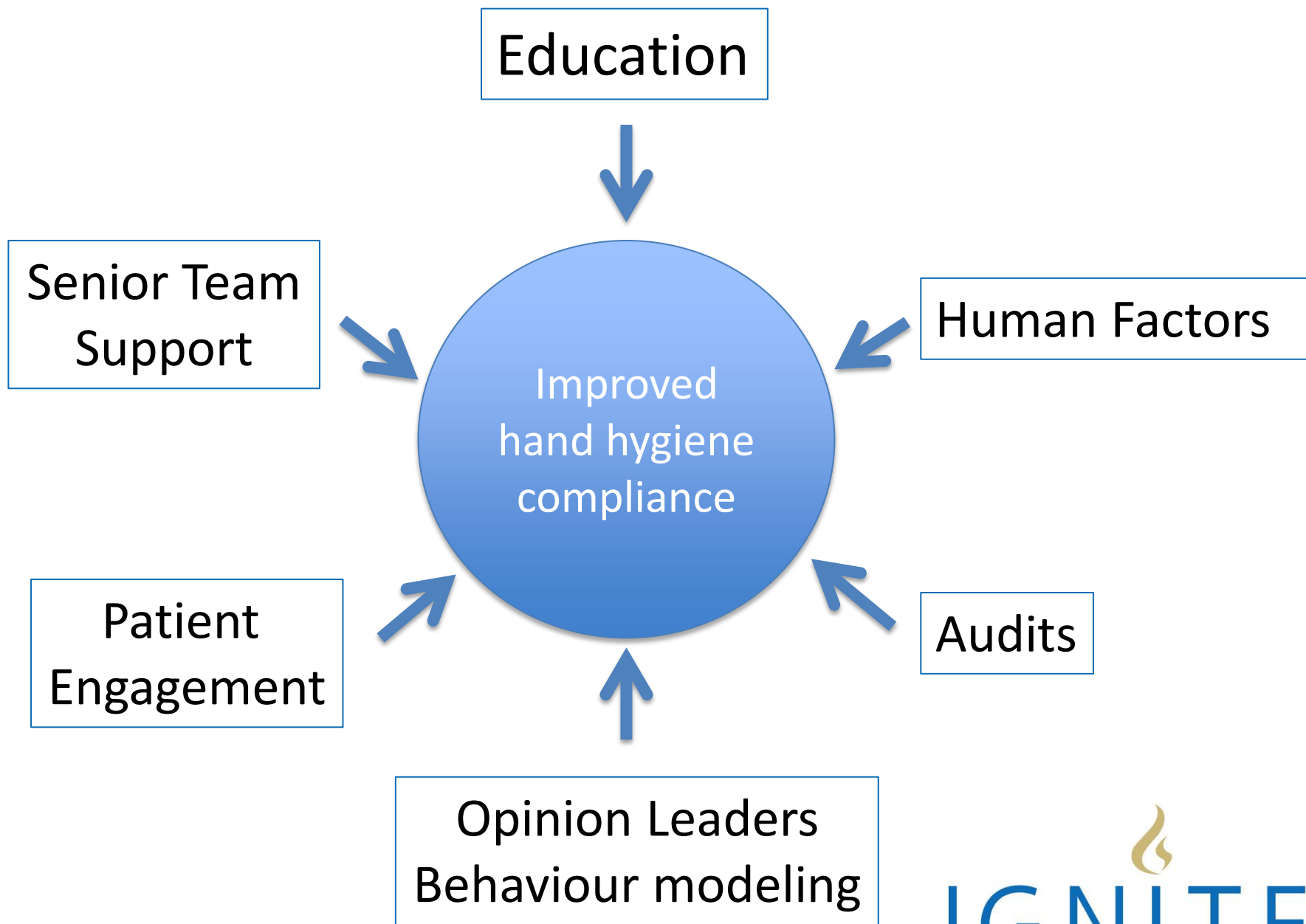




Sick of trying to improve hand  
hygiene without success?  
Try something different

Michael Gardam  
University of Toronto

**culture eats  
strategy for  
breakfast**



# Traditional Healthcare Culture

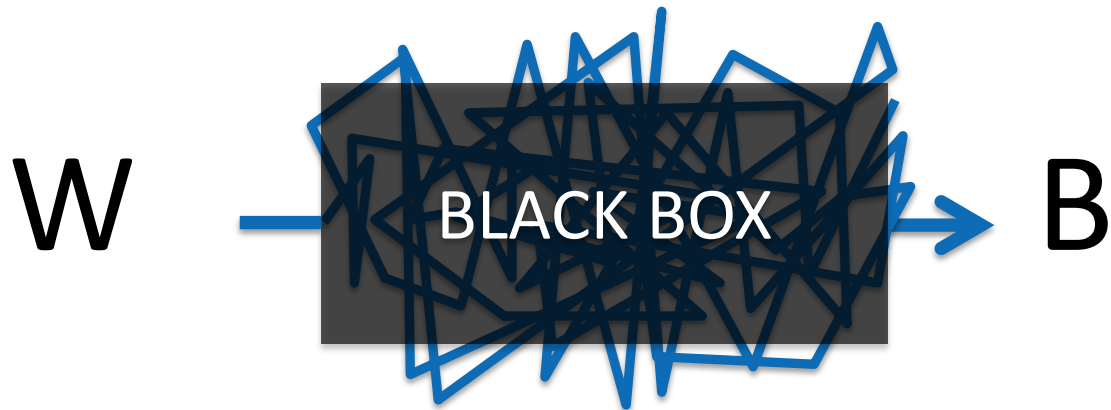
- Need to get things done immediately
- Evidence-based practice (scientific proof)
- Information and data are trusted
- Culture change is complicated
- Leaders need to 'step-up'
- Top-down leadership from the senior team



How we think the healthcare world works:



How it really works:



## In a *Linear* World

- One size ***can*** fit all
- Standardization works
- Copying best practices makes sense
- Top down leadership (“*develop the program and roll it out*”) works
- Checklists work

# In a *Complex World*

- One size *never* fits all
- What works *here* may not work *there*
- “*this is how we do things here*”
- There is no “*one big fix*”
- Relationships matter
- Bottom up leadership works

**Minimum** Specifications  
(simple rules)

*rather than*

**Maximum** Specifications



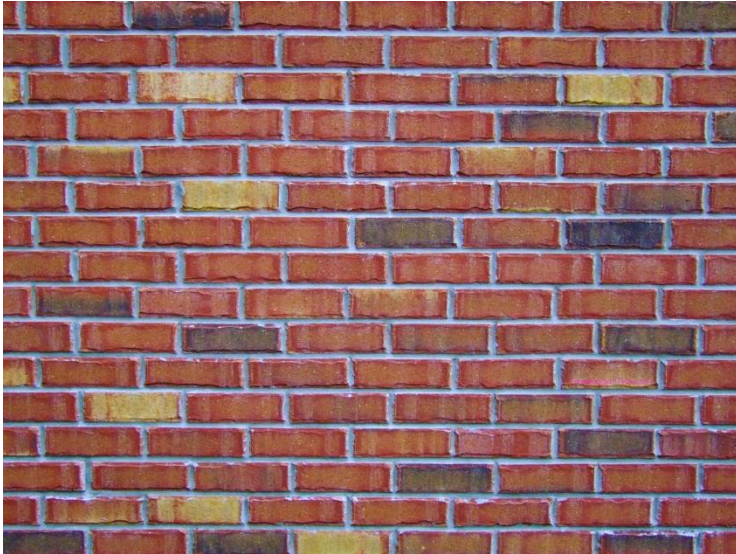
# Nibble



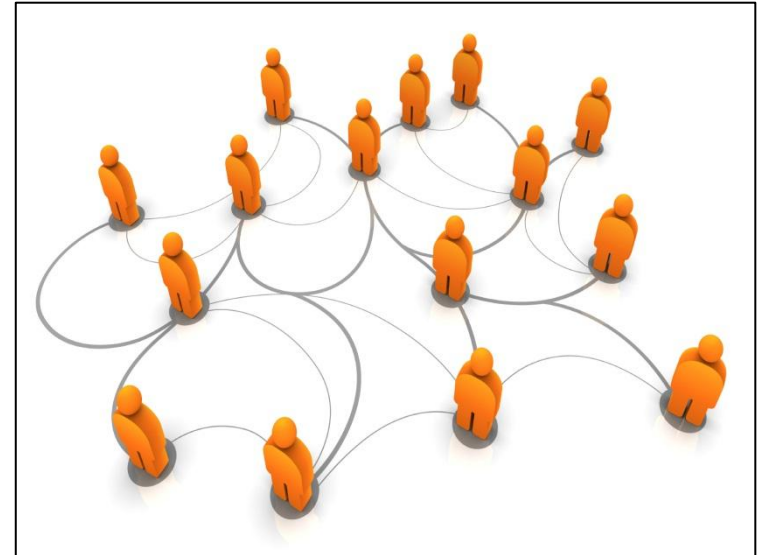
IGNITE

# Improving safety in a complex world

## Prevention



## Resilience



**F** RONT

**L** INE

**O** WNSHIP

IGNITE



IGNITE



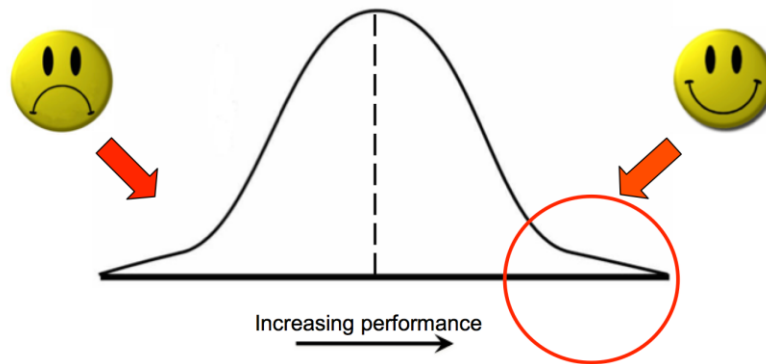
Ownership



IGNITE

# FLO uses:

- Positive Deviance

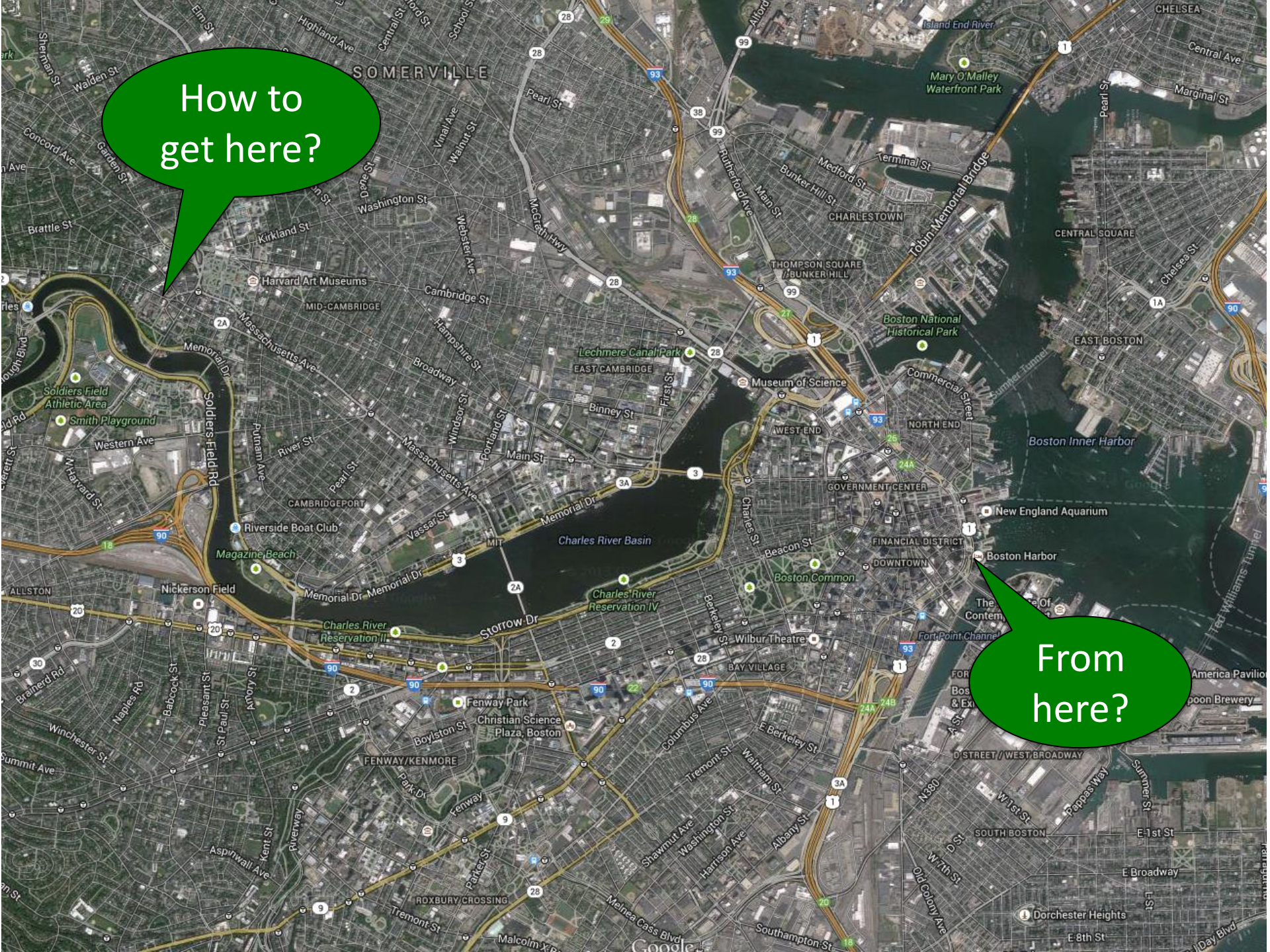


- Liberating Structures



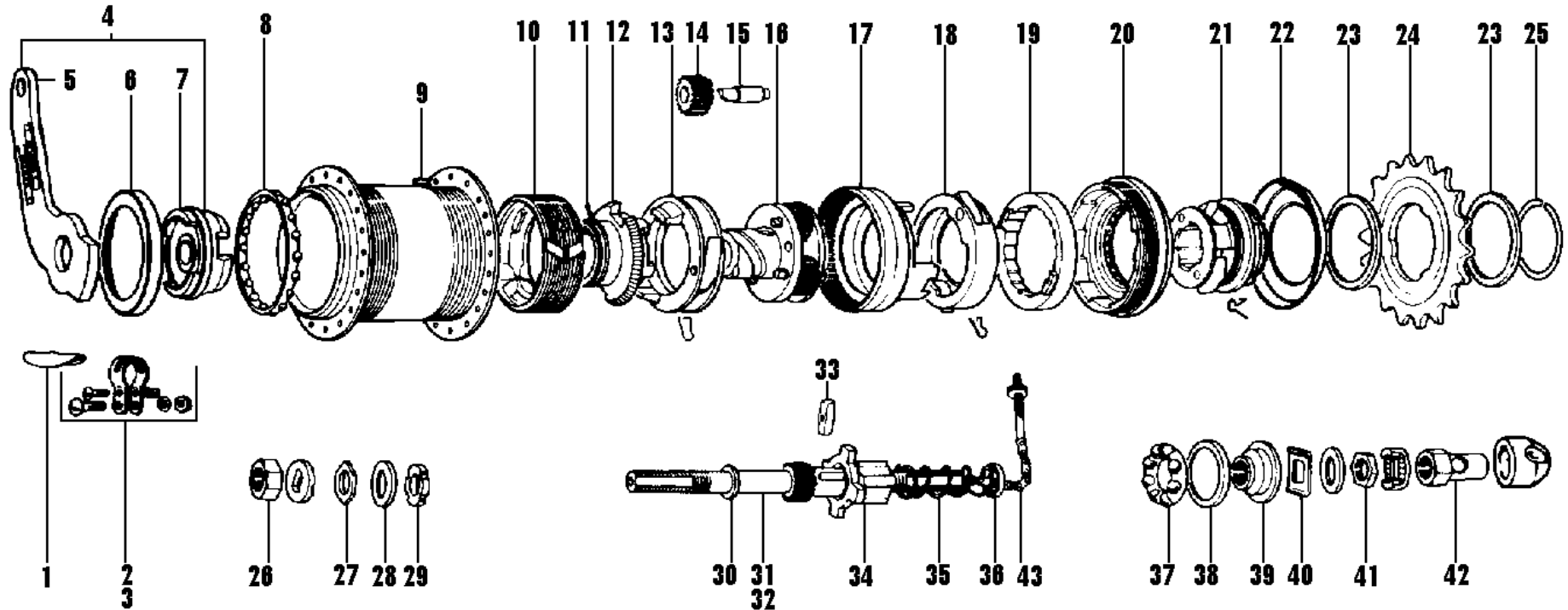
How to  
get here?

From  
here?





# Rebuilding the wheel...





# Principles of This Work

- Participation is voluntary
- Bottom up, top down and sideways
- Make the invisible visible
- Include the unusual suspects
- Go slow to go fast
- Nothing about me without me
- Act your way into a new way of thinking
- Things may get worse before they get better

# How is this different from sharing best practices?

## Front Line Ownership

- Winning practices are highly sensitive to the local context
- Winning practices come from those who are “touching the problem”
- Practices are spread virally peer to peer
- Sustained

## Sharing Best Practices

- What worked there should work here. Variability is discouraged
- Winning practices come from experts
- Practices are spread in top down fashion
- Often not sustained



This work is about  
the *HOW* rather than  
the *WHAT*



# The Hand Hygiene Hurdles















Got Hands? - Clean 'em!

Got Hands? - Clean 'em!

CUTCO





**Purell**

INSTANT HAND  
SANITIZER

DÉSINFECTANT INSTANTANÉ  
POUR LES MAINS



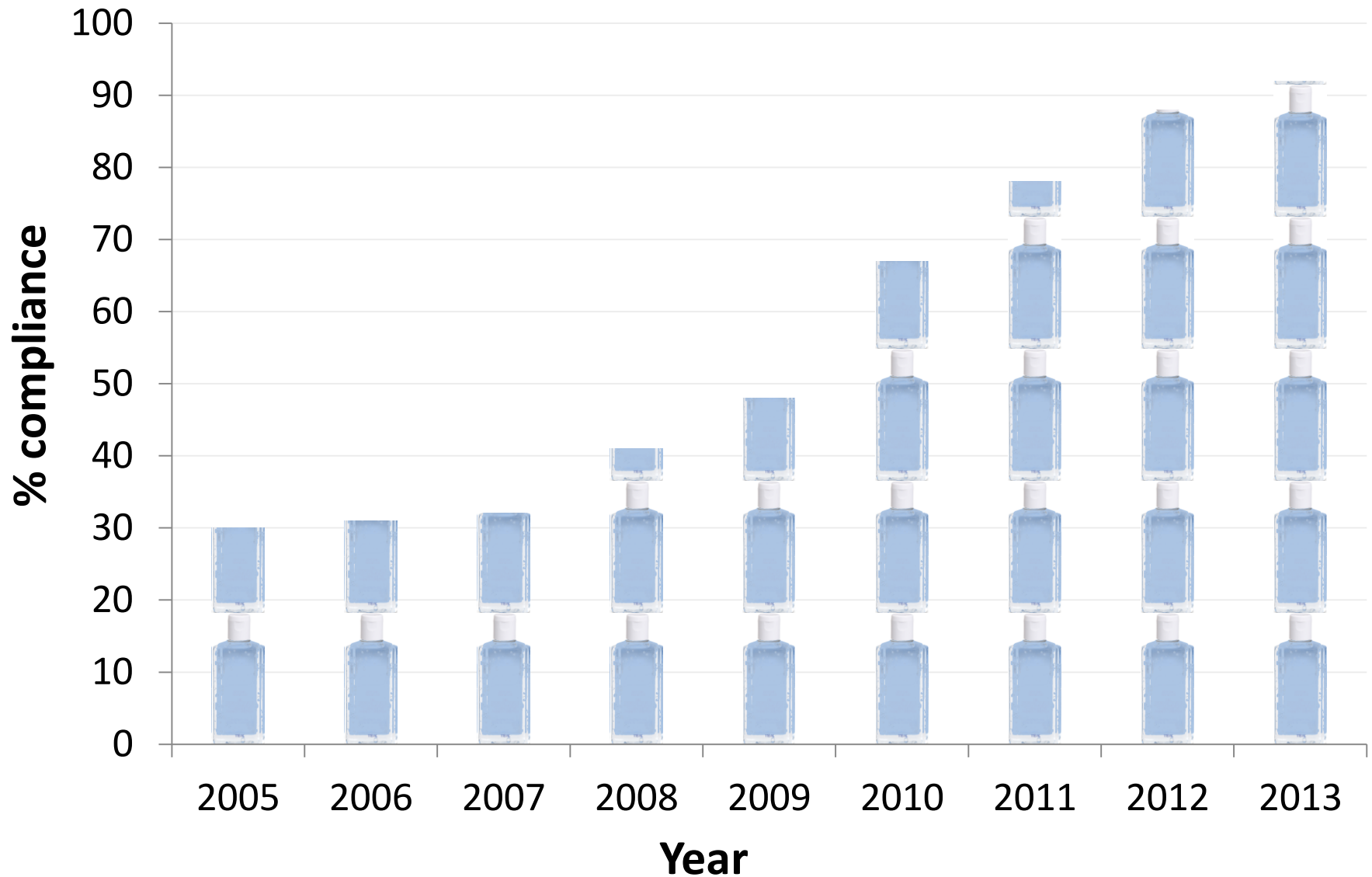








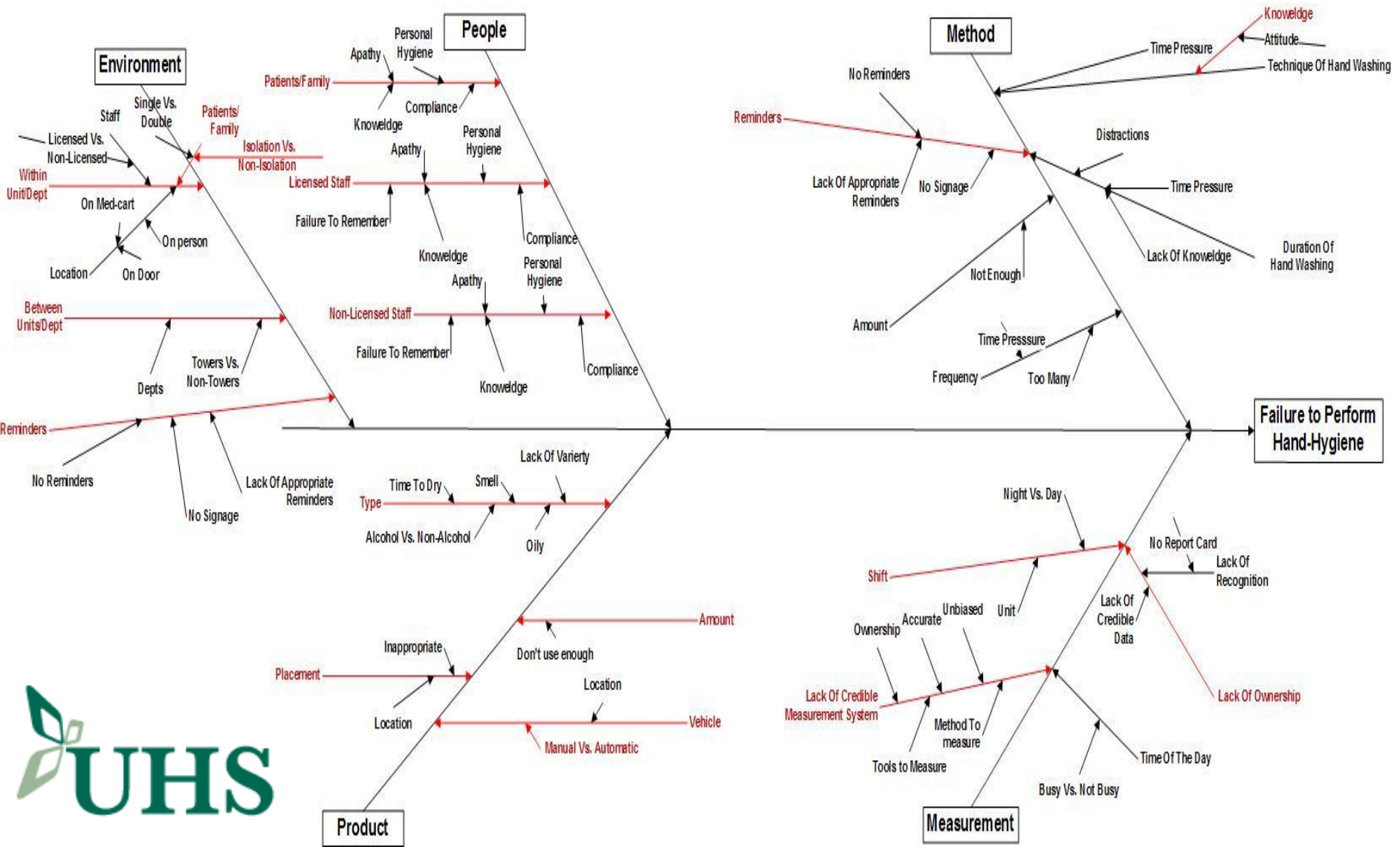
# Our Success





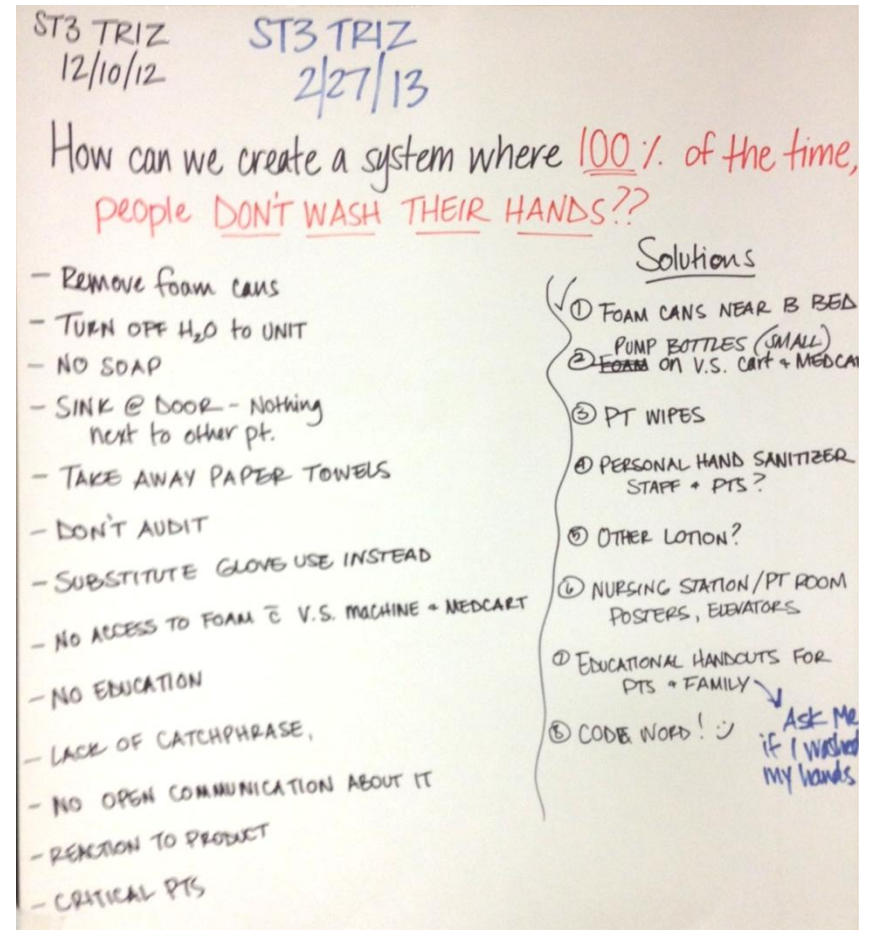
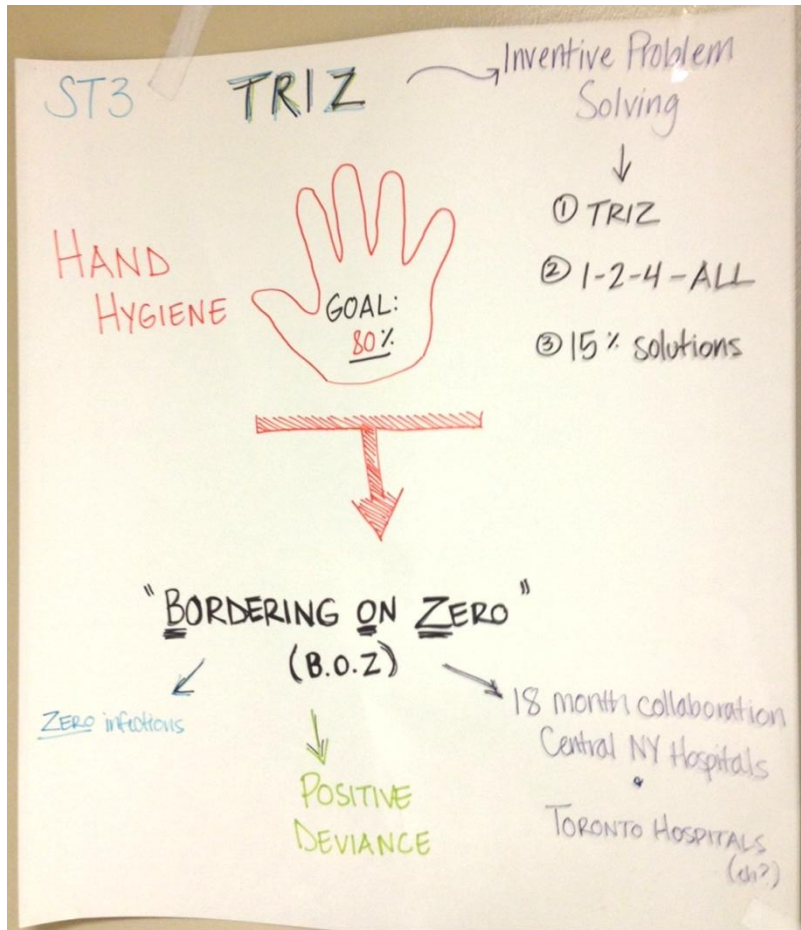


# Cause & Effect Diagram





# Nursing engagement





# BOZ Outcomes to date

- 10% reduction in falls
- 11% reduction in pressure ulcers
- 44% increase in hand hygiene
- 100% decrease in catheter-associated urinary tract infections
- 68% decrease in central line infections
- 11% reduction in surgical site infections
- Submitted for a “Best in Blue” award

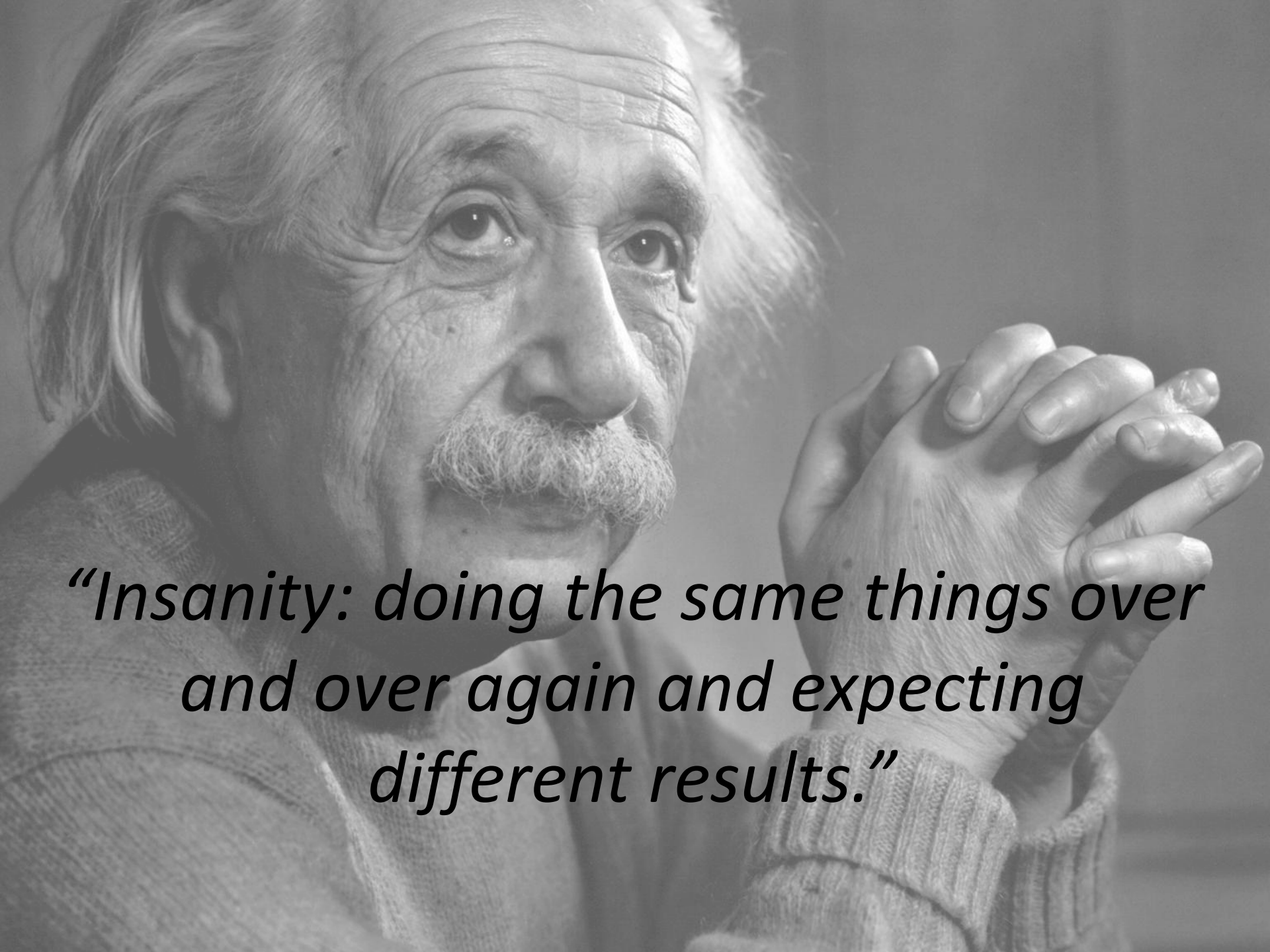
# Culture *SHIFT*

- Taking time to think
- Practice-based evidence (social proof)
- Stories and relationships are trusted
- Culture change is simple
- Leaders need to step back
- Bottom up leadership from the front-line

# Summary

- Culture trumps everything else
- Nibble away at your problem
- Standardize what you must and then allow variability
- Focus on the *HOW* not the *WHAT*





*“Insanity: doing the same things over  
and over again and expecting  
different results.”*



igniteconsulting.net  
ignite@uhn.ca