



Communication Assessment Tool for SAB data

Overleaf is a communication assessment tool designed to help infection control teams within NHS Boards in Scotland to critically assess their local data production, distribution and effectiveness related to SABs and the HEAT target.

This assessment tool is based on the papers cited in the HPS SAB days. Further information can be obtained from NSS.hpsinfectioncontrol@nhs.net

Please feedback to HPS, the usefulness (or otherwise) of this tool in your NHS Board.

Background

A little background – taken from the SAB days' presentation:

Effective Communication Rules:

According to Paton & McCalman the following are considered the Rules of Communication

- The message should be customised
- Your message should set an appropriate tone
- The message should build in feedback
- You should ensure that the message gets through – penetration

If communication is effective this will (adapted Dix & Eaton):








- Align, motivate and inspire
- Strengthen relationships between individuals
- Generate acceptance and endorsement
- Generate support from other influences
- Minimise or mitigate potential opposition

Failures in communication occur in 4 ways – Lingard et al 2004

- Occasion – you tell them too late for action
- Content – you don't tell them what the situation is
- Purpose – you don't direct or agree the actions as a consequence
- Audience- you don't tell everyone who needs to know

The 7 Hurdles for Effective Communication

Aligning these key pointers to effective and ineffective communication this assessment consists of 7 hurdles for effective communication on the SAB situation in your NHS Board:

 <p>Data</p>	Do you have the data?
 <p>Effective Presentation</p>	Is it being effectively presented?
 <p>Timely feedback</p>	Is the data being fed back promptly?
 <p>Audience</p>	Does the audience include everyone it needs to include?
 <p>Penetration</p>	Do those who you fed back to understand the situation as you see it?
 <p>Actions agreed</p>	Is there agreement on the actions that are needed as a consequence of the feedback?
 <p>Systems changed/improved as a consequence</p>	Are systems being changed/improved (if required) as a consequence of your feedback?

When undertaking this local assessment, consider asking people who receive the data to participate.

Hurdle 1



Data – do you have it?

Does your system of local surveillance provide answers to the key questions :

- Where do the majority of SABs occur most in your NHS Board?
- What are the primary infections causing SABs in the locations with most SABs?

If not, how are you going to ensure that your enhanced data can achieve this?

Hurdle 2



Effective Presentation

Does your local data feedback presentation clearly identify present the situation in the locations with the most SABs?	
Have you considered different presentations, e.g. Pareto, Pareto and Frequency table, SPC?	
Are additional skills required to help you with this?	
Do you relate your data to the national position?	
Are you including the use of structured feedback tools, e.g. SBAR?	
What could improve your data presentation?	

Hurdle 3



Timely feedback

How frequently do you update your local SAB data?

How frequently do you feedback your local SAB data, e.g. is this feedback real time?

Is your feedback frequency sufficient to keep your SAB reduction programme and SAB HEAT target high on the agenda?

How could you improve the timing and frequency of your data feedback?

Hurdle 4



Audience

See the data distribution ladder overleaf and identify where your data goes?

Is anyone / any group missing from your current data distribution?

How could you improve your data distribution?

<i>Data Distribution</i>		
<i>Where does your data go?</i>	<i>Location</i>	<i>What data format / frequency?</i>
	Scottish Government Health Department	
	Health Protection Scotland	
	NHS Board	
	Non executive directors	
	Clinical Governance / Risk Management	
	Infection Control Committee	
	Acute CHP Services	
	Directorate	
	Service	
	Ward level data	

Hurdle 5



Penetration

<p>Do those receiving your feedback generate feedback for you re: effectiveness of your presentation?</p>	
<p>If not, is this something for you to consider to ensure the message is delivered effectively?</p>	
<p>Is the mode of delivery effective</p> <ul style="list-style-type: none"> ➤ Is it delivered by email – if so do you know that the email is opened, read and understood? ➤ Is it delivered by hand – do you make sure the person receiving it understands it? ➤ Does the mode of delivery change for exception reporting, i.e. are really important messages delivered in person? 	
<p>Do you have evidence that those receiving the message understand it as you intended?</p> <ul style="list-style-type: none"> • Do they know what you are trying to say? • Do they like the feedback – too long, too short, etc? • How do they think you could improve your feedback? • Is it clear to them? 	
<p>What could you do in addition to ensure penetration of your message on the SAB situation in your NHS Board ?</p>	

Hurdle 6



Actions agreed

Does your data feedback result in the actions or recommendations you propose being agreed?

If not, how can you progress your feedback to the point where the communication results in actions being agreed?

Examples: wider audience, differently presented message.

Hurdle 7



Systems being changed/improved

<p>Are systems being changed/improved as a consequence of your SAB data feedback?</p>	
<p>If not, how can your assure that your data feedback progresses to this stage?</p>	

