REFLECTIONS ON INFECTION PREVENTION AND CONTROL

Our reflections on IPC based on clinical microbiology, epidemiology, science & literature, and the practical issues that we run into day to day

How to use data to influence practice

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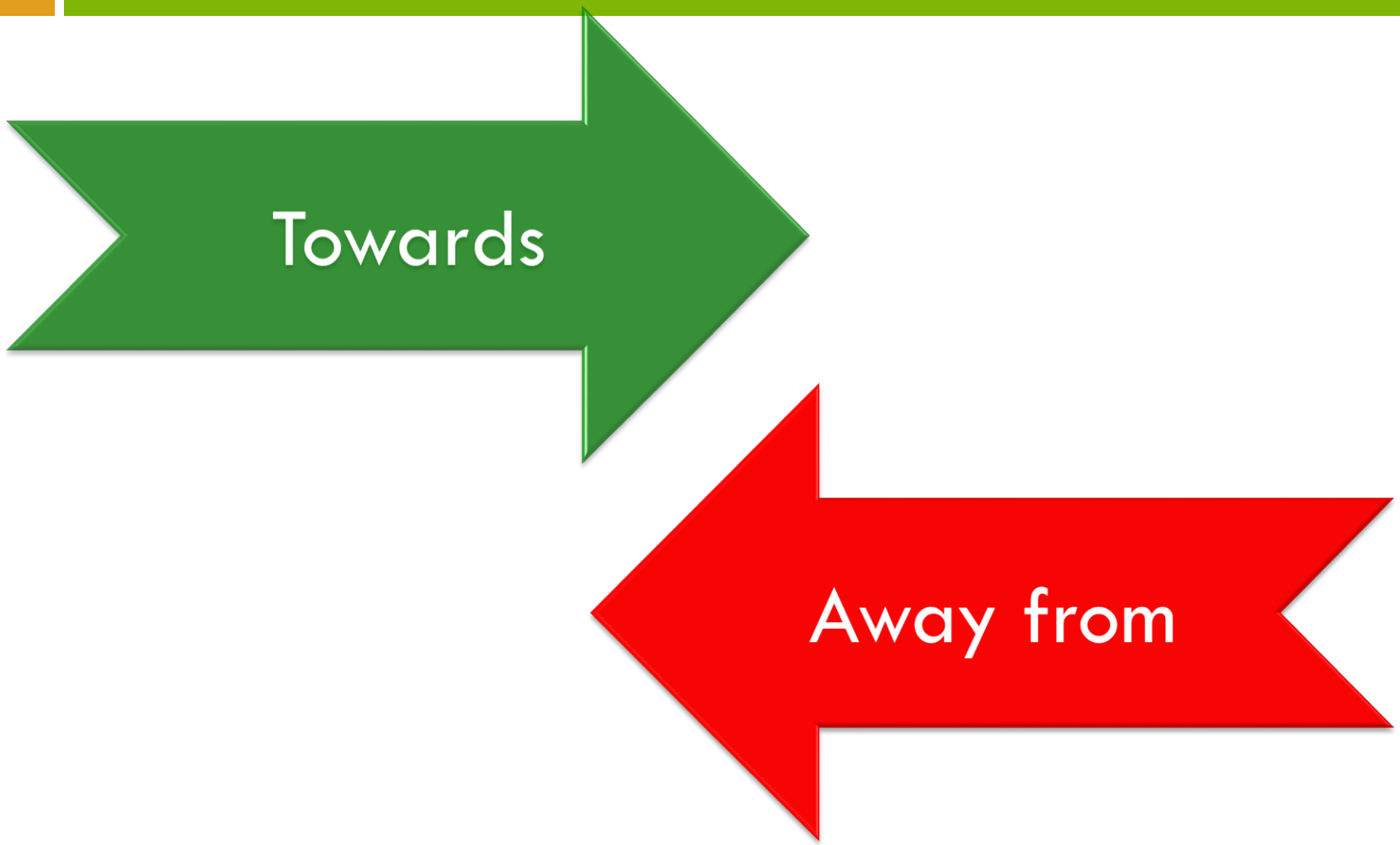
Declaration

- I am Clinical Director of GAMA Healthcare with responsibility for clinical research and education

Organisational IPC Programme

- We need to find ways of engaging with those who will deliver the programme
  - I had the worst job title in the world; I controlled nothing
- Staff frequently know what they should do but they do not always do the right thing
  - Even though they will tell you that they have
- What motivates people?
  - What are their desires….. or fears..

Motivators



Use of data to influence practice

- Poorly studied in the literature
- Review of studies quantifying the effect of guideline implementation in community-acquired pneumonia showed a small negative effect of audit data feedback
  - Cortoos et al (2007) Int J Qual H'care 19(6) 358-67
- How was the message delivered?

Giving Feedback – Methods

Making data actionable

Hysong et al (2006) Imp Sci doi:10.1186/1748-5908-1-9

- Feedback intervention characteristics may influence the effectiveness of the feedback in changing behaviour
  - *'We're down here in the trenches and if something goes wrong, somebody pounds on our head. Otherwise, they leave us alone'*

Making data actionable

Hysong et al (2006) Imp Sci doi:10.1186/1748-5908-1-9

- Qualitative cross-sectional multi-centre study
  - concept of actionable feedback emerged as the core category from the data
- Differences between high and low performers
  - High performers provided timely, individualised, non-punitive feedback to providers
  - Low performers were more variable in their timeliness and non-punitiveness and relied on more standardised, organisational level reports

A model of actionable feedback

Hysong et al (2006) Imp Sci doi:10.1186/1748-5908-1-9

- Feedback must be timely in order to be useful or actionable
  - personalised information may be useless if delivered too late
- Feedback information must hit the right target
  - clinical practice adherence measured at an individual level
  - clinician or department level feedback should be about individual/local performance rather than aggregated at organisational level to maximise effectiveness

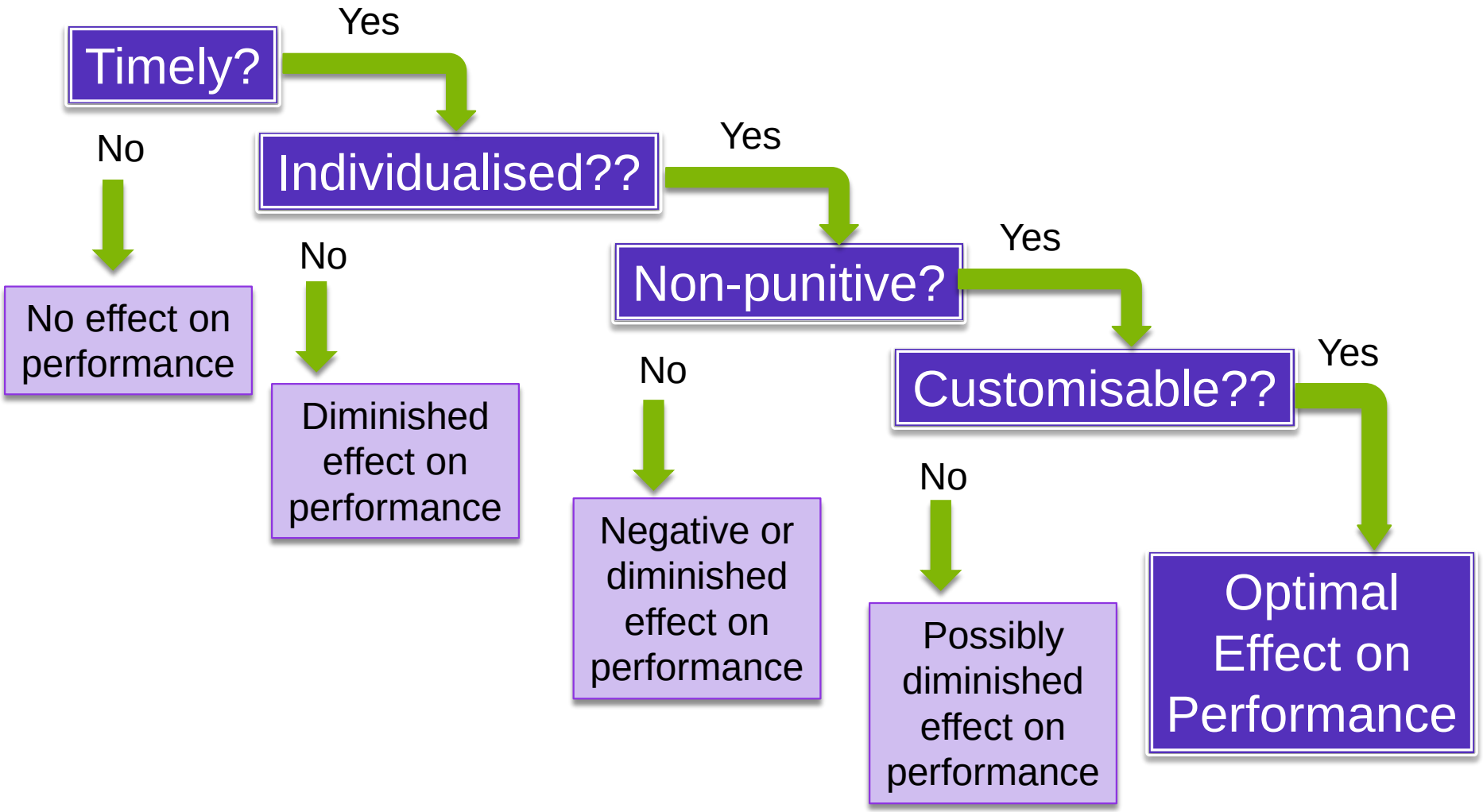
A model of actionable feedback

Hysong et al (2006) Imp Sci doi:10.1186/1748-5908-1-9

- Feedback must be non-punitive
  - Feedback delivered in a non-punitive way is less likely to be resisted by the recipient regardless of content thus making it actionable
  - at least initially..
- Feedback must be customisable
  - Engages individuals with the data, making them an active participant in the sense-making process, rather than a passive recipient of information
    - Raw data and pivot tables are very useful for this

A model of actionable feedback

Hysong et al (2006) Imp Sci doi:10.1186/1748-5908-1-9



Data collection

- Try and involve clinical teams in the process
  - Data collection
  - Analysis
  - Reports
  - Research outputs
    - Conference abstracts may engage junior team members
- Building some ownership is vital

Watch for Resistors and Constipators

Saint et al, Joint Commission Journal Quality and Safety 2009 35(5)

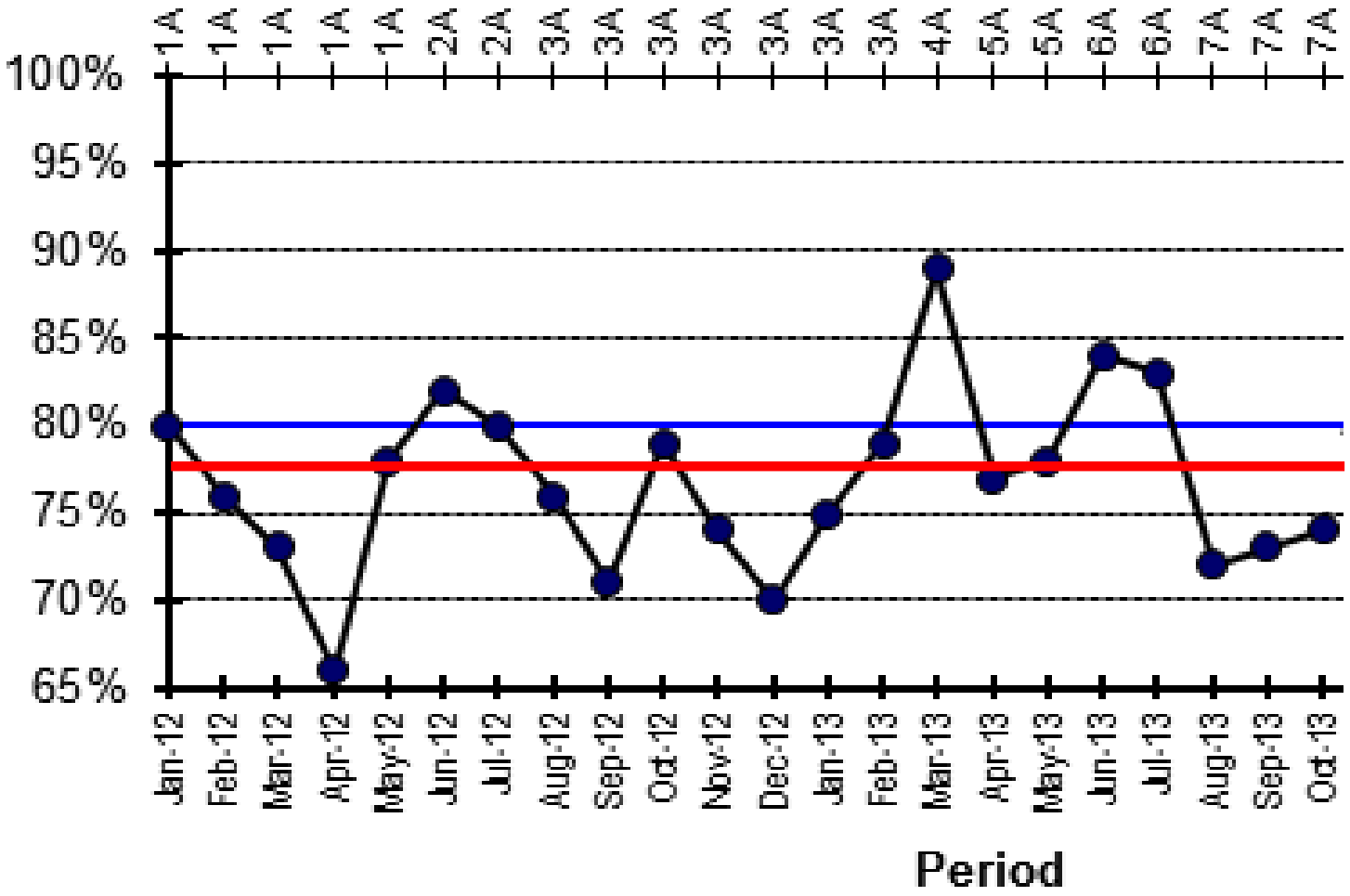
- Two types of person impede HCAI activities
  - Active Resistors - hospital personnel who vigorously and openly oppose changes in practice; increase the difficulty of implementing new methods to prevent infection
  - Organisational Constipators - mid- to high level executives who prevent or delay actions without active resistance
    - act as covert barriers to change by increasing work needed to implement evidence based practice

Overcoming the Resistor

- Championing by engaged and respected change agent who speaks the language of staff they are guiding (eg., surgeon to surgeon)
- Participation in collaborative efforts that align hospital leadership and clinicians in the goal of reducing healthcare–associated infection
- Data feedback
  - local infection rates to national rates
  - rates of practice compliance with rates of peers

Audit of prescribing

Stop/review dates by hospital ward



Target 80%

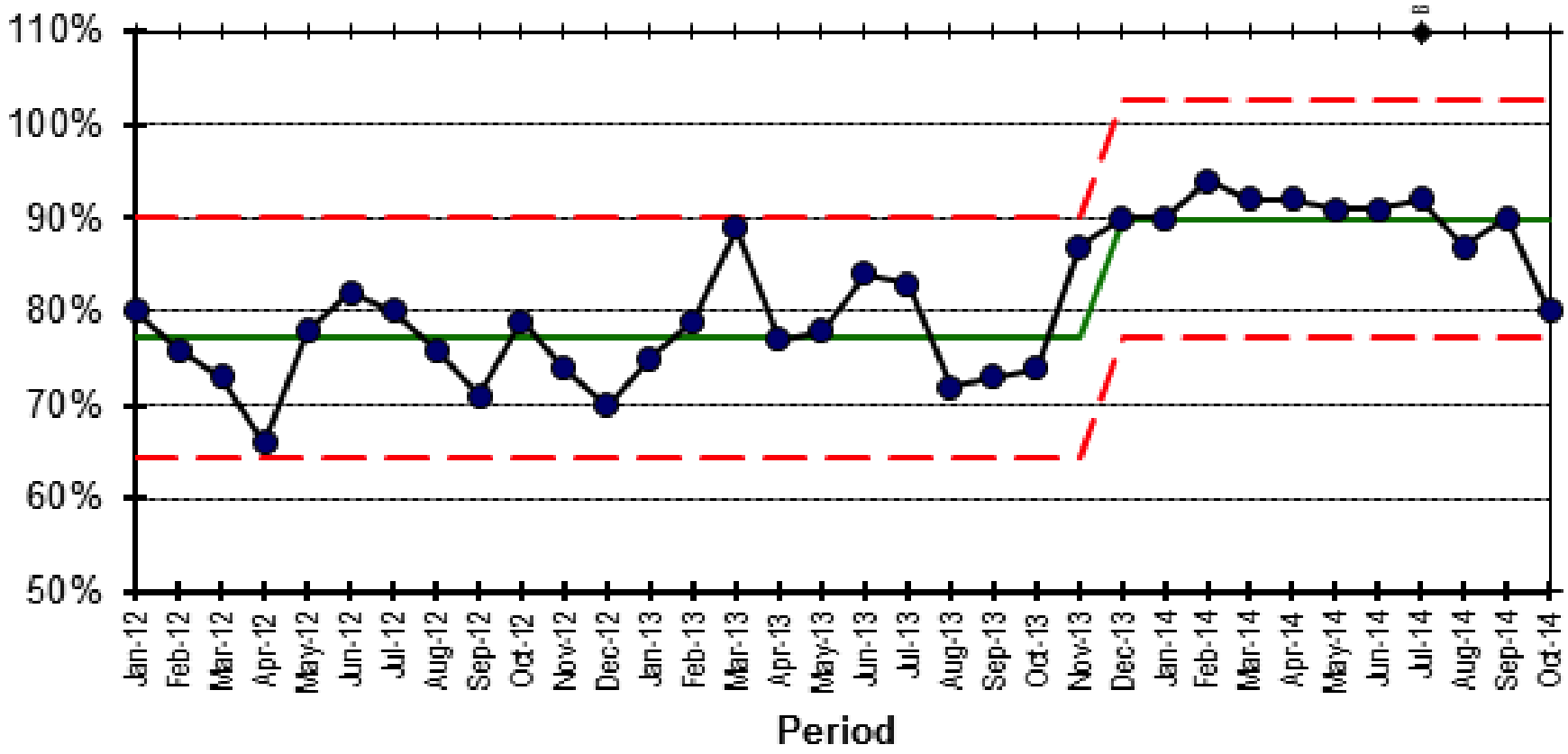
Actual 77%

Antibiotic prescribing – Two Actions

- We increased the standard from 80% to 90%
  - Possibly a lower standard did not demonstrate a true desire for high quality prescribing
  - ‘Everyone else will do it’
- We changed method to audit by clinician teams not wards

Antibiotic Prescribing

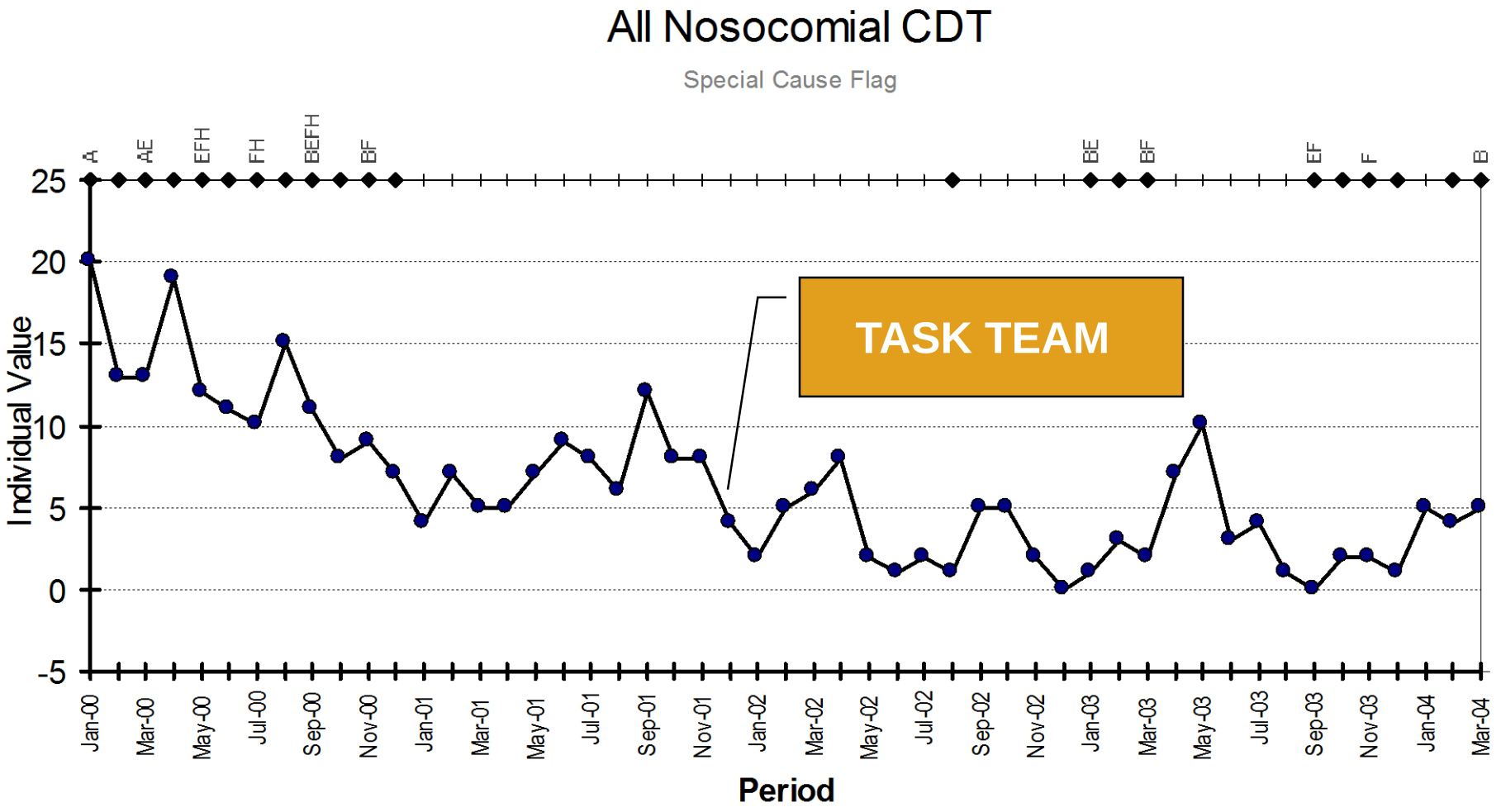
Getting Personal - Stop/Review Dates 2012-14



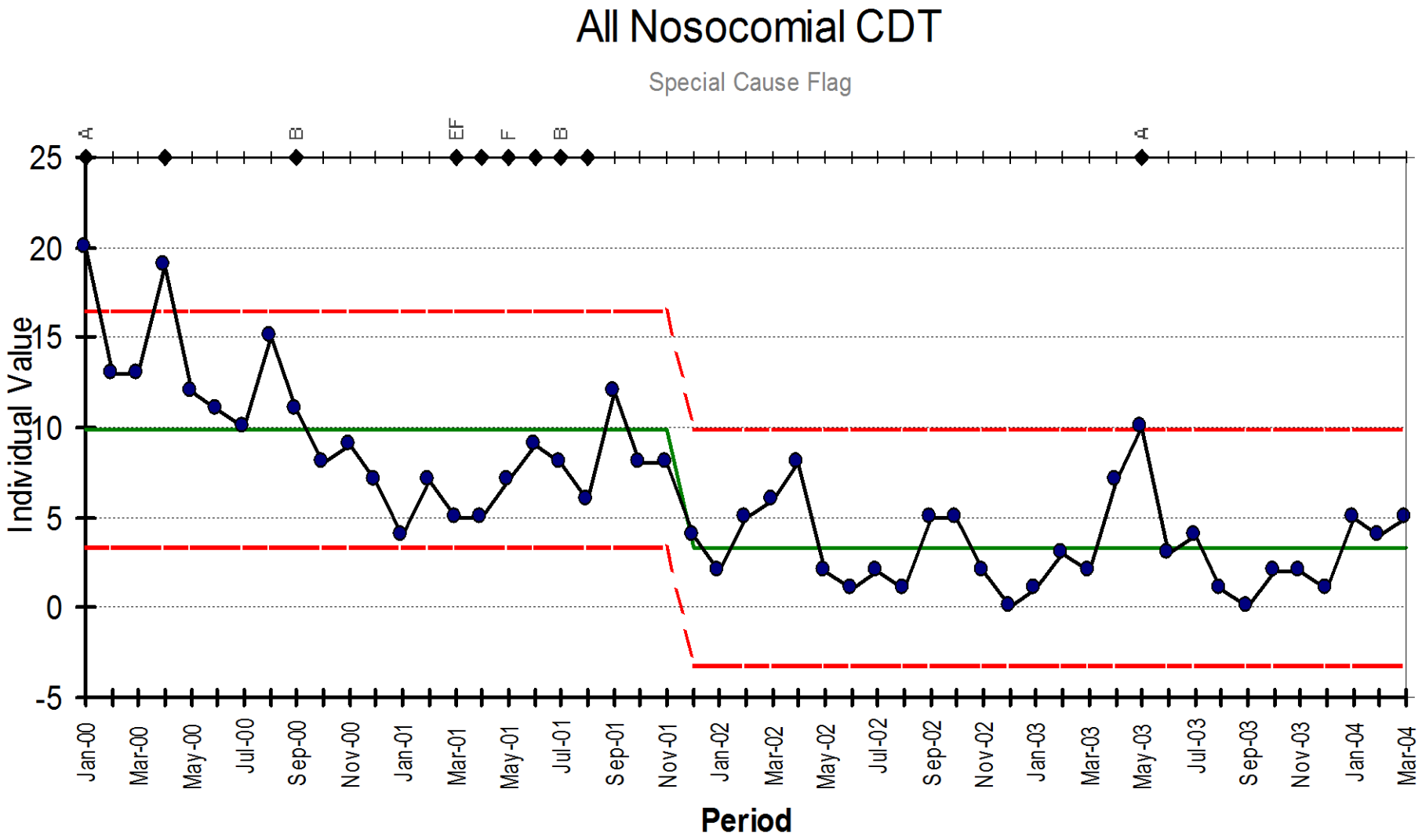
Constipators

- Strategies
  - Include constipators early in group discussions to improve communication and obtain buy-in
  - Take advantage of ‘turnover opportunities’ when constipator leaves the organisation by hiring a person who has a very high likelihood of being effective
  - Terminate the constipator’s employment
- Difficult when the constipator is the Director of Nursing
  - Work around the individual

Effect of Task Team on CDT

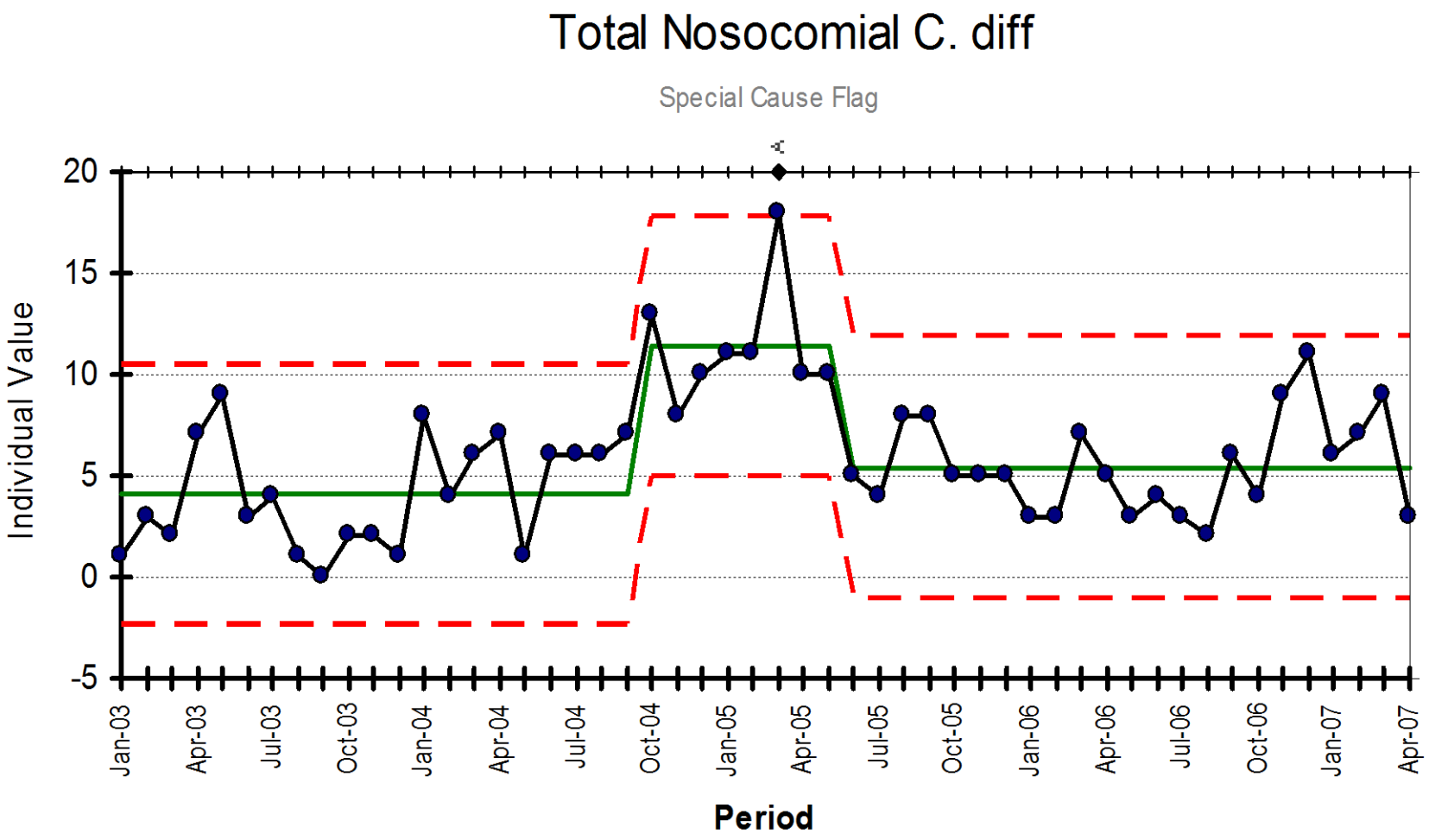


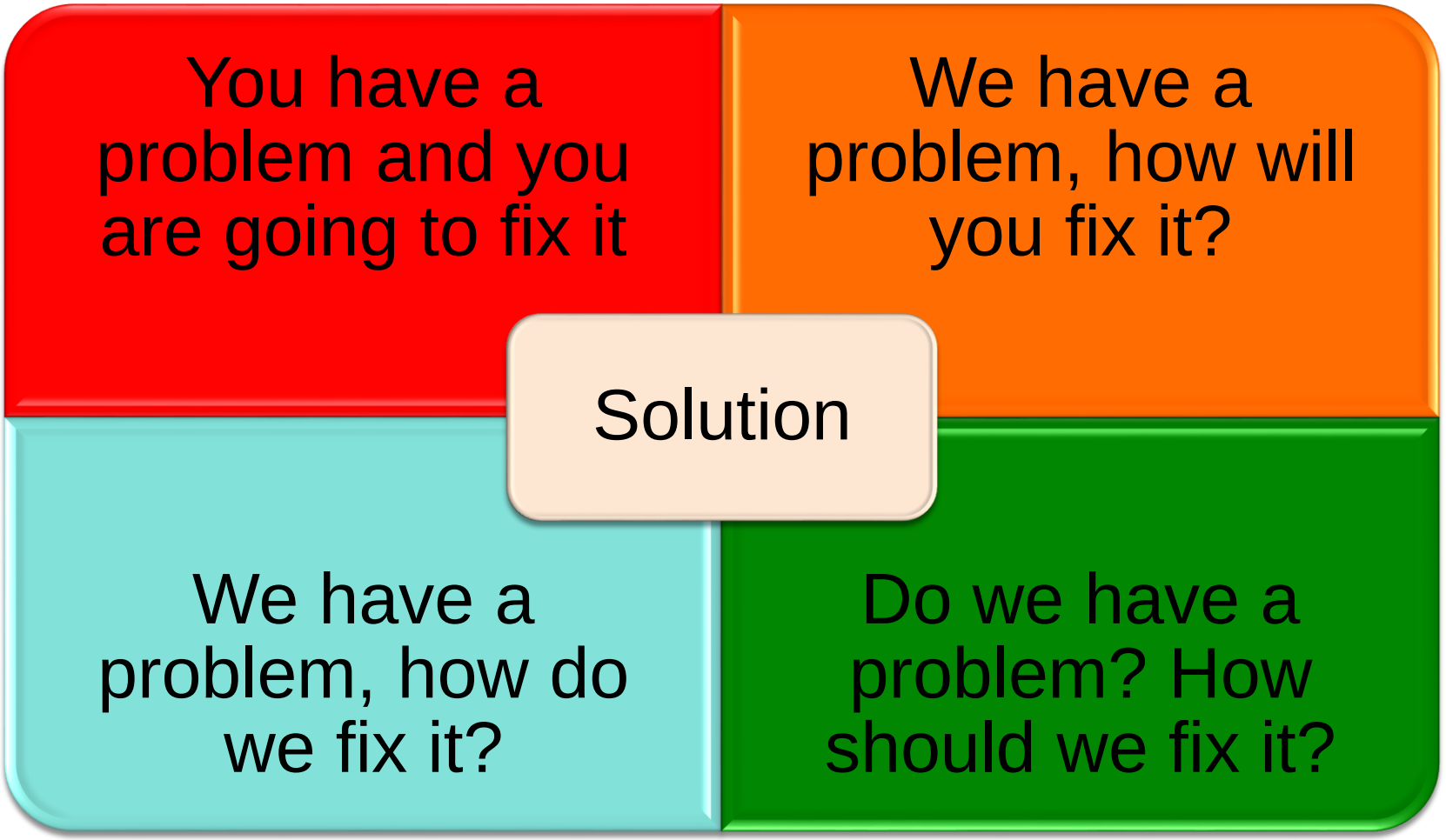
Before and After Task Team



Temporary Removal of the Team

Kiernan, Bowley et al, (2006) JHI 64(S1) p47

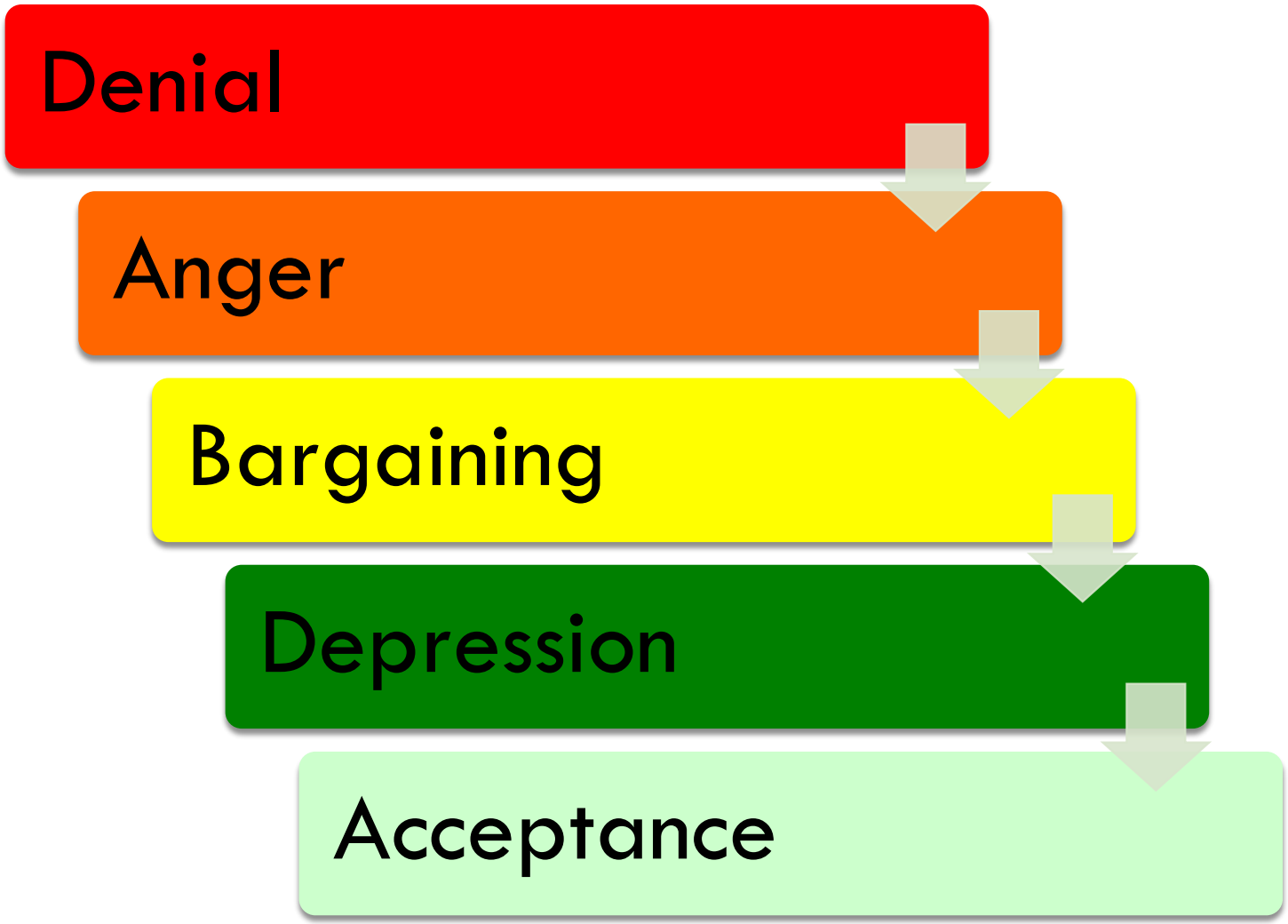



You have a problem and you are going to fix it
We have a problem, how will you fix it?
Solution
We have a problem, how do we fix it?
Do we have a problem? How should we fix it?

Southport ITU

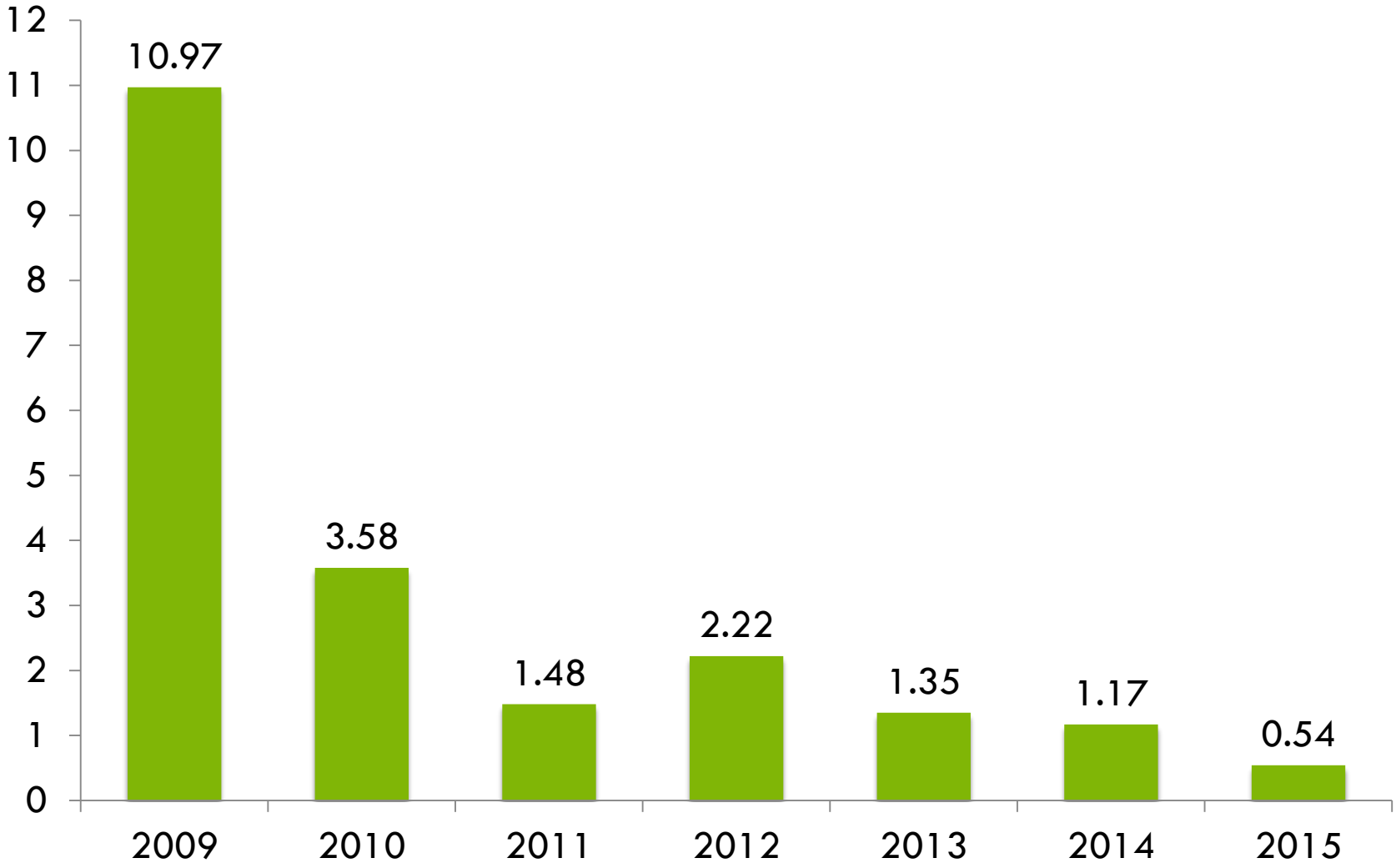
- 2009 - IPC Team feel that Central Catheter-related Bloodstream Infections are too high
  - Clinicians do not…
    - But have no idea what their rate is
- Data collected
  - State of Michigan was 1.4
    - National programme in England ‘Matching Michigan) (sadly temporary) about to commence
  - Rate of infection 10.97/1000 device days
- Ah…. I asked them to write why this was down on a post-it note

Receiving Bad News: Five stages of grief
Kübler-Ross



CR and CA-BSI in ITU 2009-15

Rate/1000 device days



Conclusion

- Data are the friends of the IPC programme
  - Without them it is difficult to convince

- But dissemination must be
  - Timely
    - or impact and opportunity are lost
  - Individualised
    - to a level that is recognisable to the target audience
  - Non-punitive
    - or they will invoke the stages of grief
  - Customisable
    - to improve engagement