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## Contact precautions-How patient centered are they?

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## Background



Use of contact precaution (CP) is recommended by the Center for control (CDC) to prevent transmission of infectious agents in health care settings nation wide. <sup>1</sup> CP entails performing adequate hand hygiene, wearing protective gowns and gloves when caring for patients with proven or suspected infections with multi drug resistant organisms or Clostridium difficile. <sup>1</sup>

The Institute for Medicine (IOM) released a useful frame work on accessing quality of health care. This frame work consists of 6 domains that identify high quality health care as: Safe, Timely, Effective, Efficient, Equitable and Patient centered. <sup>2</sup>

Patient centered care is the domain which strongly emphasizes the need for providing care that is respectful of patients preferences. With the patient being empowered to make decisions on their care after being adequately informed and educated about their clinical status. <sup>3</sup>

On a daily basis, numerous patients hospital wide at Abington- Jefferson Health (AJH) are placed on CP. This study was performed with the aim improve the patient centeredness of CP by at least 50% by September 2017 through planning and executing strategies focused on ensuring delivery high quality patient education.

## Method

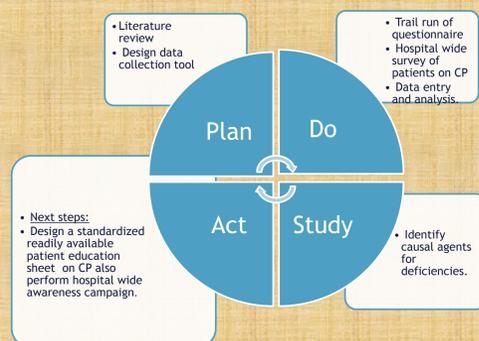
The data collecting tool was a questionnaire that consisted of 11 questions structured to measure patient satisfaction with the quality of education provided before CP was implemented and also to evaluate overall satisfaction with the quality of health care provided by the hospital. A trial run was performed before it was administered to patients in the study group. The study group consisted of patients on CP from April till May 2017.

Exclusion criteria were age <18, a history of dementia, presence of delirium or other conditions leading to altered mental status, critical illness and patients requiring mechanical ventilation.

Data obtained was summarized using descriptive statistics and also inferential statistics. Also, p-values were two tailed with a level of <0.05 taken as significant.

This study was approved by the Intuition al Review Board at AJH.

## PDSA cycle .



## Results

- A total number of 64 patients were recruited.
- Analysis of obtained data revealed the alarming fact that up to 60.3% of respondents were not satisfied with the quality of education provided before CP was implemented.
- Also, a staggering total of 66.1 % the sampled population did not receive any clear notification before being placed on CP. Furthermore 28.1% admitted to not being sure why they were placed on CP. With 15.6% of respondents admitting to feeling alarmed during their first contact with staff wearing the protective apparel.
- Twenty –one percent (21%) of respondents did not feel that the staff strictly adhered to the set precautions with 44.3% of the sampled group indicating that they were not committed to remind staff to comply with set precautions if needed.
- Sadly, 42.9% indicated that they were unable to clearly answer enquiries from their family/visitors regarding CP.

Figure 1: Received notification before being laced on CP.

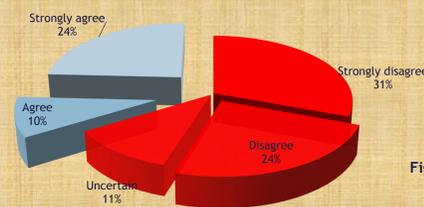


Figure 2: Satisfied with quality of education provided before CP was started

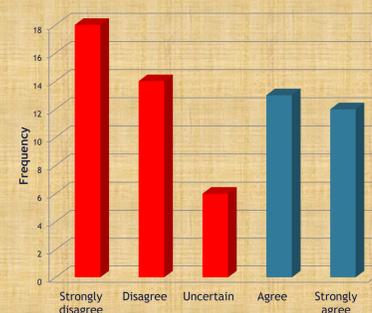
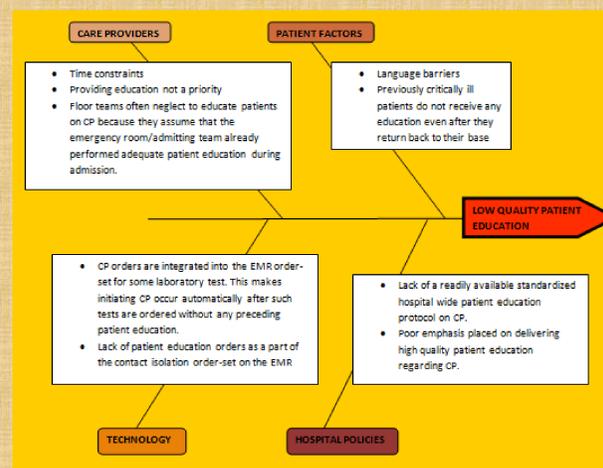


Figure 3: Fish bone diagram showing causes of low quality of patient education.



## Discussion

Findings from this study revealed an alarming deficiency in the quality of patient education provided to patients on CP. This is in line with results from previous studies which revealed that patients on CP expressed a greater degree of dissatisfaction with care provided and also reported inadequate understanding of CP. <sup>4,5</sup>

Although subjects in this study did not express an overwhelming dissatisfaction with the overall quality of care provided (85.5% of respondents indicated that they were satisfied with care provided), the sizeable extent of dissatisfaction with the quality of patient education is a clear basis for prompt hospital wide interventions.

Analysis of causal agents revealed that the deficiency was multi-factorial as outlined in figure 3.

A multidisciplinary approach h is necessary to help bridge this gap. Stake holders include : physicians, nurses, members of the epidemiology unit , information technology team and also the hospital administrative department.

Predicted outcomes of improved patient education include: higher levels of patient satisfaction and more patients being empowered to act as advocates to ensure staff adherence to CP.

## Future directions.

- The next phase of this study will involve another PDSA cycle in which a standardized patient information sheet will be created . These will be distributed by nursing staff on the floors to eligible patients placed on CP. Questionnaires will subsequently administered to these patients to access satisfaction with quality of education provided. If the goal of at least 50% improvement is met then a recommendation will be made to integrate this standardized sheet widely available in the hospital.
- Other helpful interventions include : hospital wide awareness campaigns, creating a patient education order and integrating this into existing CP order sets.

## References

- Siegel J.D., Rhinehart E., Jackson M., and Chiarello L.: 2007 guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. (Accessed May 15th, 2017, at 12:15pm <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>)
- Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.
- J. Conway, B. Johnson, S. Edgman-Levitan et al., “Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System,” background paper for invitational meeting of patient-centered care leaders, June 2006.
- Kirkland K.B., and Weinstein J.M.: Adverse effects of contact isolation. Lancet 1999; 354:pp.1177-1178.
- Gasink L.B., Singer K., Fishman N.O., Holmes W.C., Weiner M.G., Biker W.B., et al: Contact isolation for infection control in hospitalized patients: is patient satisfaction affected? Infect Control Hosp Epidemiol 2008; 29:275-278.