

Unit-Led Just-in-Time Coaching

Part of a Winning Strategy to Improve Hand Hygiene

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Learning Objectives

- Discuss the disproportionate responsibility between infection prevention professionals and hand hygiene behavior change of those at the bedside
- Describe why the nurse manager is better positioned to impact hand hygiene behavior
- Summarize how a paradigm shift can lead to improvements in hand hygiene
- Discuss the value of unit-led Just-In-Time coaching in providing a strong infrastructure upon which to improve unit-level safety culture
- Review the Steps to Success in building a unit-led Just-in-Time coaching program

Why is Hand Hygiene Challenging?

Complexity Theory

- Healthcare systems are systems that are complex and adaptive
- 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



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

- Involves many individuals—all independent thinkers and decision makers
- The task that is performed the most
- Electronic compliance monitoring (community-based)
 - Unit level activity
 - 24-bed ICU = 34,000 room entry/exit per week
 - 30 bed Med = 35,000 room entry/exit per week
 - Hospital level activity (500-bed hospital)
 - 520,000 room entry/exit per week
 - 74,000 room entry/exit **per day**

Why is Hand Hygiene Challenging?

- Hand hygiene responsibility and accountability typically falls on the shoulders of **infection prevention professionals / quality professionals**
 - The responsibility is **disproportionate to the opportunities** for hand hygiene
 - IPs are **not in a position of responsibility or authority** over the individuals entering and exiting patient rooms who are the targets of behavior change / modification



Safety Culture



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

Relationship Building with Front-Line Staff

Nurse Managers

Strong impact on direct patient care providers

- Influence culture
- Responsible and accountable for quality metrics
- Strong influence over performance
- Manage underperformance, set goals, plan for improvement
- 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

- Domain 1: Leadership in Infection Prevention Program¹
 - Prevention of HAIs is everyone's responsibility
 - Relationship management
 - Influence and persuasion
 - Provide expertise
 - Develop others
 - Convey value of infection prevention

What Makes Sense?



1
**INFECTION
PREVENTION
AND CONTROL
PROFESSIONAL**

**Responsible
for hand
hygiene
behavior of:**



500
**STAFF
MEMBERS**



10
**NURSE
MANAGERS**

**Each
responsible
for hand
hygiene
behavior of:**



50
**STAFF
MEMBERS**

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

Causes of hand hygiene noncompliance are determined at the local level

- Objective: Covert observer (secret shopper)
- Subjective: Feedback from staff when noncompliant



Just-In-Time (JIT) Coaching



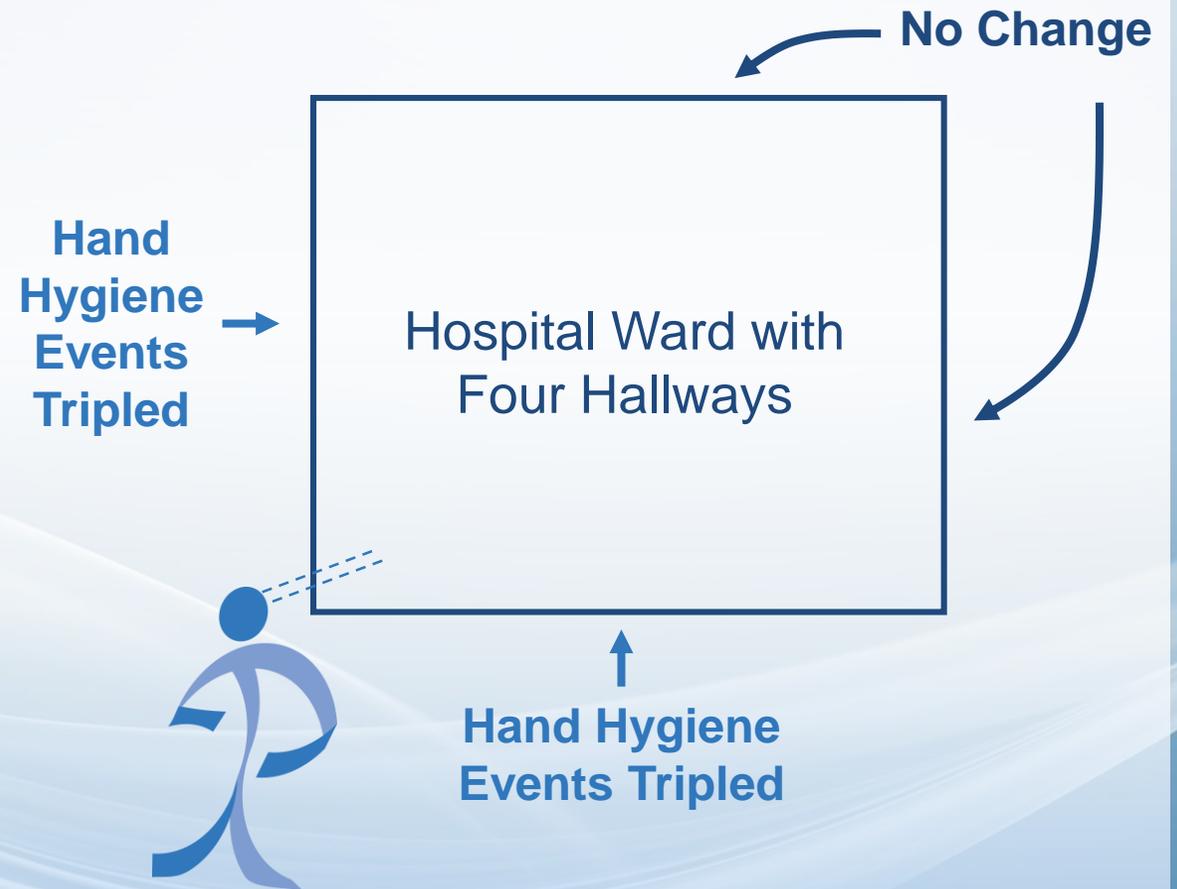
**THE HAWTHORNE EFFECT
IS IT GOOD.....OR IS IT BAD?**

YES!

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



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 the number of unique observers and hand hygiene rates
 - HAIs substantially decreased

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

**You Can Learn A Lot
Just By Observing!**



Unit-Led Just-In-Time Coaching

A.K.A. “Speaking Up”



Reflection

“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.

**Where do
we begin?**

Unit-led Just In Time Coaching

Steps to Success



GETTING *STARTED*

1 BUILD THE CASE

2 GATHER YOUR TEAM

3 DEVELOP GOALS & METRICS FOR SUCCESS

4 ESTABLISH ACCOUNTABILITY & COMMUNICATION

5 CREATE A COACHABLE ENVIRONMENT

6 CREATE RULES FOR JIT ENGAGEMENT

7 COACH YOUR COACHES

8 EVALUATE PROGRESS

9 REWARD & CELEBRATE ACCOMPLISHMENTS

10 GROW YOUR PROGRAM

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*

Generate Value

- Creating and implementing a process generates value
 - Quality/Safety: Increase hand hygiene compliance / improve patient safety
 - Organization: Lead and manage from a high reliability standpoint
 - Manage a standard (not people)—avoid finger pointing
 - Develop people and partners—at every level
 - Drive organizational learning through problem solving
 - **When we have a unit full of independent problem solvers, we have created a culture of safety**

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

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

Present Your Hand Hygiene Data



Literature Review

White et al

- Hand hygiene champions (usually a resident) assigned on MD rounding team to provide reminders
- Physician compliance with hand hygiene improved from 68% to >95%

Linam et al

- Trained hand hygiene champions to provide reminders
- Initiated Speaking Up for Safety Program to provide support for the hand hygiene champions
- Increased HH compliance from 75% to 95%
- Over time, fewer reminders required to sustain compliance—hand hygiene became the social norm

Okuyana et al

- Nurses' level of speaking up was a predictor of technical team performance
- Clarity of clinical context is a powerful contributor to confidence of speaking up
- A person's relationships with other team members influences speaking up behavior
- Interdisciplinary relationship-building improves speaking up

- White MW, et al. Utilizing improvement science methods to improve physician compliance with proper hand hygiene. *Pediatrics*. 2012;e1042.
- Linam MW, et al. Impact of a successful speaking up program on health-care worker hand hygiene behavior. *Pediatr Qual Saf*. 2017;2:e035.
- Okuyama A, et al. Speaking up for patient safety by hospital-based health care professionals: a literature review. *BMC Health Serv Res*. 2014;14:61.

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**
 - Hand hygiene and the use of ABHR must become a **ritual, automatic behavior**
 - 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

The Joint Commission

- NPSG 7
 - **2004**: Comply with the CDC hand hygiene guidelines
 - 2009: CDC or WHO HH guidelines
 - 2010: Set goals for improving compliance; improve based on set goals
 - **2018**: 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 Time is Now

A petri dish containing a blue agar medium with numerous bacterial colonies of varying sizes and colors, including white, yellow, and dark brown. A gloved hand is holding a pipette tip near the dish, suggesting a laboratory setting.

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BUILD THE CASE



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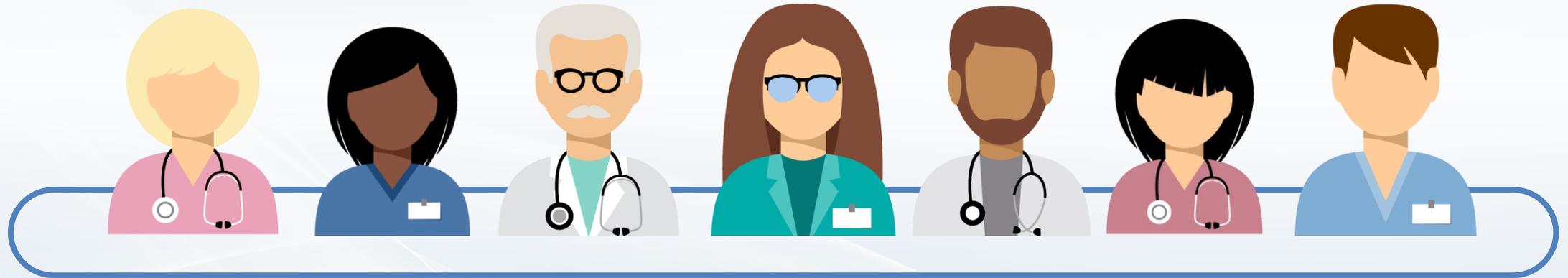
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BUILD THE CASE

Gather Your Team



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



Leadership

Pilot Unit

Nurse Manager

JIT Coaches

Executive Leadership

Nursing Leadership

Physician Leadership

Provide Sponsorship

- **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 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 (hierarchy)
- Reactive approach to safety issues
- Staff focused on own performance and addressing coworkers 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

- **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.

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
 - In good standing in the organization
 - Willing to invest the time / go above and beyond



Develop Goals & Metrics for Success



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

success



Incremental goal setting

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

Start Small and Grow



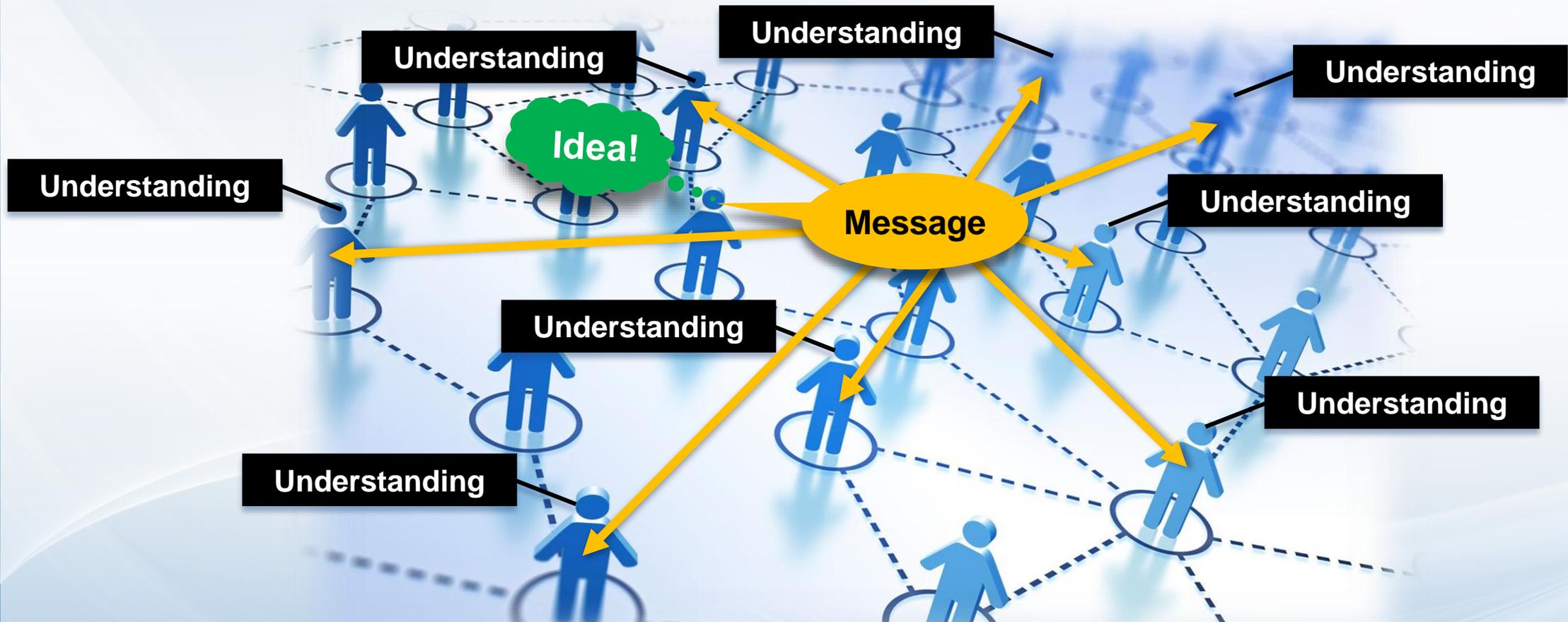
Test the waters and adjust



Don't create a big splash



Establish Accountability and Communication Channels



Create a Coachable Environment

Involve unit staff – they have the answers

- Share the vision – the purpose....the what and the why
- Address barriers to hand hygiene and speaking up
- Buy-in takes time
 - Don't stamp out resistance – encourage feedback
 - Even difficult people can provide valuable input
- Get back to the basics:
 - The right product for the right moment
 - 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
- Escalation plan for non-compliance after reminding



Coach Your Coaches

- Develop your coaches
 - Create a script and role play
 - Roles and responsibilities are key
 - Set expectations
 - When to remind: Entry/ Exit
 - Who to remind: Unit staff? MDs? Ancillary staff?
 - Report out on coaching / barriers / feedback
 - To whom? When? How?
 - Provide support and encouragement
 - Celebration / Rewards—this is tough stuff



Evaluate Progress

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

Reward & Celebrate Accomplishments



Recognition is **Important**

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CELEBRATE ACCOMPLISHMENTS

Add Additional Units to Coaching

- Begin at the beginning.....
 - There are no short cuts
- Share lessons learned
- Look for volunteers
- Mentorship is key to success
 - Guidance, perspective, support



This Won't Work



Every Unit is Different



One Last Thing Before We Close...



Unit-led Just In Time Coaching



Steps to Success



Thank you

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