

# Building patient safety with consumers associations. How to face the challenge?

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*Royal College of Nursing*



**wipe it out**  
One chance to get it right

# Presentation content

- About the Royal College of Nursing
- Perception and opinion of health issues or healthcare
- Healthcare in the UK
- Different messages
- Encouraging patients to get involved
- The future

# The Royal College of Nursing

- A membership organisation
- Represents nurses and nursing
- Promotes excellence in clinical practice
- Shapes health policies

# Nursing Dept

- Nurse Advisors, Membership coordinators and administrative support
- ‘working to influence, develop and support nursing practice’

# RCN Nursing dept



# Perception and opinion of health issues or healthcare

- Perception is as important as reality
- Perception affects decisions to access or choose where to receive care
- Perceptions may be positive or negative
- Media and industry is powerful in influencing perceptions

# How does it feel out there?

- Likelihood of experiencing an adverse event:
- 59% likely or fairly likely to get a HCAI
- 58% incorrect or missed diagnosis
- Women more likely to perceive the likelihood of an adverse event
- 73% say television is their main source of information regarding adverse events

*Source: Special Eurobarometer Patient Safety (April 2010)*

# Healthcare in the UK

- National Health Service
- Funded through taxation
- Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it
- Health policy is implemented by Government
- Responsibility for delivery of policy is by healthcare organisations

# Negative messages

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## Ward bug errors cause 90 deaths

**A "litany" of errors in an NHS Trust's poor handling of the infection clostridium difficile resulted in 90 deaths, a watchdog's report has found.**

The Healthcare Commission called the deaths at Kent's Maidstone and Tunbridge Wells NHS Trust "a tragedy".

It said nurses at the trust were too rushed to wash hands and left patients to lie in their own excrement.

The trust said it had not been prepared for "an outbreak of that size and complexity" but had learned lessons.

Heather Wood, the report's lead author, told BBC Radio Five Live that many lives could have been saved.

"I think it's certainly a call to arms for the National Health Service.

"I would think the lessons, not just about cleanliness, hygiene and infection control, but the care provided to patients who contract C.difficile is something that has wider lessons for the NHS.



Unwashed cups in ward utility room

The commission found countless examples of dirt

**“ For many of these patients there may well have been a good chance that they would have recovered if all steps had been taken ”**

Heather Wood  
Report author

▶ Q&A: Clostridium difficile

# Different messages

- Media
- Industry
- Politicians
- Healthcare organisations
- Regulators

# Media



- Purpose of the media is to provide news or stories that result in sales of papers/magazines or views to media outlets
- Quality of journalists is variable
- Few are qualified to interpret scientific or health data objectively
- Information is ‘diluted’ so as to appear less complicated for readers!
- Patients and staff use the same media
- Healthcare staff are member of the public

# Industry

## DISINFECTANT OVERKILL



**HOW TOO CLEAN MAY BE  
HAZARDOUS TO OUR HEALTH**



**WE** A REPORT BY WOMEN'S VOICES FOR THE EARTH  
NOVEMBER 2009



**Domestos**

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World of germs | Germs in the news | Ask the expert | Healthcare professionals

### World of germs

You can't see them but you share your home with them. Millions of micro-organisms, including harmful ones we call 'germs', occupy our homes and are able to survive on surfaces for long periods, multiplying at an incredible rate as they do so.

Before we tell you the best ways of controlling the spread of germs, let us tell you a little about the microscopic underworld in your home...

- [Back to homepage](#)
- [What are germs?](#)
- [Germiest places in the home](#)
- [How germs spread](#)
- [Domestos 24 HR](#)
- [Zero Limescale](#)
- [Grotbuster](#)
- [Aspergillus](#)
- [Campylobacter](#)
- [Cladosporium](#)
- [Clostridium difficile](#)
- [E.coli](#)
- [Influenza](#)
- [MRSA](#)
- [Norovirus](#)
- [Rhinovirus](#)
- [Rotavirus](#)



#### Find out about germs

Can you tell me a little more about germs and the different types?

[Go to Germ Overview](#)



#### Germiest places in the home

Where are the main germ hideouts in your home?

[Go to Germ Hideouts](#)



#### How germs spread

How do germs enter and spread around the home and what steps can you take to prevent your family from becoming ill?

[How germs spread](#)

[People at risk](#)

# Who do you believe?

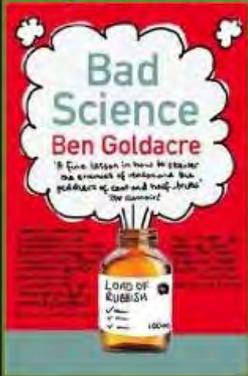
## Bad Science



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**Bad Science**  
Ben Goldacre  
"It's time to stop in awe of the doctor and embrace the reality of our world: that doctors are not all that smart."  
The Guardian

**T-shirts**



### How many microbiologists does it take to change a tabloid story?

November 19th, 2005 by Ben Goldacre in [MRSA](#), [PhDs](#), [doctors](#), [and qualifications](#), [bad science](#), [evening standard](#), [media](#), [onanism](#), [scare stories](#), [very basic science](#) | [29 Comments](#)

Ben Goldacre  
Saturday November 19, 2005  
The Guardian

I realise this is starting to look like some kind of dirty protest, but here is a window on to how the media sees itself in relation to scientific expertise, and how it copes with criticism, which just happens – entirely by coincidence – to involve the MRSA scandal.

To recap: bloke with no microbiology qualifications in unaccredited garden shed "laboratory" finds MRSA on swabs given to him by undercover tabloid journalists for their "dirty hospital scandal" stories, but proper labs cannot find MRSA in the same places that this "leading MRSA expert Dr Chris Malyszewicz" (with his unaccredited American correspondence course PhD) has, and proper microbiologists have very good reasons for believing that the methods of this "expert" (who incidentally sells a range of anti-MRSA products) could not distinguish between harmless skin bacteria and MRSA.

Article continues

After the Evening Standard published an article starring Malyszewicz, "Killer bugs widespread in horrifying hospital study", in which it claimed to have found MRSA in some very unlikely places in UCL hospital, two senior consultant microbiologists from UCL, Dr Geoff Ridgway and Dr Peter Wilson, wrote to the paper pointing out the problems with its methods. Not only did the Evening Standard not bother to reply, it ran another story, two months later, using the same flawed methods.

### Stuff

- About Dr Ben Goldacre
- Upcoming talks
- Twitter

What You Can Find Here

- Audio and Video
- Bad Science Shop
- The Bad Science Forums
- The Rules

What is the MiniBlog?

### Twitter



ben goldacre  
**bengoldacre**

Cardiff Blues not likely to win through superior intellect: teh magic frequencies  
<http://dvr.it/1Klwr>  
6 hours ago

**twitter**  
Join the conversation

### I love them



**MiniBlog** 

Cardiff Blues not likely to win through superior intellect

# Encouraging patients to get involved

Consider:

- What are the benefits of involvement?
- Why are issues such as patient safety or infection prevention important?
- What is the patient or public role?

# How groups develop

- Bottom-up approach
- Established following the death of Terry Higgins (1982)
- Aim was to personalise and humanise HIV and AIDS in a human way

The screenshot shows the Terrence Higgins Trust website homepage. At the top, there is a navigation bar with links for 'Contact Us', 'About us', 'Jobs', and 'Site map'. A search bar is also present. Below the navigation bar, there is a main banner with the text 'WE'VE DECIDED TO STOP TALKING ABOUT SEX' and the Terrence Higgins Trust logo. The main content area is divided into several sections: 'It's your turn to talk' with a 'Get involved' link; 'Donate online' with a 'Donate' button and a text input field; 'Media Centre' with a 'News feeds' link; 'Young and free' with a 'Young & Free' logo and text about a national campaign; and 'Talksafe' with a 'Watch the films' link. There are also links for 'How we can help you', 'How you can help us', and 'Information resources'.

# How groups develop?

- British Heart Foundation
- Developed as a result of medical research
- Provides evidence for patients and influences health policy based on research



# HCAI's

- Moves engagement away from HCAI's
- Focus is the patient condition
- Strength is the impact of HCAI's on a variety of conditions
- Coalition strengthens the patient voice

## Patient group engagement in tackling healthcare-associated infections

**A healthcare-associated infection is an infection that results from exposure to healthcare and is largely avoidable. Tackling this has been a top priority from Government to local NHS service delivery. The goal is 'No avoidable infections' and everyone has a part to play.**

Patient groups, volunteers, involved service users and charities that offer healthcare services have a wide range of activities and areas of special interest. However, some healthcare issues are cross-cutting and many groups share a common purpose of preventing avoidable healthcare-associated infections.

While celebrating recent success in reducing MRSA bacteraemias and *Clostridium difficile* infections, patient-focused groups have agreed calls for further action in five priority areas

The groups support a **TEAM** approach because **"Together Everyone Achieves More"**.

**Calls for further action in preventing avoidable healthcare-associated infections.**

### THE FIVE PRIORITY AREAS:

EDUCATION	PUBLIC AND PATIENT EMPOWERMENT	CARE AND TREATMENT	PARTNERSHIP WORKING	SCIENTIFIC AND MEDICAL INVESTMENT
<p>Widening and continuing education is fundamental. It is important to communicate clearly that everyone should have a role in preventing avoidable healthcare-associated infections. The vital role of the voluntary community in reaching millions of people with information and support is a critical factor in tackling this issue effectively and in a sustained way.</p> <p><b>WE CALL FOR:</b></p> <ul style="list-style-type: none"> <li>• Messages of good hand hygiene to be extended to the community as well as in hospital, using the full range of local media, internet, TV and radio networks. The message should be clear and simple, and accessible and appropriate for all sectors of our society.</li> <li>• Information to be included in NHS Choices and issues with Health Promotion Days.</li> <li>• Engagement across the community at large, including schools, youth and adult groups, sporting clubs, and support for the development of local Healthcare Champions.</li> <li>• Prevention and good hygiene practice to be included in the training curriculum of all healthcare staff and in postgraduate educational qualifications.</li> <li>• Best practice sharing should continue to be implemented and training should include information relevant to high risk groups and include patient perspectives and concerns.</li> <li>• Information should be available to groups for whom English is not their first language.</li> </ul>	<p>Patients and those who care for them have the right to be informed and involved in their treatment and specific condition-related risks. Engaged patients are partners in their own healthcare safety. Patient-focused groups have a key role to play in empowering them by providing consistent and updated information on infection risks, the assistance measures that patients and their families can take, and the guidelines that are in place.</p> <p><b>WE CALL FOR:</b></p> <ul style="list-style-type: none"> <li>• Infection Control Champions among patient groups to help ensure that progress is made more rapidly and effectively.</li> <li>• Extension of <b>FAIR</b> to the community, working with LMCs to raise better delivery of information on what people can do to protect themselves.</li> <li>• The value of healthcare volunteers to be promoted with flexibility and encouragement to support patients and their carers with the Infection Control Champion.</li> <li>• Patients being supported to know that it is acceptable to challenge staff when they do not comply with guidelines or "Make your voice heard".</li> <li>• A culture of responsibility to be encouraged, empowering patients to report issues in infection control practices.</li> </ul>	<p>Significant progress has been made in reducing MRSA bacteraemias and <i>C. difficile</i> infections. The positive outcome needs to be maintained and a sustained action against other and emerging pathogens, providing clarity on emerging dangers.</p> <p><b>WE CALL FOR:</b></p> <ul style="list-style-type: none"> <li>• Full implementation of The Health and Social Care Act 2012 on specific alert organisms, with the Care Quality Commission ensuring that policies are adhered to.</li> <li>• Rigorous, visible and comparable audits across all trusts to enable benchmarking and improved plans to be constructed, with continuing inspections.</li> <li>• All care and training teams to have a dedicated Infection Control Champion, as in hospitals.</li> <li>• Greater accountability at all levels, including Governance, supported by sanctions for breaches of hygiene measures.</li> <li>• Meaningful public and patient engagement to be encouraged by the NHS service for its development.</li> </ul>	<p>The value of partnership working lies in joint initiatives reaching more people, across different specialties, on many aspects. Bringing together different perspectives, approaches and ideas and consistent messages will make it increasingly possible to engage effectively across patient groups and care providers.</p> <p><b>WE CALL FOR:</b></p> <ul style="list-style-type: none"> <li>• Patient groups and the local patient-focused teams, such as <b>FAIR</b> and <b>UKHS</b>, to work together with provider care teams in championing patient protection.</li> <li>• Healthcare professionals to engage openly and honestly with patients, involving them as partners in their own care.</li> <li>• Staff welcoming and encouraging patients in monitoring their actual hygiene compliance and good treatment practice.</li> <li>• Information and provision at times when new 'super bugs' found on hospital environments, being provided to primary care and community health services.</li> <li>• Links and support between Infection Control teams and nursing homes to be strengthened.</li> </ul>	<p>Research underpins our understanding of how to prevent and treat healthcare-associated infections. We should strive to take a lead in the exciting thrusts to care data by undertaking scientific and clinical research, and regularly testing the range of available interventions.</p> <p><b>WE CALL FOR:</b></p> <ul style="list-style-type: none"> <li>• Investigation into behavioural aspects to active components of Healthcare staff with best practice.</li> <li>• A clear lead on the connection between healthcare-associated infections and underlying medical conditions that place some patients at particular risk.</li> <li>• Holistic screening and ongoing research to understand better the emerging pathogens and how to deal with them.</li> <li>• Encouragement for appropriate antibiotic prescribing to be maintained.</li> <li>• More research into microbiology and associated issues, including transmission of disease, microbial resistance and new treatments.</li> <li>• Sustained funding for research and for the development pathways for promising new medicines to be maintained.</li> </ul>

**PARTNER GROUPS INCLUDE:**

Beating Bowel Cancer, *C. difficile* Support, Changes, Civil Service Pensioners Alliance, GIPS, Group A Strep Support, Infection Prevention Society, Kidney Alliance, Leicestershire and Cheshire Disability, Marie Curie Cancer Care, MRSA Action UK, Muslim Council of Britain, National Concern for Healthcare Infection, National Kidney Federation, National Voices, Spinal Injuries Association, St John Ambulance, Urostomy Association, Involved Service Users

Acute care pathway services are focused on achieving the best possible outcomes for people during times of mental health crisis. We know that the best acute mental health care plays a vital role in keeping people safe and helping them achieve recovery.

We know that many services achieve high quality care. We are committed to ensuring all acute mental health services achieve excellent care.

We are committed to ensuring equality of access to good quality acute care that is sensitive to spiritual and cultural needs for all sections of the community whatever their gender, age, mental health problem, disability, ethnicity or sexual orientation.

We declare that:

Good quality acute mental health services (inpatient and community) are essential and achievable.

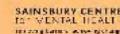
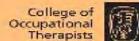
We will work together to:

- 1) Further encourage the commissioning and provision of high quality acute care.
- 2) Promote recovery and inclusion for people using acute mental health services.
- 3) Support the development of a specialist acute care workforce.
- 4) Champion positive perceptions of acute care services.
- 5) Support quality improvement, service development and research in acute care.

# ACUTE CARE DECLARATION

Aiming to ensure that people with mental health problems, who are acutely ill, receive the services they need at the time of their greatest vulnerability.

This declaration is endorsed by:



# The future

- Public engagement has many opportunities and challenges
- Engagement enhances messages and provides information
- Provides reality checks for staff
- Allows nurses to influence behaviour and improve health
- Opportunities to improve the public health and media messages

# Conclusion

- Consumer engagement is both necessary and beneficial
- Engagement with staff and patients is necessary to support communication
- Awareness of influences both positive and negative is required
- Building relationships takes time and requires careful thought and review to be effective.

***And finally...***  
***any questions?***

