

HAND HYGIENE NEW ZEALAND PATIENT PARTICIPATION GUIDELINES

Engaging patients in hand hygiene improvement programmes
Guidance for district health boards



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HEALTH QUALITY & SAFETY
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Hand Hygiene New Zealand

Ringa Horoia Aotearoa

Quality Department

Auckland District Health Board

Private Bag 92189

Victoria Street West

Auckland 1142

New Zealand

This document is also available on the Hand Hygiene New Zealand website:

www.handhygiene.org.nz

DISCLAIMER

Although every effort has been made to ensure that this guidance document is as accurate as possible, the authors will not be held responsible for any action arising out of its use. District Health Boards and other organisations or individuals involved in implementing a hand hygiene programme should also refer directly to other documents and evidence referred to in these guidelines and decide upon the approach that is most appropriate for their particular circumstances.

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The Hand Hygiene New Zealand Patient Participation Guidelines have been developed for the New Zealand context using recommendations made by the World Health Organization in the following documents:

- World Health Organization. (2013a). *Guidance on engaging patients and patient organizations in hand hygiene initiatives*. http://www.who.int/entity/gpsc/5may/Guidance_Organizations.doc accessed on 16 March 2013.
- World Health Organization. (2013b). *Tips for implementing a successful patient participation programme*. <http://www.who.int/entity/gpsc/5may/Tips-for-patient-participation.pdf> Accessed on 26 March 2013.

A number of useful journal articles were also consulted, many of which are referenced in the recommended reading section towards the end of the document.

Furthermore, HHNZ would also like to acknowledge the members of the Auckland District Health Board's Reo Ora Health Voice consumer panel who participated in our 2012 hand hygiene consumer engagement survey. The findings of this survey were of invaluable assistance in gaining greater understanding of the views of patients and families/whanau towards participation in a hand hygiene programme. Thank you to all those who have contributed to these guidelines, we hope they provide useful, structured information to assist you to develop and implement a hand hygiene patient participation programme in your district health board.

DEFINITION

Patient participation/engagement/empowerment in hand hygiene promotion refers to the involvement of patients in the fostering of hand hygiene best practice by both patients and healthcare workers in healthcare settings (WHO, 2013).

PURPOSE

The WHO Guidelines on Hand Hygiene in Health Care (2009) and the Hand Hygiene New Zealand (HHNZ) Implementation Guidelines encourage the development of partnerships between patients, consumers, their families and whanau, and healthcare workers (HCWs) as a way to promote hand hygiene in the healthcare setting.

These guidelines are designed to assist district health board (DHB) hand hygiene coordinators to develop and implement a hand hygiene patient participation programme as one component of their overall multi-modal hand hygiene programme.

BACKGROUND TO PATIENT PARTICIPATION

Patient participation has been identified by numerous studies as a persuasive mechanism to drive improvements in the hand hygiene behaviour of healthcare workers and to positively impact upon the quality and safety of care (Longtin et al, 2006; McGuckin et al, 2001; Pittet et al, 2011; WHO, 2009a; and others).

If an environment is created where patients feel empowered to ask or remind healthcare workers to perform hand hygiene, it can act as a powerful reinforcement to other strategies to promote health quality and patient safety.

Implementing a patient participation programme is not a quick-fix. The programme will take time to plan, implement and build. This needs to be carried out in partnership with consumers. Just as changing hand hygiene culture among healthcare workers takes time, so too does changing the traditional healthcare worker-patient relationship to a new model that is accepted by healthcare workers and patients alike.

While some healthcare workers may openly embrace a new role for the patient, others may not. Similarly, some patients will feel comfortable taking a more active role in their care, but others may not – particularly in relation to questioning the practice of their healthcare worker. Additionally, some patients are unwell and do not expect to be put into a monitoring role for basic hand hygiene practice.

TRADITIONAL PATIENT-HEALTHCARE WORKER MODEL

According to Longtin, Sax, Leape, Sheridan, Donaldson and Pittet (2010), the traditional healthcare worker-patient relationship is a paternalist model (see Table 1), where the patient is often a “passive spectator” in the care/healing process (p.54).

Table 1. Paternalist model of a patient-healthcare worker relationship

Only experts (healthcare workers) are qualified to diagnose and treat diseases

All decisions rely entirely on the knowledge of the healthcare worker

The healthcare worker is the guardian of the patient's interest and must respect the principle of beneficence

The patient is a passive recipient of care

Over recent decades, the opportunity for patients to be more involved in their care has evolved. Patients are beginning to move from a passive role to a more active role in their own care (World Health Organization 2009a).

When it comes to a patient participation programme a number of factors will impact upon a patient's willingness to actively participate. Longtin et al (2010, p. 54) identify the following elements as affecting participation:

- Acceptance of the new patient role by the patient
- The level of health literacy and knowledge of the topic that the patient has
- Confidence in own capabilities
- Type of decision making required
- Stakes of the proposed outcome
- Age
- Gender
- Socioeconomic level
- Ethnic origin
- Healthcare worker professional specialty.

Other factors that may affect a patient's willingness to participate include patient acuity – their degree of unwellness, as well as the clarity and understanding of the information provided to encourage their participation.

Two key factors are described by hand hygiene patient participation literature (WHO (2013a&b), Longtin et al (2010), Longtin et al (2009), McGuckin et al (2001), Duncanson and Pearson (2005) and others) as being critical to the establishment of a successful programme:

1 Buy-in from healthcare workers prior to implementing a patient participation programme.

2 Creating a culture that allows patients to feel comfortable requesting their healthcare worker to clean their hands.

It is vital not to underestimate the importance of addressing buy-in from healthcare workers and providing a culture of acceptance that empowers patients to speak up. Failure to gain buy-in from healthcare workers is likely to affect a patient's willingness to participate, and will not contribute to a culture that supports patients to feel confident speaking-up.

The implementation checklist on the next page provides a high level overview of each of the core steps for devising and implementing a hand hygiene patient participation programme within your DHB. These steps are explained in more detail as sections within this document.

DHBs should use the guidance and suggestions within this document as a reference tool and are advised to research and tailor their own patient participation strategy to suit their own hand hygiene programme and DHB requirements.

Similarly, DHBs are also advised to research patient participation in general terms as well as specifically in relation to hand hygiene.

PATIENT PARTICIPATION IMPLEMENTATION CHECK LIST

- Ensure a multi-modal hand hygiene improvement programme has been implemented and is well-established
- Gain support from senior executives to plan and implement a hand hygiene patient participation programme
- Include patient representatives on the hand hygiene patient participation planning team
- Design your hand hygiene patient participation strategy and plan
- Gain support and understanding from healthcare workers
- Gain support and understanding from patient representatives
- Pilot the hand hygiene patient participation strategy in selected wards
- Measure the success of the hand hygiene patient participation pilot
- Refine the hand hygiene patient participation strategy according to results and feedback
- Report results back to wards and senior executives
- Report results back to consumer council or consumer representatives
- Hospital wide roll-out of patient engagement strategy.

STEP ONE: IMPLEMENT A SOLID MULTI-MODAL HAND HYGIENE IMPROVEMENT PROGRAMME AND ENSURE IT IS WELL ESTABLISHED

Before devising and implementing a hand hygiene patient participation programme ensure that your healthcare facility has a well-established multi-modal hand hygiene programme in place. This provides a solid platform on which to build your programme.

Hand rub product must be consistently available in the appropriate places with immediate replenishment when empty; promotional materials encouraging hand hygiene must be displayed; auditing of hand hygiene compliance should take place; reporting of compliance results back to healthcare workers, patients and senior management should be occurring, and targeted HCW education should be underway and on-going to ensure improvements in hand hygiene practice continue (see the HHNZ Implementation Guidelines for full details of the multi-modal approach – these can be accessed via the Resource Library on the HHNZ website – www.handhygiene.org.nz).

Establishing these core components takes time and considerable dedication, in part because it involves behaviour change on the part of HCWs. Taking the time to ensure these components are working well means that your hand hygiene patient participation programme is more likely to achieve its goals.

STEP TWO: GAIN SUPPORT FROM SENIOR EXECUTIVES AND CLINICAL LEADERS TO PLAN AND IMPLEMENT A HAND HYGIENE PATIENT PARTICIPATION PROGRAMME

Securing support from senior executives and clinical leaders within your healthcare facility will assist you to gain buy-in from HCWs for a hand hygiene patient participation programme. As with the development and implementation of the multi-modal hand hygiene programme, support from senior executives and clinical leaders is essential to demonstrate to HCWs the importance that is placed on hand hygiene as a key patient safety priority in the fight against healthcare associated infections.

Medical staff and senior doctors are vital allies in the fight to improve hand hygiene behaviour and reduce healthcare associated infections. They are generally regarded as opinion leaders, whose attitudes and beliefs influence the attitudes and beliefs of those around them. Gaining their support wherever possible will help to 'validate' the hand hygiene patient participation programme.

Points to consider:

- Draft the core components of the suggested hand hygiene patient participation proposal for your DHB
- Meet with your DHB's quality improvement executive, chief medical officer and director of nursing in your DHB to run through the rationale and proposal. Seek feedback and support.
- Present your refined proposal to your chief executive officer and the DHB Board. Securing understanding and acceptance of the patient participation strategy from the CEO and Board helps to send the message that it is taken seriously.
- Identify key medical opinion leaders throughout your organisation. Which medical staff and senior doctors are renowned for being highly respected or influential? Ask around – see what names your colleagues come up with. Can your chief medical officer recommend anyone? Arrange face-to-face meetings to explain what you seek to achieve and ask for their support.

STEP THREE: DESIGN YOUR HAND HYGIENE PATIENT PARTICIPATION STRATEGY AND PLAN

Take time to read relevant patient participation research, studies and programmes (some useful links are provided at the end of the document). Once you have a good understanding of the factors that influence patient participation and the barriers that exist, you can determine how the hand hygiene patient participation programme can be tailored to best suit your DHB.

There will be two core components to your hand hygiene patient participation strategy:

- 1** A strategy to reassure and gain support from HCWs about the hand hygiene patient participation programme
- 2** A strategy to reassure and support patients to ask their healthcare worker to perform hand hygiene.

Both strategies will assist culture change to occur on the part of HCWs and patients. This will not occur overnight. Culture change takes time to occur and requires ongoing investment over a sustained period of time.

An initial plan should be developed for a period of one year to 18 months, with regular progress review and measurement points along the way. This will allow you track how effective the plan is and will allow it to be amended as required. Timetable activities into months and demonstrate how you will measure whether the patient participation programme is contributing to hand hygiene improvements. Always ensure you include feedback about the plan and its implementation from patients and consumer representatives as well.

KEEP THIS IN MIND WHEN PLANNING YOUR HAND HYGIENE PATIENT PARTICIPATION STRATEGY:

Patients can be empowered only after having gathered enough information, understand how to use the information, and are 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 (WHO, 2009A).

This means you need to carefully consider how to co-create a culture with patients so they feel safe, confident and empowered to voice their views and ask about hand hygiene.

Ways you could do this include:

- Information on admission
- Posters and information leaflets
- Signs and badges that say “it’s ok to ask me if I’ve washed my hands”
- HCWs that advise patients that they can ask them to perform hand hygiene.

Points to consider:

- Does your DHB have a consumer (patient) representative panel? Seek input and feedback into your plan from patients from the beginning. This will help to 'ground' your strategy and your plan will be more likely to achieve its aims
- Conduct a survey to see what attitudes, perceptions and barriers may exist among HCWs in relation to a hand hygiene patient participation programme. Use the responses to develop your strategy so that you can address attitudes and barriers right from the start
- Ensure that your strategy conveys to HCWs and patients that the responsibility for hand hygiene always lies with the HCW, but that the patient participation programme seeks to reinforce and support HCWs to improve the quality of care and patient safety
- Ask yourself how HCWs can benefit from the patient participation programme. Turn these into key messages and frame your communication to them in this way
- Consider whether you would ask HCWs to perform hand hygiene if you were in hospital? What would stop you from asking? Address these barriers and perceptions in your strategy:
 - Fear of offending
 - Power balance issues of being in care and vulnerable
 - Fear of receiving sub-optimal care
 - Rejection
 - Being 'told-off'?
- Conduct a survey among patients to see what would help them to ask HCWs to perform hand hygiene
- Factor in the development of educational and promotional resources and prompts. For example:
 - Leaflets about hand hygiene and what a patient should expect from their HCW in respect to hand hygiene
 - Badges worn by HCWs asking patients to ask them about hand hygiene
 - Pocket sized bottles of hand rub product provided to patients letting them know its ok to ask
 - Ward champion to advise patients on admission that their participation is welcome
 - Stickers that can be used by the patient to remind or congratulate HCWs about hand hygiene
 - Bed head banners/posters with a message such as "Clean your hands for me".
- Consider implementing a hand hygiene feedback form for patients to complete prior to discharge. Feedback can be anonymous/ in a sealed envelope and goes to hand hygiene coordinators in the first instance who feeds it back to the ward manager.

STEP FOUR: GAIN SUPPORT AND UNDERSTANDING FROM HEALTHCARE WORKERS

This is the first stage of implementation for your patient participation programme. At this stage you will be activating the HCW component of the strategy over a specific period of time, or until you know that HCWs in your DHB understand, accept, and support the forthcoming patient participation programme.

Initially you should test the patient participation programme in one or two wards, however, when it comes to gaining support from HCWs throughout your organisation the earlier you start communicating with them and encouraging support, the better. This approach will also assist you when it comes to full roll-out of the programme. Over time the patient participation programme will begin to embed in HCWs minds as 'the norm' or expected, but this culture shift will take time to occur, particularly on a widespread scale.

You may find your communication to HCWs in advance helps to improve hand hygiene behaviour even before the patient participation programme is rolled out across the DHB. The mere thought that patients may begin to ask HCWs about hand hygiene may have a positive effect on improving some HCWs hand hygiene behaviour (see the March 2013 issue of The Clean Hands Chronicle via the News tab on www.handhygiene.org.nz).

Make sure you have strong patient participation advocates and champions in different HCW categories who are happy to support you to spread awareness and encourage support among HCWs. Ensure they are equipped with your key messages and a convincing rationale for the programme. It is also important to select patient participation champions who can empower patients with the confidence to speak-up should they need to.

You may wish to present at grand rounds, write articles for your DHB's intranet or newsletter, talk to HCWs during education sessions – any opportunities to communicate the intentions of the programme in a clear, consistent manner will help you to reach out to HCWs. Ensure the tone and framing of your communication focuses on the benefits to HCWs and the importance of good hand hygiene to patient safety.

STEP FIVE: PILOT THE PATIENT PARTICIPATION STRATEGY IN SELECT WARDS AND MEASURE SUCCESS

Select one or two wards within your DHB to pilot the hand hygiene patient participation programme in. Ideally, select wards known to have greater potential for high healthcare associated infection rates, such as haematology/oncology wards, transplant wards and wards with immunocompromised patients. This is because these are the wards where improvements in hand hygiene compliance will have the greatest impact on infection rates, and thus on patient safety. The World Health Organization (2013a) also recommends choosing wards where its leaders are supportive of the aims of the programme and where HCWs have already highlighted patient safety as a key priority.

Piloting the hand hygiene patient participation programme in a small number of wards prior to DHB wide roll-out allows you to refine the strategy based on results, key learnings and feedback. This will improve the quality and success of the programme, ultimately improving patient outcomes.

Most importantly you need to determine whether the pilot was successful and if it helped you to achieve improvements to hand hygiene culture and behaviour. Such results should be reported back to the pilot wards, senior executives, patients, consumer representatives and other influential HCWs to demonstrate the potential achievements that can be gained through participation. Presenting data and evidence of improvement can help to persuade 'non-believers' about the efficacy of the programme.

STEP SIX: HOSPITAL WIDE ROLL-OUT OF HAND HYGIENE PATIENT PARTICIPATION STRATEGY

Now that you have piloted and refined the hand hygiene patient participation programme, fed back results to all involved, and have continued to communicate with HCWs, you can launch the programme to the rest of the DHB. Rolling out the programme to wards in a staged approach is a good way to provide each new group of wards with some additional support in the early days.

Auditing of hand hygiene compliance results at a local and national level according to the Hand Hygiene New Zealand Implementation Guidelines will allow you to monitor improvements in hand hygiene practice.

DEVELOPING A PATIENT PARTICIPATION PROGRAMME: **AT A GLANCE**

- The responsibility for hand hygiene rests firmly with the healthcare worker at all times
- A well-established multi-modal hand hygiene campaign should already be in place at the DHB
- The development of a hand hygiene patient participation programme needs to include patients and consumer representatives from the outset
- Full support from senior executives should be gained
- Buy-in from healthcare workers prior to implementation is critical to the success of a hand hygiene patient participation programme
- Hand hygiene patient participant programmes require an investment in culture and behaviour change among healthcare workers and patients
- Creating an active, rather than passive patient safety culture, will increase participation
- Patients who believe their involvement is not welcome will not participate
- Educational information and prompting mechanisms must be made available to the patient
- Not all patients will want to participate
- Make sure you include a variety of measurements so you can determine whether your hand hygiene patient participation programme is being successful, including culture change measurement.

USEFUL ONLINE RESOURCES

The following websites have a variety of items that may assist you in developing your own patient participation programme.

The World Health Organization – Patients have a voice too!

http://www.who.int/gpsc/5may/5may2013_patient-participation/en/index.html

The World Health Organization – Patients for patient safety

http://www.who.int/patientsafety/patients_for_patient/en/index.html

Center for Disease Control – podcast on hand hygiene and patient empowerment

http://www.cdc.gov/handhygiene/Patient_materials.html

Webber Training teleclass – Patient participation in hand hygiene promotion and improvement: pros and cons

<http://webbertraining.com/recordingslibraryc4.php?command=viewAudio&ID=427>
(online recording)

<http://webbertraining.com/files/library/docs/427.pdf> (teleclass hand out).

The Health Quality & Safety Commission Consumer Engagement programme provides guidance on health literacy and publications, resources and tools to support consumer participation in improving the quality and safety of health services

<http://www.hqsc.govt.nz/our-programmes/consumer-engagement/about-us/>

RECOMMENDED READING

Davis, R.E., Jacklin, R., Sevdalis, N., & Vincent, C.A. (2007). Patient involvement in patient safety: What factors influence patient participation and engagement? *Health Expectations*, 10, 259-267.

Davis, R.E., Koutantji, M., & Vincent, C.A. (2008). How willing are patients to question healthcare staff on issues related to the quality and safety of their healthcare? An exploratory study. *Quality and Safety in Health Care*, 17, 90-96.

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