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Patient Empowerment







Outline

- Introduction
- Why do we need to empower/educate patients?
- What to teach?
- Do patients really believe in their role as partners to improve IC practice?
- HCWs perceptions and attitude
- Local and cultural challenges
- conclusion

Introduction

- Little is known about the intentions and attitude of patients/families and HCWs
- Actual compliance rate with HH ranges from 5% to 89%, average 38.7%
- 80-90% of patients have a positive attitude towards asking HCWs to clean their hands
- 60-70% have actually asked HCWs for HH

Introduction...2

- Most HH studies in the literature were performed in western countries
- WHO has pointed out potential transcultural influences in attitudes towards HH
- There is a lack of studies related to patient empowerment in Arabic and Asian culture

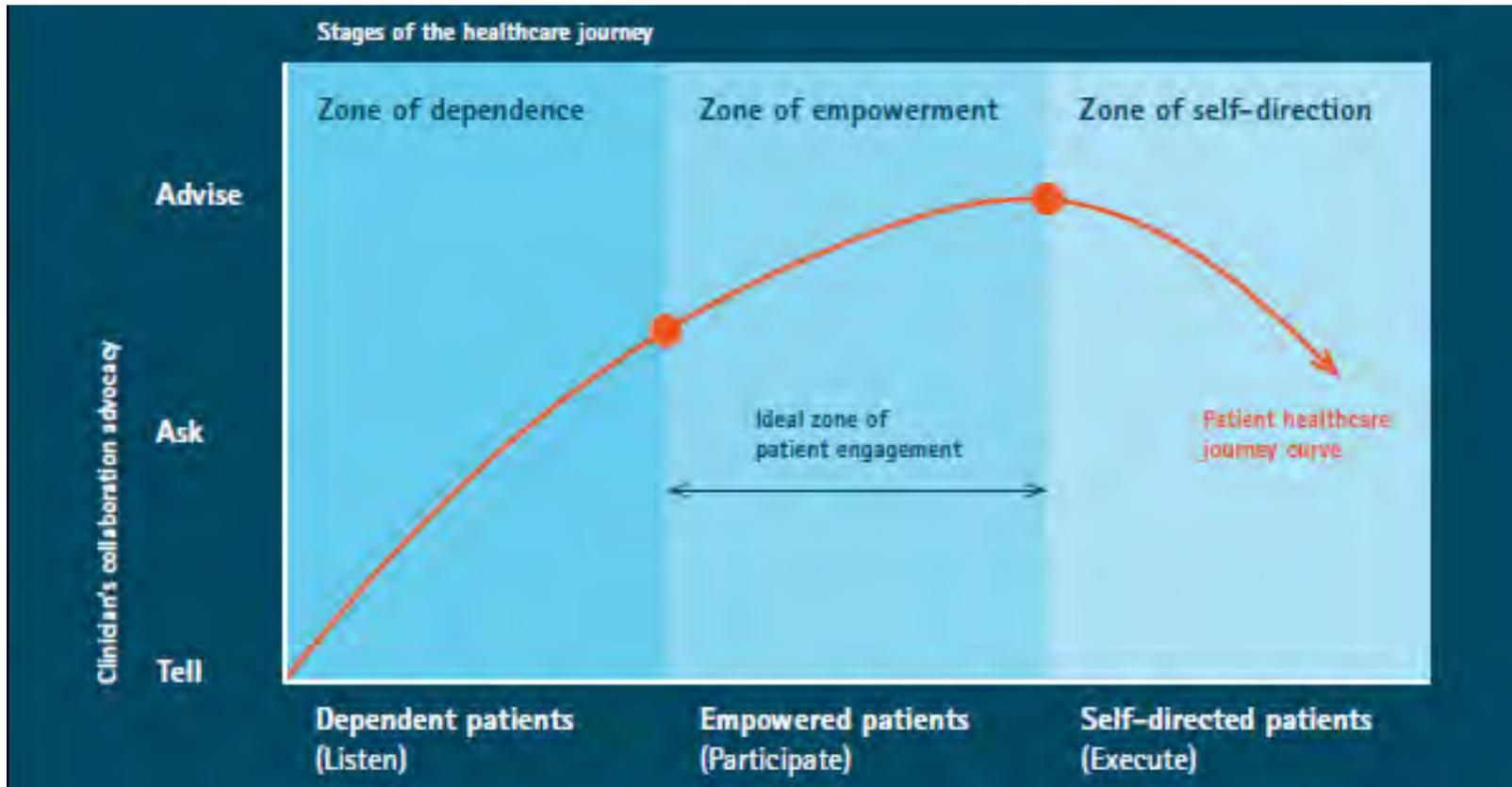
Empowerment in healthcare generally refers to the process that allows an individual or a community to gain the knowledge, skills and attitude needed to make choices about their care

WHO Guidelines on Hand Hygiene in Health Care, 2009

Definitions Remains Poorly Defined

- Concept:
 - Decision making
 - Self medication
 - Self monitoring
 - Goal setting
 - Taking part in physical care
- Empowerment
- Involvement
- Participation
- engagement

Health Engagement Model



“Parachutes reduce the risk of injury after gravitational challenge, but their effectiveness has not been proved with randomized controlled trials”



Smith GC, Pell JP. Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials. *BMJ* 327:1459-1461; 2003.

WHO Multimodal Hand Hygiene Improvement Strategy and Implementation Toolkit

Evidence from the WHO Guidelines on Hand Hygiene in Health Care (2009), **5 core components**, to improve hand hygiene in health-care settings

1

System change



2

Training and education



3

Evaluation and feedback



4

Reminders in the workplace



5

Institutional safety climate



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

Evaluation of a patient-empowering hand hygiene programme in the UK

M. McGuckin*, R. Waterman*, J. Storr†, I.C.J.W. Bowler†, M. Ashby†, K. Topley† and L. Porten*

Table III *Effect of Partners in Your Care on soap, gel and paper towel usage*

	Soap and gel usage (units)	Percent increase	P	Paper towel usage (boxes)	Percent increase	P
Baseline* vs. control†	12.3 vs. 15.6	37%	>0.05	10.5 vs. 12.9	23.0	>0.05
Baseline vs. intervention‡	12.3 vs. 18.5	50%	>0.05	10.5 vs. 13.0	24.0	>0.05
Control vs. intervention	15.6 vs. 16.5	10%	>0.05	12.9 vs. 13.0	0.4	>0.05
Medical ward vs surgical ward	(15.4 vs. 21.7)	69%	<0.05			

*Baseline = pre-Partners in Your Care period; †Control = test period (no intervention); ‡Intervention = test period (Partners in Your Care period). A unit of soap is one pack, a unit of gel is 800 ml.

Journal of Hospital Infection (2001) 48: 222–227

Efficacy of patient participation programmes

	South Jersey	Oxford	Pennsylvania	Ohio	Pennsylvania
	USA 1999 ¹	U.K. 2001 ²	USA 2004 ³	USA 2008 ⁴	USA 2008 ⁵
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. McGuckin M. et al. Am J Infect Control. 1999 Aug;27(4):309-14.
2. McGuckin M. et al. J Hosp Infect. 2001 Jul;48(3):222-7
3. McGuckin 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.

Patient empowerment and hand hygiene, 1997–2012

M. McGuckin*, J. Govednik

Patient willingness to be empowered, to ask about hand hygiene, and whether they were given permission by their healthcare workers to ask if they have performed hand hygiene. Updated from WHO Guidelines on Hand Hygiene in Health Care (p. 256)

Study origin	Patient believes he/she should be involved	Patient would ask about hand hygiene	Healthcare worker gave permission to patient
England and Wales NPSA (2004) ^a	71%	26%	-
Ontario (Canada) ^b	32%	42%	-
USA consumer survey ^c	-	-	80%
USA web survey ^d	-	60%	-
World Health Organization survey ^e	-	52%	86%
UK ^f	79%	-	-
USA ^g	91%	45%	-
UK ^h	-	-	Significant increase
Switzerland ⁱ	-	33%	81%
Australia ^j	90%	40%	-

M. McGuckin, J. Govednik / *Journal of Hospital Infection* 84 (2013) 191–199

Patient education—a strategy for prevention of infections caused by permanent central venous catheters in patients with haematological malignancies: a randomized clinical trial

T. Møller^{a,*}, N. Borregaard^a, M. Tvede^b, L. Adamsen^c

Table VI Infections in intervention and control groups

Infections	Intervention	Control	P value
BSI: total cases	24	22	
BSI: incidence (pr. 1000 cath.days)	3.83	3.10	0.47 Pearson's Chi-square
CRBSI: total cases	12	30	
CRBSI: incidence (pr. 1000 cath.days)	1.92	4.22	0.02 Pearson's Chi-square*
CRBSI: mean	0.29	0.75	0.01 unpaired <i>t</i> -test two-sided*
BSI+CRBSI: mean	0.86	1.30	0.05 unpaired <i>t</i> -test one-sided*
LESI: incidence (pr. 1000 cath.days)	0.64	1.69	0.25 Pearson's Chi-square
LESI: mean	0.10	0.30	0.03 unpaired <i>t</i> -test*
CRI: total cases	16	42	
CRI: incidence (pr. 1000 cath.days)	2.55	5.91	<0.01 Pearson's Chi-square*
CRI: mean	0.38	1.05	<0.01 unpaired <i>t</i> -test*
Patients with acquired CRI	14/42 (33%)	22/40 (55%)	0.05 Pearson's Chi-square, two-sided*

Journal of Hospital Infection (2005) 61, 330-341

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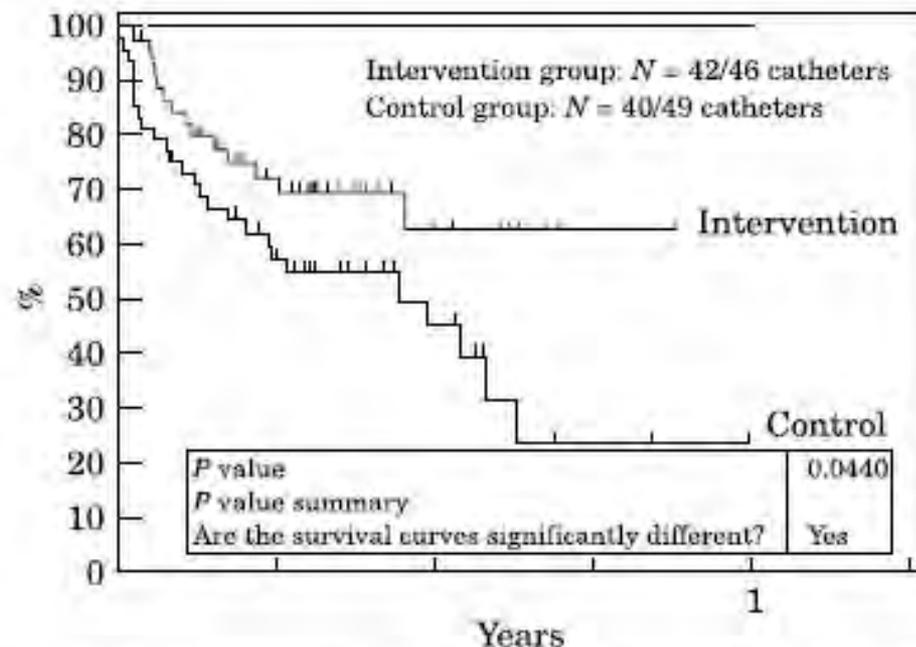
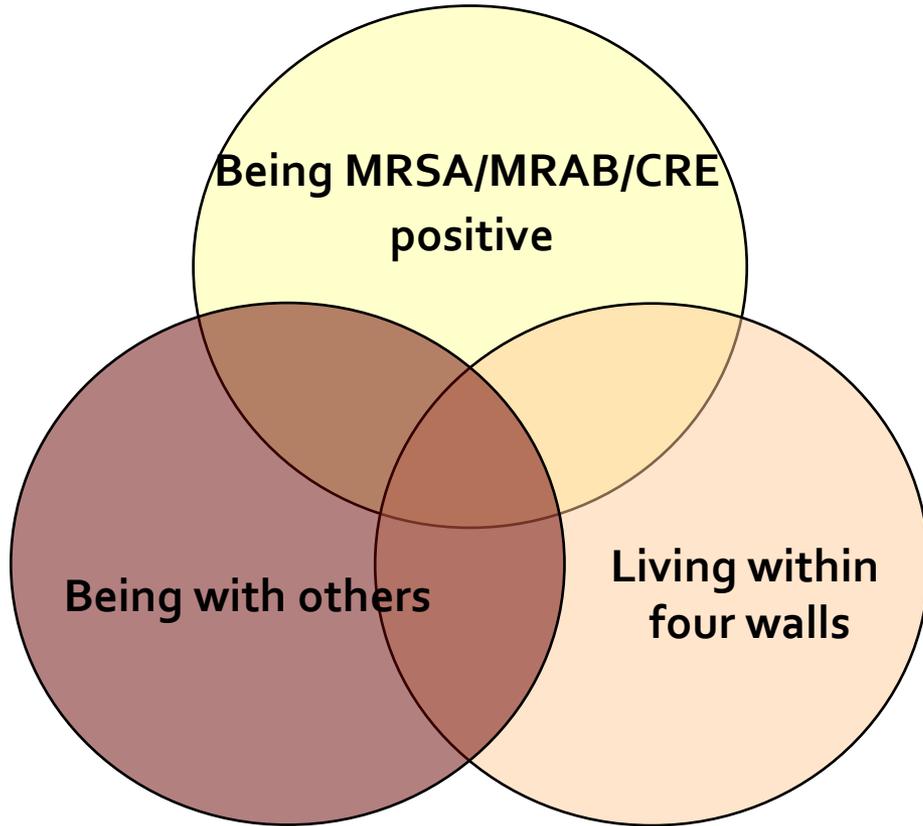
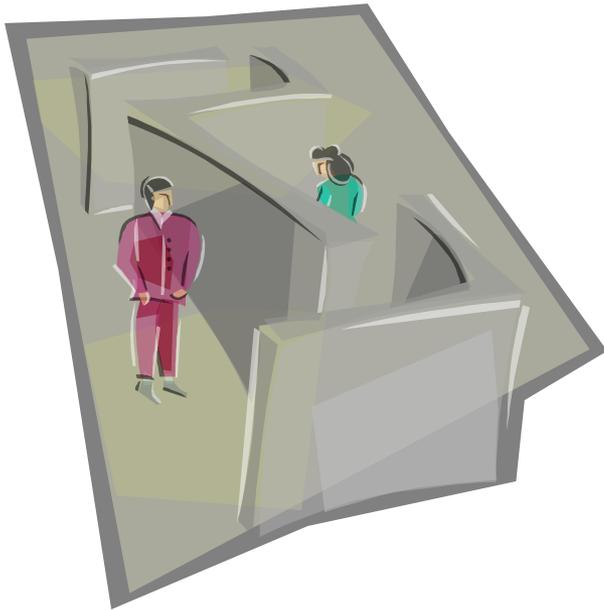


Figure 2 Kaplan Meyer survival curve of the first catheter-related infection. Source: Moeller *et al.*⁴¹

Emergent Themes

Behind Barriers



Important elements in patients empowerment

- Patients need to understand their role
- Patients need to acquire sufficient knowledge to be able to encourage their HCWs
- Patients need participation skills
- A facilitating environment is required

Interventions for patient empowerment

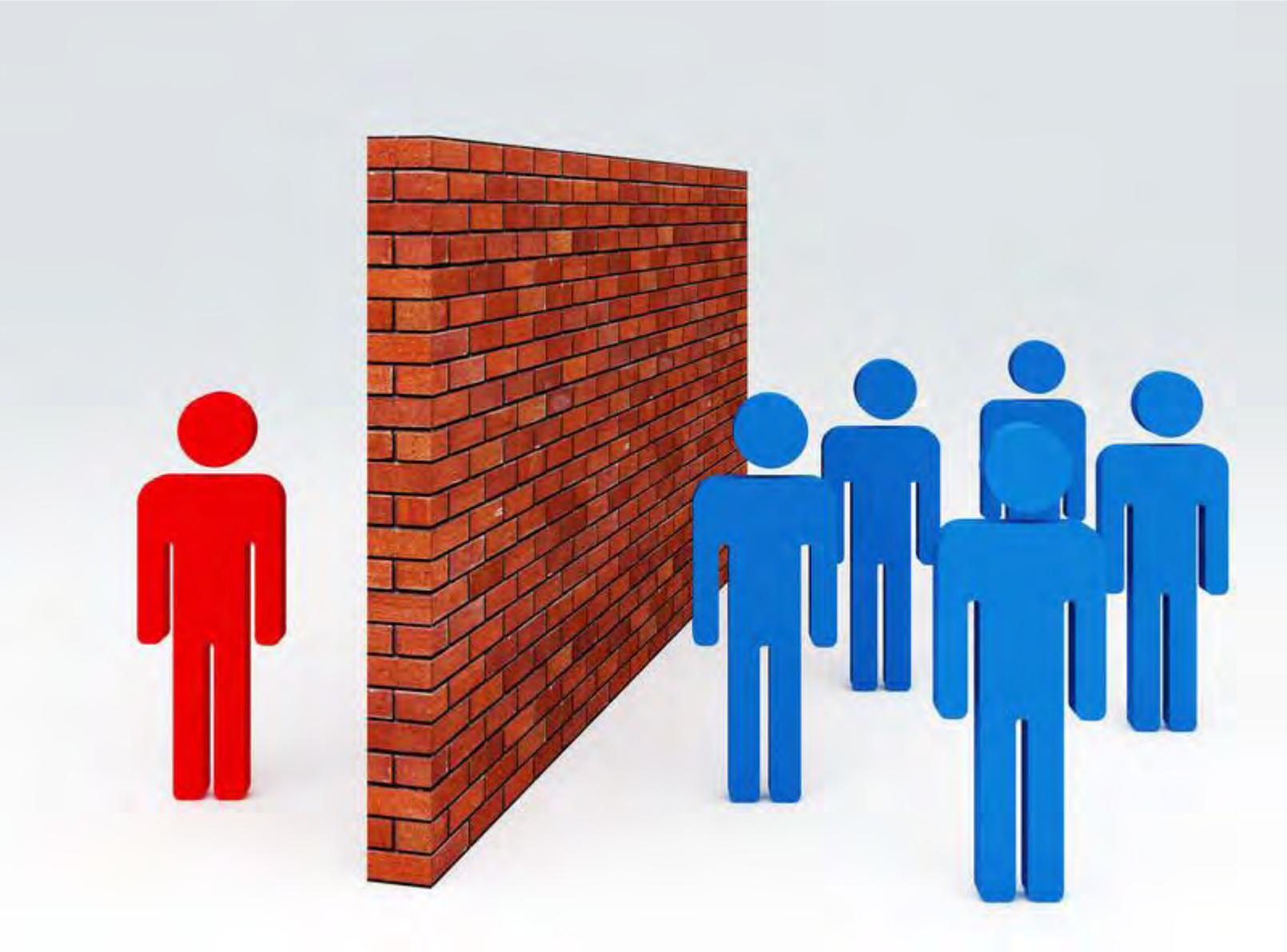
- Educational programmes
 - Printed matter, oral demonstrations, audio-visual means
- Reminders and motivational messages
 - Visual reminders for both HCWs and patients
- Role modelling
- Patients as observers
- Automation

Topics for Education

- Hand hygiene
- Respiratory hygiene
- Contact precautions
- Infection control







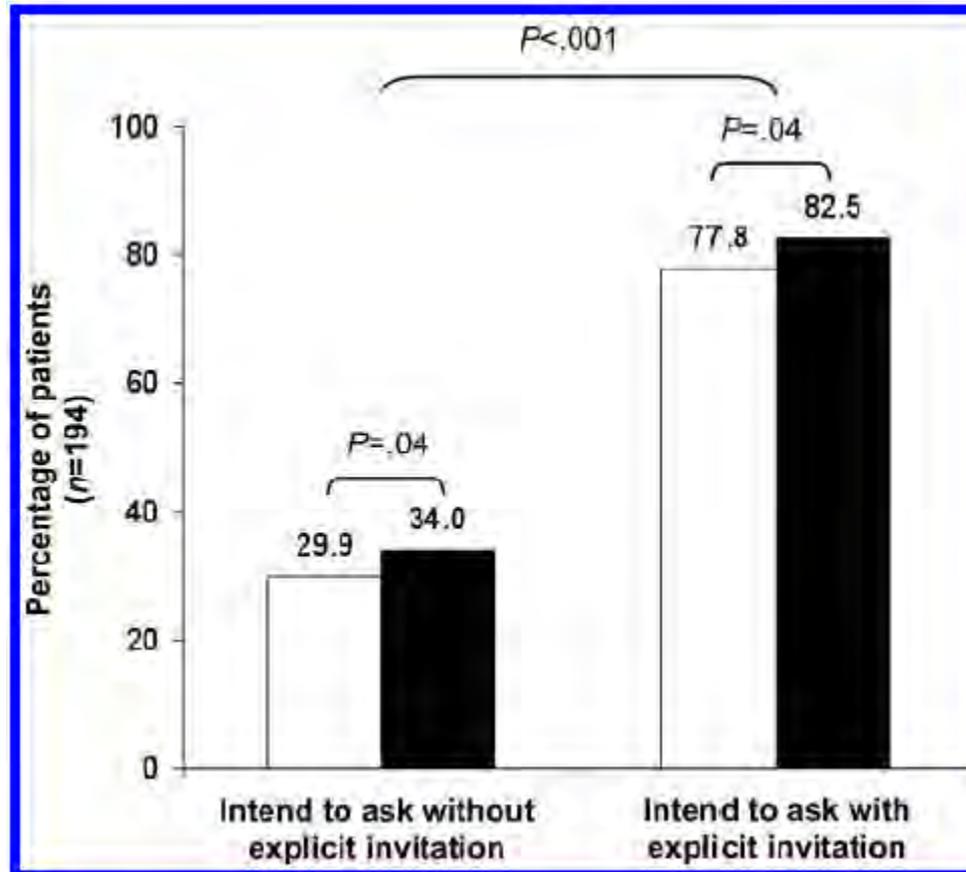
CleanyourHands Nationwide Campaign , UK

- the proportion of respondents who supported patient participation diminished from 71% to 38% when the question was changed from:
 - Theoretical: “Should patients be involved in helping staff improve hand hygiene?”
 - To concrete “What would you do if you thought a staff member had not washed their hands?”.

Patients' Beliefs and Perceptions

Reason	No. (%) of responses	
	No intention to ask nurses ^a (<i>n</i> = 138)	No intention to ask physicians ^b (<i>n</i> = 127)
Beliefs that this task is not the patient's role	32 (23.2)	23 (18.1)
Feeling of embarrassment or awkwardness	19 (13.8)	20 (15.8)
Perception of being impolite, disrespectful, dishonest	14 (10.1)	16 (12.6)
Belief that caregivers know or should know	35 (25.4)	47 (37.0)
Fear of reprisals	16 (11.6)	4 (3.2)
Perception of not knowing when to intervene or not knowing the indications for hand hygiene	2 (1.5)	1 (0.8)
Belief that healthcare workers can be trusted	6 (4.4)	5 (3.9)
Refusal to judge caregivers' work	4 (2.9)	0
Perception that this intervention is too "daring"	3 (2.2)	1 (0.8)
Other	7 (5.1)	10 (7.9)

Patients' Beliefs and Perceptions



Factors Associated With Intention to Ask A HCW to Perform HH

- Being nonreligious
- Having an expansive personality
- Being concerned about healthcare-associated infections
- Believing that patient participation would prevent healthcare-associated infections

**At our hospital,
it's OK to ask
our staff...**

For display in a PUBLIC area
or a CONSULTING ROOM



MORE INFORMATION

01206 744268 (office hours)

info@colchesterhospital.nhs.uk

www.colchesterhospital.nhs.uk

What factors influence healthcare professionals' opinion and attitude regarding information for patients about hospital infection?

V. Merle*, M.P. Tavolacci, A. Moreau, N. Dubreuil, B. Dollois, C. Gray, K. Kerleau, S. Théry, P. Czernichow

Table II Reasons cited by healthcare workers (HCWs, $N = 877$) for not informing non-infected patients about hospital infection (HI)

Reason	No. (corrected %) [95% CI]
I find no demand from my patients	565 (60.9) [57.2–64.7]
I give information about infections without mentioning the fact that they are hospital-acquired	420 (43.6) [40.0–47.2]
I am afraid of worrying the patients	388 (42.6) [38.8–46.4]
I think that my patients are not at risk of HI	241 (33.7) [30.5–36.8]
I forget	192 (21.1) [17.9–24.2]
It's unusual in my setting to inform patients about HI	186 (21.1) [17.9–24.4]
I do not have enough time to inform patients about HI	70 (7.8) [5.8–9.8]
I am afraid of legal complications or malpractice claims	52 (5.1) [3.7–6.5]
Information about HI is useless for patients	13 (1.6) [0.6–2.6]
Other reasons	86 (8.9) [6.9–10.9]

CI, confidence interval.

Caregivers' Perceptions of Patients as Reminders to Improve Hand Hygiene

Table. Factors Associated With Endorsement of Patient Participation to Improve Hand Hygiene (Multivariate Analysis)

Belief/Perception	Endorsement of Patient Participation to Improve Staff Hand Hygiene	
	AOR (95% CI)	P Value
Patient participation should be promoted to prevent medical errors	8.4 (3.2-22.1)	<.001
Patient participation would improve staff hand hygiene compliance	6.4 (2.4-16.8)	<.001
Hand hygiene omission is inconsequential	0.1 (0.02-0.5)	.006
Patient inquiry would be humiliating	0.3 (0.1-0.8)	.02
Patient inquiry would question their professional aptitude	0.4 (0.2-1.0)	.05

Abbreviation: AOR, adjusted odds ratio.

The Value of Consumer Movement

- It has started to change behaviours in many countries
- Accepting changing attitudes, particularly challenging medical staff's thinking

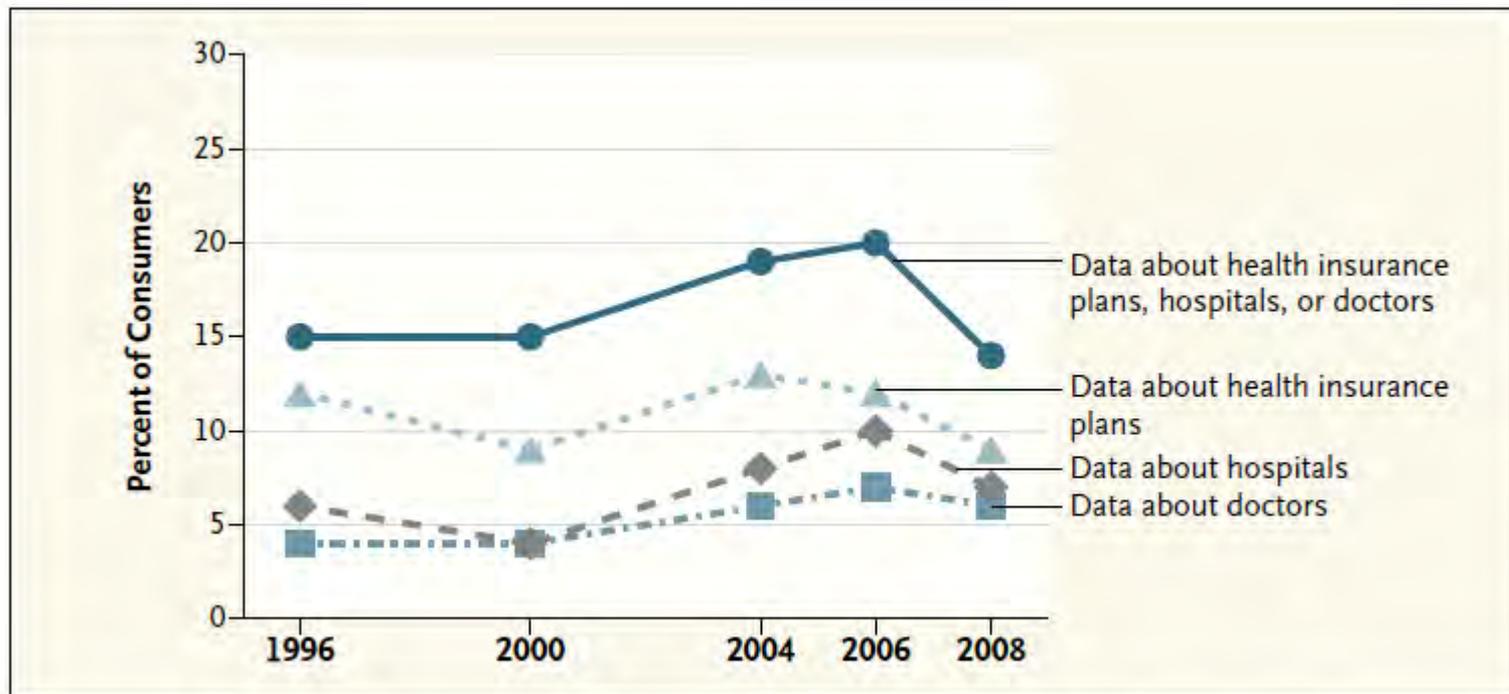
How likely are you to recommend this hospital to friends and family ?

Extremely likely Likely Neither likely Nor unlikely
Unlikely Not at all

Patients First – Clinical Excellence, Quality and Safety

Public Reporting, Consumerism, and Patient Empowerment

Robert S. Huckman, Ph.D., and Mark A. Kelley, M.D.



Consumers' Access to and Use of Data Comparing Quality of Health Care, 1996–2008.

N ENGL J MED 369;20 NEJM.ORG NOVEMBER 14, 2013

Patient empowerment in a hand hygiene program: Differing points of view between patients/family members and health care workers in Asian culture

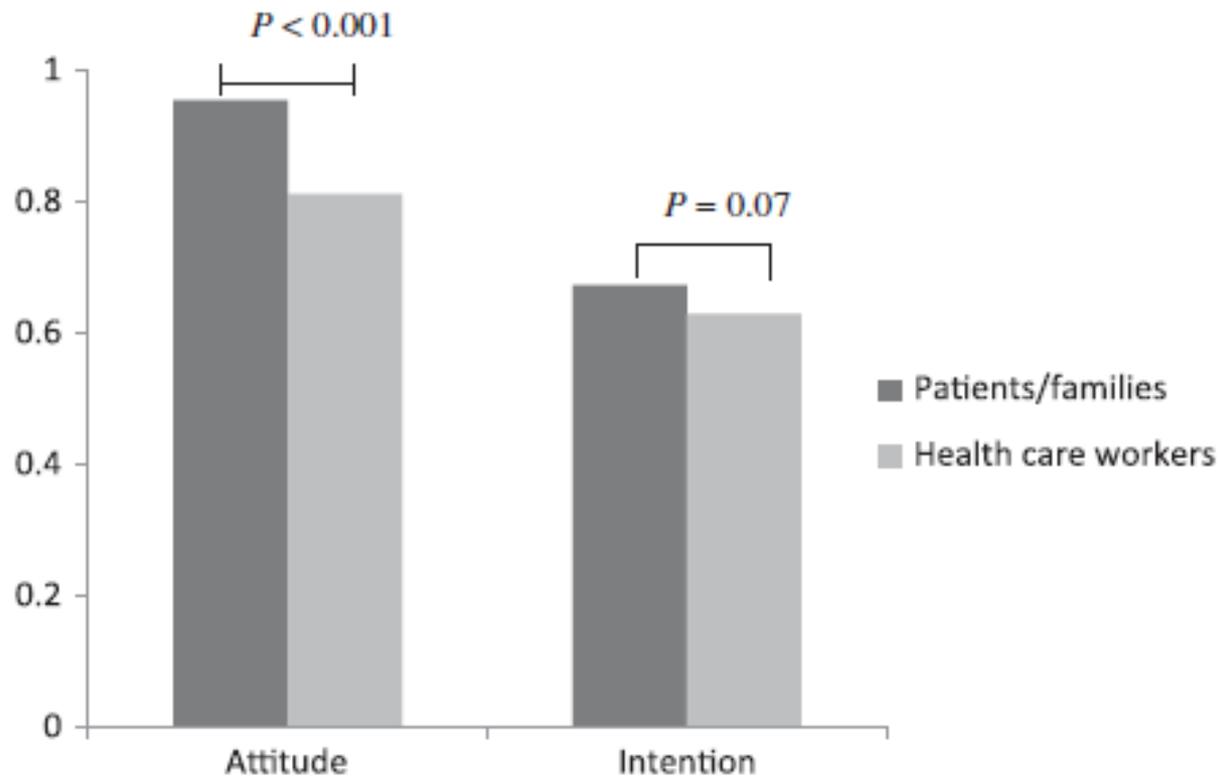
Sung-Ching Pan MD, MPH^a, Kuei-Lien Tien RN^b, I-Chen Hung RN^b, Yu-Jiun Lin MS^b, Ya-Ling Yang PhD^c, Ming-Chin Yang PhD^d, Ming-Jiuh Wang MD, PhD^e, Shan-Chwen Chang MD, PhD^{a,f}, Yee-Chun Chen MD, PhD^{a,b,f,*}

Factors associated with negative intention of patient empowerment in hand hygiene among patients/families and health care workers: multivariate analysis

Characteristics	Odds ratio (95% confidence interval)	
	Patients/families	HCWs
Age > 25 years	—	3.20 (1.51-6.81)
Female	1.82 (1.08-3.03)	1.39 (0.85-2.33)
Medical specialties		
Medical/nursing students	—	0.75 (0.24-2.39)
Negative attitude toward patient empowerment	—	10.00 (5.88-16.67)
Department		
Pediatrics	1.86 (0.93-3.64)	—
Education		
Illiterate	3.18 (0.86-11.7)	—

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S-C. Pan et al. / American Journal of Infection Control 41 (2013) 979-83

Conclusion

- Encouraging patients to be a part of the team should be part of the overall organizational culture.
- Patients need to be involved in their care in an active way.
- Patient participation skills and facilitating environment are important factors
- Culture has an impact on the attitude