

# Patient and Family Education

## Facilitator Guide

### Purpose of this guide

This facilitator guide is designed to help you understand how to develop and deliver patient and family education to support catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI) prevention efforts at your hospital.

### Who should use this guide

Frontline Managers, Infection Preventionists, Clinical Leaders and/or Administrative Leaders, patient education departments, patient experience departments.

### How to use this guide

Present the information in the Facilitator Slides to those in your hospital that are involved in creating and delivering patient and family education (e.g., frontline staff, Frontline Managers, patient education departments, etc.). Use the Assessment Form and Needs Assessment Worksheet to understand how to improve patient and family education at your hospital.

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### Assessment Form

Use the Assessment Form to elicit perspectives about how patient and family education is currently used at your hospital. This form should be completed by those responsible for educating patients and families (e.g., frontline staff) to help identify gaps in existing education practices across the hospital.

If using the Facilitator Slides to guide discussion of strategies to improve patient and family education, the Assessment Form should be completed and reviewed prior to conducting the presentation to prepare participants to engage in discussion.

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### Needs Assessment Worksheet

Use the Needs Assessment Worksheet to identify strategies to improve patient and family education and the resources and actions necessary to make these improvements. This form should be used by those involved in creating and delivering patient and family education (e.g., frontline staff, Frontline Managers, patient education departments, etc.) to help plan and implement changes to improve patient and family education.

If using the Facilitator Slides to facilitate discussion of strategies to improve patient and family education, the Needs Assessment Worksheet can be completed during the presentation to allow participants to reflect on strategies for improvement.

## Facilitator Slides

Use the Facilitator Slides to present recommendations for patient and family education to support CAUTI and CLABSI prevention. The audience for this presentation should be those that are responsible for developing and delivering patient and family education (e.g., frontline staff, Frontline Managers, patient education departments, etc.).

This presentation incorporates the use of the Assessment Form to help determine how patient and family education is currently used in your hospital. The Assessment Form should be completed and reviewed prior to the presentation of the Facilitator Slides.

This presentation also utilizes the Needs Assessment Worksheet to help identify areas of improvement for patient and family education and the resources and actions necessary to make these improvements. The Needs Assessment Worksheet can be completed during the presentation of the Facilitator Slides.

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## Facilitator Guide Script

Use the Facilitator Guide Script to support the presentation of the Facilitator Slides.

### SAY:

This tool discusses Patient and Family Education for HAI prevention. Specifically, it addresses the patient and family education that is needed to engage patients in the prevention of catheter-associated urinary tract infections (CAUTIs) and central line-associated bloodstream infection (CLABSIs).

### Slide 1



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### SAY:

Patients have a role in preventing HAIs while hospitalized and an interest in strengthening HAI prevention efforts.

While many hospitals educate patients on general infection prevention, such as relaying the importance of hand hygiene, they do not always provide education that specifically addresses the prevention of CAUTIs and CLABSIs.

### Slide 2

#### Background

Patients have a role in preventing HAIs while they are hospitalized, and an interest in strengthening hospitals' HAI prevention efforts.

While many hospitals educate patients on general infection prevention, such as relaying the importance of hand hygiene, they do not always provide education that specifically addresses the prevention of HAIs such as CAUTIs and CLABSIs.

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### SAY:

The objective of this presentation is to provide guidance about how to develop and deliver patient and family education to support HAI prevention.

### Slide 3

#### Objective

The objective of this presentation is to provide guidance about how to develop and deliver patient and family education that supports HAI prevention.

**SAY:**

If you haven't done so already, please take a moment to complete the Assessment Form to help you reflect on how patient education about the prevention of CAUTIs and CLABSIs is currently used at your hospital.

**Slide 4**
**Assessment Form**

Take a moment to complete the **Assessment Form** to help you reflect on how patient education about the prevention of CAUTIs and CLABSIs is currently used at your hospital.

**SAY:**

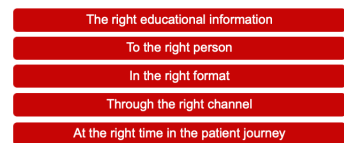
Throughout the presentation, please use the Needs Assessment Worksheet to reflect on ways in which patient education about the prevention of CAUTIs and CLABSIs could be improved at your hospital.

**Slide 5**
**Needs Assessment Worksheet**

Throughout the presentation, please use the **Needs Assessment Worksheet** to reflect on ways in which patient education about the prevention of CAUTIs and CLABSIs could be improved at your hospital.

**SAY:**

When developing patient and family education for infection prevention, it is important to consider the right information provided to the right person in the right format through the right channel at the right time. This borrows from the idea of The Five Rights, which can be applied to how an organization addresses patient education.

**Slide 6**
**The Five Rights of Patient and Family Education for Infection Prevention**


The Five Rights of Patient Education for Infection Prevention are:

- The right educational information
- To the right person
- In the right format
- Through the right channel
- At the right time in the patient journey

**SAY:**

We'll begin with the first of the Five Rights of Patient Education for Infection Prevention: the right educational information.

The right educational information includes the education topics that are important for the prevention of CAUTIs and CLABSIs.

These topics include:

- Informing patients of the risks of Foley catheters and central lines
- Patient and visitor hand hygiene
- Consistent maintenance care of devices
- Support to speak up

**Slide 7**


**1: The right educational information**

**Slide 8**
**The right educational information**

The right educational information includes the topics that are important for the prevention of CAUTIs and CLABSIs:

- ✓ Informing patients of the risks of Foley catheters and central lines
- ✓ Patient and visitor hand hygiene
- ✓ Consistent maintenance care of devices
- ✓ Support to speak up

**SAY:**

Patients may be unaware that Foley catheters and central lines pose a risk of infection and that removing these devices as soon they are no longer medically necessary minimizes this risk. This is particularly important as catheters or central lines can be viewed as a convenience and left in longer than necessary. Three points can be used to convey the risk of these devices to patients:

- Having a Foley catheter or central line puts you at risk of developing an HAI ...
- ... and an HAI will require additional medical treatment ...
- ... therefore, the sooner these devices are removed, the less your risk for prolonged time in the hospital.

**Slide 9**
**Informing patients of the risks of Foley catheters and central lines**

Patients may be unaware that Foley catheters and central lines pose risks for infections and that removing these devices as soon they are no longer medically necessary reduces this risk.

These three points can be shared to convey information about these risks to the patient:

- 1) Having a Foley catheter or central line puts you at risk of developing an HAI ...
- 2) ... and an HAI will require additional medical treatment ...
- 3) ... therefore, the sooner these devices are removed, the lower your risk for prolonged time in the hospital.

**SAY:**

Hospitals should consistently send the message that everyone's hand hygiene is critical for the prevention of CAUTIs and CLABSIs. Patient and family education about hand hygiene should:

- Educate patients and their visitors about the importance of hand washing before touching a Foley catheter or central line.
- Emphasize the need for patients to wash their hands before using Foley catheter wipes or chlorhexidine gluconate (CHG) wipes for their central line.
- Reiterate the need for hand hygiene for patients who leave the hospital with their device.

**Slide 10**
**Patient and visitor hand hygiene**

Hospitals should consistently send the message that everyone's hand hygiene is critical for the prevention of HAIs such as CAUTIs and CLABSIs. Patient and family education about hand hygiene should:

- ✓ Educate patients and their visitors about the importance of hand washing before touching a Foley catheter or central line
- ✓ Emphasize the need for patients to wash their hands before using Foley catheter wipes or chlorhexidine gluconate (CHG) wipes for their central line
- ✓ Reiterate the need for hand hygiene for patients who leave the hospital with their device

**SAY:**

Some patients may decline care of their Foley catheter or central lines. For example, some patients may not like the CHG baths for their central line because it feels sticky on their skin. When patients don't understand the importance of care and hygiene for infection prevention, they may be less likely to agree to adopt them.

Patient education about the maintenance care of their devices should:

- Educate patients about the critical role of maintenance care in infection prevention for their Foley catheter or central line.
- Involve multiple roles in patient education (e.g., nurses, physicians, Infection Preventionists) to show a consistent message about the necessity of Foley catheter and central line care across the care team.
- Bring the patient into the decision making process about when Foley catheter and central line care happens. Patients frequently have little control over their healthcare experience. For example, being awoken to receive care. Allowing patients to identify when Foley catheter and central line care occurs can make them feel in greater control over their hospital experience.

**Slide 11**
**Consistent maintenance care of devices**

When patients don't understand the importance of maintenance care and hygiene for infection prevention, they may be less likely to use them.

Patient education about the maintenance care of their devices should:

- ✓ Educate patients about the critical role of maintenance care in infection prevention for their Foley catheter and/or central line
- ✓ Involve multiple individuals in different roles (e.g., nurses, physicians, Infection Preventionists) to show a consistent message about the necessity of Foley catheter and central line care across the care team
- ✓ Bring the patient into the decision-making process about when Foley catheter and central line care happens

**SAY:**

Patients may not realize they have the right to speak up for their safety in the hospital. Giving patients the permission and support to speak up can make them partners with their care team to prevent infections.

Hospitals frequently encourage patients to speak up about their care if they have concerns about their safety. One example of this is when they don't see their care providers perform appropriate hand hygiene. Speaking up can be extended to encourage patients to speak up about their safety related to their Foley catheter or central line.

Care providers should reassure patients that it is appropriate to speak up for their safety. Specifically, the care team can:

- Equip patients with the words to use when their care providers, family members, or visitors are not performing appropriate hand hygiene, especially before someone touches a patient or their devices. Preparing patients to speak up by giving them scripts like “Did I miss seeing you wash your hands?” can make them more comfortable in raising their concerns.
- Educate patients on what to expect about the care of their devices while in the hospital and encourage them to speak up when that care is not performed as expected. For example, patients should know that their care providers should scrub the hub for 15 seconds before accessing their central line. Providers can encourage patient engagement in their device care by asking patients to count along with them as they scrub the hub.
- Encourage patients to ask their care providers every day if they still need their Foley catheter or central line.

**Slide 12**
**Support to speak up**

Patients may not realize they have the right to speak up for their safety related to their Foley catheter or central line.

Care providers should reassure patients that it is appropriate to speak up. Specifically, the care team can:

- ✓ Equip patients with the words to use when their care providers, family members, or visitors are not performing appropriate hand hygiene: “Did I miss seeing you wash your hands?”
- ✓ Educate patients on what to expect about the care of their devices while in the hospital and encourage them to speak up when that care is not completed as expected
- ✓ Encourage patients to ask their care providers every day if they still need their Foley catheter or central line

**SAY:**

The CDC and Society for Healthcare Epidemiology of America offer patient education resources for the prevention of CAUTIs and CLABSIs.

Infection Prevention teams, patient experience departments, or patient education departments may also help with the development of new patient education materials.

**Slide 13**
**Patient education resources**

Centers for Disease Control and Prevention

- ✓ CLABSI Resources for Patients <https://www.cdc.gov/hai/prevention-resources.html>
- ✓ CAUTI Resources for Patients [https://www.cdc.gov/hai/ca\\_uti/uti.html](https://www.cdc.gov/hai/ca_uti/uti.html)

Society for Healthcare Epidemiology of America

- ✓ FAQs about CLABSIs [https://www.shea-online.org/images/patientsNNI\\_CLABSI.pdf](https://www.shea-online.org/images/patientsNNI_CLABSI.pdf)
- ✓ FAQs about CAUTIs - [https://www.shea-online.org/images/patientsNNI\\_CA-UTI.pdf](https://www.shea-online.org/images/patientsNNI_CA-UTI.pdf)

**SAY:**

The next right is delivering education to the right person.

Delivering education to the right person means that both patients and family members or caregivers should be educated about the prevention of CAUTIs and CLABSIs.

Educating and empowering patients can allow them to contribute to the safety of their care and has been utilized successfully to address patient safety issues such as medical errors and care provider hand hygiene. When educated about the risk of HAIs, and the actions they can take to reduce these risks, patients can also contribute to the prevention of these infections.

In the hospital setting, not all patients may be feeling well enough to advocate for themselves. In this case, educating a patient’s family member or caregiver can allow them to act on behalf of the patient.

Educating the family or caregiver is also important when they may be closely involved in the care of the patient, for example post-discharge.

**Slide 14**

**Slide 15**
**To the right person**

Delivering education to the right person means that both patients and family members or caregivers should be educated about how to help prevent CAUTIs and CLABSIs.

**Patients**

✓ When educated about the risk of HAIs, and the actions they can take to reduce these risks, patients can help in efforts to prevent these infections.

**Family members or caregivers**

✓ Not all patients may be feeling well enough to advocate for themselves in the hospital or take care of themselves after discharge. In this case, educating a patient’s family member or caregiver can allow these others to act on behalf of the patient.

**SAY:**

The right format, the third on our list, describes the types of resources that can be used to deliver patient and family education.

Because patients and family members may have different preferences for how they consume information, or may need a different format in different instances, it is important to offer education in a variety of formats. Different formats may also be better suited to deliver different types of messages.

Different formats for patient education include:

- Paper resources (e.g., booklets, packets, handouts)
- Posted resources (e.g., posters and digital signage)
- Electronic resources (e.g., patient portals, internet)

**Slide 16**

**Slide 17**
**In the right format**

The right format describes the types of resources that can be used to deliver patient and family education.

Different formats for patient education include:

- ✓ Paper resources (e.g., handouts, booklets, packets)
- ✓ Posted resources (e.g., posters and digital signage)
- ✓ Electronic resources (e.g., patient portals, internet)

**SAY:**

The value of paper resources is that patients do not need an electronic device to access them and can make notes directly on paper. The length and format of these resources varies depending on the intent. For example, a one-page handout or infographic is quite different from a 16-page handbook or a 45-page packet.

*(Continued on the next page.)*

**Slide 18**
**Paper resources**

The value of paper resources is that patients do not need an electronic device to access them and can make notes directly on paper. The length and format of these resources varies depending on the intent. Handouts are 1-2 pages and can tell a focused story about:

- Why devices are used
- The risks that Foley catheters or central lines create for infection and their consequences for the patient
- The steps the patient, caregiver, and care team can take to keep the patient safe
- What behaviors to expect from care team members and how to speak up in support of their own care
- Discharge instructions

Handbooks and information packets are generally longer and can serve as reference guides for patients.



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Understanding these approaches can help ensure that the right message is being heard.

Handouts are 1-2 pages and can tell a focused story about:

- Why devices are used
- The risks that Foley catheters or central lines create for infection and its consequence to the patient
- The steps the patient, caregiver, and care team can take to keep the patient safe
- What to expect from care team behaviors and how to speak up in the care context
- Discharge instructions

This kind of information can be quickly conveyed, is not complicated, and can be used to ensure that patients and their caregivers know what to expect and know when to speak up.

Handbooks and information packets are generally longer and can serve as a reference guide for patients. The longer format allows for more in-depth discussion of complex issues, the inclusion of greater detail, and can prompt the patient to think about the entire care process. For instance, handbooks provided upon admission can describe general infection prevention practices and their role in ensuring patient safety in the hospital.

## SAY:

Signs, posted flyers, and electronic communication methods such as TV screens, tablet home screens, or screensavers can be used to remind patients about infection prevention practices.

For example, resources posted in patient rooms can be used to remind patients about the maintenance care of their devices. For instance, a sign on each patient’s bathroom door can ask patients “Do you have a central line? Did you bathe with CHG?” and include an explanation of the importance of this care for infection prevention. This may be particularly helpful for those situations in which patients themselves are performing the maintenance care of their device. Other signs that say “Scrub the Hub” can help remind patients about the appropriate care to expect for their central lines when the maintenance care is being performed by their care provider.

Flyers posted in more public locations, such as outside patient rooms, hallways, or elevators, can inform patients and their caregivers about infection prevention policies that apply to all patients. For example, posted flyers can convey the importance of device removal and can reinforce that this is a policy for all patients, which can address resistance to device removal that may occur if patients see their device as a convenience.

Posters can also be used as a friendly reminder to patients that they are encouraged to speak up as partners in infection prevention. Providing this message in a way that is visible to everyone (both patients and staff) helps create an environment in which the patient can feel comfortable and confident speaking up for their safety.

## Slide 19

### Posted resources

Signs, posted flyers, and electronic communication methods such as TV screens, tablet home screens, or screensavers can be used to remind patients about infection prevention practices.



- ✓ Resources posted in patient rooms can be used to remind patients about device maintenance care.
  - ✓ “Do you have a central line? Did you bathe with CHG?”
  - ✓ “Scrub the Hub”
- ✓ Flyers posted in more public locations, such as outside patient rooms, hallways, or elevators, can inform patients and caregivers about infection prevention policies that apply to all patients.
  - ✓ Posted flyers can convey importance of device removal
- ✓ Posters can also be used as a friendly reminder to patients that they are encouraged to speak up.

**SAY:**

To ensure that patients who want information about caring for themselves and preventing infection have easy access to the most accurate material, organizations can provide electronic resources to patients and their families. If the hospital does not provide such resources, patients may go looking for this information on their own. To ensure patients have the correct information, hospitals should provide resources that patients can easily access electronically.

Patient portals are an electronic source of information that patients can access during their hospital stay, through an inpatient portal, or outside of the hospital, through an outpatient portal. Including educational materials in these portals can allow patients easy access to information that is important to infection prevention during their hospitalization or after their discharge. Providing information through a patient portal ensures the patient will have continued access to these resources, unlike paper resources that can be easily misplaced. Patients may also find it convenient to have educational resources stored in the portal where they can also review other information pertinent to their health, such as test results, or perform tasks to manage their health care, such as sending messages to their care team.

For patients who may not have a patient portal, or for caregivers who do not have access to their family member's portal, it is valuable to also provide educational materials on the public hospital website. This information should be easy to locate using the hospital website's directory or search bar. Ensure patients and their caregivers know these resources are available by directing them to these websites.

**SAY:**

To create resources that are easy to understand, they should follow several basic guidelines. They should be written at a 6th-grade reading level or lower; use plain language and avoid medical jargon when possible, explaining medical terms when it is necessary to use them; use short sentences and paragraphs; and use visuals such as pictures, illustrations and infographics instead of words when possible.

**Slide 20**
**Electronic resources**

To ensure that patients who want information about caring for themselves and preventing infections have easy access to the most accurate material, organizations can provide electronic resources to patients and their families.

**Patient portals**

✓ Can provide patients with access to their personal health information and educational materials during their hospital stay (through an inpatient portal) or outside of the hospital (through an outpatient portal).

**Public hospital websites**

✓ Provide information for patients who do not have a patient portal as well as for family members and caregivers.

**Slide 21**
**Guidelines for patient education resources**

To create resources that are easy to understand, they should be:

- ✓ Written at a 6th-grade reading level or lower
- ✓ Use plain language (i.e., avoid medical jargon when possible and explain medical terms when necessary)
- ✓ Use short sentences and paragraphs
- ✓ Use visuals (e.g., pictures, illustrations, infographics) instead of words when possible

**SAY:**

The right channel, the fourth of the Five Rights of Patient Education for Infection Prevention, involves the right person to deliver the education and the right way to deliver that education.

Care providers are the ones responsible for delivering patient education, which should be reinforced through discussions.

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**Slide 23**
**Through the right channel**

The right channel involves the right person to deliver the education and the right way to deliver that education.

- ✓ Care providers are the ones responsible for delivering patient education.
- ✓ Verbal instructions should be used to reinforce educational topics.

**SAY:**

Nurses are often the ideal providers of patient education due to their proximity to patient care. As they interact with patients at the point of care, nurses have the opportunity to communicate and reinforce infection prevention education topics throughout a patient's hospital stay. However, involving multiple roles in patient education (e.g., nurses and physicians) is important to convey a consistent message about infection prevention to the patient. For example, some patients may be more likely to accept maintenance of their device if it is reinforced by their physician in addition to their nurse.

**Slide 24**
**Care providers**

- ✓ Nurses are often the ideal providers of patient and family education due to their involvement in a patient's care.
- ✓ Involving individuals in multiple roles (e.g., nurses and physicians) in patient education is important to ensure a consistent message about infection prevention is delivered to the patient.

**SAY:**

All educational topics should be covered through discussion with the patient, even when other resources (e.g., handouts, signs, patient portals) are provided. These discussions may be particularly impactful at the time of device insertion, during device maintenance, and during rounding.

These discussions should not happen just once; discussion about patient education topics should occur multiple times to reinforce their importance. It may be necessary to reiterate educational topics especially when patients resist recommended care (e.g., declining maintenance or removal of devices).

Verbal communication of education topics can be supplemented with other resources. For example, remind patients that information is available for them to review in their admission handbook or patient portal and point out to patients the posted signs visible to them that are meant to remind them about their role in infection prevention practices (e.g., performing hand hygiene, performing device maintenance, and speaking up when they have a safety concern).

**Slide 25**
**Verbal instructions**

- ✓ Discussions may be particularly impactful at the time of device insertion, during device maintenance, and during rounding.
- ✓ Discussion about patient education topics should occur multiple times to reinforce the importance of these topics.
- ✓ These discussions can remind patients that information is available for them in paper, posted, or via electronic resources.

**SAY:**

The fifth Right of Patient Education for Infection Prevention is that educational information should be delivered at the right time in the patient journey.

There are many opportunities to deliver patient education throughout a patient's hospital stay. Providing information at multiple times is important to reinforce these education topics.

These times include:

- At admission
- When providing care, including device insertion and maintenance
- At other times during the hospital stay
- At discharge

**SAY**

Booklets or packets provided upon admission can cover general infection prevention information (e.g., hand hygiene) as well as practices specific to the prevention of CAUTIs and CLABSIs (e.g., the role of CHG baths for device maintenance).

These resources can make it clear to patients as soon as possible that they have a role in their safety in the hospital and that they can speak up about their concerns.

This sets the tone that the hospital culture supports patient engagement, which can encourage patient's participation in infection prevention practices.

**SAY:**

Patient education about the risk of CAUTIs and CLABSIs should be provided at the time of device insertion.

Patients should also be informed that these devices will be removed as soon as possible to reduce the risk of developing a CAUTI or CLABSI.

When performing clinical care of Foley catheters and central lines, describe why you are performing this care and its importance for infection prevention.

**Slide 26**

**Slide 27**
**At the right time in the patient journey**

There are many opportunities to deliver patient education throughout a patient's hospital stay. Providing information at multiple times is important to reinforce these education topics:

- ✓ At admission
- ✓ When providing care, including during device insertion and maintenance
- ✓ At other times during the hospital stay
- ✓ At discharge

**Slide 28**
**At admission**

- ✓ Booklets or packets provided upon admission can cover general infection prevention information (e.g., hand hygiene) as well as practices specific to the prevention of CAUTIs and CLABSIs (e.g., the role of CHG baths for device maintenance).
- ✓ These resources can make it clear to patients that they have a role in their safety in the hospital and that they can speak up about their concerns.
- ✓ This sets the tone that the hospital culture supports patient engagement, which can encourage patients' participation in infection prevention practices.

**Slide 29**
**When providing care, including during device insertion and maintenance**

- ✓ Patient education about the risks of CAUTIs and CLABSIs should be provided at the time of device insertion.
- ✓ Patients should also be informed that these devices will be removed as soon as possible to reduce the risk of developing a CAUTI or CLABSI.
- ✓ When performing clinical care of Foley catheters and central lines, describe why you are performing this care and its importance for preventing infections.

**SAY:**

Take advantage of other opportunities to deliver patient education when patients and their care providers are present.

For example, rounding at the bedside may already involve discussion between providers about the removal of devices. Include patients in these discussions by letting them know why devices should be removed as soon as possible to reduce the risk of developing a CAUTI or CLABSI.

Bedside rounding is also an opportunity to encourage patients to speak up. Hearing this message from multidisciplinary roles during rounding may be particularly helpful to create an environment in which patients feel comfortable speaking up to all members of their care team.

**Slide 30**
**At other times during the hospital stay**

- ✓ Take advantage of other opportunities to deliver patient education when patients and their caregivers are present.
- ✓ Include patients in discussions about removal of devices during bedside rounding.
- ✓ Bedside rounding is also an opportunity to encourage patients to speak up.

**SAY:**

If patients are discharged with their devices, they should be provided education about what signs of infection they should look for and how to care for their device at home.

This should include discussion about whether the patient can take care of the devices themselves or if a caregiver will be taking care of the patient. If a caregiver will be involved in the care of the patient after discharge, be sure they also receive the education they need to properly care for the patient's device.

Direct patients and their caregivers to additional education resources (e.g., discharge instructions, outpatient portal, hospital websites) that they can easily access outside of the hospital.

**Slide 31**
**At discharge**

- ✓ Provide discharge information that includes education about what signs of infection patients should look for and how to care for their device(s) at home.
- ✓ Educate caregivers if the patient cannot take care of their device themselves.
- ✓ Direct patients and their caregivers to additional education resources (e.g., discharge instructions, outpatient portal, hospital websites) that they can easily access outside the hospital.

**SAY:**

In the next section of this presentation, we'll discuss two additional topics related to delivering infection prevention education to patients: standardizing patient education and Patient and Family Advisory Councils.

**Slide 32**
**Delivering infection prevention education to patients**

Standardizing patient education

Patient and Family Advisory Councils

**SAY:**

First, we'll cover standardizing patient education.

Encouraging patients to participate in their care to promote safety requires effectively engaging patients in infection prevention.

Standardizing infection prevention education for patients has two primary benefits, in that it:

- Creates a culture that establishes the patient's role in their care,
- And empowers patients with the information they need to reduce infection risk.

Two touch points for the development of components of standardizing patient education and engagement strategies are:

- Standardize an approach to education and engagement
- Use the Electronic Health Record (EHR) to support the delivery of patient education

**Slide 33**



**Slide 34**

**Standardization of infection prevention education for patients**

Encouraging patients to participate in their care to promote safety requires effectively engaging patients in infection prevention.

Standardizing infection prevention education for patients has two primary benefits, in that it:

- 1) Creates a culture that establishes the patient's role in their care
- 2) Empowers patients with the information they need to reduce infection risk

Two touch points for standardizing patient infection prevention education are:

- 1) Standardize the overall approach to patient education
- 2) Use the Electronic Health Record (EHR) to support the delivery of patient education

**SAY:**

Patient Facing strategies include the standardization of the education and standardization of the delivery.

To standardize the education, create standardized education materials for patients with a Foley catheter or central line and enforce an expectation of educating every patient with these devices.

To standardize the delivery, establish clear expectations about who is responsible for educating the patient, when the education should occur, what resources and topics are included, and how the education should be documented.

**Slide 35**

**Standardize an approach to patient education: Patient-facing strategies**

Patient-facing strategies include standardization of the education and standardization of the delivery.

**Standardize the education:**

- ✓ Create standardized education materials
- ✓ Reinforce an expectation of educating every patient

**Standardize the delivery by establishing expectations about:**

- ✓ Who is responsible for educating the patient:
- ✓ When the education should occur
- ✓ What resources and topics are included
- ✓ How the education should be documented

**SAY:**

Clinician Facing strategies include normalizing the knowledge, standardizing the deployment, and reinforcing the message of patient education.

To normalize the knowledge, all clinicians across the hospital should be aware of the strategies to engage patients in infection prevention.

To standardize the deployment, ensure consistent patient engagement strategies occur across units. Patients may travel between units for different aspects of their care, but they should expect all units to be a united front on patient engagement. For example, if a patient is expected to count along with their nurse during the 15 seconds they “scrub the hub,” this should occur regardless if they are transferred to a new unit within the hospital.

To reinforce the message, make staff aware of procedures to escalate patient education, when necessary. This may be particularly important in situations where patients may refuse their infection prevention care (e.g., Foley catheter perineal care or central line CHG baths) and care providers need support to reinforce education to the patient. For example, let bedside nurses know who to go to in order to enforce education – a charge nurse, nurse manager, physician, or leadership.

**Slide 36**
**Standardize an approach to patient education: Clinician-facing strategies**

Clinician-facing strategies include normalizing the knowledge, standardizing the deployment, and reinforcing the message of patient education.

**Normalize the knowledge:**

- ✓ All clinicians across the hospital should be aware of the strategies to engage patients in infection prevention.

**Standardize the deployment:**

- ✓ Ensure consistent patient engagement and education strategies occur across units.

**Reinforce the message:**

- ✓ Make staff aware of procedures to escalate patient education, when necessary.

**SAY:**

The EHR can serve to automate the assignment of patient education and to document that education was delivered.

In planning to use the EHR to perform this function, organizations can:

- Develop order sets for the deployment of Foley catheters and central lines that automatically create an order/alert for patient education about the device.
- Create alerts for patient education when infection prevention procedures are declined by the patient (e.g., the patient declines the CHG bath for their central line). An alert, in this instance, can help nurses escalate to other care providers (e.g., charge nurse, nurse manager, physician, or leadership) the need for patient education.
- Ensure care providers know it is their responsibility to document patient education in the EHR.

**Slide 37**
**Use the Electronic Health Record (EHR) to support the delivery of patient education**

The EHR can automate the assignment of patient education as well as document that education was delivered. In planning to use the EHR to perform these functions, organizations can:

- ✓ Develop order sets for the deployment of Foley catheters and central lines that automatically create an order/alert for patient education about the device(s).
- ✓ Create alerts for patient education when infection prevention procedures are declined by the patient that escalate the need for patient education to other care providers.
- ✓ Ensure care providers know it is their responsibility to document patient education in the EHR.

**SAY:**

Finally, let's go over Patient and Family Advisory Councils.

Many healthcare systems utilize Patient and Family Advisory Councils (PFACs) to obtain patient perspectives and feedback. Collaborating with PFACs to review educational materials and protocols can help to ensure infection prevention education is delivered in a way that patients and their families find useful and impactful. PFACs can:

- Review website design
- Review education materials
- Help develop materials to respond to emerging issues that involve interaction between the healthcare system and patients (i.e., role of PFAC during COVID)
- Help to refine the process of delivering education to make it more patient-centric.
- Facilitate the understanding of barriers patients may face to participating in infection prevention and elicit their opinions about how to overcome these challenges.

**Slide 38**

**Slide 39**
**Patient and Family Advisory Councils (PFACs) in support of infection prevention**

Collaborating with Patient and Family Advisory Councils (PFACs) to review educational materials and protocols can help to ensure infection prevention education is delivered in ways that patients and families find useful and impactful. PFACs can:

- ✓ Review website design
- ✓ Review education materials
- ✓ Help develop materials to respond to emerging issues that involve interaction between the healthcare system and patients (e.g., role of PFAC during the COVID-19 pandemic)
- ✓ Help refine the process of delivering education to make it more patient-centric
- ✓ Improve understanding about barriers patients may face to participating in infection prevention and elicit opinions about overcoming these challenges

**SAY:**

If your hospital does not have a PFAC, there are resources on the web to guide your organization through their implementation. Notably, when establishing PFACs, organizations should:

- Involve senior leadership in the discussion of the purpose and objectives of the Council. In these discussions, it can be important to note PFACs can increase patient engagement, improve the patient-centeredness of care, and change institutional culture. In establishing a PFAC, leadership may want to set expectations in terms of how Councils will be used to improve hospital practices.
- Establish or leverage Patient Experience Departments for overseeing PFACs including recruiting and training advisors and facilitating communication with the appropriate groups within the institution.
- Ensure that engagement with PFACs includes feedback about how their work matters. PFAC members want to understand the impact of their work. Hospitals should plan to provide regular feedback to members throughout projects and a summary of impact upon completion. PFACs work best when the hospital attends to the ongoing relationships with members by connecting occasionally outside of Council meetings. Some organizations send birthday cards or greetings for special occasions while others simply connect via phone call or email.

**Slide 40**
**Establishing PFACs**

If your hospital does not have a PFAC, there are resources on the web to guide your organization about how to establish and implement a PFAC. Notably, when establishing PFACs, organizations should:

- ✓ Involve senior leadership in the discussion about the purpose and objectives of the PFAC
- ✓ Establish or leverage existing Patient Experience Departments that can oversee PFACs including recruiting and training advisors and facilitating communication with the appropriate groups across the institution
- ✓ Ensure that engagement with PFACs includes providing advisors with feedback about how their work matters

**SAY:**

There are many ways to recruit patients and family members to join a PFAC. The right members make a difference, as does ensuring that the membership is robust.

There are several important points to consider when recruiting members for PFACs:

- Recruitment is a continuous process. While Council Members may have predefined terms, they may also leave the Council when they feel like their commitment is completed. A robust membership process will be needed to ensure that open spots are not left vacant for an extended period of time when existing members leave.
- Recruit patients with experiences relevant to the goals of the Council. Some initiatives may require specific expertise or perspectives from Council Members. For example, to inform infection prevention practices that prevent HAIs, recruit patients who were hospitalized and were at risk for these infections (e.g., who received an indwelling urinary catheter or central line as a part of their care).
- Unit managers can help identify and recruit potential advisors. Unit managers may have important insight into those patients who might function well as advisors because of the variety of patients and family members they interact with. Educate unit managers about what a PFAC is and what its role will be at your hospital, and provide a clear description of what to look for in potential advisors and appropriate processes to follow to suggest a patient for this role.
- Posters, electronic communication, and personal communication can make patients and family members aware of PFACs and encourage them to join. Posters can describe the Patient and Family Advisory Council and direct interested patients to ask their provider about this opportunity or call a Council representative. Maintaining an information website for the Patient and Family Advisory Council can also provide a mechanism of self-referral by patients. Patients may also be referred to the Council by care providers either during their hospitalization or after their hospitalization in a follow-up visit.
- Establish diversity in the Council by considering the demographics of Council Members, such as race, gender, and age when recruiting. For example, the majority of Council Members may be over 65 years of age, as it can be harder to recruit younger patients (e.g., between ages of 18-50). Working with unit managers can help the recruitment of diverse Council Members.
- Provide appropriate accommodations to encourage Council Member participation.

When planning meetings, think about these items:

- When Council meetings can occur in person, provide explicit instructions about meeting locations and parking options
- Choose meeting locations that are easy to find and accessible
- Provide parking vouchers to meeting attendees

*(Continued on the next page.)*

**Slide 41**
**Recruiting for PFACs**

Recruiting patients and family members for Councils includes many considerations:

- ✓ Recognize that recruitment is a constant effort
- ✓ Advisors should be recruited who have experiences relevant to the goals of the Council
- ✓ Ask unit managers to help identify and recruit potential advisors
- ✓ Use posters, electronic communications, and personal communications to make patients and family members aware of PFACs and encourage them to join
- ✓ Establish diversity in the Council by considering the demographics of members including race, ethnicity, gender, age, etc.
- ✓ Provide appropriate accommodations to encourage Council Member participation

(Continued from the previous page.)

When meetings must occur virtually, reach out to Council Members to assess if they have the appropriate resources to participate in this style of meeting, such as:

- Do they have internet access?
- Do they have a device with which they can access the meeting?
- Do they understand how to access the virtual meeting?
- Use virtual meeting platforms that can accommodate multiple methods of participation (e.g., video or phone call)

### SAY:

There are a number of resources available to support the establishment of PFACs. These include:

- AHRQ, which provides resources to support patient engagement in hospital quality and safety, including a PFAC implementation handbook.
- IPFCC, which offers resources on the establishment and effective use of PFACs to improve patient-centered care.
- The Beryl Institute, which provides access to external resources and internal educational resources about how PFACs can positively impact patient experience with their healthcare.
- PCORI, which offers information and resources about how PFACs can impact patient-centered outcomes, including a toolkit for engaging PFACs in research.
- And American Essential Hospitals, which provides a handbook with advice for creating and sustaining PFACs.

### Slide 42

#### Resources for the creation and use of PFACs

- ✓ Agency for Healthcare Research and Quality (AHRQ): <https://www.ahrq.gov/patient-safety/patient-families/engagingfamilies/strategy1/index.html>
- ✓ Institute for Patient and Family Centered Care (IPFCC): <https://www.ipfcc.org/>
- ✓ Beryl Institute: <https://www.theberylinstitute.org/page/PFAResources>
- ✓ Patient-Centered Outcomes Research Institute (PCORI): <https://www.pcori.org/research-results/2015/building-knowledge-how-patient-family-advisory-councils-pfacs-engage-patient>
- ✓ America's Essential Hospitals: <https://essentialhospitals.org/quality/a-blueprint-for-patient-advisory-boards/>

### SAY:

In summary, patients can play a role in the prevention of CAUTIs and CLABSIs when they are educated about their risks and what they can do to reduce those risks. Consider the Five Rights when developing strategies for patient education about infection prevention:

- The right educational information
- To the right person
- In the right format
- Through the right channel
- At the right time in the patient journey

Standardize infection prevention education for patients to create a culture that establishes the patient's role in their care and empowers patients with the information they need to reduce infection risks.

Involve PFACs to support patient education about infection prevention and ensure education is delivered in a way that patients and their families find useful and impactful.

### Slide 43

#### Summary

Patients can play a role in the prevention of CAUTIs and CLABSIs when they are educated about their risks and what they can do to reduce those risks.

- ✓ Consider the Five Rights when developing strategies for patient education about infection prevention:
  - ✓ The right educational information
  - ✓ To the right person
  - ✓ In the right format
  - ✓ Through the right channel
  - ✓ At the right time in the patient journey
- ✓ Standardize infection prevention education for patients
- ✓ Involve PFACs to support patient education about infection prevention

**SAY:**

Please complete the Needs Assessment Worksheet to reflect on ways in which patient education about the prevention of CAUTIs and CLABSIs could be improved at your hospital.

**Slide 44**

**Using the worksheet**



Please complete the **Needs Assessment Worksheet** to reflect on ways in which patient education about the prevention of CAUTIs and CLABSIs could be improved at your hospital.

Use the responses in the **Needs Assessment Worksheet** to guide next steps your hospital can take to improve patient education.

**SAY:**

The key takeaway from this presentation is this: Maximize the impact of HAI communications to frontline staff by using metrics and measures that are meaningful to them and be sure to celebrate successes.

**Slide 45**

**The key takeaway is ...**

- ✓ Educating patients and families early and often about HAI risks and prevention measures makes them valuable partners in their care.