

Behavioral Modification: Jedi Mind Tricks to Create Change and Increase Compliance

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Why is Behavioral Modification Important?

- Clinical staff know what to do, and they don't.
- IPs often have a large amount of responsibility to create change with little authority.
- Its time to start thinking out of the box to get the results that we want.











BOSTON RED SOX

ALEX AND ANI

boston.com

Next to Blue

FAST GAME

2018 WORLD SERIES CHAMPIONS

FENWAY PARK



Observations from this Exercise

Images cause an emotional response

Environment impacts mood

Immediate associations with symbols

All have a strong impact on behavior

NEW YORK TIMES BESTSELLER

"Alter's book will change the way you look at our world."
—Dan Ariely, author of *Predictably Irrational*

DRUNK TANK PINK



AND OTHER UNEXPECTED
FORCES THAT SHAPE HOW WE
THINK, FEEL, AND BEHAVE.

ADAM ALTER 

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BAKER MILLER PINK



Let's Look at the Science

- 80's strength tests
 - Baker/Miller - Pink
 - Drunk Tank Pink
 - University of Iowa
- Dr. Adam Alter – Drunk Tank Pink
 - World within us- associations
 - World between us- peer pressure
 - World around us- environment
- Grocery store study
 - Nudged to the produce isle by a look in the mirror





LANE CLOSED

JACK LINK'S
PREMIUM CUTS
PEPPERED
BEEF JERKY
10g PROTEIN

JACK LINK'S
PREMIUM CUTS
TERIYAKI
BEEF STEAK NUGGETS
10g PROTEIN

Anderson's
Crunchy
Munch

\$3.50

\$3.50

\$1.43

74¢

Skittles

Skittles

M&M's

M&M's

Xtremes

Xtremes

Xtremes

Xtremes

Xtremes

Xtremes

Xtremes

Xtremes

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Price tags for the top shelf: \$4.58, \$2.98, \$15.48.



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OPTIMISM

CLARITY
WARMTH

FRIENDLY

CHEERFUL
CONFIDENCE

EXCITEMENT

YOUTHFUL
BOLD

CREATIVITY

IMAGINATIVE
WISE

TRUST

DEPENDABLE
STRENGTH

PEACEFUL

GROWTH
HEALTH

BALANCE

NEUTRAL
CALM



Section 6: Strategies for Behavior Change

Anson Kendall, BSc, MBA
University Health Network
Toronto, Ontario, Canada

James Marx, RN, PhD, CIC
Broad Street Solutions
San Diego, CA

Key Points

- Hand hygiene is a complex behavior influenced by knowledge, attitudes, values, and beliefs.
- The organizational climate is an important driver of hand hygiene practices.
- Comprehensive hand hygiene programs should include specific strategies aimed at behavior change.
- Examples of two strategies that are useful in encouraging behavior change are positive deviance and frontline ownership.

APIC IMPLEMENTATION GUIDE



Guide to Hand Hygiene Programs for Infection Prevention



Behavioral Drivers

Behavior **Modification**

People generally want to do the right thing



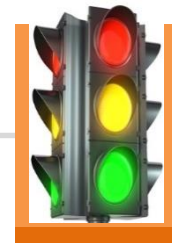
I don't want to let my coworker down

People are more likely going to comply if they are being watched



Something new and different will lose its novelty within 3 months

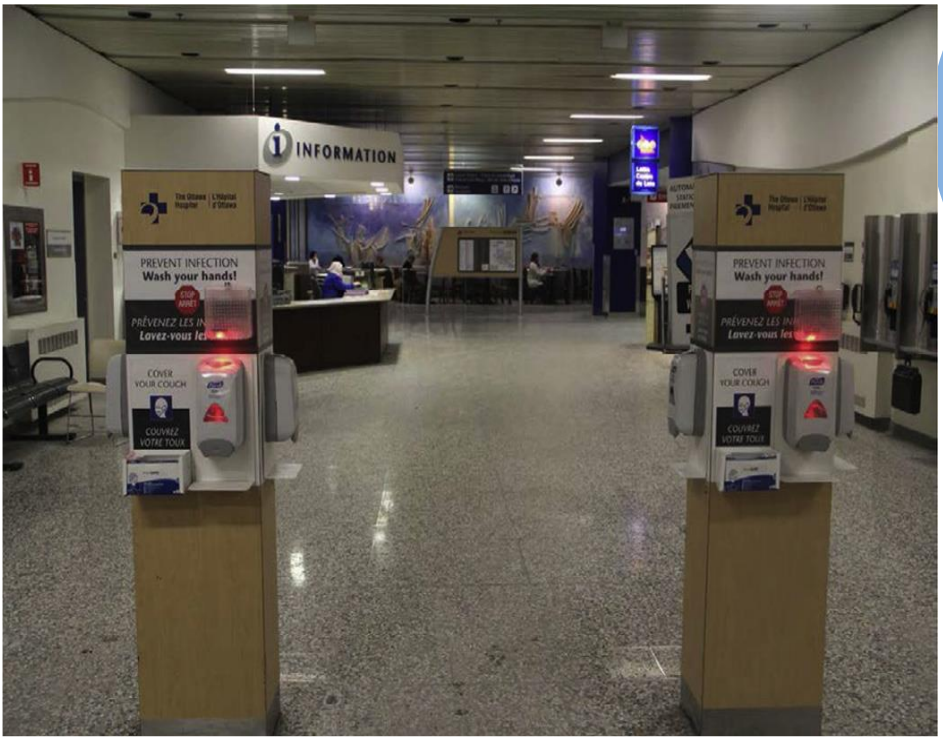
People like direction-channeling increases compliance



Use of color is good and it builds on established conventions

American Journal of Infection Prevention

A study of the efficacy of flashing lights to increase the salience of alcohol-gel dispensers for improving hand hygiene compliance



Flashing Light increased compliance by 49%

American Journal of Infection Control 42 (2014) 852-5

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journal homepage: www.ajicjournal.org



Major article

A study of the efficacy of flashing lights to increase the salience of alcohol-gel dispensers for improving hand hygiene compliance 

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Key Words:
 Infection control
 Hand hygiene
 Flashing lights

Background: Many interventions have been implemented to improve hand hygiene compliance, each with varying effects and monetary costs. Although some previous studies have addressed the issue of only a few, we found only one study that considered improving hand hygiene by using flashing lights. We hypothesized that attention directed to the alcohol gel dispensers, within the main hospital entrance, would increase hand hygiene compliance over the baseline rate. Baseline and intervention observations were completed over five 60-minute periods (Monday-Friday) from 7:30 to 8:30 AM using a covert observation method. Results: baseline hand hygiene compliance was 12.4%. Our intervention increased compliance to 23.5% during cold weather and 21% during warm weather. Overall, our pooled compliance rate increased to 25.3% (P < .0001). Conclusions: A simple, inexpensive flashing red light affixed to alcohol gel dispensers was sufficiently salient to approximately double overall hand hygiene compliance within the main hospital entrance. We hypothesize that our intervention drew attention to the dispensers, which then reminded employees and visitors alike to wash their hands. Compliance was worse during cold days, presumably related to individuals wearing gloves. Copyright © 2014 by the Association for Professionals in Infection Control and Epidemiology, Inc. Published by Elsevier Inc. All rights reserved.

Attention is the ongoing cognitive process of acquiring information from one's environment. In some circumstances, the stimuli that we select to process are inappropriate, resulting in a failure of selective attention. Occasionally, we are unable to focus on one important source of information while ignoring others, resulting in a failure of focused attention. Divided attention is the cognitive process of concurrently distributing one's attention across multiple sources of information within an environment. Here, failure to perceive and process critical cues can be considered a failure of divided attention.¹

The hospital environment is information-rich and attention-seeking, with many signs, colors, frequent alarms, and public address system announcements. Our hospital's main entrance was flashing lights at the automated teller machine, auditory cues directing attention to parking payment machines, and many other directions, posters, and signs. In addition, individuals entering the hospital may be easily distracted and/or preoccupied by their cell phones, bags, and coffee mugs. Consequently, hand alcohol gel dispensers, which are inconspicuous objects within hospitals such as ours, are easily ignored.

Errors of omission (ie, omitting necessary tasks) are one of the most common types of human error.² In most situations, failure to disinfect hands can be considered an error of omission, consequent to a failure of divided attention. Certain circumstances increase the probability that a particular step or task will be omitted; for instance, tasks in which an item to be acted on is concealed or lacking in conspicuity are liable to be omitted.²

Errors of omission often can be reduced by increasing a target's salience, thereby drawing attention to it. For example, visual attention will be drawn to items that are large, bright, colorful, and constantly changing (eg, blinking).¹ This general concept has been applied in previous hand hygiene studies. In one such study, hand

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Conflict of interest: None to report.

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What Type of Behavior Modification Program Do You Have?

Have you asked your hand hygiene company this?

I did it for you!

ISOLATION PRECAUTIONS

PRECAUTIONS	PATIENT CARE	TRANSPORTATION
<ul style="list-style-type: none"> • Contact Precautions-Gown & Gloves required • Remove PPE & wash hands or team prior to leaving room • Double bag of linen & trash-Patient must be outside room with clean bag • Patient must wash hands & put on clean gown prior to ambulation outside room • Transporters must follow Contact precautions when moving patients throughout the facility • Dedicate patient equipment-Do not share equipment with other patients until after disinfection 	  	  <p>PATIENT must wash hands & put on clean gown prior to ambulation outside room. Dedicate patient equipment.</p>  <p>Do not share equipment with other patients until after disinfection</p>
<ul style="list-style-type: none"> • Contact Precautions-Gown & Gloves required • Remove PPE & wash hands or team prior to leaving room. DO NOT USE ELECTRIC TOOLS • Patient to wear gown & gloves in clean gown prior to ambulation outside room • Transporters must follow Contact precautions when moving patients throughout the facility • Dedicate patient equipment-Do not share equipment with other patients until after disinfection • Clean equipment & disinfect surfaces between other patients as required 	  	  <p>PATIENT must wash hands & put on clean gown prior to ambulation outside room. Dedicate patient equipment.</p>  <p>Do not share equipment with other patients until after disinfection</p>
<ul style="list-style-type: none"> • Contact Precautions-Gown & Gloves required • Remove PPE & wash hands or team prior to leaving room • Patient must wash hands & put on clean gown prior to ambulation outside room • Transporters must follow Contact precautions when moving patients throughout the facility • Dedicate patient equipment-Do not share equipment with other patients until after disinfection 	 	  <p>PATIENT must wash hands & put on clean gown prior to ambulation outside room. Dedicate patient equipment.</p>  <p>Do not share equipment with other patients until after disinfection</p>
<ul style="list-style-type: none"> • Negative pressure room required • Entry door closed to entrance & patient room closed • 15-20 ft sealed mask for all staff entering room • Place surgical mask on patient for transport to negative pressure room & anytime patient leaves the room. • Perform hand hygiene prior to entering & leaving the room. 	 <p>N95</p>  <p>DOOR CLOSED</p>	  <p>Place flat mask on patient for transport to negative pressure room & anytime patient leaves the room.</p>
<ul style="list-style-type: none"> • Staff entering the room must have a surgical mask on if they are getting within 6 feet of the patient • Place a flat mask on patient any time they leave the room • Wash hands or team upon entering and prior to leaving the room. 		  <p>Place a flat mask on patient any time they leave the room.</p>

PRECAUTION ROOM

Have a heart. Sanitize your hands.





Sanitize your hands



Touch her we can make a difference



Support Healthy Hands

It Only Takes 20 Seconds






FOAM IN, SHANNON FOAM OUT!

Patient safety is in your hands.








PRECAUTION ROOM

Have a heart. Wash your hands.


PRECAUTION ROOM

Have a heart. Sanitize your hands.

HIGHFive

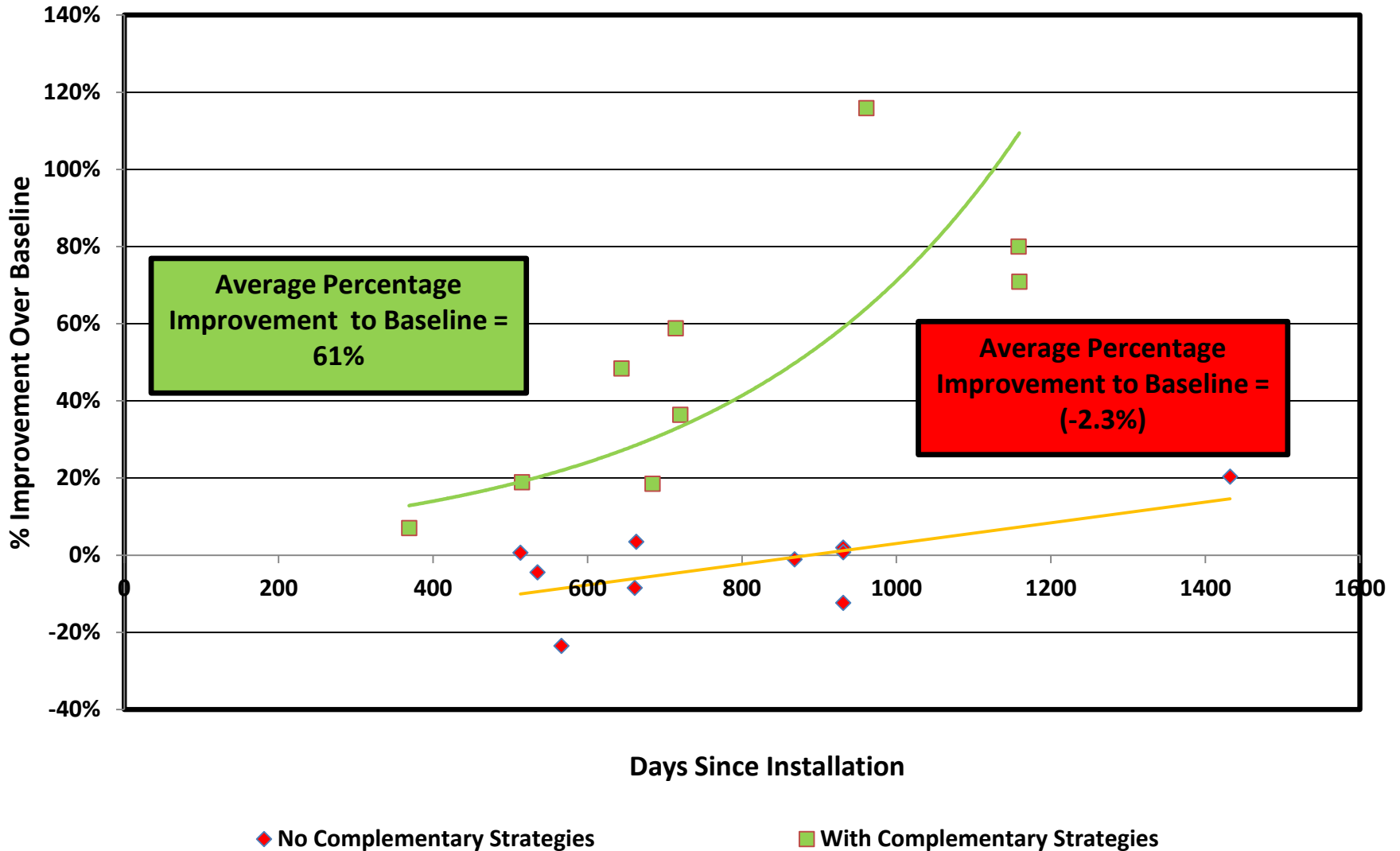
Hand Hygiene Program

- 1) Planning
- 2) Installation
- 3) Training
- 4) Awareness
- 5) Monitoring





ECM With and Without Complementary Improvement Strategies



NEW YORK TIMES BESTSELLER

Contagious

WHY THINGS CATCH ON



JONAH BERGER

"Jonah Berger knows more about what makes information 'go viral' than anyone in the world." —DANIEL GILBERT, author of *Stumbling on Happiness*

- 1) Social Currency
- 2) Triggers
- 3) Emotion
- 4) Public
- 5) Practical Value
- 6) Stories

Being Creative Will Create Social Currency.....



Name That Stool!










And The Winner Is.....STOOLY!

C. Diff Prevention “Slogan” Contest!

- If its flowing like the sea, collect and send before day 3!
- If it looks like a puddle, send to the lab on the double!
- Don't be a fool ! Collect that stool!
- Ooey Gooney? Test the Pooey!
- If its creamy, don't leave it steaming! Send to the lab for screening!
- If you find excrement, collect the detriment!



Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

- Is this memorable?
- Will your front line staff members remember the description words for each when faced with the situation?



Type 1



Type 2



Type 3



Type 4



Type 5



Type 6



Type 7

**EW
GROSS!**

Did you see how disgusting that email Jill sent out was? NASTY!

I will never eat chocolate again!

- Type 1: Separate hard lumps (hard to pass)
- Type 2: Sausage shaped, but lumpy
- Type 3: Like a sausage, but with cracks on its surface
- Type 4: Like a sausage or snake, smooth and soft
- Type 5: Soft blob with clear cut edges (passed easily)
- Type 6: Fluffy pieces with ragged edges, a mushy stool
- Type 7: Watery, no solid pieces-entirely liquid

TRIGGERS



- **LIQUID**
- **LOOSE**
- **CREAMY**
- Staff need to have a TRIGGER to do the right thing when they are actually doing it.

EMOTION

**IF THEY CARE, THEY WILL
SHARE!**

LEAN 7 Ways

- 1) Education
- 2) Accountability
- 3) ?
- 4) ?
- 5) ?
- 6) ?
- 7) ?



PUBLIC: Ideas the Catch on Have Public Visibility

- People will imitate others around them.
- People will conform to what others do.
- **Social Proof:** If others are doing it, we assume it must be a good idea!

- **SOCIAL INFLUENCE**
- Monkey See Monkey Do!
- Behavior is Public, Thoughts are Private.



HOW TO BE AN

Inbox Ninja



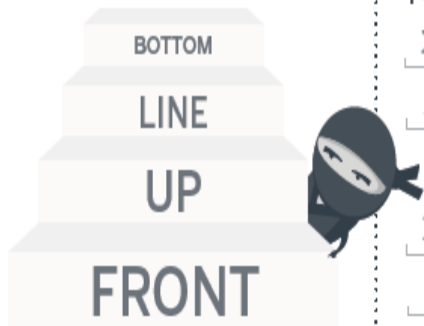
HOW TO BE EFFECTIVE WITH EMAIL

HOW TO BE AN







Inbox Ninja



Place your



EMPLOY FORMATTING

-  *Bullets* → For listing tasks and instructions
-  *Line Breaks* → To create shorter paragraphs
-  *Bold* → Names and deadlines
-  *Indent* → To call attention to
-  *Text Size* → To differentiate
-  *Hyperlink* → For convenience



Keep your
message

SHORT

TARGET YOUR
**SUBJECT
LINE**



Prevent C. diff

- Test before calendar day 3
- Wash hands with soap and water
- Clean with bleach
- Initiate isolation precautions
- Blah blah
- Blah
- blahhhhhhhh

**Is this
EXCITING?
Effective?**

**Will this
Catch Your
Attention?**

SNVMC is committed to fighting C. difficile infections.

What are we already doing to ensure environmental transmission does not occur?

- 1) Clean all occupied inpatient isolation rooms with bleach.
- 2) Clean all inpatient isolation rooms with bleach on discharge.

What did we start **TODAY** to further our C. diff prevention efforts?

- 1) ALL inpatient rooms will be cleaned with bleach on discharge.
- 2) ALL inpatient rooms will have the toilet paper discarded upon discharge.



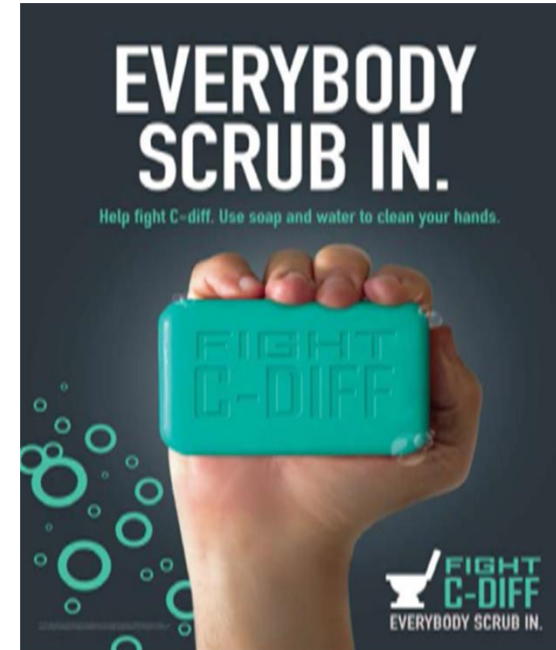
We are committed to making all patient rooms **“FRESH AS A DAISY,”** because

bleach is the smell of **CLEAN!**

As always, be sure to always wash your hands with soap and water **ONLY** when exiting a C. diff room.

Visit the C. diff website on Wavenet for more information and to watch the new C. diff video!

<https://wavenet.sentara.com/channels/clinical/cpi/cdi/Pages/default.aspx>



C.diff Awareness & Prevention

Bulletin Symptoms

Risk Factors

- **Any High Risk ATB use**
(Cipro, Clinda, Moxi, Levaquin, Avelox)
- **Any recent (2 wks) Antibiotic Treatment**
(Include recent Dentistry or Surgery)
- **Any prior C.diff infection history**
(20% likely to have recurring C.diff)
- **Proton Pump Inhibitors**
(reduces stomach acid which kills spores)
- **Decreased Immune System**
(Natural C.diff defenses weakened)
- **Recent Chemotherapy**
(Gut flora removed allows C.diff growth)
- **Older than 65**
(Natural defenses begin to wear away)
- **Patients admitted from other healthcare facilities**
(Exposures to C.diff transmissions)

- **Diarrhea**
(Loose, Frequent, ((Defined as 3 or more stools 2 or more days)), Watery Diarrhea not caused by laxatives or tube feed)
- **Abdominal Pain**
(Abd pain or cramping may increase to severe pain over several days)
- **High WBC**
(Infections cause WBC's to increase from 12 to 20, C.diff infections WBC go from 20 to 40 within days)
- **Fever**
(in the later stages)

Actions

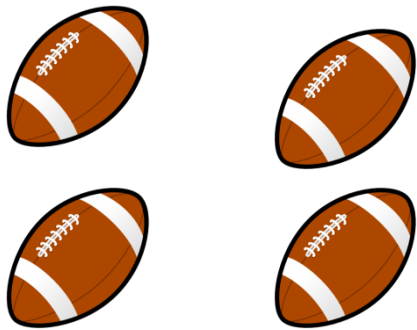
- **Maintain a high level of awareness**
(Document/test initial loose stools events for C.diff as early as possible in patients stay in order to identify any CAI or HAI as early as possible to minimize risk of transmission)
- **Isolate the patient**
(Place the patient on [CONTACT ENTERIC PRECAUTIONS](#) and put an order into EPIC so the order can be seen)
- **Hand Hygiene**
(Use soap & water to remove the spores but use alcohol based hand rubs when leaving room until you can get to a sink)
- **Use PPE every time**
(Gowns & Gloves every time you enter)
- **Test the Stool [Day one & Done]**
(Test unformed stool as early as possible to both quickly identify and treat or to remove from isolation and look for other causes)
- **Treat for C.difficile Infection (CDI)**
(Flagyl Rx of choice then move to oral Vancomycin and/or others if Flagyl not effective)
- **Consider Probiotics**
(Re-seeding the Gut with GI bacteria to promote restoring GI functions)
- **Fecal Transplant**
(Transplanting Gut flora from healthy individual)

SNVMC C. diff Prevention Scorecard



The Playbook to Prevention

**HAIs Prevented
through early
testing=TOUCHDOWN!**



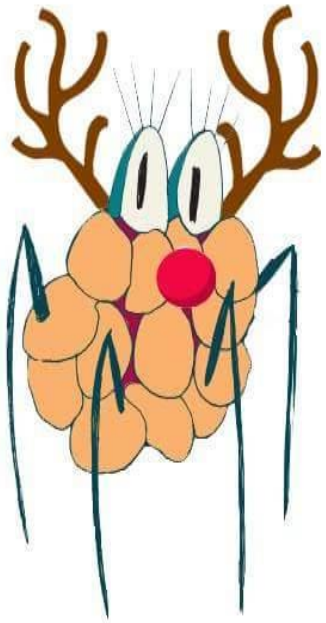
In January we prevented 4 HAIs by testing within the first 3 calendar days! **GREAT JOB TEAM!**

- See diarrhea, test diarrhea. Send a stool specimen as soon as diarrhea is identified.
- Wash hands with soap and water ONLY when exiting the room.
- Clean all items in the room with BLEACH (orange top PDI wipes)
- Do not DC a C. diff + patient's isolation unless they can be moved to a room, in a new bed and changed into clean gown/clothes.

In January, SNVMC had 2 HAI C. diff cases=2 penalty flags



1 case had liquid stools documented for 9 days before specimen was collected.



When should you wash your hands this holiday season?

- ✓ Before and after preparing food
- ✓ When alternating between handling raw and cooked food to avoid cross contamination. *This is especially important with raw meat, poultry, seafood, and eggs.*
- ✓ After using the bathroom or changing a diaper.
- ✓ After handling a pet
- ✓ After coughing and sneezing
- ✓ Before eating



Hand Hygiene Reminders Can be BORING.....



...OR
FUN!



Say GOOD JOB often...but do more than just type it....



**LET'S FACE IT,
WE'RE AWESOME.**

THANK YOU!



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