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Empowering Consumers To Prevent Healthcare Associated Infections: More Than Just Information and Involvement or Is It?

As healthcare providers it is often difficult for us to view or understand clinical issues from the perspectives of healthcare consumers or their family or friends. However, the recently released National Safety and Quality in Health Care Standards and in particular Standard 3 Preventing and Controlling Healthcare Associated Infections, mandate the provision of information to and involvement of consumers in infection prevention processes and decisions.¹ To provide appropriate infection prevention information and capitalise on consumer involvement we first need to better understand our consumers. What do they expect of an organisation in terms of infection prevention? How well do they understand the risks and consequences of healthcare associated infections (HAIs)? How skilled are they to recognise an infection prevention breach and how empowered and willing are they to question a non-compliant healthcare worker? In this brief article the authors address these questions and recommend a series of actions that your organisation may wish to consider in order to recruit the healthcare consumer as a valuable contributor to your infection prevention efforts.

What do consumers expect of an institution in terms of infection prevention?

Our understanding of consumer expectations regarding infection prevention aspects of care delivery and healthcare worker (HCW) behaviour is limited mainly to hand hygiene practice^{2,3} and more recently some disease-specific measures.⁴ The research is limited and often contradictory which may hinder our ability to influence consumer expectations and ensure they are reality-based.

Studies of Australian consumer attitudes to HAI prevention are few. The most recent³ indicates consumer expectations similar to those in other countries where national infection prevention programs are also underpinned by government policy and legislation. In 2013 in a comprehensive review of public and patient risk perceptions Burnett found that patients “generally perceived themselves to be at high risk of acquiring an infection...within a healthcare setting”. The public also recognise that HAIs are serious. They believe that HAIs are preventable and that hospitals are generally not doing enough to prevent them. They blame doctors and nurses for HAI transmission.^{2,4}

Other investigators who were seeking to better understand why some patients do not question obvious non-compliance with recommended infection prevention measures found the opposite. They reported that some patients incorrectly assume that all HCWs know what they are doing in terms of infection prevention or that hospitals are doing the very best they possibly can in addressing systemic processes that reduce HAI risk.

How well do consumers understand the risks and consequences of HAIs?

HAI transmission is often complex and dependent on multiple patient and setting-specific factors as well as HCW behaviours. Transmission modes are pathogen-specific and prevention measures are generally a combination of standard and transmission-based measures. Historically these concepts have been difficult even for HCWs to grasp and may partially explain the long history of HCW non-compliance with recommendations.⁵⁻⁹

Given the complexity of HAIs is it reasonable for us to expect patients, their family or their friends to understand HAI prevention and to be able to accurately interpret publically reported HAI data as an indicator of their own HAI risk? Early reports from the US suggest not and instead show a general lack of public awareness of and ability to interpret HAI rates.¹⁰ Regardless Australia is vigorously pursuing widespread public reporting of HAIs at national, state and sector levels.¹¹

How skilled are consumers to recognise an infection prevention breach?

Recognising infection control breaches is not always easy. Although it is obvious when HCWs are not wearing gloves or have not undertaken hand hygiene after touching an obviously contaminated site identifying inadvertent use of an unsterile piece of equipment or recognising that a HCW is incorrectly or inappropriately wearing or not wearing a specific piece of personal protective equipment such as a mask or apron requires comprehensive knowledge and an ability to apply principles. Both tasks are well beyond what we should expect of healthcare consumers.

Regardless, various novel programs nationally and internationally have recruited healthcare consumers as self-advocates for better infection prevention. Patients and carers observing infection prevention breaches have been encouraged to raise their concerns directly with the HCW(s) involved at the time of the breach and/or provided with materials to assist those efforts. Materials have included information about how to recognise a breach, suggested language to use when verbally expressing concern or visual cues/signs to display to a HCW at the time of the breach.

Most patients surveyed report that they want to be involved in preventing HAIs yet less than half indicate they are actually comfortable with self-advocacy in the event of an infection prevention breach. In a study of patients who had observed hand hygiene breaches only 5% had actually asked a HCW had they sanitized their hands before providing direct care to them.^{2,3}

For a non-HCW to self-advocate they require knowledge, skill, permission and courage as well as assurance that by raising their concern, the quality of their care and subsequent interaction with any HCW's will not be jeopardised. As your organisation continues to implement that National Standards we encourage you to explore additional, innovative ways in which you can better engage and involve patients, carers and their families to share our quest for better infection prevention. We recognise the inherent difficulties in that challenge and offer the following suggested checklist as motivation to assist you with it.

Does your organisation engage healthcare consumers by?

1. Encouraging and supporting their infection prevention feedback with absolute guarantee that there will be no negative impact on their care?
2. Providing written permission and tools to assist their feedback?
3. Displaying up-to-date, ward-specific infection data in a prominent place and in a format which is easily understood?
4. Encouraging patients to thank and compliment staff they observe adhering to required standards of infection control
5. Reassuring consumers by guaranteeing that regardless of HCW status, rank or profession they are each equally accountable for infection prevention compliance and equally subject to reprimand or remediation.

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