

Engaging Patients and Families in Infection Prevention



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Learning Objective

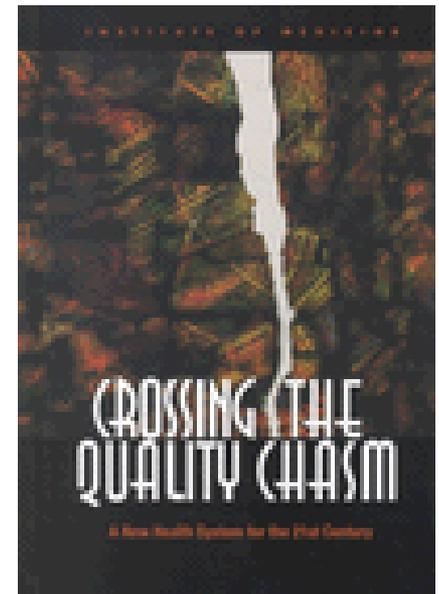
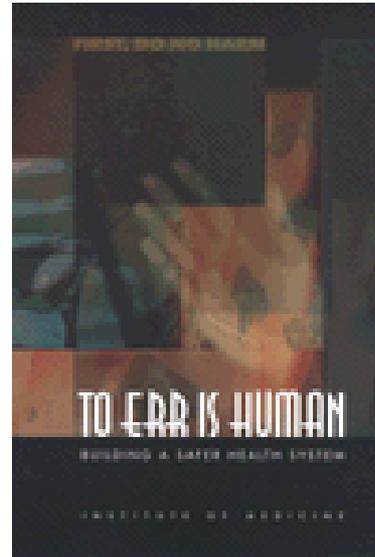
- Describe the essential components of patient and family engagement
- Apply patient and family engagement principles in your hospital's infection prevention efforts



Evolving Focus on the Patient

Care that is...

- ✓ **Safe**
- ✓ **Timely**
- ✓ **Efficient**
- ✓ **Effective**
- ✓ **Equitable**
- ✓ ***Patient Centered***



(Balik B, IHI White Papers, 2011; Institute of Medicine, National Academy Press, 2001; Kohn LT, National Academy Press, 2000; Read the Law: The Affordable Care Act, HHS.gov, 2015; The Hospital Value-Based Purchasing (HVBP) program, CMS, 2016; Patient-Centered Outcomes Research Institute, Website; Patient and Family Engagement Resources, CMS, 2016.)



Patient-Family Centered Care

- *“Providing care that is respectful of, and responsive to, individual patient preferences, needs, and values; and ensuring that patient values guide all clinical decisions.”*
- *“Patient- and family-centered care is an approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients, and families. It redefines the relationships in healthcare.”*



(Institute of Medicine, National Academy Press, 2001; FAQ, Institute for Patient- and Family-Centered Care, 2010)



Four Core Concepts of Patient- and Family-Centered Care

- **Dignity and Respect:** listen and honor choices
- **Information Sharing:** communicate accurate, unbiased and timely knowledge with patients and families
- **Participation:** encourage shared decision making in planning, delivery and evaluation of healthcare services and programs
- **Collaboration:** partner in all aspects of care at all levels

(FAQ, Institute for Patient- and Family-Centered Care, 2010; Carman KL, Health Affairs, 2013)



CMS Person and Family Engagement Definition

- Individuals and families are **partners** in defining, designing and assessing the care practices and systems
- Services provided should be respectful of and responsive to individual **patient preferences, needs, and values**
- Individual values guide all clinical decisions and drives **genuine transformation** in attitudes, behavior, and practice

(Hatlie MJ and Consumers Advancing Patient Safety, Patient and Family Engagement in PfP HEN 2.0, 2015)



National Survey on Patient and Family Engagement Practices

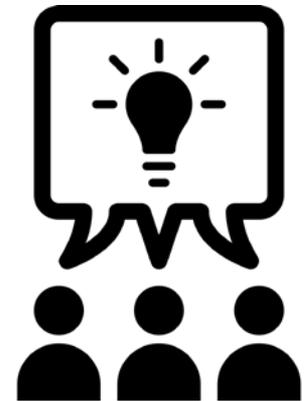
- Conducted from 2013 to 2014
- Over 1,400 hospitals surveyed
- Questions divided into three categories
 - Organizational practices
 - Bedside practices
 - Access to information and shared decision-making



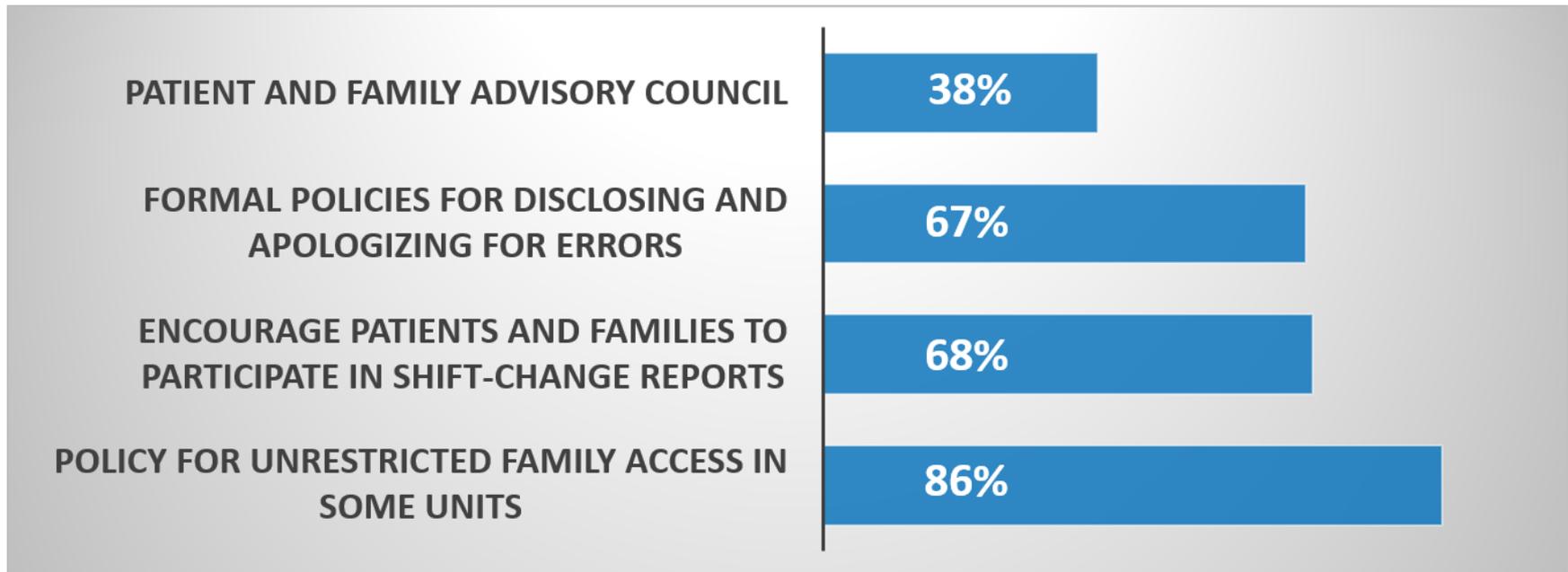
Patient and Family Engagement

“Best Practices” Menu

- Bedside shift reports with patient and family engagement
- Family presence
- Interdisciplinary rounds with active patient involvement
- Patient communication boards and care plans
- Patient stories shared in meetings and sometimes by the patients
- Safety rounds with patient advisors
- Shared decision-making tools and teach backs
- Education materials developed with patients
- Patient and family advisor roles and councils
- Advisors on boards and improvement teams



National Survey on PFE Practices: Findings



- Most common barrier to PFE adoption was competing organizational priorities
- Few hospitals had fully implemented a majority of the recommended patient engagement strategies



Patient and Family Engagement Themes

- Building mutually beneficial partnerships
- Communicating and sharing information honestly and clearly
- Offering understanding and empathy to foster effective relationships
- Respecting the patients knowledge about their needs and preferences
- Supporting mutually agreed upon goals
- Involving patients and families in planning, delivery and evaluation of care

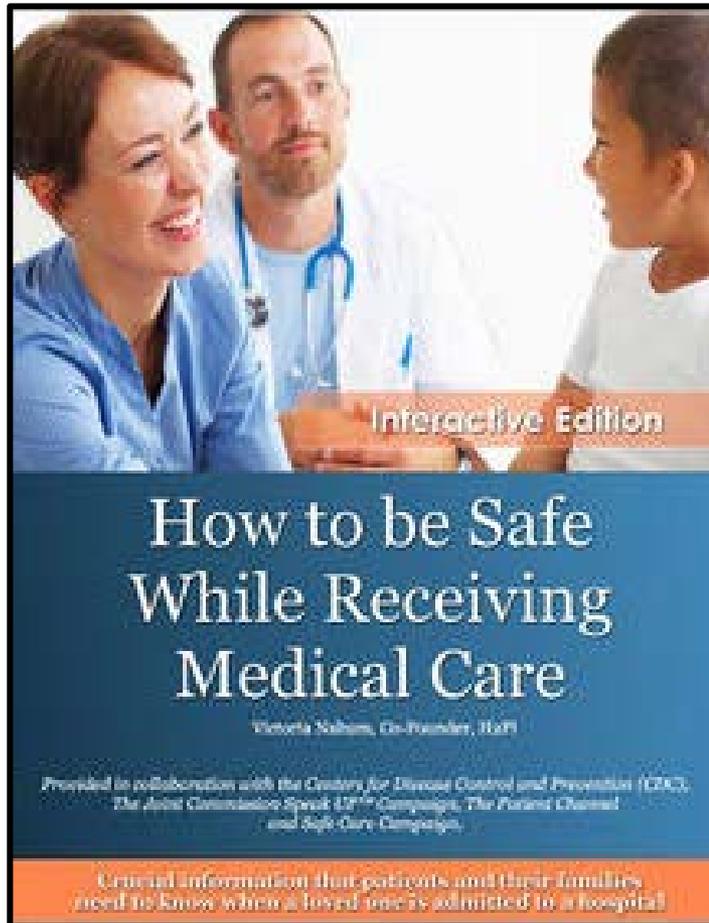


Another Pair of Eyes

- “Engaging patients and family members as active partners...will identify safety problems that might otherwise go undetected...”
- “Good clinicians are constantly on the alert for signs of deterioration in their patients and for problems and failings in the healthcare system. Patients and families can, and should, do the same....”
- “Educate and train all personnel to be effective partners”



Practices and Policies: Safe Care Campaign



- Founded by patient and family advocates with personal experiences with healthcare-associated infections, HAIs
- Includes access to resources for patients and families
- Includes information concerning how patients can be involved in preventing various infections



AHRQ's Guide to Patient and Family Engagement

Strategies to Help Hospitals Get Started

Strategy 1: Working With Patient and Family Advisors

How to identify, recruit, train and work with patient and family advisors

Strategy 2: Communicating to Improve Quality

Ideas on how to communicate with patients, families and clinicians during a hospital stay

Strategy 3: Nurse Bedside Shift Report

Ways to ensure a safe handoff of care among staff, patients and family members

Strategy 4: Ideal Discharge

Strategies to engage patients and family members in the transition from hospital to home

(Guide to Patient and Family Engagement in Hospital Quality and Safety, AHRQ, 2013)



A Roadmap for Patient and Family Engagement in HealthCare



(Carman KL, American Institutes for Research (AIR), 2014)



Case Example

A hospital with persistently elevated catheter-associated urinary tract infection (CAUTI) rates would like to implement the following interventions:

- Establish a dedicated clinical quality advisor, or unit champion, to lead daily catheter rounds
- Retrain all staff in catheter insertion and maintenance and basic infection prevention practices
- Expand the use of urinary catheter alternatives

How might you engage patients and families in these interventions?



Case Example: Including Patient Engagement

Infection Prevention Action Step to Reduce CAUTI Rates

How to Include Patient and Family Engagement

Establish a dedicated clinical quality advisor, or unit champion, to lead daily catheter rounds

- Ask patient advisor to review rounding and audit forms
- Include patient advisor in debriefs

Retrain all staff in catheter insertion and maintenance and basic infection prevention practices

- Include patient stories in education sessions
- Educate patients and family members about catheters

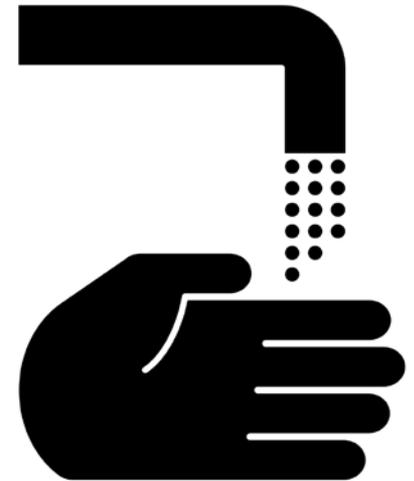
Expand the use of urinary catheter alternatives

- Invite patients to review urinary catheter alternatives



Patient and Family Engagement in Hand Hygiene

- Share hand hygiene videos with patients and families
- Ask patients and families to demonstrate proper technique
- Provide family members and visitors access to handwashing stations and hand hygiene supplies
- Ask patients to speak up if they observe staff not following safe practices



Patient and Family Engagement in Personal Protective Equipment (PPE)

- Upon admission provide education to patients and family members about why PPE is being used
- Demonstrate how to don and doff PPE
- Explain what the hospital is doing to prevent the spread of infections
- Answer questions using clear and straightforward explanations



CDC MRSA FAQ

FAQs
(frequently asked questions)

about
"MRSA"
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?
Staphylococcus aureus (pronounced staff-ill-oh-uh-ohk-us AW-ree-us), or "Staph" is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. "Methicillin-resistant Staphylococcus aureus" or "MRSA" is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

Who is most likely to get an MRSA infection?
In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/mrsa>

How do I get an MRSA infection?
People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?
Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?
To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully clean hospital rooms and medical equipment.
- Use Contact Precautions when caring for patients with MRSA. Contact Precautions mean:
 - o Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
 - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.

o Visitors may also be asked to wear a gown and gloves.
o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.

• May test some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?
In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?
The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?
To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

Co-sponsored by:

(Munoz-Price LS, *Infect Control Hosp Epidemiol*, 2015; *FAQ About MRSA, CDC; Pandemic Planning and Patient- and Family-Centered Care, IPFCC*, 2010)

Patient and Family Engagement in Antibiotic Stewardship

- Educate patients about the risks and why antibiotic stewardship is important
- Educate patients about what the hospital is doing to monitor antibiotics and implement good stewardship practices
- Educate patients and families about appropriate use of antibiotics
- Include patient advocates on the antibiotic stewardship team
- Share data on efforts to reduce inappropriate antibiotic use and solicit patient perspectives on how to include patients in the efforts



(Get Smart Programs & Observances, CDC, 2014; Get Smart: Know When Antibiotics Work, CDC, 2015)



Patient and Family Engagement in Training, Audits and Feedback

- Ask patients and family members to serve as faculty in training programs and share their stories
- Use trained patient advisors to conduct safety audits
- Encourage patients to speak up!



(Guide to Patient and Family Engagement in Hospital Quality and Safety, AHRQ, 2013)



Barriers to Patient Engagement

Time

Culture Focused
on Patient

Responsibility

Overarching Culture Change

- “How do I make this part of my everyday work?”

- “How can we include patients?”

- “Who can I work with?”

(Luxford K, Int J Qual Health Care, 2011)



Overcoming Barriers to Patient Engagement in Infection Prevention

- Identify barriers unique to your culture
- Talk with staff to discover opportunities, barriers and challenges
- Encourage senior leaders to make patient partnerships a priority
- Designate a patient and family engagement champion
- Develop action plans and focus on small tests of change

(Advancing the practice of patient- and family-centered care in hospitals. How to get started, IPFCC, 2015; Profiles of Change, IPFCC, 2015)



Key Take-Aways

- Patients and family members are essential partners in infection prevention
- Infection prevention education should include patients and families
- The patient's perspective should be integrated into infection prevention efforts
- Expanding patient engagement practices requires culture change
- There are many resources to help organizations improve in patient engagement



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Speaker Notes



Speaker Notes: Slide 1

Hello and welcome to this module titled “Engaging Patients and Families in Infection Prevention.” This module is designed to help you understand the elements of patient and family engagement and highlight key strategies you can use to involve patients and families in your organization’s infection prevention efforts.



Speaker Notes: Slide 2

This module was developed by national infection prevention efforts devoted to improving patient safety and infection prevention efforts.



Speaker Notes: Slide 3

First, this module will describe the essential components of patient and family engagement including resources that you can use for implementation in your organization. Next we will address how you can apply the principles of patient and family engagement when developing, implementing and evaluating your hospital's infection prevention efforts.



Speaker Notes: Slide 4

In an article published by Balik in 2011, we learned that the term patient-centered care was referenced in the literature as early as the 1950's. Later, in 2000 and 2001, the Institute of Medicine, now known as the National Academy of Medicine, published two sentinel reports titled "To Err is Human" and "Crossing the Quality Chasm," which introduced patient-centeredness as one of the six key aims of quality improvement. Since 2010, we have seen unprecedented attention to the role of the patient in healthcare, especially in the Affordable Care Act and the Centers for Medicare and Medicaid Service's value based purchasing program.



Speaker Notes: Slide 4 Continued

Similarly, the Patient Centered Outcomes Research Institute (PCORI) was developed to ensure meaningful engagement of patients in research. The Partnership for Patients initiative, sometimes known as the hospital engagement network, or HEN, is a public-private partnership focused on the goals of decreasing healthcare-associated conditions such as infections, and reducing hospital readmissions. Throughout the Partnership for Patients initiative, patients and families have been recognized as essential partners in making care safer.



Speaker Notes: Slide 5

In the 2001 “Crossing the Quality Chasm” report, the Institute of Medicine (IOM) defined patient-centered care as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”



Speaker Notes: Slide 5 Continued

While the Institute for Patient and Family Centered Care definition states that “Patient- and family-centered care is an approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients and families. It redefines the relationships in healthcare.” And a mutually beneficial partnership is grounded in the belief that all partners have value and can offer unique and needed perspectives that contribute to achieving shared goals.



Speaker Notes: Slide 6 Continued

The Institute of Patient and Family Centered Care went on to expand on their definition by offering four core concepts that are key to creating a culture in which patients and family members are considered true partners on the care team.



Speaker Notes: Slide 6 Continued

These concepts include:

- Demonstrating dignity and respect by listening to and honoring the choices that individuals make about their personal health.
- Sharing information in a way that is unbiased and timely, so that patients and families understand and can use the information to make personal decisions.
- Encouraging participation such that shared decision making is part of the planning, implementation and evaluation of healthcare services, and finally,
- Collaborating as partners in all aspects of care, at all levels of care delivery.



Speaker Notes: Slide 6 Continued

Furthermore, in 2013 Carmen and others published a framework for understanding the various components of patient and family engagement. This framework suggests that patient engagement can and should occur at various levels across a healthcare system – from direct care, to the service line or hospital level, to the community and policy levels, and across the continuum of care.



Speaker Notes: Slide 7

Finally, the Centers for Medicare and Medicaid (CMS) in a recent webinar for the Hospital Engagement Network contractors, offered the following definition for person and family engagement: “Individuals and families are partners in defining, designing, and assessing the care practices and systems that serve them to assure services provided are respectful of and responsive to individual patient preferences, needs, and values. This collaborative engagement allows individual values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice.”



Speaker Notes: Slide 7 Continued

Note the term person in lieu of patient and the emphasis placed on collaboration and transformation in attitudes and behaviors, or culture.



Speaker Notes: Slide 8

Now that we have a shared mental model concerning patient and family engagement, let's turn our attention to research on how well hospitals are doing in demonstrating these key themes or characteristics. During 2013 and 2014, the Health Research & Educational Trust in collaboration with the Gordon and Betty Moore Foundation, conducted a national survey of hospitals regarding their patient and family engagement practices. Over 1,400 acute care hospitals completed the survey that asked questions organized into three broad categories: (1) organizational practices, (2) bedside practices and (3) access to information and shared decision-making.



Speaker Notes: Slide 9

Some examples of best practices that were highlighted in the survey include engaging patients and their family at the bedside through bedside shift reports, interdisciplinary rounds, patient communication boards and family presence policies.

Other successful practices highlighted in this survey include: sharing patient stories in meetings, and ideally, having patients or their family share their own personal stories; developing and using shared decision-making tools and education materials that were co-developed with patients; and a number of hospitals are seeing the valuable contribution of patient advisors on councils, hospital boards and performance improvement teams.



Speaker Notes: Slide 10

The national survey results demonstrated a broad range of performance. Some examples of the percentages of hospitals reporting implementation of key practices include:

- 86 percent of hospitals have a policy for unrestricted family access in some units;
- 68 percent of hospitals encourage patients and families to participate in shift-change reports;
- 67 percent of hospitals have formal policies for disclosing and apologizing for errors; and
- 38 percent of hospitals have a patient and family advisory council.



Speaker Notes: Slide 10 Continued

The most commonly reported barrier to increased patient and family engagement was “competing organizational priorities.” Despite an emphasis on strengthening patient and family engagement efforts in hospitals, most hospitals use substantially fewer patient and family engagement strategies than experts in this topic area have recommended. Overall, few hospitals had fully implemented a majority of the recommended patient engagement strategies



Speaker Notes: Slide 11

So, there are a variety of definitions and frameworks for patient and family engagement, as well as a wide range of performance across hospitals in this area. Some definitions focus on the role of patients, while others reinforce the interactions among patients, families and healthcare providers. All these definitions and experiences reflect that patient-centered care, which is the foundation for a culture that supports active engagement, is more than just being nice or providing good customer service. It is about:



Speaker Notes: Slide 11 Continued

- Building mutually beneficial partnerships among patients, families and providers,
- Communicating and sharing information honestly and clearly to meet the patient and family needs,
- Recognizing that all interactions should reflect understanding and empathy to foster effective relationships,
- Providing care that respects the knowledge that patients have about their own needs and preferences,
- Supporting mutually agreed upon goals, and
- Involving patients and their families in planning, delivery and evaluation of healthcare.



Speaker Notes: Slide 12

Patient and family engagement is especially important for preventing infections and improving patient safety. In 2014, a roundtable on Consumer Engagement in Patient Safety was convened by the National Patient Safety Foundation's Lucian Leape Institute. The subsequent report, entitled "Safety is Personal: Partnering with Patients and Families for the Safest Care," offers some recommendations to advance patient safety through partnerships with patients and families. Within the report there are several very powerful statements that reinforce how patients and families can help identify safety problems, including issues that could result in infections.



Speaker Notes: Slide 12 Continued

Another key message is that all partners should receive education and training in safe care – this includes clinicians and patients and families. This message is supported by research reported in 2013 that shows a connection between patient experiences and clinical safety.

Let's look at a few resources that can help you improve your performance in patient and family engagement and help integrate it into your infection prevention activities.



Speaker Notes: Slide 13

One source to help you connect the dots between infection prevention and patient partnerships is the Safe Care Campaign. This campaign was founded by Victoria and Armando Nahum, patient and family advocates who had personal experiences with healthcare-associated infections (HAIs). A resource in this campaign is a book titled “How to be Safe While Receiving Medical Care.” This book was written for patients and their families so they can be active partners in preventing medical harms while receiving care.



Speaker Notes: Slide 13 Continued

The book has sections specific to how patients can be engaged in preventing *Clostridioides difficile* infection (CDI), methicillin-resistant *Staphylococcus aureus* (MRSA) infections, urinary tract infections (UTIs) and central line-associated blood stream infections (CLABSIs) with charts and videos from the Centers for Disease Control and Prevention (CDC), The Joint Commission's Speak UP™ Campaign, The Patient Channel and Safe Care Campaign. Also included in this resource is a review of the importance of hand hygiene, antibiotic stewardship and the patient and family role in disinfection, decontamination and antisepsis. What a powerful resource – written for patients and families – by a patient and family member!



Speaker Notes: Slide 14

Another great resource to help your organization demonstrate a culture committed to patient and family partnerships is “The Guide to Patient and Family Engagement in Hospital Quality and Safety.” This guide is a tested, evidence-based resource that hospitals can use to partner with patients and families to improve quality and safety. The guide was funded by the Agency for Healthcare Research and Quality and this work was led by the American Institutes for Research (AIR) with support from the Institute for Patient- and Family-Centered Care, Consumers Advancing Patient Safety, the Joint Commission and the Health Research & Educational Trust.



Speaker Notes: Slide 14 Continued

The guide was developed, implemented and evaluated with the input of patients, family members, clinicians, hospital staff and hospital leaders. This guide is organized into four sections, with an introduction that highlights the benefits and best practices in patient and family engagement, as well as the role of senior leaders in promoting this work. Other sections are organized by four key strategies:



Speaker Notes: Slide 14 Continued

- Strategy 1 focuses on how to identify, recruit, train and work with patient and family advisors.
- Strategy 2 defines effective communication ideas that patients, families and clinicians can use during a patient's hospital stay.
- Strategy 3 provides ideas on how to ensure safe handoffs of care among staff and patients, and
- Strategy 4 offers valuable resources that can be used to enhance partnerships that promote effective transitions of care.



Speaker Notes: Slide 15

Finally, the Gordon and Betty Moore Foundation provided the funding to the American Institutes for Research to develop “A Roadmap for Patient and Family Engagement in Healthcare Practice and Research.” It includes a vision for patient and family engagement in healthcare and outlines eight change strategies that hospitals and other providers can use to advance patient and family engagement. The information contained in the change strategies can be used to form your action plan to expand partnerships with patients in your organization. Use this resource to inspire and encourage other leaders and staff to advance the work in your hospital.



Speaker Notes: Slide 16

Now, let's put it all together in a case study example using the situation from the Building a Business Case for Infection Prevention foundational module. In our example, a hospital is struggling with persistently elevated catheter-associated urinary tract infection (CAUTI) rates. The hospital infection preventionist wrote a business plan to implement the following interventions:



Speaker Notes: Slide 16 Continued

- Improve teamwork and communication by having a dedicated clinical quality advisor, or unit champion, that can lead daily catheter rounds,
- Retrain staff in catheter insertion and maintenance and basic infection prevention practices, and
- Expand the use of urinary catheter alternatives.

Let's pause for a moment and think about....

How might you engage patients and families in these interventions?



Speaker Notes: Slide 17

In the case example there are numerous ways to include the patient's perspective in each action step. For example, by asking a patient advisor to review the forms a quality advisor or unit champion will use to conduct rounds or audits, you can get the patient's perspective on how you might include the patient in these bedside conversations. Also, some organizations have trained patient advisors to use audit check lists and to conduct safety rounds with and without staff. Ask hospital leadership if you have a patient family advisor council or if your hospital has identified formal patient advisors. Use some of the resources previously discussed to learn how you can identify, select, orient and engage patient advisors.



Speaker Notes: Slide 17 Continued

If you don't have advisors, you can still include patient stories in education sessions. Consider adapting staff education or using patient-centered education materials to provide similar basic infection prevention training to patients and families. An example is a CAUTI prevention tool developed by Michigan Health and Hospital Association which can be found here: <https://www.mha.org/MHA-Keystone-Center-Patient-Safety-Organization/Tools-Resources>. This tool was developed with a patient and family advisory council.



Speaker Notes: Slide 17 Continued

Also, you can invite patients and/or their family members at the bedside to review the alternatives to catheters and to be part of making the decision concerning which alternative meets the patient's needs and preferences. Be prepared to listen to any concerns, share information honestly and clearly, demonstrate understanding and empathy, and respect the patient's skills and knowledge about their own care.

Let's look at a few more examples of how you can include the patient's perspectives in other elements of this intervention.



Speaker Notes: Slide 18

Victoria Nahum, the executive director of the Safe Care Campaign, was quoted as saying: “Before every airline flight, passengers are shown a safety video so they know how to respond in an emergency. We need the same safety resources in healthcare.” What better reason to be sure everyone on the team has the same information concerning safety practices such as hand hygiene. Specific ways you can engage patients and family members as partners in hand hygiene include:



Speaker Notes: Slide 18 Continued

- Showing hand hygiene videos to patients and families, such as the CDC's Hand Hygiene Saves Lives. After the video was shown to patients, the patients were twice as likely to report reminding nurses to wash their hands, and doctors were twice as likely to report being asked by patients to wash their hands.
- Asking patients and families to demonstrate proper technique. This gives the patient and family the skills, knowledge and confidence to be a partner.



Speaker Notes: Slide 18 Continued

- Providing family members and visitors access to handwashing stations and hand hygiene supplies.
- Asking patients to speak up if they observe staff not following safe practices. This second set of eyes can help acknowledge when staff do a great job and convey concern when a step is missed. It may be difficult for patients to feel comfortable speaking up so think about ways that you can reinforce this behavior during multidisciplinary rounds, huddles, bedside shift report or orientation of patients and families to a particular unit.



Speaker Notes: Slide 19

Patients, family members and visitors can also be engaged in efforts to prevent the transmission of infections in hospitals and other healthcare facilities. MRSA has been discussed in the media and in community healthcare settings for many years, so be prepared to answer questions using facts available from trusted sources. This FAQ was developed to help healthcare professionals educate patients and their family members and is available on the CDC website.



Speaker Notes: Slide 19 Continued

A few steps you can reinforce in your organization to ensure patients feel they have the skills and confidence to use personal protective equipment (PPE) properly and help prevent the spread of infections include:

- Upon admission provide education to patients and family members about why PPE is being used. This may include sharing flyers or FAQs in admission materials. Include education concerning MRSA, and why you may screen family members and what results mean to the patient and their loved ones.



Speaker Notes: Slide 19 Continued

- Demonstrate how to don and doff PPE. Allow the family members a chance to learn the proper technique – and encourage them to speak up if they notice someone not performing the steps properly.
- Explain what the hospital is doing to prevent the spread of infections and why PPE is needed. This not only helps the patient and family understand what is needed to prevent infections, but also assures them that their loved ones are in an environment where safety is a priority.
- Finally, answering questions honestly and clearly in terms the patient and family can understand, will demonstrate respect and encourage participation.



Speaker Notes: Slide 20

Another key area to ensure patients are active partners in care is antibiotic stewardship. Hospitals are being asked to establish antibiotic stewardship as an organizational priority. Think about how patients can be part of any effort to develop, implement or evaluate policies, processes and education on this topic.

Consider ways to educate patients about what the hospital is doing to monitor antibiotics and implement good stewardship practices. Also, use existing materials to educate patients and families about appropriate use of antibiotics. The CDC's Get Smart campaign was created to promote appropriate use of antibiotics and has information for consumers.



Speaker Notes: Slide 20 Continued

Include patient advocates on an antibiotic stewardship team or quality improvement team that are reviewing data on efforts to reduce inappropriate antibiotic use. Solicit patient perspectives on how to include patients in all the hospital's efforts to reduce inappropriate antibiotic use.



Speaker Notes: Slide 21

Patients and families can also be active partners in any staff training, audits or feedback. Ask patients and family members to serve as faculty in training programs. This can be so powerful to staff and physicians – to hear a patient or family member describe their role and their perspectives on how important it is for all team members to follow proper procedures to protect them and their loved ones. A great example is during the first hand hygiene module you were provided ways to empower patients to speak up to ensure providers wash their hands.



Speaker Notes: Slide 21 Continued

It is important to encourage, and prepare, patients to share their stories. Most patients, like staff, may need some coaching or mentoring to feel comfortable sharing positive experiences as well as experiences in which they observed improper infection prevention methods or acquired a HAI. Asking the patient or family member to write down their story is a good way to help them prepare and to focus on the one or two key messages they wish to share with staff to encourage compliance with proper procedures. You can also use “The Guide to Patient and Family Engagement in Hospital Quality and Safety” to help you identify, recruit, train and work with patient and family advisors.



Speaker Notes: Slide 21 Continued

Ask and train patient advisors to conduct safety audits. If you have developed a standard check lists of items to check during audits, you can train advisors to join the staff who are conducting the audits. Patient advisors can offer another set of eyes and a different perspective.

And most important, encourage patients to speak up and involve them in the audit and feedback process. Ask patients whether or not they consistently observe staff cleaning or washing their hands before and after procedures, donning PPE properly or cleaning surfaces thoroughly.



Speaker Notes: Slide 22

As we looked at the examples of how organizations are demonstrating patient engagement in infection prevention initiatives, we also identified some common barriers to engaging patients in this work. The national survey on patient and family engagement practices in hospitals rated various barriers to patient and family engagement on a scale of one to five, with one being not a barrier at their hospital and five being a very significant barrier. The most commonly reported barrier to increased patient and family engagement was competing organizational priorities. Time is also a significant challenge to any program, especially if the program is viewed as something new or separate from daily work.



Speaker Notes: Slide 22 Continued

Another study published in 2011 examined the barriers to patient-centered care in hospitals that had a reputation for promoting patient-centered care. This qualitative study looked at areas such as senior leadership, work environment, and organizational policies and processes. One of the biggest barriers noted by the leaders interviewed in this study was changing the culture from a provider-focus to a patient-focus.



Speaker Notes: Slide 22 Continued

Also noted was the amount of time it took to make this culture change real for the organization. Traditional views about the roles of patients and families on the healthcare team, and staff and physician attitudes and beliefs play a powerful role in whether or not an organization is able to truly reflect a culture of safety that is patient-centered.



Speaker Notes: Slide 22 Continued

In the Strategies for Preventing Healthcare Associated Infection module, there is discussion about how to engage active resisters and organizational constipators that may try to stall or block improvement and innovation. By sharing local data such as infection rates and the associated patient stories and experiences, you can bring resisters into the conversation and process early. Leadership support and an identified champion for patient and family engagement are other ways to overcome resistance and bring about culture change.



Speaker Notes: Slide 22 Continued

Finally, in the Partnership for Patients program, one of the patient engagement metrics addresses another key gap: having a designated person who is responsible for guiding and leading the organization's efforts to advance patient and family engagement. This metrics is congruent with the concept of having champions who focus on the opportunity and help guide action within the organization.



Speaker Notes: Slide 23

There are a number of ways you can overcome any barriers to engaging patients and families in infection prevention efforts in your organization. First, identify the barriers that may be unique in your culture. Take time to talk with staff and leaders, and especially the infection prevention team members. Ask them to share any concerns they have about shifting the culture from provider focused to patient focused – and any opportunities they note to advance patient centered care. Document barriers and challenges and use the many resources that are available to develop action plans that address each challenge and opportunity.



Speaker Notes: Slide 23 Continued

Encourage senior leaders to make patient partnerships a priority. Culture change needs strong leadership and leaders who can help connect the dots between infection rates and patient partnerships. Visible leadership can be a catalyst for PFE efforts and designating a champion can support organization-wide action. Focus on small tests of change, such as integrating patients into any infection prevention education, or asking patients and their family to review the education and offer suggestions for how to enhance training for patients. Review hospital policies and procedures, including infection prevention policies, to see if language and references to team members include the patient and their family.



Speaker Notes: Slide 23 Continued

Many organizations have shared how powerful just this one step has been in recognizing how words can influence behavior and culture. The difference is often found in the culture of doing things with patients and families, not doing thing to and for them.

The Institute of Patient and Family Centered Care has numerous resources and case studies that can be used to inspire new attitudes, beliefs and behaviors relative to the role of the patient on the team.



Speaker Notes: Slide 24

Engaging patients and family members as active partners in infection prevention initiative is a key strategy to reduce infections. Not only can patients help identify safety problems, but they can also be trained to be active team members in the fight against preventable infections. Infection prevention education should include patients and families in order for them to also develop the skills, knowledge and confidence to be active partners. The patient's perspective can and should be integrated into infection prevention efforts. Staff and leaders can review each action step in your infection prevention plans and ask the question "What is the patient's perspective? How will we engage patients as partners in this action step?"



Speaker Notes: Slide 24

It is also important to remember that expanding patient engagement practices requires culture change. There are many resources available to help organizations develop a culture that is patient-centered and fosters patient engagement

Remember, patients can be partners from the bedside to the board room!



Speaker Notes: Slide 25

No notes.



Speaker Notes: Slide 26

No notes.



Speaker Notes: Slide 27

No notes.



Speaker Notes: Slide 28

No notes.

