



Involving the patient to ask about hospital hand hygiene: a National Patient Safety Agency feasibility study

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SUMMARY

Healthcare-associated infections (HAIs) affect at least 300 000 patients annually in the UK and represent a significant, yet largely preventable, burden to healthcare systems. Hand hygiene by healthcare workers (HCWs) is the leading prevention measure, but compliance with good practice is generally low. The UK National Patient Safety Agency surveyed the public, inpatients, and HCWs, particularly frontline clinical staff and infection control nurses, in five acute care hospitals to determine whether they agreed that a greater level of involvement and engagement with patients would contribute to increased compliance with hand hygiene and reduce HAIs. Fifty-seven percent (302/530) of the public were unlikely to question doctors on the cleanliness of their hands as they assumed that they had already cleaned them. Forty-three percent (90/210) of inpatients considered that HCWs should know to clean their hands and trusted them to do so, and 20% (42/210) would not want HCWs to think that they were questioning their professional ability to do their job correctly. Most HCWs surveyed (178/254, 71%) said that HAI could be reduced to a greater or lesser degree if patients asked HCWs if they had cleaned their hands before touching them. Inviting patients to remind HCWs about hand hygiene through the provision of individual alcohol-based hand-rub containers and actively supporting an 'It's OK to ask' attitude were perceived as the most useful interventions by both patients and HCWs. However, further work is required to refute the myth among HCWs that patient involvement undermines the doctor– or HCW–patient relationship.

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Introduction

At any given time, 1.4 million people worldwide are affected by healthcare-associated infections (HAIs).¹ The annual cost to the National Health Service (NHS) of England and Wales is an estimated £1 billion with 300 000 patients suffering from HAI each year.² HAI continues to gain momentum as an important area of concern in medicine as most specialties, such as surgery and intensive care, are being increasingly offered to vulnerable populations.³ Hand hygiene is a key prevention measure, but the baseline level of

compliance among healthcare workers (HCWs) ranges from 5% to 81%.^{4,5} Although much work remains to be accomplished, inspiration and invaluable lessons can be drawn from multimodal strategies that have been successful for the improvement of hand hygiene in healthcare and subsequently for the reduction of HAI.^{4,6}

Involving patients in hand hygiene improvement in healthcare has been the subject of much debate. Whereas some authors have rejected the idea, others have viewed it as a synergistic opportunity to involve patients and encourage HCWs to improve their hand hygiene performance.^{4,7–11}

In 2004, the National Patient Safety Agency (NPSA) issued a patient safety alert to all acute hospitals in England and Wales advising the provision of alcohol-based hand rub at the point of care and introduced a rigorously tested and evaluated, multifaceted hand hygiene campaign to help reduce infections.^{4,6,12,13} An important, although less prominent, aspect of the campaign was patient

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involvement. We report here the results of a feasibility study conducted by the NPSA three years after the introduction of the initial 'cleanyourhands' campaign to explore the potential role of patients and their families in supporting hand hygiene improvement, in particular by the provision of an alcohol-based hand rub to patients as a visible 'It's OK to ask' invitation to participate.

Methods

The NPSA surveyed the public, inpatients, and HCWs, particularly frontline clinical staff and infection control nurses, across five acute care hospitals to determine whether they agreed that a greater level of involvement and engagement with patients would contribute to improved hand hygiene and to reduce HAI. The surveys were administered in a quasi-randomised fashion between December 2007 and March 2008. The public opinion survey was conducted by random telephone interviews of 530 members of the public; the inpatient survey involved a face-to-face interview with 222 inpatients on surgical and medical wards; 254 HCWs on one medical and one surgical ward on a specified day participated in the HCWs' survey; and the 'cleanyourhands' campaign coordinator survey gathered responses from 120 coordinators using an online survey.

Public opinion survey

An independent research company (Opinion Leader, London, UK) was commissioned to undertake a telephone survey of 530 members of the public in England to explore their attitudes and behaviour regarding HCWs' hand hygiene. The sample was recruited on a national basis using random digit dialling and the data weighted to be nationally representative. It included a subset sample of 30 Muslim respondents to enable the NPSA to ascertain whether there were any differences in attitude between religious faiths.^{14–16} The questionnaire was designed to help understand the public's views about patients being given alcohol-based hand rub, patient information on hand rub and from whom they would prefer to receive it, whether patients would use the hand rub to promote HCWs' hand hygiene behaviour, and any perceived benefits and concerns.

Inpatient survey

The survey was adapted from the public opinion survey and questions were refined to reflect the inpatient situation. It was designed by the NPSA with support from the five participating hospitals to test the original hypothesis. The NPSA and the hospitals looked at the most effective method of surveying inpatients while taking into account the time factor, staff availability, and patient willingness. As a consequence, the survey was administered on surgical/medical wards and discharge lounges in each of the hospitals. Patients were recruited provided they were conscious and willing to participate in the survey. Ethics approval was not required as this was considered as a service improvement exercise.

Healthcare workers' survey

The aim of the survey was to seek the views of frontline HCWs on whether compliance with hand hygiene would be improved if patients were given hand rub and encouraged to ask if HCWs had cleaned their hands at the point of care. The intention was also to find out how much HCWs knew about the 'when' of hand hygiene, i.e. what was the extent of insight into the correct time and place for hand hygiene using the 'My 5 moments for hand hygiene' concept as a base guide.^{4,17,18} It also explored their perceived level of hand hygiene compliance.¹⁹

'Cleanyourhands' coordinator survey

All 172 acute trusts in England are signed up to the 'cleanyourhands' campaign and have campaign coordinators, mainly infection prevention and control nurses, who act as the liaison and contact point between the NPSA and their Trust.²⁰ The purpose of this survey was to understand what acute hospitals are doing about empowering patients to ask HCWs whether they have cleaned their hands, to find out whether the coordinators supported the proposal to give patients a hand rub, and to gauge the degree of local support for greater patient involvement. An online survey tool was used to send out the questionnaire (see [online Appendix](#)).

Data analysis

Data from the questionnaires were collated and analysed using statistical tools available through SurveyMonkey (available online; Menlo Park, CA, USA). Summary measures were calculated and presented as percentages.

Results

Public opinion survey

In all, 530 individuals were questioned about asking HCWs to clean their hands according to five indications.¹⁸ They were questioned twice, first without mention of being given a hand rub, and second with a mention. Around 50% of respondents (270/530) were not very likely (28%) or not at all likely (23%) to ask a nurse to clean his/her hands when changing a leg wound dressing if they had not seen them doing it. Of note, they were less likely to ask a doctor than a nurse (302/530, 57%).

The most frequently reported reason for not asking was the assumption that HCWs would have already cleaned their hands. However, a significant minority said that they would feel shy or embarrassed, did not think it was their responsibility, or did not want to annoy the HCW [42/530 (8%) for nurses; 58/530 (11%) for doctors]. Respondents said that they were more likely to ask a nurse or doctor to clean their hands if they were given a bottle of hand rub by the hospital. The proportion of respondents who said that they would be likely to ask a nurse rose from 49% (260/530) to 70% (371/530; $P < 0.001$, χ^2 -test); 29% (154/530) remained unlikely to ask. Similarly, the likelihood of a patient asking a doctor whether they had cleaned their hands rose from 43% (228/530) to 65% (344/530; $P < 0.001$, χ^2 -test) with 33% (175/530) remaining unlikely to ask ([Figure 1](#)).

Inpatient survey

Most patient respondents (202/215, 94%) said that they had not asked their nurse or doctor to clean their hands; 4% (9/215) had asked their nurse and 1% (2/215) their doctor. Just over half (111/210, 53%) said that they had assumed their HCWs would have already cleaned their hands and trusted them to do so. Forty-three percent (90/210) said HCWs should know to clean their hands. One in five patients (42/210) surveyed said that they did not want their HCWs to think they were questioning their professional ability to do their job correctly.

Most respondents (168/198, 85%) said that they would feel comfortable being given a bottle of hand rub. Most (169/201, 84%) said that they would use it themselves, 53% (107/201) would ask their visitors to use it, and 14% (28/201) would ask their HCWs to use it. Fifty-nine percent (127/215) of patients said that they would like to receive information on hand hygiene and the use of hand rub

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