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Brief report

Patient-as-Observer Approach: An alternative method for hand hygiene auditing in an ambulatory care setting

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Ambulatory care
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Patient observer
Patient engagement

A survey pilot asked patients to observe the hand hygiene compliance of their health care providers. Patients returned 75.1% of the survey cards distributed, and the overall hand hygiene compliance was 96.8%. Survey results and patient commentary were used to motivate hand hygiene compliance. The patient-as-observer approach appeared to be a viable alternative for hand hygiene auditing in an ambulatory care setting because it educated, engaged, and empowered patients to play a more active role in their own health care.

The World Health Organization's hand hygiene (HH) improvement strategy recommends direct observations of HH practices by an independent observer.[1] This approach is more easily applied in acute care environments rather than outpatient settings because of the challenges of workflow disruption, privacy concerns, and the Hawthorne effect.[2,3] To overcome these challenges, a pilot project using an alternative method for HH auditing was implemented. The patient-as-observer approach involved engaging patients to act as observers for health care provider (HCP) HH compliance.

METHODS

Setting

Women's College Hospital (WCH) is an academic ambulatory care hospital in Ontario, Canada, affiliated with the University of Toronto. The logistical challenges of attempting to audit HH in clinic examination rooms prompted a literature search to explore alternative methods where an auditor would not have to be present in a room with the patient and HCP. Bittle and LaMarche[4] described a patient-as-observer method that was successfully used in an ambulatory care facility at Johns Hopkins Hospital, which appeared to be applicable to our setting. We adapted and customized this approach to suit our needs. Organizational interest was gauged, and a HCP team from our Family Practice Health Centre (FPHC) volunteered to lead the pilot. This FPHC is one of the largest clinics in Ontario, providing primary care services during an estimated 54,000 visits annually.

Working group collaboration

A working group was formed from the HCP team, consisting of a physician, nurse, and receptionist. Three monthly meetings were used to introduce the scope of the project, determine workflow processes, develop the survey tools, devise a staff engagement strategy, and finalize the evaluation method. Proactive participatory involvement from the working group enabled the final design of tools and processes that were appropriate for FPHC. To ensure that all staff and physicians were aware of the pilot, a staff meeting and fact sheet were used to convey

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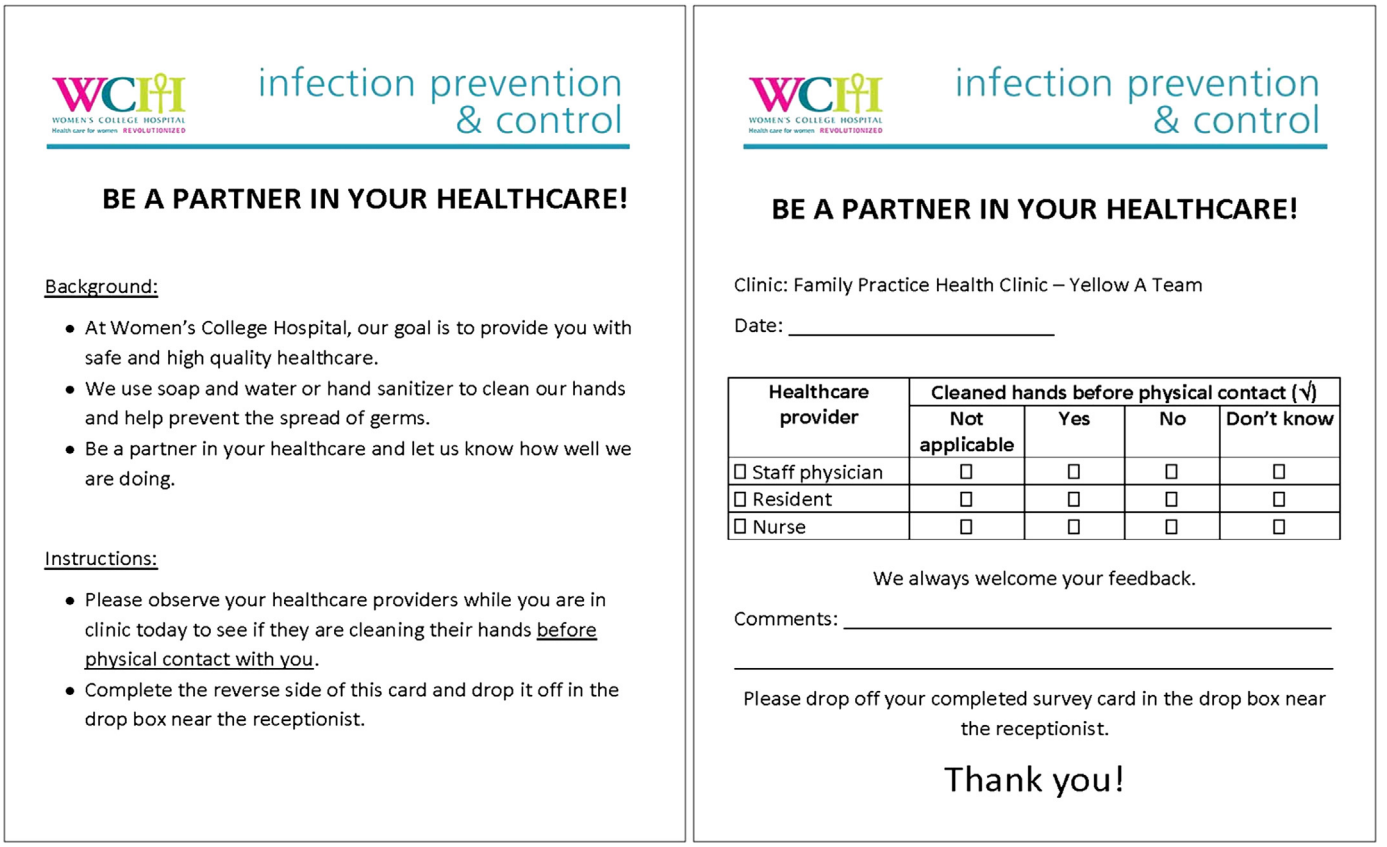

WCHH WOMEN'S COLLEGE HOSPITAL Health care for women REVOLUTIONIZED

infection prevention & control

BE A PARTNER IN YOUR HEALTHCARE!

Background:

- At Women's College Hospital, our goal is to provide you with safe and high quality healthcare.
- We use soap and water or hand sanitizer to clean our hands and help prevent the spread of germs.
- Be a partner in your healthcare and let us know how well we are doing.

Instructions:

- Please observe your healthcare providers while you are in clinic today to see if they are cleaning their hands before physical contact with you.
- Complete the reverse side of this card and drop it off in the drop box near the receptionist.

WCHH WOMEN'S COLLEGE HOSPITAL Health care for women REVOLUTIONIZED

infection prevention & control

BE A PARTNER IN YOUR HEALTHCARE!

Clinic: Family Practice Health Clinic – Yellow A Team

Date: _____

Healthcare provider	Cleaned hands before physical contact (√)			
	Not applicable	Yes	No	Don't know
☐ Staff physician	☐	☐	☐	☐
☐ Resident	☐	☐	☐	☐
☐ Nurse	☐	☐	☐	☐

We always welcome your feedback.

Comments: _____

_____

Please drop off your completed survey card in the drop box near the receptionist.

Thank you!

Fig 1. Survey card asking patients to observe the HH compliance of their HCPs.

consistent information. The working group was also encouraged to disseminate updates via informal communication channels. Three monthly progress meetings scheduled in the months following the pilot launch were used to ensure timely responsiveness to any emerging issues.

Data collection

From August 2012 to June 2013, a trained team of volunteers distributed, explained, and collected survey cards from FPHC patients (Fig 1). Verbal and written instructions asked patients to voluntarily participate in an anonymous survey where they were tasked with observing and recording the compliance of their HCPs in performing HH before any physical contact. Survey cards were distributed daily during morning clinic hours, and all FPHC patients, of varying demographic distribution, were eligible to participate if interested. Completed survey cards were collected, and aggregated data and patient feedback were forwarded to HCPs on a regular basis, as motivation to continually improve HH practices.

Evaluation

The final phase of the pilot involved validating the HH auditing method whereby FPHC nurses were trained to randomly audit and record HCP HH compliance using the direct observer method.[1] Evaluation was conducted whenever the FPHC workload afforded the nurse the time to participate. At the start of each evaluation session, the volunteer was informed, and a process was followed to enable matching of patient-nurse survey cards. When a survey card was distributed, the volunteer used a duplicate nurse auditor survey card to record the patient survey card number as well as discreetly record 2 physical identifiers of the patient (eg, use of eyeglasses, clothing color). The nurse used the nurse auditor survey cards with patient physical identifier information to differentiate between the various patients and independently record HCP HH compliance as observed while in the room with the patient and HCP. The accuracy/inter-rater reliability of patient observations were thus determined through comparison of data obtained from matched patient-nurse survey cards. To avoid inadvertently influencing patient responses, the reason for the nurse's presence was not disclosed to patients; patients were simply informed that a nurse was present to observe practices. The pilot concluded upon successful completion of evaluation.

RESULTS

Patients returned 75.1% of survey cards (n = 381/507). Based on patient observations, the overall HCP HH compliance before direct contact with the patient was 96.8% (n = 424/438). The vast majority of patient commentary (n = 74) expressed satisfaction with survey participation, the professionalism and quality of care offered by HCPs, and diligent HCP HH practices. The evaluation phase revealed that patient and nurse HH auditing data were in concordance 86.7% (n = 26/30) of the time, suggesting that patients were generally able to correctly evaluate HCP HH practices