


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



**CAN PATIENT EMPOWERMENT BE USED
AS A STRATEGY TO IMPROVE
INFECTION CONTROL COMPLIANCE?**

Never Stand Still Faculty of Medicine School of Public Health and Community Medicine

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Hosted by Jane Barnett
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www.webbertraining.com August 10, 2016

Overview of presentation

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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?



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1. What is Patient Empowerment?



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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/>



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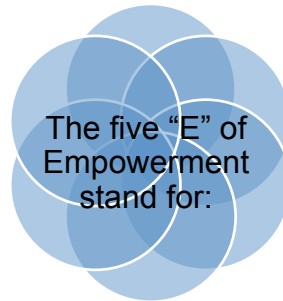
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1. What is Patient Empowerment?

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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.

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

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

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



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

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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)

King A et.al *Quality & Safety in Health Care* 19: 148–157
Peat M. *Journal of Health Services Research & Policy* 15 (Suppl. 1): 17–25.



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Previously used to:

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- 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.

Longtin Y, Sax H, Leape LL, Sheridan SE, Donaldson L, Pittet D: Patient participation: current knowledge and applicability to patient safety. *Mayo Clinic proceedings*, 85(1):53-62



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2. Patient Empowerment and infection control



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Patient empowerment and infection control 9

Pictures sourced from: <http://goo.gl/PpDzU3>; <https://goo.gl/KOISXG>; <https://goo.gl/KOISXG>; <http://goo.gl/ttuyCN>; <http://goo.gl/ttuyCN>

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

- 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.

<http://www.who.int/gpsc/5may/tools/9789241597906/en/>

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The National Patient Safety Agency for England and Wales : the “Cleanyourhands” campaign

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- 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....

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- 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.



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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.



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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).

Wu K-S et.al. *American Journal of Infection Control* 41: 327–331
 Longtin Y et al. *Infection Control & Hospital Epidemiology* 30: 830–839.
 McGuckin M, *American Journal of Infection Control* 27: 309–314.
 Pittet D et al. *Journal of Hospital Infection* 77: 299–303.



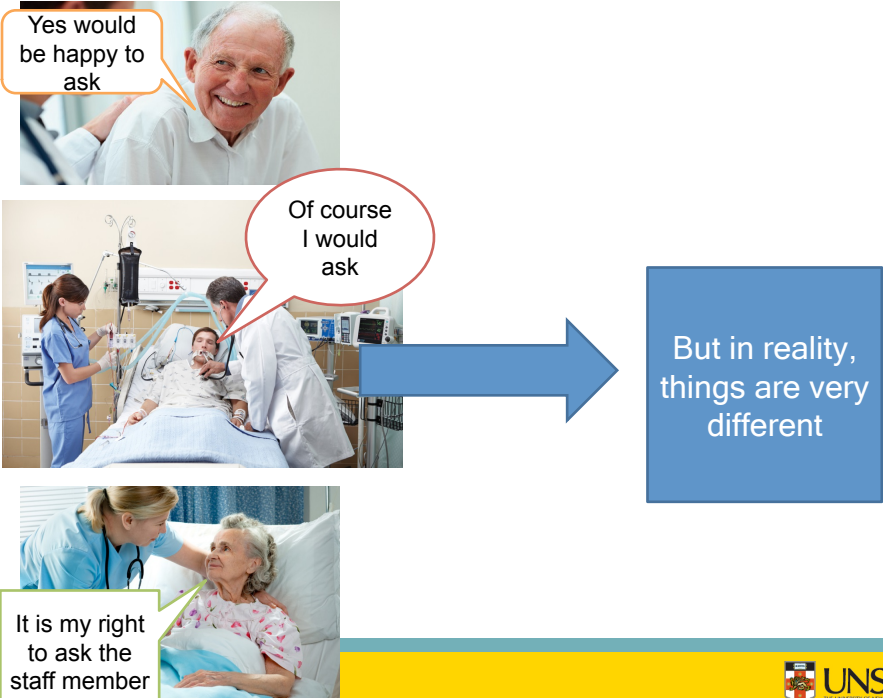

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Yes would be happy to ask

Of course I would ask

But in reality, things are very different

It is my right to ask the staff member

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Journal of Infection Prevention

Journal of Infection Prevention
2015, Vol. Issue, 167-173
DOI: 10.1177/1751375814538776
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Original Article

'I don't want to cause any trouble': the attitudes of hospital patients towards patient empowerment strategies to reduce healthcare-acquired infections

Holly Seale¹, Joanne Travaglia^{1,2}, Abrar A Chughtai¹, Lyn Phillipson¹, Yuliya Novytska³ and Rajneesh Kaur¹

Abstract

Background: Patients have, traditionally, been assumed to be the passive party in the healthcare-associated infections equation, with relatively little research focused on the patients' perspective. This study aimed to explore the attitudes of hospital patients towards patient empowerment as one of the key components of patient engagement.

Methods: Semi-structured interviews were undertaken with surgical patients from a major public hospital in Sydney, Australia.

Findings: While participants acknowledged that patients could play a role in preventing infections while in hospital, that role was largely associated with maintaining their own personal hygiene. No reference was made to patients interacting with staff members. Some participants said that they would feel comfortable and happy to engage with staff, while others voiced concerns. Some about not wanting to 'cause trouble or start fires' and therefore would not tell staff members to perform hand hygiene. Some participants articulated a fear that their care may be negatively affected if they directly engaged or confronted clinicians about their behaviours.

Conclusion: We found that patient engagement remains an underused method of preventing healthcare-associated infections, and the deep-seated public fears about individual vulnerabilities still need to be addressed.

Keywords
Empowerment, hospital, patient, healthcare workers, healthcare-acquired infections, infection control.

Date received 1 September 2014; accepted 26 April 2015

Background


Until recently, patient safety has largely been viewed as the remit of healthcare workers (HCWs) and the patient has often been assumed to be the passive party in the patient safety space. A more informed dialogue between providers and patients has emerged recently, supported by the World Health Organization (WHO) at an international level, arguing for a more active role for patients within the quality improvement movement. Within this context, patients and their families are acknowledged as providing a unique perspective on the system and in doing so help to identify risks and solutions for reducing harm caused by clinical errors (World Health Organization, 2004). Increasing the engagement of patients in their care has been used as a strategy to promote medication adherence.

improve patient safety after surgery and foster open communication with HCWs (World Health Organization, 2009).

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Funding: SESLHD Infection Control Enhancement Program 2013-2014

In-depth interviews: Themes

Interviews with patients	<ul style="list-style-type: none"> ➤ 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 on 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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Seale H, Travaglia J, Chughtai AA, Phillipson L, Novytska Y, Kaur R, et al. 'I don't want to cause any trouble': the attitudes of hospital patients towards patient empowerment strategies to reduce healthcare-acquired infections. J Infect Prevent 2015;16:167-73.

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'It may do a little bit of good, but I honestly can't see it doing a lot of good... my opinion is they should just left to ... they should be left to go and do ... they're all well-trained, and I think 99% of them would be doing the right thing'.

'I just don't want to cause fires, don't want to cause trouble.'

'I just think you might get him offside. I mean, he's someone who's ... you know, you're putting your healthcare in their hands but if you, sort of, are telling them what to do, they might get a bit off-put by that.'

'Doctors might take it the wrong way, and think they've been to medicine school for so long and maybe get offended by it, or something. But I guess it's up to the individual person.'

Seale H, Travaglia J, Chughtai AA, Phillipson L, Novytska Y, Kaur R, et al. 'I don't want to cause any trouble': the attitudes of hospital patients towards patient empowerment strategies to reduce healthcare-acquired infections. *J Infect Prevent* 2015;16:167-73.




We know that...

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- 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)

Longtin Y et.al. *Infect Control Hosp Epidemiol* 2009;30:830-9
National Patient Safety Agency. *Achieving our aims: evaluating the results of the pilot CleanyourHands campaign*. London, UK: National Health Services; 2004.



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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 (eg, age, sex, education) and other external factors (eg, available information, personal experiences, social norms).

Hibbard JH, Peters E, Slovic P, Tusler M. Med Care Res Rev 2005;62: 601-16.
Schwappach DL. Med Care Res Rev 2010;67:119-48.




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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

Davis RE et al. Qual Saf Health Care 2008;17:90-6.
Abbate R et al. Am J Infect Control 2008;36:39-47.
Longtin Y et al. Infect Control Hosp Epidemiol 2009;30:830-9.
Duncanson V, Pearson L. Control 2005;6:26-30.
Marella WM et al. J Patient Saf 2007;3:184-9.
Luszczynska A, Gunson KS. Patient Educ Couns 2007;68:79-85.



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In summary

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- 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.
Hibbard JH et.al; *Medical Care Research and Review* 62: 601–616.



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



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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)

From the literature

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)

Pan SC et al. Am J Infect Control 2013; 41:979-83.
Pittet D et al J Hosp Infect 2011;77:299-303.



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American Journal of Infection Control 44 (2016) 268–8

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Major article

Empowering patients in the hospital as a new approach to reducing the burden of health care–associated infections: The attitudes of hospital health care workers

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^b Centre for Health Infections, University of Wollongong, Wollongong, Australia
^c UNSW Medicine, University of New South Wales, Sydney, NSW, Australia

Background: Any approach promoting a culture of safety and the prevention of health care–associated infections (HCAIs) should involve all stakeholders, including the patients themselves. This qualitative study explored the knowledge and attitudes of health care workers toward the concept of patient empowerment based on improving infection control practices.

Methods: Semi-structured interviews were undertaken with 29 staff from a large hospital in Sydney, Australia.

Results: There was virtually unanimous agreement among the participants that patients should be thought of as a stakeholder and should have a role in the prevention of HCAI. However, the degree of patient responsibility and level of system engagement varied. Although very few had previously been exposed to the concept of empowerment, they were accepting of the idea and were surprised that hospitals had not yet adopted the concept. However, they felt that a lack of support, busy workloads, and negative attitudes would be key barriers to the implementation of any empowerment programs.

Conclusion: Although the World Health Organization has recommended that patients have a role in encouraging hand hygiene as a means of preventing infection, patient engagement remains an untested method. By extending the concept of patient empowerment to a range of infection prevention opportunities, the positive impact of this intervention will not only extend to the patient but to the system itself.

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Patience engagement programs have largely focused on involving the public in various aspects of organizational planning and governance, research, or empowering individuals or groups of individuals in the self-management of chronic conditions.^{1,2} The active engagement of patients in their care has also been used as a strategy to promote medication adherence, improve patient safety after surgery, and foster open communication with health care providers.³ Since 2009, the World Health Organization has advocated for patient empowerment in health care and has specifically emphasized the role of patients in urging health care workers (HCWs) to comply with hand hygiene (HH) standards.⁴

In Australia, the National Health and Medical Research Council guidelines suggest providing patients with sufficient information on infection control to facilitate their participation in preventing poor practices associated with HH. This approach includes the following: explaining the importance and technique of hand-washing, educating patients in the My 5 Moments for Hand Hygiene strategy and explaining the importance of its use by HCWs, visitors, and patients; and encouraging patients to ask HCWs about handwashing and hygiene.⁵ The literature suggests that patient participation programs can help to increase HCW/HH compliance. For example, 1 study recently reported that when patients were encouraged to ask HCWs if they performed HH, soap consumption increased,^{6,7} reflecting increased HH among HCWs. The authors reported that the patients were receptive to the program, with 81% reading the informational materials provided. This model used the


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Funding Support: Supported by the South Eastern Sydney Local Health District, Sydney, Australia.
Conflict of interest: None to report.


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<http://dx.doi.org/10.1016/j.ajic.2015.03.003>

Funding: SESLHD Infection Control Enhancement Program 2013-2014



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In-depth interviews		27
Interviews with HCWs	<ul style="list-style-type: none"> ➤ 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. 	
<p><small>Seale, H., et al., <i>Empowering patients in the hospital as a new approach to reducing the burden of health care-associated infections: The attitudes of hospital health care workers.</i> Am J Infect Control, 2016. 44(3): p. 263-8.</small></p>		

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<p>“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”</p>	<p>“it’s almost implying that they know, you’re being a bad, a bad healthcare worker”</p>	
<p>“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.”</p>	<p>“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.”</p>	
<p><small>Seale, H., et al., <i>Empowering patients in the hospital as a new approach to reducing the burden of health care-associated infections: The attitudes of hospital health care workers.</i> Am J Infect Control, 2016. 44(3): p. 263-8.</small></p>		

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In summary

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- 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



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5. Strategies to promote patient engagement



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- Willingness to interact with staff members increases if the patient: 31
 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?

McGuin M et al. J Hosp Infect 2001;48:222-7.
McGuin M, et al. Am J Infect Control 1999;27:309-14.
Lent V et al. Am J Infect Control 2009;37:117-20.



Ensuring that you cover the key aspects of empowerment:

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Aspect	Strategy
Self-efficacy	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
Self-awareness	HCWs need to advocate to patients that they have a role in infection control Verbal messages supported by visual cues
Confidence	Patients need to be reassured that their care is not going to be affected if they ask questions or challenge staff
Coping skills	Hospitals provide information brochures on tips on how patients can engage and how they can seek assistance
Health literacy	Educate patients about HCAs/infection control strategies they can assist with/the importance of HH Involving patients on working parties to ensure that messages are appropriate etc.

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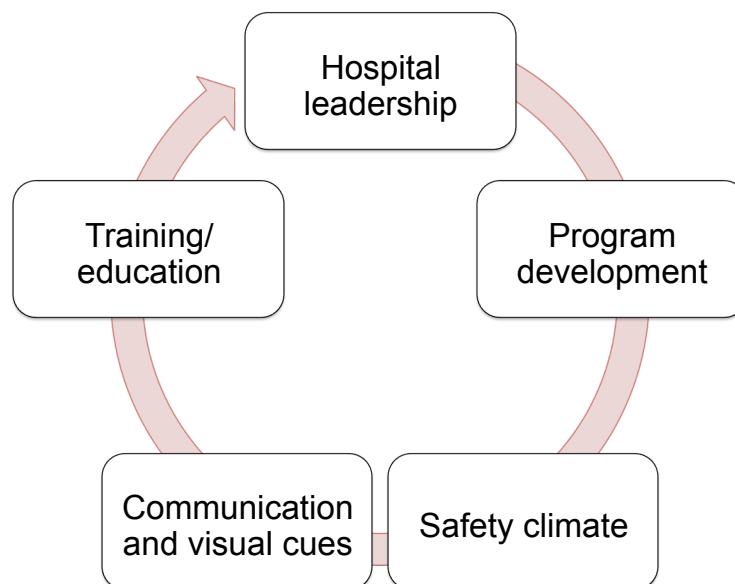
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6. Where to from here?



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Critical issues to address:

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- 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.



Coming Soon

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**

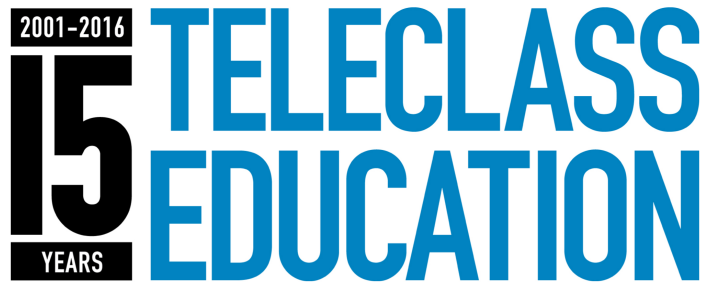
Prof. Joost Hopman, Radboud University, The Netherlands

September 29 **ADHERENCE ENGINEERING TO REDUCE CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS**

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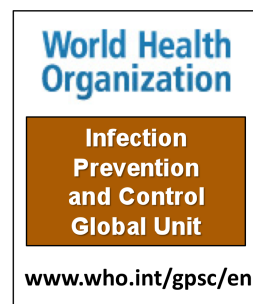
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