Public Reporting and Disclosure of HAI Rates: Positive Impact or Confusion?
Dr. Maryanne McGuckin and Mr. John Govednik, McGuckin Methods International
A World Health Organization Teleclass

OUTLINE
1. Background/Study Components
2. Infection Preventionist perspectives
3. Epidemiologist perspectives
4. State HAI Coordinator perspectives
5. Consumer websites usability
6. Consumer awareness, engagement, and intent

BACKGROUND
• Little is known about the extent to which the public actually knows about HAI information and if they use it.
• At the time of our study, 34 states have laws requiring hospitals to report HAI rates (shown in red).

STUDY COMPONENTS

STUDY COMPONENTS

INFECTION PREVENTIONIST INTERVIEWS
WHY:
- Key process stakeholders
- State comparisons
HOW:
- Phone interviews
WHO:
- By Ms. Bunson, IP, CIC
- APIC Chapter Presidents
- MMI’s IP Consortium

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IP RESULTS
What is one word to describe how your fellow IPs in your state regard public reporting to consumers?
- Cumbersome
- Misunderstood
- Frustrating
- “Unvalidated”
- Good idea
- Transparency
- Quality Improvement

IP RESULTS (CONT’D)
What is one word to describe how consumers in your state regard public reports?
- Unused
- Misunderstood
- Obvious
- Garbage
- Usable
- Trustworthy

IP RESULTS (CONT’D)
If you were trying to improve consumer knowledge of HAI rates at hospitals, list 2 or 3 things you would do.
- Simplify
- Graphics not words
- TV
- Internet
- Facebook
- Hospital websites
- Doctors
- APIC consumer ed.
- Half respondents did not have any suggestions

IP RESULTS (CONT’D)
If your state has mandatory public disclosure of HAI rates, where would a consumer get this information?
- Official State Health Agency Websites
- Other Web
- IPs suggest the information sources are on the web. What do the Epidemiologists suggest?
- State Health Quality Commission Websites or the like

EPIDEMIOLOGIST SURVEY
- Partnered with SHEA Research Network
- Online survey
  - Healthcare worker use
  - Consumer understanding

EPIDEMIOLOGIST RESPONSES
- 165 invites to SRN members
- 53 responses from reporting states
  - 31%: 1-300 beds
  - 25%: 301-500 beds
  - 44%: 500+ beds
- April-May 2013

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**EPIDEMIOLOGIST RESULTS**

- Seen Their State's Consumer HAI Report:
  - Yes: 7%
  - No: 93%

- Epidemiol. Has Role Informing Consumers about State Reports:
  - Yes: 35%
  - No: 65%

**EPIDEMIOLOGIST RESULTS (CONT'D)**

- Epidemiol. Has Role Informing HCWs about State Reports:
  - Yes: 4%
  - No: 96%

- Used State's Report in Work with Other HCWs:
  - Yes: 30%
  - No: 70%

**EPIDEMIOLOGIST RESULTS (CONT'D)**

- On 1-5 Scale, How Would You Rate Consumer...
  - Awareness: 1.76
  - Understanding: 2.42
  - Priority: 2.37

**EPIDEMIOLOGIST TAKEAWAY**

From which of the following sources can consumers learn about your facility’s HAI rates?

- Official state reports: 85%
- HospitalCompare website: 74%
- Hospital personnel: 28%
- Physician or other HCW: 25%
- Local News Source: 17%
- Hospital Website: 15%
- Don't know: 4%

Remember earlier slide... IPs cited 100% web sources

**EPIDEMIOL. TAKEAWAY (CONT'D)**

Which departments at your hospital are involved in providing information on HAI rates to patients?

- Infection Prevention: 81%
- Quality Assurance: 36%
- Patient Safety: 28%
- Administration: 23%
- None: 17%

Note: Final slide has verbatim improvements for awareness and understanding

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STUDY COMPONENTS
- Hospitals
- IP/Epidemiology
- Data Reporting
- Training
- Education
- State HAI Coordinators
- Law
- Reports
- Awareness Campaigns
- Consumers
- Awareness
- Engagement
- Intent

STATE HAI COORDINATOR INTERVIEWS
- 32 States have disclosed reports at time of study
- Phone and Internet interviews, 28 states
  - Design and disclosure
  - Awareness promotions
  - Consumer feedback
- 1 declined interview, 2 did not respond
  - Information used from websites

STATE REPORT FORMATS
- Downloadable PDF docs
- Static Websites
- Interactive Websites

DATA ON STATE REPORTS
- Words/Numbers
- Graphs/Charts
  - Colors/Symbols

EXAMPLE 1
- Interactive website
- You choose the region within the state
- Rank by 1-3 stars
- Click on hospital name to get actual rate data

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STATE RESULTS
Who determined format?
• 8 states used a template/model
• 15 cited state advisory committee
• 10 states used other states’ reports

STATE RESULTS (CONT’D)
• 25 states have consumers on advisory board
• 7 of those had laws requiring consumer participation
• 9 used consumers in report design
• Regional panel for multistate
  • Multiple panels for different educ. levels

STATE RESULTS (CONT’D)
• Raising Public Awareness
  • 15 Press Release
  • 3 Press Conference
  • 4 Statewide Public Awareness Campaign
  • 4 Facebook, 3 Twitter, 1 RSS Feed

STUDY COMPONENTS

BACKGROUND: 2006 SURVEY OF CONSUMER ATTITUDES
1,000 respondents asked to rank each factor as “very, somewhat, or not important” when choosing a hospital

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CURRENT CONSUMER SURVEY METHODS
- Non-incentive random phone survey of 3,000 consumers in 48 States/DC
- Time: Three waves, April – May 2012
- Age: 18 years and older
- Gender: 50/50 (m/f) response pool

Contracted with ORC/International

CONSUMER METHODS (CONT'D)
Design: 12 questions in three parts:
1. Demographics
2. Awareness of law and HAI reports
3. Decision-making and HAI data

CONSUMER METHODS (CONT'D)
DATA ANALYSIS
- Standard socioeconomic/demographics and location (State)
- Sub-grouped by whether or not their state of residence had a publicly available
- Awareness and engagement analyzed by respondents from states with HAI reporting.
- Intent to seek information for all respondents.

* All p-values are for a Pearson chi-squared test for differences.

CONSUMER RESULTS
3,031 responses
- 1,895 from states where HAI data was disclosed to public by April 2012 (25 states, shown red)

CONSUMER RESULTS (CONT'D)

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CONSUMER RESULTS (CONT'D)

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Engagement</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>201 (64%)</td>
<td>96 (23%)</td>
</tr>
<tr>
<td>No</td>
<td>53 (17%)</td>
<td>137 (9%)</td>
</tr>
<tr>
<td>Prior infection more aware</td>
<td>Prior infection more engaged</td>
<td>Prior infection more intense</td>
</tr>
</tbody>
</table>

**P<0.0001**

CONSUMER RESULTS (CONT'D)

<table>
<thead>
<tr>
<th>Of all respondents that are aware of public reports (n=1,185)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation from Physician, Nurse, other health professional</td>
</tr>
<tr>
<td>Reputation</td>
</tr>
<tr>
<td>Insurance coverage</td>
</tr>
<tr>
<td>Location or convenience</td>
</tr>
<tr>
<td>Recommendation from friends or family</td>
</tr>
<tr>
<td>Hospital infection rate</td>
</tr>
</tbody>
</table>

In contrast, (2006) 65% of respondents said HAI rates were an important factor in choosing a hospital. Importance vs. Priority.

CONSUMER RESULTS (CONT'D)

- Where are they most likely to seek information on HAI when choosing a hospital in the future? (red = most likely, blue = least likely)

**P<0.0009**

CONSUMER RESULTS (CONT'D)

- What can hospitals do to help move states to have more intent?
  - Ownership
  - Consumer empowerment
  - Process
  - Opportunities for APIC chapters

40 YEARS LATER...

- More public awareness needed
- IPs and Epidemiologists are key factors in all steps when supporting a program
- Consumers need to be consulted.
- Many "top lists" out there...

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IP → PATIENT → CONSUMER

1978 APIC
1987 SHEA
2013 APIC

THANK YOU
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• RWJF Grant Title: Does Mandatory Public Reporting Affect Hospital Infection Rates?
• Grant I.D.: 6375
• Maryanne@mcguckinmethods.com
• Govednik@hrreports.com

ADDITIONAL INFORMATION

APENDIX. EPIDEMIOLOGIST SUGGESTIONS FOR IMPROVED CONSUMER AWARENESS UNDERSTANDING

What changes would you suggest to increase the public/consumer’s awareness, use, and understanding of your state’s HAI reports or other public health data?

Some suggestions for improving the clarity and accessibility of public health data:
- Provide clear and concise explanations of what the data represents
- Use visual aids such as graphs and charts to illustrate trends and patterns
- Highlight key findings and results in bold or italics
- Use simple language and avoid technical jargon
- Include examples or case studies to make the data more relatable
- Offer additional resources for further information and support

WHO Teleclass Schedule

January 29
Innovation and implementation strategic approaches to reduce catheter-related bacteremia: The results of a European multicentre study (PROHIBIT)
Dr. Walter Zibig, Switzerland

March 7
How to prevent the spread of multiresistant bacteria
Dr. Stephan Horber, Switzerland

April 5
Wrong site, wrong route and wrong dose: The impact of medical and nursing errors on patient safety
Dr. Elizabeth Hill, USA

May 5
Special lecture for International Hand Hygiene Day
Prof. Didier Pittet, Switzerland

October 8
Public reporting and disclosure of HAI rates: Positive impact or confusion?
Dr. Maryanne McGuckin & Mr. John Govednik, USA

November 5
Global application of behaviour change models and infection control strategies
Dr. Michael Borg, Malta

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