Driving Change: Tools and Techniques To Create Long Lasting Impact

Kathleen Vollman MSN, RN, CCNS, FCCM, FAAN
Clinical Nurse Specialist, Educator, Consultant
ADVANCING NURISING LLC, Northville MI
kvollman@comcast.net

Session Objectives & Content

- Understanding the factors that created the quality and safety movement
- Identification of a potential model for focuses & adding value to frontline practitioners practice
- Defining the role of an internal consult
- Skills for making change happen within a small or large organization

It is Time to Change!!

- 44,00 to 98,000 preventable death in hospitals related to medical errors annually (IOM report, 1999)
- 92,888 deaths directly attributable to safety indicators between 2005-2007 (HealthGrades 2009)
  - Failure to rescue, pressure ulcers and post-op infections
- National Patient Safety Goals include prevention of HAI’s
- Lack of reimbursement for preventable injury
- 2013-lowest percent improvement/total Medicare cut
- $50 billion in total costs for preventable injury

Quality & Safety Drivers

- Institute for Medicine
  - IOM report
  - Crossing the Quality Chasm
  - Transforming the work culture
- Evidence based practice movement
- Quality organizations
  - IHI/VHA: 100,000 lives campaign / 5 million lives campaign
  - Clean Care is Safer Care/WHO
- Regulatory agencies:
  - Create & maintain a safety culture
- Public transparency
- Economics
- Professional Nursing: Back to the Basics
Technology/Medical vs. Fundamental Basic Care Practices

- Prior to 10 Years Ago
  - How was quality nursing care measured?
    - Reduced medication errors
    - Reduced order misses
    - Patient and family satisfaction
    - Maybe central lines if in an ICU

Is this the full measurement of the quality of nursing care we deliver?

Behavioral Rationale for Current Environment of Nursing Practice

<table>
<thead>
<tr>
<th>Behavior that is recognized and reinforced continues</th>
<th>Behavior that is ignored or not reinforced does not continue</th>
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Driving Forces for Change

- Scientific Driver
  - Evidence-based practice movement

The conscientious, explicit, and judicious integration of the best available evidence from systematic research, with individual clinical expertise and patient preference at the bedside in making decisions about clinical practice.
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CMS Guidelines: If It's Not POA, We Won't Pay 10/08

Conditions No Longer Covered
- Falls
- Mediastinitis (after heart surgery)
- Avoidable Pressure Ulcers
- Vascular and Urinary Tract Infections from Catheters
- “Never Events”
  - Objects left in body during surgery
  - Air embolisms
  - Blood incompatibility
  - SSI post some orthopedic procedures & Bariatric Surgery
  - Certain manifestations of poor blood sugar control
  - DVT/PE following total knee and hip replacements

HAI Provisions of PPACA

Projected Medicare savings – $1.4B

Provisions
- Federal-level public reporting of HAIs.
- Infection included in Value-Based Purchasing FY 2013 (CLBSI, MRSA, C-Diff, CAUTI, VAP, SBIs).
- Hospitals in lowest performing quartile of HAIs get a 1% reduction in Medicare inpatient payments in FY 2015.
- Medicaid provision similar to the existing Medicare policy that prevents a HAC from qualifying a case for higher payment.

Implications
- You can avoid these cuts.
- Focus on evidence-based care.
- Benchmark against others.
- Improve physician alignment.
- Better identify & code POA.
- Business case for technologies.

www.premierinc.com/advisorlive accessed 08/25/2010

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Protect The Patient From Bad Things Happening on Your Watch

Implement Interventional Patient Hygiene

Interventional Patient Hygiene

- Hygiene...the science and practice of the establishment and maintenance of health
- Interventional Patient Hygiene...nursing action plan directly focused on fortifying the patient's host defense through proactive use of evidence based hygiene care strategies

Incontinence Associated Dermatitis Prevention Program

INTERVENTIONAL PATIENT HYGIENE (IPH)

Awal HM, Crit Care Nurs Q, 2006;20(2):72-79

Achieving the Use of the Evidence

Skills & Knowledge

Resources & System

Value

Attitude

Accountability

Factors Impacting the ability to Achieve Quality Nursing Outcomes at the Point of Care

Vollman KM. Australian Crit Care, 2009;22(4):152-154
Factors Impacting HAI's Programs

- Factors Associated with Lower HAI’s (30% reduction)
  - Integrated infection control program
  - Culture change
  - Leadership/Champion
  - Use of proven best practices
  - HAI surveillance

Need for Internal Consultants in Healthcare

- Staff departments need to demonstrate greater value
- Must contribute to strategic and operational outcomes
- Leveraging a consultative approach on the staff function within an organization can offer a new level of expertise and support.
- Use of expertise more efficiently to benefit both patient and employees

Why a Consultant Model Approach?

- Traditional department type structures
  - Procedural development
  - Data collection
  - Enforcement
- Outcome: struggle for control between local leaders and specialist on how to tackle and resolve issues
- Loss of the picture big…focus on details
- Often regarded as the enemy
- Consulted only in times of crisis
- Potential is not realized

Why a Consultant Model Approach?

- Consultant Model Approach
  - Collaboration in the development of policies & procedures
  - Total engagement of specialist and frontline to ensure success
- Move away from the one-size fits all solutions
- Replaced with customized solutions and flexible policies which allow greatest responsiveness at the local level when problems arise
- Move away from “You cannot do this” to “how can we help you get things done”
- Committed to maintaining an ongoing relationship that fosters earlier preventive involvement
- Seek outs customized solutions
Internal Consultant

- An Internal Consultant plays a unique role in driving successful change in organizations across the globe.
- Not only do they support the specific solution development and expertise, and sometimes the project management support, but they are often a key player in the change management activities that support project implementation.


Working Definition of Internal Consultant

- Internal Consultant (IC) is any individual/group which serves internal clients in an advisory capacity, including:
  - Bringing a specialized management consulting expertise to improve the bottom line performance of the company/organization
  - Working within the corporate structure to resolve clinical/business issues and implement solutions in areas that include organizational effectiveness/development, strategic planning, or process improvement
  - Serving as a change agent, coach, educator or facilitator
  - Supporting internal clients in a shared service type organization

Does the Infection Preventionist Fit this Description? The Clinical Nurse Specialist Fits This Description!


Internal Consultant Competency Model

- Individual Contribution
  - Management Consulting Skills
  - Client Service Focus
  - Professional Impact
  - Change Management
  - Business Acumen
  - Coaching
  - Project Management
  - Business Process Optimization

- Leadership Contribution
  - Communicating Vision
  - Selecting, Managing and Developing Others
  - Decision Making
  - Team Building
  - Strategic Business Planning and Implementation
  - Managing Cross Business Unit Collaboration

Customer Base

- Nurses, doctors & other allied health professionals
- Professional associations
- Units
- Hospitals
- Health care systems
- Long Term Care
- Ambulatory

Personal SWOT Analysis

**Strengths**

- Strengths: Skills and abilities you possess that will help you get develop the role, utilize your expertise and sustain the passion and commitment
- Kathleen’s: Professional speaking, love people, skill of networking, my passion for nursing and life, my drive, my organizational skills, ability to juggle multiple things at a time

**Weaknesses**

- Weaknesses: What skills and abilities I might not possess that I will need to make this happen
- Kathleen’s: Creating balance in my life, working with databases, listening skills, and rushing through life without smelling the roses
Opportunities

• Opportunities: What areas exist for potential personal and professional growth that I need to work on in order to succeed.

• Kathleen’s: Using software for project planning, slowing down to enjoy the journey vs. the end product, negotiation related to times and projects.

Threats

• Threats: What are the things that can impede my growth or get in the way of me succeeding.

• Kathleen’s: Perfectionism, fear of failure, self doubt, not listening for understanding, time, over commitment because I can’t say no.

Essential Skills for the Internal Consultant

• System change
  – Experience with change & implementation of evidence based practice within a large healthcare system
  – Team management skills
  – Ability to influence

• Clinical expertise
  – Experience
  – Reputation
  – Professional presentations and publications in clinical area of expertise

• Communication
  – Effective to one or 100
  – Creativity and people skills

Essential Skills for the Internal Consultant

• Organization
  – Juggling multiple projects simultaneously
  – Systems for follow through

• Networking
  – support consultation
  – prevent re-invention of the wheel

• Environmental agitator & cheerleader

• Flexibility
  – Adapt acquired knowledge & skills to the needs of internal clients

• Know your limit!!!
Looking Through A Different Lens

You Must be Visible at the Frontline!!

Leadership

“The shadow of the leader” is suggestive language used to describe how a leader's choices, actions, style and values dramatically influence those same things within a unit/organization.

“If your actions inspire others to dream more, learn more, do more, and become more, you are a Leader”

John Quincy Adams
Leadership in Driving Change

- The essence of leadership is influence over others. But, influence is not unidirectional.
- Power is the engine that drives the ability to influence.
- Understanding power relationships and influence processes in organizations is essential to drive change.
- Examine the sources of power and the relationship of different power sources to leadership effectiveness.

Power is a measurement of an entity's ability to control its environment, including the behavior of other entities.

Influence: The act or power of producing an effect without apparent exertion of force or direct exercise of command.

Understanding How You Influence

- Legitimate Power
  - Authoritative power derived from a job, position, or status and held as belonging to the person in such a position.

- Expert Power
  - Based on a person's expertise, competence, and information in a certain area.

- Referent Power:
  - The target person comply because they respect and like the power holder (agent).

Power is the engine that drives the ability to influence.

Potential Reactions to Individual Sources of Power

- Coercive Power
- Reward Power
- Legitimate Power
- Expert Power
- Referent Power

Resistance
Compliance
Commitment
Influencing Tactics

- Rational persuasion (Expert, info)
- Inspirational appeal (Referent)
- Consultation (All)
- Ingratiation (Referent)
- Personal appeal (Referent)
- Exchange (Reward and info.)
- Coalition building (All)
- Legitimate tactics (Legitimate)
- Pressure (Coercive)

http://accurate.clemson.edu/becker/prmt320/notes/power320.pdf

“Setting an Example is Not the Main Means of Influencing Others….It is the Only Means”

Albert Einstein

LEADERSHIP FACTORS IN EMPOWERMENT

- Create a positive emotional atmosphere
- Set high performance standards
- Encourage initiative and responsibility
- Reward openly and personally
- Practice equity and collaboration
- Express appropriate confidence in team members

Comfort Zone
Exercise the Muscle

What is a Culture?

Challenges

Opportunities for Growth

That’s not the way we do it here!!!

Represents a set of shared attitudes, values, goals, practice & behaviors that makes one unit distinct from the next

The “Secret Recipe” Comprehensive Unit-Based Patient Safety Program (CUSP)

- Assess culture of safety (SAQ & AHRQ)
- Educate staff on science of safety
  http://www.safetyresearch.jhu.edu/housestaff/education
- Identify defects
- Learn from one defect per quarter
- Assign executive to adopt unit
- Implement team/communication tools
- Reassess culture annually

www.aone.org/hret/programs/cusp.html

Assessment of Safety & Work Culture

- SAQ (Safety Attitudes Questionnaire)
  - Teamwork
  - Safety
  - Working conditions
  - Job satisfaction
  - Stress recognition
  - Perception of upper management
  - Perception of unit management

Strive for 80%, if > 60% SAQ scores correlates to decreases in clinical outcomes

Unit Culture Assessment & Communication Strategies

Can we change practice through process improvement alone? 

or 

Will successful change require an altering of the value structure within the unit?

Can you permit it you promote it

How are you going to participate in fixing it?

Have you talked to...

Tweener

Negatoids

Positrons

If you Permit it you Promote it
Together
Everyone
Achieves
More

"We like the teamwork idea, but Mr. Superstar won't let us play with his ball."

It Takes a Village

The Most Powerful Force of Human Behavior is Social Influence
Tools Don’t Create Safety

People Do!!!

The Silent Treatment, April 2011

Guidelines for the Prevention of Intravascular Catheter-Related Infections

It Took a Village

The Problem is Large

• 15 million catheters inserted ICUs per yr
• 80,000 CLA-BSI in U.S. ICUs annually
• 250,00 – *541,081 CLA-BSIs annually/ rate of 21.6 cases/per 1000 patient days (est.)
• Mortality: 18% (12%-25%) 31,000 deaths (1 in 4 die)
• NHSN CVC: 1.0 (PICU) – 5.6 (Burn ICU) per/1000 cath days
• Rate may be higher in wards vs. ICUs* /Use 16%
• PICC rates: 3.63 per 1000 cath days (Single center)
• Cost per episode: $18,000
• 300 million to 2.3 Billion
• LOS ↑ up to 12 days

Medical Critical Care Project

• Initial project 1996 CDC guidelines
  – Baseline data: 6.8 per 1000 catheter days with 90% device utilization (50%)
  – Pre-change practice:
    • Gown, gloves, towels
    • Every 4 day line change
    • Gauze dressing/changed q 4 days
    • As many punctures as it took to get the job done

Structures to Facilitate the Change

- Standardization on how BSI's are measured
- New strategy for collecting denominator
- National guidelines with graded evidence
- Unit collaborative practice group (included the IP)
- Multiple drivers of change
  - Department chair, Unit Medical Director, Unit Nursing leadership, Infection Preventionist, Unit practice committee staff nurses

Nosocomial Infections: Central Lines
Implementation of CDC Guidelines 1996

- No routine changes of central lines
- If infection suspected, perform guidewire exchange and culture the tip
- If tip positive, remove line and perform a new stick
- No routine dressing changes/use of transparent dressing to view the site
- Full barrier precautions
- Three strikes and the most experience practitioner places the line (HFH guideline)

Obstacles to Implementation

- Variations in practice within the different areas of the hospital
- Scope of the education
- Resident & float nurse education
- Equipment type, location and restocking process
- Empowering nurses to stop procedure if correct sterile barrier not in place...getting the buy in

Planning for the Change

- Invasive line carts stocked with the right equipment
- Monthly education during resident orientation
- Support material at the bedside on "how to do the right thing"
- Product evaluation by staff to look at transparent dressings
- Role modeling by leadership on holding physicians accountable for "doing the right thing"
Nosocomial Infections: Central Lines

<table>
<thead>
<tr>
<th>Benchmark MICU Central Line data</th>
<th>Device Utilization</th>
<th>Bloodstream Infection</th>
<th>Rank Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Pre change) HFH MCC Central Line data</td>
<td>&gt; 50</td>
<td>6.1</td>
<td>50-75%</td>
</tr>
<tr>
<td>(Post change 2000) HFH MCC Central Line data</td>
<td>&gt; 90</td>
<td>6.8</td>
<td>50-75%</td>
</tr>
<tr>
<td>(Post change 2002) HFH MCC Central Line data</td>
<td>&gt; 90</td>
<td>2.90*</td>
<td>10-25%</td>
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* Significant at p < 0.0001

The Outcome

- 31 prevented BSI’s per year
- $34,508 - $56,000 per CLA-BSI infection
- Benchmarking with NNIS data
- Presented data at quality day and at a national meeting
- Shared with other ICU’s
- Monthly data reported to the staff

Cost avoidance of $1,069,748.00 to $1,736,000.00

Blood Stream Infection (BSI) Prevention Bundle (IB)

- Remove/Avoid unnecessary lines (IA)
- Hand hygiene (IB)
- Maximal barrier (IB)
- Chlorhexadine for skin prep (IA)
- Avoid femoral lines (IA)

New Guidelines...New Practice

- CHG prep for both insertion and dressing care (Category 1A)
- Full sterile barrier (hat, gown, glove, mask and full drape sheet) Category 1A
- No guidewire exchange unless for mechanical reasons (Category 1B)

CDC. Prevention of Catheter Infection: MMWR 2002;51 (No. RR-10):[1-29]
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5110a1.htm
http://www.cdc.gov
New Guidelines…New Practice

- **Lessons Learned**
  - Standardization across all ICU's in both practice & equipment is necessary to reduce process variation
  - Line cart is not enough to ensure the correct procedure is done
  - Old habits are hard to break so remove the opportunity

- **New Practices**
  - Guidelines reviewed and adopted at institutional critical care
  - Insertion equipment available in one kit
  - Remove products to prevent use

Dressing Care

- Use a transparent or gauze dressing to cover site (IA)
- Change transparent dressing and perform site care with a CHG based antiseptic every 7 days (IB) or more frequent if the dressing is soiled, loose, or damp (II)
- Change gauze dressings every 2 days or more frequent if the dressing is loose, soiled or damp (II)
- Use a chlorhexidine-impregnated sponge dressing for temporary short-term catheters in patients older than 2 months of age if the CLABSI rate is not ↓ despite EBP (1B)
- No recommendation is made for other types of chlorhexidine dressings.

Care After Insertion

- Scrubbing the access port with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol) and accessing the port only with sterile devices (IA)
- 3 sec, 10 sec & 15 sec scrub showed no difference in reducing bacterial load (Simmons S, et al. Crit Care Nurs Q, 2011;34:31-35)
- When needleless system used, consider a split septum valve versus a mechanical valve (II)
- Replace administration sets not used for blood, blood products or lipids at intervals not longer than 96 hours (IA)
- Replace tubing used to administer blood, blood products, or fat emulsions within 24 hours of initiating the infusion (IB)
- Change the needleless components at least as frequently as the administration set (II)
- Use a 2% chlorhexidine wash for daily skin cleansing to reduce CRBSI (II)

Additional Strategies Used When Basic Care Has Not Achieved Zero

- CHG Baths (II)
- CHG Dressings (IB)
- Antimicrobial impregnated CVC (IA)
- Antimicrobial locks (II)
- Appropriate nursing staff levels in ICUs (1B)
CHG Bathing Reduces CLA-BSIs

- 52 week, 2 arm, cross-over design clinical trial
- 22 bed MICU with 11 beds in 2 geographically separate areas in the same hospital
- 836 MICU patients
  - 1st 28 weeks: 1 hospital randomize to bathe with (Sage 2%) CHG cloths & the other unit bathe with soap & water
  - 2 week wash out period
  - 2nd 24 weeks: methods were crossed over
- Measured: Primary outcomes: incidence of CA-BSIs & clinical sepsis. Secondary: other infections

Results:
- CHG patients were significantly less likely to acquire a CA-BSI 4.1 vs. 10.4 infections per 1000 patient days
- Benefit against primary CA-BSIs by CHG cleansing after 5 days in MICU
- No difference in clinical sepsis or other infections

CHG Bathing: Pre & Post Intervention

Additional Strategies Used When Basic Care Has Not Achieved Zero

- CHG Baths (II)
- CHG Dressings (IB)
- Antimicrobial impregnated CVC (IA)
- Antimicrobial locks (II)
- Appropriate nursing staff levels in ICUs. (1B)
CHG-Impregnated Sponges for Prevention of CLA-BSI (IB)

Methodology:
• Multi-center, randomized controlled trial
• 7 ICUs participated
• Included all patients who required arterial or central venous catheter for 48 hours or longer
• Use of CHG dsq vs standard dsq
• Already using maximal barrier precautions, try and use subclavian site for central line, use alcohol/povidone-iodine prep solution (not CHG)
• Looked at 3 day vs. seven day dressing change (but changed when dsq was loose, soiled or damp in all groups)

Timsit JF, et al. JAMA 2009;301:1231-1241

Results:
• 1636 patients (3778 catheters, 28,931 catheter days)
• Median duration of catheter insertions 6 days (4-10)
• Use of CHG dressing decreased the CLA-BSI rate from:
  – 1.3 per 1000 catheter days to 0.4 per 1000 catheter days
• Use of CHG dressing not associated with greater resistance of bacteria in skin samples at removal
• 8 episodes of contact dermatitis with patch (817 pts)
• No difference in site colonization between dressing changes at 3 days or 7 days
  Prevented 1 Major CLA-BSI per 117 Catheters

Timsit JF, et al. JAMA 2009;301:1231-1241

2011: Antimicrobial CVC

CDC Recommendations:
• Use a chlorhexidine/silver sulfadiazine or minocycline/rifampin -impregnated CVC in patients whose catheter is expected to remain in place >5 days if, after successful implementation of a comprehensive strategy to reduce rates of CLA-BSI, the CLA-BSI rate is not decreasing. (IA)

CDC, Prevention of Catheter Infection: MMWR 2002:51

Emerging Issues: Needleless IV Access Equipment

• Split septum value designs are preferred over positive pressure mechanical valves because they are associated with lower CLA-BSI rates.
• In 2008 FDA required 9 companies to conduct post market surveillance of positive displacement needleless connectors

FDA Medical Device Alert 2008

CLC 2000
On the CUSP: Stop BSI
A National Initiative

- AHRQ government funded 3 year initiative
- HRET and American Hospital Association
- John Hopkins Quality & Safety Research Group
- MHA’s Keystone Center for Patient Safety & Quality

- Goals:
  - Eliminate CLA-BSI: <1/1000 catheter days, median 0
  - Improve safety culture by 50%
  - Learn from 1 defect a month
- Build an infrastructure for future efforts
- Baseline and monthly CLA-BSI rate, hospital survey on patient safety & monthly survey on teamwork barriers

http://www.onthecuspstophai.org/

Intervention to Decrease CLA-BSI
Statewide Collaborative-Keystone ICU

- 103 ICUs in state of Michigan reported data
- Examine 375,757 catheter days
- Implementation of the BSI Bundle/checklist

- Results
  - Median rate of CLA-BSI per 1000 catheter days went 2.7 to 0 at 3 months (p<0.002)
  - Mean rate of CLA-BSIs per 1000 catheter days went 7.7 to 1.4 at 18 month follow up (p<0.002)
  - ↓ in mortality when compared to other mid-west states

36 Months Post Initial Implementation: 90 of original 103 ICUs evaluated
Results: Mean rate 1.1 per 1000 catheter days/ Median: Zero
2009: mean .88 per 1000 catheter days (personal communication)


WHEN WOULD NOW BE A GOOD TIME TO DO THIS?
How Can You Have the Power to Change Anything?

Become an Influencer

Professional Influencers

- Not about power of persuasion – using words
- Key Behaviors – e.g. “10/10 scanning”
- Try something new
- Using positive deviance
  - Our behavior is shaped by observing others
  - Find the vital behaviors that made change happen
  - Key point: need multiple strategies (not just one)
Principle of “Positive Deviance”

• Guinea Worm story (high leverage behaviors that drive change)
• Our behavior is shaped by observing others
• Key point: need multiple strategies (not just one)

Find Vital Behaviors

• Decide what you are trying to change
• Focus on the “vital few” behaviors
• Search for behaviors – not easy

It is not enough to do your best; you must know what to do, and THEN do your best.
~ W. Edwards Deming

Examples of Vital Behaviors

• Married Couples – 15 min. observation and could determine with 90% accuracy the outcome of their marriage. Vital behavior: those that blame – doomed; those that conversed on same subject with respect and shared purpose – promising future.

Examples Continued…

• Delancey Street example: have to change the “code of the street” which is 1) care only about yourself and 2) don’t rat on anyone.
• If you can reverse those 2 behaviors, you can change anything else. So, the director demands 1) each person is responsible for someone else’s success and 2) everyone confronts everyone else about every single violation
Change the Way…
You Change Minds

- People will attempt to change their behavior if
  - They believe it will be worth it
  - They can do what is required

- Don’t use verbal persuasion alone—talk is easy. Help people experience for themselves the proposed behavior.

Influencer Model

<table>
<thead>
<tr>
<th>Motivation (Why)</th>
<th>Ability (How?)</th>
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<tbody>
<tr>
<td>Personal</td>
<td></td>
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<tr>
<td>Social</td>
<td></td>
</tr>
<tr>
<td>Structural</td>
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Design specific interventions targeted to the personal, social and structural domains for both motivation and ability.

Be Courageous

We all are responsible for the safety of our patients……Be the Internal Consultant

- “If not this, then what??”
- “If not now, then when?”
- “If not me, then who??”