The Patient’s Voice

ARO: Screening, Surveillance and Antibiotics

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AROs change lives...

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“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.”

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\textsuperscript{29, 48, 51}:
- transparency
- purpose of culture, consequences
- right to refuse
- protect personal health information

Information/communication\textsuperscript{7, 21, 22, 25, 27, 28, 51, 53}:
- culture results
- management, prevention, protecting contacts

Hand hygiene/IC practices of providers\textsuperscript{20, 21, 25, 30, 37, 44}

Hand hygiene opportunities for patients\textsuperscript{32, 33, 43}

Screening of staff\textsuperscript{22, 31, 47}

Environmental cleaning\textsuperscript{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 donning

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

Time/fatigue

Tool access
Strategy 1: Make it easy to do things right

Education
• Start from scratch: HCW don’t know what they don’t know
• CE credits; annual

Systems
• Standardize procedures
• Tools accessible, visible
• Nudges
• Simplify procedures
• Multi-modal quality assurance

Engage the heart
• Patient stories
Strategy 2: Engage Patients and Families

Culture conducive to patient empowerment\textsuperscript{46, 64}

- Expectation cards\textsuperscript{49}
- Communication of information\textsuperscript{10, 25, 46, 51, 53}
- Information prescription\textsuperscript{55}
- Invite patients to speak up, respect\textsuperscript{64, 66}
- Transparency\textsuperscript{65}

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

Involve patients at all levels e.g. research, HH audits, program design, QA, campaigns\textsuperscript{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.

Take medications as directed.

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.

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

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

Every day, ask if you still need your catheter.

http://consumers.site.apic.org
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 [link](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 symptoms\(^4\)

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 health
Rapid diagnostics—we want this too!
Decision aids and self-management
Nudges
“Here’s Rx, but wait and see.”
Strategy 2: Engage Patients/Public

Appropriate Antibiotic Use

- Public awareness to improve health literacy\textsuperscript{39, 40, 46, 54}
  - Secondary school curricula\textsuperscript{45}
- Community based approach\textsuperscript{26}
- Infomercials, infographics, patient stories, social media, web\textsuperscript{10, 40}
- Shared decision making\textsuperscript{58, 64} and Decision aids\textsuperscript{51, 52}
Patient Decision Aids

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 [A to Z Inventory](#) 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 [Decision Aid Library Inventory (DALI)](#) 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 [systematic review of trials of patient decision aids](#) for treatment or screening decisions using Cochrane review methods.
- The [International Patient Decision Aid Standards (IPDAS) Collaboration](#) established a set of internationally approved criteria for determining the quality of patient decision aids.
- The [Implementation Toolkit](#) 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-qatar.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
24. www.engagingpatients.org


38. [http://www.who.int/gpsc/5may/patient-tips.pdf?ua=1](http://www.who.int/gpsc/5may/patient-tips.pdf?ua=1)


42. http://www.wish-qatar.org/reports/2013-reports
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).


