Consumer perceptions of healthcare associated infection and hand hygiene - a global survey

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Acknowledgements

• Facilitated by the World Health Organisation, Private Organisations for Patient Safety (POPS) is a collaborative that aims to promote and support global patient safety, in the first instance starting with hand hygiene improvement
  http://www.who.int/gpsc/pops/en/

• ORC International
  http://www.orcinternational.com
The question

• Following years of a multimodal approach to improving hand hygiene in health care, could ‘consumers’ now further influence this agenda?

• To understand the potential for a consumer engagement approach to hand hygiene improvement, a baseline of perceptions in countries around the world is required
Consumer engagement through the media

Consumer and health care

- Engagement/activity appears to vary across the globe – is often culturally driven
- Ultimately, if consumers make decisions about their health care choices, would they consider hand hygiene/infection standards as part of this decision making?
- Note: this work focused on consumers, not patients, while some of those surveyed have/may have been patients

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Background

• McGuckin Methods International was invited to participate in POPS discussions on the potential for a consumer engagement campaign
• A project proposal was created and approved within the WHO Service Deliver and Safety (SDS) department and with POPS (including countries to be surveyed)
• A company with a track record in understanding what truly engages people around the globe (through market research) were engaged

Methods & Limitations

• A telephone survey was conducted
• A sample of 1,001 respondents, 18 years of age and older living in Ireland (n=250), India (n=251), Mexico (conducted in SP, n=251) and Hong Kong (n=249), were surveyed
• The period of study was October 22-29, 2014
• Respondents for this survey were selected from among those who have volunteered to participate in other polls
• Because the sample is based on those who initially self-selected for participation, no estimates of sampling error can be calculated
• All sample surveys and polls may be subject to multiple sources of error, including, but not limited to sampling error, coverage error, error associated with non-response, and error associated with question wording and response options
The majority of respondents surveyed believe that health workers clean their hands at the right times when treating or caring for patients. This belief is highest among those in Hong Kong, followed by India.

**A1: Do you think that health workers (e.g. nurses and doctors) in hospitals and other settings (for example, clinics) clean their hands at the right times when treating/caring for patients? (Hong Kong=249, India=251, Ireland=250, Mexico=251)**

The majority of those who believe health care workers clean their hands at the right time believe they do so all of the time, except among those in Ireland. In Ireland, the majority believe it’s just some of the time.

**A2: Do you think that health workers are cleaning their hands at the right time...? Base=Think health workers clean their hands at the right time (Hong Kong=200, India=167, Ireland=133, Mexico=143)**

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Responses to questions about healthcare workers cleaning their hands at the right time were based on respondents’ own personal experience for at least seven out of ten. Significantly fewer responses were based on information from friends and relatives, and few were based on media.

**A3: Were your answers to the previous questions based on…?** (Hong Kong=249, India=251, Ireland=250, Mexico=251)

Those in India are most likely to have asked a health worker about clean hands with respect to a visit or treatment they were receiving. Those in Mexico are second most likely to have asked, followed by those in Hong Kong. Very few in Ireland have asked.

**A4: Have you ever asked an individual physician (doctor), nurse or other health worker, or a health care organization (e.g. hospital or clinic) any questions about this subject of clean hands with respect to a hospital/clinic visit or treatment you were receiving?** (Hong Kong=249, India=251, Ireland=250, Mexico=251)
When asked what they think happens if the hands of health workers are not cleaned at the right time before touching patients, more than four in five said that germs are spread to patients. Half said the health worker might get sick. Those in Hong Kong are least to think patients might be seriously harmed or even die, germs may spread to family members, or infections are passed on to patients.

**A5:** What do you think happens if the hands of nurses/doctors/other health workers are not cleaned at the right time before touching patients? (Hong Kong=249, India=251, Ireland=250, Mexico=251)

Those in Mexico are most likely to not go into a hospital if they thought health worker hands were not clean. Those in India are also more likely to not go into a hospital in this scenario than would those in Hong Kong and Ireland. Those in Ireland are least likely to be deterred from going into a hospital if they thought health worker hands were not clean.

**A6:** Would thinking that health worker hands are not clean stop you from going into a hospital? (Hong Kong=249, India=251, Ireland=250, Mexico=251)
How does this compare with other similar studies?

CONSUMER SURVEY IN THE USA – MCGUCCIN METHODS INTERNATIONAL

2006 Survey of Consumer Attitudes HAI & HH

1,000 respondents asked to rank each factor as “very, somewhat, or not important” when choosing a hospital

- **Clean environment**: 94%
- **Accepted insurance**: 88%
- **Low HAI rates**: 85%
- **Good reputation**: 79%
- **Friendly Staff**: 68%
- **High patient-to-staff ratio**: 64%
- **Previous experience with hosp**: 54%
- **Proximity to hosp**: 49%

2012 Survey of Awareness and Engagement of HAI Public Reporting By Consumers

- 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


Results

<table>
<thead>
<tr>
<th>Sex</th>
<th>Awareness</th>
<th>Engagement</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>37%</td>
<td>10%</td>
<td>48%</td>
</tr>
<tr>
<td>Female</td>
<td>42%</td>
<td>15%</td>
<td>55%</td>
</tr>
</tbody>
</table>

- Females more aware\(^1\)
- Females more engaged\(^2\)
- Females more intent\(^3\)

<table>
<thead>
<tr>
<th>Age</th>
<th>Awareness</th>
<th>Engagement</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>31%</td>
<td>8%</td>
<td>53%</td>
</tr>
<tr>
<td>36-64</td>
<td>42%</td>
<td>14%</td>
<td>52%</td>
</tr>
<tr>
<td>65+</td>
<td>38%</td>
<td>11%</td>
<td>52%</td>
</tr>
</tbody>
</table>

- Older more aware\(^4\)
- Older more engaged\(^5\)
- Not significant\(^6\)

\(^1\)P = 0.0248 \(^2\)P = 0.0011 \(^3\)P = 0.0002 \(^4\)P = 0.0143 \(^5\)P = 0.0183 \(^6\)P = 0.8620
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Results (cont’d)

<table>
<thead>
<tr>
<th>Educ</th>
<th>Awareness</th>
<th>Engagement</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Sch</td>
<td>32%</td>
<td>8%</td>
<td>58%</td>
</tr>
<tr>
<td>College</td>
<td>40%</td>
<td>12%</td>
<td>50%</td>
</tr>
<tr>
<td>Post Grad</td>
<td>47%</td>
<td>18%</td>
<td>47%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inc</th>
<th>Awareness</th>
<th>Engagement</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$25,000</td>
<td>30%</td>
<td>9%</td>
<td>60%</td>
</tr>
<tr>
<td>$25-59,999</td>
<td>39%</td>
<td>12%</td>
<td>55%</td>
</tr>
<tr>
<td>$60-99,999</td>
<td>41%</td>
<td>12%</td>
<td>48%</td>
</tr>
<tr>
<td>$100,000+</td>
<td>46%</td>
<td>16%</td>
<td>43%</td>
</tr>
</tbody>
</table>

1P < 0.0001 2P < 0.0001 3P < 0.0001 4P = 0.0007 5P = 0.0928 6P < 0.0001

Results (cont’d)

<table>
<thead>
<tr>
<th>Prior infection (self or fam)</th>
<th>Awareness</th>
<th>Engagement</th>
<th>Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>205 (48%)</td>
<td>96 (23%)</td>
<td>391 (59%)</td>
</tr>
<tr>
<td>No</td>
<td>539 (37%)</td>
<td>137 (9%)</td>
<td>1143 (50%)</td>
</tr>
</tbody>
</table>

1P=0.0001 2P < 0.0001 3P<0.0001

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Results (cont’d)

<table>
<thead>
<tr>
<th>Of all respondents that are aware of public reports (n=1895)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which two factors would you consider most important in choosing a hospital?</td>
</tr>
<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) 85% of respondents said HAI rates were an important factor in choosing hospital. Importance vs. Priority.

What does this tell us and what does it not?

- We have a foundation to build on
- A birds-eye view of what consumers think of hand hygiene and hospital infections
- One of the first articles on this topic was 40 years ago in the US – have we moved forward at all in ensuring consumers have accurate information?
- How we are going to improve the situation!
- How much effort should be put in to this agenda?
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Conclusions

• What we have presented represents what people ‘think’ they know
• A common phrase when a problem occurs is ‘if only I’d known’ – this is supported by the range of perceptions presented
• We have a responsibility to drive this agenda in all our countries/settings...
• Still necessary - an exercise to validate the results within the African and Eastern Mediterranean regions is recommended
• Buy-in from governments and influential organisations could build on the patient engagement activities already underway – tailored to local cultures

2014 WHO leaflets were a start

Hand hygiene and Antibiotic Resistance

WHO Information for Patients and Consumers

What is ‘antibiotic resistance’? Sometimes an antibiotic that used to work in the past for a certain type of bacterial infection no longer works. This happens when the bacteria change and so can no longer be killed or inhibited by the antibiotic. The antibiotic (and others of the same “type”) is then unable to cure an infection caused by these bacteria. In other words, the bacteria become resistant and can continue to multiply in a patient’s body even while taking the antibiotic. The name for this is antibiotic resistance and is usually caused by the overseer and instead of antibiotics.

How do antibiotic-resistant bacteria get into our bodies? Infections may occur when there is an ‘entry point’ for resistant bacteria to get into the patient’s body, usually through a break in the skin, such as a surgical wound of an intravenous line. The most likely way this occurs is by directly touching the ‘site’ with unclean hands. In healthcare facilities when the use of antibiotics is high and poorly regulated, bacteria are more likely to become resistant to antibiotics and can cause health care-associated infections (HCAI - infections acquired during health care which are much more difficult to treat.

2014 WHO leaflets were a start

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Other examples

<table>
<thead>
<tr>
<th>Consumers</th>
<th>Professional Practice</th>
<th>Education &amp; Certification</th>
<th>Resources</th>
<th>Public Policy</th>
<th>About</th>
</tr>
</thead>
</table>

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What tools are available?

A validated and systematic tool to obtain a situational analysis of hand hygiene infrastructure, promotional activities, performance monitoring and feedback, and institutional commitment – provides an overall score

http://www.who.int/gpsc/5may/hhsa_framework/en/

Presenting your HHSAF results to inform consumers around the globe

http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2015/en/
Future considerations

• Make information relevant and appropriate to specific consumer decision-making
• Consider using creative but proven ways to help consumers simplify their choices
• Target your information, at the right audience;
• Cultivate the health care setting image as a trusted source for safety information
• Use the right media.....newspaper ads, websites
• Is there a place for a global consumer campaign? – a consideration for WHO POPS

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The next WHO teleclass ....

July 8, 2015

THE USE OF SOCIAL MEDIA IN SUPPORT OF GLOBAL INFECTION PREVENTION AND CONTROL

Jules Storr & Claire Kilpatrick, World Health Organization

Objectives ....
- Review current and historical applications of social media within infection prevention and public health
- Describe examples of the global application and impact of social media focusing primarily on antimicrobial resistance and outbreak threats
- Understand key features of what makes for an effective social media strategy
- Explore the potential future opportunities that social media has as a force for good in infection prevention and control

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