



Patient Centered
INNOVATION

Engaging Patients and Families in Infection Prevention

Sue Deaton, MSN, RN, FABC
Texas Healthcare Safety conference
Thursday, August 24, 2023

The intersection of partnership and health.

Learning Objectives



At the end of this session, participants should be able to:

- Describe the key components of patient and family engagement (PFE).
- Describe the roles and responsibilities of patients and families in infection prevention programs and services.
- Discuss specific examples of how leaders can promote and facilitate patient and family engagement in infection prevention.

One Word Exercise

Using only one word,
describe patient and
family engagement in
infection prevention





Key Components of PFE

Providing care that is respectful of, and responsive to, individual patient preferences, needs, and values; and ensuring that patient values guide all clinical decisions.

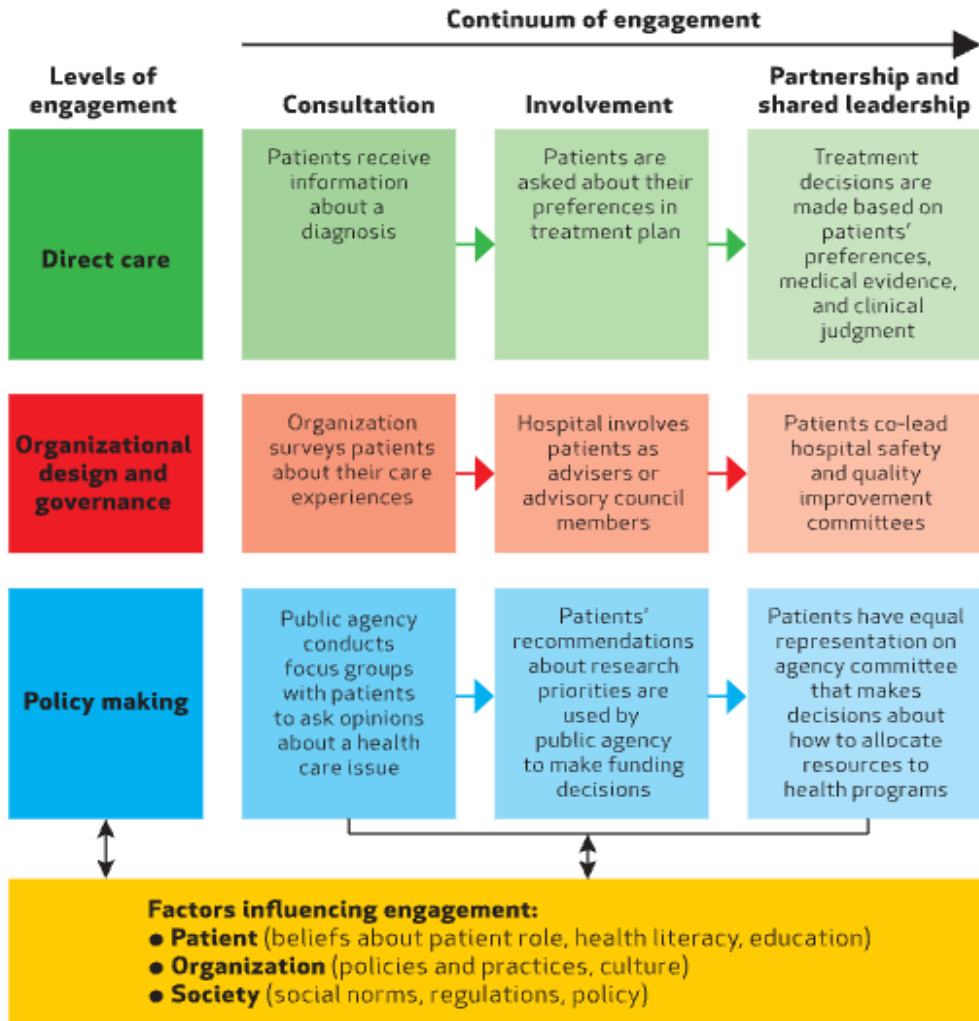
Institute of Medicine, 2001

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.

Institute for Patient- and Family-Centered Care, 2010

PFE Framework

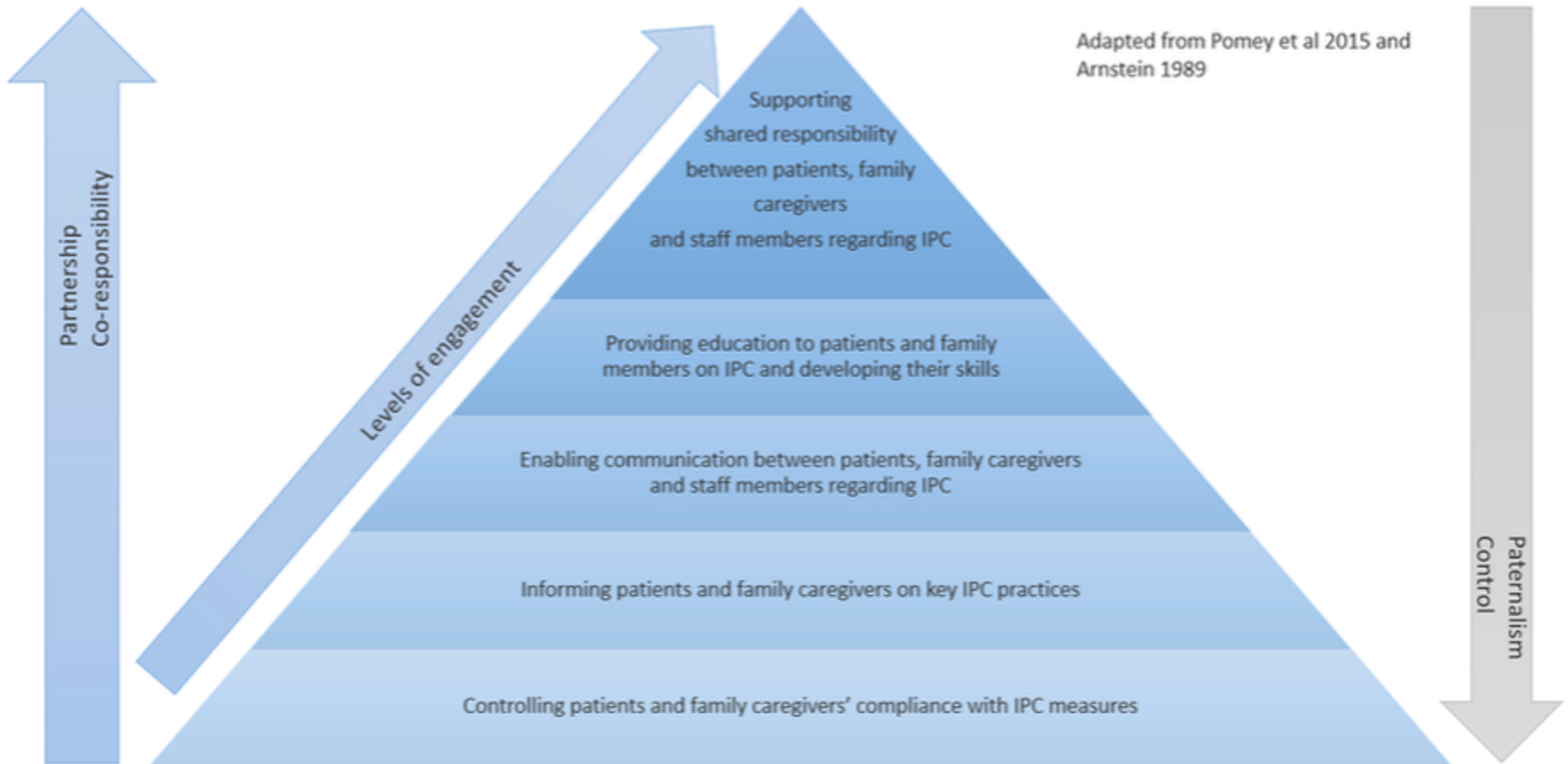
A Multidimensional Framework For Patient And Family Engagement In Health And Health Care



- Continuum of engagement
- Levels of engagement
- Factors influencing engagement

[Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies](#)

Kristin L. Carman, Pam Dardess, Maureen Maurer, Shoshanna Sofaer, Karen Adams, Christine Bechtel, and Jennifer Sweeney
Health Affairs 2013 32:2, 223-231





Mutual Respect Information Sharing Shared decision making Collaboration

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PFE and IP: Mutual Respect

Mutual Respect: Positive regard and consideration for another person's interests, well-being, and expertise in IP

Attitudes, Behaviors, or Values	Connection to IP
Appreciate the expertise, knowledge, and preferences of the patient	The team and the patient recognizes the shared interests in preventing infections
Commit to listen to understand and demonstrate empathy	Patient's fears are considered and staff's efforts to prevent infections are acknowledged
Everyone is encouraged to speak up and participate	Patients and staff call out hand hygiene and other IP practice "wins and OFIs"

PFE and IP: Information Sharing



Information Sharing: The exchange of information to ensure the right services at the right time and to prevent harm

Attitudes, Behaviors, or Values	Connection to IP
Communicate and share accurate, complete and unbiased information	IP methods are shared with patients and families, especially during bedside shift reports
Ensure information is useful and recognizes the unique needs of the patient	Health literacy and timeliness of IP practices are considered when sharing information
Accept that the purpose of sharing information is to enhance participation in care	Patients and staff feel comfortable freely exchanging information to reduce infections (e.g. patient communication boards)

PFE and IP: Shared Decision Making



Shared Decision Making: Patients are encouraged and supported to participate in decisions impacting IP

Attitudes, Behaviors, or Values	Connection to IP
Everyone supports mutually agreed upon goals	Goals related to IP are discussed and agreed upon by the team
Evidence-based practices are implemented and supported across the organization	Patients and team members have access to the same EBP data used to impact care
Patients can be engaged in decisions about how to reduce their risk of infections	Patients can recommend removal of unnecessary catheters

PFE and IP: Collaboration



Collaboration: Patients are involved in the planning, implementation, and evaluation of IP efforts

Attitudes, Behaviors, or Values	Connection to IP
IP is a team effort	Patients serve in IP committees and teams; patient stories are embedded in meetings
Patients are included in the process of implementing or sustaining safe practices	Hand hygiene audits and IP or interdisciplinary rounds include the patient and their family
Organizational decisions concerning IP priorities includes all team members	Patients serve on system-wide Quality and Patient Safety committees



Reflections on PFE

“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. The patient is part of the team.”

Safe Care Campaign



Safe Care Campaign

What You Need To Know About Infections

Quint Nahum
November 2005

Victoria Nahum
March 2006

Josh Nahum
September 2006

Josh Nahum
October 2006



Rochester, NY: The First Infection

Atlanta, GA: The Second Infection

Longmont, CO: The Third Infection

Boulder, CO: Josh is injured

In November of 2005, Quint Nahum acquires bacterial pneumonia after being hospitalized for and surviving a heart attack.

Over a course of 6 years, Victoria Nahum and her husband Armando are baffled as Victoria's health slowly but steadily declines.

6 months later on Labor Day

After all of real progress and weeks of promising recovery

His physician prescribes

She is plagued by a mysterious



Safe Care Campaign

What You Need To Know About Infections



Safe Care Campaign

What You Need To Know About Infections

[See the library of Infection Control Guidelines](#)

Preventing Healthcare-associated Infections

Healthcare-associated infections (HAI) are a threat to patient safety. CDC provides national leadership in surveillance, outbreak investigations, laboratory research, and prevention of healthcare-associated infections. CDC uses knowledge gained through these activities to detect infections and develop new strategies to prevent healthcare-associated infections. Public health action by CDC and other healthcare partners has led to improvements in clinical practice, medical procedures, and the ongoing development of evidence-based infection control guidance and prevention successes.

Basic Infection Control and Prevention Plan for Outpatient Oncology

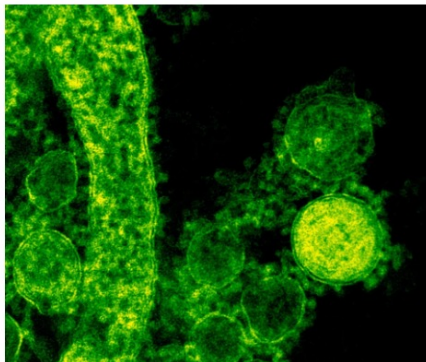
The Targeted Assessment for Prevention (TAP) Strategy

Infection Control Assessment Tool

Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care

Protecting Healthcare Personnel

What You Need To Know



In the U.S. more than 4,600 patients per day become infected as a result or complication of their medical care. No one feels the true cost of healthcare infections as much as the patients, their families and the caregiver staff. Healthcare associated infections affect everyone involved.

With more than 1.7 million healthcare associated infections per year in the United States, and the problem of antibiotic resistance ever widening, the need for prevention looms heavier now more than ever before. Of the 4,600 patients infected daily, 271 die from their infections. Every day.

In total, that's more than 99,000 people in the U.S. annually with more people dying of these infections than all of the people in the U.S. who die each year of AIDS, breast cancer and automobile accidents COMBINED.

A nosocomial infection - also called "healthcare associated infection" can be defined as:

An infection acquired in hospital by a patient who was admitted for a reason other than that infection. An infection occurring in a patient in a hospital or other healthcare facility in whom the infection was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections among staff of the facility.

<https://www.safecarecampaign.org/>

Be Antibiotics Aware



 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Antibiotic Prescribing and Use

***Be Antibiotics Aware* is a national effort to help fight antibiotic resistance and improve antibiotic prescribing and use.**



Antibiotics can save lives, but any time antibiotics are used, they can cause side effects and contribute to the development of antibiotic resistance. In U.S. doctors' offices and emergency departments, at least 28% of antibiotic courses prescribed each year are unnecessary, which makes improving antibiotic prescribing and use a national priority.



About Antibiotic Use



Improving Antibiotic Use



Patient Resources and Education



Core Elements of Antibiotic Stewardship



Healthcare Professional Resources and Training



U.S. Antibiotic Awareness Week

<https://www.cdc.gov/patientsafety/features/be-antibiotics-aware.html#:~:text=Be%20Antibiotics%20Aware%20is%20the,threats%20to%20the%20public's%20health>

- *What are you already doing to advance PFE in your IP efforts?*
- *What have been your successes in this area?*
- *What barriers exist in your culture?*
- *What are senior leaders doing to make patient partnerships a priority?*
- *Do you have a patient and family engagement champion?*
- *What is your action plan moving forward?*

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- Discuss specific examples of how leaders can promote and facilitate patient and family engagement in infection prevention.

- Patients and family members are essential partners in IP
- The patient's perspective and participation can and should be integrated into IP efforts
- Expanding patient engagement practices requires attention to attitudes, behaviors, and values (culture change)
- There are many resources to help organizations improve and expand its patient engagement practices

