Building patient safety with consumers associations. How to face the challenge?

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Nurse Advisor Infection prevention and Control

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wipe it out

One chance to get it right

Presentation content

- About the Royal College of Nursing
- Perception and opinion of health issues or healthcare
- Healthcare in the UK
- Different messages
- Encouraging patients to get involved
- The future

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The Royal College of Nursing

- A membership organisation

- Represents nurses and nursing
- Promotes excellence in clinical practice
- Shapes health policies

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Nursing Dept

- Nurse Advisors, Membership coordinators and administrative support

- ‘working to influence, develop and support nursing practice’

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RCN Nursing dept

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Perception and opinion of health issues or healthcare

- Perception is as important as reality
- Perception affects decisions to access or choose where to receive care
- Perceptions may be positive or negative
- Media and industry is powerful in influencing perceptions

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How does it feel out there?

- Likelihood of experiencing an adverse event:
- 59% likely or fairly likely to get a HCAI
- 58% incorrect or missed diagnosis
- Women more likely to perceive the likelihood of an adverse event
- 73% say television is their main source of information regarding adverse events

Source: Special Eurobarometer Patient Safety (April 2010)

Healthcare in the UK

- National Health Service
- Funded through taxation
- Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it
- Health policy is implemented by Government
- Responsibility for delivery of policy is by healthcare organisations

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Negative messages

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Ward bug errors cause 90 deaths

A "litany" of errors in an NHS Trust's poor handling of the infection clostridium difficile resulted in 90 deaths, a watchdog's report has found.

The commission found countless examples of dirt

The Healthcare Commission called the deaths at Kent's Maidstone and Tunbridge Wells NHS Trust "a tragedy".

It said nurses at the trust were too rushed to wash hands and left patients to lie in their own excrement.

The trust said it had not been prepared for "an outbreak of that size and complexity" but had learned lessons.

Heather Wood, the report's lead author, told BBC Radio Five Live that many lives could have been saved.

"I think it's certainly a call to arms for the National Health Service.

"I would think the lessons, not just about cleanliness, hygiene and infection control, but the care provided to patients who contract C.difficile is something that has wider lessons for the NHS.

> **"For many of these patients there may well have been a good chance that they would have recovered if all steps had been taken"**
>
> Heather Wood
> Report author

▸ Q&A: Clostridium difficile

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Different messages

- Media
- Industry
- Politicians
- Healthcare organisations
- Regulators

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Media

- Purpose of the media is to provide news or stories that result in sales of papers/magazines or views to media outlets
- Quality of journalists is variable
- Few are qualified to interpret scientific or health data objectively
- Information is ‘diluted’ so as to appear less complicated for readers!
- Patients and staff use the same media
- Healthcare staff are member of the public

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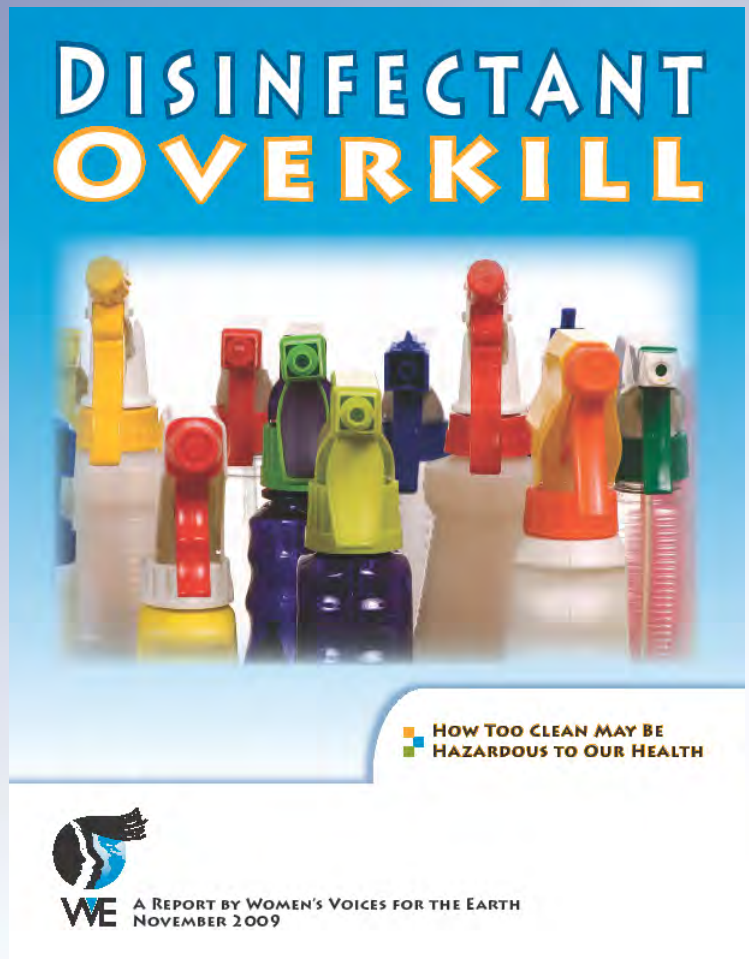
Industry



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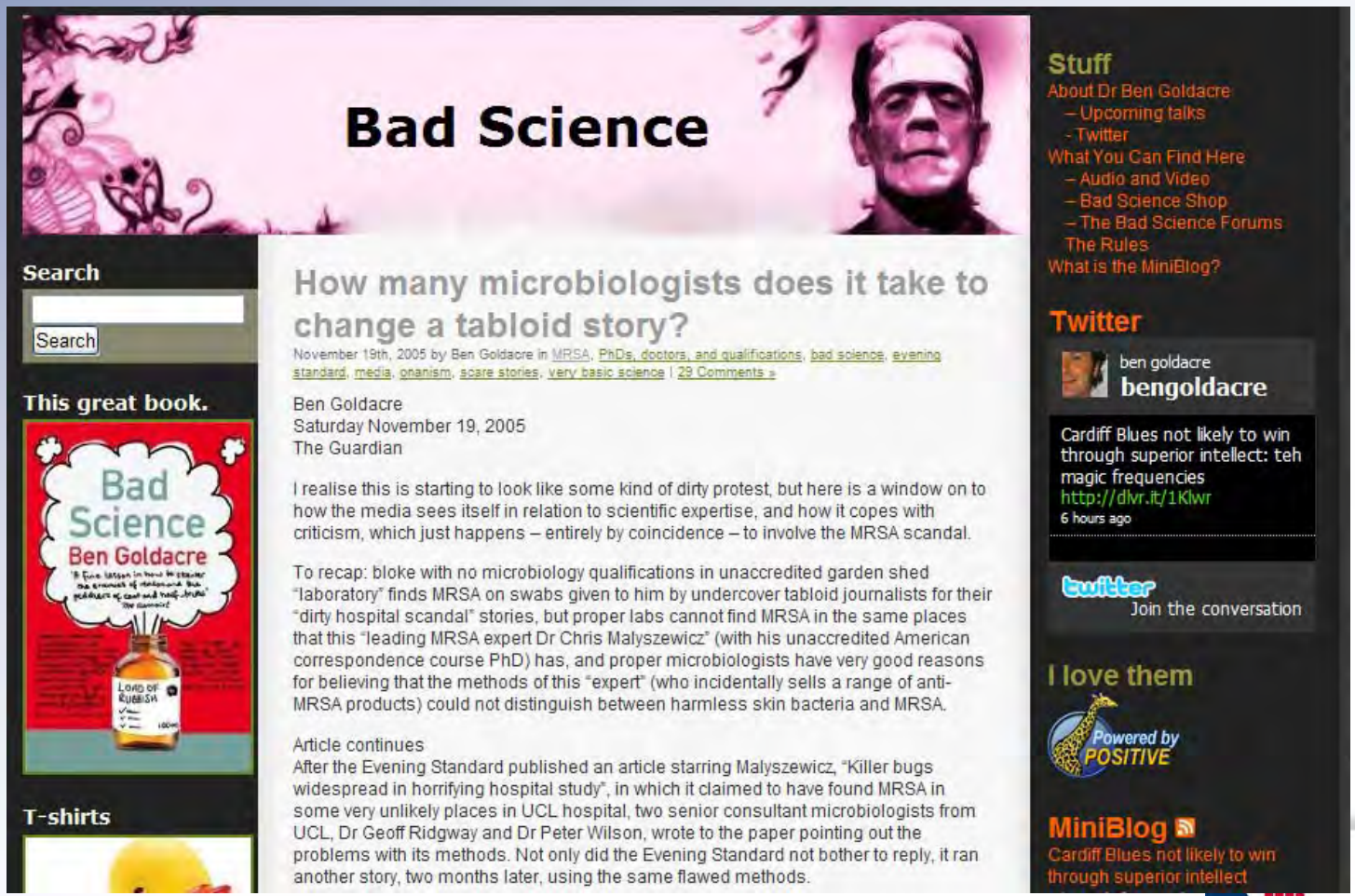
Who do you believe?



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Encouraging patients to get involved

Consider:

- What are the benefits of involvement?
- Why are issues such as patient safety or infection prevention important?
- What is the patient or public role?

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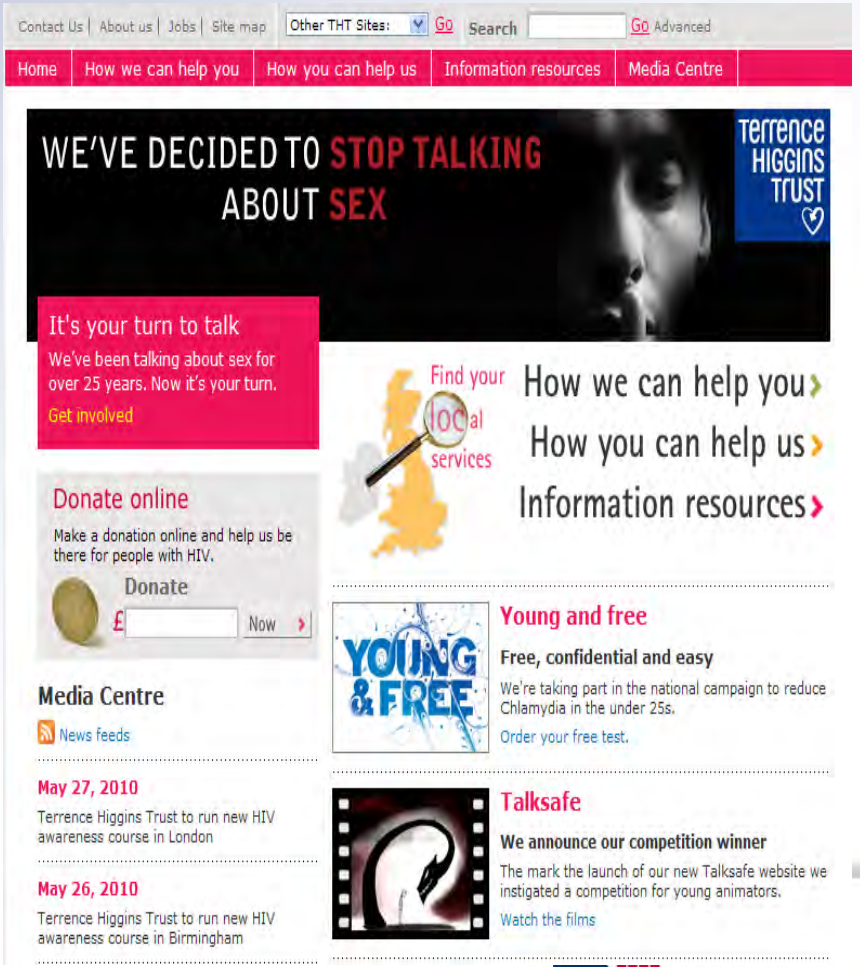
How groups develop

- Bottom-up approach
- Established following the death of Terry Higgins (1982)
- Aim was to personalise and humanise HIV and AIDS in a human way



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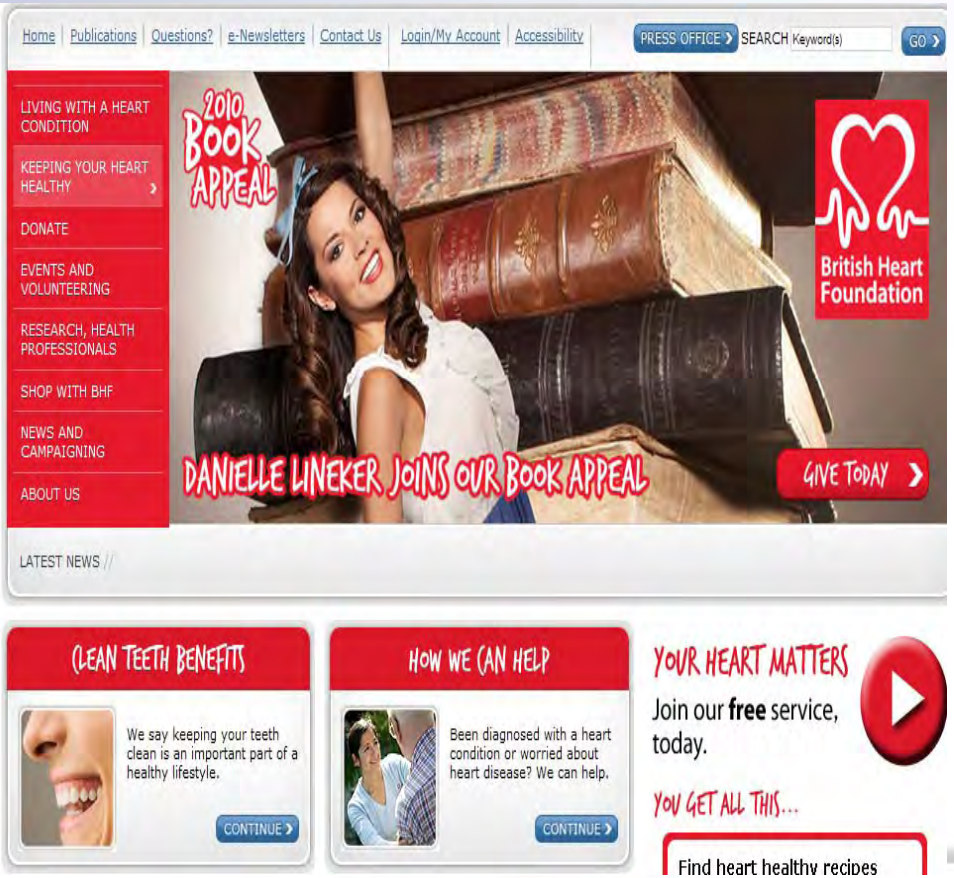
How groups develop?

- British Heart Foundation
- Developed as a result of medical research
- Provides evidence for patients and influences health policy based on research



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HCAI's

- Moves engagement away from HCAI's
- Focus is the patient condition
- Strength is the impact of HCAI's on a variety of conditions
- Coalition strengthens the patient voice

Patient group engagement

in tackling healthcare-associated infections

A healthcare-associated infection is an infection that results from exposure to healthcare and is largely avoidable. Tackling this has been a top priority from Government to local NHS service delivery. The goal is 'No avoidable infections' and everyone has a part to play.

Patient groups, volunteers, involved service users and charities that offer healthcare services have a wide range of activities and areas of special interest. However, some healthcare issues are cross-cutting and many groups share a common purpose of preventing avoidable healthcare-associated infections.

While celebrating recent success in reducing MRSA bacteraemias and *Clostridium difficile* infections, patient-focused groups have agreed calls for further action in five priority areas

The groups support a **TEAM** approach because **"Together Everyone Achieves More"**.

Calls for further action in preventing avoidable healthcare-associated infections.

THE FIVE PRIORITY AREAS:

EDUCATION

Wide-ranging and continuing education is fundamental. It is important to communicate widely that everyone should have a zero tolerance of avoidable healthcare-associated infections. The vital role of the advocacy community in reaching millions of people with information and support is a critical factor in tackling this issue effectively and in a sustained way.

WE CALL FOR:

- *Messages of good hand hygiene to be extended in the community as well as in hospital, using the full panoply of local media, Internet, TV and radio networks. The messages should be clear and simple, and accessible and appropriate for all sectors of our society.*
- *Information to be included in NHS Choices and linked with Health Promotion Days.*
- *Engagement across the community at large, including schools, youth and ethnic groups, utilising others, and support for the development of local Healthcare Champions.*
- *Prevention and good hygiene practice to be included in the training curriculum of all healthcare staff and in postgraduate educational qualifications.*
- *Best-practice sharing should continue to be implemented and training should include information relevant to high risk groups and include patient perspectives and concerns.*
- *Information should be available to groups for whom English is not their first language.*

PUBLIC AND PATIENT EMPOWERMENT

Patients and those who care for them have the right to be informed and involved in their treatment and specific, condition-related, risks. Engaged patients are partners in their own healthcare safety. Patient-focused groups have a key role to play in empowering them by providing consistent and updated information on infection risks, the avoidance measures that patients and their families can take, and the guidelines that are in place.

WE CALL FOR:

- *Infection Control Champions among patient groups to help ensure that progress is made more rapidly and extensively.*
- *Extension of PALs into the community, working with LINKs teams to enable better delivery of information on what people can do to protect themselves.*
- *The value of healthcare volunteers to be promoted, with training and encouragement to support patients and link up with the third sector managers.*
- *Patients being supported to know that it is acceptable to challenge staff when they do not comply with policies such as "Wash your hands".*
- *A culture of responsibility to be encouraged, empowering patients to report lapses in infection control practices.*

CARE AND TREATMENT

Significant progress has been made in reducing MRSA bacteraemias and *C. difficile* infections. This positive outcome needs to be maintained while extending action against other and emerging pathogens, providing clarity on emerging dangers.

WE CALL FOR:

- *Full implementation of The Health and Social Care Act 2008 on specific alert organisms, with the Care Quality Commission ensuring that policies are adhered to.*
- *Rigorous, reliable and comparable audits across all trusts to enable benchmarking and improvement plans to be constructed, with continuing inspections.*
- *All care and nursing homes to have a dedicated Infection Control Champion, as in hospitals.*
- *Greater accountability at all levels, including Governors, supported by sanctions for breaches of hygiene measures.*
- *Meaningful public and patient engagement to be encouraged by the NHS service for its development.*

PARTNERSHIP WORKING

The value of partnership working lies in joint initiatives reaching more people, across different specialties, on many agendas. Bringing together different perspectives, approaches and ideas around consistent messages will make it increasingly possible to engage effectively across patient groups and care providers.

WE CALL FOR:

- *Patient groups and the local patient-focused teams, such as PALs and LINKs, to work together with provider care teams in championing patient protection.*
- *Healthcare professionals to engage openly and honestly with patients, involving them as partners in their own care.*
- *Staff welcoming and encouraging patients in reminding them about hygiene compliance and good treatment practices.*
- *Information and prevention activities, which have been largely focused on hospital environments, being extended to GPs and healthcare providers in primary care and community health services.*
- *Links and support between Infection Control Teams and nursing homes to be strengthened.*

SCIENTIFIC AND MEDICAL INVESTMENT

Research underpins our understanding of how to prevent and treat healthcare-associated infections. We should strive to stay ahead of the evolving threats to safe care by undertaking scientific and clinical research, and rigorously testing the range of available interventions.

WE CALL FOR:

- *Investigation into behavioural aspects to ensure compliance of healthcare staff with best practice.*
- *A clearer view on the connection between healthcare-associated infections and underlying medical conditions that place some patients at particular risk.*
- *Horizon scanning and ongoing research to understand better the emerging pathogens and how to deal with them.*
- *Encouragement for appropriate antibiotic prescribing to be maintained.*
- *More research into microbiology and associated issues, including transmission of disease, microbial resistance and new treatments.*
- *Sustained funding for research and for the development pathways for promising new medicines to be shortened.*

PARTNER GROUPS INCLUDE:

Beating Bowel Cancer, C. difficile Support, Changes, Civil Service Pensioners Alliance, GIRES, Group B Strep Support, Infection Prevention Society, Kidney Alliance, Leonard Cheshire Disability, Marie Curie Cancer Care, MRSA Action UK, Muslim Council of Britain, National Concern for Healthcare Infection, National Kidney Federation, National Voices, Spinal Injuries Association, St John Ambulance, Urostomy Association, Involved Service Users

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Mental Health Network
Part of THE NHS CONFEDERATION

National Mental Health Development Unit

ACUTE CARE DECLARATION

Acute care pathway services are focused on achieving the best possible outcomes for people during times of mental health crisis. We know that the best acute mental health care plays a vital role in keeping people safe and helping them achieve recovery.

We know that many services achieve high quality care. We are committed to ensuring all acute mental health services achieve excellent care.

We are committed to ensuring equality of access to good quality acute care that is sensitive to spiritual and cultural needs for all sections of the community whatever their gender, age, mental health problem, disability, ethnicity or sexual orientation.

We declare that:

Good quality acute mental health services (inpatient and community) are essential and achievable.

We will work together to:

1) Further encourage the commissioning and provision of high quality acute care.
2) Promote recovery and inclusion for people using acute mental health services.
3) Support the development of a specialist acute care workforce.
4) Champion positive perceptions of acute care services.
5) Support quality improvement, service development and research in acute care.

Aiming to ensure that people with mental health problems, who are acutely ill, receive the services they need at the time of their greatest vulnerability.

This declaration is endorsed by:

Royal College of Nursing
Star Wards
RC PSYCH
AIMS
NHS National Patient Safety Agency
National Reporting and Learning Service
The British Psychological Society
SHIFT
College of Occupational Therapists
SAINSBURY CENTRE FOR MENTAL HEALTH
rethink

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The future

- Public engagement has many opportunities and challenges
- Engagement enhances messages and provides information
- Provides reality checks for staff
- Allows nurses to influence behaviour and improve health
- Opportunities to improve the public health and media messages

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Conclusion

- Consumer engagement is both necessary and beneficial
- Engagement with staff and patients is necessary to support communication
- Awareness of influences both positive and negative is required
- Building relationships takes time and requires careful thought and review to be effective.

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