

Interview: Hospital Israelita Albert Einstein in São Paulo, Brazil

English translation of all portions of audio interview

1. (English) Dr. Alexandre Marra explains how the hospital was introduced to the PD approach

Dr. Alexandre Marra explains how the hospital was introduced to the PD process and why they thought that the PD process should be implemented to address hand hygiene.

Length: 3:14

The beginning of our project about hand hygiene began in 2007 when we decided to apply the feedback methodology. Putting electronic hand-wash counters in all of the dispensers of the SDU rooms. We applied this methodology for six months in the East unit vs. the West unit (the West unit was our control). The feedback is to put the number up for the healthcare workers and show them that they are using 50, or 100, or 200 times the alcohol gel product and our measure was performed by the electronic hand wash counters. And we had the consumption of alcohol gel consumption in liters per 1000 patient days. The feedback was not a very good methodology because there was no increase in hand hygiene compliance in the step down unit. This happened in 2007. In 2008, we decided to apply another methodology for improving hand hygiene compliance, and this methodology was positive deviance. Our first contact with Positive Deviance was through reading two books written by Atul Gawande – *Better and Complications*. I received the recommendation to read these books from Dr. Miguel Cendoroglo, our Medical Director of Albert Einstein, Sao Paulo, Brazil. This was our first contact. Of course, after these two books, we searched Google and found the Positive Deviance Initiative and found information about the use of PD for controlling MRSA in Pennsylvania, *More We Than Me*, that is the title of the article about the strategy for controlling MRSA with PD in Pennsylvania. We began the project in July 2008 – first in the East unit, and then in the West unit. I will give Rita the opportunity to speak in Portuguese and explain this conception.

2. (English) Dr. Alexandre Marra summarizes the concept of “my 5 moments”

Dr. Alexandre Marra explains the concept of “My 5 moments for hand hygiene” which was developed by the World Health Organization (WHO), and explains that it is not enough to simply provide alcohol gel to hospitals around the world that may not have had access to it – the process also involves behavior change on behalf of the staff who will use the product, which is where PD comes in.

Length: 5:02

My 5 moments for hand hygiene was a decision of the WHO about hand hygiene. They realized that hand hygiene is not only a simple decision that is important before and after patient contact – you need to consider the patient in a safety zone – everything that surrounds the patient needs to be clean, the patient needs to be clean. Then, before contact with the patient, whether it is giving a medication, or measuring blood pressure. My five moments represents the five fingers on your hand to remind

healthcare workers to be observant of hand hygiene. There is also a date in May – May 5th on which there is a large celebration about hand hygiene. The WHO has developed many guidelines and they tried to give more hospital doctors for increasing hand hygiene compliance to fight infection, and putting alcohol gel in hospitals that do not have alcohol gel. WHO works in many different places, including Europe, Africa, Asia, USA, Latin America, and hand hygiene compliance across the board is only at around 50%. The WHO project is only a project which puts alcohol gel in hospitals which do not have alcohol gel. Ours is a project for changing behavior and positive deviance is a project that I believe changes the behavior of healthcare workers. It is not enough to put the alcohol gel in the dispenser, you need to monitor this process every day and there is a healthy competition among the healthcare workers. They observe that when you have a patient with tracheotomy, intravenous catheter – a lot of things to do, a lot of devices, why does one patient have only 25 usages of alcohol gel, while the other patient has 100 uses if these patients are so similar considering devices and nursing workload? That was the conception. Our positive deviants, they found in 2008 the manuscripts for “my 5 moments for hand hygiene”.

If you, as a nurse or a doctor keep saying, “Use alcohol gel, use alcohol gel” but still nothing is happening in your units, you need to change this. The nurse technicians, physical therapists, doctors – all of the team members working with the patient, need to decide to control this process, and they needed to find the solutions, they needed to find innovations for applying this every day. In our meetings, which happened every 15 days, we had discussion about the beliefs changing these experiences. Talking about Dr. X is not a good collaborator for this process, Dr. W is not hand washing after patient contact. They needed to be stimulated to discuss everything related to hand-hygiene and the idea of the “safety zone.”

3. (English) Dr. Alexandre Marra explains why the PD approach is so useful

Dr. Alexandre Marra explains that the PD approach is useful because it increases the accountability of the healthcare workers and the staff members feel that it is a privilege to be considered a positive deviant. The healthcare workers are very proud to be able to contribute their ideas about hand hygiene compliance and the alternative ways to address the issue. Dr. Marra shares some examples of the ideas that the healthcare workers in the hospital have come up with.

Length: 1:54

I believe that the first thing you asked (*about why the PD approach has been so useful*) was to increase the accountability of the healthcare workers. That was the first point. The second point was that to be a positive deviant is considered a privilege. They are very proud to contribute with their ideas, changing experiences about hand hygiene compliance, giving different ideas and different ways, alternatives for improving hand hygiene. We have some examples. Changing the pressure of the tap water. They found out that there is a different pressure in the taps in the SDU rooms and they controlled this with the hospital engineers. They made the decision to put in alcohol gel dispensers in the corridors. Having the control of the alcohol gel dispensers. There are many different ideas, they are very creative. They prepared a laminated sheet of “my 5 moments” for hand hygiene and they incorporated this laminated

sheet in the first page of the medical charts. There were a lot of interventions that were performed in the SDU's applying the PD philosophy.

4. (English) Junior explains the PD process

Junior, a physical therapist at Hospital Israelita Albert Einstein explains how the PD process works at the hospital and how valuable it is to have staff members from all departments involved in the process and contributing their own ideas.

Length: 3:55

As they were explaining to you, because you asked about their favorite PD story. A very interesting process that is happening, as Rita was explaining to you, is that everybody is involved in the process of cleaning their hands in the right way, and the right process, and include the other areas (for example physical therapists, speech therapists) in the hygiene of the room. Everybody in the meeting explained how fast and efficient it is to use alcohol gel.

To improve this process, now on the 7th floor, every meeting is presented by a group, for example the last presentation was made by the psychologists, explaining how important it is to improve behavior. When you believe in a behavior, you can improve, and it spreads. Everybody is contributing in a specific area, in a different way to look at this process.

When professionals get into a room that has been determined to have infection, the protection of this professional, there is a little picture in the room. So they are bringing ideas like, "Let's change the position of the pictures, let's change the presentation of the five moments." This is a very interesting process, because everybody is contributing with ideas. Although there may be a regular process, they are always looking to improve a new process or how to pay attention in another way. As Luciana was explaining to you, they are paying more and more attention to the process, so this is the most important part. As Luciana was explaining this accountability and the best way to use the alcohol gel. For example, as a physical therapist, I have to clean my hands many times when I am handling a patient. So, paying attention to the alcohol gel process when we handle the patient. So this is what is very interesting, and this is what is very useful, and practical, that everyone's attention is really focused on how to do it.

5. (Portuguese) Rita describes the development of the project

Rita de Cassia Ribeiro de Macedo (nurse coordinator – 8th floor SDU) explains how the process of implementing PD began on the 7th floor step-down unit and eventually spread to the 8th floor team. Rita discusses the process of the teams developing ownership of the process and the great moment that the healthcare workers realized that the reduction in hospital infection rates was a result of their work.

Length: 4:55

Good morning, as Dr. Alexandre has commented before Positive Deviance (PD) was initially introduced at the 7th-floor step-down unit. Progressively, the local ICU team of other ICUs comprised of cardiologic and medical patients took notice of PD. It started being commented about in the hospital corridors. Then, the curiosity about PD increased progressively. We noticed a better interaction between areas in the hospital and PD became better understood by healthcare workers. Then, the 7th-floor team commented that the 8th-floor step-down unit needed to start PD as well. The most interesting point here is that the 7th floor team didn't initially work jointly with 8th-floor team.

The local 8th-floor team ICU started PD on their own by figuring out strategies and tools. It's been one and a half years since we began the PD process. At the first meeting, I recalled that only the assistencial team participated. It was a very positive meeting. There were a lot of positive ideas and after that there were progressive advances during the biweekly meetings. In the next weeks, we invited and involved all other team members, (audiologists, physiotherapists, nutritionists, hygiene team) under a similar strategy put into practice by the 7th-floor team. So, it was a very productive period.

After that, we began the implementation steps with a more restricted observation of alcohol-based hand gel adherence through surveillance and meetings on the 7th-floor. Conversely, on the 8th-floor we offered only the alcohol-gel without further intervention. After 8 months we extended the intervention to the 8th floor unit. The meetings were very productive and we observed a greater interaction between the teams. Additionally, we implemented dynamic strategies favoring everyone's participation. We started to support collective actions. Currently, we are beginning another period by stimulating the acquisition of responsibility by the unit team. Thus, the unit team would assume the responsibility of holding the meetings. Another breakthrough was the participation of physicians and administrative support. This substantially enriched our strategies. Another important aspect was the monthly report of hospital infection rates to all hospital areas. Thus, the HCWs were able to recognize the reduction of hospital infection rates as a result of their work. At this moment, everyone was collaborating with these results. Another important point is that the Influenza A vaccination campaign also increased the alcohol-gel adherence.

Nowadays, we have some challenges. We are monitoring handgel hygiene through the five-moment steps adherence and the alcohol-gel consumption. A question that has arisen is "how long do we need to continue this thorough surveillance?" We have achieved progressive development with PD implementation. We have good results to display. Everyone is aware of this fact. In addition, we have made some campaigns. Now, we are preparing a new campaign scheduled to begin in November 2010 in which all departments will participate. We will create daily educational and interactive activities with discussions and updates.

6. (Portuguese) Rita shares how the PD approach has spread to other units in the hospital

Rita de Cassia Ribeiro de Macedo (nurse coordinator – 8th floor SDU) explains how the PD process has spread beyond just hand hygiene to include several infection control practices in the hospital. Rita also

explains that other units in the hospital are interested in using PD and it is being widely disseminated. Rita also shares that healthcare workers are disseminating the PD idea through songs and plays.

Length: 4:15

I don't know for sure it's a story. Besides alcohol-gel adherence we have had positive results concerning several infection control practices. We have brought to the discussion measures to prevent urinary tract infections, central line infection, ventilator-associated pneumonia, etc. All these measures are discussed at bedside with HCWs and in discussion groups. Now, we have our results and we have followed those processes effectively. We are no longer being caught by surprise by the month's end results. Now, the results can be seen readily and quickly by the HCWs. So, the interventions have been more productive. Everything was achieved owing to the PD concept. Luciana isn't here anymore. She has begun the PD concept with other hospital groups. We are focusing on other hospital areas outside ICUs and step-down units. Other teams have been attracted, for example, the hygiene team. They are promoting meetings and asking us how they could contribute with the project. Furthermore, we have promoted campaigns as I commented before. For example, we promoted a huge campaign last year. This year we performed a 5-day campaign in May. We promoted a campaign aiming to choose a slogan. The winner was "dirty hands, wash this idea" In addition, we handed a T-shirt with the picture of a hand with the PD symbol. Moreover, over the year we define specific days in which all the HCW wear the PD T-shirt. This has stimulated other professionals to ask about the PD. This is another way to disseminate the PD concept throughout the hospital. Basically, these are the steps we are doing regarding PD concept in our hospital.

7. (Portuguese) Luciana explains the ultimate goal of the project

Luciana Reis Guastelli (nurse coordinator – 7th floor step-down unit) explains why the project to implement PD began and the ultimate goal of the project.

Length: 2:13

It's Luciana who's speaking now. Indeed, we started the project due to the high infection rates at step-down unit. So, we wanted to have a tool to make the team aware that they were part of this process. We wanted the team realize that they were responsible for those infection rates. The first goal was the improvement of hand hygiene compliance. By focusing on this aim we hoped we would further achieve the reduction of infection rates (that was our second objective.)Thus, our initial goal was the hand hygiene adherence.

Look, Luciana, actually, we achieved such a maturity. In the beginning, we did not realize how the team would behave. How we would achieve this goal. We started working with the group by showing the PD theory and actually, we noticed that we changed our way of working. We figured out the philosophy of PD. It's a philosophy of inversion of decision. Briefly, normally the administration decides. "Look, you need to do it this way." The PD concept changed this practice. Now, each person has a say and gets to make a decision. This way is easier "Doing so we will wash our hands more". With PD the HCW are responsible for those measures. It's a paradigm shifting. This is our understanding about PD.

8. (Portuguese) Luciana explains why she thinks the PD approach is so useful

Luciana Reis Guastelli (nurse coordinator – 7th floor step-down unit) explains why she thinks the PD approach is so useful and how the approach creates an environment that is conducive to discussion and awareness about hand hygiene.

Length: 1:25

First and foremost, we are aware of the correlation between the consumption of alcohol-gel and the unit infection rates. So, we have discussed it with the unit team in a daily basis. At each 6-hour shift this adherence is discussed by the HCWs at each ICU room. There is a magical number. It's hard to explain but I can try it. Depending on the type of patient care or procedure we have a number of hand-gel utilizations needed. Then, at the end of each shift the HCW scores that number and give feedback to the next HCW who is entering the shift. The HCW discuss that figure, eg. "you performed well, " you could have utilized more", etc. That discussion is related to the hand hygiene 5-moments that we have previously discussed with them. This has been discussed by all HCW team, eg. intensivists, physiotherapists, nurses etc. Thus, there is a favorable environment toward discussion and awareness with regard to alcohol-gel utilization.

9. (Portuguese) Luciana describes how the hospital staff maintains enthusiasm about the process

Luciana Reis Guastelli (nurse coordinator – 7th floor step-down unit) explains how the team keeps the PD process active and keeps people interested by celebrating successes, creating buttons and T-shirts with slogans like, "we wash our hands, do you?"

Length: 2:36

Indeed, we had to stimulate the group in order to keep the PD active. So, we promoted the 1st PD anniversary to celebrate our success and the good results we achieved. Then, during this moment and several times over the year we have tried to keep the team aware of our achievements. So, through handhygiene campaigns and T-shirt days we have kept the PD idea active. During the T-shirt days all HCW wear it. The T-shirt bears the handhygiene slogan. This year the slogan is. Just a minute please, Luciana.

"Dirty hands, wash this idea". Hence, all HCW wear the T-shirt in that day. We hand PD buttons too. The button bears the phrase "we wash our hands and you?" During this second year of PD introduction we have promoted meetings at the largest auditorium because we have had a great number of attendees. The CEO of the hospital has attended. He has encouraged us constantly. Other directors have attended as well. Buttons, T-shirts have been distributed during these meetings. So, these meetings have the aim to commemorate our results. Furthermore, this has kept the team stimulated to maintain high hand

hygiene adherence rates and good healthcare practices. We have achieved this paradigm shift with PD idea.