Giving Infection Prevention Feedback

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Learning Objectives

- Describe essential components of effective feedback

- Discuss strategies to deliver feedback

What is Feedback?

- Information about some aspect of one's task performance

- A summary of performance over a specific period of time

- Mechanism for modifying individual and organizational behavior

Improving Infection Prevention Practices

Competency-Based Training

Audit

Feedback

Why Do It?

- Feedback improves motivation and learning

- It supports performance improvement, especially for complex tasks

- Actively involving staff can enhance the feedback effects and efforts

- Feedback should be specific to implement change

How Does Feedback Work?

- Provides new information that redirects the recipient's attention, either
  - Towards a missed detail of a complex task
  - Away from the task towards the recipient

- Feedback directed towards the task strengthens task performance

Essential Components of Effective Feedback

- Timely
  - e.g. Monthly or more often

- Individualized
  - Based on an individual's performance, not a team or unit

- Customizable
  - Based on population or metric to be improved

- Non-punitive
  - Compare to a benchmark
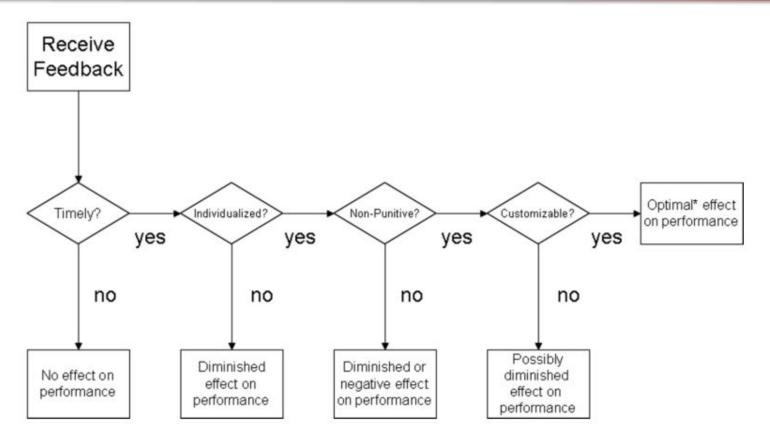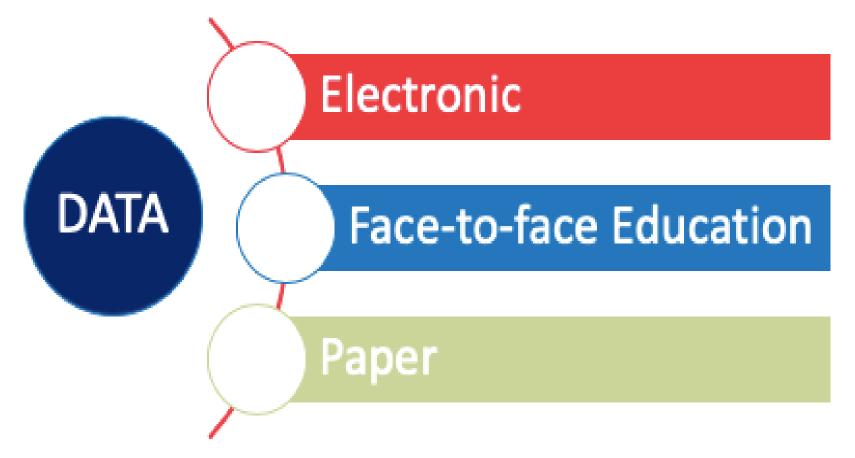
A Model of Actionable Feedback

Figure 1
A Model of Actionable Feedback. *The use of the term optimal to describe the effect on performance is relative – by this we mean optimal, given the variables in the emergent model. There are certainly other factors which could affect performance, although they are not exhibited here.
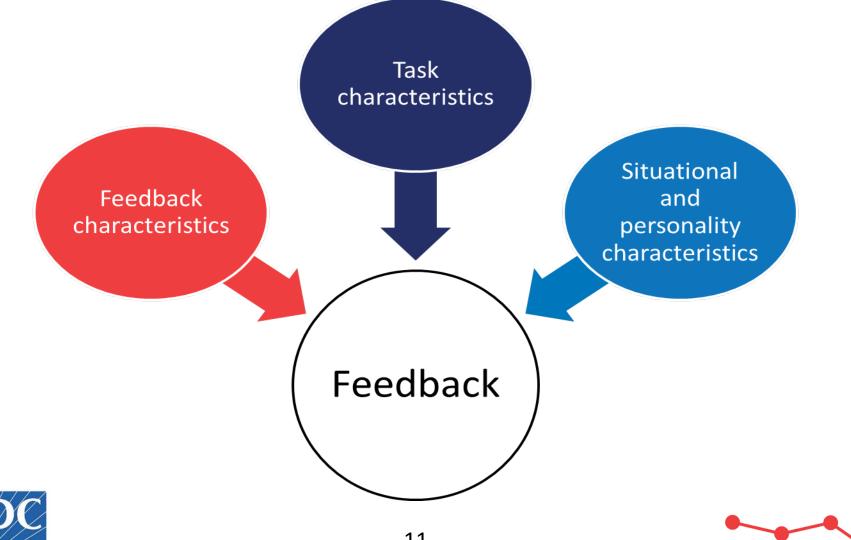
(Hysong S, Implement Sci, 2006)

Feedback Formats

DATA

- Electronic
- Face-to-face Education
- Paper

Factors That Affect Feedback Effectiveness

Feedback Characteristics

- Format
  - Try not to be subjective (avoid discouragement or praise)
  - Delivered via computer

- Timing and frequency

- Content
  - Amount of change since last feedback intervention
  - Correct solution information

Task Characteristics

- Simple tasks

- Complex tasks
  - Break them down into smaller components

- Consider the context for the tasks

Situational and Personality Characteristics

- Engage recipient in goal setting:

  - Sense of ownership and buy-in
  - Set small but manageable goals

- Keep feedback centered on the task

Examples of Feedback Tools

- ***CDC Targeted Assessment for Prevention (TAP) Strategy Implementation Tools***
  - Hand hygiene compliance immediate feedback script from UNC
  - Infection case review tools

- ***Agency for Healthcare Research and Quality***
  - TeamSTEPPS. Fundamentals course module 6. Mutual Support
  - CLABSI prevention tool. Weeks without CLABSI banner

- ***University of Michigan, catheterout.org***
  - CAUTI prevention tool. Barriers and possible solutions toolkit

Take Home Points

- We can improve task performance through feedback

- Essential components of effective feedback: timely, individualized, customizable, non-punitive

- Factors that affect effectiveness: feedback characteristics, task characteristics and situational and personality variables

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THANK YOU!

Speaker Notes

Welcome to this module titled "Giving Infection Prevention Feedback." It is the third module of the Competency-Based Training, Audits and Feedback course.

This module was developed by national infection prevention experts devoted to improving patient safety and infection prevention efforts.

In this module we will describe the essential components of effective feedback, and we will also discuss strategies to deliver effective feedback. When we think about giving or receiving feedback we are often filled with dread. I'm sure most of us have suffered through receiving unpleasant feedback, and few of us have developed the skill of giving effective feedback. By learning how to deliver effective feedback not only will you feel better about your delivery, but the recipient will feel better too. A win-win situation!

It's important to start with a definition, so that we can have a discussion starting on the same page. Feedback is information about some aspect of one's performance. It is a mechanism to provide a summary of performance over a specific period of time. Feedback can be generated for organizational use such as quality improvement metrics, understanding length of stay and readmission rates, and other important indicators such as healthcare-associated infection (HAI) rates. Feedback can also be generated for individual performance improvement.

Speaker Notes: Slide 5

Feedback is part of a larger process to improve the quality of care. Through competency-based training healthcare personnel develop the expected skill and knowledge level required to perform their roles in a safe and effective way. Healthcare personnel play a critical role in ensuring patient safety by demonstrating competency in their actions aimed to reduce risk of infection to patients. Once staff are trained, periodic audits and feedback can prompt adherence with infection prevention standards and sustain effective practices.

Speaker Notes: Slide 6

So why do it? Why put so much emphasis on providing effective feedback? Well, feedback is important because it improves motivation and learning and supports performance improvement, especially for complex tasks. At the organizational level, the data make more sense and can contribute to greater improvements when clinicians are involved. At the individual level, feedback is needed to make improvements in performance. We can't see ourselves as others do. At either level, by defining staff responsibilities, they can engage more fully in the change process. For example, in a medical intensive care unit (ICU) nurses devised to place colored duct tape on floor at the entrance to a patient's room to serve as a visual reminder to wash one's hands before entering or exiting. The nursing staff took on this task and then were champions to remind other staff about hand hygiene.

Feedback works by providing new information to the recipient. New information should redirect the recipient's attention towards some missed detail of the task. For feedback to be maximally effective, it needs to stay focused on redirecting the recipient's attention towards task details, in other words on how the recipient is performing the task, instead of on some characteristic of the recipient. In that way, task performance is strengthened and the recipient does not feel threatened.

Speaker Notes: Slide 8

There are four essential components of effective feedback. First, feedback has to be timely, delivered at least monthly and preferably more often. The best feedback in the world can be useless if delivered too late. Second, feedback should be individualized and the right target for the feedback has to be identified. Aggregated feedback doesn't provide enough detail or information to guide next steps. When feedback is delivered to a group, everyone in the group might think that the feedback is directed to someone else instead of themselves. Also, increasing the frequency and individualization of feedback enhance feedback's effectiveness

Speaker Notes: Slide 8 Continued

Third, feedback should be customizable. Metrics such as quality improvement and outcome data are the sources from which customized feedback can be made. Customization is done for the individual, and engages the individual with the data, making him or her an active participant in the process, rather than just being a passive recipient of information. For example, if a hospital is interested in reducing methicillin-resistant *Staphylococcus aureus* (MRSA) there are several types of data that could be monitored: patients newly admitted who are already colonized with MRSA or tracking new MRSA infections. Other types of data that might be worth collecting would involve observation and interviews on units with high (and also low) MRSA rates, to understand why one unit is so different from another.

Finally, feedback should be non-punitive. Feedback is less likely to be resisted if it is delivered in a non-punitive way. Non-punitive feedback would involve saying "here's how everyone else is doing, and here is how you are doing (with the same constraints)." Such an approach can open up a conversation about why someone is not performing at the level that they should be.

This simple model of actionable feedback uses an algorithm to help you evaluate the feedback you give. You'll notice that the model is based on the four essential components of effective feedback just discussed. It is important to remember that this model focuses only on the most effective factors that could affect performance. There are others, but they are not included in the model.

Feedback can take several forms. Examples of electronic feedback formats include: personalized email messages and special badges. Face-to-face education is another feedback format, and it can be done immediately after the task, or it can be deferred. For example, consider when you see someone incorrectly donning personal protective equipment before entering a Contact Precaution room. Providing feedback to that person in real time, face-to-face, gives him or her the opportunity to make the proper adjustments to reduce the risk of infection transmission. Face-to-face education can be provided in a group setting such as during a huddle or debrief..

An example of a group face-to-face feedback opportunity could be in a post-surgery debrief where all team members can share thoughts about the case and any opportunities for improvement. There are several types of paper feedback formats, such as feedback cards or mailed notes. It's worth noting that written feedback is more effective than verbal or graphic feedback. Data is a popular feedback format. Sharing data, particularly at a unit level can provide healthcare personnel with important insight into how their unit is performing around infection prevention activities.

For example, sharing *Clostridioides difficile* infection (CDI) or catheter-associated urinary tract infection (CAUTI) rates on a frequent basis keeps staff engaged in their infection prevention efforts. Or consider how statistical process control charts can be used to display process or outcome data in a way that is easy to understand.

No matter what type of format you use in your messaging, avoid the use of words such as compliance. Out of compliance or non-compliance suggests that I am not doing something that someone else thinks I should be doing. Using this type of language sets up an us versus them situation or a confrontational situation. Replace such words with descriptive phrases that promote a sense of active participation and internalization, such as enhancing practice.

Speaker Notes: Slide 11

We've talked about those components that are essential for effective feedback, but of course there are several factors that can affect feedback effectiveness too. These are feedback characteristics: format, timing, frequency, content; task characteristics, meaning simple versus complex tasks and situational and personality variables, which includes things like goal setting. We'll discuss each of these factors in greater detail.

The format of feedback is important. It may seem obvious that discouragement reduces feedback effectiveness, but so does praise, because it shifts the focus away from the task that is the objective of the feedback. Feedback delivered via computer increases feedback effects if it directs attention towards the details of the task. Printed materials do not have consistent benefits. Consider when staff are completing online competency training, it would be beneficial to provide feedback for both correct and incorrect answer choices, reinforcing the content. For example, if nurses are completing a course on urinary catheter insertion, and choose an incorrect indication for urinary catheter placement, they should receive real time feedback on their answer selection.

Feedback that is given as close as possible to the observed behavior, and feedback that is given more often is more likely to be effective. As part of the content, start with noting the amount of change since the last feedback intervention. This provides a reference point and update on progress. Correct solution information refers to information that helps the feedback recipient see what must change to improve performance. For example, you washed your hands on entry to the patient's room consistently but I noticed that before leaving the room, you did not always wash your hands.

As far as task characteristics are concerned, think first if you are giving feedback on a simple task or on one that is more complex. Giving feedback for simple tasks should involve fewer steps, small chunks to incorporate and build success on. Think through and address, "Is this really a simple task or is there more to it than I am appreciating?" For example hand hygiene…a relatively simple task but there are a lot of factors to consider both about the task itself: Are the hands rubbed together briskly? Are hands allowed to dry? As well as related processes: is hand hygiene done consistently?

Speaker Notes: Slide 13 Continued

For complex tasks, try to break them down into simpler components and figure out if feedback is needed for the whole complex task, or only for a component of it. For example, inserting an indwelling urinary catheter is a complex task. An observational study in an emergency department (ED) found that when a nurse did something incorrectly, he or she tended to do the same component of the insertion incorrectly every time, such as not using tongs to apply sterile cleaning solution to the urethra.

Speaker Notes: Slide 13 Continued

With either simple or complex tasks, understanding the context in which the task occurs is important. For example, do nurses try to insert indwelling urinary catheters at the same time that other procedures are being done to the patient? Doing so can increase the risk that the task will be done incorrectly. Even a simple task, if done routinely at a busy time, is likely to be done incorrectly, at least part of the time. For example, repositioning patients at shift change may not be the best idea. Nurses are busy trying to finish up any last remaining activities or complete documentation, and repositioning patients at this same time may not receive the attention it deserves.

In talking about situational and personality characteristics, we are acknowledging that the situation itself (that led to the need for feedback), as well as the unique personality of the individual affect feedback effectiveness. By engaging the recipient in goal setting, the recipient can feel more of a sense of ownership and buy-in. Setting small but manageable goals may be more easily attained and contributing to greater success. We want to increase feedback acceptance, which is why keeping feedback centered on the task is important. People tend to be defensive or personalize the message when feedback does not stay centered on the task.

If you're interested in exploring some feedback tools related to infection prevention and patient safety that are already available, here are a couple of examples.

It is possible and desirable to improve task performance through feedback. We should not shy away from giving feedback. It is an essential part of process improvement. By including essential components of effective feedback and considering the factors that affect effectiveness, you are more likely to give feedback that results in better performance.

- No notes.

- No notes.