

# Patient Involvement in Infection Control

## Claire Kilpatrick, World Health Organisation

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Patient Involvement in Infection Control

*'What does it look like and how can we support it?'*

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Imperial College London  
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Hosted by Margaret Murphy  
Patients for Patient Safety Programme  
WHO Patient Safety

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WHO Patient Safety Challenge  
Clean Care is Safer Care

www.webbertraining.com July 11, 2012

### Patient involvement in infection prevention and control

- “No one really does it;
- Everyone hates it;
- But it works.”

(Personal communication with leading Infectious Disease Physician, 2012)

### 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 (PPFS)

### 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*

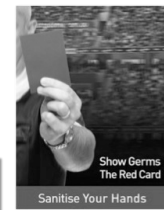
(Allegranzi et al, 2009)

## 1. It can work

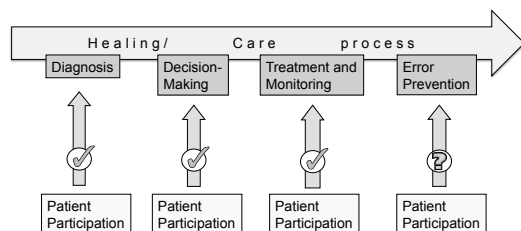


- Involving blood donors in ensuring hand hygiene - using a multimodal strategy
  - Clear step within standard operating procedures
  - A service that is tightly regulated and audited
  - Same procedure applied all the time
  - Explanation always given to this client group
  - Ease of patient awareness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

## 1. It can work – different approaches



## Various Types of Patient Participation



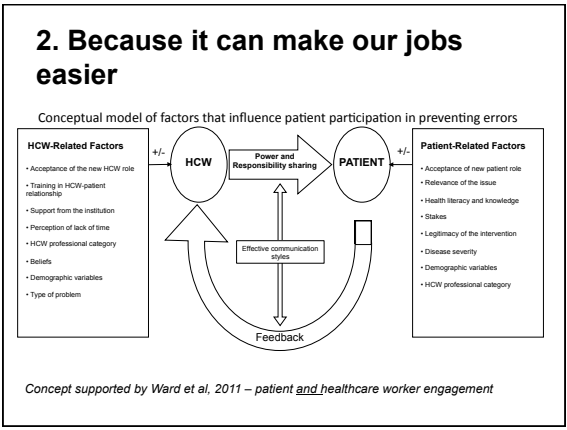
## Three reasons: 2. Because it can make our jobs easier

- '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

The diagram is similar to the one on the left, but includes a central text box with a literature search abstract. The abstract discusses patient participation in preventing errors and the role of patient involvement in healthcare. It is supported by Ward et al. (2011) on patient and healthcare worker engagement.

**HCW-Related Factors**

- Acceptance of the new HCW role
- Training in HCW-patient relationship
- Support from the institution
- Perception of lack of time
- HCW professional category
- Beliefs
- Demographic variables
- Type of problem

**Patient-Related Factors**

- Acceptance of new patient role
- Relevance of the issue
- Health literacy and knowledge
- Stakes
- Legitimacy of the intervention
- Disease severity
- Demographic variables
- HCW professional category

Concept supported by Ward et al. 2011 – patient and healthcare worker engagement

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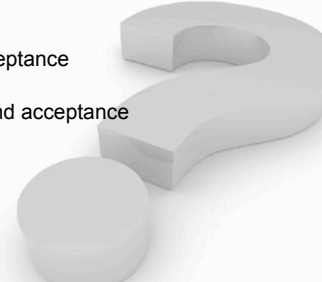
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## WHO Sustaining Hand Hygiene Improvement – KEY Additional Activities for Consideration by Health-Care Facilities – leadership status

- E-learning tools
- Symposia, lectures, debates
- Presentation / publication of your facility's data on documented improvements in HCAI
- Discussion papers on hand hygiene
- **Patience 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



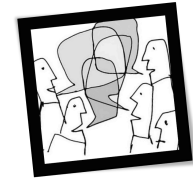
## Efficacy of patient participation programmes

	South Jersey USA 1999 <sup>1</sup>	Oxford U.K. 2004 <sup>2</sup>	Pennsylvania USA 2004 <sup>3</sup>	Ohio USA 2008 <sup>4</sup>	Pennsylvania USA 2008 <sup>5</sup>
Did you ask a nurse?	90%	100%	95%	3-45%	15%
Did you ask a physician?	32%	35%	31%	0%	8%
Soap Consumption	↑ 34% (p=0.02)	↑ 50% (NS)	↑ 94% (p < 0.001)	?	?

1. McGuickin M. et al. Am J Infect Control. 1999 Aug;27(4):309-14.
2. McGuickin M. et al. J Hosp Infect. 2001 Jul;48(3):222-7
3. McGuickin M. et al. Am J Infect Control. 2004 Jun;32(4):235-8.
4. Lent V. et al. Am J Infect Control 2008; In press
5. Julian KG. Infect Control Hosp Epidemiol. 2008 Aug;29(8):781-2.

## 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



Rabinovitz I et al. BMJ. 2004 February 28; 328(7438): 501-502.

## University of Geneva Hospitals Survey

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

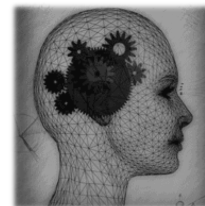
1. Belief that caregivers know or should know 35 (25.4%)

2. Belief that this task is not part of the patient's role 14 (10.1%)

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

Longlin Y. et al. Infect Control Hosp Epidemiol. 2009 Sep;30(9):830-8

## 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

Davis RE et al. J Eval Clin Pract. 2011 Jun 15.

## What we can all do next to make it work

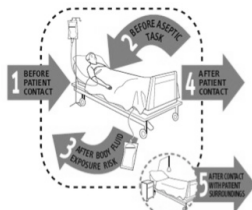
- 'Conceptual model of factors that influence patient participation in preventing errors' (Longtin et al, 2010)
- 'Five-step process for developing a patient empowerment programme' (McGuckin et al, 2011)
- Use of 'technologies'
  - WHO mother/baby Mcheck tool – focus on sepsis management [http://web.me.com/gmehl/mCheck\\_for\\_mothers\\_and\\_Babies/How\\_to\\_Vote.html](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 you mechanic if you had a concern/felt you were at risk?
- If so, WHEN would you do it?
  - Before?
  - Or
  - After?



## WHO My 5 Moments for Hand Hygiene



The WHO Five Moments for Hand Hygiene (2009)

- 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.

## Acknowledgements

- Dr Yves Longtin @YvesLongtin
- Professor Didier Pitter
- Margaret Murphy
- Dr Benedetta Allegranzi
- Dr Hugo Sax @booo13
- Julie Storr @julesstorr
- Ann Paterson

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<b>2012 WHO Teleclasses</b>	
February 8 <b>Behavioural Change in Infection Prevention and Control</b> , Prof. Andreas Voss	Clean Care is Safer Care
March 7 <b>Achievements in Improving Injection Safety Worldwide</b> , Dr. Selma Khamassi	August 8 <b>Processing Medical Devices in Settings with Limited Resources</b> , Dr. Nizam Damani
April 17 <b>Implementing Change: The Technical &amp; Socio-Adaptive Aspects of Preventing Catheter-Associated Urinary Tract Infection</b> , Prof. Sanjay Saint	September 5 <b>Successes and Challenges in Developing and Implementing Bundles in Infection Prevention</b> , Prof. Dan Goldmann
May 7 <b>Keeping the Hand Hygiene Agenda Alive: Acting on Data and the Influence of Global Surveys</b> , Prof. Didier Pittet	October 2 <b>The Role of Education in Low and Middle Income Countries</b> , Prof. Shaheen Mehtar
June 6 <b>Economic Impact of Healthcare-Associated Infections in Low and Middle Income Countries</b> , Dr. A. Nevzat Yalcin	November 7 <b>Measuring Impact: Key to Infection Control Scale-Up and Sustainability</b> , Prof. Jacqui Reilly
July 11 <b>Patient Involvement in Infection Control</b> , Claire Kilpatrick	December 5 <b>New Developments in Infection Control for Renal Dialysis</b> , Prof. W.H. Seto

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