elements of Hand Hygiene. Medline Industries. 2021.
2. Schein EH, Bennis WG. Personal and Organizational Change Through Group Methods: The Laboratory Approach. New York, NY: Wiley; 1965.
3. Wears RL, Sutcliffe KM. Still Not Safe. Oxford University Press. 2020.

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