Stephen J. Dubner—best-known as the host of Freakonomics Radio and co-author of the books *Freakonomics, SuperFreakonomics, Think Like a Freak*, and *When To Rob A Bank*—will be the opening plenary speaker at APIC 2016, June 11-13, 2016 in Charlotte, North Carolina. He will talk about how you can really change behaviors in your facility and explain why the old rules of business just don’t apply. It’s a new world, and that demands a new way of thinking and a new way of getting beneath the surface. Using humor, first-rate storytelling, and real-world examples from the healthcare field, Dubner will discuss ways to create behavior change, the incentives that work and don’t work, and the value of asking unpopular questions.

Q: Your research and writing has focused on incentives and human behavior. It’s no mystery that hand hygiene is one of the most important ways to prevent the spread of infection. With competing priorities and time constraints, sometimes doing the right thing every time (e.g., hand hygiene) becomes a challenge for healthcare workers. What incentives could have an impact on changing hand hygiene behavior for the better? What can infection preventionists do to help change behavior?

It’s ironic that we generally look to education as the key to mitigating risky or harmful behaviors—and yet doctors are among the most educated people in society and still often have a subpar hand hygiene rate. While there are a lot of ways to try to incentivize better hand hygiene behavior, the fact is that behavior change can be much harder than we think. Often, the solutions lie in design or technology ideas. So, for instance: antimicrobial hospital surfaces, sensors to measure when hospital staff do or do not wash/disinfect, and publicly posting the data, etc.

Q: Infection preventionists often have a challenging time with datamining. What are your thoughts and suggestions for infection preventionists on making datamining simpler or more streamlined?

Part of the problem with any institution or organization is that the people who are really good at collecting/harvesting/wrangling the data aren’t necessarily the people who are best at asking the right questions of the data. The former function is often performed by IT staff, and a lot of non-IT staff may be intimidated by the jargon and practices of IT. Furthermore, for all the talk these days of “big data” and “data science,” the truth is that there are very few channels for people to be properly trained in practicing data science. That will change over time.
Q: You have mentioned that simple and cheap fixes are often overlooked. Do you believe that there are simple fixes to improve infection prevention, regardless of its complicated human engineering factors?

I have no idea what it costs to, e.g., use antimicrobial materials in every room in a hospital; I’m guessing it’s quite expensive. But this is the kind of thing on which the return on investment could potentially be fantastic. Humans are often reluctant to invest in preventive/prophylactic measures until they are really forced to; we’d rather do what’s easy and then clean up the mess afterwards. But there are a lot of examples where, after we see enough damage—from earthquakes in certain parts of the world, for instance—that we go to the trouble and expense to build cities that weather an earthquake much more easily. This is the kind of thinking (and investment) that we need to do more of.

Q: What do you want attendees to know about your upcoming presentation at the APIC 2016 Annual Conference?

My job is much easier than working in medicine, that’s for sure. And the stakes are lower. So I don’t presume to march in with any magic bullets to hard problems. What I can do is tell some stories that show how to gather good data in the pursuit of problem solving and, perhaps more important, learn how to create incentives that will really work.