



McGUCKIN METHODS
INTERNATIONAL

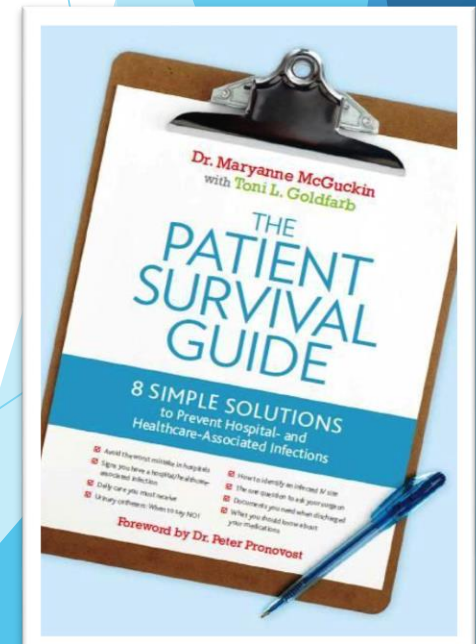
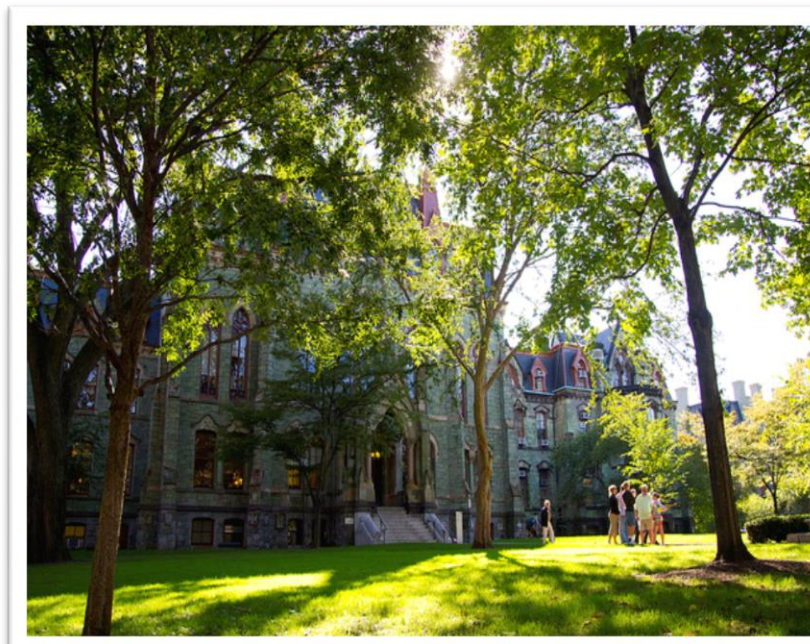
Role of Patient Empowerment on HHC

Presented by:

Dr. Maryanne McGuckin, FSHEA

McGuckin Methods International

- ▶ Mission: Pioneering effective methods for safe healthcare delivery through research, education and advocacy
- ▶ Academic Career: Faculty of the University of Pennsylvania



The Journey of Empowerment...

A Possibility? 1982



“Patients should be sure that any Physician, Nurse, Therapist, has washed his/her hands before touching them.”

McGuckin, M.

Medical World News, 2-15-82



What Happened with Empowerment in IC from 1982-1997?

1989



McGUCKIN METHODS
INTERNATIONAL

Miller PJ, Farr BM. Survey of patients' knowledge of nosocomial infections.
Am J Infect Control 1989;17:31e34.

1982 - 1997: The *Partners In Your Care* (PIYC) Empowerment Model 1997

Patient empowerment and measurement model for increasing hand hygiene by having patients ask their healthcare workers:

**“Did you wash/sanitize
your hands?”**



Evidence That Empowerment Works

Acute care - McGuckin, et al, AJIC 1999;27:309-14
McGuckin, et al, JOIC 2001;48:222-227

Acute Care Oxford, UK - McGuckin M. The Journal of Hospital Infection, 48:222-227 2001.

LTC - McGuckin, et al, The Director 2004, Vol 12;(1):14-17

Rehabilitation - McGuckin, et al, Am J Infect Control 2004;32:235-8

ICU - McGuckin, et al, Am J Infect Control Dec 2006 -



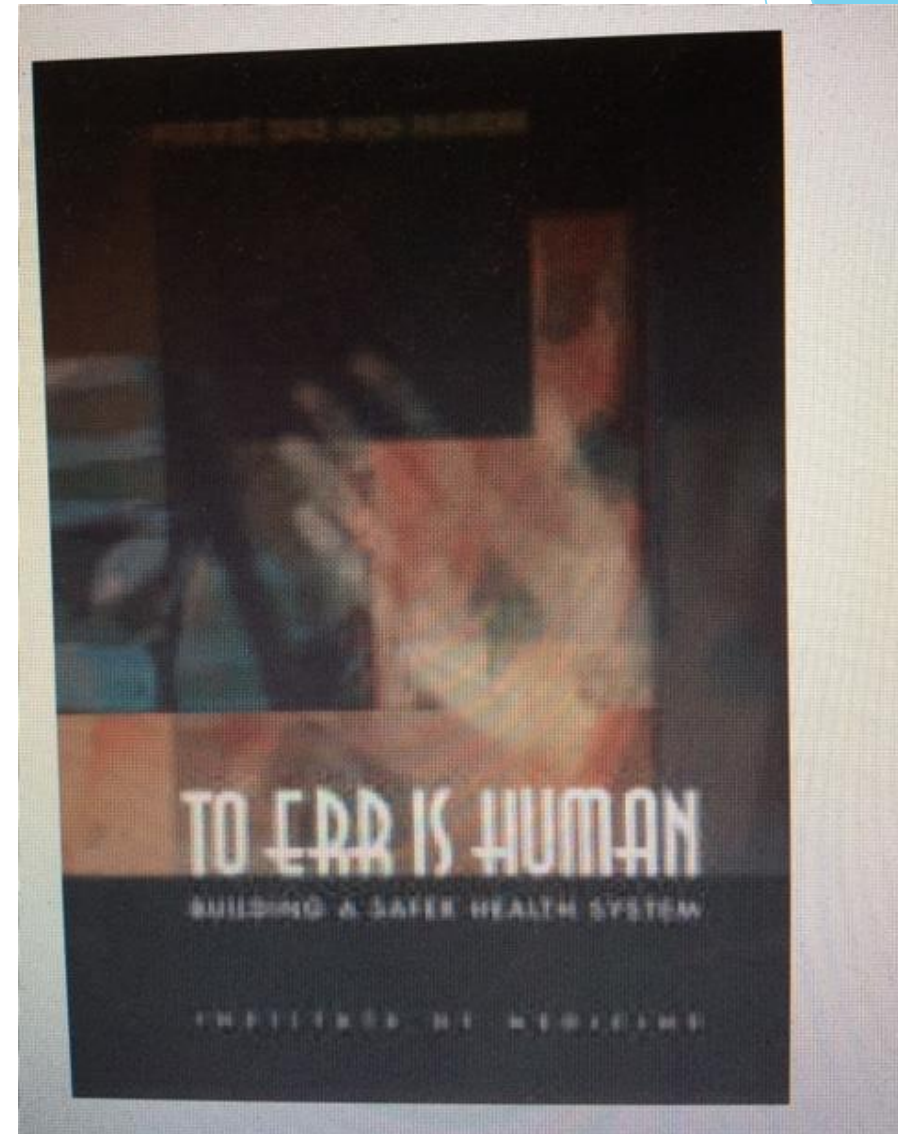
PIYC Empowerment Model Evaluation 1997-2006

Year	Location	Source	Impact
1997	US, multicenter	McGuckin et. al. Patient Education Model for Increasing Handwashing Compliance. Am J Infect Control 1999.	+ 34% HH/bd
1998	Oxford, UK	McGuckin et. al. Evaluation of Patient Empowering Hand Hygiene Programme in UK. J Hosp Infec 2001.	+ 40% HH/bd
1999	Norway	5 hospitals	+ 40% HH/bd
2000	Denmark	5 hospitals	+ 35% HH/bd
2001	Netherlands	2 hospitals	+ 50% HH/bd
2001-2	Germany	20 hospitals	+ 40% HH/bd
2002	Switzerland	2 hospitals	+ 45% HH/bd
2003	US rehabilitation hospital.	McGuckin et. al. Evaluation of a Patient Education Model for Increasing Hand Hygiene Compliance in an In-Patient Rehabilitation Unit. Am J Infect Control 2004.	+ 56% HH/bd
2005	Long Term Care	McGuckin, et. al. Validation of a Comprehensive Infection Control Program in LTC The Director 2004.	+ 52% HH/bd
2005	US	McGuckin et al. Consumer attitudes about health care-acquired infections and hand hygiene. Am J Med Qual. 2006.	80% would ask
2006	ICU	McGuckin, et. al. The Effect of Random Voice Hand Hygiene Messages Delivered by Medical, Nursing, and Infection Control Staff on Hand Hygiene Compliance in Intensive Care Am J Infect Control 2006.	+ 100% sanitizer use

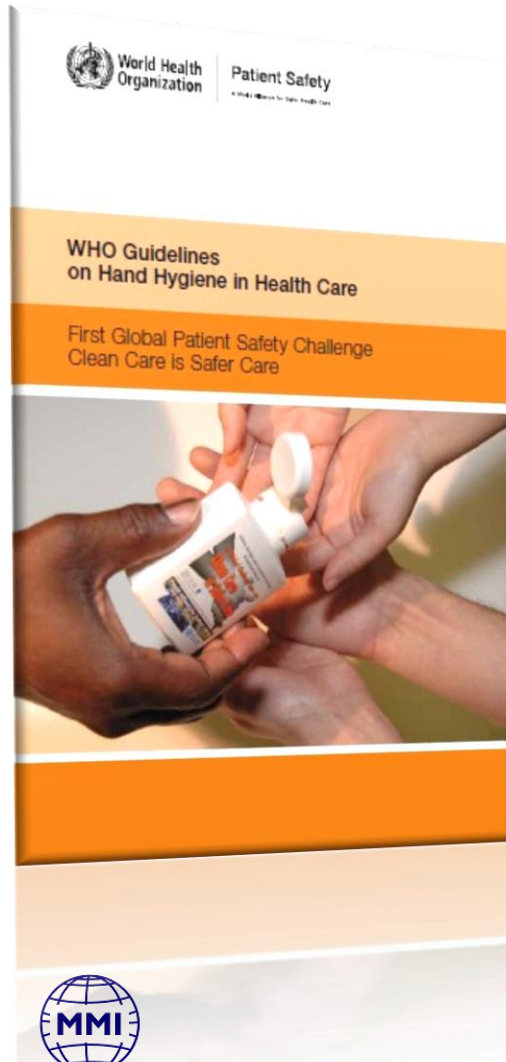
HH/bd = Hand Hygiene occurrences per patient bed day

Institute on Medicine Report: 1999

► Shaping the Future for Health



20 Years Later!!!!



"A process in which patients understand their role, are given the knowledge and skills by their health-care provider to perform a task in an environment that recognizes community and cultural differences and encourages patient participation."

WHO Guidelines on Hand Hygiene
in Health Care (2009)

Health empowerment emphasizes facilitating one's awareness of the ability to participate knowingly in health and health care decisions.

DO PATIENTS WANT TO BE EMPOWERED?

National Telephone Survey - U.S.

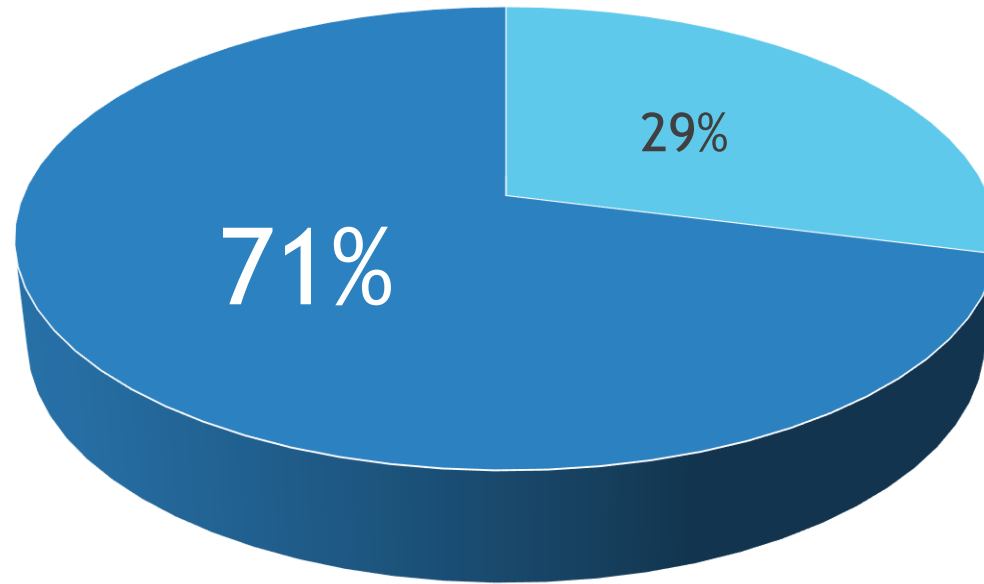
80% (4/5) respondents said they would ask their HCW to wash hands if encouraged by staff

52% respondents saw HCW put on gloves rather than practice HH



Conclusion

Most patients believe that they *should* be involved in hand hygiene



■ Patients should not be involved

■ Patients should be involved



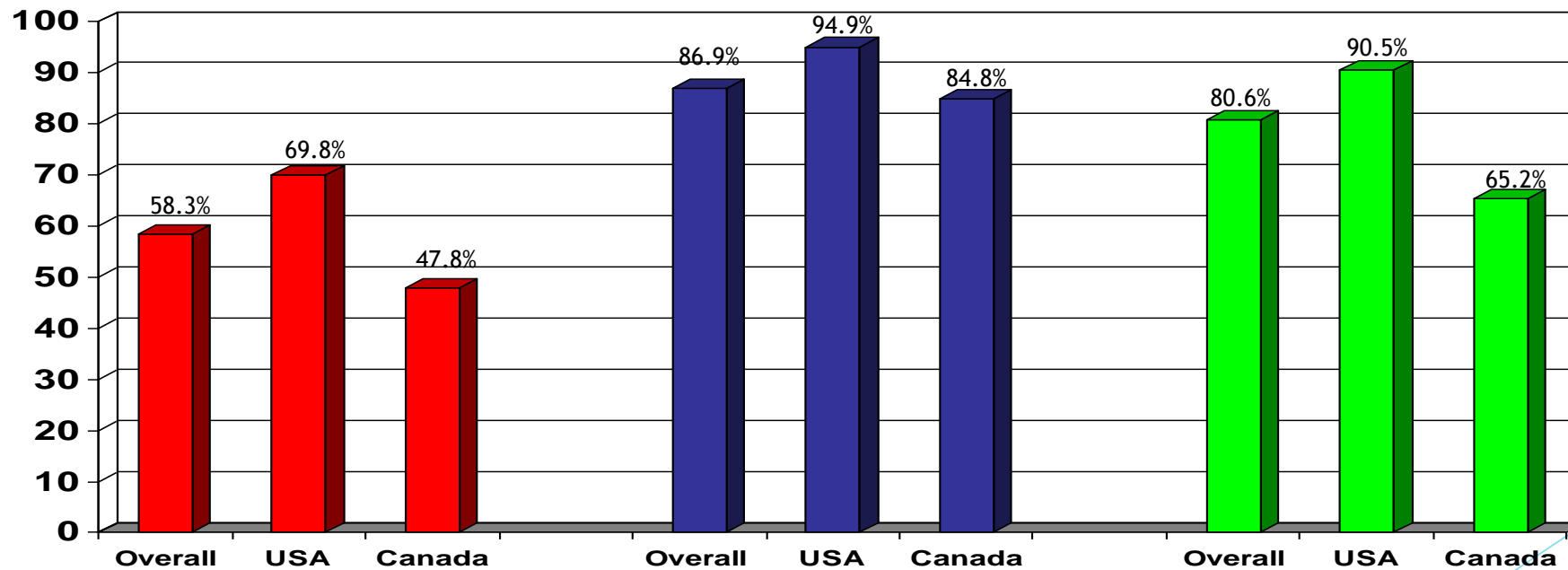
2007 Survey

If your doctor, nurse or other person providing healthcare to you, DID NOT ASK or invite you to remind them to wash/sanitize their hands before examining you, would you feel comfortable asking them to wash/sanitize their hands?

If your doctor, nurse or other person providing healthcare to you ASKED or invited you to remind them to wash/sanitize their hands before examining you, would you feel able to do this?

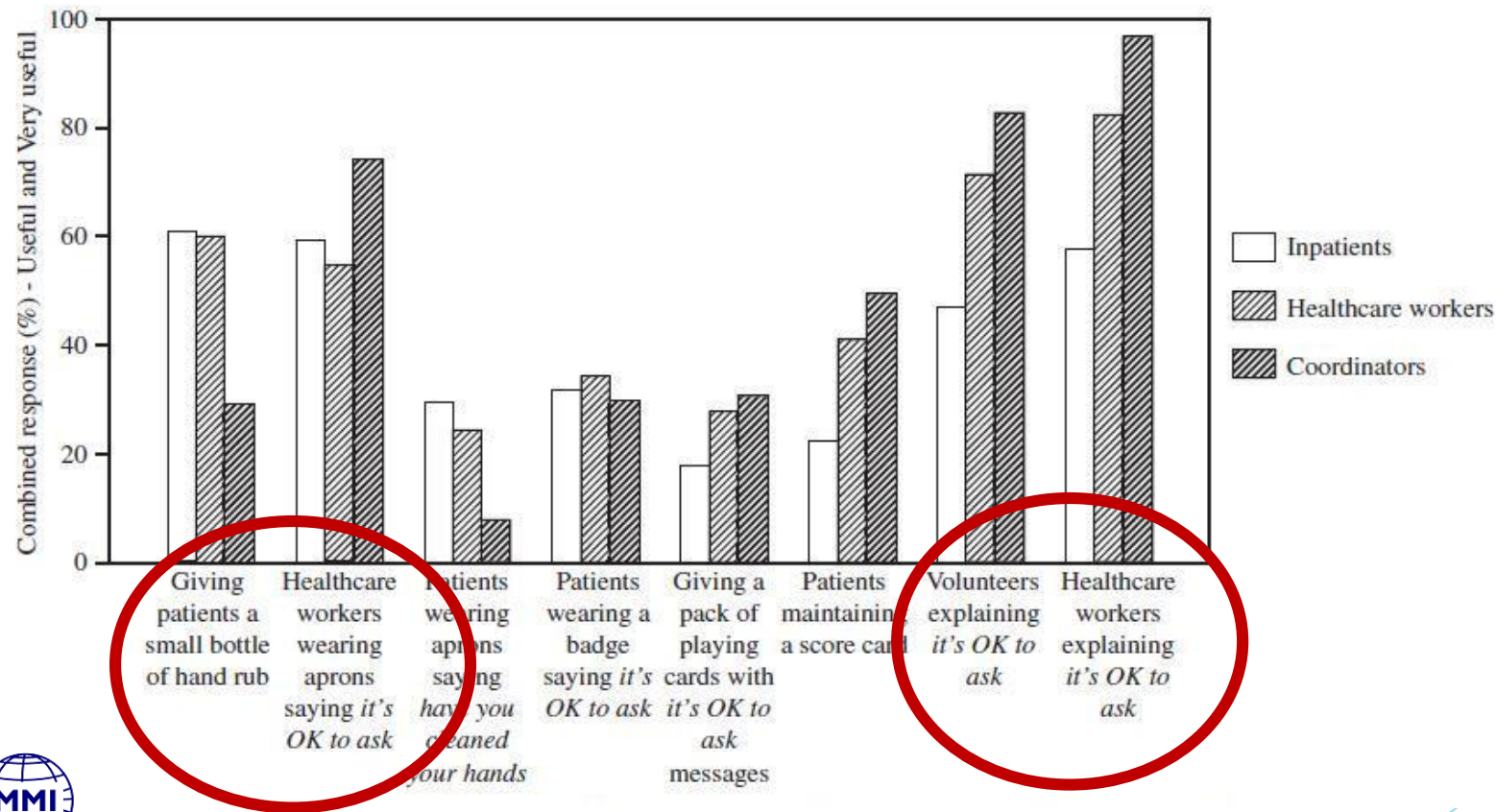
If you saw your doctor or nurse taking care of the patient next to you and then coming to you without washing or sanitizing their hands, would you ask them to do so?

YES



HCW Explicit Permission to Patients

How useful do you think the following interventions would be in encouraging hand hygiene? Results combined from patients, healthcare workers, and coordinators. (N=1115 participants)

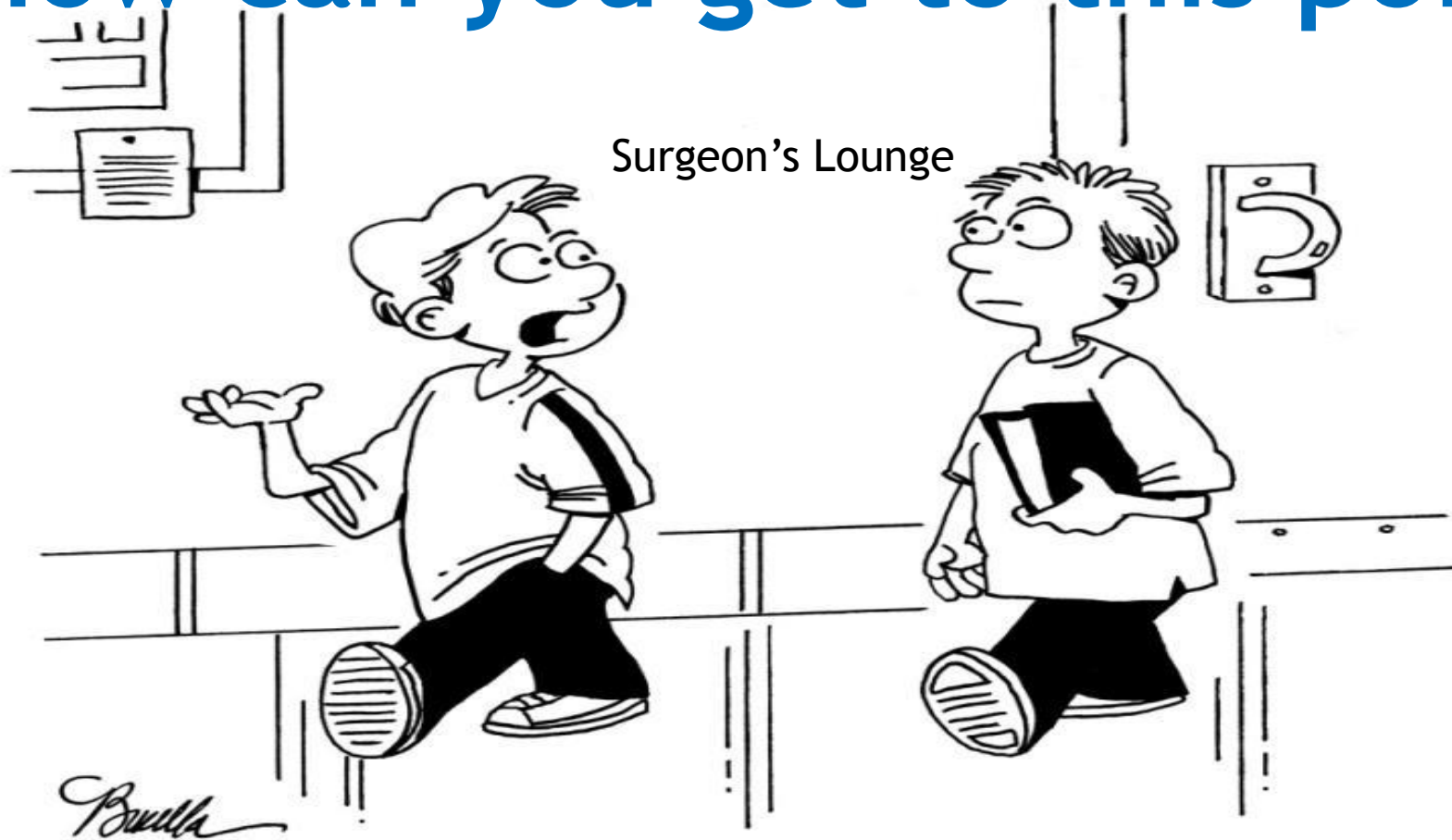


Ask Me to Sanitize or Wash My Hands



► THE PSYCHOLOGICAL THEORIES OF INFLUENCE AND PERSUASION

How can you get to this point?



Are your patients asking you questions?

"I've caught myself washing my hands without being told to."



Promising Approaches: 2007-2017

Educational Programs, Role Modeling, Observers, Automation

Electronic Devices and Empowerment: Patient Perspective

- ▶ *Flashing alerts worn by HCW versus brochure on admission on HAIs*
- ▶ Results: (93% liked alert versus 7% brochure, and 90% would not seek care from doctor that did not perform HH and 60% would not go to that hospital).



It's Not All About Me: Motivating Hand Hygiene Among Health Care Professionals by Focusing on Patients: Psychological Science 22(12) 1494-1499

Personal Safety versus Patient Safety: Persuasion Theory Using/Reminders of Patient Consequences

- ▶ **HCW sign**, “Hand hygiene prevents you from catching diseases.”
- ▶ **The patient-consequences sign**, “Hand hygiene prevents patients from catching diseases.”
- ▶ **The control sign**, which was developed by hospital managers, “Gel in, wash out.”

The patient-consequences sign produced an increase of more than 45% in the amount of hand-hygiene product used per dispenser and an increase of more than 10% in HHC.



“Priming” Hand Hygiene Compliance in Clinical Environments

Priming in terms of psychology refers to the effects of some event or action on subsequent associated response

Control group - 404

Two phases: olfactory (160) and visual(124)

Control group: 15% HHC

Olfactory: 46% HHC

Visual: Male eyes: 33%; Female:10% HHC

Top: Female

Bottom: Male



A Missing Link Or Not? What Do Patients Really Think about HHC?

Online survey of adults (n 1000) on their beliefs and source of these beliefs about HH Compliance by HCWs

Result: Respondents who asked, 54% believed HH was performed greater than 75% of the time, non-asking 50% believed HH was performed greater 75% of the time.

The source of their knowledge in both categories was, “no particular source” greater than 60% of the time. Media, brochures, HCW provided information less than 10% of the time

Consumer perceptions of healthcare associated infection and hand hygiene - a global survey

Claire Kilpatrick, Director S3 Global

Consultant to the World Health Organisation

@safesafersafest @claireekt @WHO

Dr. Maryanne McGuckin

McGuckin Methods International

www.mcguckinmethods.com @drmcguckin

Hosted by Jules Storr

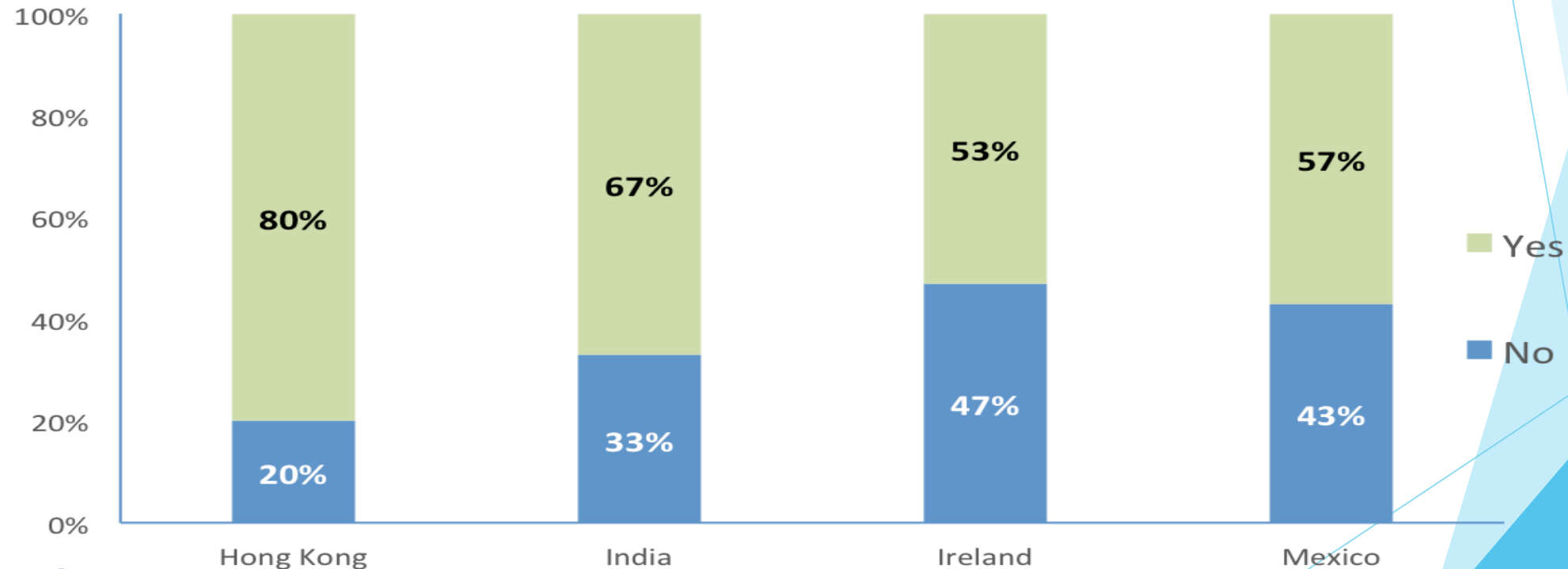
World Health Organization



Sponsored by
WHO Patient Safety Challenge Clean Care
is Safer Care

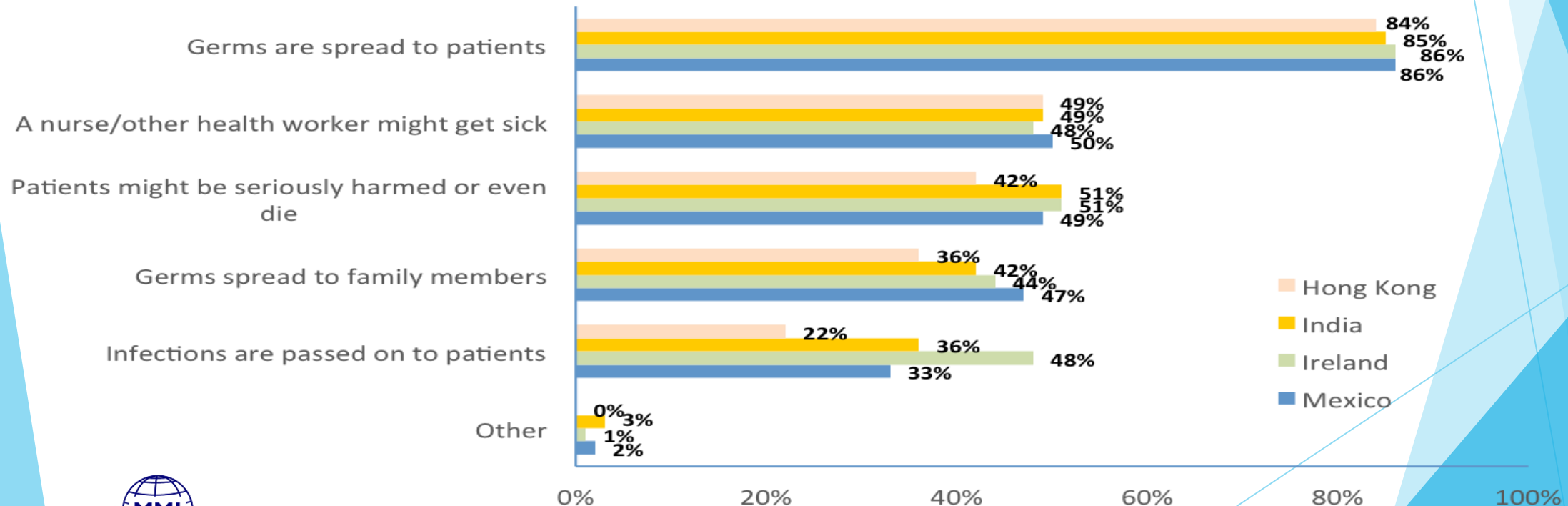
The majority of respondents surveyed believe that health workers clean their hands at the right times when treating or caring for patients. This belief is highest among those in Hong Kong, followed by India.

Health Workers Clean Hands at Right Times When Treating/Caring For Patients



When asked what they think happens if the hands of health workers are not cleaned at the right time before touching patients, more than four in five said that germs are spread to patients. Half said the health worker might get sick. Those in Hong Kong are least to think patients might be seriously harmed or even die, germs may spread to family members, or infections are passed on to patients.

What Happens if Health Workers' Hands Aren't Cleaned at Right Time Before Touching Patients



A5: What do you think happens if the hands of nurses/doctors/other health workers are not cleaned at the right time before touching patients? (Hong Kong=249, India=251, Ireland=250, Mexico=251)

Patient Involvement Can Affect Clinicians' Perspectives and Practices of Infection Prevention and Control: A “Post-Qualitative” Study Using Video-Reflexive Ethnography

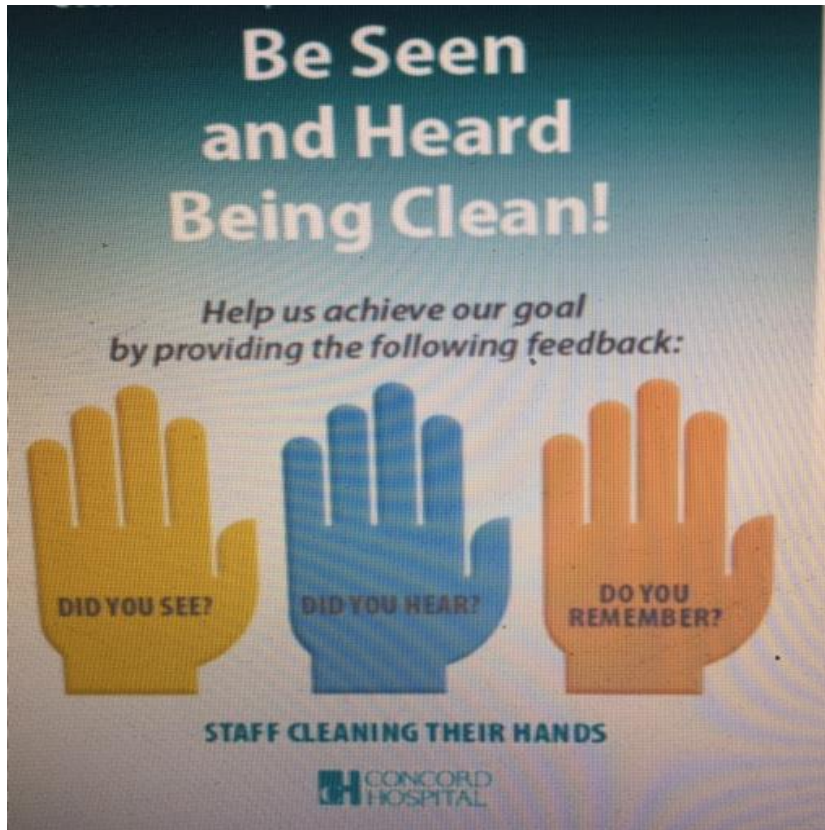
Feb 2017

- ▶ Presenting footage of nurses' everyday work, alongside patients' observations of the same events
- ▶ Example: Glove Usage, Patients Observed that Glove Usage made them safe. Not concerned about HH

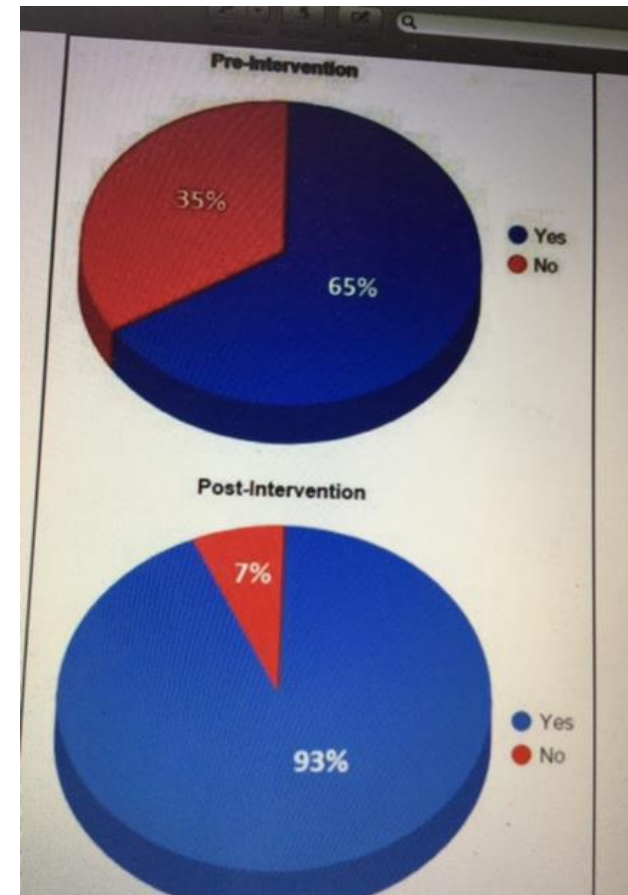
Theory: Safe Space Empowering both HCW and Patient



Be seen and heard being clean: A novel patient-centered approach to hand hygiene



65% -93%



Persuasive Theory

A FORM OF COMMUNICATION THAT AIMS AT MESSAGES THAT SUBTLY CHANGE THE ATTITUDE OF THE RECEIVER.



- ▶ Healthcare workers are empowered when they educate patients and invite them to ask questions.
- ▶ Patients are empowered by participating in decisions helping to address medical errors.

Further reading: McGuckin M, Storr J, Longtin Y, Allegranzi B, Pittet D. **Patient empowerment and multimodal hand hygiene promotion: a win-win strategy.** Am J Med Qual. 2011 Jan-Feb;26(1):10-7.

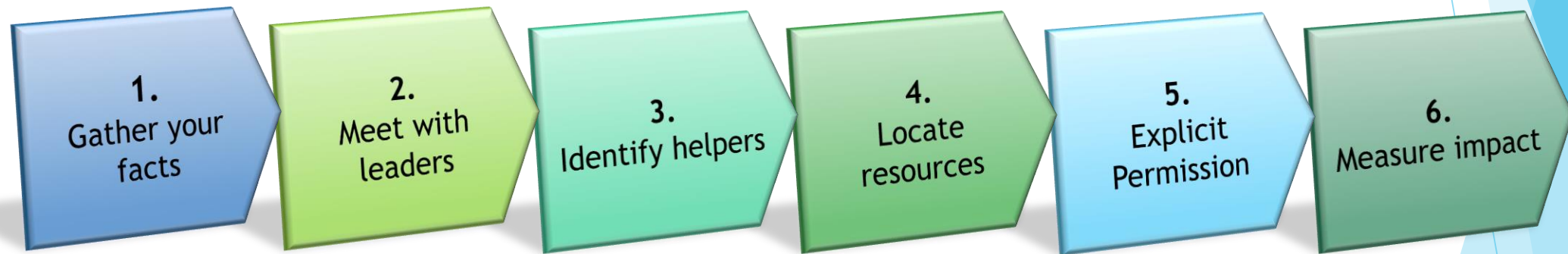
Steps of Persuasion Process

- ▶ As proposed by Professor Jay Conger, the following are the steps to be followed in the Persuasion Process:
- **Step 1: Establish Credibility and Trust in Yourself**
- **Step 2: Find a Basis of Common Ground**
- **Step 3: Provide Vivid Proof**
- **Step 4: Connect at an Emotional Level**



Empowerment Model: Tips for Implementation

► 6 Phases



The Ethics of Empowering Patients as Partners in Healthcare-Associated Infection Prevention

Patient Empowerment, Autonomy and Welfare

- ▶ Actively empowering patients, ensuring them an opportunity to act in light of their values and interests supports patient autonomy. Providing patients with information relevant to making important medical decisions is essential to this process.
- ▶ A multilevel approach to informing patients would include:
 1. publicly available data,
 2. standardized and hospital-specific information at admission
 3. opportunity for face-to-face conversations with healthcare professionals.
 4. integrated into larger institutional HAI prevention strategies, and patients should be engaged through a variety of different means.”

Feasible or Necessary?

- ▶ Do we have enough evidence to move patient participation from 'feasible' to 'necessary'?
- ▶ Studies show increases in hand hygiene compliance and patients are willing to play an active role. It is feasible.
- ▶ One must not get distracted by looking for reasons why patient empowerment does not work. Instead, the focus should be on programs that build on the desire and interest already proven.

Conclusion: “I Never Thought of it That Way!”

- ▶ It is human nature not to believe something is possible if it doesn't fit into the current view or is difficult.
- ▶ Our current view on PE has become focused on trying to show what does not work rather than focusing on human nature.



THANK YOU



McGUCKIN METHODS
INTERNATIONAL