Patient Involvement in Infection Control
Claire Kilpatrick, World Health Organisation
Sponsored by WHO Clean Care is Safer Care

Overview of the session
Three reasons why we should consider patient participation and empowerment in infection control:
1. Because it can work;
2. Because it can make our jobs easier;
3. Because you will/may be a patient one day.

But there are challenges

Patient empowerment - definition
- Empowerment in healthcare generally refers to the process that allows an individual or a community to gain the knowledge, skills and attitude needed to make choices about their care
- ‘A process through which people gain greater control over decisions and actions affecting their health’
- Vital components – participation, knowledge, skills, creation of a facilitating environment

[WHO Guidelines on Hand Hygiene in Health Care, 2009]

What does it really mean?
Dispelling the myths – making it easier
- We use terms interchangeably – participation, engagement, representation, involvement - it is important to understand and tease out the nuances of these, as they are the four hooks on which action has to hang:
  - Participation in one’s care pathway
  - Engagement - most often initiated by the provider and system, e.g. in information provision, campaigns, etc
  - Representation at specific fora
  - Involvement is the ‘nothing about us without us’ aspect - this spans policy, regulation, research, education, etc.
- To get any of these four ‘hooks’ into reality you must have a strategy in place

Margaret Murphy, Lead WHO Patients for Patients Safety (PFPS)

Three reasons: 1. It can work - impact
- “In healthcare however, unlike aviation, the patient is a privileged witness of events both in the sense that they are at the centre of the treatment process and also that unlike clinical staff who come and go, they observe almost the whole process of care.” (Vincent 2011)
- The power of patient feedback
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1. It can work

- Methods – public, inpatient, HCW surveys
- Results:
  - 57% of public unlikely to question drs = 43% likely
  - 20% of inpatients do not want HCW to think they are questioning = 80% wouldn’t mind?
  - 71% of HCWs said HAI could be reduced if pts asked = 29% not sure?
- Limitations.....
- But first study to assess simultaneously the opinion of several stakeholders – why?!

1. It can work

- 71% of 374 patients in 9 hospitals said patients should be involved in ensuring hand hygiene
- 53% of those said they would ask their healthcare worker...
- Given a real life situation, this fell to 26%
  (NPSA unpublished study, 2005)
- 78% said they should be involved in helping improve hand hygiene
- Increased to 90% when given specific clinical situations
- Factors shown to influence – gender, religion, personality, perceived efficacy of asking
  (Allegranzi et al, 2009)

1. It can work

- Involving blood donors in ensuring hand hygiene – using a multimodal strategy
  - Clear step within standard operating procedures
  - A service that is tightly regulated and audited
  - Same procedure applied all the time
  - Explanation always given to this client group
  - Ease of patient awareness of this routine procedure, e.g. posters
  - Full evaluation not undertaken

Three reasons: 2. Because it can make our jobs easier

- 'It was a helpful prompt for me'
- 'It helps relatives understand cross infection'
- '(But) it depends on the question and how it is asked'
  (Healthcare worker responses, NPSA unpublished study, 2005)

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2. Because it can make our jobs easier

- Conceptual model of factors that influence patient participation in preventing errors.

It can also stimulate change with ergonomics as an ongoing focus...

- Defined by the International Ergonomics Association (2000):
  "Ergonomics (or human factors) is the scientific discipline concerned with the understanding of the interactions among humans and other elements of a system, and the profession that applies theoretical principles, data and methods to design in order to optimize human well-being and overall system performance."

2. Because it can make our jobs easier

- Countries with national strategies for patient empowerment (related to hand hygiene):
  - Australia
  - Belgium
  - Canada
  - England and Wales
  - Ireland
  - Northern Ireland
  - Norway
  - Saudi Arabia
  - USA

(WHO Guidelines on Hand Hygiene in Health Care, 2009)

Hand hygiene Self-Assessment Framework Global Survey

- 2120 health-care settings
- 70 countries

- Patients informed about the importance of hand hygiene: 58% (1197/2060)
- Formalised programme of patient engagement established: 15% (307/2044)

(Allegranzi B et al. 2011 Unpublished preliminary data)

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Three reasons: 3. Because you may/will be a patient one day

Why am I committed to talking about this?
- Interest, and patient safety focus, versus obsession!
- Involved in implementing and observing patient participation/engagement – work and personal experiences
- Person-centred focus (NHSScotland Quality Strategy) - assessment against key interventions to prevent prevalent HAI

Persevering….
- …there is a lot to do to make it work….it takes time to change attitudes
- 20% of what should happen in practice takes 17 yrs to actually happen
- We should give up on this now, right? Because that’s what Alexander Fleming and others did with their work…
- “I haven’t failed. I’ve just found 10,000 ways that won’t work.” - Thomas Edison
- If what we are doing now, e.g. for hand hygiene compliance, isn’t sustaining good practices, we have to challenge the norms
- It is an investment – it can work

Turning the system upside down
The professions, science, commerce and government

The value of consumer movement
- It has started to change behaviours in many countries
- If two-way interaction can work in other settings...
- Accepting changing attitudes, particularly challenging medical staff’s thinking

Turning the system upside down
The patients

The patients

The professions, science, commerce and government

(Turning the World Upside Down, Nigel Crisp, 2010)

The patients

The patients

The professions, science, commerce and government

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The value of consumer movement

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WHO Sustaining Hand Hygiene Improvement – KEY Additional Activities for Consideration by Health-Care Facilities – leadership status

- E-learning tools
- Symposia, lectures, debates
- Presentation / publication of your facility’s data on documented improvements in HCAI
- Discussion papers on hand hygiene
- Patient involvement and empowerment
- Sharing experience: internal/external
- Personal accountability for health-care workers
- Rewards for compliance

Many questions remain unanswered

- Efficacy
- Overall patient acceptance
- HCW perception and acceptance
- Impact on patient-HCW relationship
- Support from organizations

Efficacy of patient participation programmes

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<th>South Jersey</th>
<th>Oxford</th>
<th>Pennsylvania</th>
<th>Ohio</th>
<th>Pennsylvania</th>
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</thead>
<tbody>
<tr>
<td>Did you ask a nurse?</td>
<td>90% USA 1999(^1)</td>
<td>100% U.K. 2001(^2)</td>
<td>98% USA 2004(^3)</td>
<td>3-40% USA 2008(^4)</td>
<td>15% USA 2008(^5)</td>
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<tr>
<td>Did you ask a physician?</td>
<td>12% USA 2004(^3)</td>
<td>31% USA 2004(^3)</td>
<td>31% USA 2008(^5)</td>
<td>0% USA 2008(^5)</td>
<td>8% USA 2008(^5)</td>
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<td>Soap Consumption</td>
<td>34% (p&lt;0.05)</td>
<td>50% (NS)</td>
<td>94% (p&lt;0.001)</td>
<td>7</td>
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Opportunity to ask a question

- Dynamic of patient encounter leaves little room to ask without interrupting
  - On average, doctors interrupt patient monologues after 21 seconds
- Additionally, lack of knowledge and health literacy can affect this approach

University of Geneva Hospitals Survey

Reasons for not intending to ask nurses whether they performed hand hygiene

1. Belief that caregivers know or should know (35 (25.4%))
2. Belief that this task is not necessary (40 (28.6%))

Many patients have a paternalistic view of their relationship with healthcare workers! Many variables associated with intention to ask

Digging deeper into HCWs’ feelings and beliefs...

‘Too time consuming’ – unfounded and based on healthcare culture

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Addressing behaviours

- A complex problem
- Approaching prevention from one viewpoint means we are a little right and mostly wrong

“The one source of experience and expertise that is largely ignored in patient safety is that of the patient” (Vincent 2011)

(Adapted from Wachter RM, UCSF c/o Larson 2011)

PINK patient safety video

- Teaching videos can change HCWs’ perceptions of PP
  - Doctors and nurses were more willing to support patient involvement in asking about hand hygiene after they had watched the video

What we can all do next to make it work

- ‘Conceptual model of factors that influence patient participation in preventing errors’ (Longtin et al, 2010)
- ‘Five-step process for developing a patient empowerment programme’ (McGuckin et al, 2011)
- Use of ‘technologies’
  - WHO mother/baby Mcheck tool – focus on sepsis management http://web.me.com/gmehl/mCheck_for_mothers_and_babies/How_to_Vote.html
- Key areas to target:
  - Safe urinary catheter maintenance– hygiene
  - PVC – removal prompts
  - SSI - post discharge signs and symptoms reporting & pre op actions (appropriate washing and hair removal)
  - Antibiotic knowledge
  - Involving the families of paediatric pts (Daniels et al, 2012)
- More publications on this topic

Car mechanic analogy

- Would you complain to your mechanic if you had a concern/felt you were at risk?
  - If so, WHEN would you do it?
    - Before?
    - After?

- Because it can work;
- Because it can make our jobs easier;
- Because you will/may be a patient one day;
- Because its all about and for patients.

WHO My 5 Moments for Hand Hygiene

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