THE IMPLEMENTATION OF NATIONAL CLINICAL EFFECTIVENESS COMMITTEE CLINICAL GUIDELINES RELATING TO HEALTH CARE ASSOCIATED INFECTIONS IN IRISH HEALTHCARE ORGANISATIONS: MULTIPLE PERSPECTIVES. Data Record Form (Observations and conversations)

Observation Schedule CONTEXT	Name of observer:	Code for data entry:
Date of observation	___/___/___	Time of observation: Duration: (minutes)
Place of observation	Clinical site:	Location within site (type of unit):
What people, events, situations are being observed? **Situation comments:** _____	**Actors:** □ Patients (n=) □ Family members (n=) □ Health care professionals (n=) If yes_____ □ Domestic staff (n=) □ Other **Location for observations** □ Multiple beds in one room □ Single room □ On corridor □ _____	**Context:** □ Single room isolation due to MRDO □ Single room isolation due to other □ Cohort Isolation □ Contact precautions □ Other: _____ **Objects:** Infection control signage:_____ □ Other: _____
What specific infection prevention and control practices are being observed?	**Technical Interventions** □ Aseptic technique □ Administration of medications □ Other: **IPC Comments**:	**General IPC interventions** □ Hand-hygiene □ Use of personal protective equipment □ Management of spillages of blood and body fluids □ Appropriate patient placement □ Management of sharps □ Safe injection practices □ Respiratory hygiene and cough etiquette □ Management of needle stick injuries □ Management of waste □ Management of laundry □ Decontamination of reusable medical equipment □ Decontamination of the environment. □ Communication with patients/family □ Encouragement of patient/family □ Education of patient/family □ Teamwork □ Other:

OBSERVATIONS Consider, how people (being observed) are working, individually and/or collectively, to implement IPCG within the environmental context observed. What were the main behaviours/issues/themes noted within the observations in this setting.	**Coherence:** (Consider the **sense-making work** that people do individually and collectively when they are faced with the problem of operationalizing IPCG into their daily work?)	**Collective Action-** (Consider how do individuals **collectively enact IPCG**, consider the **operational work** that people do with each other and with artefacts when they operationalise IPCG in everyday practice settings
	Cognitive participation: Consider how do individuals engage with IPCG- understanding **the relational work** that people do to build/ sustain a community of practice around IPCG interventions	**Reflexive monitoring: Consider** how do individuals appraise the effects of implementing IPCG (how useful/ effective IPCG are; how do IPCG work with other tasks) (**appraisal work**)

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Follow-up conversation questions post observation **With who?**	**Question(s)**	**Answer(s)/Notes**

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Post observation memo to		

self:		
Note to researcher for next observation:	**Where should the fieldworker place more energy during the next observation?**	Notes to self for next observation:

Appendix 1 : Sample of follow-up questions Read: http://www.normalizationprocess.org/what-is-npt/npt-core-constructs/

Follow-up-questions	**Coherence:** Talk to me what happened there..... How do you know/understand what to do? Where did you get the information on IPC? Can you talk to me about why you do IPC activities? How do you (activity of IPC) the way it is done here versus how it should be done? **Cognitive participation:** I noticed a lot of your daily work involves the prevention and control of infections - do you feel the IPCG are appropriate for your work? How useful are IPCG in your work? Would you change anything about the IPCG? Are staff encouraged to report incidents to senior staff and management?/ What would you do if there is an incident?	**Collective Action** Who is responsible for ensuring the implementation of IPCG? How is information communicated between staff and patients about IPC? How are IPC duties divided amongst staff? Do you have the resources and information to carry out IPC duties? -- look for any differences across time, spaces (consider pathogen pathways here), interaction with different artefacts, procedures, professional groups) **Reflexive monitoring:** How does a staff member know if they are implementing IPCG appropriately? How do the IPCG affect you and others around you? Do you/staff receive feedback on audits evaluating the impact of implementing the guidelines? Do you/staff feel they are contributing to positive outcomes for patients?

Appendix 2: Summary of NPT (TAKEN DIRECTLY FROM http://www.normalizationprocess.org/npt-toolkit/)

NPT formal propositions	a) Complex interventions become routinely embedded (implemented and integrated) in their organizational and professional contexts as the result of people working, individually and collectively, to implement them. b) The work of implementation is operationalized through four generative mechanisms (coherence; cognitive participation; collective action; reflexive monitoring). (c) The work of integration of a complex intervention requires continuous investment by people in ensembles of action that carry forward in time and space.
Coherence is the sense-making work	1.1 **Differentiation:** An important element of sense-making work is to understand how a set of practices and their objects are different from each other. For example, when staff use IPCG recommendations, what do they do to understand and organize the differences between using/not using the recommendations. 1.2 **Communal specification**: Sense-making relies on people working together to build a shared understanding of the aims, objectives, and expected benefits of a set of practices. How do individuals integrate IPCGs into a complex a healthcare setting, and as they try to identify and anticipate the relationship between IPCG recommendations and everyday clinical practice? 1.3 **Individual specification**: Sense-making has an individual component too. Here participants in coherence work need to do things that will help them understand their specific tasks and responsibilities around the IPCG recommendations/practices. For example, individuals need to have a strong understanding of the work they must do to prevent and control infections. 1.4 **Internalization**: Finally, sense-making involves understanding the value, benefits and importance of a set of practices-- it's about the staffs perception of the worth of using the IPCG.
Cognitive Participation is the relational work that people do to build and sustain a community of practice.	2.1 **Initiation:** When a set of practices is new or modified, are there core individuals charged with the work of setting up systems, procedures, and protocols and engaging with others to make things happen (implement the IPCG). 2.2 **Enrolment:** Participants may need to organize or reorganize themselves and others in order to collectively implement the IPCG/new practices. This is complex work that may involve rethinking individual and group relationships between people and things- --is about building communal engagement with IPCGs. 2.3 **Legitimation**: An important component of relational work around participation is the work of ensuring that other participants believe it is right for them to be involved, and that they can make a valid contribution to it. New service interventions often founder because of a lack of investment in ensuring that they fit with the ways that different groups of professionals - and sometimes patients - define their possible contribution to them. 2.4 Activation: Once it is underway, participants need to collectively define the actions and procedures needed to sustain a practice and

	to stay involved. In fact, staying on the case is vital to sustaining clinical interventions. This is the work of keeping the new practices in view and connecting them with the people who need to be doing them
Collective Action is the operational work that people do to enact a set of practices	**3.1 Interactional Workability:** This refers to the interactional work that people do with each other, with artefacts, and with other elements of a set of practices, when they seek to operationalize them in everyday settings. **3.2 Relational Integration:** This refers to the knowledge work that people do to build accountability and maintain confidence in a set of practices and in each other as they use them. **3.3 Skill set Workability:** This refers to the allocation work that underpins the division of labour that is built up around a set of practices as they are operationalized in the real world. Who gets to do the work is an important element of any set of practices **3.4 Contextual Integration:** This refers to the resource work - managing a set of practices through the allocation of different kinds of resources and the execution of protocols, policies and procedures. Typically, the implementation of a new set of practices is seen as a management problem, and it's true that the power to allocate resources and define the processes by which new technologies or complex interventions are executed in practice. The work that is involved in this is about resourcing the ways that others enact IPC recommendations.
Reflexive Monitoring is the appraisal work that people do to assess and understand the ways that a new set of practices affect them and others around them	**4.1 Systematization:** participants in any set of practices may seek to determine how effective and useful IPCGs are for them and for others, and this involves the work of collecting information in a variety of ways. **4.2 Communal appraisal:** participants work together - sometimes in formal collaboratives, sometimes in informal groups to evaluate the worth of a set of practices. They may use many different means to do this drawing on a variety of experiential and systematized information. These events happen continuously in almost every setting where people interact and ask each other 'is it working?' How they put the answers to these questions and negotiate the difficulties that stem from conflicts about what sort of information counts, and how it counts for different groups, are central to the future of any set of practices. Acts of communal appraisal are common and may be highly formalized as well as casual and informal. **4.3 Individual appraisal:** Participants in a new set of practices also work experientially as individuals to appraise its effects on them and the contexts in which they are set. From this work stem actions through which individuals express their personal relationships to new IPCGs. For example, a nurse will work not only the worth of the IPCGs, but also their impact on her other tasks. **4.4 Reconfiguration:** appraisal work by individuals or groups may lead to attempts to redefine procedures or modify practices - and even to change the practices to make it/them workable in practice.