

The Patient's Voice

ARO: Screening, Surveillance and Antibiotics

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AROs change lives....



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MRSA Survivors Network

"A comprehensive (bundled) approach is essential; active detection and isolation, strict adherence to hand hygiene, decontamination of surfaces and prudent use of antibiotics. Every single healthcare facility must do this and now." 1



Survivor, Founder, Spokesperson



2 Issues



2 Strategies

Inconsistencies In Practice

Make it easy to do things right

Patient engagement at all levels

Antibiotic Use

Make it easy to do things right

Patient engagement at all levels





Issue 1: Inconsistency

Screening/surveillance and right to being informed^{29, 48, 51}

- -transparency
- -purpose of culture, consequences
- -right to refuse
- -protect personal health information

Information/communication^{7, 21, 22, 25, 27, 28, 51, 53}

- -culture results
- -management, prevention, protecting contacts
- Hand hygiene/IC practices of providers 20,21, 25, 30, 37, 44
- Hand hygiene opportunities for patients^{32, 33, 43}
- Screening of staff 22, 31, 47
- Environmental cleaning^{6, 14, 15,16,60}





Contributing factors?

Policy to practice standard variations

- Screening- some do, some don't
- Bare below the elbows
- ABHR vs. soap and water vs. antimicrobial soap
- Moments for hand hygiene during doffing

Culture¹⁷

Tolerant of risk, use of discretionary practices, lack of ownership

Time/fatigue^{23, 34,}

Tool access 2, 15, 16, 50





Strategy 1: Make it easy to do things right

Education¹³

- Start from scratch: HCW don't know what they don't know 13
- CE credits; annual⁶²

Systems

- Standardize procedures⁶¹
- Tools accessible, visible^{2, 15}
- Nudges¹⁸
- Simplify procedures⁵⁶
- Multi-modal quality assurance⁶³

Engage the heart

Patient stories⁵⁰





Strategy 2: Engage Patients and Families

Culture conducive to patient empowerment^{46, 64}

Expectation cards⁴⁹

Communication of information 10, 25, 46, 51, 53

Information prescription⁵⁵

Invite patients to speak up, respect^{64, 66}

Transparency 65

Patient self-efficacy for HH and environment^{32, 33}

Involve patients at all levels e.g. research, HH audits, program design, QA, campaigns^{8, 11, 39, 56, 58, 65}



You are an important part of infection prevention!



Wash your hands with soap and water or use hand sanitizer often.

Ask healthcare workers and your visitors to do the same.



If you are having surgery, ask if you should shower with a germ-killing soap ahead of time.



Speak up for your care!



Clean your hands and make sure everyone around you does too.



Sneeze and cough into your elbow, not your hand.



Take medications as directed.



Ask about safe injection practices. Remember: One Needle, One Syringe, only One Time.



Every day, ask if you still need your catheter.



If your room looks dirty, ask to have it cleaned.



Hand hygiene and Antibiotic Resistance

WHO Information for Patients and Consumers

What can patients do to limit the development of antibiotic resistance in hospital?

When patients are in hospital, they can help stop antibiotic-resistant bacteria spreading by cleaning their hands. Here are some examples of when:

- a) before touching their own wound dressing or IV line site;
- **b)** after touching other patients;
- c) after using the toilet.

Patients can also work alongside their health-care workers, by politely asking if they have cleaned their hands before touching them and before a clean task - WHO has a document on this (http://www.who.int/gpsc/5may/5may2013_patient-participation/en/)

A general call to action for you

- Prevent infections from developing by staying healthy (e.g. through a healthy diet and practicing good hygiene) so that you won't need antibiotics.
- Avoid infections by cleaning your hands regularly in your home, office, school, gym, etc.
- Let a doctor or your pharmacist prescribe an antibiotic appropriate for your infection
 don't demand antibiotics. Be aware that they don't generally work for viral infections.
- If antibiotics are prescribed, always ask how the medicine will help your current illness.
- Take antibiotics as prescribed by your doctor or pharmacist, and don't skip or stop them even if you start to feel better.



Issue 2: Antibiotic Use

Patients interested in cure; relief of symptoms⁴

Variable behaviours; want to do things right^{5, 35}

Respiratory Illness: patients practicing wait and see; using home remedies, concerned about AR, want to be vigilant about managing child's care^{5, 38}

80% self-care. 20% contact Dr.: 50% will expect an antibiotic, others want reassurance, advice about self-care, duration. ⁵⁹





Strategy 1: Make it easy to do things right

Consumers and Antibiotics Use

Determinants of health8

Rapid diagnostics-we want this too!

Decision aids and self-management^{36, 46, 51, 52}

Nudges^{12, 18}

"Here's Rx, but wait and see."





Strategy 2: **Engage Patients/Public**

Appropriate Antibiotic Use

- Public awareness to improve health literacy^{39, 40, 46, 54}
 - -Secondary school curricula⁴⁵
- Community based approach²⁶
- Infomercials, infographics, patient stories, social media, web^{10, 40}
- Shared decision making^{58,64} and Decision aids^{51,52}





Patient Decision Aids









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Help Improve This Website

Patient Decision Aids

- · For specific conditions
- · For any decision
- Developed in Ottawa

Conceptual Frameworks

Development Toolkit

Evaluation Measures

Implementation Toolkit

About Us

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Welcome

What are patient decision aids?

Patient decision aids are tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

How can I find decision aids?

- The <u>A to Z Inventory</u> allows you to search for decision aids on particular health topics.
- The Ottawa Personal/Family Decision Guides are general decision guides that can be used for any health or social decision.
- The <u>Decision Aid Library Inventory (DALI)</u> allows developers to enter and manage the information about their decision aids for inclusion in our inventories.

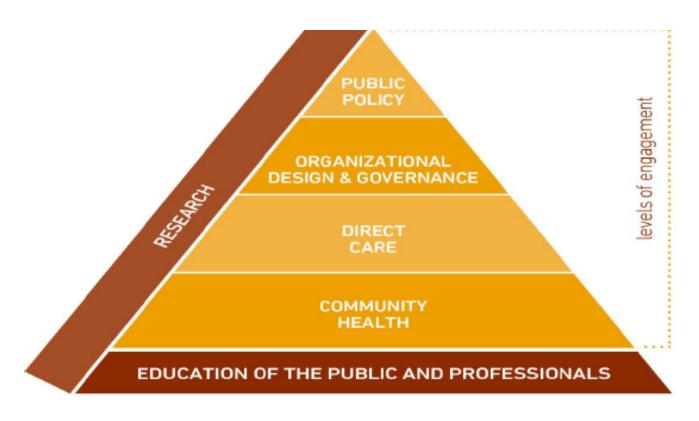
New! Ottawa Patient Decision Aid Development eTraining (ODAT) an online, self-guided tutorial that takes people through the Ottawa patient decision aid development process.

What's the evidence?

- An international research group maintains an ongoing <u>systematic review of trials</u> of <u>patient decision aids</u> for treatment or screening decisions using Cochrane review methods.
- The <u>International Patient Decision Aid Standards (IPDAS) Collaboration</u> established a set of internationally approved criteria for determining the quality of patient decision aids.
- The Ottawa Decision Support Framework: Update, Gaps and Research Priorities workshop May 2010 in Ottawa, Ontario, Canada.
- The <u>Implementation Toolkit</u> provides tools and training for incorporating decision support in practice centres.



Strategy 2: Patient Engagement at all Levels



The framework/declaration was originally developed for the World Innovation Summit for Health (WISH) 2013, an initiative of Qatar Foundation. See WISH Patient Engagement Report (available at www.wish-gatar.org/reports/2013-reports).





















In honour of those who have died, those left disabled, our loved ones today and the world's children yet to be born, we will strive for excellence, so that all involved in healthcare are as safe as possible as soon as possible. This is our pledge of partnership.

London Declaration, Patients for Patient Safety



References

- 1. Email correspondence with Jeanine Thomas, April 6, 2014
- 2. Ernst, E, (2013). Microorganisms movers: Mobile equipment and implications for infection prevention. White Paper, *Infection Control Today*.
- 3. National Patient Safety Foundation. (2014). Safety is personal: Partnering with patients and families for safe care.
- 4. Detsky, A.S. (2011). What patients really want from healthcare. JAMA, 306(22).
- 5. Finkelstein, J.A, Dutta-Lynn, M., Meyer, R., Goldman, R. (2014). Childhood infections, antibiotics and resistance. What are parents saying now. *Clinical Pediatrics*, *53*(2).
- 6. Alfa, M. (2013). Monitoring and improving the effectiveness of cleaning medical and surgical devices. *Am J. Inf. Control.* 41.
- 7. Loveday, H., Tingle, A., Lafarge, C. Foreman, O., Whitfield, A. (2013). The patient experience of the MRSA screening process and the impact of the MRSA result: A qualitative study (poster presentation). *Antimicrobial Resistance and Infection Control*, 2, Supp.1.
- 8. Golding, G.R., Quinn, B., Bergstrom, K., Stockdale, D., et al. .(2012) Community-based educational intervention to limit the dissemination of community-associated methicillin-resistant *Staphylococcus aureus* in Northern Saskatchewan, Canada, *BioMed Central Public Health*, 12(15).
- 9. Huttner, B., Goosens, H., Verheij, T., Harbarth, S., (2010). Characteristics and outcomes of public campaigns aimed at improving the use of antibiotics in high-income countries. *Lancet Infectious Disease*, *10.*
- 10. Gudnadottir, U., Fritz, J., Zerbel, S., Bernardo, B.S, Sethi, A. K., Safdar, N. (2013). Reducing health care-associated infections: Patients want to be engaged and learn about infection prevention. *Am J of Infection Control*.
- 11. Hovey, R.B., Dvorak, Buton, T., Worsham, S., Padilla, J., Hatlie, M. J., Morck, A. C., (2011). Patient Safety: A consumer's perspective. *Qualitative Health Research*, *xx*(*x*).
- 12. Meeker, D., Knight, T.K., Friedberg, M.W., Linder, J.A., et al. (2014). Nudging guideline Concordant antibiotic prescribing: A randomized control study. *JAMA Internal Medicine.com*



- 13. Van Knippenberg-Godebeke, G. (2014). How to Bridge the Gap Between Knowledge and Practice (Webber Teleclass).
- 14. N.A. (2010). Project: Clean sweep reducing healthcare-associated infections, employee absenteeism, healthcare cost and hospital readmissions in a long term care facility. *American Journal of Infection Control*, 38(5).
- 15. Havill, N. L. Havill, H. L. Mangione, E., Dumigan, D.G. et. al. (2011). Cleanliness of portable medical equipment disinfected by nursing staff. *Am J Infection Control.* 39(7).
- 16. Havill, N. L. (2013), Best practices in disinfection of noncritical surfaces in health care settings: Creating a bundle for success. *Am J of Infection Control, 41*.
- 17. Borg, M. A. (2014). Cultural determinants of infection control behaviour: Understanding drivers and implementing effective change. *Journal of Hospital Infection*, 86.
- 18. Thaler, R.H. & Sunstein, C. (2008). *Nudge: Improving Decisions About Health, Wealth, and Happiness*. Yale Press, New Haven.
- 19. Alder, S., Wuthrich, A., Haddadin, B., Donnelly, S. et al. (2010). Community intervention model to reduce inappropriate antibiotic use. *American Journal of Health Education*, *41*(1).
- 20. Wiklund, S., Hallberg, U., Kahlmeter, G. & Tammelin, A. (2013). Living with extended-spectrum B-lactamase: A qualitative study of patient experiences. *Am J Infection Control*.
- 21. Skyman, E., Sjostrom, H. T., Hellstrom, L. (2010). Patients' experiences of being infected with MRSA at hospital and subsequently source isolated. *Scandinavian Journal of Caring Science*, *24*(1).
- 22. Currie, K., Knussen, C., Price, L. & Reilly, J. (2013). Methicillin-resistant Staphylococcus aureus screening as a patient safety initiative: Using patients' experiences to improve the quality of screening practices. *Journal of Clinical Nursing*, 23.
- 23. Diekema, D.J. & Edmund, M.B. (2007). Look before you leap: Active surveillance for multi-drug resistant organisms. Healthcare Epidemiology, 44.
- 24. www.engagingpatients.org
- 25. Barratt, R., Shaban, R. & Moyle, W. (2011) Behind barriers: Patients' perceptions of source isolation for Methicillin-resistant Staphylococcus aureus (MRSA). *Australian Journal of Advanced Nursing* 28(2).
- 26. Mutsonsiwa, G. A. & Green, J. (2011). Colonized and isolated: A qualitative meta-synthesis of patients' experiences of being infected with multiple drug resistant organisms and subsequent isolation. *Healthcare Infection*, 16.



- 27.Burnett, E., Lee, K., Rushmer, R., Ellis, M., Noble., M. & Davey, P. (2010). Healthcare associated infection and the patient experience a qualitative study using patient interviews. *Journal of Hospital Infection, 74*(1).
- 28. Newton, J.T., Constable, D., Senior, V. (2001) Patients' perceptions of methicillin-resistant Staphylococcus aureus and source isolation: A qualitative analysis of source isolated patients, *Journal of Hospital Infection*, 48.
- 29. Santos, R.P., Mayo, T.W., Siegel, J.D. (2008). Active surveillance cultures and contact precautions for control of multi-drug resistant organism: ethical considerations. *Healthcare Epidemiology, 47.*
- 30.Kendall, A., Landers, T., Kirk, J., & Young, E. (2012). Point-of-care hand hygiene: Preventing infection behind the curtain. *American Journal of Infection Control*. doi:10.1016/j.ajic.2012.02.009
- 31. Hawkins, G., Stewart, S., Blatchford, O. & Reilly, J (2011). Should healthcare workers be screened routinely for methicillin-resistant, Staphylococcus aureus? A review of the evidence. *Journal of Hospital Infection*, 77.
- 32. Landers, T., Abusalem, S., Colty, M, Bingham, P.(2012). Patient centered hand hygiene: The next steps in infection prevention. *Am J Infection Prevention*, 40(4).
- 33. Istenes, N, Bingham, J., Hazelett, S. Fleming, E., & Kirk, J., (2013). Patients potential role in transmission of healthcare-associated infections: Prevalence of contamination with bacteria pathogens and patient attitudes towards hand hygiene. *Am J Infection Control*, 41(9).
- 34. Dhar, S., Marchaim, D., Tansek, R. Chopra, T., et al. (2014). Contact precautions: More is not necessarily better. *Infect Control Hosp Epidemiol*, 35(3).
- 35. Hawkings, N. J., Butler, C. & Wood, F. (2008). Antibiotics in the community: A typology of use behaviours. *Patient Education and Counseling*, 73.
- 36. Stacey, D., Bennet, C.L., Barry, M.J., Col, N. F., et al. (2011). Decision Aids for people facing health treatment or screening decisions. *Cochrane Database of Syst Rev, 10. CD001431.*
- 37. Gould, D.& Drey, N. (2013). Student nurses experiences of infection prevention and control during clinical placements. *Am J Infection Prevention and Control, 41*.
- 38. http://www.who.int/gpsc/5may/patient-tips.pdf?ua=1
- 39. Davies, S., & Verde, E. R. (2013). Antimicrobial resistance: In search of a collaborative solution. *WISH Antimicrobial Working Group*.
- 40. Currie, J., Lin, W., & Zhang, W. (2011). Patient knowledge and antibiotic abuse: Evidence from an audit study in China. *Journal of Health Economics*, 30.



- 41. https://www.healthwise.net/cochranedecisionaid/Content/StdDocument.aspx?DOCHWID=zx3957
- 42. http://www.wish-qatar.org/reports/2013-reports
- 43. Adam, J.H., Allen, V.G., Currie, A., McGeer, A.J., et al. (2009). Community-associated methicillin-resistant Staphylococcus aureus: Prevalence in skin and soft tissue infections at emergency departments in the Greater Toronto area and risk factors. *CJEM*, 11(5).
- 44. Bearman, G., Bryant, K., Leekha, S., Mayer, J., et al. (2014). Healthcare personnel attire in non-operating room settings. *Infection Control & Hospital Epidemiology, 35*(2).
- 45. McNulty, C.A., Lecky, D. M., Farrell, D., Kostkova, P., et al. (2011). Overview of e-Bug: An antibiotic and hygiene educational resource for schools. *Journal Antimicrobial Chemotherapy, 66.* Suppl 5:v3-12. doi: 10.1093/jac/dkr119.
- 46. Lawton, L., & Armitage, G. (2012). The role of the patient in clinical safety. *The Health Foundation*.
- 47. Albrich, W. & Harbarth, S. (2008). Healthcare workers: Source, vector or victim of MRSA. *Lancet Infectious Disease*, 8.
- 48. National Ethics Teleconference National MRSA (Methicillin-Resistant *Staphylococcus Aureus*) Initiative: Ethical Considerations in Implementation.(2007). Interview with panel to discuss VA initiatives.
- 49. http://www.advin.org/en/ Association for Victims of Nosocomial Infections
- 50. N.A. (2014). Implementing and sustaining best practices in mobile. equipment disinfection. *Becker's Clinical Quality and Infection Control.*
- 51. Mouton, B., Collins, P., Burns-Cox, N., & Coulter, A. (2013). From informed consent to informed request: Do we need a new gold standard. *Journal of the Royal Society of Medicine*, 106(10).
- 52. Legare, F., Labrecque, M., Cauchon, M., Castel, J., Turcotte, S., Grimshaw, J. (2012). Training family physicians in shared decision making to reduce the overuse of antibiotics in acute respiratory infections: A clustered randomized trial. *CMAJ.184*(13).
- 53. Anderson, M., Ottum, A., Zerbel, S., Sethi, A., Gaines, M. E., & Safdar, N. (2013). A survey to examine patient awareness, knowledge, and perceptions regarding the risks and consequences of surgical site infections. *Am J of Infection Control, 41*(12).
- 54. Brooks, L., Shaw, A., Sharp., & Hay, A.D.(2008). Towards a better understanding of patients' perspectives of antibiotic resistance and MRSA: A qualitative study. *Family Practice*, 25.
- 55. Beaudoin, D. E., Longo, N., Logan, R.A., Jones, J.P. & Mitchell, J. A. (2011). Using information prescriptions to refer patients with metabolic conditions to the Genetics Home Reference website. *J Med Library Assoc, 99*(1).

- 56. Jang, J.H., Wu, S., Kirzner, D., (2010). Focus group study of hand hygiene practice among healthcare workers in a teaching hospital in Toronto, Canada. Infection Control Hospital Epidemiology, 31.
- 57. Nichol, P.W., Watkins, R.E., Donavan, R.J., et al. (2009). The power of vivid experience in hand hygiene compliance. Journal of Hospital Infection, 72.
- 58. Coulter, A. (2012). Patient engagement-What works? *Journal Ambulatory Care Management*, 35(2).
- 59. McNulty, C., Nichols, T., French, D., et al. (2013). Expectations for consultations and antibiotics for respiratory tract infection in primary care. British Journal of General Practice., 63(612)
- 60. Zoutman, D.E., Ford, B.D., & Sopha, K. (2014). Working relationships of infection prevention and control programs and environmental services and associations with antibiotic-resistant organisms in acute care Canadian hospitals. American Journal of Infection Control, 32.
- 61. Rowley, S. (2011). ANTT: A standard approach to aseptic technique. *Nursing Times*, 107(36).
- 62. http://cnhsundergrad.athabascau.ca/lpn-bn/clinical/ahs infection.pdf
- 63. Huis, A. (2013). Helping Hands: Strategies to improve hand hygiene compliance in hospital care. ClinicialTrials.gov
- [ID: NCT00548015]. http://www.anitahuis.nl/dissertation/anita.huis_dissertation.pdf
- 64. deBronkart, D., Sands, D., Topol, E. (2013). Let Patients Help. A Patient Engagement Handbook. CreateSpace Independent Publishing.
- 65. National Collaborating Center for Healthy Public Policy. (2010). Public Health Ethics: Selected Resources.
- 66. McGuckin, M., Govednik, J. (2013). Patient empowerment and hand hygiene 1997-2012. *Journal Hospital Infection*, *84*(3).