

Patient and Family Education

Case Study: Recognizing Why Patient Education Matters in the Prevention of HAIs

This case study demonstrates how it may be easy to overlook the role of patient education in the prevention of HAIs. This example can inspire you to look at your own hospital, department, or unit and ask: Are we providing patients all the education they need so they can be included as partners in HAI prevention efforts?

Barbara has been in the hospital for a week now and she is looking forward to going home. As a part of her medical treatment she received a central line to deliver medications. Barbara was happy to have the central line placed, because it also made her dialysis easier – something she’s still getting used to after her kidney function began to decline this past year.

When Barbara’s son, Mark, visited her in the hospital he would ask her questions about how she was feeling and how her treatment was progressing. During this visit, Mark noticed that his mother kept touching the central line catheter on her chest.

“Should you be messing with that, mom?” asked Mark.

“Oh, I’m not hurting anything,” Barbara responded.

“Maybe at least wash your hands before you touch them?” Mark questioned.

Barbara explained, “Don’t worry, the nurses clean them. **Plus, they never told me to wash my hands before I touch my central line.** They only reminded me to wash my hands before I eat. So, it can’t be that important.”

While general education about hand hygiene is important, patients and family members should also be aware of proper hand hygiene practice when touching or caring for their devices.

“Well, I’m glad to hear the nurses keep them clean,” Mark responded. He could tell his mother was getting tired, so he decided to leave for the day and promised his mother he would be back to see her tomorrow.

The next day was a busy day for Barbara. The nurses and doctors were coming in and out of her room constantly to check her vitals, run tests, and discuss her treatment. Even though she was laying in her hospital bed all day, she felt she didn’t have a moment to rest. For what felt like the hundredth time that day, the nurse came into her room and told Barbara it was time for her chlorhexidine gluconate (CHG) bath.

“Oh, can we skip that today? I’m so tired and those wipes make me feel so sticky. I’ll be too uncomfortable to get any rest,” Barbara said wearily.

The nurse thought for a second. He knew that the CHG bath was important to prevent infection of Barbara’s central line, but Barbara did seem awfully tired. He thought she deserved a break after her difficult day.

“Okay Barbara, you’re the boss!” the nurse said cheerily. “Get some rest and we’ll take care of this later.” As he left the room, the nurse reasoned to himself, “I’m sure the next shift will take care of her CHG bath, they won’t let it slide.”

Patients should be educated about the importance of the consistent maintenance of their devices, especially as some patients will try to decline this care when they perceive it as an inconvenience.

The next day was less stressful for Barbara, despite the fact that it was the day for her dialysis treatment. In fact, Barbara didn’t mind her dialysis so much now that she had her central line – she didn’t have to be poked with needles, which made the experience easier.

That morning a nurse came in and reviewed Barbara’s information in the EHR. “Hmm, looks like we don’t really need this central line anymore,” the nurse said. “We should think about taking it out.”

It is important for patients to know that removing a device when it is no longer needed is in their best interest to avoid an HAI. This is particularly important when a patient perceives that keeping their devices is a convenience.

“Oh, really?” Barbara responded. “You know, I don’t really mind it and my dialysis is so much less painful now that I have it. Can we just leave it in?”

The nurse paused before answering. She knew that every day they left the central line in, Barbara’s chances of getting an infection increased. However, she was sympathetic to Barbara’s discomfort and didn’t want to cause her more pain for her dialysis. The nurse thought to herself, “The central line is already in, might as well leave it for today.” She reasoned, “Surely they’ll check at the next shift and remove the central line then.”

“Okay,” the nurse responded to Barbara. “We’ll leave the central line in and make everyone’s life a little easier today.”

Later that day, Barbara was temporarily transferred to the dialysis unit to receive her treatment. Barbara watched closely as the nurse prepped her for the procedure.

In the hospital unit that Barbara was staying in, the nurses always scrubbed the hub of her central line catheter for what felt like the longest time before they accessed it. She didn’t understand why they had to spend so much time cleaning it, but she assumed it must be important. Barbara thought to herself, “Why else would they spend so much time on it? Nurses are busy. If they are taking the time to do this, it must be the right way.”

In the dialysis unit, however, Barbara noticed that the nurse just quickly wiped off the hub of her central line catheter before she moved on to the rest of the preparations for the dialysis procedure. “That’s different than what has happened before,” Barbara thought to herself. **Barbara was just about to speak up to ask why this was different, but then reconsidered.** Barbara reasoned to herself, “I’m sure this nurse knows what they are doing. Things just must be different in this unit. Plus, what do I know? I’m not a doctor. The nurses are professionals, they will do what’s best for me.” The dialysis procedure was painless, “Thanks to my central line,” Barbara thought, and she returned to her hospital unit to await her daily visit from her son.

Empowering patients to speak up for their safety enables them to be partners in care. For the prevention of CAUTIs and CLABSIs, patients should be encouraged to speak up about hand hygiene, maintenance of their devices, and the removal of their devices.

The next day, Barbara wasn’t feeling very well. She felt especially tired and the area around her central line was very uncomfortable. The nurse noticed Barbara was not herself and asked how she was feeling. When Barbara mentioned that her skin around her central line was particularly tender the nurse took a closer look and found the area to be red and warm. The nurse knew what she had to do and ordered a blood culture to test for an infection. Sure enough, it came back positive and Barbara was diagnosed with a CLABSI. The nurse explained to Barbara that

Patients should be informed that their device creates a risk of infection and that this risk increases the longer the device is in place. When patients are aware of their infection risks, and what they can do to minimize those risks, they can participate in the prevention of HAIs.

she had developed an infection because of her central line and she would need to stay in the hospital longer so that the infection could be treated.

Barbara was shocked. “I never knew there was a risk of infection. I didn’t know that the longer I had the central line, the more I was at risk. I wish they would have told me when they put the central line in. I would have insisted they remove it sooner.”

When Barbara told Mark about her infection he was upset. When the nurse tried to console him, he said sadly, “I wish they would talk to patients and families about this. We want to know what’s going on and help prevent these situations.”

Barbara was looking forward to going home, but with her CLABSI, she now had to wait a bit longer.