

Patient Participation in Hand Hygiene Promotion and Improvement – Pros and Cons

Dr. Maryanne McGuckin & Dr. Yves Longtin

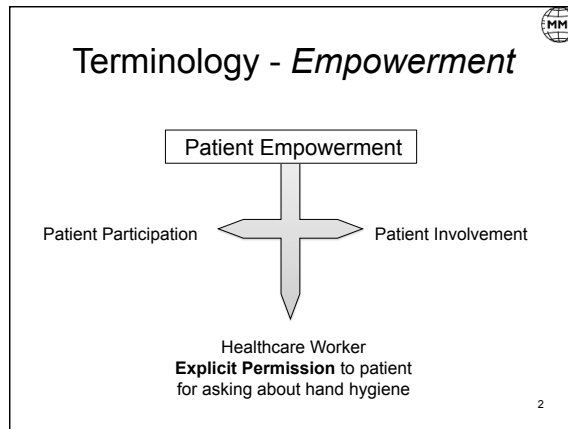
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Patient Participation in Hand Hygiene Promotion and Improvement: *Pros and Cons*

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McGuckin Methods International, Inc., USA
A Patient Safety Organization
&
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Université Laval Faculté de médecine, Québec, Canada

Hosted by **Claire Kilpatrick** WHO Patient Safety Agency
Sponsored by **WHO Patient Safety Challenge**
Clean Care is Safer Care

www.webbertraining.com March 6, 2013



Abbreviations

HH	Hand hygiene
HCW	Healthcare worker
PE	Patient empowerment
PP	Patient participation
US, UK, others	United States, United Kingdom, and various country abbreviations may be used
WHO	World Health Organization!
Others	Defined on specific slides

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- ## Presentation Overview
1. What is Empowerment?
 2. Hand Hygiene and Empowerment
 - a. 1982
 - b. 1997-2007
 - c. 2007-2013
 3. Pros: Evidence and Implementation
 4. Cons: Barriers (HCWs and Patients)
 5. Implementation Tips and Checklist
- 4

Patient Empowerment Defined

- "A process in which patients understand their role, are given the knowledge and skills by their health-care provider to perform a task in an environment that recognizes community and cultural differences and encourages patient participation."

WHO Guidelines on Hand Hygiene in Health Care (2009).

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The Journey of Empowerment... A Possibility? 1982

"Patients should be sure that any Physician, Nurse, Therapist, has washed his/her hands before touching them."

McGuckin, M.
Medical World News, 2-15-82

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The *Partners In Your Care* (PIYC) Empowerment Model 1997

- Patient empowerment and measurement model for increasing hand hygiene by having patients ask their healthcare workers: “Did you wash/sanitize your hands?”

– McGuckin M, et. al. Patient Education Model for Increasing Handwashing Compliance. *Am J Infect Control*. 1999;27 4:309-14

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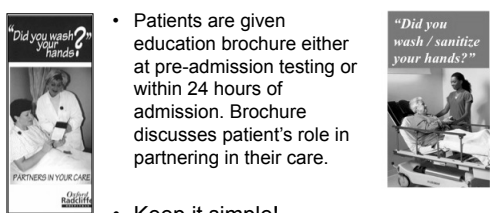
PIYC Empowerment Model Components

- Acute / Long Term / Rehabilitation
 - Education Brochure
 - Visual Incentive
 - Outcomes Measured:
 - Hand Hygiene Compliance (HH/bd)
 - Patient Survey
 - Feedback to Staff

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PIYC Empowerment Model Brochures

- Patients are given education brochure either at pre-admission testing or within 24 hours of admission. Brochure discusses patient’s role in partnering in their care.
- Keep it simple!



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PIYC Empowerment Model Visual Incentives



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PIYC Empowerment Model Evaluation 1997-2006

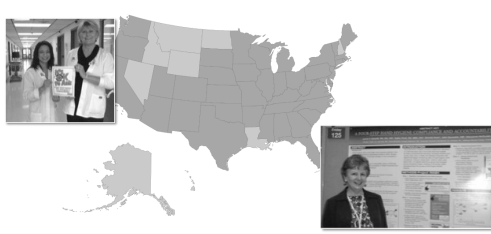
Year	Location	Source	Impact
1997	US, multicenter	McGuckin et. al. Patient Education Model for Increasing Handwashing Compliance. <i>Am J Infect Control</i> 1999.	+ 34% HH/bd
1998	Oxford, UK	McGuckin et. al. Evaluation of Patient Empowering Hand Hygiene Programme in UK. <i>J Hosp Infect</i> 2001.	+ 40% HH/bd
1999	Norway	5 hospitals	+ 40% HH/bd
2000	Denmark	5 hospitals	+ 35% HH/bd
2001	Netherlands	2 hospitals	+ 50% HH/bd
2001-2	Germany	20 hospitals	+ 40% HH/bd
2002	Switzerland	2 hospitals	+ 45% HH/bd
2003	US rehabilitation hospital.	McGuckin et. al. Evaluation of a Patient Education Model for Increasing Hand Hygiene Compliance in an in-Patient Rehabilitation Unit. <i>Am J Infect Control</i> 2004.	+ 56% HH/bd
2005	Long Term Care	McGuckin et. al. Validation of a Comprehensive Infection Control Program in LTC. <i>The Director</i> 2004.	+ 52% HH/bd
2005	US	McGuckin et. al. Consumer attitudes about health care-acquired infections and hand hygiene. <i>Am J Med Qual</i> . 2006.	80% would ask
2006	ICU	McGuckin et. al. The Effect of Random Voice Hand Hygiene Messages Delivered by Medical, Nursing, and Infection Control Staff on Hand Hygiene Compliance in Intensive Care. <i>Am J Infect Control</i> 2006.	+ 100% sanitizer use

HH/bd = Hand Hygiene occurrences per patient bed day : Not just product consumption, but a Model for monitoring the effect of the patient variable, used in all studies.

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Testing and Implementation

After several years of development and evaluation, a program began...



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Testing and Implementation

... and grew!

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Empowerment Model Implementation

- 6 phases

1. Gather your facts
2. Meet with leaders
3. Identify helpers
4. Locate resources
5. Determine distribution
6. Measure impact

- Many resources and ideas are available from national/regional health authorities, patient empowerment, advocacy websites
- Tips and ideas later in this presentation

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Empowerment Design, Testing, Implementation Timeline

1997: U.S. Acute Care
1998: U.K. Acute Care
1999: U.S./Canada Measurement Program Begins
2000: Norway, Denmark, Netherlands, Germany, Switzerland, Belgium
2001: Hungary Acute Care
2002: U.S. Rehabilitation, Long Term Care
2003: Consumer Attitudes in U.S. - survey
2004: U.S. ICU
2005: Multi-Center U.S. Study: HH + Empowerment
2006: WHO HH Guidelines
2007: WHO: PE + HH, A Win-Win Strategy article
2008: NPSF/PSQH Cover Story
2009: WHO 6-May: Patient Participation!
2010-2014: Various studies and reports continue.

JC = Joint Commission (US)
NPSF/PSQH = National Patient Safety Foundation's Patient Safety & Quality Healthcare journal (US\$)

Willingness: Patients Want Empowerment!

- These show intention, not action.
- Missing link: HCW *explicit permission* to ask

Sources (left to right): 1) P.J. Miller, B.M. Farr. Survey of patients' knowledge of nosocomial infections. Am J Infect Control 1989;17:31-4.; 2) McGuckin various studies; 3) National Health Service. National Patient Safety Guide Cleanyourhands campaign supporting resource 28 – Staff Guide to Patient Involvement; 4) McGuckin M, Waterman R, Shubin A. Consumer attitudes about health care-acquired infections and hand hygiene. Am J Med Qual. 2006 Sep-Oct;21(5):342-6.

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Giving Explicit Permission to Ask: A HCW's Role in Empowerment

- Reassure that patient reminders to HCWs for HH are *positive interactions*
- Invite patients to remind about HH, giving specific, direct (explicit) permission either verbally or written instruction
- Assure patient that reminding is a "normal activity" for patients in your unit

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Evidence for HCW Explicit Permission to Patient for HH

Study origin	Patient believes he/she should be involved	Patient would ask about hand hygiene	Would Ask if HCW permission to patient
England and Wales NPSA (2004) ¹	71%	26%	N/M
Ontario (Canada) ²	32%	42%	N/M
USA consumer survey ³	N/M	N/M	80%
USA web survey ⁴	N/M	60%	N/M
World Health Organization survey ⁵	N/M	52%	86%
UK ⁶	79%	N/M	N/M
USA ⁷	91%	45%	N/M
UK ⁸			Significant increase
Switzerland ⁹	N/M	33%	81%
Australia ¹⁰	90%	40%	N/M

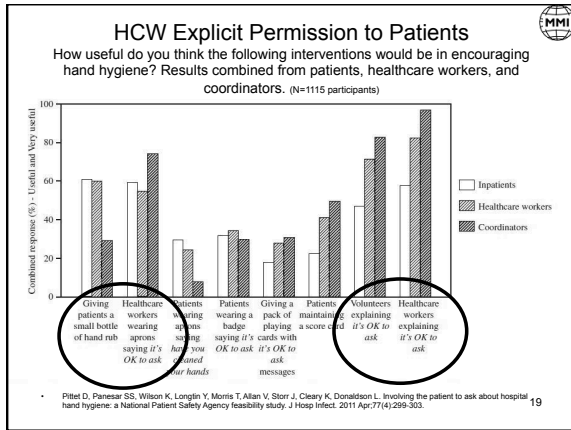
References at end of this section

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Patient Empowerment: A Definition Directed to the Healthcare Worker

- "A process in which patients understand their role, are given the knowledge and skills by their health-care provider to perform a task in an environment that recognizes community and cultural differences and encourages patient participation."
- WHO Guideline on Hand Hygiene in Health Care (2009)



... Because Empowered Consumers will be our Patients of the Future!

- If only I knew: Knowledge is Power, and the first step of Empowerment

- McGuckin, Goldfarb. *The Patient Survival Guide: 8 Simple Steps to Prevent Hospital- and Healthcare-Associated Infections*. New York: Demos Publishing, 2012.



References for "Evidence for HCW Explicit Permission" Table

1. Patient empowerment [webpage on Internet]. London: National Patient Safety Agency; 2008 [cited 1 December 2008]. Available from: <http://www.npsa.nhs.uk/cleanyourhands/in-hospitals/pep/>
2. R. Zorzi. Evaluation of a pilot test of the provincial hand hygiene improvement program for hospitals - final report. Toronto: Cathesis Consulting Inc.; 2007.
3. M. McGuckin, R. Waterman, A. Strubin. Consumer attitudes about health care-acquired infections and hand hygiene. *Am J Med Qual* 2006;21:342-6.
4. J. Aleccia. The dirty truth about docs who don't wash: Patients shouldn't be shy about asking providers to hit the sink, experts say. [webpage on Internet]. Seattle: MSNBC; 2008 [cited 26 November 2008]. Available from: <http://www.msnbc.msn.com/id/22827499>
5. World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. 2009.
6. V. Duncanson, L.S. Pearson. A study of the factors affecting the likelihood of patients participating in a campaign to improve staff hand hygiene. *Br J Infect Control*. 2005;6:26-30.
7. A.D. Waterman, T. Gallagher, J. Garbutt, B.M. Waterman, V. Fraser, T.E. Burroughs. Hospitalized patients' attitudes about and participation in error prevention. *J Gen Int Med* 2005;21:367-70.
8. R.E. Davis RE, M. Koutantji, C.A. Vincent. How willing are patients to question healthcare staff on issues related to the quality and safety of their healthcare? An exploratory study. *Qual Saf Health Care* 2008;17:90-96.
9. Y. Longtin, H. Sax, B. Allegranzi, S. Hugonnet, D. Pittet. Patients' beliefs and perceptions of their participation to increase staff compliance with hand hygiene. *Infect Control Hosp Epidemiol* 2009;30:930-9.
10. N. Reid, J. Moghaddas, M. Loftus, et al. Can we expect patients to question health care workers' hand hygiene compliance? *Infect Control Hosp Epidemiol* 2012;33:531-532.

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This Concludes the
Pros of Patient Participation

Dr. Longtin will now present the *Cons of Patient Participation* and I will then present some tips for implementing a patient empowerment model into your hand hygiene programs.

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PRO/CON debate

Patient participation & empowerment in infection control


No, we cannot say "it works" yet!

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 Laval University Infectious Diseases Research Center and Faculty of Medicine,
 Québec, Canada

yves.longtin@crchuq.ulaval.ca

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Disclosure



- I disclose that:
 - I personally endorse PP to improve HH
 - I was given the tough role of devil's advocate

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Introduction



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Patient Participation
 to Prevent
 Medical Errors

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Patient Participation to Prevent
 Medical Errors

- Recent initiatives
 - PP to diminish catheter-related infections¹
 - PP to prevent wrong-site surgery²
 - PP to prevent medication errors³
 - PP to detect and report surgical-site infections⁴

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Patient Participation to Prevent Medical Errors

- Recent initiatives
 - Variable degrees of success
 - Main limitation:
 - Lack of medical knowledge to detect errors

1. Miller, T. et al. *J Hosp Infect*, 2006, 61(4): p. 330-41.
 2. DiGiovanni, et al. *J Bone Joint Surg Am*, 2003, 85-A(3): p. 815-9.
 3. Weingart SN, *Int J Qual Health Care*, 2004; 18(6): 699-507.
 4. Whitty M et al. *J Hosp Infect*, 2007; 64(3): 237-42.

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Patient Participation and Hand Hygiene



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USA



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Patient Participation & Hand Hygiene



4 Four Things You Can Do To Prevent Infection

The Joint Commission

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Speak Up

Avoiding contagious diseases like the common cold, strep throat, and the flu is important to everyone. Here are four easy things you can do to fight the spread of infection.

- 1. Clean your hands.**
 - Do not eat, drink, smoke, or use your hands to touch your face for at least 20 seconds.
 - If you have to touch your face, clean them with disinfectant hand sanitizer. Rub the sanitizer on all your hands, especially under your nails and between your fingers, and your thumbs are key.
 - Clean your hands before coughing or sneezing into your elbow.
 - Clean the things you use the most often, like the touch screen on a computer, cell phone, or a key.
- 2. Make sure health care providers clean their hands and wear gloves.**
 - Doctors, nurses, dentists and other health care providers come in contact with you of various occasions. So when they touch you, ask them if they've washed their hands.
 - Health care providers should wear clean gloves when they perform tasks such as taking blood samples, putting catheters, taking blood, handling bandages or any body fluids, and handling your private parts. Don't be afraid to gently remind them to wear gloves.
- 3. Cover your mouth and nose.**
 - Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs are spread. If you have a cold, cover your mouth and nose to prevent the spread of infection to others.
 - Use a paper tissue when you sneeze or cough, and your elbow. Be sure to throw away and discard the tissue after you use it.
 - If you don't have a tissue, cover your mouth and nose with the bend of your elbow or sleeve. If you use your sleeve, wash your hands thoroughly.
- 4. If you are sick, avoid close contact.**
 - If you are sick, stay away from other people. Stay home if you have a fever. Call your doctor and ask for advice.
 - When you go for medical treatment, call ahead and ask if there is a waiting room. If you can, avoid waiting people in the waiting room.

These steps can help prevent the spread of colds, the flu, and disease like:

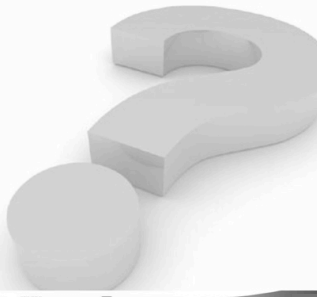
- Pneumonia
- Strep throat
- SARS
- Tuberculosis
- Meningitis
- Measles
- Botulism (eye infection in babies)

Remember, you can't prevent the flu by yourself.

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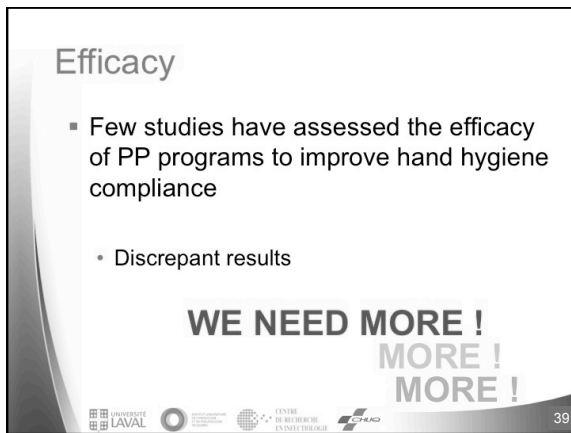
However, many questions remain unanswered regarding

- Efficacy
- Patient acceptance
- HCW perception
- Impact on patient-HCW relationship



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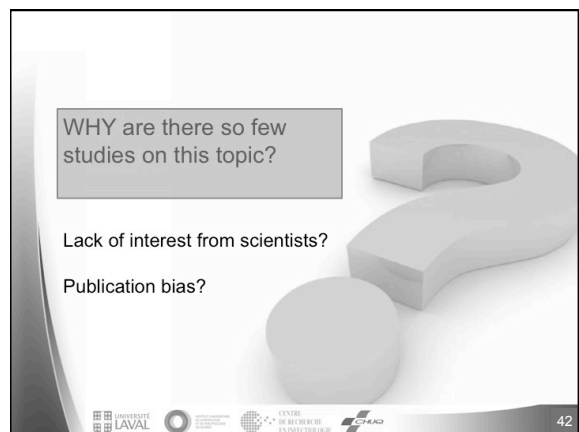
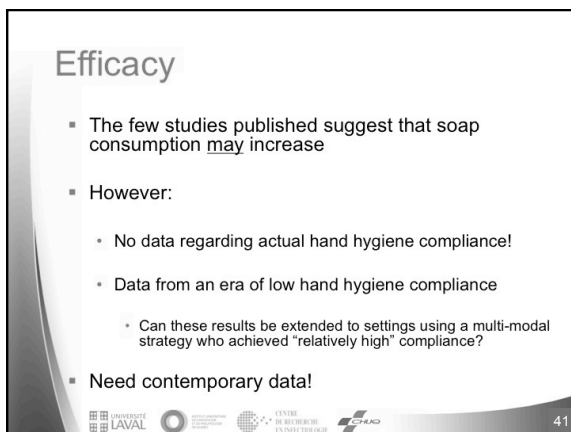
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Efficacy of PP programs

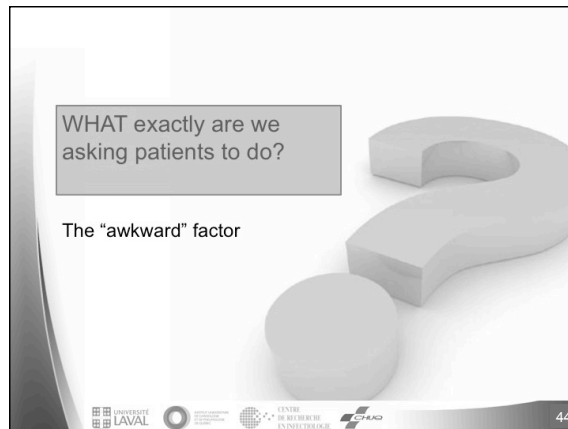
	South Jersey	Oxford	Pennsylvania	Ohio	Pennsylvania
	USA	U.K.	USA	USA	USA
	1999 ¹	2001 ²	2004 ³	2008 ⁴	2008 ⁵
Did you ask a nurse?	90%	100%	95%	3-45%	15%
Did you ask a physician?	32%	35%	31%	0%	8%
Soap Consumption	↑ 34% (p=0.02)	↑ 50% (NS)	↑ 94% (p < 0.001)	?	?

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.
 5. Julian KG. Infect Control Hosp Epidemiol. 2008 Aug;29(8):781-2



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Patients' scores on each of the questions in the “Patient Willingness to Ask Safety Questions Survey” and patients' scores on each of the Patient Willingness Levels (PWL) (scores ranging from 1 to 4)

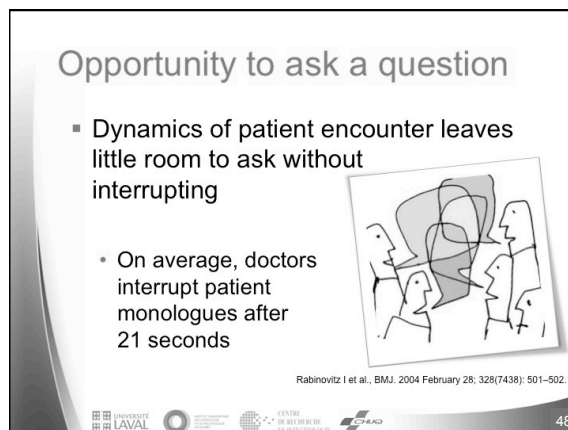
Would you ask a doctor...	Mean (95% CI)
How long will I be in hospital for?	3.75 (3.64 to 3.84)
What are the alternatives to surgery?	3.31 (3.13 to 3.46)
Why are you removing that piece of monitoring equipment?	2.80 (2.57 to 3.05)
I don't think that is the medication I am on. Can you check please?	2.70 (2.46 to 2.92)
How many times have you done this operation?	2.23 (2.04 to 2.47)
Have you washed your hands?	2.03 (1.84 to 2.24)

Among 16 safety-related questions, the one asking about hand hygiene had the lowest level of patient support

Davis RE et al. QualSaf Health Care. 2008 Apr;17(2):90-6.

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Would YOU do it?

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NPSA feasibility study, U.K.
 Healthcare worker survey

- Would you ask a caregiver about hand hygiene?
 - 37% (94/254) would ask a nurse
 - 29% (74/254) would as a doctor

Pittet D et al. J Hosp Infect. 2011 Apr;77(4):299-303.

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Patient acceptance

Do patients ask?

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Self-reported patient intervention

	South Jersey USA 1999 ¹	Oxford U.K. 2001 ²	Pennsylvania USA 2004 ³	Ohio USA 2008 ⁴	Pennsylvania 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

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Difference in willingness to ask

Highly suggestive of some degree of uneasiness

Patient acceptance

How do patients feel about asking?

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University of Geneva Hospitals Survey

- Results
 - 80% had heard about healthcare-associated infections
 - 39% identified hand hygiene as the most important preventive measure
 - 66% believed HCWs should perform HH prior to shaking hands with a patient

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

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University of Geneva Hospitals Survey

- Results
 - 80% had heard about healthcare-associated infections

Two thirds would **not** feel comfortable to ask HCWs to cleanse their hands!

- 66% believed HCWs should perform HH prior to shaking hands with a patient

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

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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	32 (23.2%)
3. Feeling of embarrassment or awkwardness	19 (13.8%)
4. Fear of reprisals	16 (11.6%)
5. Perception of being impolite or disrespectful	14 (10.1%)

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

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University of Geneva Hospitals Survey

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

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3. Feeling of embarrassment or awkwardness	19 (13.8%)
4. Fear of reprisals	16 (11.6%)
5. Perception of being impolite or disrespectful	14 (10.1%)

Many patients have a paternalistic view of their relationship with healthcare workers!

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

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Unanswered questions

- Can it generate anxiety in patients who witness hand hygiene omission?
- Does it transfer part of the responsibility to the patient?

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

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Healthcare workers

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


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Healthcare workers

- Support from HCWs is central to the success of patient participation endeavors
- Failure to enlist their open support may undermine the outcome of such programs



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- What are healthcare workers' perceptions of such patient participation program?





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University of Geneva Survey

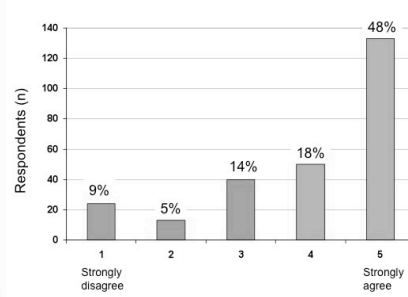
- Objectives:
 - Assess HCWs' views of a Patient Participation Program
 - Including some *taboo* questions
 - 700 surveys sent + up to 2 reminders
 - Response rate, 41% (277 respondents)

Arch Intern Med. 2012 Oct 22;172(19):1516-7




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If a patient notices that I forgot to perform HH, I would appreciate that he/she reminds me.

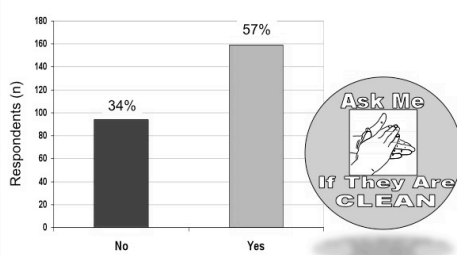


Agreement Level	Percentage
1 (Strongly disagree)	9%
2	5%
3	14%
4	18%
5 (Strongly agree)	48%




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Would You Accept to Wear a Badge Inviting Patients to Ask about Hand Hygiene?



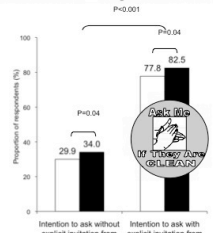
Response	Percentage
No	34%
Yes	57%

Arch Intern Med. 2012 Oct 22;172(19):1516-7



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Impact of Explicit Invitation



Healthcare Worker	Without explicit invitation (%)	With explicit invitation (%)
Physician	29.9	77.8
Nurse	34.0	92.5

Proportion of respondents intending to ask a physician (white bars) and a nurse (black bars) whether they performed hand hygiene without and with explicit invitation from the healthcare worker.

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




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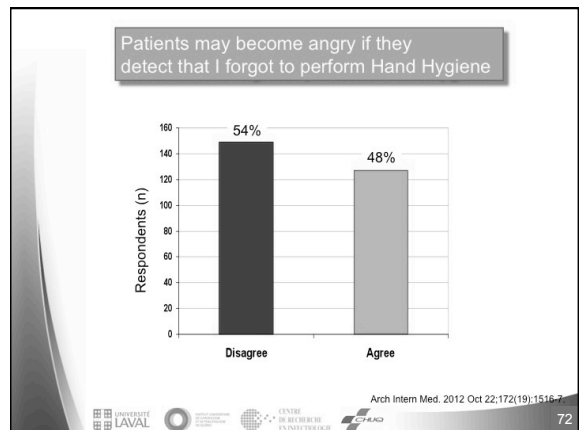
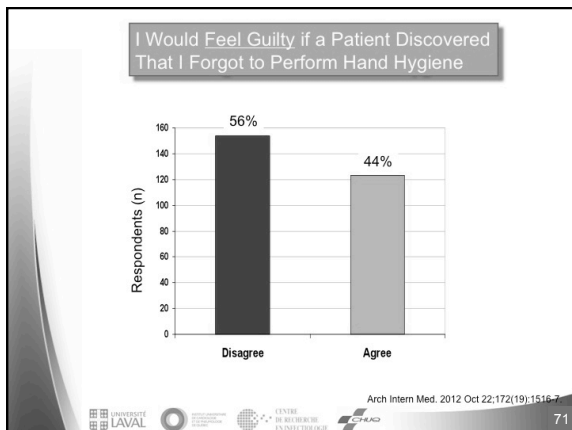
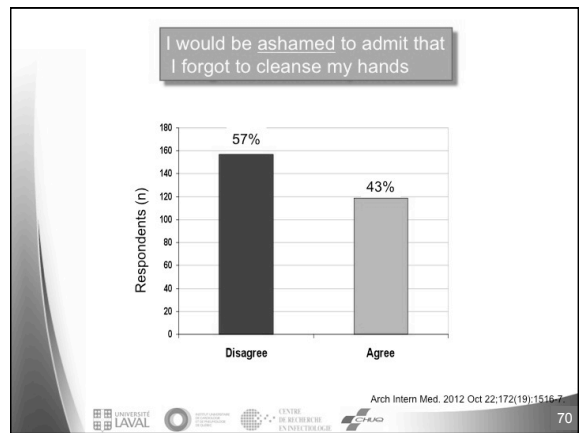
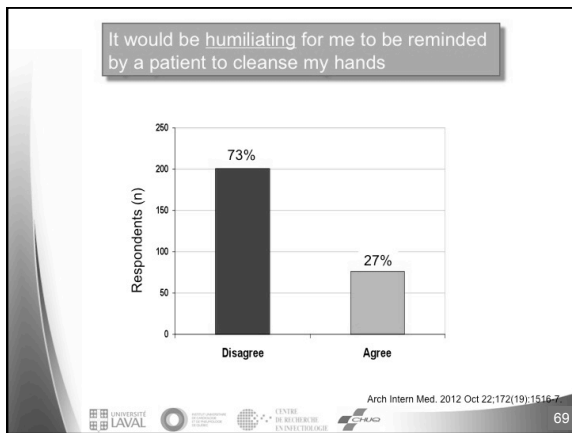
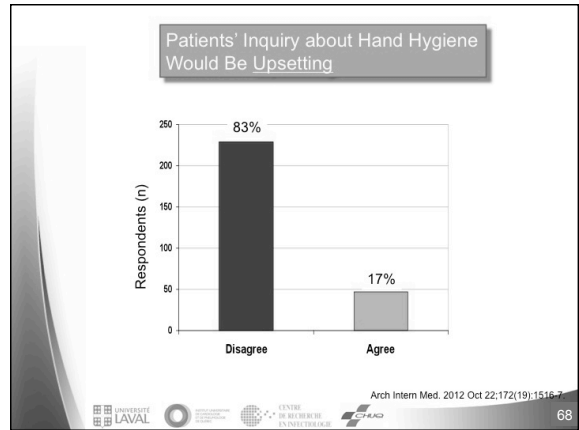
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Digging deeper into HCWs' feelings and beliefs...



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Patient Participation in Hand Hygiene Promotion and Improvement – Pros and Cons

Dr. Maryanne McGuckin & Dr. Yves Longtin
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U.K. Survey of Healthcare Workers

25% (64/254) feared that it would **create tension** between HCWs and patients



Pittet D et al. J Hosp Infect. 2011 Apr;77(4):299-303

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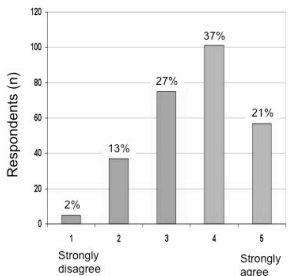
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Do You Think a PP Program Would Improve Staff HH Compliance?



Response	Percentage
1 (Strongly disagree)	2%
2	13%
3	27%
4	37%
5 (Strongly agree)	21%



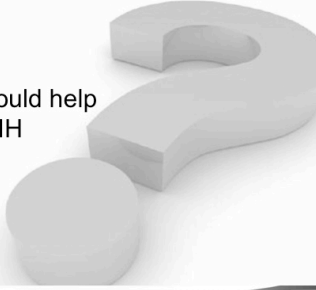
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- So, HCWs don't like the idea of being asked...

Yet..

- They think it would help improve their HH behavior...
- Surprising?



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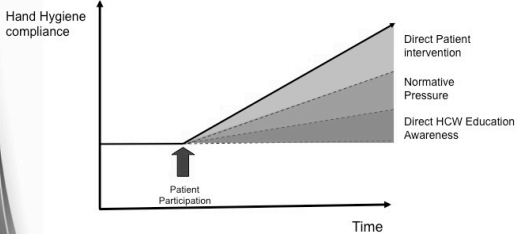
Patient Participation Programs Could Improve HH Compliance through Different Mechanisms...

Even though this hypothesis has never been verified so far...

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Mechanisms of Action of Patient Participation



The graph plots Hand Hygiene compliance on the y-axis and Time on the x-axis. An upward arrow labeled 'Patient Participation' points to the start of the graph. Three shaded areas represent increasing mechanisms of action over time: 'Direct HCV Education Awareness' (bottom), 'Normative Pressure' (middle), and 'Direct Patient Intervention' (top).

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- The efficacy of a patient participation strategy **cannot** be assessed solely by measuring the proportion of patients who ask about hand hygiene!
- The **ultimate goal**:
 - Increase hand hygiene compliance
 - NOT achieve high rates of patient intervention!

Even though this hypothesis has never been verified so far...



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A Silent Minority



Respect Speed Limits





Avoid unpleasant situations





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A Silent Minority





Respect Speed Limits

Avoid unpleasant situations

Perform Hand Hygiene





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Indirect evidence of the silent power of patients

- A single patient enquiry can induce long-lasting change in HCW behavior
- 81% of HCWs reminded to perform hand hygiene by a patient were more careful about it during subsequent patient care activities

Julian KG et al Infect Control Hosp Epidemiol 2008;29:781-782.



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Conclusion



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Conclusion

- Patient Participation is a promising avenue to improve staff hand hygiene compliance
- However...
 - Many patients and HCWs are not comfortable with such program
 - No solution has been found to overcome this obstacle
- Many questions remain unanswered
 - No study have assessed the efficacy of PP programs to improve HH compliance
 - The impact of "silent empowerment" and normative pressure have not been evaluated



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Conclusion

- For all these reasons, I believe that:


“We cannot say PP programs work...
Yet!”



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Empowerment Model: Tips for Implementation

- 6 phases



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1. Gather your facts Information Sources

- Use review articles and guidelines that have already summarized the research!
 - (2009) WHO *Guideline for Hand Hygiene in Health Care*
 - (2011) WHO Guideline summary: *Patient empowerment and multimodal hand hygiene promotion: a win-win strategy*
 - M. McGuckin, J. Storr, Y. Longtin, B. Allegranzi, D. Pittet. *American Journal of Medical Quality* 2011;26:10-17.
 - (2013) PE update since the WHO Guideline: *A Review of Patient Empowerment and Hand Hygiene - 1997-2012*
 - M. McGuckin, J. Govednik. *Journal of Hospital Infection*. 2013; Accepted for Publication
 - WHO 5-May Patient Participation website: http://www.who.int/gpsc/5may/5may2013_patient-participation/en/index.html

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2. Meet with leaders Everybody Has a Role

- Meet with Key Decision Makers
- Choose 2 pilot test units (not ICUs)
- Meet with Nurse Managers
- Discuss their concerns and address them through examples of successful programs
- Include a member of your consumer patient advisory committee or member of your community on your introduction and planning team.

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3. Identify helpers Advocates for PE

- For the pilot unit team, organize 1-3 sessions for all HCWs in order to introduce PE.
- We recommend a Positive Deviance approach:
 - Through discussion and activities, identify those HCWs who understand and easily accept PE.
 - Those will be your “champions” to further promote and role model PE to other HCWs.
 - Ongoing free webinars to explain the process:
 - http://www.positivedeviance.org/news_events/index.html?id=343

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4. Locate resources You Have Options!

- Many government and health websites offer posters, brochures, and videos for your use on encouraging patients to ask (often no cost).
- Order brochures or make your own and decide on which visual reminders to use.
 - Remember input and feedback from your consumer!
- Research shows patients prefer printed materials and their own visual reminder.
 - Consider a small personal sanitizer bottle!

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5. Determine distribution

Explicit Permission

- Identify/design steps that HCWs will use to **educate, give permission, and teach skills** to patients on how to ask about HH. Practice with patients if necessary!
- Consider Emergent / Non-emergent patients
- Suggestions: Nurse at assessment, Licensed Practical Nurse (LPN), volunteers, students, admission staff, patient advocates, Intranet or hospital-patient video network

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6. Measure impact

Patients Can and Want to Make a Difference!

- Ensure you have a multimodal hand hygiene program (WHO Guideline 2009)
- Establish a HH measurement process
- Develop a simple (5 questions) patient survey given by discharge nurse. Ask about:
 - HCW HH activity
 - Was patient invited to ask HCWs to perform HH?
 - Did patients ask about HH? How often?
- Evaluate Results

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Implementation Checklist

- Establish a multimodal hand hygiene compliance program
- Review patient empowerment research
- Meet with key decision makers, including consumers
- Choose two pilot units (should be non- ICUs)
- Meet with Nurse Managers
- Develop theme and supporting materials: brochures, visuals
- Identify “champions” using Positive Deviance approach
- Provide HCW empowerment skills/technique
- Implement your measurement program for HH
- Evaluate successes, identify and improve areas causing barriers
- Expand program from pilot units to other units in hospital, using “champions” to help train and role model to others
- Celebrate!

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Thank You

I would like to thank Mr. John Govednik, MS our Education Director for his assistance in the implementation tips and checklist.

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2013 WHO Teleclass Schedule

Clean Care is Safer Care

February 6
Improving the Patient Safety Culture as a Successful Component of Infection Control Strategies, Dr. B. Allegranzi

March 6
Patient Participation in Hand Hygiene Promotion and Improvement, Dr. Y. Longtin & Dr. M. McGuckin

April 9
Innovation and New Indicators in Hand Hygiene Monitoring, Prof. J. Boyce

May 6
Special Lecture for 5 May, Prof. D. Pittet

July 3
Risk Assessment and Priority Setting in Infection Control in Low to Middle Income Countries, Prof. N. Damani,

August 7
Decontamination of High-Touch Environmental Surfaces in Healthcare: A Critical Look at Current Practices and Newer Approaches, Prof. S. Sattar

September 3
Preventing Central Line-Associated Bloodstream Infections: The Matching Michigan Approach Applied in the USA and Other Countries, Prof. P. Pronovost

October 9
Implementing Infection Control Through a Patient Safety Partnership Approach in Africa, J. Storr

November 11
Antimicrobial Resistance Issues Worldwide and the WHO Approach to Combat it, Dr. C. Pessoa da Silva

December 4
Control of Multi-Drug Resistant Organisms in the Nursing Home Setting, Prof. A. Voss

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