



# Critical Components Of Implementing A Successful Patient Participation Program On Hand Hygiene In Healthcare Settings

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# Disclosures

- I have the following financial relationships to disclose:
- Consultant for: AMG Medical – Nocospray
- Speaker's bureau for
  - Merck
  - Pfizer
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  - Lady Davis Research Institute
  - Jewish General Hospital Foundation
  - AMG Medical – Nocospray

# Conceptual Framework

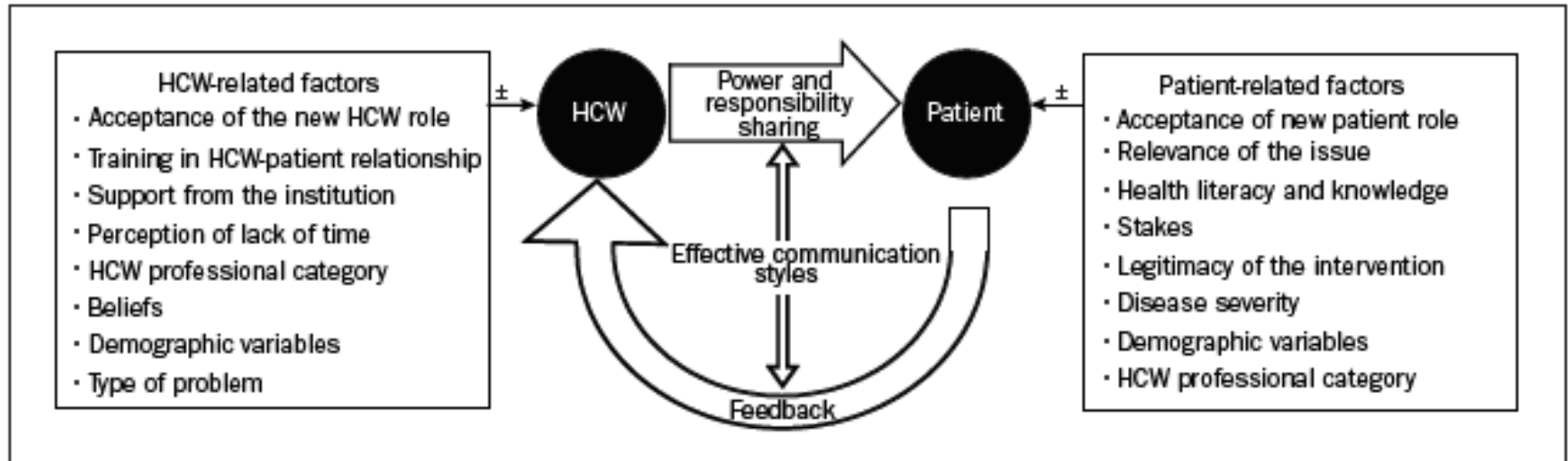


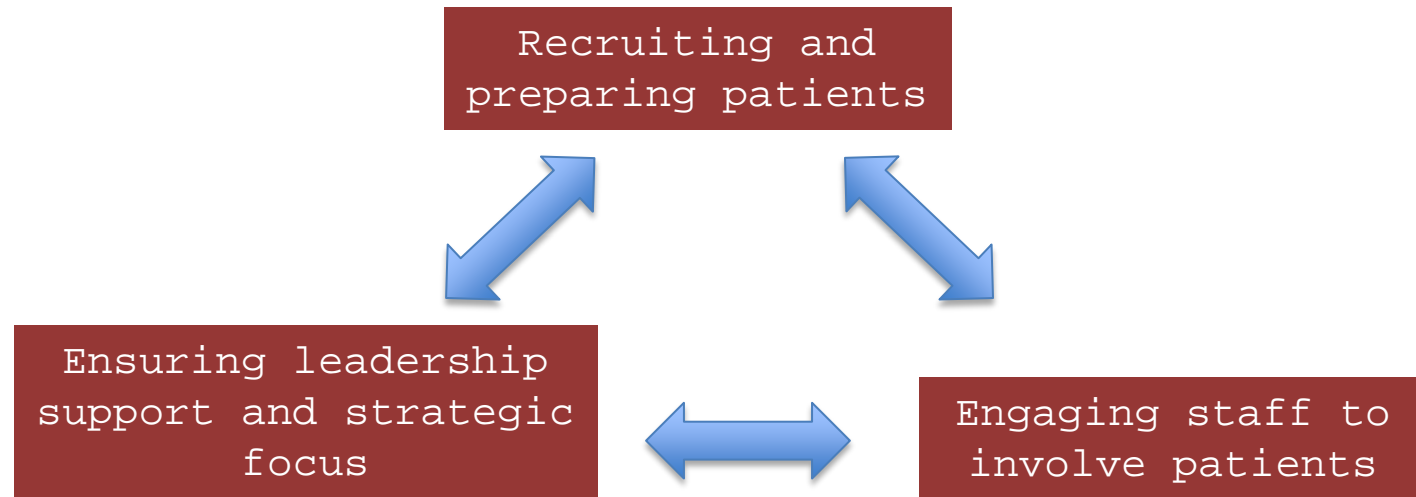
FIGURE. Conceptual model of factors that influence patient participation in preventing errors. HCW = health care worker.

## PATIENT-CAREGIVER EMPOWERMENT

Longtin Y et al. Mayo Clin Proc 2009

# Enabling patient engagement

- 3 linked factors that reinforce each other to enable PP



## **PATIENT-CAREGIVER-SYSTEM EMPOWERMENT**

**Must address all three!**

# The Ideal Strategy = multimodal

- ① Patient Education
- ② Patient Engagement
- ③ Caregiver Engagement
- ④ Culture Change
- ⑤ Resources

No single strategy will be sufficient by itself

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# PLANNING

your PP  
campaign



# Preparing your campaign

- ① Review the literature  
Identify references, WHO,
- ② Define the objectives of the campaign
- ③ Decide on the message
- ④ Define resources
- ⑤ Create tools to disseminate the message
- ⑥ Obtain patient input! Elicit collaboration from advocacy groups
- ⑦ Obtain support at every level

# Decide on a message

- Objectives (WHAT?)
- Means (HOW?)
- Audience (WHOM?)
- Emphasize altruism in message
  - “It’s the right thing to do”
- Single universal message, or various messages to various audiences
- Use simple language!



# Preparing your campaign

PP is **added** to a  
multimodal HH campaign

—

it does not replace it!



Esp. ABHRS at the point of care to allow PP

# Components of a successful campaign

Insight from reported experience worldwide

# Patient Participation in Hand Hygiene: a Global Survey of Current Practices

A. J. Stewardson<sup>1</sup>, B. Allegranzi<sup>2</sup>, Y. Longtin<sup>3</sup>, A. Gayet-Ageron<sup>1</sup>,  
N. Prasopa-Plaizier<sup>2</sup>, A. Lee<sup>2</sup>, D. Pittet<sup>1</sup>

<sup>1</sup> University of Geneva Hospitals and Faculty of Medicine, Geneva, SWITZERLAND

<sup>2</sup> World Health Organization, Geneva, SWITZERLAND

<sup>3</sup> Laval University Infectious Diseases Research Centre, Québec, QC, CANADA

Stewardson A et al. ICAAC 2013

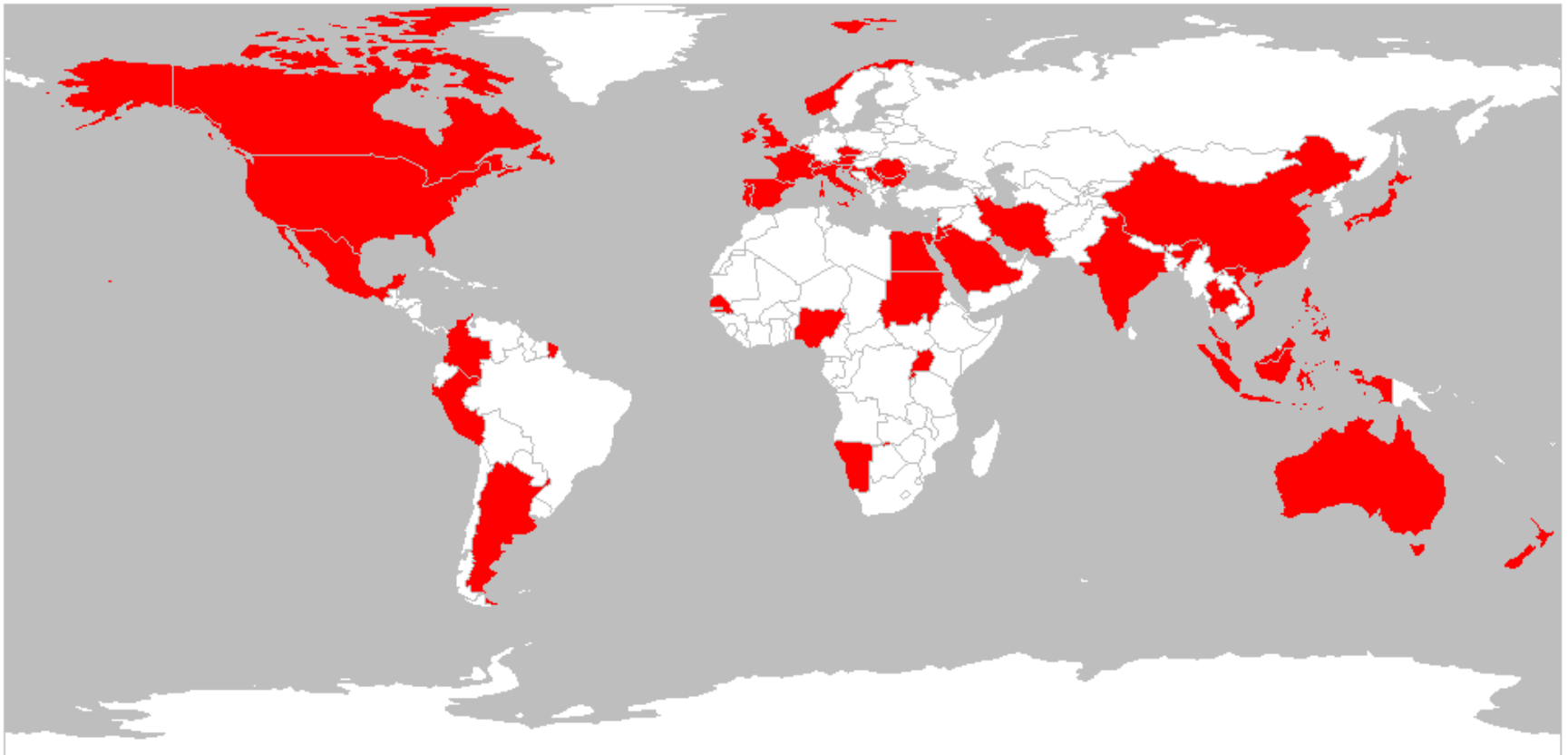
# Methods

- Describe practices and perceptions regarding patient participation (PP) for hand hygiene promotion
- Design:
  - Cross-sectional survey (December 2012 to March 2013)
- Population:
  - Infection control professionals at institutions with PP programs
  - One participant per institution
  - Potential participants extracted from a prior global survey based on the WHO Hand Hygiene Self-assessment Framework
- Procedure:
  - Invitation by email
  - Online survey
  - The survey was available in English and French
  - Two reminders were sent to non-respondents

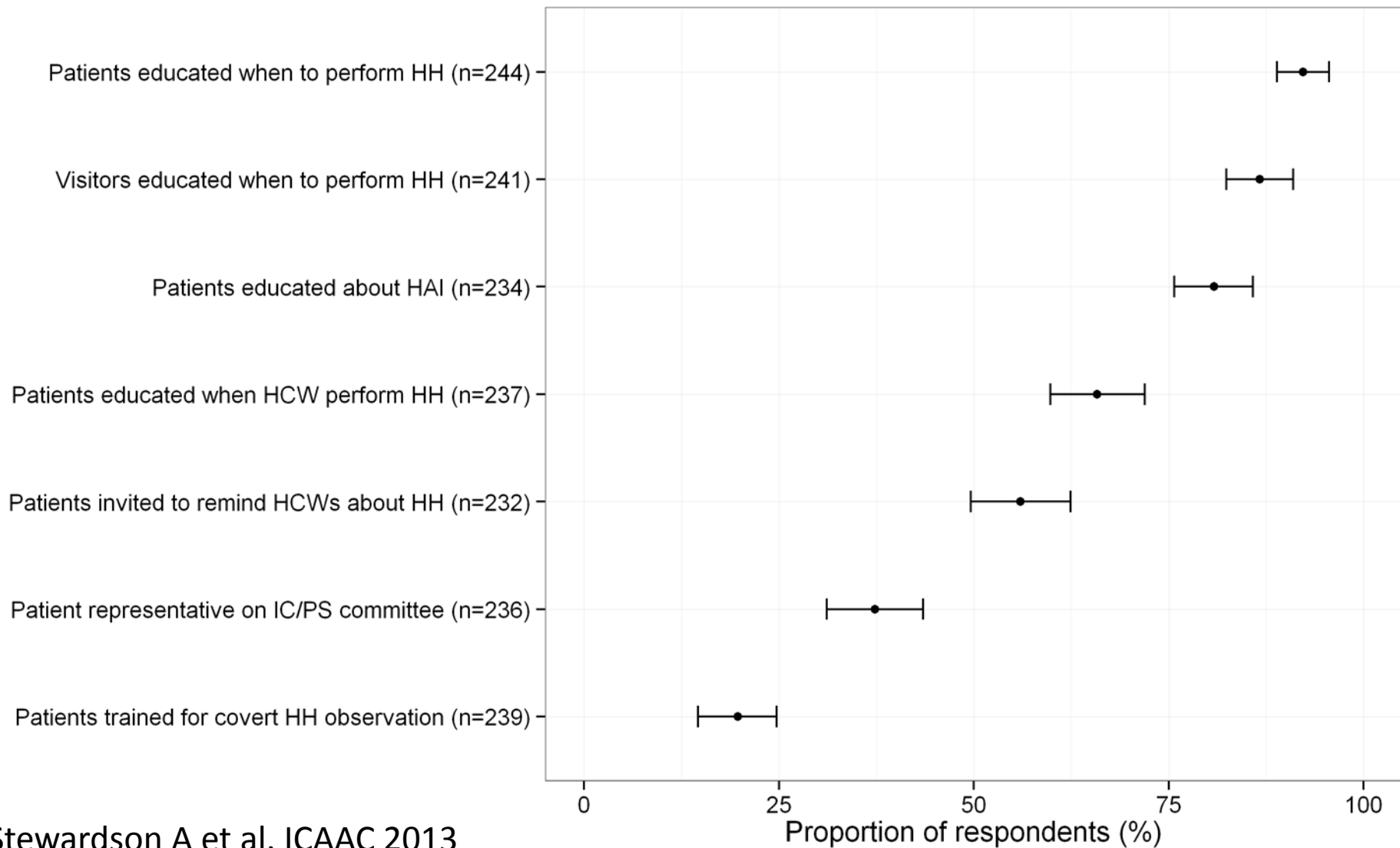
Stewardson A et al. ICAAC 2013

# Respondents

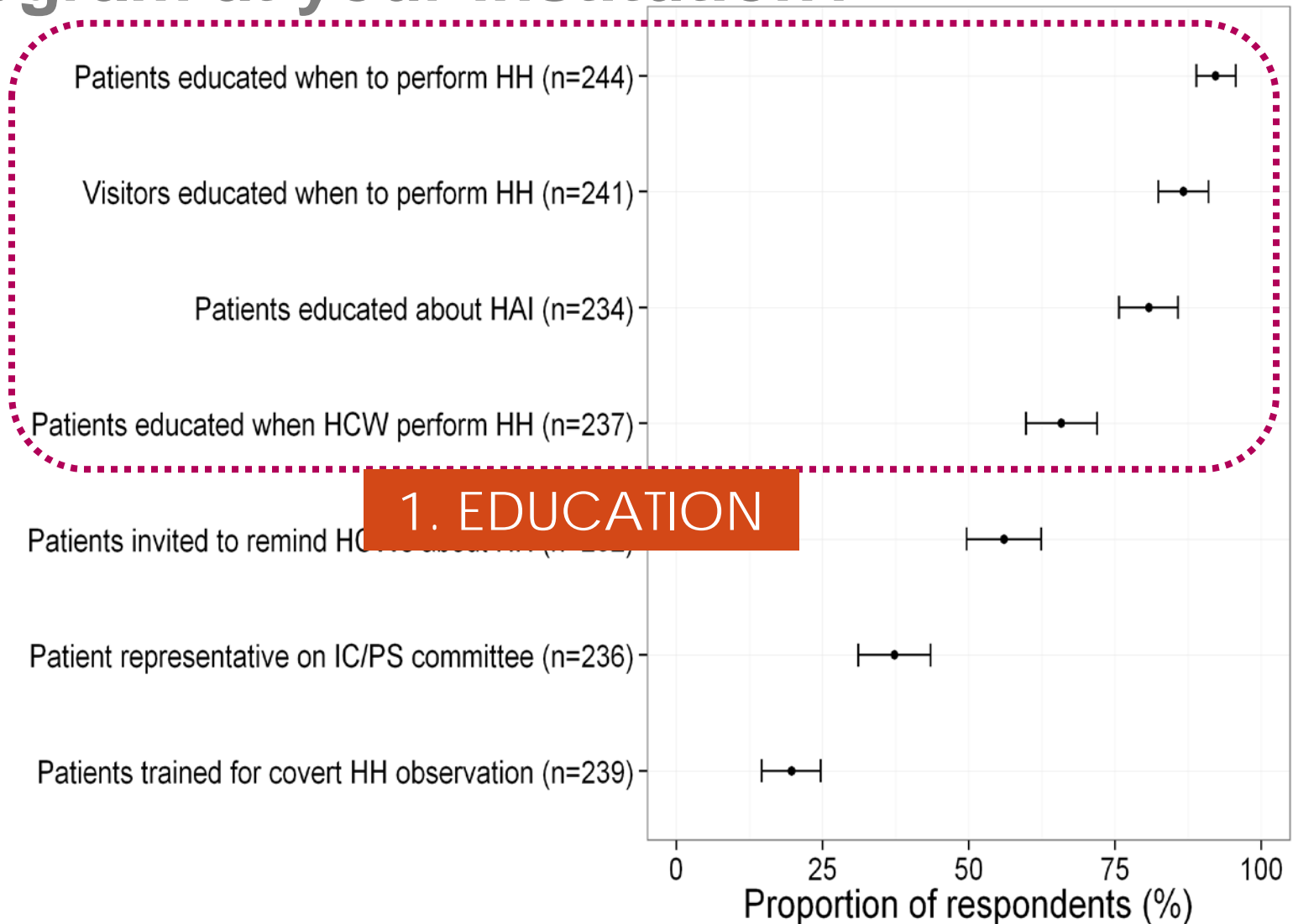
- Responses received from 260/658 institutions
  - Response rate, 40%
  - 41 countries in all six WHO regions



# Patient participation strategies



# Which of the following strategies are part of the patient participation program at your institution?



# Patient Education



# Increase Health Literacy

- Doctor more likely to involve you in the decision-making;
- Will increase your confidence in your capacity to take decisions

*Longtin Y et. al Mayo Clin Proc. January 2010;85(1):53-62*



# Obstacles to Patient Participation

- Lack of Knowledge and Low Health Literacy
  - Patients less likely to be involved in decisions requiring medical knowledge and clinical expertise<sup>1</sup>

**1.Thompson, S.C. et al. Patient Educ Couns, 1993.  
22(3): p. 133-40**

# Increase Health Literacy

- Healthcare centers reach out to the general population to give lectures on HAI and PP
  - E.g. YMCA
  - Talks in LTCF with invitation to both HCWs AND patients to attend



## How to Protect Yourself Against Infections

During a Hospital Stay

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Hôpital général juif  
Jewish General Hospital

Infection Prevention and Control Unit

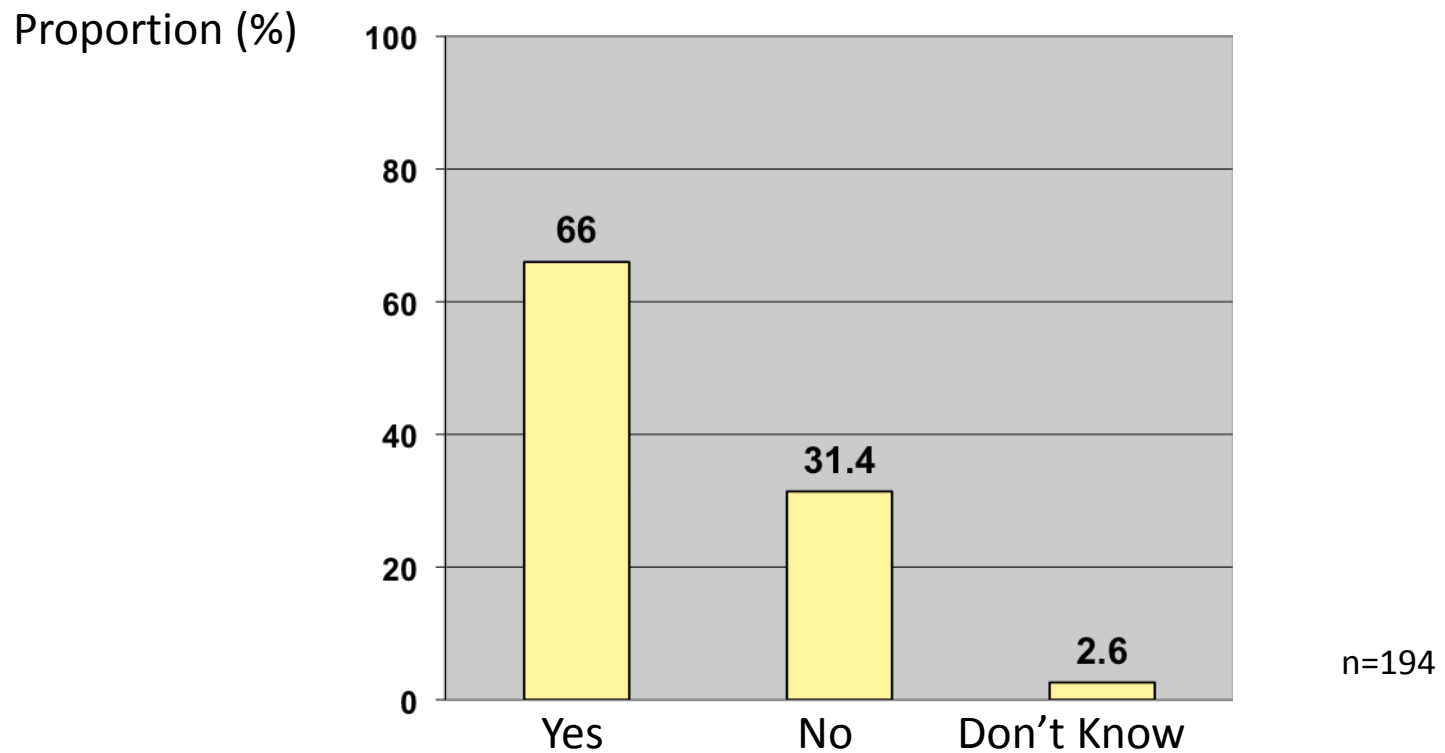


McGILL UNIVERSITY  
HÔPITAL GÉNÉRAL JUIF

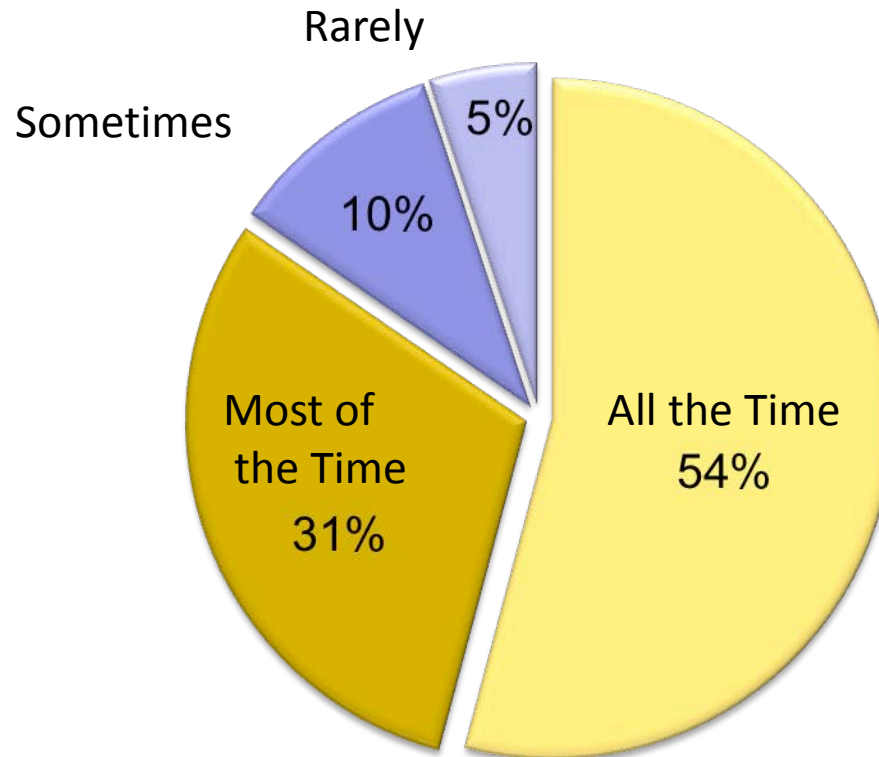
**TALKS GIVEN TO GENERAL POPULATION  
REACH THEM **BEFORE** THEY GET SICK!**

# Erroneous Perception of HH Indications

Should Healthcare Workers Cleanse their Hands Before Shaking a Patient's Hand?



# Eroneous Risk Assessment



**HOW OFTEN DO YOU THINK NURSES WASH THEIR HANDS  
BEFORE CARING FOR YOU?**

# Patient education → Patient autonomy



PATIENTS AND VISITORS

## CLEAN HANDS COUNT

**KNOW THE TRUTH TO PROTECT YOURSELF FROM SERIOUS INFECTIONS**

**TRUTH**  
On average, healthcare providers clean their hands less than half of the times they should.

**THE NITTY GRITTY:**  
This can put you at risk for a serious infection. It's OK to ask your care team questions like, "Before you start the exam, would you mind cleaning your hands again?" Another way to bring it up is to thank them for cleaning their hands if you are uncomfortable asking.

**TRUTH**  
Alcohol-based hand sanitizer kills most of the bad germs that make you sick.

**THE NITTY GRITTY:**  
Your hands have good germs on them that your body needs to stay healthy. Your hands can also have bad germs on them that make you sick. Alcohol-based hand sanitizers kill the good and bad germs, but the good germs quickly come back on your hands.

**TRUTH**  
Alcohol-based hand sanitizer does not kill *C. difficile*.

**THE NITTY GRITTY:**  
If you have a *C. difficile* infection, make sure your healthcare providers wear gloves to examine you. You and your loved ones should wash your hands with soap and water to prevent the spread of *C. difficile*.

**WHAT IS C. DIFFICILE?**  
*C. difficile* or "*C. diff*" is a common healthcare-associated infection that causes severe diarrhea.

**TRUTH**  
Alcohol-based hand sanitizer does not create antibiotic-resistant superbugs.

**THE NITTY GRITTY:**  
Alcohol-based hand sanitizers kill germs quickly and in a different way than antibiotics. Using alcohol-based hand sanitizers to clean your hands does not cause antibiotic resistance.

**ALCOHOL-BASED HAND SANITIZER**  
is a product that contains at least 60% alcohol to kill germs on the hands.

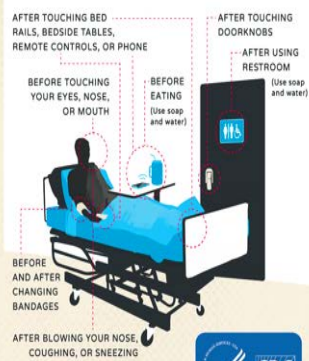

**TRUTH**  
Your hands can spread germs.

**THE NITTY GRITTY:**  
Make sure you and your visitors are cleaning your hands at these important times:

- AFTER TOUCHING BED RAILS, BEDSIDE TABLES, REMOTE CONTROLS, OR PHONE
- BEFORE TOUCHING YOUR EYES, NOSE, OR MOUTH
- BEFORE EATING (Use soap and water)
- AFTER TOUCHING DOORKNOBS
- AFTER USING RESTROOM (Use soap and water)
- BEFORE AND AFTER CHANGING BANDAGES
- AFTER BLOWING YOUR NOSE, COUGHING, OR SNEEZING

[www.cdc.gov/HandHygiene](http://www.cdc.gov/HandHygiene)

This material was developed by CDC. The Clean Hands Count Campaign is made possible by a partnership between the CDC Foundation and GOGO.

[HCWs] 'clean their hands less than half of the times they should'.

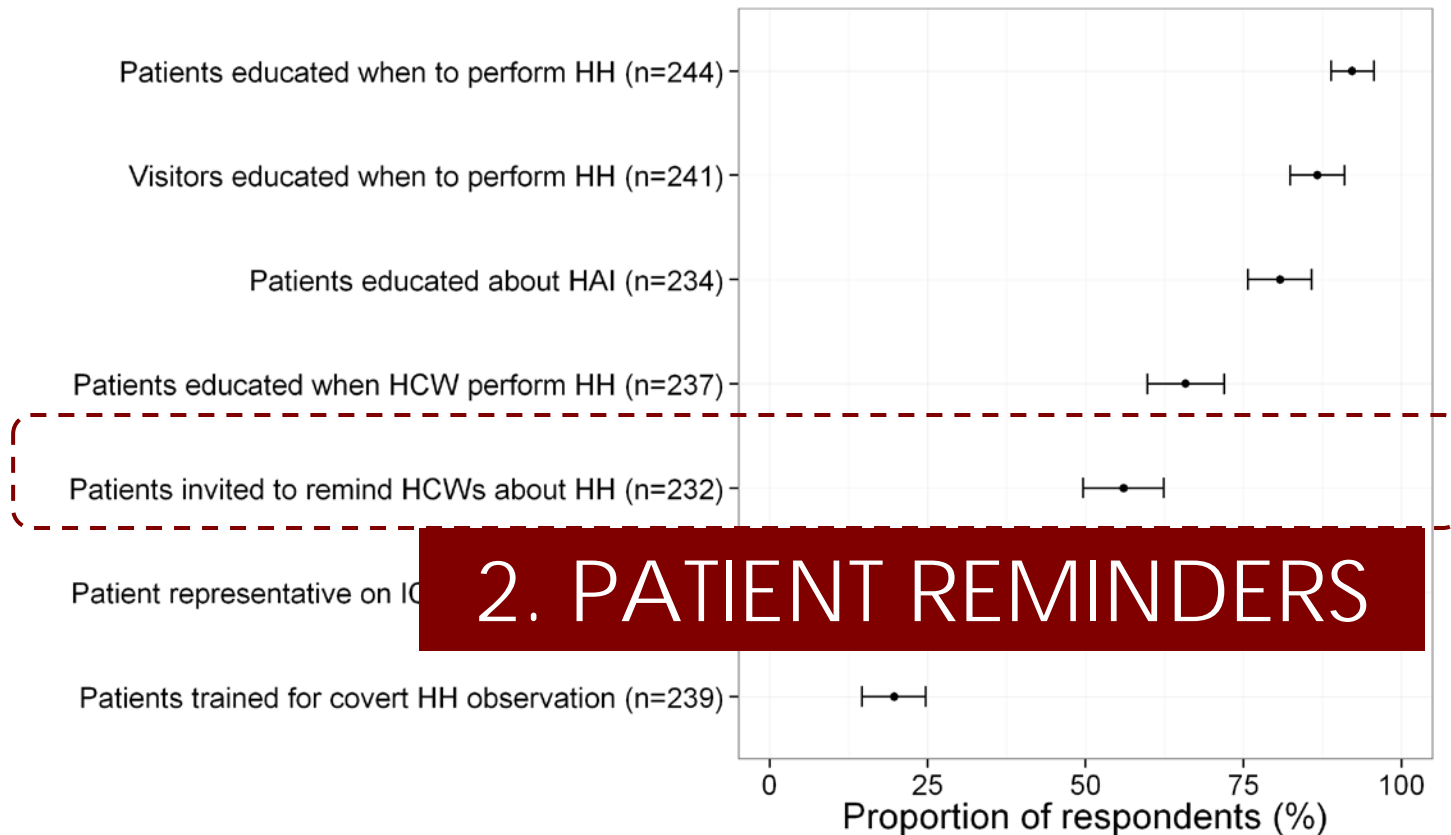
[www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)

# Patient Reminders and Explicit Invitation



# Patient Reminders

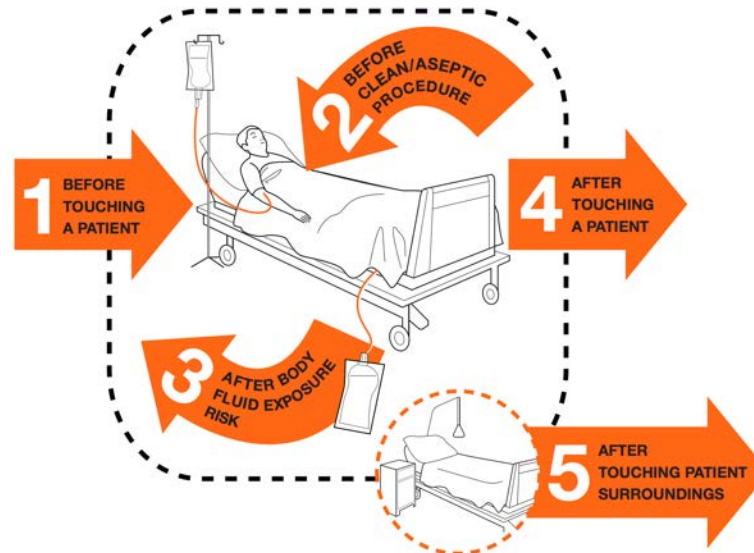
Which of the following strategies are part of the patient participation program at your institution?





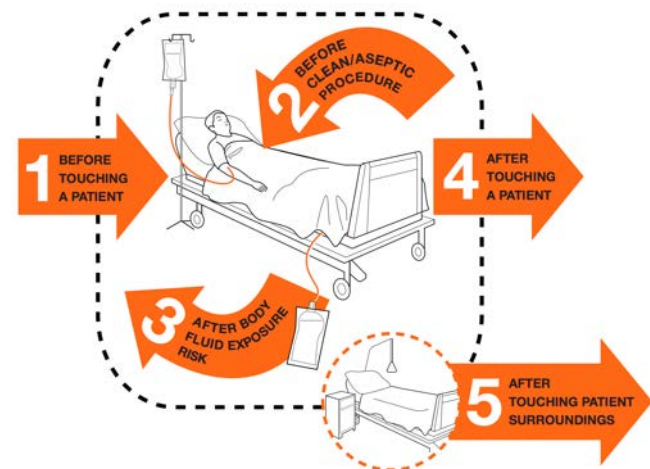


- Relatively simple concept
- Patient well placed to observe
- Need for improvement



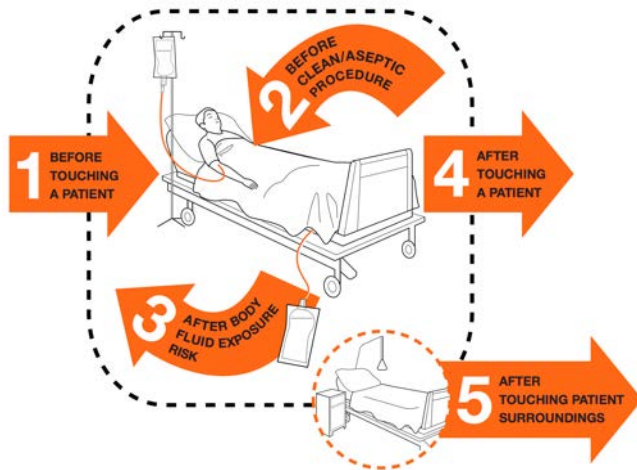


# “Before examining you” (Moment 1)



Our patients can expect to see us clean our hands before and after we touch them, but **if you think we've forgotten...**

# IT'S OK TO ASK



“...before and after we touch them...”

(Moments 1 & 4)

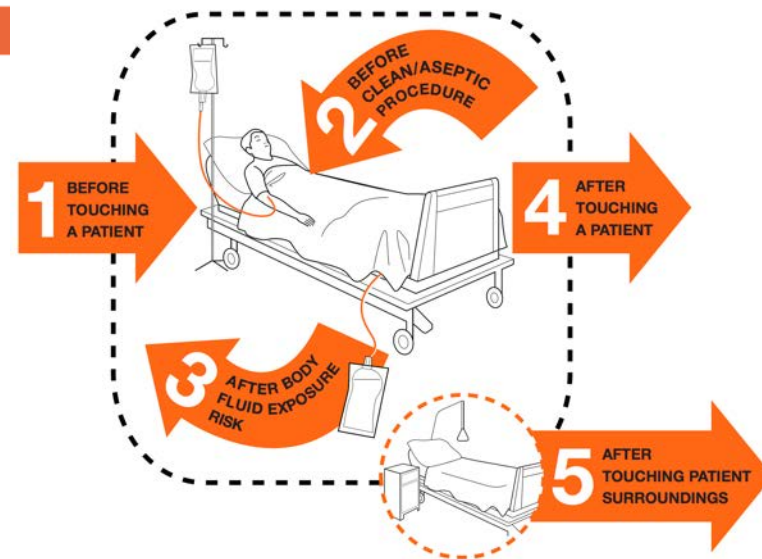


# Patient engagement with surgical site infection prevention: an expert panel perspective

## Recommendation 4: Hand hygiene

### *What can the patient do?*

- Clean your hands by using an alcohol-based hand rub or, if your hands are visibly dirty, soap and water.
  - before eating a meal
  - after visiting the bathroom or using commode/urinal
  - before and after touching your wound or wound dressing
  - before and after touching your drip (IV line) or drainage bag/tube



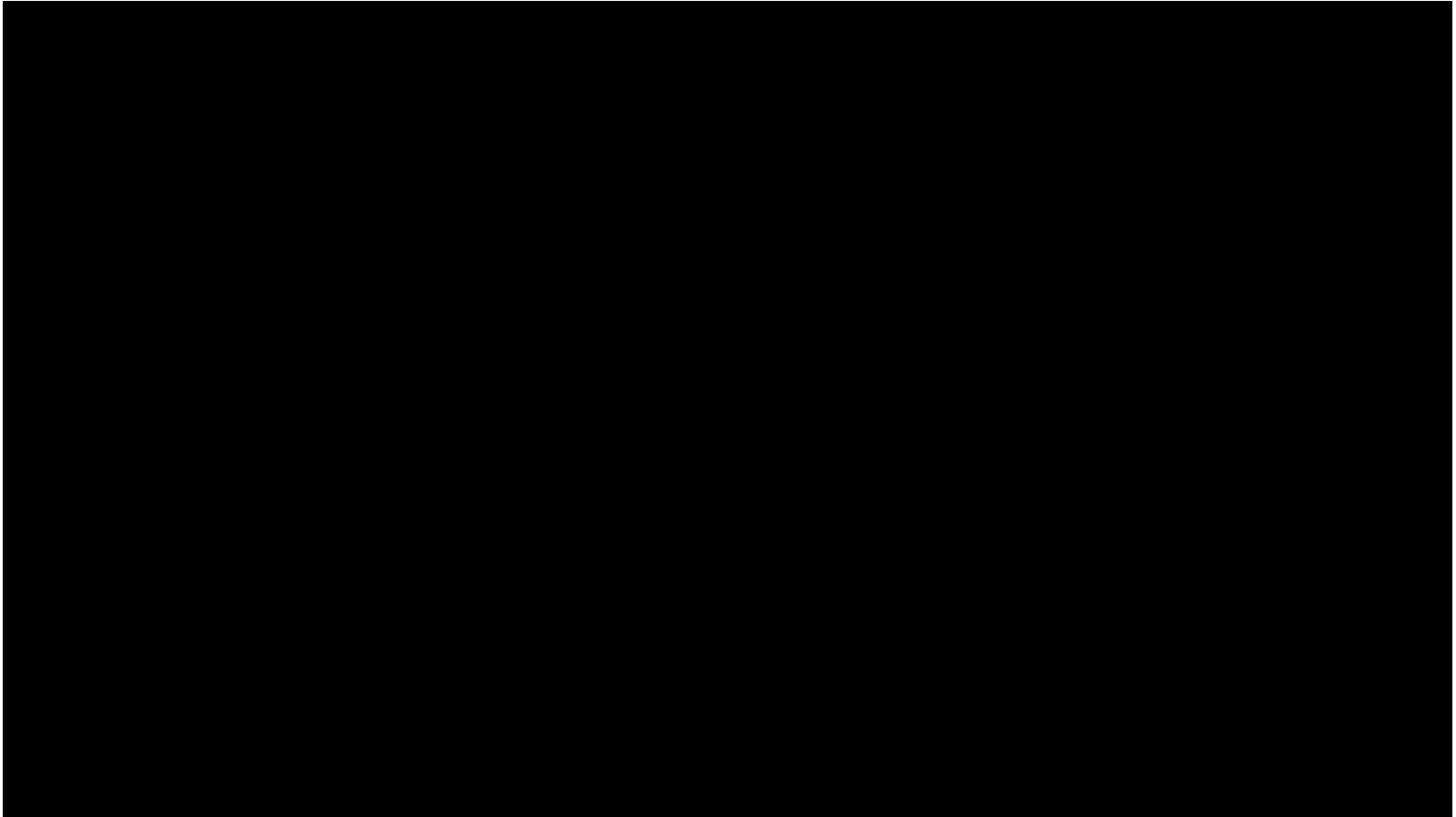
- Make sure that healthcare workers clean their hands before assessing your wound, preferably with an alcohol-based hand rub solution
- Speak up if you do not see healthcare worker clean their hands before touching you
- Visitors should not touch your wound or dressings. If they need to be involved in wound care they should follow the same preventive measures as healthcare workers

“Before assessing your wound”  
(Moment 2)

WHAT exactly are we asking  
patients to do?

The awkward factor

# Hand Hygiene Saves Lives: Patient Admission Video



How would they react?

Available at [http://www.cdc.gov/handhygiene/Patient\\_materials.html](http://www.cdc.gov/handhygiene/Patient_materials.html)



# Hand Hygiene Saves Lives: Patient Admission Video



Patients are less likely to ask  
challenging questions

Patients' scores on each of the questions in the "Patient Willingness to Ask Safety Questions Survey" and patients' scores on each of the Patient Willingness Levels (PWL) (scores ranging from 1 to 4)

Would you ask a doctor...	Mean (95% CI)
How long will I be in hospital for?	3.75 (3.64 to 3.84)
What are the alternatives to surgery?	3.31 (3.13 to 3.46)
Why are you removing that piece of monitoring equipment?	2.80 (2.57 to 3.05)
I don't think that is the medication I am on. Can you check please?	2.70 (2.46 to 2.92)
How many times have you done this operation?	2.23 (2.04 to 2.47)
Have you washed your hands?	2.03 (1.84 to 2.24)

Among 16 safety-related questions, the one asking about hand hygiene had the lowest level of patient support

Davis RE et al. Qual Saf Health Care. 2008 Apr;17(2):90-6.

# University of Geneva Hospitals Survey

- Results
  - 80% had heard about healthcare-associated infections
  - 68% considered HAI a serious problem
  - 39% identified hand hygiene as the most important preventive measure
  - 66% believed HCWs should perform HH prior to shaking hands with a patient

Most would **not** feel comfortable to ask a HCWs to cleanse their hands if they noticed they had forgotten to do so



# University of Geneva Hospitals Survey

## Reasons for not intending to ask nurses whether they performed hand hygiene

1. Belief that caregivers know or should know	35 (25.4%)
2. Belief that this task is not part of the patient's role	32 (23.2%)
3. Feeling of embarrassment or awkwardness	19 (13.8%)
4. Fear of reprisals	16 (11.6%)
5. Perception of being impolite or disrespectful	14 (10.1%)

# University of Geneva Hospitals Survey

## Reasons for not intending to ask nurses whether they performed hand hygiene

1. Belief that caregivers know or should know 35 (25.4%)

2. Belief that asking is unnecessary

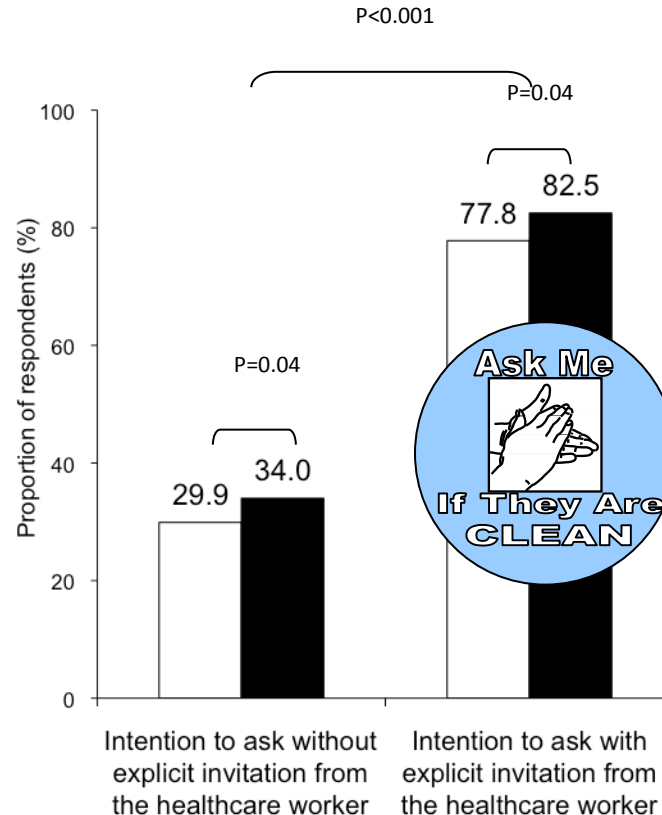
16 (11.6%)

5. Perception of being impolite or disrespectful

14 (10.1%)

Many patients have a paternalistic view of their relationship with healthcare workers!

# Impact of Explicit Invitation



Proportion of respondents intending to ask a physician (white bars) and a nurse (black bars) whether they performed hand hygiene without and with explicit invitation from the healthcare worker.

# Impact of Explicit Invitation

- Proportion of respondents likely to ask a nurse about hand hygiene
  - Not given an ABHRS bottle: 49%
  - Given an ABHRS bottle: 70%

$p < 0.001$



Pittet D et al. J Hosp Infect. 2011 Apr;77(3):303.



# Patient Participation – GENEVA MODEL

## Implementation

- Healthcare worker education: 3 × 15 minute workshops
- Quarterly visit from study team members

## Admission

(If healthcare worker judges the patient capable)

- Patient education:
  - Patient indications for hand hygiene
  - Healthcare worker indications
- Welcome pack
  - Brochure and bottle of alcohol-based hand rub (100ml)
- Partnership:
  - Agreement to remind each other – *focus on Moment 1*

## Throughout admission

- Repetition of message
- Badge for healthcare workers
- Posters in clinical zone



# Qualitative results

## Focus groups & interviews

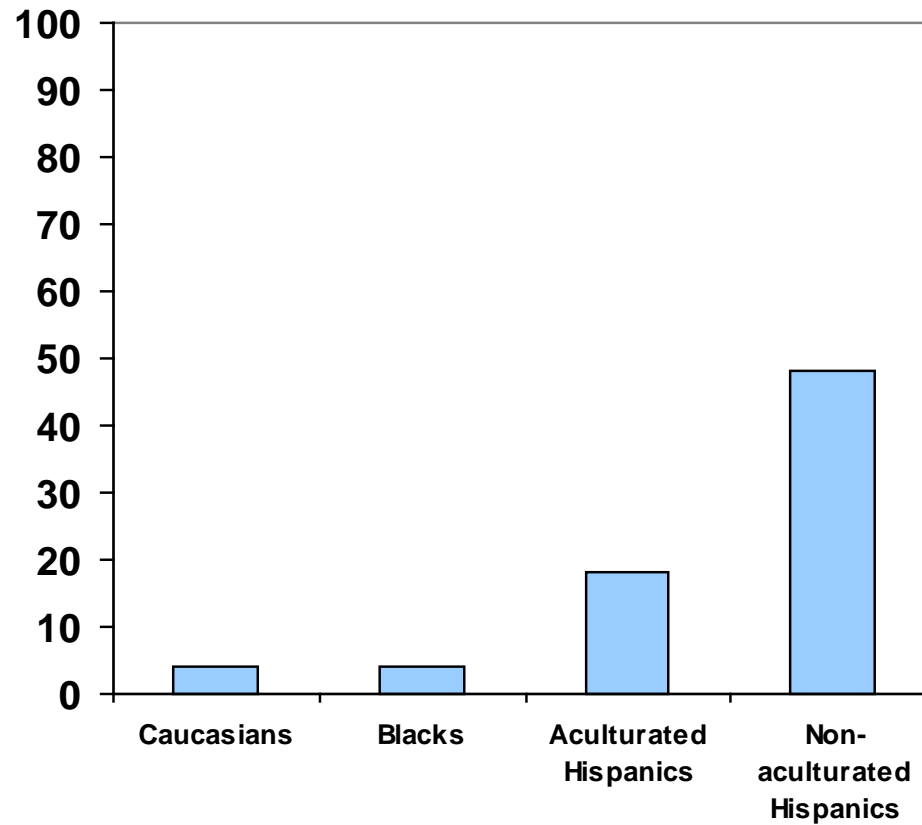
- Acceptance & implementation variable - dependent on local ward leadership
- **Main impact = awareness raising (patient reminders very rare)**
- A new sense of partnership was developed
- At trial end: strong wish to continue

# Outcomes of patient participation program



# Family engagement

**% of Patients Leaving the Decision-Making  
to their Families**

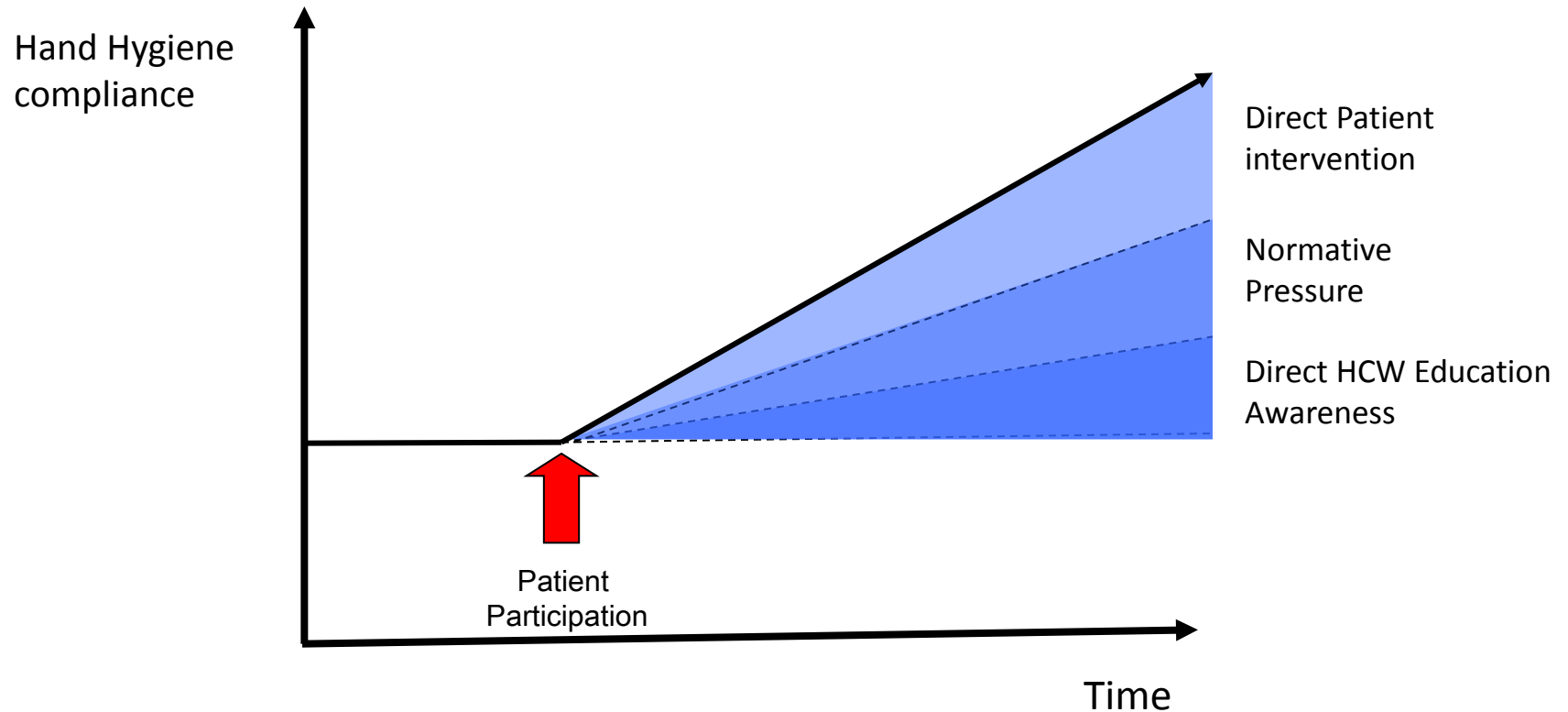


Maly, R.C., et al., Cancer, 2006. 106(4): p. 957-65.

Sounds like a good idea in theory, but I  
can't contradict my doctor!

What do you answer them?

# Mechanisms of Action of Patient Participation



# SILENT EMPOWERMENT



Respect Speed Limits



Avoid unpleasant situations

# SILENT EMPOWERMENT



Respect Speed Limits



Avoid unpleasant situations

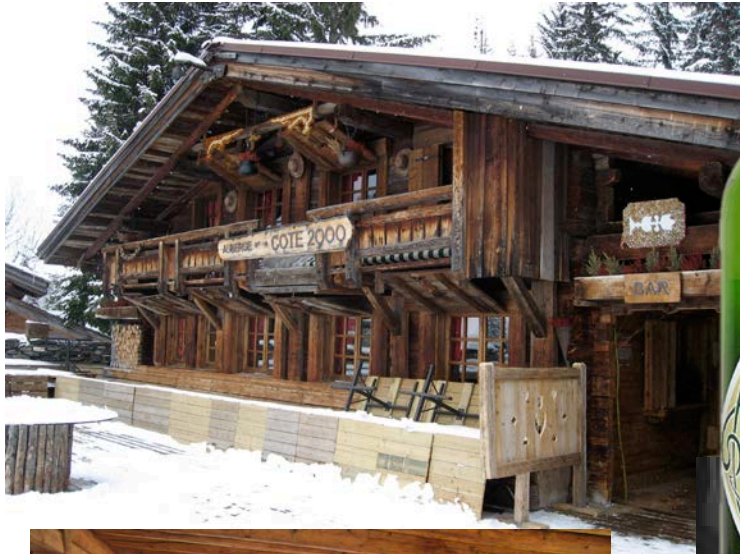


Perform Hand Hygiene





# My first PERSONAL EXPERIENCE



I didn't ask about HH...

# My second PERSONAL EXPERIENCE



# Harnessing the Hawthorne Effect



Present only in the presence  
of the observer

Biases observations



Present at all time

Improves compliance





As for asking the question explicitly...

# OTHERS WILL HELP YOU!

Patient who have an  
expansive personality  
more likely to intend to  
ask doctors about HH  
( $p < 0.05$ )

Longtin Y et al. ICHE 2009



# Help yourself, help others

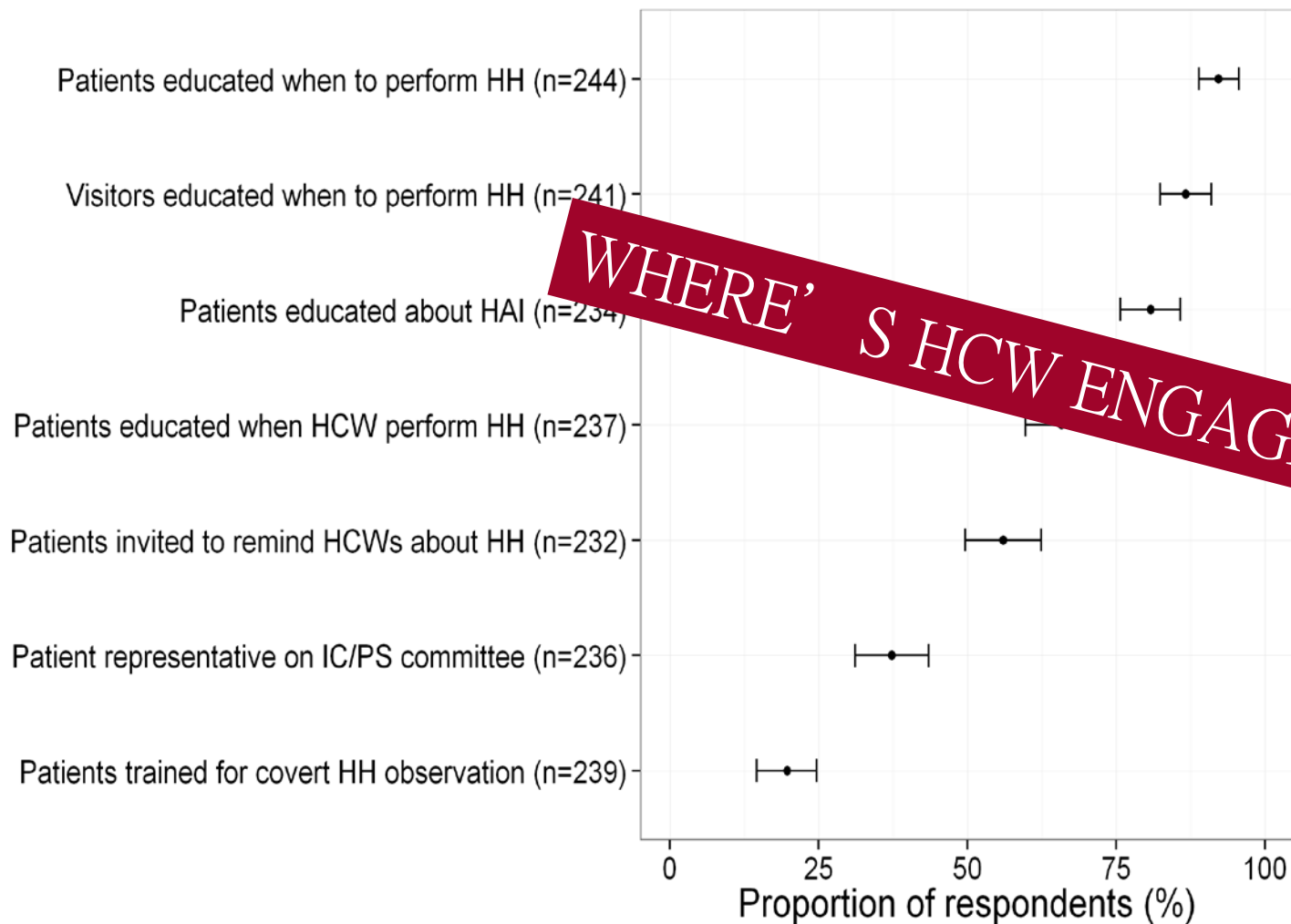
- A single patient enquiry can induce long-lasting change in HCW behaviour
  - 81% of HCWs reminded to perform hand hygiene by a patient were more careful about it during subsequent patient care activities

Julian KG et al Infect Control Hosp Epidemiol 2008;29:781–782.

# Staff Engagement

Super important, but yet...

# Which of the following strategies are part of the patient participation program at your institution?



# Healthcare workers

- Support from HCWs is **central** to the success of patient participation endeavors
- Failure to enlist their open support may undermine the outcome of such programs



# Staff engagement

- Providers must:
  - Invite patients to voice their opinions and concerns
  - Be open to suggestions and comments from patients and families
  - Act upon these suggestions (if they are good)
  - Provide a good explanation (if their suggestions cannot be implemented)

# Staff Education

## Hygiène des mains

**PROJET-PILOTE**



INSTITUT UNIVERSITAIRE  
DE CARDIOLOGIE  
ET DE PNEUMOLOGIE  
DE QUÉBEC

Tout centre hospitalier doit, pour se conformer aux exigences d'Agrément Canada, connaître le taux d'hygiène des mains des soignants.

Dans le cadre d'un projet-pilote en cours sur cette unité, des patients spécialement formés récoltent cette information de manière anonyme.

Merci de votre collaboration!  
Équipe de prévention des infections

# Make Room to Ask Questions

- Dynamic of patient encounter leaves little room to ask without interrupting
  - On average, doctors interrupt patient monologues after 21 seconds



Rabinovitz I et al., BMJ. 2004 February 28; 328(7438): 501–502.

# Staff Education

**MAIN DANS LA MAIN**

## 2AK-US

...est une unité active pour une  
**PARTICIPATION DU PATIENT GAGNANTE**

Prêt/e à aller plus loin ?

Si vous voyez que je l'ai oublié, dites-le moi !

**3** Proposer lui de collaborer en cas d'oubli

Ce geste vous protège.

**2** Parler lui de l'hygiène des mains en même temps

Bonjour M Lefèvre.

**1** Pratiquer l'hygiène des mains devant le patient une fois avant que vous ne le touchiez

**VigiGerme**

**HUG**  
Hôpitaux Universitaires de Genève

## TEACHING HCWs A **TIME-EFFECTIVE** PATIENT PARTICIPATION STRATEGY

- ① Perform hand hygiene in front of the patient
- ② Talk about hand hygiene at the same time
- ③ Suggest to remind each other if forget.

- What are healthcare workers' perceptions of such patient participation program?



## U.K. Survey of Healthcare Workers

- 25% (64/254) feared that it would **create tension** between HCWs and patients



# HCWs and Medical Errors

- Hand hygiene omission is a latent medical error
  - It does not cause immediate injury
- Healthcare workers often do not disclose such “near misses”

Gallagher TH. Et al. Arch Intern Med. 2006;166(15):1605-11.

# HCWs and Medical Errors

- Disclosure of “near-miss” events
  - Only 35% of US and Canadian physicians believed that they should be disclosed
  - Could the same reasoning be applied to hand hygiene omission??

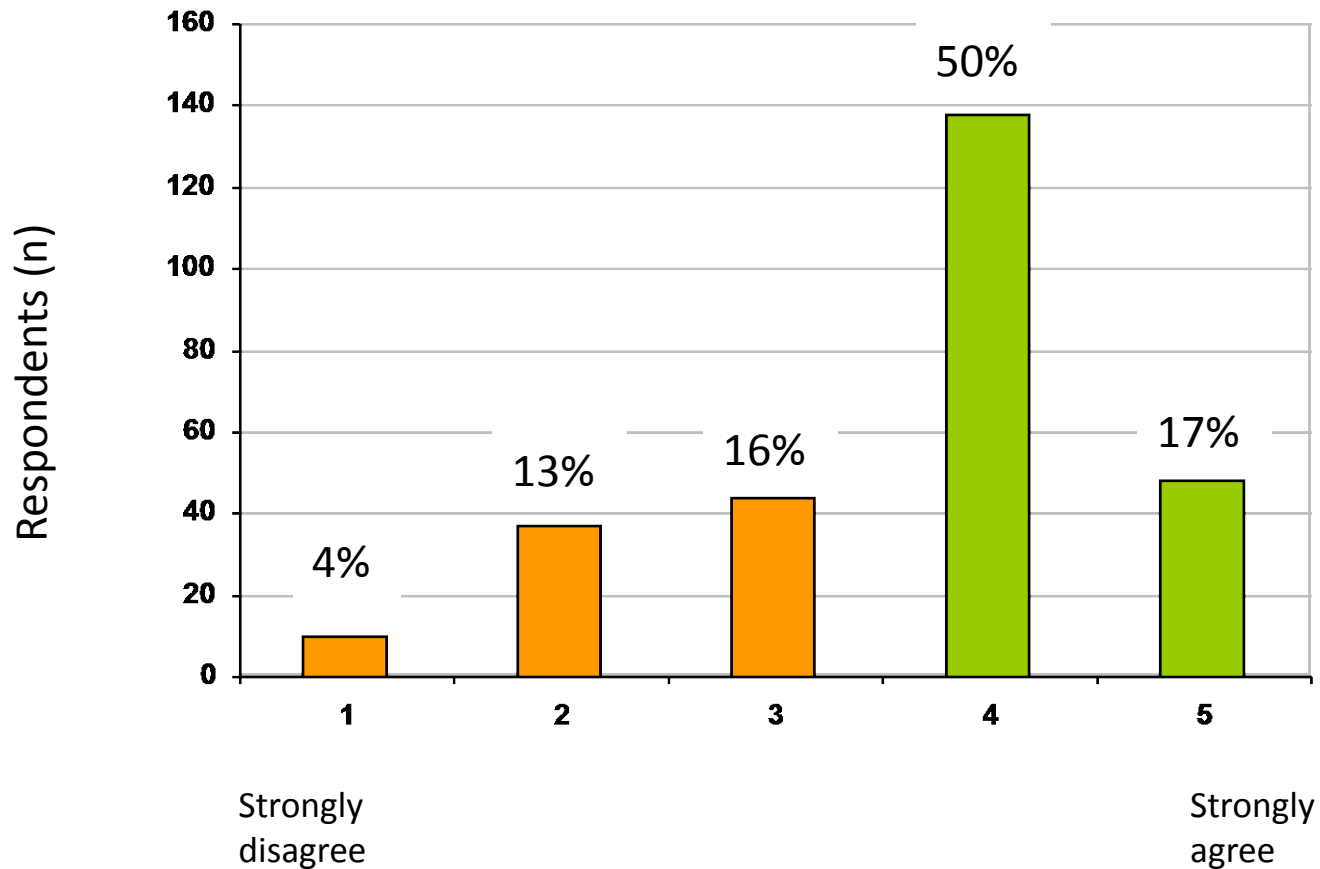
Gallagher TH. Et al. Arch Intern Med. 2006;166(15):1605-11.



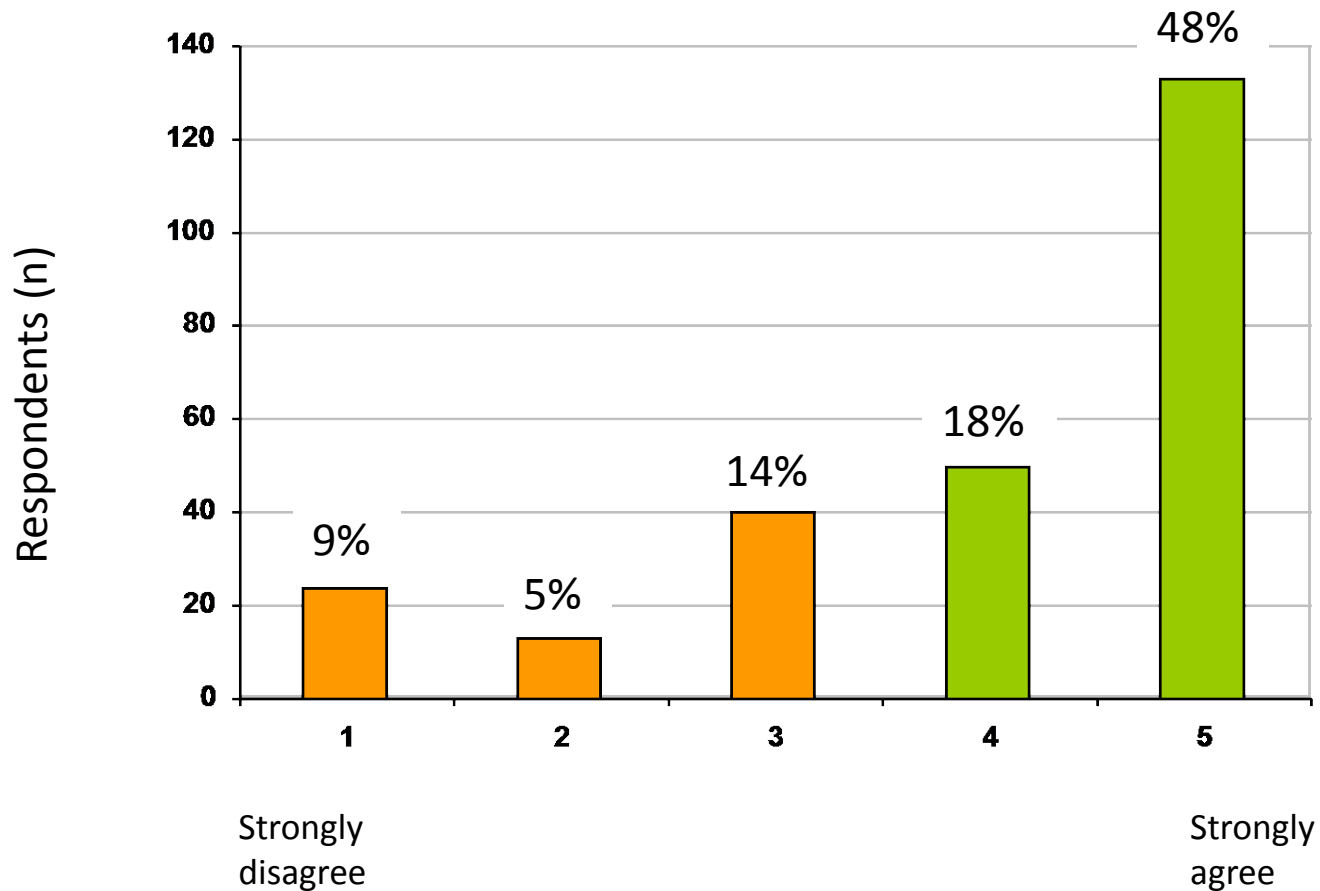
# University of Geneva Survey

- Objectives:
  - Assess HCWs' views of a Patient Participation Program
    - Including some *taboo* questions
  - 700 surveys sent + up to 2 reminders
    - Response rate, 41% (277 respondents)

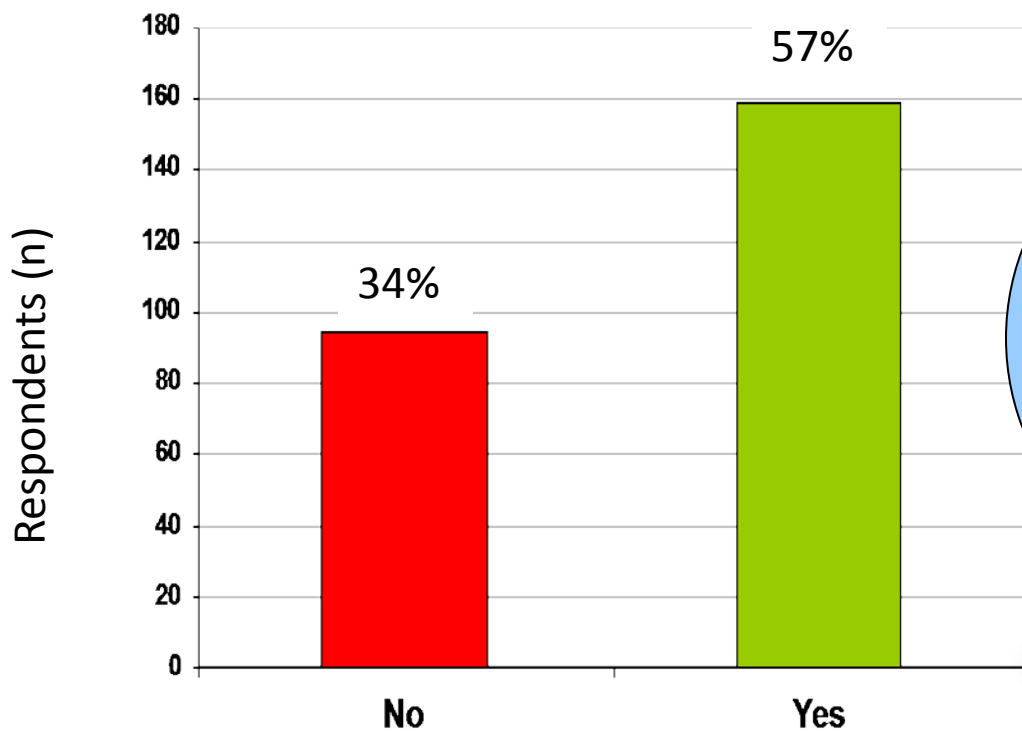
# Do you think your compliance with hand hygiene could be improved?



If a patient notices that I forgot to perform HH, I would appreciate that he/she reminds me.



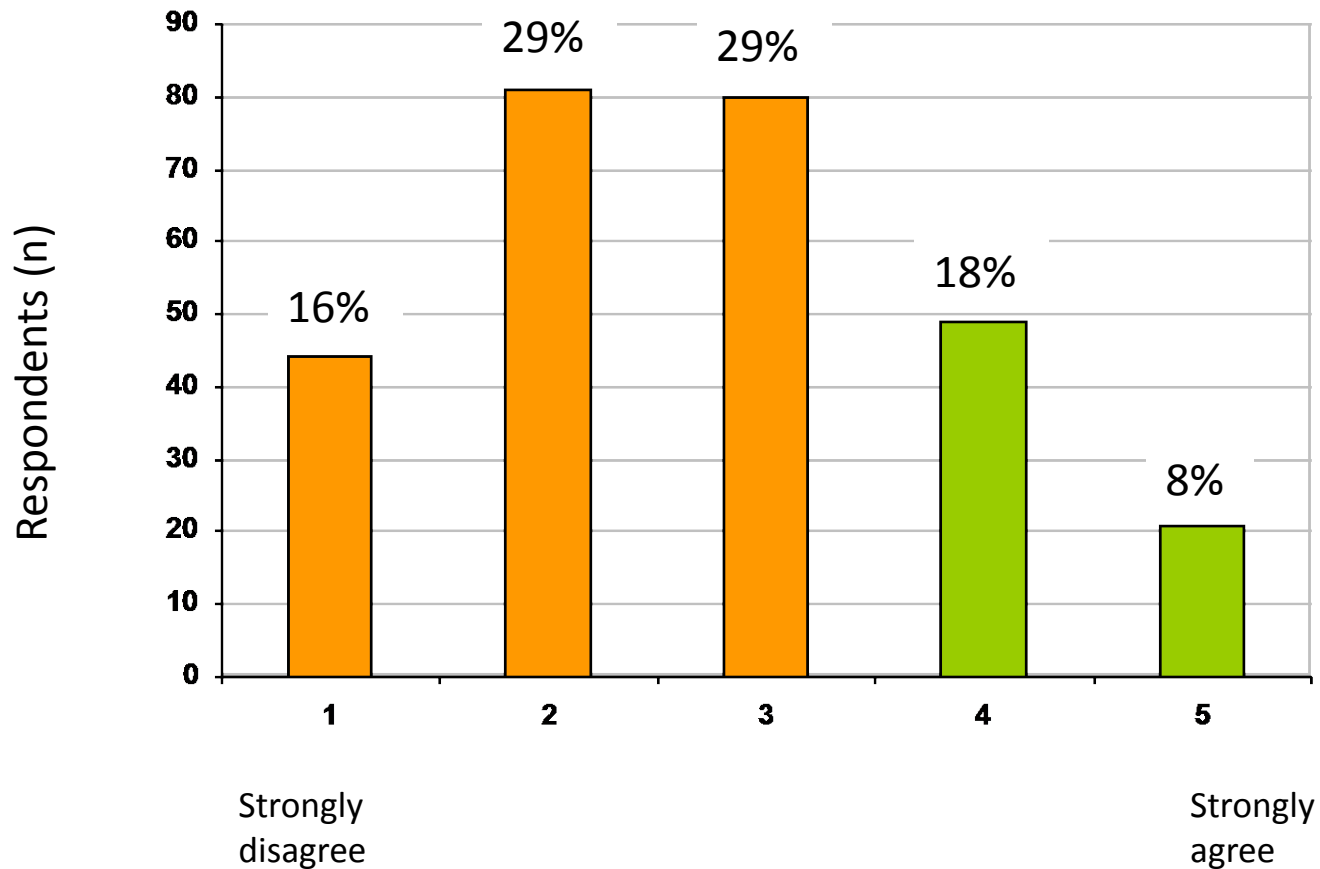
# Would You Accept to Wear a Badge Inviting Patients to Ask about Hand Hygiene?



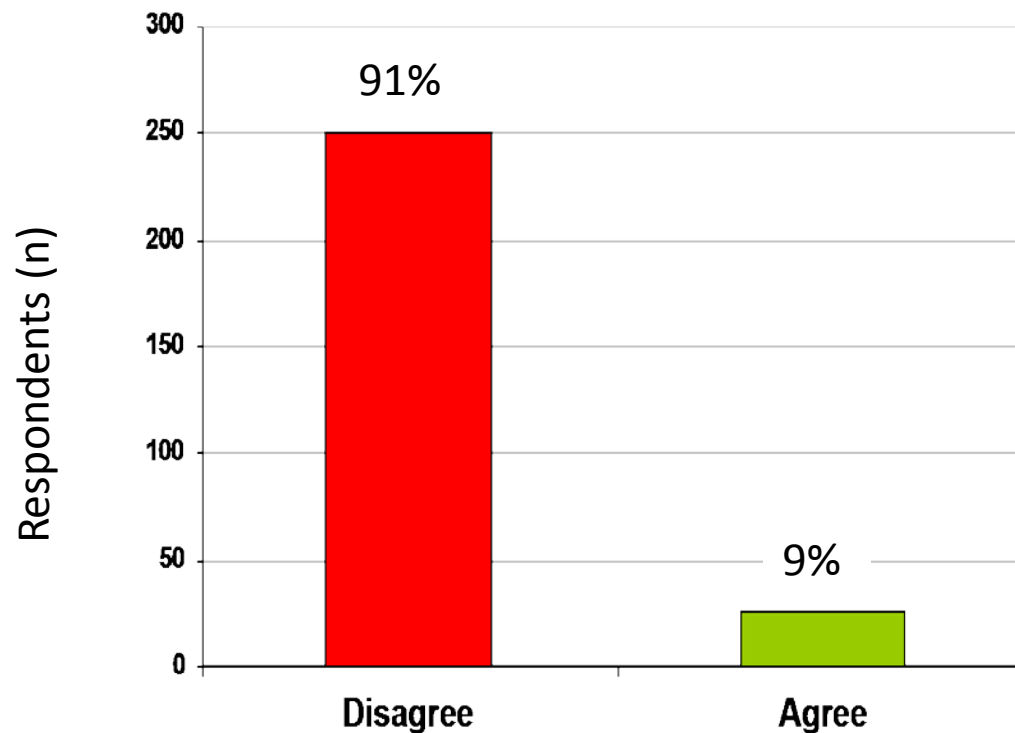
# Digging deeper into HCWs' feelings and beliefs...



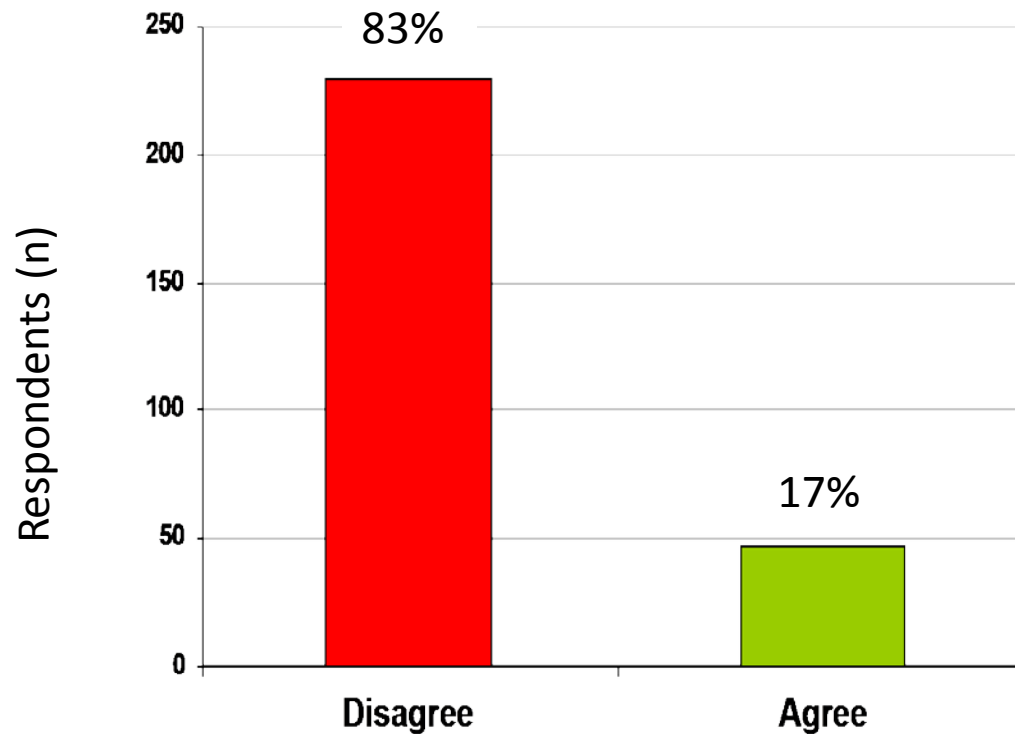
## Inviting Patients to Participate would be too time-consuming



## Acknowledging Hand Hygiene Omission Could Negatively Affect my Reputation

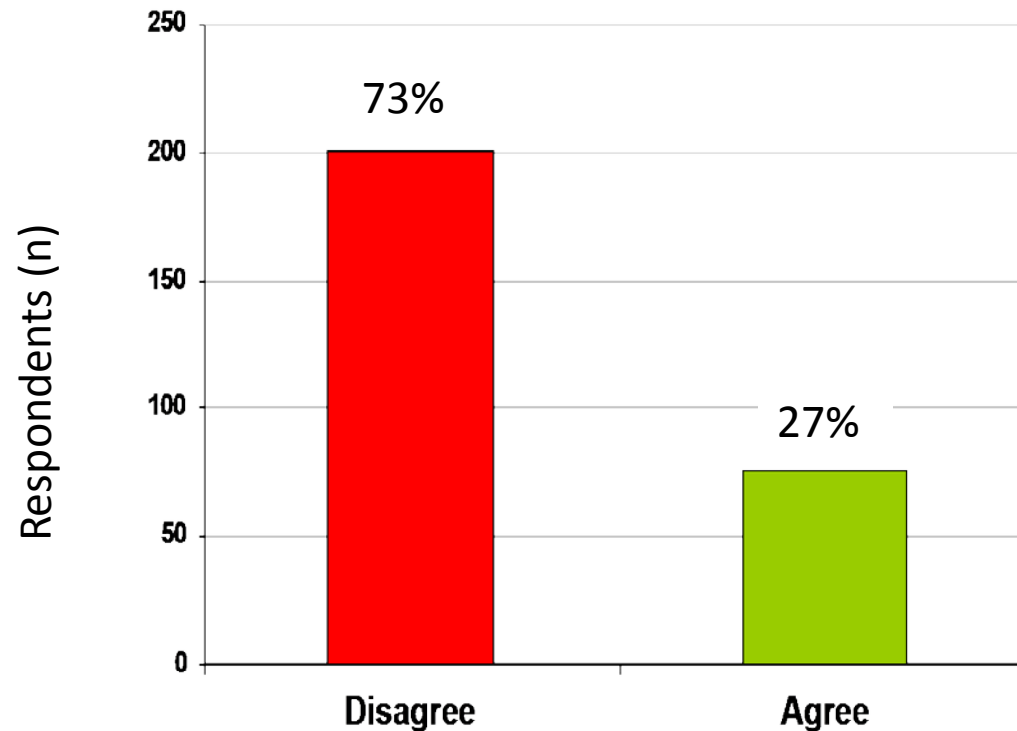


## Patients' Inquiry about Hand Hygiene Would Be Upsetting

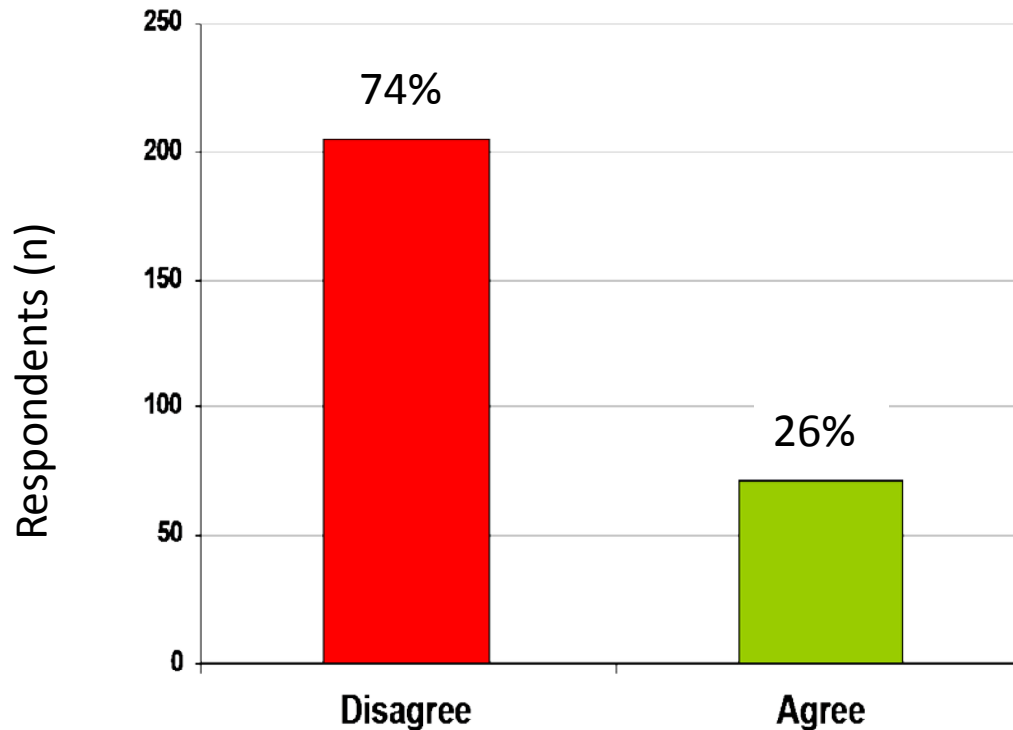




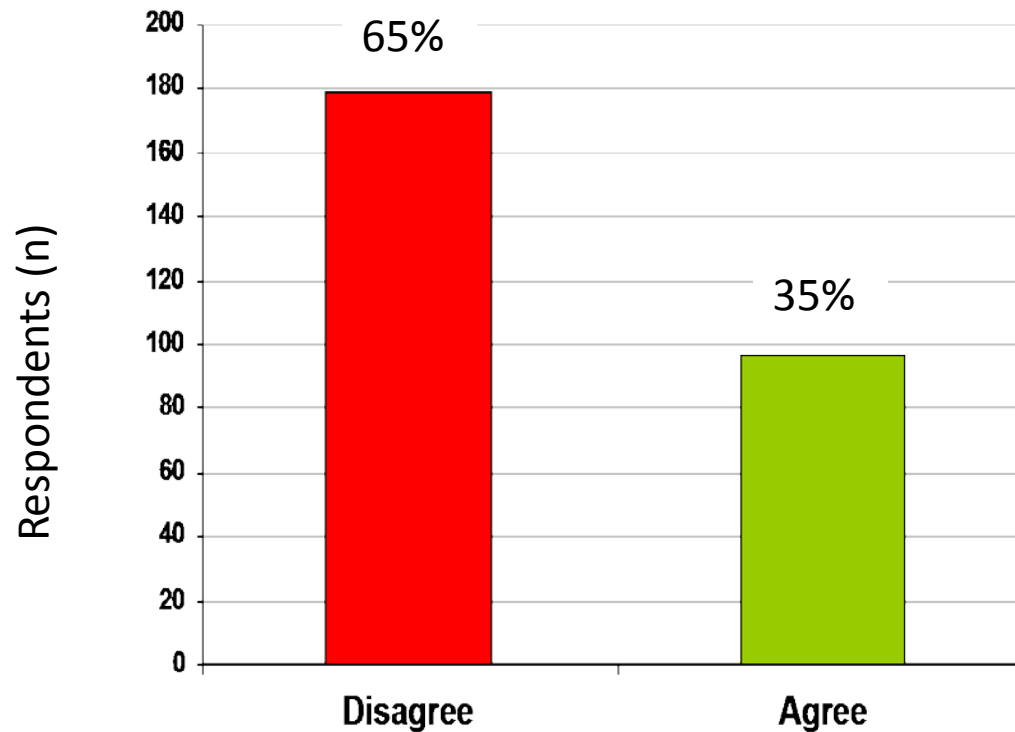
It would be humiliating for me to be reminded  
by a patient to cleanse my hands



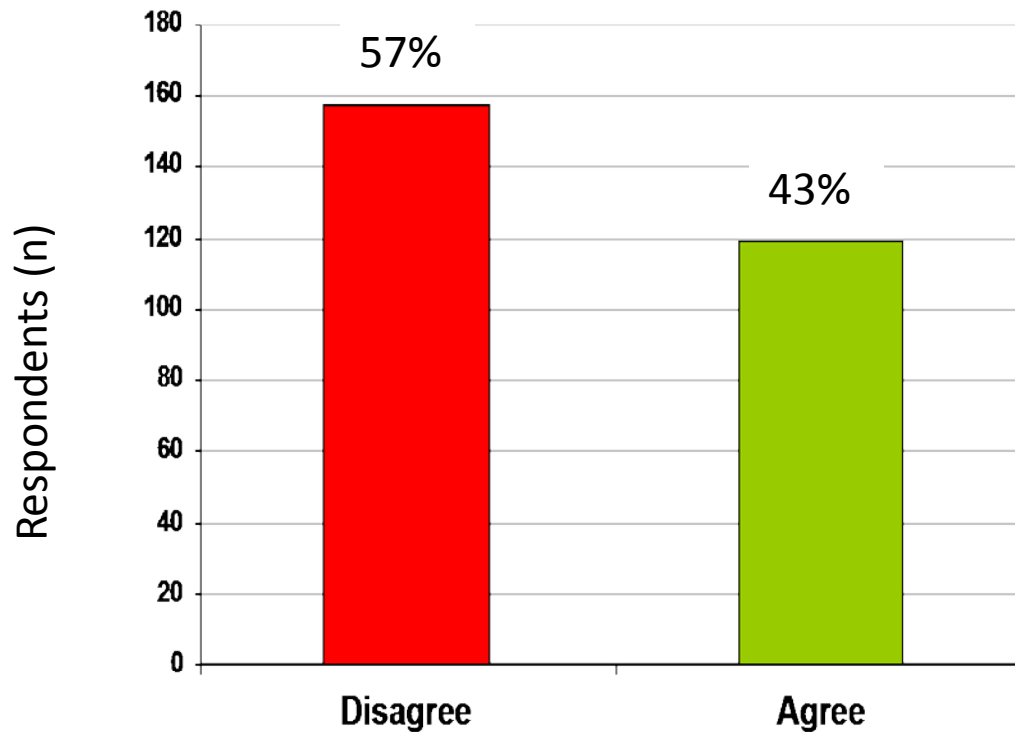
## Being Reminded to Perform Hand Hygiene By a Patient in Front of other Caregivers Would Make Me Appear Inept



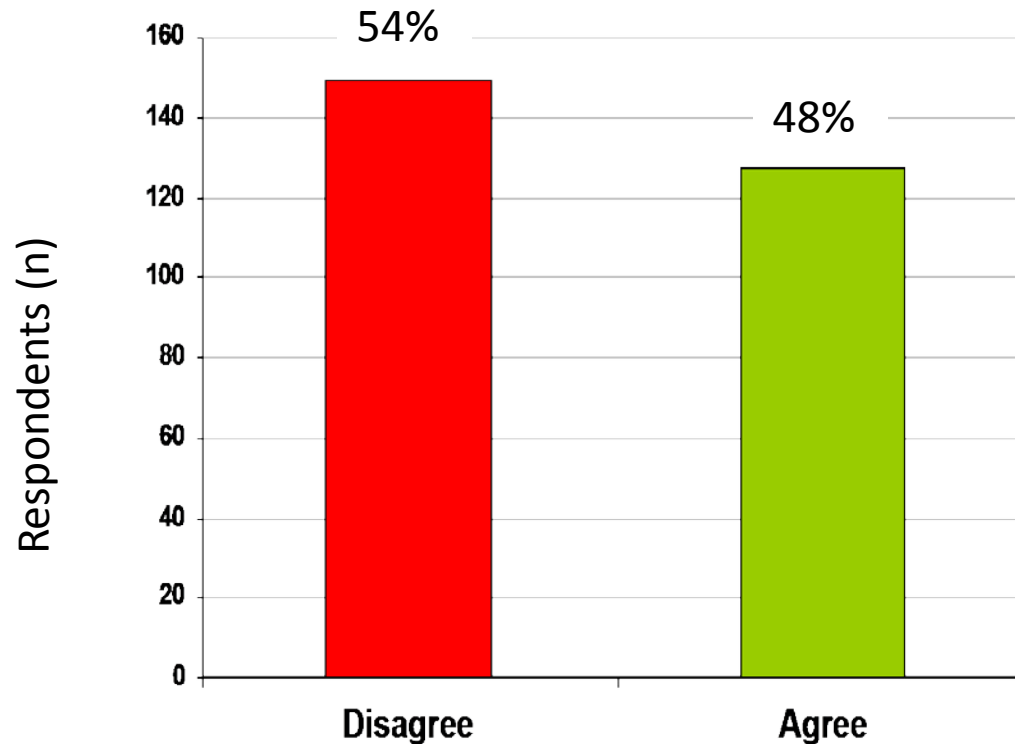
## I Would Feel my Work is in Question If Patients Asked Me about Hand Hygiene



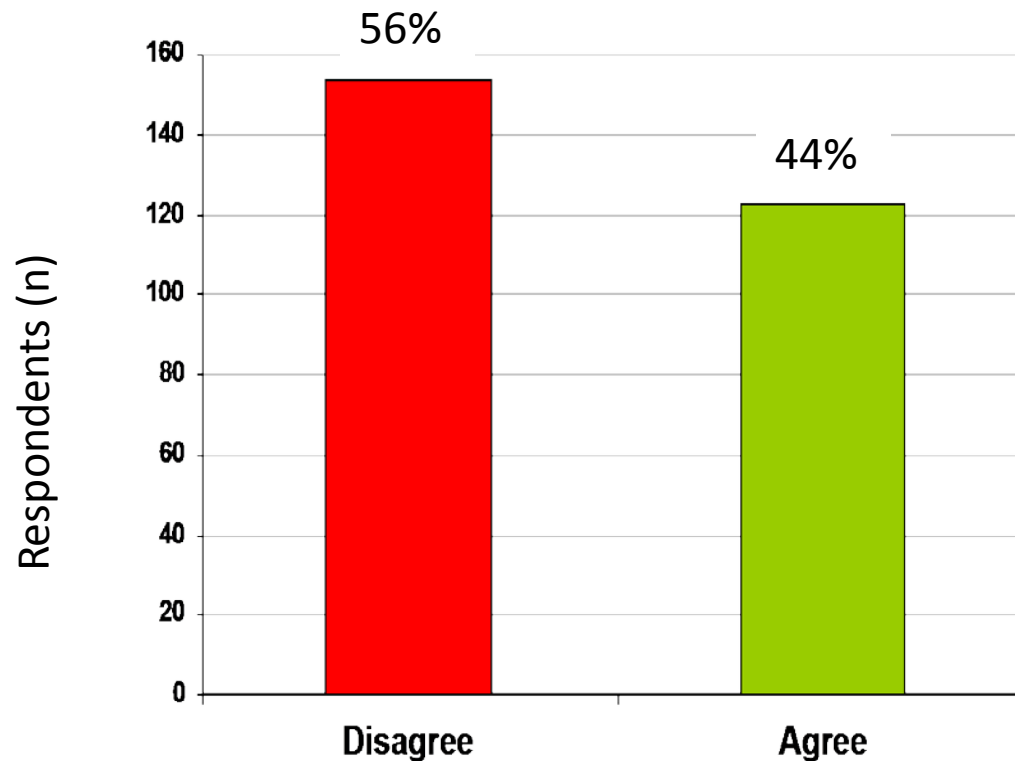
I would be ashamed to admit that  
I forgot to cleanse my hands



## Patients May Become Angry if they Detect that I forgot to Perform Hand Hygiene



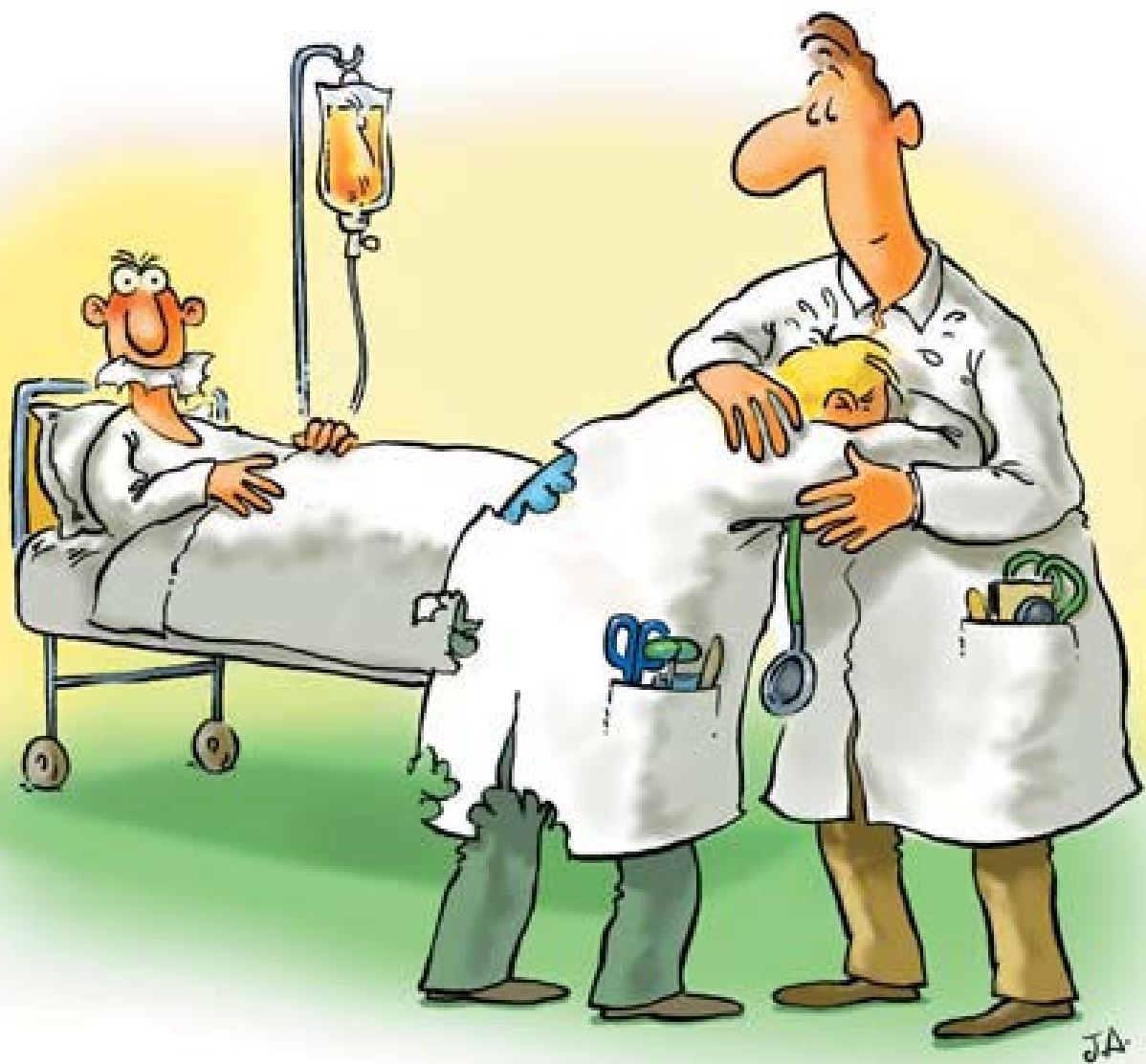
# I Would Feel Guilty if a Patient Discovered That I Forgot to Perform Hand Hygiene



185 respondents (67%) had at least one negative perception regarding PP programs to improve HH

- WOULD BE **HUMILIATED**
- WOULD BE **ASHAMED**
- WOULD FEEL **GUILTY** TO ADMIT OMISSION
- WOULD BE **UPSETTING**
- WOULD **QUESTION THEIR COMPETENCY**
- FEAR THAT IT WOULD NEGATIVELY AFFECT THEIR **REPUTATION**







# Survey in Spain

- 196 HCWs
  - 31% support PP
  - Reasons for lack of support
    - Lack of patient knowledge (40%)
    - Negative impact on HCW/patient relationship (40%)
    - Not necessary (58%)

Sande-Mejide M et al. Am J Infect Control. 2018 Sep 26.

**MANY PATIENTS MAY BE RELUCTANT TO  
ASK ABOUT HAND HYGIENE**

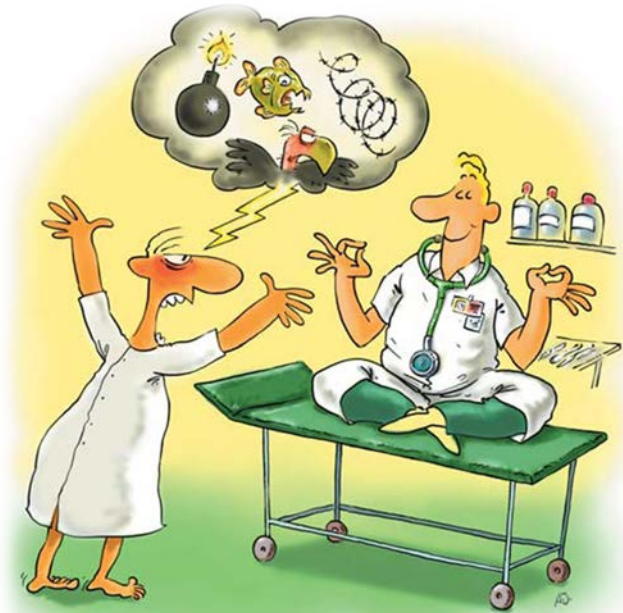
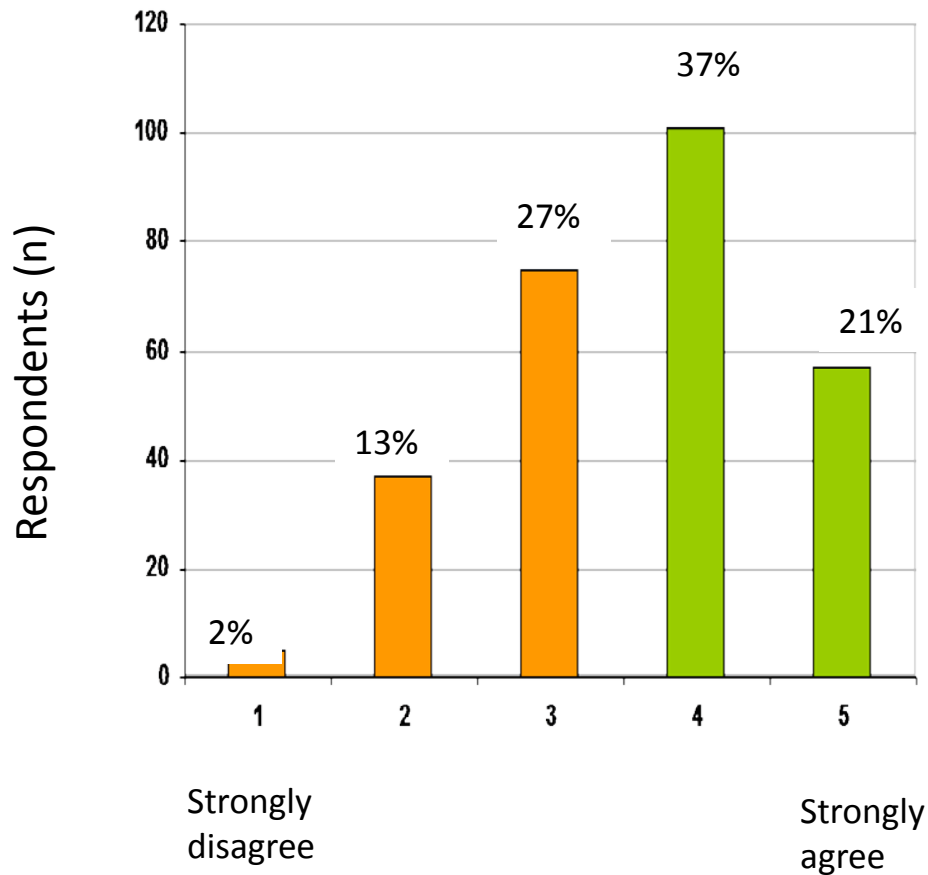
**MANY HEALTHCARE WORKERS HAVE A  
NEGATIVE PERCEPTION OF PP TO  
IMPROVE HH**



**DEAD  
END**

**IS THIS THE END OF PATIENT  
PARTICIPATION PROGRAMS?**

## Do You Think a PP Program Would Improve Staff HH Compliance?



# Can Healthcare Workers Be Educated to Support Patient Participation?



# Gradual implementation

Enhanced performance feedback and patient participation  
to improve hand hygiene compliance of health-care workers  
in the setting of established multimodal promotion:  
a single-centre, cluster randomised controlled trial



If you forget to perform hand hygiene prior to patient care,  
would you like your patient to remind you?

	Odds Ratio	95% CI	<i>P</i>
<b>Intervention</b>	1.53	1.01-2.30	0.04 ✓
<b>Nurse/nursing assistant</b>	1.70	1.06-2.83	0.03
<b>Age category</b>			
≤33	reference		
34-43	1.29	0.82-2.02	0.26
≥44	1.56	0.97-2.53	0.07

# Gradual Change and Sustainability

Healthcare workers had 2 years to adapt.

“If you forget to perform hand hygiene prior to patient care, would you like your patient to remind you?”

**Yes**      67% (439/658)

**No**      28% (181/658)

**I don't know**   6% (38/658)

Enhanced performance feedback and patient participation  
to improve hand hygiene compliance of health-care workers  
in the setting of established multimodal promotion:  
a single-centre, cluster randomised controlled trial



Patients had a few days to adapt.

Do you think that patients should remind healthcare  
workers to perform hand hygiene?

**Yes** 28% (147/531)

**No** 59% (311/531)

**I don't know** 14% (73/531)



## Do you think that patients should remind healthcare workers to perform hand hygiene?

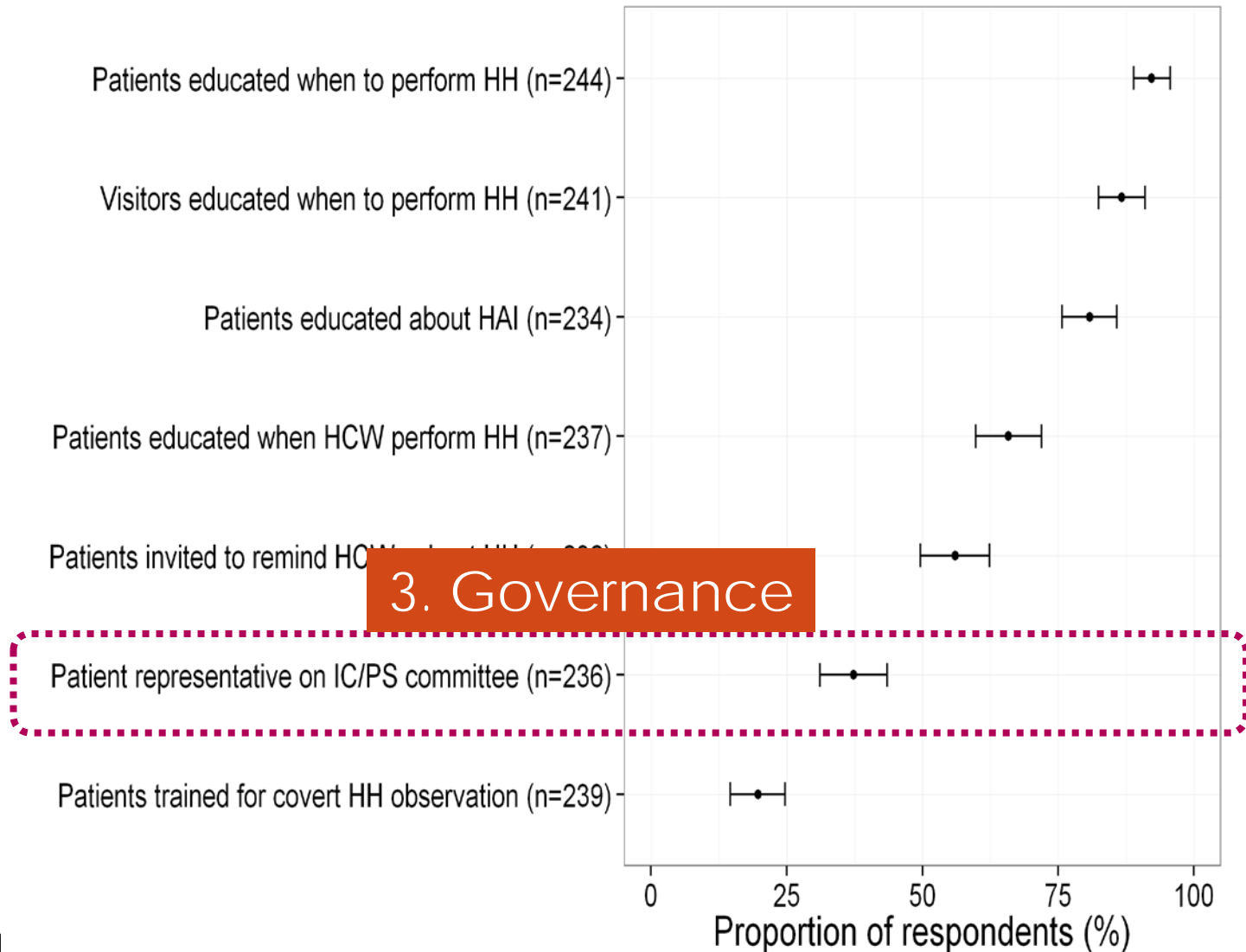
	Odds Ratio	95% CI	P value	
<b>Intervention</b>	1.36	0.89-2.08	0.15	✗
<b>Female sex</b>	1.25	0.83-1.89	0.29	
<b>Age group</b>				
≤35	reference			
35 – 49	1.19	0.61-2.33	0.61	
50 – 65	1.67	0.88-3.17	0.12	
65 – 79	2.17	1.16-4.09	0.02	
≥ 80	1.39	0.66-2.90	0.38	
<b>HAI exposure*</b>	1.58	1.04-2.39	0.03	✓

\*HAI exposure: awareness that they themselves or a close friend or family member has had an HAI

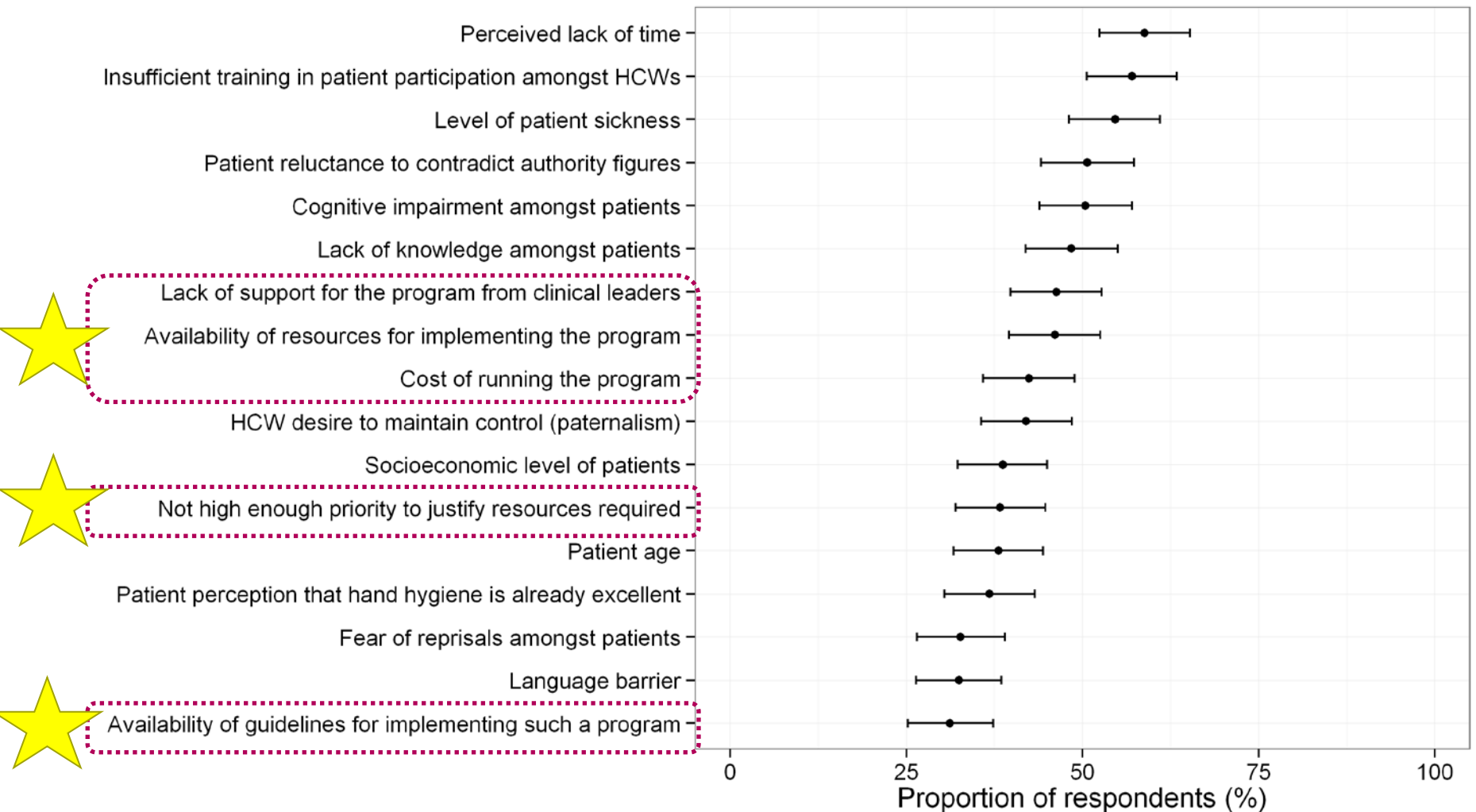
# Leadership, Governance, Infrastructure and Resources

Important... But too often overlooked!

# Which of the following strategies are part of the patient participation program at your institution?



# Barriers to patient participation in hand hygiene



Leadership could address many barriers to implementation

# Leadership and governance

- Leaders are key to PP
- Can “set the tone” and change “how things are done in the hospital”
- A good patient-centered leader must:
  - Be a visible champion (clearly communicate the commitment to engagement)
  - Be able to link PP to other organizational strategies (e.g. improve safety, improve care process)
  - Be a role model (e.g. must seek out patient input, invite patients to participate in meetings, etc.)
  - Be able to engage patients and staff in developing engagement strategies

# Infrastructure and resources

- Integrating PE in the structures and policies of the institution will help achieve PE
  - Will make PE stronger and more sustainable
- Examples
  - Adding patients on boards, steering committees, etc.
  - Creating a dedicated office/department (e.g. patient experience office)
  - Adding PE in job descriptions for hiring, interview questions
  - Including patients in interviews
  - PE aspect in performance appraisals

# Infrastructure and resources

- Patient experience office
  - Responsible for:
    - Recruiting, selecting, training patient partners
    - Setting up patient and family councils
    - Planning Engagement activities
    - Training of patients and providers
    - Monitoring and reporting on patient engagement
- If no formal office: need to give staff protected time to move forward the PE activities!

# Financial resources

5

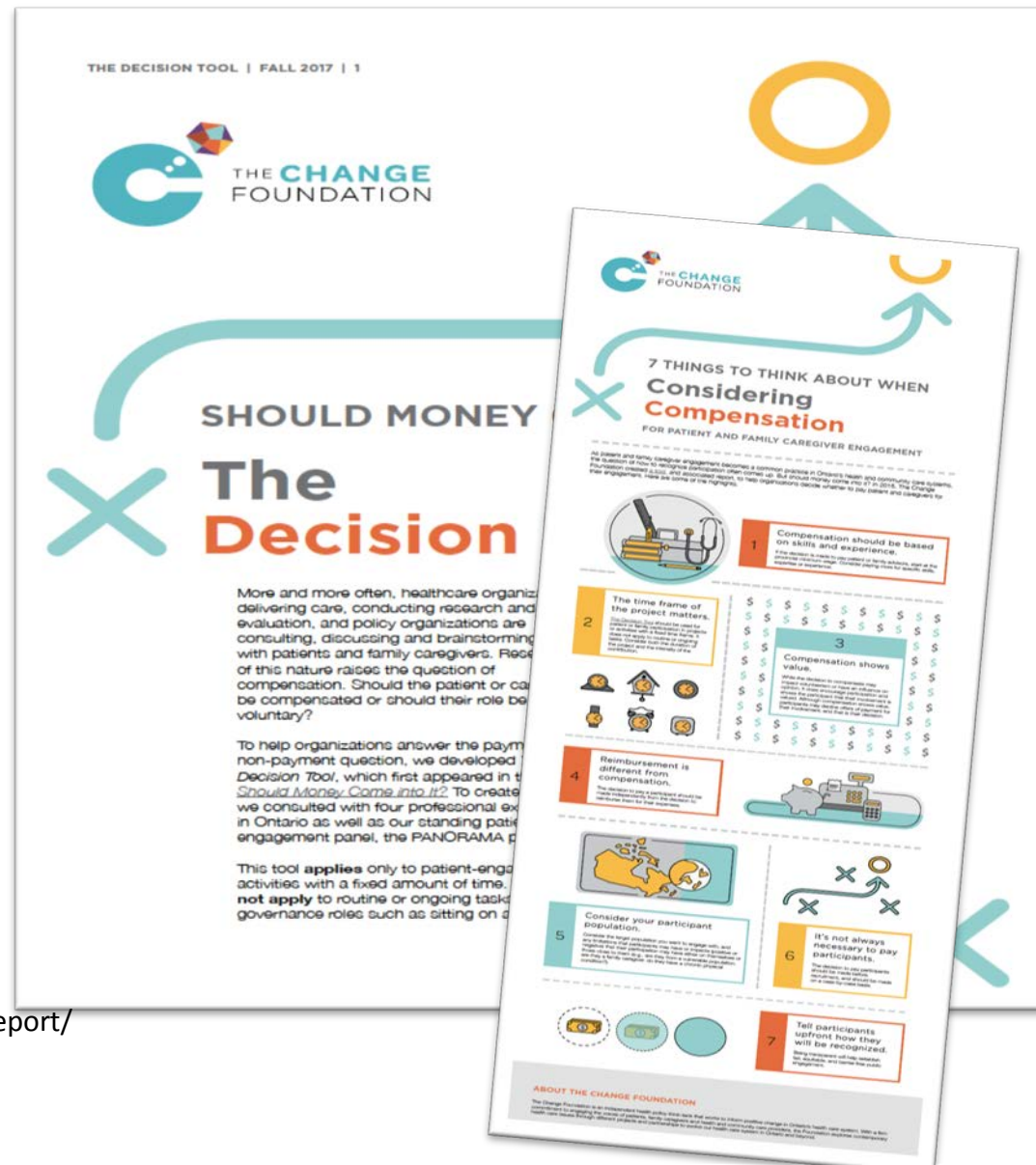
- Need financial resources
- Compensation for patient partners?

SHOULD PATIENT AND CAREGIVER ROLE BE PURELY VOLUNTARY?



# Compensation

- Provides guidance
- HH programs will generally not require compensation



<https://www.changefoundation.ca/patient-compensation-report/>

## + CONTRIBUTING FACTORS

**TIME** | Q1

How much time will participants be asked to contribute?

NOTE: If you receive the automatic "YES," that means payment is required and you need not complete the tool.

	POINTS
<input checked="" type="radio"/> Under 8 hours/month	0
<input type="radio"/> 8-16 hours/month for LESS than 3 months	1
<input type="radio"/> 8-16 hours/month for MORE than 3 months	2
<input type="radio"/> 17-40 hours/month for LESS than 3 months	4
<input type="radio"/> 17-40 hours/month for MORE than 3 months	5
<input type="radio"/> Over 40 hours/month	YES

**+ 0**  
SCORE

**EQUITY** | Q2

Will participants work alongside people who are being paid to be there (e.g., healthcare workers, academics, policy makers)?

NOTE: For scoring purposes, this does not include staff hosting the engagement.

	POINTS
<input checked="" type="radio"/> No paid individuals at the table	0
<input type="radio"/> Paid individuals at the table	5

**+ 0**  
SCORE

**VULNERABLE GROUPS** | Q3

Will you seek out participants from "vulnerable groups"?

EXAMPLE: Those who have chronic physical conditions, mental health problems or addictions; are recent immigrants or belong to racial or ethnic minorities; are Indigenous; have low socio-economic status; or are homeless.

	POINTS
<input checked="" type="radio"/> Not looking to engage vulnerable populations	0
<input type="radio"/> Expect to engage some people from vulnerable populations	3
<input type="radio"/> Will be mainly or exclusively engaging people from vulnerable populations	5

**+ 5**  
SCORE

**ACCESS** | Q7

Does the engagement give participants access to benefits that mitigate against payment?

EXAMPLE: Specific treatments, healthcare providers' opinions, etc.

	POINTS
<input checked="" type="radio"/> No-no access to treatments or opinions anticipated	0
<input type="radio"/> Yes-access to treatments or opinions is anticipated	5

**- 0**  
SCORE

**OTHER RECOGNITION** | Q8

Will you be giving participants any other forms of recognition?

EXAMPLE: This can mean any combination of low-recognition options (thank-you cards, meals, etc.), medium recognition options (plaques, "souvenir" clothing, etc.), or high-recognition options (trips, scholarships, etc.).

	POINTS
<input checked="" type="radio"/> No-no other forms of recognition are planned	0
<input type="radio"/> Yes-other forms of recognition are planned	5

**- 0**  
SCORE

## = FINAL SCORE

8 or less	No	Payment not required. Other options to recognize participant contributions are advisable.
9-12	Maybe	Payment advisable but not required. If you prefer not to pay, consider strengthening your mitigating factors or making other changes.
13-25	Yes	Payment required. This is in addition to any other forms of recognition that may be in place.

**0**  
FINAL SCORE

Visit [Should Money Come into it?](#) to read the full report.

# Compensation... for WHOM?

## Factors to consider:

- **Time requirement** (e.g. >10h/month)
- **Equity** (e.g. are others being paid?)
- **Vulnerable-group status** (e.g. chronic pain, mental health problems, low socio-economic status)
- **Challenges** (e.g. risk embarrassment or psychological discomfort)
- **Accountability** (Compensation advisable when PE is more frequent and/or less personal to strengthen commitment)
- **Positive Impact** (negative factor – decrease need for compensation when patient benefits from his/her role)
- **Access** (negative factor – decrease compensation if PE increases access to healthcare, treatment, specialist access, etc.)
- **Other forms of recognitions** (negative factor – meals, in-kind gifts, recognitions [awards], scholarships, etc.)



# Evaluation

# Evaluation

- Patients and families
  - Elicit feedback, experiences and ideas
  - E.g. surveys, interviews, “share your story”, focus groups, reviewing and commenting documents
- HCWs
  - Elicit feedback, share patient experience with them,
- Leaders
  - Provide annual report, Add PP as a performance target, etc.

# 8 Tips for implementing a successful PP program

- 1 Ensure that a multimodal hand hygiene improvement strategy is in place in your institution
- 2 Obtain strong support from your institution's leadership and key stakeholders.
- 3 Reassure HCWs about the goals of the patient participation program
- 4 Convince patients that they can be involved in hand hygiene promotion
- 5 Identify champions to support the patient participation program in your institution
- 6 Engage patient organizations to assist with patient advocacy or education, or to lobby for funding and/or improved facilities.
- 7 Pilot Test the Program
- 8 Measure the success of your Program

[http://www.who.int/gpsc/5may/5may2013\\_patient-participation/en/](http://www.who.int/gpsc/5may/5may2013_patient-participation/en/)



# What is available from WHO?

[www.who.int/gpsc/5may/5may2013\\_patient-participation/en](http://www.who.int/gpsc/5may/5may2013_patient-participation/en)

## Tips for implementing a successful patient participation programme

**World Health Organization**

### Tips for implementing a successful patient participation programme

- Ensure that a multimodal hand hygiene improvement strategy is in place in your institution.**

A multimodal programme will be the foundation for your patient participation programme. Your patient participation programme will not be effective if the basic elements to enable hand hygiene best practices are not in place, i.e. alcohol-based handrub available at the point of care, health-care workers (HCWs) education and practice monitoring, reminders. In addition, you need to be aware that involving patients may take time to implement, because it implies a cultural change in the institution to create the conditions for patient empowerment/participation. Thus, the timeframe identified for this first step should be realistic and will provide an easy transition for support from your health-care workers.
- Obtain strong support from your institution's leadership and key stakeholders.**

It is important that patient community leaders and consumers as well as decision-makers are involved in the planning of your programme. This will enable you to overcome some of the barriers you may face with your staff as you introduce patient participation.
- Reassure HCWs about the goals of the patient participation programme.**

Patient participation /empowerment should only be considered once full buy-in and education of HCWs has been secured. This is vital to your programme since one of the key steps in patient empowerment is the need for HCWs to give explicit permission to patients to participate. If you encounter barriers from your HCWs, frame the HCWs' component of the campaign around the fact that they could also benefit from a patient participation programme. In order to do this, ask yourself "how could HCWs benefit from this programme, and how can I convince HCWs that it will benefit them and their work?" The references at the end of these tips will give you some of the answers.
- Convince patients that they can be involved in hand hygiene promotion.**

Patients are unlikely to participate if they believe that their involvement is not welcome. Hence, you must ensure, when designing the patients' arm of the promotion campaign, that patients know they are encouraged to provide input. For example, it can be proposed to HCWs to wear badges inviting patients to ask about HH, and a video about patient participation can be presented to every patient upon hospitalization. Many resources are available at no cost.

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## Hand hygiene promotion in health care Tips for patients

**World Health Organization**

### Hand Hygiene Promotion in Health Care

#### Tips for Patients

**Why clean hands are important** – Doctors and nurses care for many sick people each day, often touching patients and their surroundings. While providing this much-needed care, they risk spreading germs to you if they did not clean their hands!

**What do we mean by "infections"** – An infection you catch while receiving health care, through the transmission of your own or another patient's germs, is called a health care-associated infection. They are a major global patient safety concern. Hand hygiene is the simplest, most effective way to reduce the chance of catching these infections. Though cleaning hands in easy, health-care workers might forget or be too busy to do this.

**How you can help** – Your participation starts by gathering information about this problem and hand hygiene best practices. You and your families may also help remind health-care workers not to touch your skin and critical sites (e.g. your catheters) if their hands have not been cleaned yet.

**DID YOU KNOW?** Simply asking or thanking your doctor, nurse, or other health-care workers to clean his or her hands before touching you, can help you avoid a health care-associated infection.

**These tips will help you understand how to participate in hand hygiene improvement while receiving care.**

**There are 4 main things you and/or your family can do:**

- Ask if an initiative involving patients or a patient participation programme exists.** If yes, ask whether there is a leaflet or information sheet about it and express your interest in participating.
- Don't be afraid to ask about hand hygiene practices in the facility.** While health-care workers make every possible effort to provide you with the best care, you have the right to ask for information and to check if best practices are in place. This can significantly help improve health-care delivery.
- Observe if alcohol-based handrub dispensers, as well as sinks, soap and towels are available in your room or if health-care workers carry pocket bottles.** If not, gently ask why hand hygiene products are not available and possibly ask for a small bottle of alcohol-based handrub product to keep by your bed.
- If hand hygiene products are available, start by thanking your doctor, nurse, or other health-care worker** when you see them cleaning their hands before touching you or any critical site (e.g. catheter, wound dressing, drainage tube).

**The following highlights will help you understand the right moment and the right way to remind your doctor, nurse, or other health-care worker about hand hygiene:**

<b>WHO?</b>	Doctors, nurses and any other health-care worker (such as technicians and assistants) who touch you. Your relatives and visitors should also clean their hands upon arrival, especially before touching you, and then before leaving too.
<b>WHAT?</b>	When a health-care worker enters the zone/area where you receive care (near your bed, for example), before they touch you or any critical site (e.g. catheter, wound dressing, drainage tube), <b>you can ask them</b> to clean their hands with an alcohol-based handrub. Or, you can thank them in advance, as they approach you, as a polite reminder.
<b>WHEN?</b>	The five important times you should remind health-care workers about hand hygiene: <ol style="list-style-type: none"><li>Before anyone touches you</li><li>Before health-care workers perform a clean/aseptic procedure, such as inserting an IV (intravenous catheter)</li><li>After tasks which might lead to exposure to body fluids, such as emptying your urinary catheter</li><li>After anyone touches you</li><li>After anyone touches things in your care area, such as bedrails or your medical chart.</li></ol>
<b>WHERE?</b>	Wherever health care takes place, whether in a hospital, clinic, or doctor's office.
<b>HOW?</b>	Reminding and thanking are positive interactions and your health-care provider will understand your positive intentions to avoid an infection. Keep it simple, and do it often! <ul style="list-style-type: none"><li>"Thank you for your hand hygiene action."</li><li>"Did you clean your hands?"</li><li>"Did I remind you about hand hygiene?"</li></ul>

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We thank Dr M. McGuckin (McGuckin Methods International, Ardmore, USA), Dr. Y. Longtin (Laval University Infectious Diseases Research Center, Québec, Canada) and the WHO Patients for Patient Safety Programme for technical contribution to these tools

# Chapter 30

## Patient Participation and Empowerment

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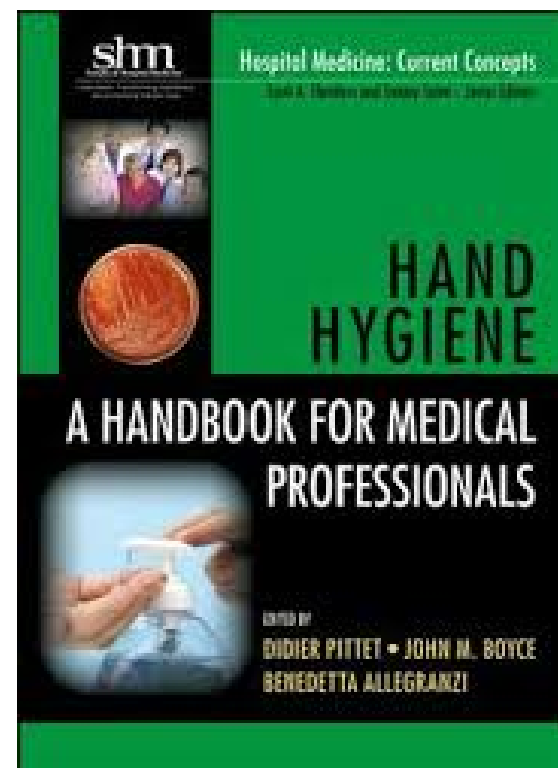
<sup>3</sup>Patient-Centered Outcomes Research Institute, Washington, USA

### KEY MESSAGES

- Inviting patients to participate in hand hygiene promotion is advocated by numerous organizations worldwide as a way to improve staff hand hygiene compliance.
- Numerous studies have shown that this avenue is associated with an increase in hand hygiene compliance.

Provides a 28-item checklist to implement a successful campaign

Hand Hygiene: A Handbook for Medical Professionals 2017



**Table 30.1** Checklist for Developing a Patient Participation Program

#### Background

- Patient participation and empowerment programs add to but do not replace a full-scale hand hygiene promotion program. Ensure that a multimodal hand hygiene promotion campaign (such as the one recommended by WHO) is in place in your institution. This includes system change, support from the institution, education, observation and feedback, and promotion
- Patient participation programs may require the implementation of a series of complementary interventions to be truly successful. Institutions may need to use a combination of tools and strategies to truly empower patients and obtain the buy-in of caregivers and decision makers
- This table describes the main steps to implement a patient participation campaign and provides tips and advice that may be followed to increase patient and caregiver uptake

#### Step 1. Review the literature

- 1.1 Review guidelines, scientific articles and review articles on the topic to identify facilitators and barriers that may be relevant to your institution.<sup>1</sup> In its international guidelines on hand hygiene, the World Health Organization provides a detailed strategy for involving patients in hand hygiene promotion
- 1.2 Institutions can find numerous resources created by national and international organizations that provide guidance on how to set up a campaign.<sup>2-4</sup> These solutions can provide the basis for the development of a local campaign
- 1.3 The use of promotional video can give patients the skills and knowledge to be empowered<sup>5</sup>



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