

COMMUNICATION TRAJECTORIES SURROUNDING HOSPITAL ACQUIRED INFECTIONS IN THE DANISH CONTEXT

Hospital Acquired Infections (HAI) are widespread and constitute a serious public health issue compromising not only patient safety, but also the safety of healthcare professionals, family members of both patients and healthcare professionals, as well as the society at large. Infections are reported to affect about 8-10 per cent of all hospitalized patients in Denmark. This figure will be much higher if relatives and hospital staff are also accounted for. The consequences of HAI include increased and unnecessary suffering, morbidity, and even mortality, in addition to associated economic costs.

As part of the overall effort to reduce the scale of such infections and the subsequent adverse events, a national database (called HAIBA) is being established under the Statens Serum Institut as a tool for monitoring and reporting on the four most common hospital acquired infections. The database will be fully operational from January 2015, collecting available data from the hospitals/regions on HAI, processing it and then sending the data back to the regions and hospitals in a mediated form. The hospitals and regions are expected to communicate the mediated data to relevant target groups such as Infection Hygiene Units for necessary action to combat HAI. However, the HAIBA project does not provide explicit guidelines on the communicative trajectories such vital information should trigger or on the localised actions that should follow. Neither does the project include any protocol about recording, evaluation and dissemination of local initiatives/actions.

The aim of the proposed study is to examine how clinicians and managers in a local Infection Hygiene Unit communicate and act on the information generated by the HAIBA database in their efforts to reduce Hospital Acquired Infections. I will address the following research questions:

- What are the communication trajectories that follow the receipt of information from the HAIBA database at the hospital level?
- How do clinicians and managers in the local Infection Hygiene Unit account for and act upon the HAIBA data in order to ensure patient safety?
- To what extent are organizational modes of learning evident in relation to containing hospital acquired infections?

A local Infection Hygiene Unit (preferably the Infection Hygiene Unit at Aalborg University Hospital) will constitute the empirical setting for a single site study. I will systematically compare the communication and decisional action sequences of clinicians and managers as directed at healthcare professionals and patients.

My primary data source will be semi-structured interviews conducted with clinicians at the Infection Hygiene Unit as well as their managers. Also included will be interviews with clinicians from at least one of the other units in the hospital and interviews with selected patients/relatives. In addition, relevant documents will be used as a secondary data source for contextualisation of the interviews. At a later stage I will consider if field observations should also be included as secondary data. The integrated data corpus will allow for an analysis of the interdependence, differences and similarities between different organizational, inter-professional and individual dimensions of the topic under investigation.

The analysis will follow the principles of grounded theory combined with theme-oriented discourse analysis. It is hoped that by engaging with the organizational modes of learning the findings will feed into current policies and practices surrounding HAI.