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## Major articles

## Assessing patient and caregiver understanding of and satisfaction with the use of contact isolation

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## Key Words:

Contact isolation  
patient satisfaction  
nosocomial infection  
patient safety

**Background:** Contact isolation is a method used for limiting the spread of antimicrobial-resistant organisms when caring for patients. This policy has been linked to several adverse outcomes and less patient satisfaction. We assessed patient and caregiver understanding and satisfaction with the use of contact isolation.

**Methods:** A prospective survey of >500 patients in contact isolation at our institution was performed during 2014. Participants responded to a series of statements relating to contact isolation, using a 5-point Likert scale. Responses were assessed for overall positivity or negativity and further compared according to floor type or designation.

**Results:** Of the patients, 48.7% responded to the survey; 70 caregivers also responded. Patient and caregiver responses were similar and were positive overall. Most respondents felt safer because of the use of contact isolation and because it prevented infections. A smaller majority of respondents also thought the policy was adequately explained to them and adhered to by staff.

**Conclusions:** In the largest collection of respondents surveyed to date about contact isolation and its impact on them, the policy was viewed positively, both by patients and caregivers. There is still room for improvement in the area of patient education regarding the use of contact isolation.

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Antimicrobial-resistant organisms, such as methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococcus*, and carbapenemase-producing enterobacteriaceae, are an increasingly common cause of health care-associated infection.<sup>1</sup> The spread of these drug-resistant organisms has outpaced the development of new antimicrobials needed to treat them; therefore, prevention of infection is of particular importance with regard to these organisms. The Centers for Disease Control and Prevention recommend the use of contact isolation—the use of gowns and gloves—as a method for preventing transmission when caring for patients colo-

nized or infected with resistant organisms, and most health care institutions follow these recommendations in some form.<sup>2,3</sup>

Unfortunately, research increasingly suggests that patients in contact isolation are more likely to develop delirium or symptoms of depression, develop pressure ulcers, suffer falls, and have longer lengths of stay than nonisolated patients.<sup>4-6</sup> In addition, physicians and nurses have been shown to have fewer direct interactions and perform fewer examinations on these patients.<sup>7-9</sup> Patients in contact isolation themselves have reported a poor understanding of the practice and a greater level of dissatisfaction with their care as a result.<sup>6,10</sup> If health care organizations continue to use contact isolation, it is critical that adherence to this policy does not lead to undesired outcomes.

The literature to date on patient satisfaction with contact isolation is limited. Several studies have attempted to do detailed, qualitative assessments of patient experiences, often with in-person interviews and open-ended questions.<sup>11-14</sup> Other studies have used the Consumer Assessment of Healthcare Providers and Systems

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(CAHPS) Hospital Survey Chartbook, a validated patient satisfaction survey, to measure satisfaction in isolated patients as it compared with nonisolated patients.<sup>10,15,16</sup> All of these studies have been limited by small numbers of patients, and the CAHPS Surveys are limited by not asking direct questions related to isolation. We aimed to perform a prospective survey of a large number of patients in contact isolation and their family members and caregivers, using specific questions to determine their understanding of contact isolation, their perceptions of how well it was adhered to, and whether it impacted their care.

## METHODS

From January 1, 2014–December 31, 2014, potential patients were identified via a twice-weekly review of our institution's isolation list, which is updated continually as patients are placed in or removed from isolation precautions. There are generally between 50 and 75 patients in contact isolation at our institution at any one time. Patients in contact isolation for >48 hours and their family members and caregivers were eligible for inclusion. All participants were able to communicate verbally and read. Charts were reviewed to identify exclusion criteria, which included age <18 years, a history of dementia, diagnosed delirium, or use of mechanical ventilation. Those patients who were thought by the investigators to be confused and therefore unreliable respondents to a survey at the time they were approached were also excluded. Family members and caregivers were offered the chance to participate if present at the time the patient was approached. A sample size of 500 patients was chosen prior to study initiation because this number was thought to be large enough to be both representative of patient attitudes in general and manageable from a staffing and time standpoint.

Beaumont Hospital—Royal Oak (BHRO) is a 1,070-bed tertiary care center providing a variety of inpatient and outpatient services.

Contact isolation requires the use of gowns and gloves when examining patients and is used for patients infected or colonized with MRSA, vancomycin-resistant *Enterococcus*, *Clostridium difficile*, and a variety of resistant gram-negative bacilli. Patients harboring these organisms are placed in private rooms or cohorted in rooms with another patient with identical organisms. The specific pathogens requiring use of contact isolation has changed over time, but the practices used for patients in contact isolation have remained stable. The explanation of the rationale for contact isolation is generally explained by either nurses or physicians. Additional written information or personal discussion is available through the department of epidemiology on request by patients, family members and caregivers, or staff. These requests generally occur <5 times monthly, and the number did not change during the study period.

Prospective participants were enrolled by a member of the research staff, and the participants were provided with a written information sheet and the survey tool for completion. The survey, administered separately to patients and a family representative or caregiver with similar questions (shown in Table 1), assessed the respondent's level of agreement with a series of statements relating to contact isolation, using a 5-point Likert scale (1 = disagree strongly, 5 = agree strongly). The survey tool was designed by the investigators after review of available literature and was reviewed and edited by members of the BHRO Public Relations and Service Excellence Departments prior to implementation. Statements in the survey were selected to specifically assess participant understanding of and satisfaction with the use of contact isolation and to assess participant perception of health care worker adherence to the policy. Health care workers providing care to the patients were not involved with the study and were generally unaware of patient participation. Health care workers receive education on the rationale for contact isolation and appropriate adherence both at the time of hiring and annually thereafter, but no special procedures were

**Table 1**  
Survey statements and results of analysis of responses

Questionnaire type/questions	Mean ± SD	% agree or strongly agree	% disagree or strongly disagree
<b>Patient questionnaire (n = 249)</b>			
The reason for the use of contact isolation (gown, gloves, etc) was adequately explained to me by a hospital staff member	3.74 ± 1.49	64.6	24.4
I understand that the use of gowns and gloves helps to prevent infections	4.65 ± 0.89	90.1	4.9
Hospital staff consistently used gowns and gloves when entering my room	3.98 ± 1.28	69.8	14.9
Hospital staff consistently used gowns and gloves when examining me	4.17 ± 1.23	75.4	14.9
I am very happy to have come to a hospital that uses contact isolation (gowns and gloves) when taking care of patients	4.43 ± 1.12	82.9	8.6
I feel safer because staff are wearing gowns and gloves when they care for me	4.35 ± 1.14	81.0	8.1
Requiring hospital staff to use gowns and gloves when examining me makes me feel upset	1.92 ± 1.41	17.4	71.8
Requiring staff to use gowns and gloves when examining me makes me feel unclean	1.93 ± 1.39	18.4	71.4
The need for gowns and gloves has made my hospital stay less convenient	1.92 ± 1.30	15.5	71.0
I believe staff spent less time with me because of the need to wear gowns and gloves	1.91 ± 1.29	14.7	71.8
The need for gowns and gloves negatively affected my care	1.70 ± 1.2	10.6	78.4
I would prefer to go to a hospital that does not use contact isolation (gowns and gloves) when taking care of patients	1.45 ± 0.99	6.5	87.1
<b>Family member and caregiver questionnaire (n = 70)</b>			
The reason for the use of contact isolation (gown, gloves, etc) by those caring for my family member was adequately explained to me by a hospital staff member	3.83 ± 1.34	62.8	20.0
I understand that the use of gowns and gloves helps to prevent infections	4.9 ± 0.3	100.0	0.0
Hospital staff consistently used gowns and gloves when entering my family member's room	4.26 ± 1.08	77.2	8.7
Hospital staff consistently used gowns and gloves when examining my family member	4.34 ± 1.09	78.6	11.8
I am happy my family member is at a hospital that uses contact isolation (gowns and gloves) when taking care of patients	4.76 ± 0.79	92.9	2.9
My family member is safer because staff are wearing gowns and gloves when providing care	4.7 ± 0.84	90.0	2.9
The need for gowns and gloves made the hospital stay less convenient for my family member	1.52 ± 1.04	7.2	82.6
Hospital staff spent less time with my family member because of the need to wear gowns and gloves	1.73 ± 1.31	15.0	77.6
The need for gowns and gloves negatively affected my family member's care	1.51 ± 1.15	10.3	85.3
I would prefer my family member receive care at a hospital that does not use contact isolation (gowns and gloves) when taking care of patients	1.41 ± 1.06	7.2	88.4

NOTE. Answers were from 1–5 on a 5-point Likert scale.

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