Question 6. Do you routinely feed back CDI-related data to frontline staff and physicians? (e.g., incidence, prevalence, compliance with prevention practices)

You indicated that you do not routinely feed back CDI-related data to frontline staff. While collecting CDI-related data is key to measuring the success, it is imperative that the staff, especially those on the frontline, are aware of it. Data transparency can help motivate and engage staff at all stages of the initiative, as well as encourage them to continue the changes, promoting sustainability. Simply put, feedback improves motivation and engagement. Feed back hospital initiative data, as well as data from comparable hospitals and national aggregates. Simple run-charts or a CDI scorecard are great ways to quickly display and easily communicate data to both frontline staff and senior leaders.

A. Feedback Mechanisms

- CDI Scorecard: Tracks hospital or unit progress towards achieving their CDI prevention goals; it should be displayed throughout the unit or hospital for all staff to see.
- Hospital newsletters
- Hospital electronic communications
- Staff educational events
- New employee orientation
- Staff meetings
- Unit huddles

B. Keys to Giving Effective Feedback

- For feedback to be effective, it should be:
    - **Timely**. Feedback should be at least monthly or more often if possible. If you wait too long to provide feedback, key details are forgotten and/or the feedback loses its meaning.
    - **Individualized**. Feedback should relate to a specific situation, task, or individual. The more specific the feedback, the more the individual, unit, etc. will be able to correct or modify their performance to improve.
    - **Customizable**. Feedback should be detailed to the improvement goals of the individual, unit or organization. Different processes or data should be shared or highlighted depending on the targeted improvement goals.

- **Non-punitive**. Feedback should be about performance of a specific situation or task; it should never be personal. Rather, feedback should be about achieving improvement goals.

(From TeamSTEPPS Fundamentals Course: Module 3. Communication. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD.)

- Don't limit feedback to numbers (e.g., just CDI rate); share details to help make it more meaningful. Consider sharing the days the hospital or unit has gone without a CDI. Consider using stories or pictures to help remind staff that each infection correlates to harm to a patient.
- When communicating CDI-related data to staff, consider the audience, and tailor what is shared to their needs. For example, complex rates or SIRs may be confusing for frontline staff, so instead, consider sharing new monthly CDI cases with ancillary unit staff; CDI rates and hospital SIR may be more appropriate to share with the infection preventionist and the infection prevention and control committee.
- Highlight and celebrate infection prevention successes, no matter how small. Consider rewarding staff for positive changes or making steps towards their CDI prevention goals.

Tools, Resources and Further Reading

- STRIVE Content:
  - Giving Infection Prevention Feedback (CBT103)
  - Uber-Adaptive Strategies for Infection Prevention (UA101, UA102, UA103, UA104)
  - CDI Tier 1 Course, Monitoring for Compliance and Improvement (CDI104)
- TeamSTEPPS Fundamentals Course: Module 3. Communication. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at https://www.ahrq.gov/teamstepps/instructor/fundamentals/module3/igcommunication.html
- TeamSTEPPS Fundamentals Course: Module 6. Mutual Support. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at https://www.ahrq.gov/teamstepps/instructor/fundamentals/module6/igmutualsupp.html
- Dubbert PM, Dolce J, Richter W, Miller M, Chapman SW. Increasing ICU staff handwashing: effects of education and group feedback. *Infect Control Hosp Epidemiol*. 1990; 11(4):191-3.