Translating data presentation pilot results into practice

Staff perceive awareness of HAI data as being able to promote dialogue among staff and impact infection prevention compliance in the area where area/unit-specific HAI data are presented. They also believe that if their fellow staff members improve their infection practices, lower HAI rates will result.

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| **HAI data desires** | **Reality** | **Next steps could include** (examples) |
| **Staff want real time, valid HAI data specific to their area/unit.** | * Area/unit-specific HAI data are perceived as valid and reliable but not always timely. * Data are difficult to not only present data continually, but it is also difficult to capture the necessary information quickly. * Infection preventionists (IPs) have competing priorities that may not allow them time to focus on the customization of HAI data for each area/unit and audience. | * Continue presenting HAI data that have been validated. * Set and meet reporting expectations (IP provides quarterly HAI rate data to the unit manager while the unit manager is responsible for monthly updates of days since last infection). * Strategize how to incorporate non-IP staff and/or electronic medical systems to help collect, customize, and disseminate data. |
| **Staff want data that are both easy to understand and**  **useful.** | * Counts of HAIs are easy to understand but may not be as meaningful as rates. * HAI metrics can be complicated (such as SIRs and rates) and it may take time to educate the receiving audience about how to interpret the metrics. * Staff perceive color coding (such as using red to indicate an area for improvement) and comparison data (such as to a national benchmark) to be the easiest to understand and the most useful followed by HAI rates and number of HAIs. * Many units may not have color copiers. | * Ask your various audiences to describe helpful data metrics. * Use visual comparisons (graphs, color coding, comparison to benchmarks) whenever possible to help explain the more complicated metrics. * If using colors as indicators, make sure either color copiers are used and/or there are additional indicators (shades of gray or different shapes) when printed in black and white. |

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| **HAI data desires** | **Reality** | **Next steps could include** |
| **IPs want to distribute data to a few key personnel who then distribute it to front-line staff.** | * HAI data often do not reach front-line staff. * IPs are more likely than staff to perceive that area-specific HAI data are presented. * Staff directors may not want to display data openly because the data may be seen by inspectors, vendors, or the public. | * Identify data sharing partners (unit managers, department directors). * Discuss and compromise on data sharing practices and expectations with the data sharing partners. * Occasionally check that data were disseminated appropriately. * Develop other ways to disseminate the data (examples: e-mailing staff directly, sharing data at unit staff meetings, posting on white boards). |
| **IPs want the data they report to be meaningful to their audience(s).** | * Some clinicians may not recognize the difference between surveillance and clinical definitions and may disagree with the data. * Hand hygiene data are reported most often but staff want to know about it the least. * Infection Prevention Committee focuses only on data that fall outside of designated goals/targets. | * Identify priority audiences (committees, unit staff, administrators, surgeons, etc.) * Clarify the use of surveillance data as standardized definitions agreed upon by the CDC, SHEA, and medical associations. * Set and update meaningful goals with the Infection Prevention Committee. * Encourage other engaging activities that build upon the data (hand hygiene compliance competitions between units or nurses and physicians). * Provide specific prevention practices that could help decrease the targeted HAI(s) next to the HAI data (example: due to the high UTI rate last quarter, we will be focusing on removal of Foleys when appropriate, hydration, and perineal care). |
| **Staff and IPs hope everyone is compliant with infection prevention practices.** | * Nurses are perceived to be more aware of unit-specific HAI data and compliant with infection prevention practices than physicians. * Physicians are busy and may not identify HAI rates as a priority. | * Encourage physician champions (find a surgeon champion for SSI surveillance/reporting). * Share the data with procedure-specific committees (SSI data shared with chief of surgery). * Allow healthy competition without punitive consequences. |