

APPENDIX 10 THE FEEDBACK INTERVENTION TRIAL (F.I.T)

TRAINING MATERIALS

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INTRODUCTION

Welcome to the Feedback Intervention Trial (FIT). FIT is designed to improve and sustain hand-hygiene behaviour on your ward via a system of ongoing individual and ward-level hand-hygiene behaviour feedback, goals and planning.

The Department of Health (DoH) have drafted a code of practice for the prevention and control of healthcare associated infection¹. The purpose of this is to assist NHS bodies in the planning and implementation of effective infection control activities. Healthcare worker (HCW) hand-hygiene is an effective method of reducing infections, but levels of this behaviour are low. The code of practice states that NHS bodies have a 'duty to establish appropriate management systems for infection prevention and control'.

There is, however, no clear evidence from the research literature as how best to increase hand hygiene compliance. What evidence there is suggests that feedback may be an effective tool in improving healthcare workers compliance with evidence based guidelines. Up until now, there has not been a well-designed research study using a feedback intervention, informed by psychological theory, to improve hand hygiene.

Feedback is a complex behaviour change technique with much potential for use within the NHS. FIT draws upon what is understood about feedback from a behavioural science perspective and applies this in a large, well-designed study across 16 hospitals in England and Wales. It involves a pro-active ward-led approach to increasing healthcare worker hand-hygiene behaviour that has been piloted in 3 hospitals.

It is hoped that FIT will 1) make an important contribution to the hand-hygiene behaviour change literature, and 2) impact upon quality of patient care.

The success of the FIT study depends on your hard work and enthusiasm. We hope that you are as excited by the study as we are.

The FIT study group

¹ Department of Health. *Draft code of practice for the prevention and control of healthcare associated infection*. London: DOH: 2006.

USING THE TRAINING MATERIALS

The aim of this document is to talk you through what you will need to do in order to successfully implement the FIT intervention. The intervention is not complicated, but does require you to have skills in areas around observation, feedback and planning. If you use these training materials, we are confident that you will be able to implement the intervention.

The document is divided into 4 main sections:

Section 1. Doing the FIT study. This section covers what to do before you start and what the study will involve.

Section 2. Carrying Out Hand Hygiene Observations This section covers how to go about doing observations, how to identify when hands should be cleaned and how to record what you see on the study paperwork

Section 3. FIT Feedback and Planning. This section looks at how to give feedback and formulate action plans with both groups and individuals. It also covers how to record action plans on the study paperwork.

Section 4. Appendices This section includes examples of all the study paperwork and training materials explaining how to produce graphs using a spreadsheet.

Read the materials through carefully and carry out the exercises that you'll find in the document. We have designed the materials so that they can be done individually at your own pace. We would recommend that you work through the document on your own and discuss any issues arising from it in a formal session with your Infection Control Nurse.

SECTION 1. DOING FIT STUDY

1.1 GETTING STARTED

Before implementing FIT, several things must be in place. The next couple of pages explain what you will need to do. It is important that you discuss this with your Infection Control Nurse.

You'll receive a folder containing all the relevant forms from the study team. You'll find references to the forms in the text of the training materials and examples in the appendices.

Step 1 Select a ward co-ordinator

The ward co-ordinator runs the intervention, ensuring that each task is completed. One person is required to be the overall coordinator. It is probably a good idea to have another couple of people taking part in order to spread the workload. The names of ward coordinators should be recorded on a copy of the form 7 on page 75 and returned to your ICN.

Ideally, the ward coordinator should be the ward infection control link nurse, or another member/s of staff with an interest in infection control. Experience within the role can be used as evidence of skills acquisition in the following areas recognised by the NHS Knowledge and Skills Framework:

- Communication
- Personal and people development
- Protection of health and well-being
- Interventions and treatments
- Information collection and analysis
- Learning and development
- Services and project management

Upon completion of the intervention, the ward coordinator/s will be given a certificate of participation as evidence of skills acquired. For skills developed, see page 78.

Step 2 Training

It is extremely important that everyone involved in the delivery of the intervention completes these study materials and has some form of assessment.

Initial training will be given by infection control teams, but as you become more confident, it may be appropriate for you to provide the training to other members of the ward team.

Step 3 Decide upon an observation strategy

A central part of the intervention is observation of hand-hygiene behaviour. It is important to remember that people change their behaviour when they are *aware* that they are being observed. In other words, they will clean their hands more than they normally would. In order to provide feedback to a staff member on their everyday, normal (i.e. unobserved) behaviour, it is important that we try to reduce these effects. In order to do so, the ward coordinator/s must agree upon a ward observation strategy to be put in place at all times when observing. This is covered in more detail in the training materials (section 2.1).

Step 4 Complete the observation checklist (form 6, page 74).

The purpose of the observation checklist is to agree situations in which you would expect healthcare workers to clean their hands. This is to reduce confusion regarding what constitutes an opportunity for hand-hygiene behaviour and what does not.

Don't fill in the checklist until you have read through section 2.4 and have had a chance to discuss this with your ICN.

Step 5 Display the Posters.

You will have received a number of posters (see page 77) stating,

“THE HAND-HYGIENE BEHAVIOUR OF ALL STAFF IS BEING RANDOMLY OBSERVED ON THIS WARD.”

Place these in communal areas of the ward, so that they can be seen by staff.

1.2 GETTING DOWN TO IT

The intervention has been piloted at the National Hospital for Neurology and Neurosurgery, Whittington, and Royal Free Hospitals in central and north London. We have been careful to ensure that the intervention is manageable within the context of your current workload. We estimate that it will require around 20-30 minutes per week of work.

Each month there will be a four-week cycle comprising a mixture of group, and individual level observation, feedback and action planning. This is summarised below (see also figure 1, p83).

Week 1	Week 2	Week 3	Week 4
Hand hygiene observation of an individual Nurse/HCA. Immediate feedback and action planning.	Hand hygiene observation of an individual "non-nurse". Immediate feedback and action planning	Hand hygiene observation of a ward area.	Feedback and action planning in ward meeting.

Week 1. Hand hygiene observation of an individual Nurse/HCA Immediate feedback and action planning

Step 1 *Randomly* select one Nurse/HCA/Student Nurse for observation. Each person should be observed *only once per year*, unless they require repeat observation (see step 5c).

Step 2 Carry out a 20 minute observation session. Use your *ward observation strategy* (form 1, page 69) as a guide to how to carry out observations. Use your *observation checklist* (form 6, page 74) to remind you when hands should be cleaned. The forms only need to be filled in once. The training materials in section 2.1 and 2.4 will explain how to do this.

Step 3 Using form 2 (page 70), record the hand hygiene behaviour that you observe in that 20 minute period. The training materials in section 2.5 will explain how to do this.

Step 4 Feedback to the person observed immediately. The training materials that you will receive on feedback and action planning will explain how to do this (section 3.1).

Step 5a *For those with 100% hand hygiene compliance*, give the certificate supplied (form 8, page 76).

Step 5b *For those who have not cleaned their hands before/after one opportunity.* Help the person concerned to formulate an action plan that will change their behaviour. The training materials that you will receive on feedback and action planning will explain how to do this (section 3.2).

Step 5c *For those who fail to clean their hands two or more times when they should have done.* Help the person concerned to formulate an action plan that will change their behaviour. The training materials that you will receive on feedback and action planning will explain how to do this (section 3.2). Re-observe in one month's time.

Week 2. Hand hygiene observation of an individual “non-nurse” Immediate feedback and action planning

Carry out in exactly the same way as for week 1. This time observe any HCW (i.e. doctor, physiotherapist, occupational therapist, phlebotomist etc) who is likely to have direct patient contact).

Week 3. Hand hygiene observation of a group/ward area

As only two staff members per month receive individual observation and individual feedback, other staff members will receive group observation and group feedback.

Step 1 Select a patient care area to observe. We would recommend that you observe a maximum of six patient beds. Choose a busier time of day during which it is likely you will observe more hand hygiene opportunities.

Step 2 Observe *all* staff who enter this observation area over a 20 minute period. You should use your *ward observation strategy* (form 1, page 69) and *observation checklist* (form 6, page 74) as a guide when carrying out observations. The forms only need to be filled in once. The training materials in sections 2.1 and 2.4 will explain how to do this.

Step 3 Record what you observe on form 3 (page 71) and immediately after, calculate overall % hand-hygiene compliance (see sections 2.5 and 2.6).

Step 4 After conducting observation, examine what you have recorded. Are there any patterns in non-compliance? Are there any noticeable / recurring problems? Record these on form 3, page 71.

Week 4. Feedback and action planning in ward meeting

Step 1 Once every month, arrange a date/time to meet with the ward staff **OR** allocate five/ten minutes to an existing meeting i.e. handover.

Step 2 Produce a performance graph using an Excel spreadsheet to record your progress (see appendix). Print at least five copies of the performance graph, and post these in communal areas of the ward, e.g. staff room, nurse's station, etc.

Step 3 Feedback and formulate action plans with those present at the meeting using the following strategies (training materials [section 3.3 and 3.4] cover this in more depth).

- i) Communicate % group hand-hygiene compliance for the month and show graph. Compare this with the previous month, AND the % compliance target for previous month.
- ii) Present problem points for discussion.
- iii) Ask those present how hand-hygiene behaviour could be improved / sustained on the ward.
- iv) Decide upon a plan for change at ward level.
- v) Set a compliance target for the next month.

Step 4 Complete form 4 (page 72).

Step 5 Return copies of all completed forms (form 2, form 3, form 4 and form 5) for that month to your ICN.

Step 6 Start again at week 1.

1.3 FREQUENTLY ASKED QUESTIONS

1. "Should we observe staff that don't work permanently on our ward?"

For the ward level observations in week 3, most certainly. It's worth making a note of whether the person you are observing is a visiting doctor, bank nurse etc. For the individual level observations it depends. If the person is a regular on the ward and you will be able to re-observe them again the next month, you can. If the person is not a regular visitor it's probably not worth the effort.

2. "Should we observe visitors to the ward?"

No. The point of the FIT study is to improve the hand hygiene of ward staff.

3. "Is it okay to have more than one ward coordinator for the FIT?"

Yes, in fact it is preferable. There will need to be one person with overall responsibility. Having more than one coordinator will spread the workload more evenly, and will provide good experience.

4. "Who can become a ward coordinator?"

Ideally, the ward co-ordinator should be the ward infection control link nurse, or another member/s of staff with an interest in infection control. However, anyone who can take the project forward is eligible. The most important thing is that you **must** have had the appropriate training from the infection control team.

4. “What happens if we miss a week of observations?”

Don't panic! This is a very long study and it is inevitable that on some weeks observation and feedback sessions will be missed. If for whatever reason you are unable to complete all the sessions, make a note on the checklist (form 5, page 71). This in itself is very useful data for us.

5. “How should I choose who to observe?”

We would recommend that you choose someone randomly. This will help to make your feedback fair and impartial. Your choice will, of course be constrained according to who is present when you are doing your observations.

6. “How long does the study go on for?”

Members of the research team have already been collecting baseline data since October 2006. The study itself is due to finish in Spring 2009. This may seem like a long time, but is one of the strengths of the study. Many research studies have only a very short time to evaluate an intervention, typically six months or so. The problem with this approach is that it may tell us whether a particular approach is feasible, but it does not tell us whether it is sustainable.

SECTION 2. CARRYING OUT HAND HYGIENE OBSERVATIONS

Providing accurate and reliable information is an essential element of feedback. From data at the pilot sites, it was clear that staff often struggled with identifying and recording when it was appropriate to clean hands.

The materials in the next section have been developed to help you to carry out accurate hand hygiene observations and to guide you through some of the documentation that you will need to complete as a part of the study.

In section 2.2 you'll find five rules describing when hands should be cleaned. This is followed by a selection of exercises that will allow you to apply these rules to a 'real life' situation. Although they are by no means comprehensive, they should cover most of the situations that you are likely to come across. If you would like more comprehensive rules for classifying hand hygiene behaviour go to our FIT hand hygiene Standard Operating Procedures on the Infectious Disease Research Network website (<http://www.idrn.org/nosec.php>).

You can either work through these materials on your own or in a classroom situation. We hope that you find them useful.

2.1 EFFECTIVE OBSERVATION STRATEGIES

When you are doing your hand-hygiene observations, it is important that the people you are observing do not know. Otherwise, people are likely to clean their hands more in response to being observed.

You will need to decide upon a good observation strategy for your ward to make yourself less noticeable.

EXERCISE 1

Give 3 examples of strategies which would make a hand hygiene observer less noticeable on the ward.

1.
2.
3.

Some examples we have come up with are:

1. Observing from a discrete observation point i.e. the nurses station
2. Pretending to do something else i.e. filling out patients charts
3. Be unpredictable -vary the time of, day of the week, observation point etc
4. Get someone else to do the observations
5. Observe during busier times of day

EXERCISE 2

Fill out form 2 (you'll find an example on the next page and an uncompleted form in your study pack) describing the observation strategy you will use and return to the infection control team. Think about where you will observe, when you will observe and about any steps you will take to make yourself less obvious.

**FORM 1 FEEDBACK INTERVENTION TRIAL
WARD OBSERVATION STRATEGY FORM**

Name of ward: *Nonesuch Ward*

Agreed observation strategy:

1. Ward staff will not be told when observations are taking place
2. Observer will sit at nurses' station or another unobtrusive spot when carrying out observations
3. Observations will be carried out at different times of day/days of the week.
- ~~4. Observations will not usually be carried out when doing other work - exceptions are ward rounds, when working double handed with another nurse.~~

EXAMPLE

Signature of ward manager: _____

Signature of ward co-ordinator:

Dated: _____

**PLEASE RETURN A COPY OF THIS FORM TO YOUR HOSPITAL
INFECTION CONTROL TEAM**

2.2 WHEN SHOULD HANDS BE CLEANED?

When carrying out hand hygiene observations, it is important that you are clear about instances in which the healthcare worker should clean their hands using soap and water **OR** alcohol handrub.

Healthcare workers hands can become contaminated with pathogens (bacteria and viruses) following contact with patients and contaminated surfaces. These pathogens can then be transferred (i) between patients or (ii) from a “dirty” to a “clean” site in the same person (i.e. from skin to urinary tract via a urinary catheter).

The reason for cleaning hands is to prevent this transfer of pathogens. If you can identify the instances at which this chain of transmission can be interrupted you have identified a hand hygiene opportunity.

DOH guidelines state that hands should be cleaned:

1. **before *any* patient contact**
2. **after *any* patient contact**
3. **after contact with a contaminated surface/environment.**

Add to this that hands should be cleaned:

4. **Between patient contacts**
5. **When moving from a “dirty” to a “clean” site within the same patient.**

Memorize these five points and remind yourself of them constantly while doing hand hygiene observations. If you do this, you will be able to carry out accurate and reliable hand hygiene observations.

DEFINITIONS

Contaminated surface/environment.

You will need to make an assessment of what surfaces are contaminated. We only include surfaces within the patient’s curtains. These surfaces are likely to be heavily contaminated. We would recommend that you do not include surfaces such as telephones, bedside curtains and patient notes. Use the checklist [form 6] (you’ll find an example on page 74) to define exactly what you will include.

Hands should be cleaned whenever there is potential to transfer organisms from a dirty site to a clean site.

Clean site. Any body surface, membrane or cavity which is normally sterile or clean i.e. blood stream, gut, urinary tract. **Dirty site.** Any body surface, membrane or cavity which is *not* normally sterile i.e. skin

Examples:

Touching patient’s skin and then administering IV medication.

Handling patient excreta and then performing mouth care.

2.3 EXERCISES

This next section gives some practical examples which will help you to apply what you have already learned.

We have described a selection of situations that you are likely to encounter on the wards. If you can correctly classify these situations you should be able to easily classify most things that you see on your ward.

Read the short scenario at the beginning of each example, decide whether hands should have been cleaned and tick the relevant box.

While you are doing this remind yourself when hands should be cleaned:

- **before *any* patient contact**
- **after *any* patient contact**
- **after contact with a contaminated surface/environment.**
- **between patient contacts**
- **when moving from a dirty to a clean site within the same patient.**

You'll find the answers at the end of the section with the rationale for each answer. There is not necessarily one correct answer and it may be that you do not agree with our interpretation of the recommendations. This is not a problem but your interpretation of the guidelines must be:

1. **Consistent** If you do not consistently apply the guidelines it will be very difficult for you to identify trends over time.
2. **Rational** i.e. they must be based on the current recommendations and/or hospital policy.

Once you have completed the practical examples you should fill out the checklist form 6 (see section 2.4). It is important that you fill this in with the help of the Infection Control Nurse. This will help you to make decisions about situations in which you would expect hands to be cleaned.

EXERCISE 3.

Read the following scenarios and decide whether you think hands should be cleaned or not in these situations. Relate your answers to our guidelines which state that hands should be cleaned:

- **before *any* patient contact**
- **after *any* patient contact**
- **after contact with a contaminated surface/environment.**
- **between patient contacts**
- **when moving from a dirty to a clean site within the same patient.**

Tick the relevant boxes, and after each question go to the answers in the next section. For some of the questions there is not an absolute answer and you may not entirely agree with our interpretation of the guidelines. Make a note of any disagreements you may have and discuss with your Infection Control Nurse or FIT ward coordinator.

1. Nurse enters bay takes blood pressure of patient 1 then sits at nursing station to write in notes.

Should hands be cleaned before taking the patients blood pressure?

Yes

No

Should hands be cleaned after taking patients blood pressure?

Yes

No

2. Nurse enters bay, puts on gloves, empties catheter bag of patient 2 and removes gloves.

Should hands be cleaned before putting on gloves?

Yes

No

Should hands be cleaned after removing gloves?

Yes

No

3. Nurse enters bay, makes bed of patient 3, makes bed of patient 2 & leaves bay.

Should hands be cleaned before making the bed (patient 1)?

Yes

No

Should hands be cleaned after making the bed of patient 1?

Yes

No

Should hands be cleaned after making the bed (patient 2)?

Yes

No

4. HCA enters bay, stands in bay talking to doctor and leaves the bay.

Should hands be cleaned before entering the bay?

Yes

No

Should hands be cleaned after leaving the bay?

Yes

No

5. Physiotherapist enters bay takes blood pressure (patient 1), helps the patient to stand and leaves bay.

Should hands be cleaned before taking patients blood pressure?

Yes

No

Should hands be cleaned between taking the patients blood pressure and standing him?

Yes

No

Should hands be cleaned after standing the patient?

Yes

No

6. Nurse enters bay, takes blood pressure (patient 1), puts on gloves, administers IV medication, places sharps into sharps bin, removes gloves and leaves bay.

Should hands be cleaned before taking patients blood pressure?

Yes

No

Should hands be cleaned between taking the patients blood pressure and giving the IV medication?

Yes

No

Should hands be cleaned after giving the IV medication and removing gloves?

Yes

No

7. Nurse enters bay makes bed (patient 1), puts on gloves, administers IV medication, places sharps into sharps bin, removes gloves and leaves bay.

Should hands be cleaned before making the bed?

Yes

No

Should hands be cleaned between making the patient's bed and giving the IV medication?

Yes

No

Should hands be cleaned after giving the IV medication?

Yes

No

8. Doctor enters bay, checks pulse (patient 1), checks pulse patient 2, sits at nurses station.

Should hands be cleaned before checking pulse of patient 1?

Yes

No

Should hands be cleaned between checking the pulse of patient 1 and patient 2?

Yes

No

Should hands be cleaned after checking the pulse of patient 2?

Yes

No

9. Doctor enters bay, puts on gloves, checks pulse (patient 1), removes gloves and dons a fresh pair, checks pulse patient 2 and leaves the bay.

Should hands be cleaned before checking pulse of patient 1?

Yes

No

Should hands be cleaned between checking the pulse of patient 1 and patient 2?

Yes

No

Should hands be cleaned after checking the pulse of patient 2?

Yes

No

10. Housekeeper enters bay makes bed (patient 1), makes bed (patient 2) and goes into kitchen.

Should hands be cleaned before making patient 1's bed?

Yes

No

Should hands be cleaned between making the beds of patient 1 and 2?

Yes

No

Should hands be cleaned after making patient 2's bed.

Yes

No

11. Doctor enters the bay, reads notes in the notes trolley and goes to the computer at the nurse's station.

Should hands be cleaned before reading patients notes?

Yes

No

Should hands be cleaned after finishing with the notes?

Yes

No

12. Doctor enters the bay and goes behind patient's curtains

Should hands be cleaned before going behind the curtains?

Yes

No

ANSWERS TO EXERCISE 3.

1. Nurse enters bay, takes blood pressure of patient 1, sits at nursing station to write in notes.

Should hands be cleaned before taking the patients blood pressure?

Yes

No

Rationale: Hands should be cleaned before any direct patient contact.

Should hands be cleaned after taking the patients blood pressure?

Yes

No

Rationale: Hands should be cleaned after any patient contact.

2. Nurse enters bay puts on gloves, empties catheter bag of patient 2 and removes gloves.

Should hands be cleaned before putting on gloves?

Yes

No

Rationale: Hands should be cleaned before any patient contact. This is especially important before any contact which could lead to the introduction of pathogens into a sterile cavity (ie the urinary tract)

Should hands be cleaned after removing gloves?

Yes

No

Rationale: hands should be cleaned after any patient contact.

3. Nurse enters bay makes bed of patient 3, makes bed of patient 2 leaves bay.

Should hands be cleaned before making the bed (patient 1)?

Yes

No

Rationale: Guidelines only state that hands should be cleaned after contact with a potentially contaminated environment. However, it would not be incorrect to say that hands should be cleaned *before* making the bed. You need to make a decision before doing observations (see section 2.4)

Should hands be cleaned after making the bed of patient 1?

Yes

No

Rationale: Guidelines state that hands should be cleaned after contact with a potentially contaminated environment. There is an obvious potential here to transfer pathogens from one patient area to another.

Should hands be cleaned after making the bed?

Yes

No

Rationale: Guidelines state that hands should be cleaned after contact with a potentially contaminated environment. Patient's bed sheets are likely to be heavily contaminated with the patient's skin flora.

4. HCA enters bay, stands in bay talking to doctor and leaves the bay.

Should hands be cleaned before entering the bay?

Yes

No

Should hands be cleaned after leaving the bay?

Yes

No

Rationale: There is no patient contact, so there is no need to clean hands. However, your hospital policy may state that hand cleaning is necessary in this situation, in which case record on the checklist form 6 (see section 2.4)

5. Physiotherapist enters bay, takes blood pressure (patient 1), helps the patient to stand and leaves the bay.

Should hands be cleaned before taking patients blood pressure?

Yes

No

Rationale: Hands should be cleaned before any direct patient contact.

Should hands be cleaned between taking the patients blood pressure and standing him?

Yes

No

Rationale: There is no potential to transfer pathogens within the patient i.e. from a dirty to a clean site. This should be treated as one patient contact.

Should hands be cleaned after standing the patient?

Yes

No

Rationale: Hands should be cleaned after every patient contact.

6. Nurse enters bay, takes blood pressure (patient 1) puts on gloves, administers IV medication, places sharps into sharps bin, removes gloves and leaves bay

Should hands be cleaned before taking patients blood pressure?

Yes

No

Rationale: Hands should be cleaned before any direct patient contact.

Should hands be cleaned between taking the patients blood pressure and giving the IV medication?

Yes

No

Rationale: There is potential to transfer pathogens from a “dirty” site (skin) into the bloodstream via the IV port. Unlike example number 5 this should be treated as two patient contacts.

Should hands be cleaned after giving the IV medication?

Yes

No

Rationale: Hands should be cleaned after every patient contact.

7. Nurse enters bay, makes bed (patient 1), puts on gloves, administers IV medication, places sharps into sharps bin, removes gloves and leaves bay.

Should hands be cleaned before making the bed?

Yes

No

Rationale: Guidelines only state that hands should be cleaned after contact with a potentially contaminated environment.

Should hands be cleaned between making the patient's bed and giving the IV medication?

Yes

No

Rationale: There is potential to transfer pathogens indirectly from the environment into the bloodstream via the IV port. This is equivalent to moving from a dirty to a clean site in the same patient

Should hands be cleaned after giving the IV medication?

Yes

No

Rationale: Hands should be cleaned after every patient contact.

8. Doctor enters bay checks pulse (patient 1), checks pulse patient 2 and leaves the bay.

Should hands be cleaned before checking pulse of patient 1?

Yes

No

Rationale: Hands should be cleaned before every patient contact.

Should hands be cleaned between checking the pulse of patient 1 and patient 2?

Yes

No

Rationale: Hands should be cleaned between patient contacts.

Should hands be cleaned after checking the pulse of patient 2?

Yes

No

Rationale: Hands should be cleaned after every patient contact.

9. Doctor enters bay puts on gloves checks pulse (patient 1), removes gloves and dons a fresh pair checks pulse patient 2 and leaves the bay.

Should hands be cleaned before checking pulse of patient 1?

Yes

No

Rationale: Hands should be cleaned before every patient whether gloves are used or not. Gloves are not a substitute for hand cleaning.

Should hands be cleaned between checking the pulse of patient 1 and patient 2?

Yes

No

Rationale: Hands should be cleaned between patient contacts whether gloves are worn or not. Gloves are not a substitute for hand cleaning.

Should hands be cleaned after checking the pulse of patient 2?

Yes

No

Rationale: Hands should be cleaned after every patient contact whether gloves are worn or not. Gloves are not a substitute for hand cleaning.

10. Housekeeper enters bay makes bed (patient 1), makes bed (patient 2) and leaves the bay.

Should hands be cleaned before making patient 1's bed?

Yes

No

Rationale: Guidelines only state that hands should be cleaned after contact with a potentially contaminated environment.

Should hands be cleaned between making the beds of patient 1 and 2?

Yes

No

Rationale: Guidelines state that hands should be cleaned after contact with a potentially contaminated environment. Patient's bed sheets are likely to be heavily contaminated with the patients skin flora

Should hands be cleaned after making patient 2's bed.

Yes

No

Rationale: Guidelines state that hands should be cleaned after contact with a potentially contaminated environment.

11. Doctor enters the bay, reads notes in the notes trolley and goes to the computer at the nurse's station.

Should hands be cleaned before reading patients notes?

Yes

No

Rationale: Guidelines state that hands should be cleaned before a patient contact. There has been no patient contact here.

Should hands be cleaned after finishing with the notes?

Yes

No

Rationale: Guidelines state that hands should be cleaned after contact with a potentially contaminated environment. Our definition of what constitutes a potentially contaminated environment includes only those areas within the patient's bed area. If your definition is different record it on the observation checklist, form 6 (see section 2.4)

12. Doctor enters the bay and goes behind patient's curtains

Should hands be cleaned before going behind the curtains?

Yes

No

Rationale: This is a difficult one and either answer could be correct. You could argue that a patient contact is likely to take place and that. Therefore hands should be cleaned. Alternatively you could argue that since a patient contact has not been observed it might not have taken place – no contact, no reason to clean hands. In practice it may be easier not to include these situations in your observation session, especially if there is alcohol hand rub alcohol hand rub at the end of the bed. Not only will you not be able to identify the activity that took place, you may not be able to identify whether hands were cleaned.

If you do decide to include patient contacts taking place behind curtains you will need to think carefully about how to standardise these observations. Again you will need to record this on the observation checklist, form 6 (see section 2.4)

2.4 COMPLETING THE OBSERVATION CHECKLIST

Before you start doing your first set of observations you should fill out an observation checklist with the help of your ICN. This will help you to be more consistent when doing your observations.

This section shows you how to go about filling out the checklist.

Example.

George, the FIT coordinator on Nonesuch ward and Gill the Infection Control Nurse are filling out the observation checklist for the ward.

They go through the checklist point by point. You can see the completed checklist on the next page.

Points 1-5 have already been checked by the FIT researchers. (These points are all covered by existing guidelines and all healthcare workers should be expected to clean their hands at these points.

Point 6. Before contact with the patient environment. They decide that they will not include this, since the guidelines do not suggest that hands should be cleaned before contact with the environment.

Point 7 HCW leaving/entering the ward. Although this practice is strongly encouraged on Nonesuch ward, Gill makes the point that if there is no patient contact the risk to patients is minimal. They decide not to include this.

Point 8 HCW leaving/entering isolation room. Gill again makes the point again that if there is no patient contact the risk is minimal. They decide not to include this. Any patient/environmental contacts should be covered by points 1-5.

Point 9 Unobserved patient contacts. Since all the patient lockers on the ward have an alcohol hand rub container, Gill and George decide that they will not include patient care activities going on behind curtains.

Point 10 i. They decide that they would expect staff to clean their hands after contact with anything behind, but not including, the patients' curtains.

Point 10 ii. They decide that they would not expect staff to clean their hands after contact with items outside of the patients' curtains.

**FORM 6 FEEDBACK INTERVENTION TRIAL
WARD OBSERVATION CHECKLIST**

Ward name...*Nonesuch*.....

When carrying out hand hygiene observations on the ward we would expect healthcare workers to clean their hands in the following situations.

- | | | |
|--|---|--|
| 1. before <i>any</i> patient contact . | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. after <i>any</i> patient contact | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. after contact with a contaminated surface. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. between patient contacts | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. moving from dirty -clean site within a patient | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 6. before contact with the patient environment * | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 7. HCWs entering/leaving ward.* | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 8. HCWs entering/leaving isolation room/ bay. * | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 9. Will you record patient contacts that are unobserved (ie behind curtains)?* | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

10. Guidelines state that hands should be cleaned after contact with a potentially contaminated environment. Which of the following will you classify as a potentially contaminated environment? (We would recommend that you only include items *within* the patient's curtains)

i. The following items within the patient's bedside curtains.

- Bed and bed and bedding Patient's chair patients bedside locker
 medical and monitoring equipment i.e. infusion pumps mobilising equipment
 bedside notes curtains patient's table other (state).....

ii. The following items *not* within the patient's bedside curtains:

- Patient notes (on notes trolley) computers phone none of these
 others (state).....

Ward Coordinator (name)...*George*.....Signature.....

Infection Control Nurse (name)...*Gill*.....Signature.....

Keep a copy of this form and return a copy to the Infection Control Team.

2.5 RECORDING WHAT YOU SEE

You should already have a good idea of when hands should be cleaned.

When you are carrying out your observations it is important that you record what you see in an accurate, concise and consistent manner, whilst at the same time providing you with enough detail which will allow you to give useful feedback.

We have provided two observation tools that you should use, one for individual observations (form 2, page 70) and one for group level observations (form 3, page 71).

This section of the training materials describes how to record what you see on the observation forms. The forms are very easy to fill out, but it is important that you fill them out correctly.

Read carefully through the examples and then move onto the exercises.

I. RECORDING INDIVIDUAL LEVEL OBSERVATIONS (FORM 2)

Step 1 Record the details of the observation session at the top of the form. For the sake of confidentiality, make sure that you only record the initials of the person being observed and not the full name.

Step 2 When you see an instance at which hands should be cleaned describe this in the “**activity**” column. Describe with enough information to allow you to feedback to the individual concerned.

Step 3 Tick the relevant boxes to record whether hands were cleaned with soap or alcohol hand rub.

Two very important points

1. We would recommend that you do not record patient care activities that you cannot see (i.e. those that take place behind curtains.) It can be difficult to identify whether a contact has taken place. Since alcohol hand rub is placed at most bedsides, it can also be difficult to see if hands have been cleaned. If you do decide to record these activities, make a note on the observation checklist (form 6, page 74).

2. Hands only need to be cleaned once between patient contacts. Make sure that you do not double count hand hygiene behaviours. For example, if a HCW cleans his/her hands between 2 patients this should only be recorded once since there is only one point at which hands should be cleaned.

Example

Nurse Deirdre Nightshade is carrying out an individual observation session on HCA, Andrew Bennett (AB). The ward observation checklist has been completed and it has been agreed with the infection control nurse that:

- unobserved patient contacts will not be recorded
- staff will not be expected to clean hands before contact with the patient environment, but will be expected to clean them afterwards.

She finds a discrete spot from which to observe and makes a mental note of where soap and alcohol hand rub dispensers are situated.

This is what Deirdre sees.

1. Andrew enters the bay cleans hands with soap and helps patient 1 move from bed to chair; he does not clean his hands after the contact.
2. Andrew checks blood pressure of patient 2. He cleans his hands with alcohol hand rub afterwards.
3. Andrew goes behind curtains of patient 3. He does not clean his hands.
4. Andrew comes out from behind the curtains and leaves the bay.
5. Andrew returns to the bay, does not clean his hands and makes bed of patient 4.
6. Andrew cleans his hands with soap and water. End of observation period.

This is what Deirdre records.

Form 2 FIT Individual observation and feedback form

Initials of person observed: **AB**

Date and time of observation: **30/07 1400**

Grade + job role (of observed): **HCA**

Duration of observation + feedback (mins): **25**

Were observations carried out whilst undertaking other duties?: **No**

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water
1. <i>Before moving patient bed to chair</i>	YES / NO AH / SOAP	6.	YES / NO AH / SOAP
2. <i>After moving patient 1 bed to chair</i>	YES / NO AH / SOAP	7.	YES / NO AH / SOAP
3. <i>After checking blood pressure (pt 2)</i>	YES / NO AH / SOAP	8.	YES / NO AH / SOAP
4. <i>After making bed (pt 4)</i>	YES / NO AH / SOAP	9.	YES / NO AH / SOAP

Deirdre has correctly identified **four** occasions when Andrew should have cleaned his hands.

Three points to note:

- 1.** You'll note that she does not record whether hands were cleaned before checking patient 2's blood pressure. This is because Deirdre has already recorded that Andrew did not clean his hands **after** his contact with patient 1. Since hands only need to be cleaned once, it should only be recorded once. It is very important that you do not double count hand hygiene episodes.
- 2.** Note that she does not record the fact that nurse B went behind curtains. She was unable to identify whether a patient/environmental contact had taken place. She was also unable to identify whether hands had been cleaned or not.
- 3.** Note that in line with the ward checklist agreed with the infection control nurse Deirdre does not expect Andrew to clean his hands **before** making the bed. However, if he had moved directly from a patient contact to making the bed, she would have expected Andrew to clean his hands **after** the patient contact.

EXERCISE 4

Sister Emma Royce is training to do hand hygiene audits. She is observing at the same time as Deirdre, but makes several mistakes when recording her observations.

This is what Emma sees:

1. Andrew enters the bay cleans hands with soap and helps patient 1 move from bed to chair; he does not clean his hands after the contact.
2. Andrew checks blood pressure of patient 2. He cleans his hands with alcohol hand rub afterwards.
3. Andrew goes behind curtains of patient 3. He does not clean his hands.
4. Andrew comes out from behind the curtains and leaves the bay.
5. Andrew returns to the bay, does not clean his hands and makes bed of patient 4.
6. Andrew cleans his hands with soap and water. End of observation period.

And this is what Emma records:

Form 2 FIT Individual observation and feedback form

Initials of person observed: **AB**

Date and time of observation: **30/07 1400**

Grade + job role (of observed): **HCA**

Duration of observation + feedback (mins): **25**

Were observations carried out whilst undertaking other duties?: **No**

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water
1. Before moving patient from bed to chair	YES / <u>NO</u> AH / SOAP	6. Before making bed	YES / <u>NO</u> AH / SOAP
2. After moving patient 1 from bed to chair	YES / <u>NO</u> AH / SOAP	7. After making bed	<u>YES</u> / NO AH / <u>SOAP</u>
3. Before checking blood pressure (pt 2)	YES / <u>NO</u> AH / SOAP	8.	YES / NO AH / SOAP
4. After checking blood pressure (pt 2)	<u>YES</u> / NO <u>AH</u> / SOAP	9.	YES / NO AH / SOAP
5. After coming out from behind curtains	YES / <u>NO</u> AH / SOAP	10.	YES / NO AH / SOAP

For each observation Emma has made, make a note of mistakes she has made in recording.

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

Answers.

1. She has incorrectly recorded that hands were not cleaned.
2. This is correctly recorded.
3. This has been **double counted** (hands were actually cleaned after the contact with patient 1 and do not need to be cleaned again).
4. This is correctly recorded.
5. Patient care opportunities taking place behind curtains should not be recorded.
6. Hands do not need to be cleaned before a contact with the patient environment.
7. This is correctly recorded.

II. RECORDING GROUP LEVEL/WARD AREA OBSERVATIONS (FORM 3).

Step 1 Record the details of the observation session at the top of the form.

Step 2 When you see an instance at which hands should be cleaned describe this in the “**activity**” column. Describe with enough information to allow you to feedback to the ward and to identify any patterns. The details should be almost exactly the same as when carrying out observations on an individual. The only difference is that it will be useful to record the category of staff you are observing. (see example 2 below). For the sake of confidentiality do not record the names of the staff you have observed.

Step 3 Tick the relevant boxes to record whether hands were cleaned with soap or alcohol hand rub.

Two very important points (again!)

1. We would recommend that you do not record patient care activities that you cannot see (i.e. those that take place behind curtains). It can be difficult to identify whether a contact has taken place. Since alcohol hand rub is placed at most bedsides, it can also be difficult to see if hands have been cleaned. If you do decide to record these activities, make a note on the observation checklist (form 6).
2. Hands only need to be cleaned once between patient contacts. Make sure that you do not double count.

Example.

Sr Royce is now much better at recording hand hygiene observations. The following week (week 3 of the observation cycle) she is carrying out group level observations on the ward as a whole.

This is what Emma sees:

George the physiotherapist helps patient 1 move from bed to chair. He cleans his hands with alcohol after the contact but not before.

Susan the SHO takes a blood sample from patient 2. She cleans her hands with soap and water before and after the contact.

Adriana the HCA makes the bed of patient 3. She does not clean her hands before or after.

This is what Emma (correctly) records.

Form 3. Group observation and feedback form (confidential)

Date and time of observation: **07-08**

Grade + job role of observer: **Junior Sister**

Duration of observation (mins): **20**

Were observations carried out whilst undertaking other duties?: **Y/N**

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water
1. Physio before moving pt1 from bed to chair	YES / <u>NO</u> AH / SOAP	6.	YES / NO AH / SOAP
2. Physio after moving pt1 from bed to chair	<u>YES</u> / NO <u>AH</u> / SOAP	7.	YES / NO AH / SOAP
3. Dr before taking blood sample	<u>YES</u> / NO AH / <u>SOAP</u>	8.	YES / NO AH / SOAP
4. Dr after taking blood sample	<u>YES</u> / NO AH / <u>SOAP</u>	9.	YES / NO AH / SOAP
5. HCA after making bed	YES / <u>NO</u> AH / SOAP	10.	YES / NO AH / SOAP

2.6. CALCULATING COMPLIANCE

You'll need to calculate the hand hygiene compliance after every **group** observation session i.e. the percentage of times when hands were cleaned. This is extremely easy to do, just like a simple drug calculation. Divide the number of times that hands were cleaned by the number of observations, multiply this number by 100 to give a percentage.

$$\frac{\text{No. of times that hands were cleaned}}{\text{No. of observations}} \times 100\% = \text{hand hygiene compliance}$$

EXERCISE 5

Calculate the hand hygiene compliance for the observation session recorded below.

Describe observed activity . Is it before or after the patient contact?	Hands Cleaned	Describe observed activity . Is it before or after the patient contact?	Hands Cleaned
1. Before moving patient 1 from bed to chair	YES/NO AHR/ SOAP		YES/NO AHR/SOAP
2. After moving patient 1 from bed to chair	YES/ NO AHR/SOAP		YES/NO AHR/SOAP
3. After checking blood pressure patient 2	YES/NO AHR/SOAP		YES/NO AHR/SOAP

ANSWER

1. Number of times hands cleaned = 2
2. Number of observations = 3
3. $2/3 = 0.67$
4. $0.67 \times 100 = 67$

Hand hygiene compliance = 67%

When you have calculated the hand hygiene compliance, you'll need to record this on a graph. You can use an excel spreadsheet to do this. If you have not used excel before, training materials in appendix 1 show you how to do this.

SECTION 3. FEEDBACK & PLANNING

This section includes training materials developed by the FIT study researchers to help you familiarise yourself with the skills required for you to implement the feedback and planning elements of the study.

These activities draw upon a range of skills many of which you may have already. The training materials will help you to acquire these skills as quickly as possible.

You will first be introduced to guidelines for delivering feedback, targets and planning to individual healthcare workers, followed by a series of scenarios, which are designed to get you engaging with the material. After each scenario you'll be asked to answer questions using the relevant checklists as a guide. This is followed by similar training materials focusing upon group level feedback, targets and planning.

You'll find the answers in the final section.

3.1 GUIDELINES FOR GIVING EFFECTIVE FEEDBACK TO AN INDIVIDUAL HCW

Guidelines for giving effective feedback

i) Explain why the staff member has been selected

Staff members should understand that observation is occurring as part of a new hand-hygiene initiative on the ward. It is very important that they understand that selection occurred on a random basis and that each member of staff had an equal chance of being observed.

ii) State that the feedback session is confidential

Confidentiality is important for honest and open discussion of behaviour. You must inform the observed staff member that the feedback session is confidential, and that anything discussed during the session will go no further than the session itself. Also, ensure that others – staff/patients – cannot hear what is said.

iii) Give feedback on the behaviour and not the person

It is essential that you focus upon the behaviour at all times. You should state clearly whether or not hands were cleaned. If not cleaned, you should explain the rationale behind *why* they should have been cleaned by reference to the guideline:

'Hands must be decontaminated immediately before each and every episode of direct patient contact/care and after any activity or contact that potentially results in hands becoming contaminated'.

Do not refer to personal history, lifestyle, or perceived characteristics of the person you have observed, e.g. 'you didn't wash your hands because you are a lazy so-so'.

v) Describe all opportunities and behaviours

Detailed feedback is more useful for behaviour change. It is important that you describe everything you have recorded using the individual observation and feedback form.

vi) Praise hand-hygiene behaviour

Hand-hygiene behaviour must be rewarded by verbal praise. There is no need to go over the top with this, e.g. 'congratulations for cleaning your hands!'. A few simple, reinforcing comments, such as, 'that's great', 'excellent', or 'good stuff', will suffice.

vii) Give reward for full compliance

If the staff member exhibits full compliance over the 20 minute observation period, inform them that they will receive a certificate. This certificate can be used as evidence of meeting the core KSF dimension HWB3: protection of health and well being (level 3). Give this person's name to the infection control team. You will receive a named certificate to be passed on to that individual.

vii) Describe non-compliance situations as target improvement areas

Non-compliance situations refer to hand-hygiene opportunities in which the staff member did not clean their hands. For example, if hands were not cleaned after removing a catheter, the target improvement area would be : "*after removing catheters.*"

viii) Report difficulties to line manager

In the unlikely event of an observed staff member reacting aggressively, *do not engage in an argument with that person.* Explain that observation is being conducted as part of a new hand-hygiene initiative, and that this is supported by the line manager and infection control team. If aggression persists, thank the staff member for their time and report the incident to your line manager.

EXERCISE 6

Feeding back to an individual HCW. Liz (ward co-ordinator) observing Christina (ward nurse)

Liz observes four opportunities for hand-hygiene behaviour over the 20 minute period of observation Read the scenario and answer the questions below.

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?
1. Before helping patient 1 to stand	YES / <input type="radio"/> NO AH / SOAP	6.	YES / NO AH / SOAP
2. After helping patient 1 to stand	YES / <input type="radio"/> NO AH / SOAP	7.	YES / NO AH / SOAP
3. After adjusting patient in bed	<input type="radio"/> YES / NO <input type="radio"/> AH / SOAP	8.	YES / NO AH / SOAP
4. After touching patient 1's bedside table (environmental)	YES / <input type="radio"/> NO AH / SOAP	9.	YES / NO AH / SOAP
5.	YES / NO AH / SOAP	10.	YES / NO AH / SOAP

Feedback session:

Liz: Christina, I need to talk with you for a moment.

Christina: Sorry Liz, I'm a bit tied up - maybe later.

Liz: I need to talk with you now.

Christina: I said I am tied up.

Liz: Get over here now.

Christina slinks over to Liz. She looks angry.

Liz: I've been watching the way you've been acting over the past 20 minutes. What are you *doing*?

Christina: I'm not sure I understand what you are talking about.

Liz: Look, this is what I recorded.

Liz shows Christina her recordings (see above).

Liz: Not very impressive, is it?

Christina notices that a few other staff members are listening to their conversation.

Christina: Yes, but... can I explain?

Liz holds up her hand: Not interested. You'll be re-observed next month.

Liz stomps off.

Questions

1 a i). Use the individual feedback checklist (below) to assess Liz's performance. Which criteria did she meet? Tick the relevant boxes.

ii) How did Liz act towards Christina?

iii) How do you think her behaviour made Christina feel?

FEEDBACK CHECKLIST

	Yes	No	N/A
1. Explain why the staff member has been selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State that the feedback session is confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Give feedback on the behaviour and not the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe all opportunities and behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Praise hand-hygiene behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Give reward for full compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe non-compliance situations as target improvement areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Report difficulties to line manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXERCISE 7

Feeding back to and individual HCW. Fang-Li (ward coordinator) observing Stuart (physio)

Fang-Li observes three opportunities for hand-hygiene behaviour over the 20 minute period of observation Read and answer the questions below

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?
1. Before mobilising patient	YES / <input checked="" type="radio"/> NO AH / SOAP	6.	YES / NO AH / SOAP
2. After mobilising patient	YES / <input checked="" type="radio"/> NO AH / SOAP	7.	YES / NO AH / SOAP
3. After checking patient's leg	YES / <input checked="" type="radio"/> NO AH / SOAP	8.	YES / NO AH / SOAP

Feedback session:

Fang-Li: Hi Stuart, would you mind if we have a brief chat? I've been observing your hand-hygiene behaviour over the past 20 minutes as part of a new infection control initiative here on Nonesuch.

Stuart: OK, you've been watching me?

Fang-Li: Yes, for the past 20 minutes. It is all being conducted with the full support of the infection control team and management, and everything is confidential so no problem.

Stuart: Right.

Fang-li motions Stuart to a quiet corner of the ward.

Fang-li: OK, so, firstly before mobilising the patient over there, you didn't clean your hands.

Stuart: Point taken.

Fang-Li: Secondly, after mobilising that patient you didn't clean your hands.

Stuart: Again, point taken.

Fang-Li: So, out of three opportunities for hand-hygiene behaviour, you had three non-compliances. These are your target improvement areas

Questions

1 b i) Use the individual feedback checklist (below) to assess Fang Li. Which criteria did she meet? Tick the relevant boxes.

ii) What was the main difference between Fang-Li and Liz?

FEEDBACK CHECKLIST

	Yes	No	N/A
1. Explain why the staff member has been selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State that the feedback session is confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Give feedback on the behaviour and not the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe all opportunities and behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Praise hand-hygiene behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Give reward for full compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe non-compliance situations as target improvement areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Report difficulties to line manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXERCISE 8

Feeding back to individual healthcare workers. Geoff (ward co-ordinator) observing Helen (doctor)

Geoff observes three opportunities for hand-hygiene behaviour over the 20 minute period of observation. Read and answer the questions below.

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?
1. Before checking patient's temperature	YES / <input checked="" type="radio"/> NO AH / SOAP	6.	YES / NO AH / SOAP
2. After checking patient's temperature	YES / <input checked="" type="radio"/> NO AH / SOAP	7.	YES / NO AH / SOAP
3. After touching patient	YES / <input checked="" type="radio"/> NO AH / SOAP	8.	YES / NO AH / SOAP

Feedback session:

Geoff: Excuse me, can I have five minutes of your time?

Helen: I don't have five minutes.

Geoff: It's part of a new hand-hygiene initiative on the ward, fully supported by the infection control team and hospital management... it's all confidential.

Helen: I told you (jabs finger at Geoff)... I don't have five minutes and certainly not for chatting about hand-hygiene.

Geoff: I understand that you are busy, but this is very important. All staff are taking part.

Helen: Read my lips... I ... DON'T ... HAVE ... TIME ... FOR ... THIS.

Geoff: look at this... (shakes observation and feedback form at Helen) ... this kind of behaviour is the reason we have healthcare infections on this ward.

Helen: Who do you think you are? Talking to me like that? I'm reporting this.

Helen stomps off to report behaviour.

Questions:

1 c i) Use the individual feedback checklist (below) to assess Geoff's performance. Which criteria does he meet? Tick the relevant boxes.

ii) What effect did Geoff's reaction have on Helen's behaviour?

iii). How should Geoff have dealt with Helen?

FEEDBACK CHECKLIST

	Yes	No	N/A
1. Explain why the staff member has been selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State that the feedback session is confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Give feedback on the behaviour and not the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe all opportunities and behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Praise hand-hygiene behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Give reward for full compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe non-compliance situations as target improvement areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Report difficulties to line manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 GUIDELINES FOR FORMULATING ACTION PLANS FOR INDIVIDUAL HEALTHCARE WORKERS.

i) Look for patterns of behaviour or specific problem situations Record these. If none, state none

In order to help the observed staff member develop a useful plan, it is important that you take note of anything you observe that is problematic. Keep in mind the following two questions:

1. *“Is the staff member doing anything that is making it more difficult for him/her to clean their hands?”*

Example.

After every hand-hygiene opportunity, staff member walks to the end of the room to use soap and water, when it would be easier for her to use the bedside alcohol handrub dispenser.

2. *“Are any particular activities problematic?”*

Examples.

Observed staff member does not clean hands:

- *Before or after wearing gloves*
- *After removing catheters*
- *After high risk activities*

Plans need to be tailored to the needs of the specific individual. Be creative!!!

ii) Ask for reason why hands were not cleaned. Record their answer. If none, state none.

It is important to record staff member's reasons for not cleaning their hands. These can help to develop a plan for changing behaviour. Some common reasons are: *“I forgot”, “I’m new here”, or “I didn’t know I had to”*. However, you may find yourself on the receiving end of a comment such as: *“who cares?”* In this event, explain to the staff member the importance of hand-hygiene behaviour in healthcare settings and that this is taken very seriously by the line manager and infection control team. If such comments persist, report to your line manager.

iii) TOGETHER, develop a plan to change behaviour in light of any patterns and reasons given, i.e. the plan should RELATE to pattern/s and reason/s given

1. Ensure that the agreed plan/s is something specific that relates directly to patterns and/or reasons given

Example 1

Pattern = all non-compliances occur near the bed farthest away from the sink

Reason = the sink is too far away for me to keep going back and forth

PLAN: use alcohol handgel dispensers near the bed

In this example there is a clear pattern and reason. The plan directly relates to them.

Example 2

No clear pattern

Reason = I'm new here

PLAN: *familiarise self with location of hand-cleaning materials and use these*

In this example there is no pattern, but a reason has been given. The plan directly relates to the reason.

Example 3

No clear pattern

No reason given i.e. "I don't know"

In such an instance, there are a number of generic plans that can be used. For instance:

'Use alcohol handrub'

'Use soap and water'

'Give personal alcohol handrub dispenser'

'Place an inkmark on the wrist to remind self to clean hands'

Example 4

No clear pattern

Reason; 'sore hands'

PLAN: *Read hospital guidelines regarding hand hygiene.*

In this example, the plan does not relate to the reason.

2. Plans should involve concrete, behavioural actions. Don't use thinking plans, e.g. "I will remember to clean my hands next time." These are too general to be useful

Examples of concrete behavioural plans

I will use alcohol hand rub

I will read hospital guidelines regarding hand hygiene.

I will apply moisturiser to my hands before and after every shift.

Examples of thinking plans

I'll remember to do it next time

I'll think about what I'm doing

3. Plans should be *agreed*, and not imposed.

iv) Re-observe next month if more than two non-compliances

An opportunity to review behaviour must be given if there are more than two instances of poor hand-hygiene behaviour. A repeat observation must be scheduled for the next month. Do not inform the staff member of when this will be. Inform them that this will occur at random.

EXERCISE 9

Formulating action plans for individual healthcare workers Shelly (ward co-ordinator) observing Mo (phlebotomist)

Shelly observes two opportunities for hand-hygiene behaviour over the 20 minute period of observation. Read and answer the questions below

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED?	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED?
1. Before taking the blood of patient 1	YES / <input checked="" type="radio"/> NO AH / SOAP	6.	YES / NO AH / SOAP
2. After taking the blood of patient 1	YES / <input checked="" type="radio"/> NO AH / SOAP	7.	YES / NO AH / SOAP
3.	YES / NO AH / SOAP	8.	YES / NO AH / SOAP

Planning session:

Shelly looks for patterns of behaviour or situations in which hand-hygiene is problematic. She notes that both non-compliances are related to blood taking, a high risk activity. She records this.

Shelly: So, Mo, is there any reason why you didn't clean your hands before and after taking blood?

Mo: What a stupid question... there is no soap in the dispensers.

Shelly records this using the form.

Mo: Can we hurry this up... I have a lot of work to do this morning.

Shelly: Eh... OK... what do you want to do to make it all better?

Mo: I'll be a good girl next time.

Shelly writes 'will behave better next time' on the form.

Questions

2 a i) Use the individual planning checklist (below) to assess Shelly's performance. Tick the relevant boxes

ii) Did Shelly develop a good plan for Mo? State reasons for your answer.

iii) What should Shelly have said to Mo before finishing the session?

1. Look for patterns of behaviour or specific situations in which hand-hygiene is problematic. Record these. If none, state none.

Yes No N/a

2. For non-compliances, ask the staff member why they did not clean their hands. Record their answer. If none, state none.

Yes No N/a

3. TOGETHER, develop a plan to change behaviour in light of any pattern/s and reason/s given, i.e. the plan should RELATE to the pattern/s and reason/s.

Yes No N/a

4. Ensure that the plan is something concrete that the staff member can do to improve their behaviour (as in examples given in 3)? Avoid thinking plans

Yes No N/a

5. If the staff member has two or more instances of non-compliance then re-observe next month.

Yes No N/a

EXERCISE 10

Formulating action plans for individual healthcare workers Angela (ward co-ordinator) observing Safraz (doctor)

Angela observes three opportunities for hand-hygiene behaviour over the 20 minute period of observation. Read and answer the questions below

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?
1. After touching patients bed	YES / <input checked="" type="radio"/> NO AH / SOAP	6.	YES / NO AH / SOAP
2. After touching patient's arm	YES / <input checked="" type="radio"/> NO AH / SOAP	7.	YES / NO AH / SOAP
3. After patting patient 2 on the arm on the way into another bay	YES / <input checked="" type="radio"/> NO AH / SOAP	8.	YES / NO AH / SOAP
4.	YES / NO AH / SOAP	9.	YES / NO AH / SOAP

Planning session:

Angela looks for patterns of behaviour or situations in which hand-hygiene is problematic. She cannot see any noticeable patterns and records this using the form.

Angela: Let's talk about your non-compliances. Can I ask why you didn't clean your hands? I'm not getting at you - we just need to explore this in order to try to help you change your behaviour.

Safraz: I know it is wrong, but I completely forgot. Sometimes I get so caught up in what I am doing that it becomes extremely difficult to remember.

Angela records this using the form.

Angela: Is there anything you can think of that you could do to improve upon this?

Safraz: Ummm...

Angela: What about your personal handrub dispenser? Where do you keep that?

Safraz: In my pocket... I'll remember to use that next time
Angela records 'remember to use personal handrub dispenser next time' using the form.

Angela: I'll be back to re-observe you next month. Thanks for your time.

Questions

2 b i Use the individual planning checklist (below) to assess Angela's performance. Tick the relevant boxes

ii) Did Angela develop a good plan for Safraz? State reasons for your answer.

iii) Think of a plan for Safraz. Remember, there is not a right or wrong answer – as long as the plan is specific and not too general to be useful.

INDIVIDUAL PLANNING CHECKLIST (WEEKS ONE AND TWO)

1. Look for patterns of behaviour or specific situations in which hand-hygiene is problematic. Record these. If none, state none.

Yes No N/a

2. For non-compliances, ask the staff member why they did not clean their hands. Record their answer. If none, state none.

Yes No N/a

3. TOGETHER, develop a plan to change behaviour in light of any pattern/s and reason/s given, i.e. the plan should RELATE to the pattern/s and reason/s.

Yes No N/a

4. Ensure that the plan is something concrete that the staff member can do to improve their behaviour (as in examples given in 3)? Avoid thinking plans

Yes No N/a

5. If the staff member has two or more instances of non-compliance then re-observe next month.

Yes No N/a

EXERCISE 11

Formulating action plans for individual HCWs Joseph (ward co-ordinator) observing Brian (healthcare assistant)

Joseph observes five opportunities for hand-hygiene behaviour over the 20 minute period of observation. Read and answer the questions below

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED?
1. Before propping up patient 1 in bed	<input checked="" type="radio"/> YES / NO AH / <input checked="" type="radio"/> SOAP	6.	YES / NO AH / SOAP
2. After propping up patient 1 in bed	<input checked="" type="radio"/> YES / NO AH / <input checked="" type="radio"/> SOAP	7.	YES / NO AH / SOAP
3. After touching patient 2	YES / <input checked="" type="radio"/> NO AH / SOAP	8.	YES / NO AH / SOAP
4. After adjusting patient 3's bib	YES / <input checked="" type="radio"/> NO AH / SOAP	9.	YES / NO AH / SOAP
5. After touching bedside table near patient 2	YES / <input checked="" type="radio"/> NO AH / SOAP	10.	YES / NO AH / SOAP

Planning session:

Joseph looks for patterns of behaviour or situations in which hand-hygiene is problematic. He notices that the only time Brian cleans his hands is when he is near patient 1. Patient 1 is directly beside the sink. Patients 2 and 3 are farthest away from the sink. He records this using the form.

Joseph: OK, let's make a plan. I think you need to start using the bedside alcohol handgel. The problem seems to be that you are relying too much on soap and water.

Brian: But...

Joseph writes down, 'use bedside alcohol handgel' using the form.

Joseph: You'll be observed again in the next month.

Questions

i) Use the individual planning checklist (below) to assess Joseph's performance. Tick the relevant boxes.

ii) How did Joseph develop a plan for Brian? Did he do this correctly?

INDIVIDUAL PLANNING CHECKLIST (WEEKS ONE AND TWO)

1. Look for patterns of behaviour or specific situations in which hand-hygiene is problematic. Record these. If none, state none.

Yes No N/a

2. For non-compliances, ask the staff member why they did not clean their hands. Record their answer. If none, state none.

Yes No N/a

3. TOGETHER, develop a plan to change behaviour in light of any pattern/s and reason/s given, i.e. the plan should RELATE to the pattern/s and reason/s.

Yes No N/a

4. Ensure that the plan is something concrete that the staff member can do to improve their behaviour (as in examples given in 3)? Avoid thinking plans

Yes No N/a

5. If the staff member has two or more instances of non-compliance then re-observe next month.

Yes No N/a

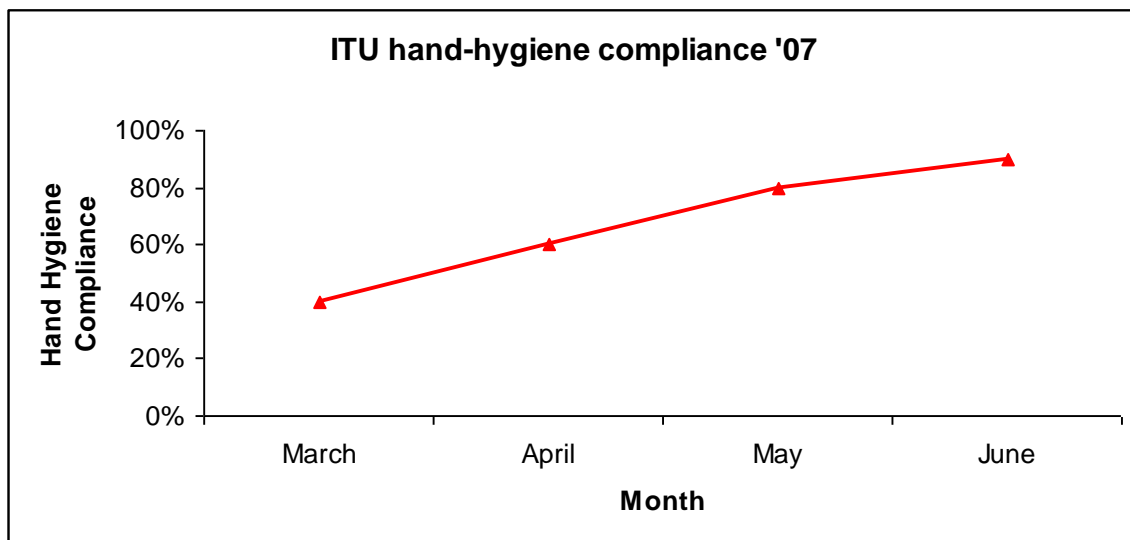
3.3 GUIDELINES FOR GIVING FEEDBACK TO A GROUP

Feedback and action-planning are important for changing individual behaviour. However, these techniques are also effective in changing the behaviour of the group (i.e. the ward as a whole). The aim of the group component is to:

- Foster a sense of group ownership and participation
- Provide a forum in which to deal with those problems that cannot be resolved at the individual level.

The principles of effective feedback and action planning at a group level are very similar to those at the level of the individual.

i) Enter ward compliance (% from group observation) into excel database. (See page 79 for details of how to do this). Looking at this graph will allow staff members to compare hand-hygiene behaviour at different time points. It is important to remember that 100% hand-hygiene behaviour, although possible, may be difficult to attain. Your trust may, however have a policy of 100% hand hygiene compliance. So, wards should *aim for a trend* towards increasing hand-hygiene behaviour rather than an immediate goal of 100%.



ii) Print out ward hand-hygiene behaviour graph (multiple copies) and post at communal areas of the ward

The graph will be used to feed back ward performance to the ward as a whole. As such, it is important that these be displayed *where they will be seen by as many members of staff as possible*, e.g. communal areas such as the tea-room.

iii) Slot ward feedback into a monthly meeting

It is also important that ward hand-hygiene behaviour is fed-back to as many people as possible. In addition to the performance graph (see point (ii)), performance will also be fed back verbally in a monthly ward meeting. This should be in an *existing ward meeting*, in which you will discuss hand-hygiene issues for 5-10 minutes. The ward manager and infection control team should be informed of when and where this meeting will occur.

iv) Present monthly % hand-hygiene behaviour and the ward compliance graph

Simply put, distribute a copy of the ward compliance graph to those present at the meeting AND verbally state % hand-hygiene behaviour. State if hand-hygiene behaviour decreased, increased or did not change.

v) Be pleasant and constructive

vi) Focus on the behaviour – do not turn the feedback session into a personal attack

See earlier.

EXERCISE 12

Giving ward feedback

Liz enters the month's group % hand-hygiene behaviour (from week 3) into the excel database, and posts one A4 copy of the performance graph on the back of the storage cupboard door.

Liz slots FIT into a weekly ward update organised by the Ward Manager.

Liz: OK, here is the ward compliance graph for this month.

Liz passes around copies of the graph.

Liz: We got 50% compliance.... which is a reduction in hand-hygiene behaviour... not good enough... And I have to say this is mainly because of Pauline Stanovich and Trevor Smith.

Group mumbles.

Liz: Compared with last month's target, which was 70%, this is very poor... those two are letting the ward down.

Pauline and Trevor look extremely uncomfortable.

Questions

3 a i) Use the ward feedback checklist (next page) to assess Liz' performance.

ii) What do you think about Liz's choice of location for the poster? Is this a good location? Give reasons for your answer.

iii) How do you think Liz made Pauline and Trevor feel?

WARD FEEDBACK CHECKLIST

1. Enter ward compliance (% from group observation) into excel database
Yes No
2. Print out ward compliance graph (multiple copies) and post at communal areas of the ward
Yes No
3. Slot ward feedback into a monthly ward meeting
Yes No
4. At ward meeting, present the ward compliance graph.
Yes No
5. Be pleasant and constructive
Yes No
6. Focus on the behaviour – do not turn the feedback session into a personal attack
Yes No
7. State if hand-hygiene behaviour has reduced or increased.
Yes No
8. Compare with % target set in the previous month.
Yes No

3.4 GUIDELINES FOR FORMULATING ACTION PLANS FOR A GROUP.

i) Look for patterns of behaviour or specific problem situations In order to develop a ward plan, it is important that you take note of anything you observe that is problematic. Keep in mind the following questions:

“Are staff members doing anything that is making it more difficult for them to clean their hands?”

Example.

After every hand-hygiene opportunity, staff members walk to the end of the room to use soap and water, when it would be easier for them to use the bedside alcohol handgel dispenser.

“Are any particular activities problematic?”

Examples.

Observed staff members do not clean hands:

- Before or after wearing glove
- After removing catheters
- After high risk activities

“Are there any organisational factors contributing to non-compliance?”

Examples.

Empty soap/alcohol handgel dispensers

Lack of training

ii) During the meeting, describe patterns of behaviour and/or specific problem situations. Ask for suggestions as to how hand-hygiene behaviour could be increased on the ward in relation to what has been observed.

The main aim here is to identify solutions to observed problems. For example, in the above example, a good plan might be to increase access to alcohol handgel supplies near the bedside. In the event that there are no suggestions, a number of generic plans can be used.

Example:

Provide staff with more training

Organise a rota for checking that there are plenty of cleaning supplies

Give staff personal alcohol handgel dispensers

Orientation to cleaning materials

iii) Agree a plan in conjunction with those present at the meeting

It is important that you try to facilitate a discussion with those present at the meeting. Ask them, 'What do you think?' Record the ward plan/s using the ward meeting outcome form.

iv) Agree a % target for the next month in conjunction with all present at the meeting.

Using your current monthly % hand-hygiene behaviour, you must decide upon a target for next month. Next month, you will compare hand-hygiene behaviour with that target. It is better to set small incremental targets than large unrealistic targets (e.g. 50% to 60% rather than 50% to 100%).

EXERCISE 13

Formulating ward action plans.

Describe observed activity and state if hand-hygiene opportunity is before or after patient contact or after environmental contact	Type of staff member	HANDS CLEANED?	Describe observed activity and state if hand-hygiene opportunity is before or after patient contact or after environmental contact	Type of staff member	HANDS CLEANED?
1. before assisting patient 1 with her bib	health-care assistant	YES / NO AH / SOAP	6. after applying collar	physio-therapist	YES / NO AH / SOAP
2. after assisting patient 1 with her bib	health-care assistant	YES / NO AH / SOAP	7. after adjusting patient's bandage	nurse	YES / NO AH / SOAP
3. before taking patient's blood pressure	nurse	YES / NO AH / SOAP	8.		YES / NO AH / SOAP
4. before applying collar	physio-therapist	YES / NO AH / SOAP	9.		YES / NO AH / SOAP
5. after taking patient's blood pressure	nurse	YES / NO AH / SOAP	10.		YES / NO AH / SOAP

Ward planning session:

Steve looks for patterns of behaviour or situations in which hand-hygiene is problematic. He notes that no-one is using the bedside alcohol handgel dispensers.

Steve: I notice that no-one is using the bedside alcohol handgel dispensers. This might have something to do with our low levels of compliance. Any ideas as to what we could do to change this?

Cath: We could tell people to remember to use the dispensers.

Steve: But then, what if they are busy and completely forget to remember to *remember* to use the dispensers.

Harold: Perhaps we could put a few signs in the staff-room and more in the bays. Big bold lettering, 'USE THE BEDSIDE ALCOHOL HANDRUB'. Maybe something a bit more catchy, but you know what I mean.

Steve: What does everyone think?

The group murmur in agreement.

Steve records 'publicize bedside alcohol handrub via posters' on the form.

Steve: Now we just need to decide a % target for the next four weeks. Our performance this month was 43% - so how about we make our target 90%?

Harold: But I think...

Steve: 90% it is... thanks for your time.

Steve records % target for the next month using the form.

Questions

4 a i) Use the ward planning checklist (below) to assess Steve's performance. Tick the relevant boxes.

ii) What do you think of the agreed strategy? Is it good? State reasons for your answer.

iii) What do you think of Steve's strategy for ward target setting? Is it good? State reasons for your answer.

CHECKLIST FOR PROVIDING WARD PLANNING (WEEK FOUR)

1. Was a pattern of behaviour or specific situations in which hand-hygiene is problematic recorded? If no patterns are noted this should be recorded.
Yes No

2. Was a plan to change behaviour made in light of any patterns and reasons given i.e. does the plan relate to the pattern and reason?
Yes No

3. Was the plan something concrete that ward can do to improve hand hygiene behaviour? *i.e. don't use thinking plans*
Yes No

4. Was a plan agreed in conjunction with all present at the meeting? Record on the ward meeting outcome form.
Yes No

5. Was a % target for the following month agreed in conjunction with all present at the meeting. It is better to small incremental targets than large unrealistic targets (e.g. 50% to 60% rather than 50% to 100%). Record plan/s using the ward meeting outcome form.
Yes No

3.5. ANSWERS TO EXERCISES 6-13

Individual feedback

6. Liz

- i) Tick No for every item on the checklist. Liz did not adhere to any of the guidelines for providing feedback
- ii) Liz was aggressive
- iii) Liz's behaviour may have made Christina feel anxious. This may impact upon Christina's motivation, and as such is likely to have a negative effect upon her behaviour. Feedback should be *constructive*.

7. Fang-Li

- i) Tick Yes for 1, 2, 3, and 7. Did you tick Yes for 4? Look more closely. Fang-li did not describe all opportunities and behaviours. Out of three, she described two. It is important to be as specific and descriptive as possible. Tick No for 4. Tick n/a for 5, 6 and 8.
- ii) Fang-Li was friendly

8. Geoff

- i) Tick Yes for 1 and 2. At first Geoff was pleasant, but reacted to Helen angrily. Geoff tried to be friendly, but then later showed anger towards Helen. In his anger, Geoff turned the feedback session into a personal attack. Tick No for 3
Helen's attitude made the situation very difficult in terms of points 4, and 7. Tick No for 4,7,8. Tick n/a for 5 & 6.
- ii) Geoff's reaction added further fuel to a tense situation. It angered Helen further. It is important to remain calm in such situations.
- iii) Geoff should have adhered to point 8. He should have remained calm, thanked Helen for her time and described the situation to the infection control nurse.

Individual planning

9. Shelly

- i) Tick Yes for 1 and 2. Tick No for 3,4,5
- ii) No. The developed plan is a thinking plan. As such, it is too general to be useful. It has to be specific.
- iii) That she would be observed again next month.

10. Angela

- i) Tick Yes for 1, 2 and 3. Tick No for 4 and 5
- ii) No. Again, plan was too general to be useful.
- iii) Any answer so long as specific, e.g. orient to alcohol handrub, wear personal alcohol handrub dispenser in a more visual location

11. Joseph

- i) Tick Yes for 1, 3 and 5. Tick No for 2 and 4
- ii) Joseph did not *agree* a plan with Safraz. No discussion involved. At one point he even cut Brian off. Plans need to be agreed between the ward co-ordinator and the observed staff member.

Ward feedback

12. Liz

- i) Tick Yes for 1,3,4,7 and 8. Tick no for 2,5 and 6.
- ii) Not a good location – too hidden. It needs to be in a location in which it will be seen, such as the tea room, ward entrance, etc.
- iii) Victimised. Remember, focus on the behaviour and not the person.

Ward planning

13. Steve

- i) Tick Yes for 1,2,3 and 4. No for 5.
- ii) Strategy is good. It is specific.
- iii) His strategy is not good as it doesn't involve discussion with those present at the meeting. At one point, he cuts a staff member off. Target setting should be participatory, i.e. other people should be involved.

3.6. Completing the Paperwork

The next section gives completed examples of how to fill in the forms that you will be using as a part of the FIT study.

Form 2 FIT Individual observation and feedback form (confidential)

Initials of person observed: **CF**

Date and time of observation: **20-12- 07 1400hrs**

Grade + job role (of observed): **HCA**

Duration of observation + feedback (mins): **25**

Were observations carried out whilst undertaking other duties?: Y / **(N)**

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water
1. before taking BP (pt 1)	YES / (NO) AH / SOAP	6.	YES / NO AH / SOAP
2. after taking blood pressure (pt 1)	YES / (NO) AH / SOAP	7.	YES / NO AH / SOAP
3.	YES / NO AH / SOAP	8.	YES / NO AH / SOAP
4.	YES / NO AH / SOAP	9.	YES / NO AH / SOAP
5.	YES / NO AH / SOAP	10.	YES / NO AH / SOAP

Was hand hygiene compliance 100%? **YES**. Give the person observed a certificate of good practice.

(NO) Go to section 3. (If more than two non-compliances go to section 3, then file for repeat observation next month.)

1. State all opportunities and behaviours (as recorded on the observation form and praise compliance.

2. Note patterns in non-compliances (if none, state none): (e.g. all occurring in relation to glove use)

Before and after low risk patient contacts

3. Ask staff member why they did not clean their hands? **Note**.

Hands sore.

4. Ask staff member for suggestions for changing their behaviour to improve compliance in target areas. **Note**

Don't know

5. Agreed plan/s:

Use alcohol hand rub rather than soap except when hands are visibly soiled

Use hand cream before and after each shift & before breaks

6. Reobserve next month? Yes No

Observer's name: **Sylvia Bell..** Observer's job title: **Sister.....**Observer's Grade:.....

Form 3. Group observation and feedback form (confidential)

Date and time of observation: **09-10-07**

Grade + job role of observer: **Sister**

Duration of observation (mins): **20**

Were observations carried out whilst undertaking other duties?: Y / N

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water
1. Student nurse 1 before checking TPR (pt 1)	YES / <input checked="" type="radio"/> NO AH / SOAP	6. HCA before assisting with examination of pt 3)	YES / <input checked="" type="radio"/> NO AH / SOAP
2. Student nurse after checking TPR (pt 1)	YES / <input checked="" type="radio"/> NO AH / SOAP	7.	YES / NO AH / SOAP
3. Student nurse 2 before checking TPR (pt 2)	YES / <input checked="" type="radio"/> NO AH / SOAP	8.	YES / NO AH / SOAP
4. Dr before examining patient 3	YES / <input checked="" type="radio"/> NO AH / SOAP	9.	YES / NO AH / SOAP
5. Nurse before assisting with examination of patient 3	YES / <input checked="" type="radio"/> NO AH / SOAP	10.	YES / NO AH / SOAP

Overall hand-hygiene compliance = 0 %

Hand-hygiene behaviour
----- x 100 = Overall hand-hygiene behaviour
Total opportunities

NOTE ANY PATTERNS / PROBLEMS:

a. Student nurses hand hygiene
b. No hand hygiene before contact with pt 3. Alcohol hand gel dispensers empty

Observer's signature:.....

Please retain a copy of this form for your own files and return a copy to your infection control team

Form 4 FIT ward meeting form (confidential)

Date: **16-10-07**.....

Name and grade of person leading meeting...**Sylvia Bell**.....

Which meeting did you slot FIT into? ...**Handover**...Duration of FIT meeting: **10 mins**.

Total number of people attending: Nurses/HCAs (state number):...**5**.....

Doctors (state number):**0**...Others (state occupation and number):**0**.....

OVERALL %HAND-HYGIENE BEHAVIOUR (from group observation): 0%

PROBLEM AREA/S (from group observation):

a. **Student nurses hand hygiene**

b. **No hand hygiene before contact with pt 3. Alcohol hand gel dispensers empty**

ACTION PLAN/S:

a. **All student nurses to receive training on hand hygiene within two weeks of start date. Sylvia Bell will organize.**

b. **Spare bottles of alcohol hand rub will be kept on the drug trolley. Nurses doing drug rounds will change empty bottles.**

OTHER COMMENTS: None

Target for next month: **60%**_

Copies of performance graph displayed on ward: **YES** / NO

Ward-co-ordinator: **Sylvia Bell** Ward manager: _____

Infection control nurse: _____

Please retain a copy of this form for your own files and return a copy to your infection control team

SECTION 4. APPENDICES

**Form 1 FEEDBACK INTERVENTION TRIAL
WARD OBSERVATION STRATEGY FORM**

Name of ward:

Agreed observation strategy:

Example

Signature of ward manager: _____

Signature of ward co-ordinator: _____

Dated: _____

PLEASE RETURN A COPY OF THIS FORM TO YOUR HOSPITAL INFECTION CONTROL TEAM

Form 2 FIT Individual observation and feedback form (confidential)

Initials of person observed:

Date and time of observation:

Grade + job role (of observed):

Duration of observation + feedback (mins):

Were observations carried out whilst undertaking other duties?: Y/N

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact <i>or</i> after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water
1.	YES / NO AH / SOAP	6.	YES / NO AH / SOAP
2.	YES / NO AH / SOAP	7.	YES / NO AH / SOAP
3.	YES / NO AH / SOAP	8.	YES / NO AH / SOAP
4.	YES / NO AH / SOAP	9.	YES / NO AH / SOAP
5.	YES / NO AH / SOAP	10.	YES / NO AH / SOAP

Example

Was hand hygiene compliance 100%? **YES.** Give the person observed a certificate of good practice.
NO. Go to section 3. (If more than two non-compliances go to section 3, then file for repeat observation next month.)

1. State all opportunities and behaviours (as recorded on the observation form and praise compliance).
2. Note patterns in non-compliances (if none, state none): (e.g. all occurring in relation to glove use)

3. Ask staff member why they did not clean their hands? **Note.**

4. Ask staff member for suggestions for changing their behaviour to improve compliance in target areas. **Note**

5. Agreed plan/s:

6. Reobserve next month? Yes No

Observer's name:.....Observer's job title:Observer's Grade:.....

Form 3. Group observation and feedback form (confidential)

Date and time of observation:

Grade + job role of observer:

Duration of observation (mins):

Were observations carried out whilst undertaking other duties?: Y/N

Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water	Describe observed activity AND state if hand-hygiene opportunity is before or after patient contact or after environmental contact	HANDS CLEANED? AH = alcohol handrub SOAP = soap + water
1.	YES / NO AH / SOAP	6.	YES / NO AH / SOAP
2.	YES / NO AH / SOAP	7.	YES / NO AH / SOAP
3.	YES / NO AH / SOAP	8.	YES / NO AH / SOAP
4.	YES / NO AH / SOAP	9.	YES / NO AH / SOAP
5.	YES / NO AH / SOAP	10.	YES / NO AH / SOAP

Example

Overall hand-hygiene compliance = _____%

Hand-hygiene behaviour
----- x 100 = Overall hand-hygiene behaviour
Total opportunities

NOTE ANY PATTERNS / PROBLEMS:

Observer's signature:.....

Please retain a copy of this form for your own files and return a copy to your infection control team

Form 4 FIT ward meeting form (confidential)

Date:.....

Name and grade of person leading meeting.....

Which meeting did you slot FIT into?Duration of FIT meeting:.....

Total number of people attending: Nurses/HCAs (state number):.....

Doctors (state number):.....Others (state occupation and number):.....

OVERALL %HAND-HYGIENE BEHAVIOUR (from group observation): ____%

PROBLEM AREA/S (from group observation):

ACTION PLAN/S:

Example

OTHER COMMENTS:

Target for next month: ____% Copies of performance graph displayed on ward: YES / NO

Ward-co-ordinator: _____ Ward manager: _____

Infection control nurse: _____

Please retain a copy of this form for your own files and return a copy to your infection control team

Form 5. Implementation Checklist

MONTH:

WEEK 1: start date _____

1 **nurse** observed and feedback (state if this was a repeat observation). Fill in individual observation form. If not, state why.

DONE / NOT DONE (if not done, please explain) DURATION: INITIALS:

Please state if you conducted this observation whilst doing something else? If so, state what:

WEEK 2: start date _____

1 **doctor/physio/other than nurse** observed and feedback (state if this was a repeat observation). Fill in individual observation form. If not, state why.

DONE / NOT DONE (if not done, please explain) DURATION: INITIALS:

Please state if you conducted this observation whilst doing something else? If so, state what:

WEEK 3: start date _____

1 group of staff members observed. Fill in ward observation form.

DONE / NOT DONE (if not done, please explain) DURATION: INITIALS:

Please state if you conducted this observation whilst doing something else? If so, state what:

Ward % performance entered into database

DONE / NOT DONE (if not done, please explain) DURATION: INITIALS:

WEEK 4: start date _____

Ward % performance chart displayed in communal area on the ward.

DONE / NOT DONE (if not done, please explain) DURATION: INITIALS:

PLEASE TURN OVER!

FORM 6 FEEDBACK INTERVENTION TRIAL WARD OBSERVATION CHECKLIST

Ward name.....

When carrying out hand hygiene observations on the ward we would expect healthcare workers to clean their hands in the following situations.

- | | | |
|---|---|-----------------------------|
| 1. before <i>any</i> patient contact . | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. after <i>any</i> patient contact | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. after contact with a contaminated surface. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. between patient contacts | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. moving from dirty -clean site within a patient | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 6. before contact with the patient environment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. HCWs entering/leaving ward. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. HCWs entering/leaving a bay. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Will you record patient contacts that are unobserved (i.e. behind curtains)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Example

10. Guidelines state that hands should be cleaned after contact with a potentially contaminated environment. Which of the following will you classify as a potentially contaminated environment? (We would recommend that you only include items *within* the patient's curtains)

i. The following items within the patient's bedside curtains.

- Bed and bed and bedding Patient's chair patients bedside locker
 medical and monitoring equipment i.e. infusion pumps mobilising equipment
 bedside notes curtains patient's table other (state).....

ii. The following items *not* within the patient's bedside curtains:

- Patient notes (on notes trolley) computers phone none of these
 others (state).....

Ward Coordinator (name).....Signature.....

Infection Control Nurse (name).....Signature.....

**Form 7. FEEDBACK INTERVENTION TRIAL
WARD-CO-ORDINATOR NOTIFICATION**

Name of ward: _____

Name of ward - co-ordinator / s:

1. _____

2. _____

3. _____

Name of ward manager: _____

Example

Signature of ward manager:

Dated: _____

**PLEASE RETURN A COPY OF THIS FORM TO YOUR HOSPITAL INFECTION
CONTROL TEAM**

Form 8.

CERTIFICATE
of
GOOD PRACTICE IN
HAND-HYGIENE BEHAVIOUR

Awarded to

Name.....

Date.....

Signature of Ward Co-ordinator:

Example
Signature of ward manager.

Signature of infection control nurse:

The owner of this certificate was randomly observed to demonstrate excellent hand-hygiene practice in their routine clinical duties.

Feedback Intervention Trial
Department of Primary Care and Population Sciences
University College London (Hampstead Campus)
Royal Free and University College Medical School
Rowland Hill Street
London NW3 2PF

Ward poster

THE HAND-HYGIENE BEHAVIOUR OF ALL STAFF IS BEING RANDOMLY OBSERVED ON THIS WARD

Clean your hands before and after patient contact *and* after contact with potentially contaminated surfaces

If chosen for observation, you will receive an immediate five minute feedback session with the opportunity to review your behaviour and plan for change if required. Good practice will be rewarded.

The Feedback Intervention Trial in conjunction with the Infection Control Team, and Hospital Management.

Key Skills Required in Order for implementing the Elements of the FIT Study.

KSF DIMENSION	SKILLS DEVELOPED
Core	
Communication Level 3	Providing verbal and written feedback of hand-hygiene behaviour to staff members, both face to face and during a monthly ward meeting.
Personal and people development Level 4	Helping staff members to think about their hand-hygiene behaviour and methods for its improvement by using goals, planning and feedback.
Health and well-being	
HWB3: Protection of health and well-being Level 4	Identifying instances of poor hand-hygiene behaviour. Implementation and subsequent review of plan/s for change at both the individual and organisational level.
HWB7 Interventions and treatments Level 3	Delivering the intervention.
Information and knowledge	
IK2 Information collection and analysis Level 3	Collecting observational data. Assisting in the analysis of that data to identify target improvement areas and plans for change at the individual and organisational level.
General	
G1 Learning and development Level 3	Providing feedback to other's on their hand-hygiene behaviour. Assisting them to set goals, and plan for change. Preparing evaluation forms. Monitoring progress.
G5 Services and project management Level 4	Planning, co-ordinating and monitoring delivery of the intervention.

Using Microsoft Excel to Create a Bar Graph Showing Ward Hand Hygiene Compliance.

The following sheet will explain how to use Microsoft excel to create a bar graph for hand hygiene compliance data for your ward. The bar graph can be used at team meetings in order to clearly show the pattern of hand hygiene compliance on your ward as time goes by.

1. The first step is to calculate hand hygiene compliance

Once you have calculated the group compliance for the month (see training materials), you can input these figures into excel in order to produce a graph.

This is the data we will use for an example; (you can then use exactly the same method with your own data).

Table to show Hand Hygiene Compliance Each Month	
Month	Hand Hygiene Compliance
Oct 06	10
Nov 06	20
Dec 06	30
Jan 07	35
Feb 07	20
Mar 07	25
Apr 07	30

2. To open excel, go to the start menu

Select '**All Programs**'

Select '**Microsoft Office**',

Click on '**Microsoft Office Excel**', and an excel workbook will open.

The workbook consists of a grid of boxes called "cells." These cells are for putting data in.

Columns are labelled A, B, C.....etc. Rows are labelled 1,2,3....etc

So A1 is the cell in the top left corner and so on.

ENTERING DATA

To input data, right click on the cell you would like to put the data in. Once you have clicked on the cell it will become highlighted. This means when you type, text will go into the highlighted box.

3. Follow these instructions to enter the months

Go to cell A1 and type "Table to Show Hand Hygiene Compliance Each Month"

Click on A3 and type:

Oct 06

Click on A4 and type:

Nov 06

Click on A5 and type:

Dec 06

Click on A6 and type

Jan 07

Click on A7 and type

Feb 07

Click on A8 and type

March 07

Click on A9 and type

Apr 07

(This is just an example; you need to type in the dates for which you have data).

4. Now you need to fill in the hand hygiene compliance for each month

So click on B3 (Next to Oct) and type:

10%

Click on B4 (Next to Nov) and type:

20%

Click on B5 (Next to Dec) and type

30%

Click on B6 (Next to Jan) and type

35%

Click on B7 (Next to Feb) and type

20%

Click on B8 (Next to March) and type

25%

Click on B9 (Next to Apr) and type

30%

It is important that the month and the corresponding compliance rate are next to each other (in the same row).

5. Give the column a title i.e. Hand hygiene compliance (Click on B2 and type Hand Hygiene Compliance).

CREATING A BAR GRAPH TO DISPLAY YOUR DATA.

Now that the data is entered you can make a graph.

Please note: Each time you add more data to the table, you will need to create a new graph.

6. First you need to highlight the data which is going to be in the graph.

This is done by clicking on the top cell (A3) and then moving the cursor to the bottom cell (B9) without releasing the mouse button. This should highlight all the data cells in dark blue/black. Once they are all black, release the mouse button.

Then click on **'insert'** (you'll find this in the top row of your toolbar) and click on **'chart'**.

Now excel will start to make a graph,

7. In order to select a bar graph click on column in the chart type box.

8. Go to the chart subtype box and click on the chart in the top left corner.

9. Click on **'next'**.

You will see two tabs on the next screen, one is called 'data range', the other is 'series'.

10. Select **'series'**.

11. Go to the box titled **'name'** and type in "hand hygiene compliance".

12. Then click **'Next'**.

Now you can label the graph.

13. Click in the box **'Chart Title'** and give your graph a title i.e. *"Hand Hygiene Compliance (Ward X)"*.

13a. (Optional) Click on the **'Category X Axis'**, box, type in *"month"*.

13b. (Optional) Click on the **'Value Y Axis,'** box and type *"Percentage Hand Hygiene Compliance"*.

13c. (Optional) To get rid of the gridlines click on the **Gridlines** tab and remove any ticks by clicking on the boxes.

14. Click on the **'Finish'** button.

15. Then you are given the option to create a new sheet, or stay in the same sheet. It may be neater to create a new sheet for your graph and will make it easier to print out.

FORMATTING YOUR GRAPH. (Optional)

To make your graph a little more attractive, you may want to change the colour of the background from grey to white.

16. Move the cursor to the background of the chart and double click. You will see a box called 'Format plot area'. Go to the 'Area box and click on the white square.

17. Click on '**OK**'. This will return you to the graph and the background will now be white.

18. You can change the colour of the bars in a similar manner but by clicking on the bars.

SAVING YOUR DATA.

19. To save your work, go to '**File**' (top left corner).

20. Then click on '**Save as**'.

21. Then type Hand Hygiene Compliance, next to where it says '**File name**'

22. Then look where it says '**Save in**', and select a suitable folder.

PRINTING YOUR GRAPH

23. Click once anywhere on the graph.

24. Click on the '**Print**' icon on the toolbar.

Formulating Action Plans for the FIT Study: examples and further guidance.

Formulating an action plan not always easy. It is easy to fall into trap of using a thinking plan rather than a behavioural plan. It is also sometimes difficult to write a plan that fits the problem. This document gives some further advice on formulating action plans, plus some of examples of plans that you might be able to use when you have run out of ideas.

Thinking Plans vs. Behavioural Plans.

The aim of an action plan is to change *behaviour* and not just thinking. Of course it is important to change the underlying thought, but the aim of the approach we are testing is to change the behaviour. This in turn will change the underlying thought process. It is important, therefore, that your plan is an *action* plan rather than a *thinking* plan.

You are using a thinking plan if you are using phrases like:

"I will remember to....."

"I won't forget to....."

"I will think about....."

Example of a thinking plan

"I will remember to clean hands before giving IV injections."

The use of the word *remember* in the plan shows that this is a thinking plan.

Example of an action plan..

"I will clean hands before giving IV injections"

This is very similar to the plan used above, but note that it involves concrete actions

Example Action Plans.

This section gives examples of some of the responses you might get in response to you asking why hands were not cleaned and some appropriate action plans.

"I Forgot." "I got distracted"

The plan you formulate should be aimed at making it easier to remember.

Avoid the temptation to state in the plan *"will remember to clean hands"*.

Take advantage of clean~~your~~hands campaign materials – posters and prompts- the posters and prompts have been designed to make it easier for health care workers to remember.

Example Plans

I will put alcohol hand rub in a visible location
i.e. on notes trolley, on observation trolley.

I will write myself a note to remind myself to clean my hands and put it in a visible location.

We will put cleanyourhands campaign posters and prompts in patient care areas.

We will include a reminder to clean hands before and after every patient contact as a part of each handover.

I will ask a colleague to remind me to clean my hands at the beginning of each shift.

“I’m just so busy”

Example Plans

I will use alcohol hand rub between patient contacts.

Rationale: Alcohol hand rub is much quicker to use compared to soap. You don’t need to walk to the sink and you can rub it in whilst walking between patients/tasks. It should take about 15 seconds in total.

“My hands are sore.”

Example Plans

I will use hand cream before/after shift

I will use AHR for cleaning my hands when my hands are not visibly soiled

Rationale: the alcohol hand rubs that you use on your ward will contain an emollient and are much less drying than soap.

I will go through hand washing technique with the FIT coordinator.

Rationale: hands are likely to become irritated if proper hand washing technique is not followed. Common problems are that hands are not wetted before applying soap and that hands are not rinsed or dried properly.

I will only wear gloves when risk of contact with body fluids.

Rationale: overuse of gloves can irritate the hands through maceration of the skin and/or latex sensitivity.

I will make an appointment with occupational health for an assessment.

Rationale: a small number of people may have a true allergy/intolerance to the products that are used on your wards. In this group an appointment with your OH dept might be appropriate. On the whole, however, skin irritation is more likely to be a result of the reasons mentioned above.

“Didn’t know I needed to clean my hands in that situation.”

There are lots of resources available giving guidelines on when hands should be cleaned. Some are more involved (i.e. EPIC guidelines) giving detailed advice with clear rationales. Some are much simpler i.e.. cleanyourhands materials

<http://www.npsa.nhs.uk/cleanyourhands/in-hospitals/year-three/resources/>.

The Scottish equivalent of the cleanyourhands campaign (washyourhandsofthem) also has some excellent materials. "Hand hygiene: A guide for healthcare staff. Health Protection Scotland is particularly good" (see link below).

http://www.washyourhandsofthem.com/campaign/leaflets/hh_lfit_staff2212.pdf

Example Plans

I will clean my hands before and after every patient contact

Rationale: Remember that you are an important resource. For many people it is enough that you tell them when it is appropriate to clean their hands.

I will read through hospital policy/FIT training materials/EPIC guidelines etc on hand hygiene

Rationale: Use whichever materials are available and you think are most appropriate for the person. EPIC guidelines, for instance are very detailed and would be suitable for the hand-hygiene sceptic. Cleanyourhands and washyourhandsofthem materials are simple and to the point. Hospital policies should be geared to the situation in your trust.

"I will attend infection control training"

I will do a set of hand-hygiene observations with the FIT coordinator.

Rationale: Some people learn better by doing rather than reading. This would also be a good way of getting people involved with the FIT study.

"The soap/alcohol hand rub dispenser was empty"

Example Plans

I will check that soap/alcohol dispensers for my patients are full at the beginning of each shift/ during the drug round etc

I will put an alcohol hand rub bottle on the drug trolley/notes trolley/obs trolley etc.

"Don't know why I didn't clean my hands."

In these situations it might be useful to dig a little deeper i.e. did they know that they should have cleaned their hands? Did they remember?

If they really don't know why, you'll have to use a more generic plan. Some of the example plans above may also be suitable.

Example Plans

I will clean my hands with soap/or alcohol before and after every patient contact.

Feedback Intervention Trial (FIT) observation/feedback schedule.

