Putting Hand Hygiene in the Hands of Patients
The patient-as-observer approach at Women’s College Hospital

“It’s meant to be a joint effort empowering the patients to be engaged in their own health care...it’s something that we want them to know that we all support it, including the health care providers.”

Jessica Ng, Manager, Infection Control & Prevention, Family Practice Health Centre, Women’s College Hospital

The Long and Short of it
Women’s College Hospital in Toronto, Ontario piloted a new approach to hand hygiene audits with patients observing and reporting on the practices of their health care providers. The project has been named the 2013 winner of the Women’s College Hospital Joan Lesmond Quality Excellence Award and an article about the initiative has been published in the American Journal of Infection Control. “Read All About it” on page 1 Background

Grace Jackson, Volunteer, Women’s College Hospital

<table>
<thead>
<tr>
<th>Practice Name:</th>
<th>Family Practice Health Centre, Women’s College Hospital</th>
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<tbody>
<tr>
<td>Location:</td>
<td>Toronto, ON</td>
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<td>Patient Visits:</td>
<td>• 54,000 yearly patient visits</td>
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<td>Timeframe of QI Initiative:</td>
<td>August 2012-June 2013</td>
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<td>Organizational QI Team:</td>
<td>• Jessica Ng, Manager, Infection Prevention &amp; Control</td>
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<td>• Susie Kim, Physician Champion</td>
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<td>• Sheila Le-Abuyen, Infection Prevention &amp; Control Practitioner</td>
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<td>• Anne De La Franier, Nurse</td>
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<td>• Corry Thomas, Executive Director, Family Practice Health Centre</td>
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<td>• Bibi Khan, Receptionist</td>
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<td>• Michael Gardam, Director, Infection Prevention &amp; Control</td>
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<td>• Jane Mosley, Chief Nursing Officer</td>
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The Challenge
The World Health Organization’s hand hygiene improvement strategy calls for direct observation of practices by an independent observer in order to improve compliance with protocols.\(^1\) Outpatient settings are not considered conducive to this type of auditing arrangement due to several challenges (e.g., workflow disruption, privacy concerns, and observer bias).\(^2\) An alternative hand hygiene auditing approach was sought by the Infection Prevention and Control Department at Women’s College Hospital to overcome the challenges.
Project Aims
The “Patient-as-Observer” approach offers an alternative method to hand hygiene auditing, where hospital volunteers engage patients to act as observers of health care providers’ hand hygiene practices. The primary goal was to gather health care provider hand hygiene compliance data through patient observers. The secondary goal was to generate more awareness about the importance of proper hand hygiene while encouraging patients to be more engaged with their health through their direct involvement in auditing.

Quality Improvement Initiative

What They Did
The nine-month auditing pilot project involved training a group of hospital volunteers to ask outpatients at the Family Practice Health Centre to complete a hand hygiene survey. This survey asked patients to observe the hand hygiene practices of their health care providers during their visit. Willing participants were given a survey card by the volunteer to record their findings and were asked to return they survey card back to the volunteer on their way out.

How They Did It: Implementation Details
Sparked by a similar initiative published by Johns Hopkins Hospital,3 a working group comprised of Infection Prevention and Control and frontline staff was established to develop the project. Monthly meetings and regular email updates communicated progress and project modifications. Feedback was obtained to inform project plans:

- Determine workflow processes
- Develop a communications plan for staff and physicians
- Design survey tools
- Finalize the evaluation process

Based on the audit tool used by Johns Hopkins Hospital, an audit tool was developed to suit the specific needs of the Family Practice Health Centre setting at Women’s College Hospital. Hospital volunteers were recruited and trained to distribute, collect and tally the patient survey cards.

Several process measures were devised to assess the program’s impact on the hand hygiene practices of health care providers:

- Survey card return rate
- Hand hygiene compliance rate
- Accuracy rate of the Patient-as-Observer approach compared to direct observation method

The process for using the Patient-as-Observer approach is straightforward:

- A patient registers at check-in for an appointment
- A volunteer asks the patient to complete a survey card and provides brief instructions
- The patient observes whether their healthcare providers clean their hands before providing care
- Before leaving the clinic, the patient fills out the survey card and returns it to the volunteer, who places it in a box to be tabulated

A POWERFUL EXAMPLE OF ENGAGEMENT
“One of the most interesting quotes that I heard throughout the initiative was (from) a resident that was working in family practice: when they went to see the patient, they forgot to clean their hands and the patient said, ‘Aren’t you supposed to clean your hands?’

That’s the biggest lesson that (the resident) learned and probably will never forget, because that was the time when his patient had identified something that he should have done for them, but didn’t. I thought that was a powerful example of that kind of engagement with the patient that empowered them to ask questions about their care in a supportive environment.”

Jessica Ng, Manager, Infection Control & Prevention, Women’s College Hospital
Results and Outcomes
Results of the nine-month pilot indicate that the Patient-as-Observer approach is a useful method to gauge health care providers’ hand hygiene compliance.

- Patients returned 75.2% of survey cards
- Based on patient observations, the overall hand hygiene compliance rate by health care providers before direct contact with their patients was 96.8% (see Figure 1)
- As part of the evaluation, the Patient-as-Observer approach was validated via observation by trained nurses. Patient and nurse hand hygiene auditing data were in concordance 86.7% of the time, suggesting patients were generally able to accurately observe health care providers’ hand hygiene practices
- The majority of patient commentary expressed satisfaction with survey participation and health care provider hand hygiene practices

A survey (n=33) of health care providers conducted after the pilot indicated that:

- 67% of providers experienced a change in their knowledge of hand hygiene
- 58% of providers experienced a change in their hand hygiene practices
- 88% of providers reported being more motivated to perform hand hygiene knowing their patients were observing them
- 33% of providers reported increased conversations with patients about infection protection and control

A Change of Pace: Key Concepts Used
Although no specific, overarching change construct was used to guide the development and implementation of this initiative, a trial approach was taken in terms of development, with a sub-group of the Family Practice Health Centre performing the pilot program before expanding into the broader unit. An ongoing evaluation of the process and of the tool itself was conducted with staff, resulting in several modifications.

Future Focus: The Quality Journey Continues
Ultimately, the pilot program was expanded to all of the Family Practice Health Centre teams.

This auditing method may expand into other ambulatory care clinics at Women’s College Hospital. It is set to be rolled out in diagnostic imaging by April, 2014. The initiative has received over a dozen inquiries from other Canadian hospitals, which are interested in adapting the Patient-as-Observer approach to their settings.

Figure 1. Hand Hygiene Compliance Rate of 96.8%, as Measured Using Patient-as-Observer Approach
Lessons Learned, Challenges Faced

For an organization considering replicating such a quality improvement program, some valuable lessons from this initiative can help guide development and implementation.

- Train volunteers (using a script and responses to frequently asked questions) to proactively approach patients for survey distribution/collection and to deliver succinct explanations, within the usual patient flow processes
- The volunteer station at the Family Practice Health Centre was positioned strategically to maximize distribution and collection of survey cards by volunteers, given the typical patient flow
- Build in ample lead time (in this case, approximately three months) from inception to the formal establishment of a project working group
- Garner the active involvement of a multidisciplinary working group to achieve support and buy-in
- Volunteers are an invaluable resource and can assist a quality improvement program in unique ways; having a consistently available group of well-trained volunteers is an asset
- The Patient-as-Observer approach required only modest resources (i.e., use of survey cards and volunteers)

Monthly progress meetings solicited feedback and led to program changes that were made in a timely manner:

- Workflow analysis led to a role change: volunteers instead of a receptionist were used for survey card distribution. The unavailability of well-trained volunteers may be a contingency that requires a shift to an alternate mode of distribution.
- Clarity and simplicity of audit tool: the survey card was modified to specify observation of hand hygiene only before a physical examination; a ‘non-applicable’ checkbox was added for instances where no physical examination occurred; and various health care provider roles to observe were listed on the cards.
  - A patient-centred design for the content of the audit card is ideal (e.g., an attractive, legible layout, with no ambiguity about the type of information sought)
- The Patient-as-Observer approach can create awareness about optimal hand hygiene practices; by merely holding survey cards, patients remind health care providers to clean their hands

Read All About it!

Results of the Patient-as-Observer approach to hand hygiene audits at Women's College Hospital have been published in the American Journal of Infection Control. Click here to read more.

The findings of the pilot were presented at:

- Canadian Association of Ambulatory Care, Annual Conference, 2013
- Infection Prevention and Control Canada (IPAC), Annual Conference, 2013
- Public Health Ontario, Just Clean Your Hands Symposium, 2013
The Last Word...

“One of the most important success factors for this project was ensuring that we engaged the health care providers. Knowing that their health care providers supported this patient safety initiative opened up opportunities for patients to ask about their care. If I was a patient, I would feel more comfortable observing my doctor’s hand hygiene knowing that this was an initiative that they cared about and supported, too.”

Jessica Ng, Manager, Infection Prevention & Control, Women's College Hospital

References


