

It's not what you say, it's how you say it

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Scope



- This presentation is intended to outline challenges/opportunities communicating info re:
 - Healthcare associated infection (HCAI)
 - Antimicrobial resistant organisms (AMRO).
- Patient's right to:
 - Ownership of their own healthcare
 - Privacy/confidentiality.
 - Meet the requirements of the Health Service Executive (HSE) National Open Disclosure Policy.



Have you had to talk to a patient about MRSA, CPE, VRE?

Reactions:

- (1) Angry
- (2) Confused
- (3) Frightened
- (4) Understood



“The single biggest problem in communication is the illusion that it has taken place”
-George Bernard Shaw

ALWAYS KEEP IN MIND

What do you want people to **know**?

What do you want people to **do**?

What will people **remember**?

The HSE promotes a culture of openness and transparency in all health and social care services- this applies to HCAI and AMROs.

- Risk of a HCAI cannot be eliminated entirely in healthcare settings.
- A HCAI may be caused by the patient’s own microorganisms (endogenous) or picked up in the healthcare setting (exogenous/cross infection).
- **Informed patients promote confidence and trust in medical care...**
- Endeavour to inform patients and visitors risk of exposure to AMROs and infection.
- It is important patients are advised how they can minimise their risk



Definitions



- **Healthcare associated infection (HCAI) refers to harm to service users/patients related to:**
 - Acquiring an infection when receiving healthcare due to the process of healthcare delivery (HSE Corporate Risk Register).
- **Antimicrobial resistant organisms (AMROs) are bacteria that are resistant to:**
 - Antimicrobials that bacteria of that species are normally expected to be susceptible to
- **Open disclosure is defined as an open, consistent approach to communicating with**
 - Patients following adverse events in healthcare.
 - Includes expressing regret, keeping patient informed etc

Continual education:

All moments of patient journey should be seen as opportunities:

- Consider- body language (eye contact), the complexity of language, the health literacy, in particular the elderly
- **Listen, hear, understand, respond, repeat.**
- Use routine tasks such as making the bed or giving medication



Open disclosure process

- The HSE open disclosure- open and consistent approach to communicating
- Development of a HCAI does not always mean a breach of safety procedures or error
- HCAs occur in every country
- Key: appropriate clinical communication



Lived experience

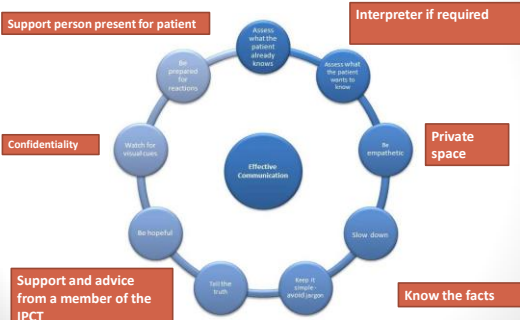
- Letters posted to 1800 patients, GPs, consultants
- Live call center operated
- Dealt with over 1000 calls
- Majority requested screening
- Data base
- All packs sent out were tracked until the process was completed for all 4 screens
- Final letter sent when all screens completed.

- “We had a talk from patient advocacy and we also did the courses on open disclosure and breaking bad news.”
- “We had a lot of angry, confused, unclear, perplexed people (patients, relatives etc) also very anxious individuals and a lot of lonely ones too who kept ringing back.”
- “Our experience was that the letter frightened them they never read past the first paragraph but immediately went to the end of the letter to look for a phone number to ring.”
- “It was obvious from the conversations that they had not read or understood what the letter said nor had they read the leaflet with frequently asked questions, that we had enclosed with the letter.”
- “We had to explain everything over and over again.”

“Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen”
Winston Churchill



Simple, quality communication:



The Communication

- Clear explanation -simple and non-technical language
- Clarify e.g. difference between "colonisation" and "infection"
- Confirm understanding –feedback
- Acknowledge failures -apologise as appropriate.
- Information Leaflet –National or consistent with national guidance
- Copy of the leaflet into the patient's notes or record
- Date, time of communication recorded
- Leaflets in different languages
- AMRO status of the patient must be recorded
- The patient should be informed of any tagging/labelling



“Whatever words we utter should be chosen with care for people will hear them and be influenced by them for good or ill”-
Buddha

Follow up on the Communication

- Patient card
- HCAI/AMRO status of the patient **must be notified** to the receiving carer.
- Disclosure of information to family members/relevant person(s) in relation to adult patients only undertaken with patient consent
- Decision to disclose information to family members/relevant person(s) if pt unable to consent-
 - This should take into consideration (i) what information is appropriate and justifiable to share and (ii) any known instruction by the patient in re sharing of their information.
- The HSE policy requires that the salient points of the Open Disclosure discussion including the details of any apology provided and details of agreed actions are documented

Supporting staff to effectively communicate with patients about HCAI/AMRO

- Barrier-lack of confidence –dealing with queries
- Healthcare workers – appropriate information/training
- Access to infection prevention and control practitioners.
- Access Open Disclosure training.



Challenges in communicating with discharged patients

- Where the colonisation/exposure requires immediate action to prevent or minimise risk/harm the situation must be managed immediately
- contact with the patient or the patient’s GP
- Primarily the responsibility of the requesting practitioner and the hospital/facility where an exposure occurred
- Likewise where patient is identified as a contact

Scenarios where a discharged patient has confirmed infection/colonisation: What to do?

(1) If a patient is in another hospital or healthcare facility:

- Inform the healthcare facility where the patient is currently cared for

(2) If a patient is due to attend the hospital in the near future (within one month) and communication is not urgent:

- May be appropriate to manage the communication at the scheduled appointment/attendance
- Communication must take account of the patient's condition

Continued..

(3) If a patient is not due to attend at the hospital in the near future

- Offer the patient a review appointment within one month or GP-
 - if appropriate and GP agrees
 - If the appointment is at the hospital - clinical team
- The convenience of the patient the primary consideration

(4) If a patient is deceased:

- No communication is required unless risk to others
- Or error/omission in relation to care
- or where contributed to the patient's death

Patient is designated a "contact" but has left hospital

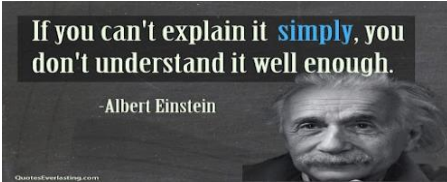
If the patient is in another hospital or healthcare facility:

Action:

- Inform the healthcare facility
- The facility may undertake to inform the patient
- If facility unable-alternative arrangements should be made.

Patient is in the community

- The patient may be informed by letter
- Contact card
- Explain where they can get more information /support
- Patients may request testing for colonisation



Conclusions

- Early communication
- Follow consistent approach
- Local adaptation to particular circumstances
 - adhere to core principles
- Due regard to the privacy and confidentiality
- Encourage the patient to become an active participant in his/her healthcare journey



Resources

- www.opendisclosure.ie or
- Additional information may be found at www.hpsc.ie and www.hse.ie/hcai:<http://www.hpsc.ie/az/microbiologyantimicrobialresistance/infectioncontrolandhai/>
- www.hse.ie/opendisclosure
- http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/strategyforthecontrolofantimicrobialresistanceinireland/sari/carbapenemresistantenterobacteriaceae/cre/guidanceandpublications/Discussing%20HCAI_AMROs%20with%20patients_final_2July18.pdf
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