Adequate patient education - The key to improving patient experience while being under contact precautions?

Edoso Eloho MD, Mary Naglak PhD, Doron Schneider MD, Hadiatou Barry MD, Babatunde Ogunike MD, Puneet Dhillon MD, Neethu Gopisetti MD.

INTRODUCTION

In the health care setting, there is the ever present risk of transmitting disease causing micro-organisms. These may be spread through contact with health care workers and objects in the environment. As a result of this, the Center for Disease Control (CDC) has recommended the implementation of contact precautions (CP) in the health care setting in an attempt to curb the spread of pathogens. Patients are placed on CP if they are known or suspected to be infected with infectious agents which can cause disease transmission. Health care personnel are required to wear gloves and gowns before entering their rooms of patients on CP. Unfortunately, data has emerged that suggest that patients under contact precautions may be more prone to decreased patient satisfaction with care.

OBJECTIVES

To improve patient satisfaction with the quality of education provided about CP by at least 30% by the end of 7 months. Through the provision of a standardized patient education sheet to hospitalized patients placed on CP within their first 24 hours being placed under contact isolation.

METHODS

This study was executed in two phases at the Abington Hospital (AH) from April 2017-February 2018. Patients under contact isolation were randomly selected to participate in the study. The first phase of the study ran for 4 months and 100 patients participated. During this arm of the study, patients placed under contact precaution received a standardized questionnaire that determined both their satisfaction with the quality of education provided about contact precautions and also their satisfaction with the quality of health care provided by the hospital. The second phase was the intervention arm and lasted for 7 months in which 74 patients participated. During this phase, participants received a standardized education sheet on contact precaution within the first 24 hours of being placed under isolation precautions. The educational sheet was in laymans terms and contained information regarding the rationale behind initiating CP and what things to expect while on CP. Respondents in phase 2 also subsequently received the same standardized questionnaire administered in phase 1.

RESULTS

Comparison of data from the two phases of the study revealed that the more people in the intervention arm of the study indicated that they strongly agreed to having a clear understanding of why they were placed on CP (75.4% vs 35.6%, p value < 0.01). When compared with phase 1, more patients in phase 2 expressed satisfaction with the overall quality of education provided by the health care delivery team regarding CP (71% vs 35%, p value < 0.01). A greater proportion of ore patients in the intervention arm expressed a strong satisfaction with the quality of health care provided in the hospital (71.0% vs 61.8% in phase 1, p value = 0.028).

In the intervention arm of the study, a question structured to ascertain whether the respondents found the educational sheet provided beneficial was included in the questionnaire. This was a balancing measure put in place to ensure that the information provided in the educational sheet was not perceived as redundant, confusing or irrelevant. Seventy-nine percent of the respondents agreed that the intervention provided was helpful.

CONCLUSION

Providing standardized educational sheets on CP to hospitalized patients placed on isolation precautions is a time effective, easily implementable and cost effective way of improving both patient’s satisfaction with care and understanding of CP.

REFERENCES

