

CONTENT AND GUIDELINES FOR FEEDBACK HAND-HYGIENE INTERVENTION

- Immediate Personalised Feedback and Individualised Action Planning)

1. Content

The intervention consists of a repeating four-week cycle (20 minutes/week) of observation and immediate personalized feedback coupled to individualized action-planning and goal-setting. It is carried out by a designated trained ward manager or deputy (eg junior sister). Training two people ensures cover for sickness, vacations and off duty.

Link nurses could also deliver the intervention but our research into barriers and facilitators for implementation suggested that the intervention should be delivered by someone for whom the tasks were commensurate with their existing professional roles. Staff without an existing feedback, appraisal or educational role lacked the authority to deliver the intervention.

Week 1: Covert hand-hygiene observation of an individual nurse for 20 minutes. Immediate feedback given after observation. For instances of non-compliance with hand-hygiene, the nurse is helped to formulate an action plan to improve behaviour and set a future compliance goal. For example, if nurses don't clean hands after touching a patient, the action might be set as *"After every patient contact, I will use alcohol hand-rub"*.

If compliance is 100%, they receive a certificate for their annual professional development appraisal portfolio but apart from that the intervention was not part of the annual appraisal process.

Week 2: As for week one except that a doctor or other healthcare professional is observed.

Week 3: Covert hand-hygiene observation of a ward area for 20 minutes, recording hand-hygiene behaviour of all healthcare workers entering that area (group compliance). No feedback is given.

Week 4: The week 3 observations (group compliance) are fed back and action plans and future goals formulated at a ward meeting. For example, when student nurse practice is observed to be poor, the following action plan might be set: *"All student nurse assessors to take student nurses through hand-hygiene practice on arrival on ward"*.

Observations, feedback, goal setting and action planning is documented on a specially designed form (see training materials),

2. Guidelines for giving effective feedback

- Explain why the staff member has been selected for observation.
- State that the feedback is confidential. Ensure others cannot hear what is said.
- Give feedback on the behaviour **not** the person, explaining the rationale for cleaning hands in situations where they had not done so.
- Describe **all** observed opportunities for hand-hygiene and their associated behaviour

- Praise good hand-hygiene verbally with simple reinforcing comments 'that's great', 'excellent', or 'good stuff',
- Describe non-compliant situations as "target improvement areas".
- Give reward (Named Certificate) for full compliance (arranged by giving person's name to infection control team)

3. Guidelines for formulating action plans.

- Plans need to be tailored to the needs of the specific individual.
- Look for patterns of behaviours or specific problems (*"Is the staff member doing anything that is making it more difficult for him/her to clean their hands?" "Are any particular situations or activities problematic?"*)
- Ask for reasons why hands were not cleaned. Record their answer.
- Develop a plan that is: Specific (Relates to the patterns of and reasons for non-compliance) and Concrete (Measurable behavioural actions) eg *"I **will** clean my hands with AHR **before** putting on gloves"*
- Do not use THINKING plans eg *"I'll try to remember to clean my hands next time"*
- Agree, do not impose, the plan

Detailed instructions and data entry forms for hand-hygiene observation, feedback and action planning are available in the training materials

4. Monitoring delivery of the intervention according to protocol

Although the application gives ICNs the role (page 3 first paragraph) of monitoring each ward manager's delivery of the intervention this could be done by another senior member of staff such as a matron or senior manager provided they have been appropriately trained.