



# CHANGING BEHAVIORS TO REDUCE RISK AND COSTS

## THE PROBLEM

An NSF client reported high levels of microbial contamination on the gloved hands of fully trained operators working in the Grade A (Class 100) and Grade B areas. Batches had been rejected. The client's investigation identified inconsistencies in hand sanitization. However, retraining efforts failed and problems continued at a cost of over £1.2 million p.a. in lost time and unsaleable batches.

## THE SOLUTION

We took the client through our five-step behavioral change process and our 'B= M.A.T.H.' model (which states that to change Behavior, you must provide the Motivation and Ability, plus a Trigger event, to make it a Habit).

### STEP ONE:

Identify the specific behavior you want to change (in this case, improve hand sanitization)

### STEP TWO:

Identify the causes of the existing behavior (poor or inconsistent hand sanitization)

Using NSF's unique set of tools and techniques we identified over 45 causes of inconsistent hand sanitization. SOP complexity, inadequate training, distraction, cognitive overload, poor sanitizer bottle design, inconsistencies in bottle location, a compliance mindset, and lack of risk awareness were all contributing factors.

### STEP THREE:

Motivate people to change – provide the "what's in it for me?" (WIIFM)

We took staff to the micro lab. They looked at (and smelled!) real bacteria. We linked the consequence of contamination to patient risk. We used a fluorescent dye test to help design a simple and effective way of removing bacteria from their gloved hands. After just two hours they left the lab motivated and their WIIFM question answered.

### STEP FOUR:

Make them able to change

People only change if the new behavior is easier than the old behavior. We took the client through our "brutal simplification" process and reduced their SOP from eight pages to just six bullet points.

### STEP FIVE:

Create the new 'habit'

An old habit (behavior) can't be broken, only replaced by a stronger one. We built into the new hand sanitization SOP the components of the habit loop (the trigger-routine-reward). We then guided them through precise practice sessions until they sanitized their hands correctly and automatically.



## THE REWARDS AND BENEFITS

After 12 months no further batches have been rejected. The client has also used the same five-step process to change other GMP and workplace behaviors. The client told us this two-day workshop was the best investment they have ever made.

### YOUR CALL TO ACTION: WANT TO CHANGE YOUR QUALITY CULTURE?

- > If you want to achieve the same results, join our unique Changing GMP Behaviors course in June – visit [www.nsf.org/info/pharma-training](http://www.nsf.org/info/pharma-training). If you want us to customize a behavioral change program to meet your specific needs, we can come to you
- > Visit our resource library [www.nsf.org/info/pblibrary](http://www.nsf.org/info/pblibrary) and read our Changing Your Quality Culture and Improving GMP Behaviors white paper from Journal 37 – [www.nsf.org/newsroom\\_pdf/pb\\_changing\\_quality\\_culture\\_improving\\_gmp\\_behaviors.pdf](http://www.nsf.org/newsroom_pdf/pb_changing_quality_culture_improving_gmp_behaviors.pdf). You will also find other useful resources
- > For any more information contact Martin Lush ([martinlush@nsf.org](mailto:martinlush@nsf.org))

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