

Communicating with hospital patients about infection control

Evidence for the *Clostridium difficile* Public Inquiry

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It is widely accepted that good communications play a central role in preventing errors and safety problems and in dealing with the consequences when they occur. Cleanliness of hospitals is frequently cited as one of patients' top priorities and fear of hospital associated infections is widespread. This brief statement summarises relevant evidence from recent research studies.

1. **What patients want:** Most patients expect to be cared for in clean, safe surroundings by people they can trust. They want health professionals to empathise by showing that they understand what it feels like to experience illness and undergo treatment, to anticipate their needs for information and support, and to treat them in a kindly and dignified manner. Nowadays the majority of patients expect to play an active role in their own healthcare. This includes understanding the causes of their illness or disability, being informed about the prognosis and treatment options, having a say in decisions about their care, monitoring the progress of their treatment and doing everything possible to promote their recovery (or that of their family members) when they've left hospital.
2. **Importance of good communications:** Ensuring that care delivery is responsive to patients' physical, emotional and social needs and that interactions with staff are informative, empathetic and empowering is the essence of patient-centred care. This is considered important not just because people want it, but also because patients' experiences can influence the effectiveness and safety of treatment and health outcomes.
3. **Variations between patient groups:** The desire to play an active role has been found to vary according to age, educational status and disease severity, but most people in all sub-groups of the population want to feel informed and involved. Professionals are often poor judges of what patients want to be told or not told about their healthcare. Studies in the US and Canada have demonstrated a relationship between communication difficulties (low proficiency in English, learning difficulties and other communication problems) and the incidence of preventable

adverse events.

4. **Information recall:** Studies have shown that some patients find it difficult to recall clinical information provided orally during a clinical consultation, especially if they are being given bad news. Recall can be improved by providing written as well as oral information, or an audio recording. However, most patients retain vivid memories of their hospital experiences even if they cannot always recall everything clinicians said to them.
5. **Communication skills training:** Communication skills training for staff can be very effective if it is well planned and tailored to the clinical setting. Before and after studies have shown improvements in the quality of clinical consultations among those who have undergone training.
6. **Observing safety procedures:** Patients can be acute observers of hospital procedures, including cleanliness. The national inpatient surveys in England have shown an increasing trend over recent years in the proportion of respondents who said they had observed doctors and nurses always cleaning their hands between touching patients. In 2009, 76% of respondents said doctors 'always' washed their hands between touching patients and 79% said nurses did so (a significant improvement since 2005 when the proportions were 67% and 69%); 17% said they saw doctors do this only 'sometimes' (18% for nurses) and seven per cent said they never saw doctors clean their hands (4% for nurses). There were also improvements in the proportions saying that wards, bathrooms and toilets were very clean. Almost all respondents (96%) answered in the affirmative when asked if they'd seen any posters or leaflets on the ward asking patients and visitors to wash their hands or use hand-wash gels.
7. **Preventing infections:** Patients can encourage compliance with hand hygiene by asking staff who are treating them if they have washed their hands beforehand. The National Patient Safety Agency's *Clean Your Hands* campaign assures patients that 'it's ok to ask' healthcare workers to clean their hands before and after they are touched. There is evidence that some patients are willing to take on this role and when they do so it has a beneficial effect, but many others are reluctant to challenge staff in this way lest it should cause offence. An American study involving more than 2,000 patients treated in eleven hospitals found that while 46% initially said they'd feel comfortable asking staff about hand washing, in practice only 5% did so.
8. **Disclosure of errors:** Many surveys have shown that patients want more openness about, and disclosure of, medical errors. A British survey of patients who had been affected by medical injury asked about what they wanted and found the following: 34% wanted an apology or explanation; 23% wanted an enquiry into the causes; 17% wanted support in coping with the

consequences; 11% wanted financial compensation; 6% wanted disciplinary action. When medical errors occur, patients seek not only to be told about the incident but also to receive information on what happened, why it happened, how its consequences can be mitigated and how recurrences can be prevented. Honest disclosure of such information has been found to increase patient satisfaction and trust, and may reduce the likelihood of legal action being commenced.

9. **Consequences of injury:** Medical injuries can be harder to cope with than other accidents, both because people have been harmed unintentionally by professionals in whom they placed their trust, and because they often have to depend on those same people for further care. For too many people, the injury is compounded by further trauma due to the insensitive way in which the incident is handled afterwards. Patients who have been harmed should be treated with empathy and understanding and given appropriate practical and, if necessary, financial help as quickly as possible afterwards. The possibility that the physical injury may be followed by psychological trauma should be considered, and appropriate help provided.
10. **Open disclosure policies:** Open disclosure policies have been adopted in a number of countries. For example, the English National Patient Safety Agency's 'Being Open' policy stresses the need to acknowledge, apologise and explain when things go wrong; to conduct a thorough investigation into the incident and reassure patients, their families and carers that lessons learned will help prevent the incident recurring; to provide support for those involved to cope with the physical and psychological consequences of what happened. While the case for open disclosure is now widely accepted, it is often poorly implemented. Most clinicians agree that harmful errors should be disclosed, but they may find it difficult to give full explanations, partly because it can be inherently upsetting and partly because of concerns about legal liability. Patients and family members complain that explanations are not given promptly enough or only informally; that disclosure is sometimes not followed up with tangible support or a commitment to change practice; and that sometimes no apology is offered and patients or relatives are not given an opportunity to meet with the staff involved.

Further information: Vincent,C. Patient safety (2nd ed) Oxford University Press, 2010