Overview of presentation

1. What is Patient Empowerment?
2. Patient Empowerment and infection control
3. The attitudes of hospital patients
4. The attitudes of hospital staff
5. Strategies to promote empowerment
6. Where to from here?
Can Patient Empowerment Be Used as a Strategy to Improve Infection Control Compliance?
Dr Holly Seale, School of Public Health and Community Medicine, UNSW Australia
A Webber Training Teleclass

1. What is Patient Empowerment?

From the European Patients Forum
• Patient empowerment is a “process that helps people gain control over their own lives and increases their capacity to act on issues that they themselves define as important.”

• Aspects of empowerment include:
  ➢ self-efficacy
  ➢ self-awareness
  ➢ confidence
  ➢ coping skills
  ➢ health literacy

http://www.eu-patient.eu/campaign/PatientsprescribE/
Can Patient Empowerment Be Used as a Strategy to Improve Infection Control Compliance?

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1. What is Patient Empowerment?

**Education:** patients can make informed decisions about their health if they are able to access all the relevant information, in an easily understandable format.

**Engagement:** patients need to be involved in designing more effective healthcare for all, and in research to deliver new and better treatments and services.

**Expertise:** patients self-manage their condition every day so they have a unique expertise on healthcare which needs to be supported.

**Equality:** patients need support to become equal partners with health professionals in the management of their condition.

**Experience:** individual patients work with patient organisations to represent them, and channel their experience and collective voice.

The five “E” of Empowerment stand for:

http://www.eu-patient.eu/campaign/PatientsprescribE/

Strategies to involve patients in clinical safety fall into four categories:

1. Educating patients so that they are better able to manage their treatment regime safely
2. Getting patients to intervene directly when there is risk of an error
3. Inviting patients to provide feedback on the care received
4. Directly involving patients in system wide strategies to improve safety (including for example, directly reporting errors and sitting on governance committees)

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Previously used to:
- Help patients choose personally meaningful, realistic goals, especially goals related to weight loss, nutrition, and physical activity
- Promote diabetes care
- Promote medication adherence
- Improve patient safety after surgery
- Foster open communication with staff
- Empower people with AIDS, asthma, heart failure, arthritis, and people with disabilities etc.


2. Patient Empowerment and infection control

Hosted by Jane Barnett  jane@webbertraining.com
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Patient empowerment and infection control

Encourage partnership between patients, their families, and health-care workers to promote hand hygiene in health-care setting

While the responsibility for hand hygiene rests firmly with the health-care worker, to encourage patients to support health-care workers in improving hand hygiene in various ways, such as learning about hand hygiene best practices and reminding or evaluating hand hygiene.

The WHO Guidelines on Hand Hygiene in Health Care (2009):

http://www.who.int/gpsc/5may/tools/9789241597906/en/
The National Patient Safety Agency for England and Wales: the “Cleanyourhands” campaign

- Launched in 2004
- Aimed at best practices in HH compliance among HCWs, with an emphasis on performing HH “at the right time and in the right place”.
- A central message of this campaign was “It’s OK to ask,” encouraging patients to ask HCWs whether they had performed HH before providing patient care.

http://www.npsa.nhs.uk/cleanyourhands/

While this all sounds wonderful....

- There is concern, for example, that this shift of emphasis is actually about transferring some responsibility to patients for their care in order to reduce healthcare costs.
- The possibility also remains that an over-reliance on patients to care for themselves could also inadvertently lull HCWs into a false sense of safety.
- For other clinical staff, relinquishing ‘control’ to patients threatens their professional identity.
- Underpinning each of these criticisms is a central concern that relying on patients to check on the care they receive from health professionals is neither an effective nor an appropriate strategy for promoting patient safety.
But its 2016

• The counterargument is that a paternalistic approach centred on the notion of professional infallibility is no longer relevant in a consumerist 21st century.

• Patients are now actively using the Internet both individually and as part of support groups, to gather and assess information about their conditions and their care.

• Consumer engagement strategies are not relying on patients to check on the delivery of their health care to ensure their safety; rather they actively involve patients in their own care, as a part of a range of efforts are made to improve both the quality and the safety of their care.

3. Are patients really interested in empowerment?
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UK *cleanyourhands* campaign: 71% of patients wanted to be involved in improving HH practices.

From the literature

From McGuckin et al.: 4/5 consumers said that they would ask their HCW “Did you wash/sanitize your hands?” if their HCW educated them about the importance of hand hygiene.

From Longtin et al.: From a Swiss study, only a quarter of patients would be willing to remind HCWs to perform hand hygiene.

A large Taiwanese study of hospitalised patients and their families found that 48.9% would ask a doctor and 50.8% for ask a nurse to wash their hands; (Wu et al., 2013).

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Wu K-S et al. American Journal of Infection Control 41: 327–331
Longtin Y et al. Infection Control & Hospital Epidemiology 30: 830–839.

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In-depth interviews: Themes

- Low levels of health literacy about HCAI and very little provision of information to patients in relation to HCAI.
- They acknowledged that patients should play a role in preventing infections in hospitals. The nature of this role included asking questions or reporting symptoms - but rarely in directly challenging.
- However, that role was largely associated with maintaining personal hygiene.
- No reference was made to patients interacting with staff members.
- Concerns about having their healthcare negatively impacted were the primary barrier suggested by participants when asked whether they would prompt a staff member to HH.
- Participants spoke about not wanting to "cause trouble or start fires" and therefore would not feel comfortable with tell staff members to perform HH.

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We know that....

- The willingness of our patients to participate varies considerably depending on the activity that they were presented with.
- Patients are highly willing to ask general questions about the signs and symptoms of infection but less likely to engage with staff and challenge them about their HH behaviours.
- Patients...
  - Have a fear of consequences or compromised care
  - Do not want to antagonize, annoy or upset the HCW
  - Do not want to question the HCW’s professionalism and good intentions
  - Assume that the HCW has already cleaned their hands if they had not seen them doing it.
  - Often perceive their status as passive (subordinate to HCWs)


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Multiple interlinking factors influence patients’ intention to get actively involved in preventing medical errors.

These factors can be broadly divided into 2 groups:

- **Endogenous** (feeling able to prevent an error or to provide input, perceived effectiveness of taking preventative action)
- **Exogenous**, including socioeconomic factors (e.g., age, sex, education) and other external factors (e.g., available information, personal experiences, social norms).

Factors found to be associated with a willingness to ask HCWs to HH include:

- Younger age
- Being a woman
- Race (minority groups)
- Extraversion or expansive personality
- Level of education
- Being employed
- Being nonreligious
- Overestimating the incidence rate of HCAI
- Believing that patients can control their own behaviour
- Believing that participation would help to prevent HCAIs
- Belief that HCWs can infect patients
- Readiness to participate in either error prevention or around challenging staff
- Previous hospital stays,
- Higher familiarity with relevant information,
- Previous HCAI experiences
- Being concerned about HCAIs


In summary

- The occupational hierarchy and relationships between patients and staff are especially important in determining patient safety attitudes and behaviours.
- These relationships are constantly shifting further away from a rigid paternalistic structure to facilitate more patient autonomy in decision making.
- Nevertheless, HCW authority is still very strong, and some patients feel uncomfortable challenging the judgement or actions of their caregivers for the fear of being labelled as ‘difficult’, of offending staff and/or because of concerns of compromising their healthcare and safety.
- For some patients, the concept of ‘confronting’ HCWs goes against societal expectations and accepted norms, potentially deterring patients from participation in medical error prevention in general, and enquiring about HH specifically.

Doherty C and Stavropoulou C. Social Science and Medicine 75: 257–263.
Burnett E et al. Journal of Hospital Infection 74: 42–47.
Davis RE et al. Quality & Safety in Health Care 17: 90–96.

4. What do hospital staff members think about patient empowerment strategies?
From the literature

62.8% of the physicians, nurses, and technicians from a tertiary care university hospital in Taiwan indicated that they were willing to be reminded about their HH behaviour. Being aged >25 years and having a negative attitude toward patient empowerment were significantly associated with a negative intention to empower patients to participate in such activities. (Pan 2013)

71% of HCWs from a UK study believed that HCAIs could be reduced if patients asked whether the HCW had cleaned their hands before touching them and close to 60% felt that HH would improve as a result. However, 25% feared that this process would have an impact on the relationship between the HCW and patient, even though only 15% of participants reported having any prior experience of being asked to HH. (Pittet 2011)


Funding: SESLHD Infection Control Enhancement Program 2013-2014

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In-depth interviews

- There was virtually unanimous agreement amongst the hospital staff members interviewed that patients should be a stakeholder and play a role in the prevention of HCAI.
- The degree of responsibility and or engagement that participants felt patients should have, varied across the responses.
- The predominant role was conceptualised as ‘monitor’, ‘alarm’ or ‘enquirer’ not as ‘challenger’ or ‘corrector’
- Very few had previously been exposed to the concept of empowerment
- Staff members were accepting of the idea (within these limits) and were surprised that it has taken hospitals such a long time to move away from the “traditionally patriarchal model” of health care. Staff were less comfortable with the patient in a ‘correcting’ or potentially confrontational role
- They felt that a lack of hospital support, time and staffing would be key barriers to the implementation of any empowerment programs.

Oh, I'm all for it, as long as it's done in a reasonable way that's, that's fine. Not in an aggressive way"

“it's almost implying that they know, you’re being a bad, a bad healthcare worker”

“If they hold the doctors and nurses to a higher standard, it forces the staff to live up to that. And I think the patients that do take that initiative, like, it feeds back to the staff that they care about getting better, that they’re taking an active role in their health, and that people respect that.”

“It's sort of getting away from that very old fashioned patriarchal model...to a much more patient centred model, where the patients are involved in their healthcare. I see it as a very strong and powerful thing, not only for the patients, but also for the healthcare workers.”

In summary

- Very few participants associated patient empowerment with any on-going exchanges between HCWs and their patients.
- This view of empowerment reflects an emphasis in current guidelines, which focus on information provision rather than engagement.
- Relate patient empowerment to patient-centered care, a concept with which they were more familiar.
- Structural issues, such as workloads and competing priorities, including the change and quality improvement initiatives, are difficult to manage without commitment.
- More problematic, however, are long-standing issues, such as professional power hierarchies and their implications for a process.

5. Strategies to promote patient engagement
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• Willingness to interact with staff members increases if the patient:
  1. Believes that the HCW would appreciate a reminder
  2. Has received a verbal invite from the staff member
• A US survey found that 80% of participants would ask their HCW to wash their hands if they had previously received an explanation about the importance of asking
• Numerous studies support this finding- including the results from the work that we undertook
• Invitation= breakdown the perceived power differential between patients and staff members
• Encouragements can be verbal, posters, videos, other advertising material, visual aids such as badges etc.
• Remember that messages need to be delivered in multiple languages and also balance out visual/written cues.
• Main problem- when to deliver the messages?

Ensuring that you cover the key aspects of empowerment:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>Our approaches need to take into account what Influences self-efficacy: pre-existing values, beliefs, attitudes and culture. Encouragement through verbal persuasion can convince another person that they have the capability of being successful</td>
</tr>
<tr>
<td>Self-awareness</td>
<td>HCWs need to advocate to patients that they have a role in infection control Verbal messages supported by visual cues</td>
</tr>
<tr>
<td>Confidence</td>
<td>Patients need to be reassured that their care is not going to be affected if they ask questions or challenge staff</td>
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<tr>
<td>Coping skills</td>
<td>Hospitals provide information brochures on tips on how patients can engage and how they can seek assistance</td>
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<tr>
<td>Health literacy</td>
<td>Educate patients about HCAIs/infection control strategies they can assist with/the importance of HH Involving patients on working parties to ensure that messages are appropriate etc.</td>
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</tbody>
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6. Where to from here?

Hospital leadership

Training/education

Program development

Communication and visual cues

Safety climate
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Critical issues to address:
• Programs must fit within a broader, global hand hygiene promotion framework.
• Patients can be empowered only after they have
  ¡ gathered enough information
  ¡ understood how to use the information,
  ¡ Been convinced that this knowledge gives them the opportunity, and the right, to participate in helping to keep health care safe while not deflecting the responsibility away from their health-care workers.
• Patients are more likely to participate if they feel authorized and supported to do so by their health-care workers.
• As a consequence, the successful set-up of a patient empowerment strategy requires the full support of health-care workers across all levels of the organization.
• Information sessions may be required to reassure health-care workers as to the goals of the strategy, i.e. reduction of harm to patients, and to win their full support.

August 18  (Free Teleclass)
USE OF HYPOCHLORITE (BLEACH) IN HEALTHCARE FACILITIES
Prof. William Rutala, University of North Carolina Hospitals

August 25  APPLICATIONS AND LIMITATIONS OF DIPSLIDES AND PCR FOR REAL-TIME ENVIRONMENTAL CONTAMINATION EVALUATION
Dr. Tobias Ibfelt, Copenhagen University Hospital, Denmark
Sponsored by Virox Technologies Inc, (www.virox.com)

September 15  INFECTION CONTROL AND PET THERAPY
Prof. Scott Weese, University of Guelph, Canada
Sponsored by Virox Technologies Inc, (www.virox.com)

September 11  HARDWARE OR SOFTWARE? INTERVENTIONS FOR A SUSTAINABLE INFECTION CONTROL PROGRAM
Prof. Joost Hopman, Radboud University, The Netherlands

September 29  ADHERENCE ENGINEERING TO REDUCE CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS
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