

# Healthcare Marketing Report

The National Newspaper of Healthcare Marketing

Vol. 30, No. 4

April 2012

## Understanding What Works Best for a Hand Hygiene Campaign

by RICHARD L. COHEN

NORFOLK, VA—Proper hand hygiene is one of the most important infection control strategies in today's hospital. As such, communicating its importance can become a most interesting marketing challenge. How does one know the strategies to implement that will work?

For the last year the Norfolk, Virginia-based Sentara Healthcare has been hard at work in creating and implementing a hand hygiene strategy through the use of the MVT® Process developed by the Knoxville-based QualPro. According to this company's web site, this process is a way "to use statistics to test dozens or hundreds of business improvement ideas, discover the synergies among them, and prove with certainty which ones are the most powerful and profitable under real-world conditions.... The MVT® Process tests



many different variables/solutions/business improvement ideas simultaneously."

Dr. Charles Holland, the Founder and CEO of QualPro met the CEO of

Sentara through a mutual friend. They discussed several possible areas of collaboration before settling on hand hygiene. The initial intent was to use QualPro to "validate our numbers on our compliance and get to a higher rate of compliance," says Jackie Butler, Director of Infection Prevention & Control. Sentara had been reporting a hand hygiene compliance of a little higher than 95 percent and wanted to move to the 99+ range.

However, when QualPro came in to validate the 95 percent as a base, it found a significantly lower rate of compliance. "They brought in mystery shoppers and concluded that our compliance was actually 78-79 percent," says Vice President of Medical Affairs Dr. Scott Miller. "Previously, we had safety coaches auditing their own units. That (Continued on page 3)

## New Mover Campaigns Move Consumers to Act

by NORA CALEY



KANSAS CITY, MO—People will always relocate, no matter what the economy. According to the U.S. Census Bureau, in 2010, 11.6 percent of the nation's population moved to a new home in the past year. That number was down from 12.5 percent in the previous year, but it still totaled more than 35 million people. For healthcare marketers, those new residents are an important target audience. That's why hospitals and healthcare systems develop new mover campaigns, directing new residents to visit the hospital's web site or call a phone number.

Technology has changed new mover marketing. Not only are consumers being asked to engage in technology to respond to direct mail, but some healthcare systems are finding these new movers through sophisticated databases. For example,

marketers can reach new residents who moved to another community, not people who moved a few blocks. "The longer distance moves is what we have a tendency of using because it forces people to change their healthcare providers," says Dwight Orr, President of Creative Marketing Programs in Kansas City.

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# Understanding What Works Best for a Hand Hygiene Campaign

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was not an accurate process.”

## Developing the Ideas

“We try to involve everyone who could have an idea on this,” Holland says. “That way we get buy-in and enthusiasm for what we can do.” Eighty-three brainstorming sessions were held among eight hospitals in the Sentara system (now there are 10). Three hundred and sixty four ideas resulted.

Then the culling process began. “We look for ideas that are practical (as judged by the people who do the work every day), cost free and fast,” Holland says. “Can we implement the idea at the first of next month?”

Cost free, he adds, doesn’t mean that it is necessarily free to implement. But if there is a cost, it is a modest one that is offset or more than offset by savings elsewhere. That is, if we do this, then we don’t have to continue doing that.

QualPro works in many different industry segments. As a general rule, only 5-10 percent of the ideas generated pass this three requirement benchmark. Of the ones that don’t “half of them are going to create more work, 30 percent are not going to be able to be implemented soon and 20 percent have a significant

cost,” he says.

Some organizations, Holland points out, have 22-23 ideas left at this stage; others have as many as 39 or as little as 11. Regardless of the actual number, QualPro’s experience is that one-fourth of these remaining ideas will



help the organization’s objective, half will make little or no difference and one-fourth will hurt.

## Evaluating the Finalists

The remaining 22 or so hand hygiene ideas were further winnowed to six in a screening phase that took place this past spring. Then, during the summer the refining phase of the research was done in which these ideas were further tested and those that worked identified.

Two of the six ideas tested, when further refined, made no difference: a stop, drop & wash sign, and a staff lounge hand hygiene sign that showed a historic picture of a nurse with a headline, “What could I be taking home to my family?” and then a list of a variety of nasty bugs and “I’ll be taking these home and more unless I wash my hands!”

One of the six ideas actually had decreased hand hygiene compliance. This

one was peer coaching cards. “At first we thought this would be a non-threatening way that workers could go up to co-workers,” Miller says. “Staff on the units received red, yellow and green cards. The red meant that they observed someone not washing, the yellow kind of like a rolling stop, and green meant good job.”

So, what worked and why? A hand hygiene written quiz worked. This was something handed out by people at the vice president, manager or infection preventionist level, Miller says. “We would ask random employees to fill them out and deliver them back to our office,” he says. “We told them that they could cheat and ask anyone they want for the answers. This was designed as a learning moment.” For example, a typical question might ask the individual to name five hand hygiene opportunities.

A white board note worked. For this idea, “we asked nurses once a day as part of their intro to patients to write

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Healthcare Marketing Report (ISSN #0741-9368) is published monthly by Healthcare Marketing Report, Inc. Jan Michael Lok, Publisher, 3180 Presidential Drive, Suite K, Atlanta, GA 30340. Periodical Postage paid at Atlanta, GA 30340.

**Editorial Guidelines:** Manuscripts on topics, issues and programs relating to healthcare marketing are welcome and may be submitted to the editor for consideration. Photographs, ads, brochures, charts and graphs should be included where appropriate.

**Subscription Rate:** \$235 per year. Canadian and international subscriptions \$275 per year. Postmaster: Send address changes to Healthcare Marketing Report, 3180 Presidential Drive, Suite K, Atlanta, GA 30340. Subscribers: Please send notice of address changes or corrections by enclosing mailing address label to: Healthcare Marketing Report, P.O. Box 76002, Atlanta, GA 30358-1002. Or call 770-457-6106 or FAX 770-457-4606. Web address is www.hmrpublicationsgroup.com

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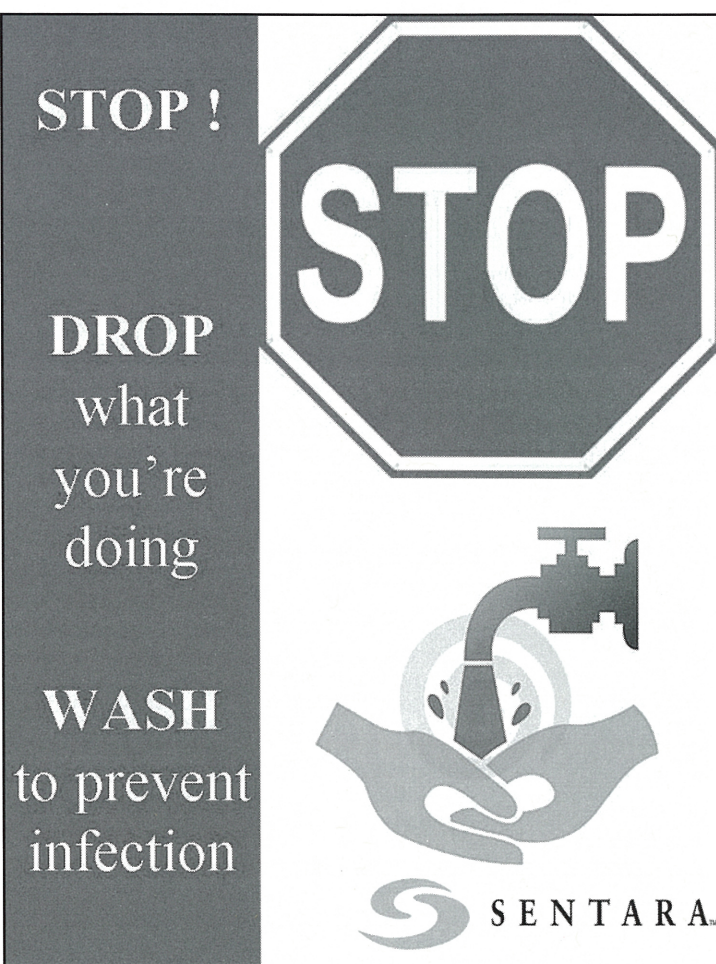
a note on the white board that referred to hand hygiene," he says. "Each day they had to erase what they wrote and do it again. They could write the same thing or something different." Miller felt that idea worked because it reinforces to the nurse the importance of hand hygiene.

The other idea that worked was hand hygiene red stop signs. One sign features a stop sign and the word "stop" in the middle and below a picture of a faucet and two hands being washed. The copy on the left side was "STOP! DROP what you're doing WASH to prevent infection." The other sign was a picture of a stop sign with a hand in the middle along with "STOP!" Around the sign was "HAVE YOU WASHED YOUR HANDS?"

These signs were tested alone and together. What worked was when the signs were together. Why did it work? Miller speculates that the signs' location as one enters the unit was noticed by visitors. Near the signs were hand sanitizers. Staff members would see visitors using these and this would serve as a reminder for them to maintain hand hygiene.

### Implementation

Sentara is currently rolling out the quiz, white board note and red stop signs in all of its hospitals. The healthcare organization's goal is to get to 92 percent by the end of 2012. However, there is a significant challenge in the measurement phase. The healthcare organization is rolling out a new measurement system that calls for safety coaches to cease auditing their own units and instead audit other units. That way, a more accurate compliance rate can be calculated. However, it can be a difficult task to persuade a manager of a busy unit to allow one of their individuals time to go to another unit to audit for hand hygiene. ■



## HMR Clip

### ■ New AMA Study Finds Anti-Competitive Conditions Exist in Four of Five U.S. Health Insurance Markets

A recent analysis from the American Medical Association (AMA) notes that four out of five metropolitan areas in the United States lack a competitive commercial health insurance market. The 2011 edition of *Competition in Health Insurance: A Comprehensive Study of U.S. Markets* is the most comprehensive analysis of its kind, reporting commercial health insurance market shares and federal concentration measures for 368 metropolitan markets and 48 states. The scope of the analysis provides

a complete picture of fully-insured and self-insured enrollments for both health maintenance organizations and preferred provider organizations.

The AMA's latest finding regarding competition in the health insurance industry include:

- A significant absence of health insurer competition exists in 83 percent of metropolitan markets studied by the AMA. These markets rated "highly concentrated," based on the newly revised Horizontal Merger Guidelines issued last year by the U.S. Department of Justice and Federal Trade Commission\*.

- In about half of metropolitan markets, at least one health insurer had a commercial market share of 50 percent or more.

- In 24 of the 48 states reported in the new AMA study, the two largest health insurers had a combined commercial market share of 70 percent or more.

- The 10 states with the least competitive commercial health insurance markets are: 1. Alabama; 2. Alaska; 3. Delaware; 4. Michigan; 5. Hawaii; 6. District of Columbia; 7. Nebraska; 8. North Carolina; 9. Indiana and 10. Maine. ■

*\*Footnote: Under the old version of the federal market concentration measures, 98 percent of metropolitan markets would have been classified as "highly concentrated."*