



Hand Hygiene Program Sustainability



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Hand Hygiene

- Simple behaviour
- Benefits to patients
- Costs to clinicians
 - Time
 - Inconvenience
- Needs to be seen as a behaviour change & sustainability issue not a skill deficit

Changing behaviour

- o Individual level change
- o Organisational change
- o Institutional change

Phase one: individual change focus

- Information, skills, tools
- Modeling, leadership, champions
- Problem solving
- Reinforcement
 - Data & feedback
 - Encouragement praise
- Establishes behaviour change
- Maintenance requires ongoing reinforcement

Phase one: issues

- Resource intensive
- Sustainability issues
 - Program design failure
 - Program (reinforcement) withdrawal effect
 - Program resource sustainability
 - Program drift (e.g. loss of champions)
 - Abstinence violation effects
- Games without end

Phase two: organisational change

- Policy & procedural change (norms, rules)
- Ongoing education, information & promotion
- Monitoring & accountability of behavioural outcomes
 - Data & feedback
 - QA processes
- Organisational reinforcement
 - Performance reviews

Phase two issues:

- **Organisational resistance & inertia**
 - Lack of evidence
 - Lack of leadership
 - Lack of system design
 - Competing priorities
- **Failure to implement**
 - System design failure
 - Leadership failure
- **Once implemented tends to sustain**

Institutional change

- **Government policy**
- **Legislation**
- **Wide spread adoption**
- **Institutional promotion, monitoring, accountability and reinforcers**

- Swerissen, H & Crisp, B (2004) The sustainability of health promotion interventions at four different levels of social organisation. *Health Promotion International* 19(1) 123-130.