

# Communicating HAI Information to Frontline Staff

## Facilitator Guide

### Purpose of this guide

This facilitator guide is designed to help you understand how to maximize the impact of communicating HAI information to frontline staff (nurses, physicians) to support infection prevention efforts at your hospital.

### Who should use this guide

Frontline Managers, Infection Preventionists, Clinical Leaders and/or Administrative Leaders.

### How to use this guide

Present the information in the Facilitator Slides to those in your hospital who are responsible for communicating HAI information to frontline staff (e.g., Frontline Managers). Use the Assessment Forms and Needs Assessment Worksheet to understand how to improve the communication of HAI information to frontline staff at your hospital.

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## Assessment Forms

Use the Assessment Forms to understand how HAI information is currently communicated to frontline staff at your hospital.

The Assessment Form for Communicators of HAI information to frontline staff (e.g., Frontline Managers, Infection Preventionists, etc.) is used to elicit perspectives on how HAI information is currently communicated to frontline staff at your hospital. This form should be used by communicators to reflect on gaps in the communication of HAI information to frontline staff.

The Assessment Form for frontline staff (e.g., nurses) is used to elicit perspectives regarding how frontline staff perceive HAI information is communicated to them. This form should be collected and reviewed by communicators of HAI information to frontline staff to help identify gaps in communicating HAI information.

If using the Facilitator Slides to facilitate discussion of strategies to improve the communication of HAI information to frontline staff, Assessment Forms should be completed at the beginning of, or prior to, conducting the presentation to prepare participants to engage in discussion.

## **Needs Assessment Worksheet**

Use the Needs Assessment Worksheet to identify strategies to improve communication of HAI information to frontline staff.

The Needs Assessment Worksheet for communicators is used to elicit perspectives about areas of improvement for communication of HAI information to frontline staff and the resources and actions necessary to make these improvements. This form should be used by communicators and their organization to help plan and implement changes to improve the communication of HAI information to frontline staff.

If using the Facilitator Slides to facilitate discussion of strategies to improve the communication of HAI information to frontline staff, the Needs Assessment Worksheet can be completed during the presentation to allow participants to reflect on strategies for improvement.

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## **Facilitator Slides**

Use the Facilitator Slides to present recommendations for communicating HAI information to frontline staff. The audience for this presentation should be those who are responsible for communicating information to frontline staff (e.g., Frontline Managers, Infection Preventionists, etc.).

This presentation incorporates the use of the Assessment Forms to help determine how HAI information is currently communicated to frontline staff in your hospital. The Assessment Forms for communicators can be completed prior to the presentation of the Facilitator Slides, or time can be taken at the beginning of the presentation to allow communicators to complete the form. The Assessment Forms for frontline staff should be completed and returned to the communicators prior to the presentation of the Facilitator Slides.

This presentation also utilizes the Needs Assessment Worksheet to help identify areas of improvement for communication of HAI information to frontline staff and the resources and actions necessary to make these improvements. The Needs Assessment Worksheet for communicators can be completed during the presentation of the Facilitator Slides.

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## **Facilitator Guide Script**

Use the Facilitator Guide Script below to support the presentation of the Facilitator Slides.

**SAY:**

This presentation is about communicating healthcare-associated infection (HAI) information to frontline staff.

**Slide 1**

**SAY:**

The objective of this presentation is to provide guidance to those responsible for sharing hospital-associated infection information with frontline staff to maximize the impact of communicating HAI information on the successful implementation of infection prevention practices.

**Slide 2**
**Objective**

The objective of this presentation is to provide guidance to those responsible for sharing hospital-associated infection information with frontline staff to maximize the impact of these communication efforts on the successful implementation of infection prevention practices.

**SAY:**

Sharing HAI information with frontline staff is important to maintain focus on infection prevention practices and to support adjustment of behaviors to prevent infections.

Effectively communicating information about HAIs can engage frontline staff in efforts to prevent infections. However, not all HAI information is useful for frontline staff. It is important to focus on HAI metrics and measures that are meaningful to this audience.

**Slide 3**
**Background for resource module**

- ✓ Effective communication of information about HAIs can engage frontline staff in infection prevention
- ✓ Yet not all HAI information is useful for frontline staff
- ✓ Focusing on HAI metrics and measures that are meaningful to this audience is important

**SAY:**

In addition to this presentation, there is an assessment form and needs assessment worksheet that can be used to support discussion about current strategies of communicating information to frontline staff and future strategies to implement changes that can improve communication.

**Slide 4**
**Supporting discussion**

Use the Assessment Form and Needs Assessment Form in coordination with this presentation to support discussion about current strategies of communicating information to frontline staff and future strategies to implement changes that can improve communication.

**SAY:**

Take a moment to complete the Assessment Form for Communicators to help you reflect on how you currently communicate HAI information to frontline staff. Communicators are those who are responsible for communicating HAI information to frontline staff, such as Frontline Managers, Infection Preventionists, etc.

The Assessment Forms filled out by your frontline staff will also provide insight on how they perceive that HAI information is currently communicated in your hospital or unit.

**Slide 5**
**Assessment Form**


Take a moment to complete the **Assessment Form for communicators** (e.g., those responsible for communicating HAI information to frontline staff, such as Frontline Managers, Infection Preventionists, etc.) to help you reflect on how you currently communicate HAI information to frontline staff.

The **Assessment Forms** filled out by your **frontline staff** will also provide insight on how HAI information is currently communicated in your hospital or unit.

**SAY:**

Throughout the presentation, please use the Needs Assessment Worksheet to reflect on ways in which communicating HAI information to frontline staff could be improved at your hospital.

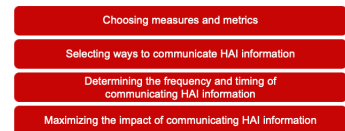
**Slide 6**
**Needs Assessment Worksheet**


Throughout the presentation, please use the Needs Assessment Worksheet to reflect on ways in which communicating HAI information to frontline staff could be improved at your hospital.

**SAY:**

To improve the communication of HAI information to frontline staff, we will consider the following topics:

- Choosing measures and metrics
- Selecting ways to communicate HAI information
- Determining the frequency and timing of communicating HAI information
- Maximizing the impact of communicating HAI information

**Slide 7**
**Improving communication of HAI information to frontline staff**

**SAY:**

First, we will discuss choosing measures and metrics.

HAIs, and the infection prevention processes to prevent them, can be tracked in many ways.

- Common measures and metrics include:
  - Days since last infection
  - Number of infections
  - Infection rate
  - Standardized infection ratio (SIR)
  - Device days
  - Utilization rate
  - Standardized utilization ratio (SUR)
- Infection prevention process information, such as audit reports or number of Foley catheters removed with a nurse driven protocol

**Slide 8**

**Slide 9**
**Common measures and metrics**

HAIs, and the infection prevention processes used to prevent them, can be measured and tracked in many ways.

Common measures and metrics include:

- ✓ Days since last infection
- ✓ Number of infections
- ✓ Infection rate
- ✓ Standardized infection ratio (SIR)
- ✓ Device days
- ✓ Utilization rate
- ✓ Standardized utilization ratio (SUR)
- ✓ Infection prevention process information (audit reports, number of Foley catheters removed with a nurse-driven protocol, etc.)

Some measures and metrics may be perceived as more meaningful to frontline staff than others. For example, measures and metrics such as days since last infection or numbers of infections may be perceived as more meaningful to frontline staff than infection rates or standardized infection ratios.

**SAY:**

The measure of days since last infection is defined as the number of sequential days that have gone by since a particular type of infection has occurred.

This type of measure can be linked to a motivational goal. For example, a unit may celebrate together if it reaches 100 days without a CLABSI.

**Slide 10**
**Days since last infection**


- "It has been 78 days since the last central line-associated bloodstream infection (CLABSI)."*
- ✓ This type of measure can be linked to a motivational goal.
  - ✓ Example: "The unit will celebrate together if it reaches 100 days without a CLABSI."

**SAY:**

The measure of number of infections is defined as the number of a specific type of infection occurring over a defined period of time and in a defined hospital location.

This measure can be used to keep staff aware of new infections as well as provide a reference to meeting infection prevention goals. For example, frontline staff on a unit can be made aware that they need to have fewer than 20 CAUTIs this year to meet their goal of improving from last year.

**Slide 11**
**Number of infections**


- "There have been 16 catheter-associated urinary tract infections (CAUTIs) in this ICU this year."*
- ✓ This measure can be used to keep staff aware of new infections as well as provide a reference to infection prevention goals.
  - ✓ Example: "The unit needs to have fewer than 20 CAUTIs this year to meet its goal of improving from last year."

**SAY:**

The metric of infection rate is defined as the frequency of an infection. For CLABSIs, infection rates are calculated as the total number of infections divided by the number of lines days. This number is multiplied by 1,000 to provide a frequency that tells you how many infections occurred per 1,000 lines days.

This metric provides information that is standardized to device use to allow comparison between units. For example, a unit that uses catheters rarely can compare its success in infection prevention to a unit that uses catheters frequently.

**Slide 12**
**Infection rate**


- "The catheter-associated urinary tract infection (CAUTI) rate is three infections per 1000 catheter days."*
- ✓ This metric provides information that is standardized to device use to allow comparison between units.
  - ✓ Rationale: A unit that uses catheters rarely can compare their success with infection prevention to a unit that uses catheters frequently.

**SAY:**

The SIR is defined as a summary metric that compares actual infections to expected infections. It is calculated by dividing the actual number of infections by the expected number of infections, which are adjusted for hospital factors that influence infection risk. An SIR above 1 indicates more infections occurred than were expected, an SIR of 1 indicates the same number occurred that were expected, and an SIR less than 1 indicates fewer infections occurred than were expected.

This metric provides information that is standardized to allow comparisons among hospitals. For example, a hospital can tell if it is doing worse than, better than, or no differently from its peers.

**Slide 13**
**Standardized infection ratio (SIR)**


- "The central line-associated bloodstream infection (CLABSI) standardized infection ratio (SIR) is 1.35."*
- ✓ This metric provides information that is standardized to allow comparisons among hospitals.
  - ✓ Rationale: A hospital can tell if it is doing worse than, better than, or no differently from its peers in terms of infections.

**SAY:**

Tracking device utilization can be used as another metric to assess infection prevention practices. The measure of device days is defined as the total number of days patients have had a specific device in a defined period of time and hospital location. This measure provides information about how much devices are being used. For example, a unit can recognize if catheter use is increasing or decreasing.

**SAY:**

The utilization rate is defined as the frequency of device use. For Foley catheters and central lines, this is calculated as the number of device days divided by the number of patient days. This number can be multiplied by 1,000 to provide a frequency that tells you how many device days occurred per 1,000 patient days.

This measure provides information about how much certain devices are being used, normalized by number of patients. For example, a unit can recognize if its catheter use is decreasing because of lower utilization or lower patient volume.

**SAY:**

The SUR is defined as a summary metric that compares actual device utilization to expected utilization. It is calculated by dividing the actual number of device days by the expected number of device days, which are adjusted for hospital factors that influence their use of devices. An SUR above 1 indicates more device days occurred than were expected, an SUR of 1 indicates the same number occurred as were expected, and an SUR less than 1 indicates fewer device days occurred than were expected.

Like the SIR, the SUR provides information that is standardized to allow comparisons among hospitals. For example, a hospital can tell if it is doing worse than, better than, or no differently from its peers.

**SAY:**

Infection prevention process information includes evaluation of infection prevention practices such as bundle requirements or hand hygiene.

These measures may be reported in a variety of ways. For example, they may involve reporting of counts (e.g., number of Foley catheters removed with a nurse-driven protocol) or percentages (e.g., percent compliance of infection prevention practices such as hand hygiene or dressing changes).

This type of information provides feedback on adherence to standards in infection prevention practices. For example, a unit can identify the level of compliance with recommended infection prevention practices to identify areas for improvement.

**Slide 14**
**Device days**


*"We've had 100 Foley catheter days in the ICU this month."*

- ✓ This measure provides information on device usage.
- ✓ Rationale: A unit can recognize if its device use is increasing or decreasing.

**Slide 15**
**Utilization rate**


*"The Foley catheter utilization rate is 200 Foley catheter days per 1000 patient days."*

- ✓ This measure provides information on device usage, normalized by number of patients.
- ✓ Rationale: A unit can recognize if its catheter use is decreasing due to lower utilization or lower patient volume.

**Slide 16**
**Standardized utilization ratio (SUR)**


*"The urinary catheter standardized utilization rate (SUR) is 0.85."*

- ✓ This metric provides information that is standardized to allow comparisons among hospitals.
- ✓ Rationale: A hospital can tell if it is doing worse than, better than, or no differently from its peers in terms of device utilization.

**Slide 17**
**Infection prevention process information**


*"There was 80% compliance with central line dressing changes."*

- ✓ This type of information provides feedback on adherence to standards in infection prevention practices.
- ✓ Rationale: A unit can identify the level of compliance with recommended infection prevention practices to identify areas for improvement.

**SAY:**

When considering which measures and metrics to share with your frontline staff, the most meaningful and motivational are those that:

- Link measures or metrics to goals
- Report measures or metrics over time
- Provide measures or metrics specific to the unit and individual
- Personalize metrics and measures by associating them with patient information
- Share information about prevention efforts, not just infection outcomes

**Slide 18**
**Making measures and metrics meaningful and motivational**

When considering which **measures and metrics** to share with your frontline staff, the most meaningful and motivational are those that:

- ✓ Link measures or metrics to goals
- ✓ Report measures or metrics over time
- ✓ Provide measures or metrics specific to the unit and individual
- ✓ Personalize metrics and measures by associating them with patient information
- ✓ Share information about prevention efforts, not just infection outcomes

**SAY:**

Major prevention goals should be linked to measures and metrics for both the organization and the unit. This approach can signal the success or failure of infection prevention efforts and provide motivation to frontline staff.

For example, “We’ve gone 78 days without a CLABSI. We are almost to our unit goal of 100 days!”

**Slide 19**
**Link measures or metrics to goals**

- ✓ Major prevention goals should be linked to measures and metrics for both the organization and the unit.
- ✓ This approach can signal the success or failure of infection prevention efforts and provide motivation to frontline staff.

*We’ve gone 78 days without a CLABSI. We are almost to our unit goal of 100 days!*

**SAY:**

Updating staff on current measures and metrics, in comparison with those from the past, can help frontline staff gauge the impact of changes to their infection prevention practices or identify areas for improvement.

For example, “Our unit had three CAUTIs this month; that’s two more than we had last month. As a unit, let’s make discussion of Foley catheter maintenance and removal a priority in huddles this month.”

**Slide 20**
**Report measures or metrics over time**

- ✓ Updating staff on current measures and metrics, in comparison with those from the past, can help frontline staff gauge the impact of changes to their infection prevention practices or identify areas for improvement.

*Our unit had three CAUTIs this month; that’s two more than we had last month. As a unit, let’s make discussion of Foley catheter maintenance and removal a priority in huddles this month.*

**SAY:**

Measures or metrics specific to the unit or individual can inform the improvement of local infection prevention practices. Providing unit-level information helps identify the challenges and strategies specific to the patients and workflow of that unit. Providing individual-level information (e.g., nursing scorecards) helps identify successful implementation of clinical practices, as well as errors in those practices.

For example, “One of our nurses achieved 100% on their CLABSI dressing audits this month. They have shared with our unit their personal strategies for performing CLABSI dressing changes, which is helping others in the unit to improve their techniques.”

**Slide 21**
**Provide measures or metrics specific to the unit or individual**

- ✓ Measures or metrics specific to the unit or individual can inform the improvement of local infection prevention practices.
- ✓ Providing unit-level information helps identify the challenges and strategies specific to the patients and workflow of that unit.
- ✓ Providing individual-level information (e.g., nursing scorecards) helps identify successful implementation of clinical practices, as well as opportunities to improve the use of those practices.

*One of our nurses achieved 100% on their CLABSI dressing audits this month. They have shared with our unit their personal strategies for CLABSI dressing changes, which is helping others in the unit to improve their techniques.*

**SAY:**

Identifying the personal impact of infections makes this information more meaningful to staff, who may be able to recognize or recall the patient and reflect on what could have gone differently to prevent that infection.

For example, “Mrs. Smith that we took care of last week got a CLABSI—let’s think about what we could have done to prevent this one so we can prevent the next one.”

**Slide 22**
**Personalize measures and metrics by associating them with patient information**

- ✓ Identifying the personal impact of infections makes this information more meaningful to staff.
- ✓ They may also be able to recognize or recall the patient and reflect on what could have gone differently to prevent that infection.

*Mrs. Smith, who we took care of last week, got a CLABSI; let's think about what we could have done to prevent this one so we can prevent the next one.*

**SAY:**

Communicating measures and metrics of infection prevention practices (e.g., device days, device removal, hand hygiene) allows frontline staff to adjust their behaviors to prevent future infections, not just react to those infections that occur.

For example, “Our Foley utilization is higher than normal this month. Please be sure you are using the nurse-driven protocol to remove Foleys as soon as they are no longer medically necessary.”

**Slide 23**
**Share information about prevention efforts, not just infection outcomes**

- ✓ Communicating measures and metrics about infection prevention practices (e.g., device days, device removal, hand hygiene) allows frontline staff to adjust their behaviors to prevent future infections, not just react to those infections that occur.

*Our Foley utilization is higher than normal this month. Please be sure you are using the nurse-driven protocol to remove Foley catheters as soon as they are no longer medically necessary.*

**SAY:**

Next, we will discuss selecting ways to communicate HAI information.

Choosing effective means of communicating HAI information can help to ensure this information reaches frontline staff.

Common means by which HAI information can be communicated to frontline staff include:

- Posting on hospital units, for example sharing HAI measures or metrics on a bulletin board in break rooms or at nursing stations.
- Emails, for example sending a monthly newsletter to summarize HAI information and recognize success in infection prevention.
- Scorecards, for example including HAI information for the hospital, units, and individuals on monthly scorecards.
- Dashboards, for example providing current HAI information in an electronic format accessible to frontline staff.
- Huddles/discussions, for example maintaining a focus on infection prevention practices by discussing them daily in huddles or rounds.

**Slide 24**

**Slide 25**
**Selecting effective means to communicate HAI information**

Choosing effective **means** of communicating HAI information can help to ensure this information reaches frontline staff.

Common **means** by which HAI information can be communicated to frontline staff include:

- ✓ Posting on hospital units
- ✓ Emails
- ✓ Scorecards
- ✓ Dashboards
- ✓ Huddles
- ✓ Discussions

**SAY:**

When considering the means of communicating HAI information to frontline staff it is important to address the following points:

- Make information easy to find
- Make information easy to understand
- Choose approaches that maintain focus on infection prevention

**SAY:**

To make information easy to find, be sure to post information prominently in well-trafficked staff areas (e.g., break rooms, nursing stations) and minimize “clicks” to navigate to electronic information.

As an example, a “Days since” poster listing the days since different infections on a hospital unit can be a convenient reminder about the status of infections and motivation to keep focus on infection prevention practices.

**SAY:**

To make information easy to understand, present counts, percentages, or simple rates, rather than ratios or other complicated measures.

Use colors to denote high performance (e.g., green) vs. low performance (e.g., red) on scorecards, bulletin boards, or newsletters. Use charts or graphs to show change in performance over time. Use visuals to relate measures and metrics to goals.

As an example, infection counts can be presented in a quality dashboard with colors to make it easy to see where infection prevention is going well and where improvements are needed.

**SAY:**

To maintain focus on infection prevention, circulate HAI information by multiple means (e.g., email, postings, and in-person discussions) to reach all staff members.

Utilize huddles and/or rounding to discuss HAI information daily. Use other means of communication (e.g., bulletin boards, dashboards) to direct and support daily discussions.

As an example, incorporate HAI information into huddle boards to support daily discussions about infection prevention.

**Slide 26**
**Further considerations when communicating HAI information**

When considering the means of communicating HAI information to frontline staff:

- ✓ Make information easy to find
- ✓ Make information easy to understand
- ✓ Choose approaches that maintain focus on infection prevention

**Slide 27**
**Make information easy to find**

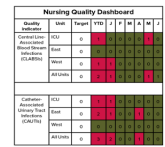
- ✓ Post information prominently in well-trafficked staff areas (e.g., break rooms, nursing stations).
- ✓ Minimize “clicks” to navigate to electronic information.



Example of a “days since” poster in an ICU

**Slide 28**
**Make information easy to understand**

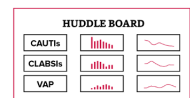
- ✓ Present counts, percentages, or simple rates, rather than ratios or other complicated measures.
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- ✓ Use charts or graphs to show change in performance over time.
- ✓ Use visuals to relate measures and metrics to goals.



Example of infection counts presented in a quality dashboard

**Slide 29**
**Choose approaches that maintain focus on infection prevention**

- ✓ Circulate HAI information by multiple means to reach all staff members (e.g., email, postings, and in-person discussions).
- ✓ Utilize huddles or rounding to discuss HAI information daily.
- ✓ Use other means of communication to direct and support daily discussions (e.g., bulletin boards, dashboards).



Example of HAI information displayed on a huddle board

**SAY:**

Our next topic is determining the frequency and timing of communicating HAI information.

The frequency and timing of communicating HAI information is important to keep frontline staff focused on infection prevention, to support timely reactions to infections, and to encourage real-time adjustment of infection prevention practices to reduce HAIs in the future.

Different means of sharing HAI information may be suited to different frequencies of communication.

- Daily, for example provide updates on HAI measures and metrics in daily discussions in huddles or rounds. Inform frontline staff about confirmed infections as promptly as possible.
- Weekly, for example update HAI information on bulletin boards and share unit performance in weekly emails.
- Monthly, for example share scorecards with hospital and unit information every month.

Regardless of the frequency, delivering HAI information at consistent intervals helps demonstrate that HAI prevention is a priority and maintains focus on infection prevention processes.

**SAY:**

When considering the frequency and timing of communicating HAI information to frontline staff it is important to address the following points:

- Update frontline staff daily with information to maintain engagement and motivation
- Notify frontline staff about new infections as soon as possible
- Provide timely feedback that can impact infection prevention practices in real time

**SAY:**

To keep staff updated, share HAI information on a daily basis to demonstrate that infection prevention is a priority.

Consistently sharing HAI information at daily huddles or rounds can help keep the focus on infection prevention practices.

For example, “No new infections to report today. Don’t forget to assess your patients’ Foley catheters and central lines for removal before the end of your shift.”

**Slide 30**

**Slide 31**
**The importance of the frequency and timing of communicating HAI information**

The **frequency and timing** of communicating HAI information is important to keep frontline staff focused on infection prevention, to support timely reactions to infections, and to encourage real-time adjustment of infection prevention practices to prevent HAIs in the future.

Different approaches to sharing HAI information may be suited to different communication frequencies:

- ✓ Daily
- ✓ Weekly
- ✓ Monthly

**Slide 32**
**Considerations for the frequency and timing of communicating HAI information**

When considering the **frequency and timing** of communicating HAI information to frontline staff:

- ✓ Update frontline staff daily with information to maintain engagement and motivation
- ✓ Notify frontline staff about new infections as soon as possible
- ✓ Provide timely feedback that can impact infection prevention practices in real time

**Slide 33**
**Update frontline staff daily with information to maintain engagement and motivation**


- ✓ Sharing HAI information on a daily basis demonstrates that infection prevention is a priority.
- ✓ Consistently sharing HAI information at daily huddles or during rounds can help maintain focus on infection prevention practices.

**No new infections to report today. Don't forget to assess your patients' Foley catheters and central lines for removal before the end of your shift.**

**SAY:**

Promptly informing frontline staff about new infections is critical to support reflection and action to improve infection prevention practices.

Identifying infections by recognizing the patient and their circumstances, rather than presenting a statistic, can help emphasize the importance of infection prevention efforts.

For example, “Yesterday, we received confirmation that Mr. Smith developed a CLABSI. This means his hospital stay will be extended as we treat his infection. We will be meeting later today to do a deep dive into his care to identify what may have contributed to this infection. We’ll follow up later this week to review any identified gaps in clinical practice.”

**Slide 34**
**Notify frontline staff about new infections as soon as possible**


- ✓ Promptly informing frontline staff about new infections is critical to support reflection and enable quick action to improve infection prevention practices.
- ✓ Identifying infections by recognizing the patient and their circumstances, rather than as a statistic, can help emphasize the importance of infection prevention efforts.

Yesterday, we received confirmation that Mr. Smith developed a CLABSI. This means his hospital stay will be extended as we treat his infection. We will be meeting later today to do a deep dive into his care to identify what may have contributed to this infection. We’ll follow up later this week to review any identified gaps in clinical practice.

**SAY:**

Regularly updated HAI information can inform adjustments to improve infection prevention efforts.

Sharing this information frequently allows frontline staff to adjust their work practices when areas for improvement are identified.

For example, “This week’s audit report shows a decrease in our adherence to Foley catheter maintenance. What challenges have people experienced completing their Foley care in the past week that we can address to improve Foley care next week?”

**Slide 35**
**Provide timely feedback that can impact infection prevention practices in real time**


- ✓ Regularly updated HAI information can inform adjustments to improve infection prevention efforts.
- ✓ Sharing this information frequently allows frontline staff to adjust their work practices when areas for improvement are identified.

This week’s audit report shows a decrease in our adherence to Foley catheter maintenance. What challenges have people experienced completing their Foley care in the past week that we can address to improve Foley care in the next week?

**SAY:**

Communicating HAI information can impact infection prevention processes through several mechanisms, and maximizing the impact of that communication is critical.

To maximize the positive impact on infection prevention efforts, practices of communicating HAI information to frontline staff should:

- Maintain focus on infection prevention efforts
- Identify areas for improvement in infection prevention practices
- Motivate staff and celebrate their successes
- Spread best practices identified through reporting of measures and metrics

**Slide 36**

**Slide 37**
**Maximizing the positive impact of communicating information**

To maximize the positive **impact** of communicating HAI information to frontline staff on infection prevention efforts, communicators should:

- ✓ Maintain focus on infection prevention efforts
- ✓ Identify areas for improvement in infection prevention practices
- ✓ Motivate staff and celebrate their successes
- ✓ Spread best practices identified through reporting of measures and metrics

**SAY:**

Maintain focus on infection prevention efforts by promoting ownership of HAI measures and metrics and accountability for infection prevention.

For example, provide HAI information at the unit and individual level to help convey that everyone's actions impact HAI prevention.

Promote accountability by being transparent about HAI information; let everyone see how everyone else is doing. Seeing evidence of good performance can foster pride in one's work, while evidence of poor performance can be used to fuel friendly competition to motivate improvement.

Sharing and discussing HAI information regularly can also ensure that infection prevention remains a priority.

For example, make the reporting and discussion of HAI information a part of the routine in daily huddles or rounding. Talking about HAI information regularly shows that HAI prevention is a priority and can help maintain focus on infection prevention practices.

**Slide 38**
**Maintain focus on infection prevention efforts**


- ✓ Promote ownership of HAI measures and metrics and accountability for infection prevention.
- ✓ Provide HAI information at the unit and individual level to help convey that everyone's actions impact HAI prevention.
- ✓ Promote accountability by being transparent about HAI information.
- ✓ Share and discuss HAI information regularly to keep infection prevention a priority.
- ✓ Make reporting and discussing HAI information a part of the routine in daily huddles and/or rounding.

**SAY:**

To identify areas for improvement, provide feedback on adherence to infection prevention practices.

For example, use HAI information to find where improvements can be made to infection prevention practices and guide actions to address these gaps. For example, if the Foley catheter utilization ratio has increased on a unit, react by reminding and re-educating frontline staff about nurse-driven protocols for catheter removal.

Areas for improvement can also be identified by investigating infections that do occur.

For example, use the identification of a new HAI as an opportunity to reflect on the care that patient received. Discuss with frontline staff what could have gone wrong and what can be done in the future to prevent additional infections.

**Slide 39**
**Identify areas for improvement in infection prevention practices**


- ✓ Provide feedback about adherence to infection prevention practices.
- ✓ Use HAI information to find where improvements to infection prevention practices can be made and guide actions to address adherence.
- ✓ Investigate infections to identify gaps in infection prevention practices.
- ✓ Use the identification of a new HAI as an opportunity to reflect on the care that patient received.

**SAY:**

To motivate staff and celebrate their success, compare measures and metrics to HAI reduction goals.

For example, motivate infection prevention practices of frontline staff by comparing current metrics and measures to unit- and hospital-level goals. Provide visual reminders of goals in relation to current metrics and measures (e.g., post the number of infections over time in relation to a maximum number of infections that a unit must stay below to meet their goal of reducing their infection rate from the previous year).

*(Continued on the next page.)*

**Slide 40**
**Motivate staff and celebrate their successes**


- ✓ Compare HAI measures and metrics to HAI reduction goals.
- ✓ Provide visual reminders of goals in relation to current metrics and measures.
- ✓ Celebrate success with rewards and recognition.
- ✓ Give rewards, such as a trophy or party, when infection prevention milestones are achieved.
- ✓ Provide recognition in meetings or emails for exemplary infection prevention practices of individuals or units.

*(Continued from the previous page.)*

Success can also be celebrated with rewards and recognition.

For example, let frontline staff know you appreciate their hard work by celebrating success. Give rewards, like a trophy or party, when infection prevention milestones are achieved (e.g., 365 days without a CLABSI). Provide recognition for exemplary infection prevention practices of individuals or units (e.g., share congratulatory messages in meetings or emails for units with outstanding hand hygiene adherence or for individuals who remove Foley catheters through nurse-driven protocols).

**SAY:**

To spread best practices, identify successful units or individuals and share their strategies to improve infection prevention practices.

For example, use HAI information to identify units and individuals that have been successful at implementing infection prevention strategies and reducing HAIs. Use these units and individuals as examples for others and a resource for approaches to successfully implement infection prevention practices.

**Slide 41**

**Spread best practices identified through reporting of measures and metrics**



- ✓ Identify successful units or individuals and share their strategies to improve infection prevention practices.
- ✓ Use HAI information to identify units and individuals with success in infection prevention.
- ✓ Use these units and individuals as examples for others and as a resource for strategies to successfully prevent infections.

**SAY:**

In summary, meaningful communication of HAI information can inform and empower frontline staff in their efforts to prevent infections.

Consider the following aspects of sharing HAI information:

- Choosing measures and metrics
- Selecting ways to communicate HAI information
- Determining frequency and timing of communication
- Look for opportunities to maximize the impact of communicating HAI information to support infection prevention practices at your hospital

**Slide 42**

**Summary**

Meaningful communication of HAI information can inform and empower frontline staff in their efforts to prevent infections.

Consider these aspects of sharing HAI information:

- ✓ Choosing measures and metrics
- ✓ Selecting ways to communicate HAI information
- ✓ Determining frequency and timing of communication
- ✓ Look for opportunities to maximize the impact of communicating HAI information to support infection prevention practices at your hospital

**SAY:**

The key takeaway from this presentation is this: Maximize the impact of HAI communications to frontline staff by using metrics and measures that are meaningful to them and be sure to celebrate successes.

**Slide 43**

**The key takeaway is ...**

- ✓ Maximize the impact of HAI communications to frontline staff by using metrics and measures that are meaningful to them and be sure to celebrate successes.