SURGICAL PATIENT EDUCATION (PE) MATERIAL AND THE INFECTION RELATED-CONTENT

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INTRODUCTION

• Healthcare associated infections (HAI) (WHO 2011) are endangering patient safety (WHO 2009) and lowering the quality of care (EU 2009)

• Surgical-site infections (SSI) are one of the most common HAI’s (ECDC 2010) with the incidence of ~5.6 per 100 surgical procedures (Allegranzi et al. 2011)

• Improvement of hygienia is the best action to lower infections (Anderson et al. 2008, Weber et al. 2008, Galway et al. 2009)
INFECTION PREVENTION AND CONTROL FROM THE PATIENT EDUCATION POINT OF VIEW

• Typically targeted on professionals (Pittet et al. 2005), hospital hygienia (Kirby & Mazuski 2009) and surveillance (Owens & Stoessel 2008)

• Most of the infection control education are ment for professionals (Farmer et al. 2008, Yokoe & Classen 2008, Gould et al. 2010, Thomas et al. 2010)

• The ultimate goal is to improve the patients participation with patient education (Car et al. 2011, EU 2009, WHO 2009)
PATIENTS ROLE IN INFECTION CONTROL

• Patients role and involvement is essential (Pittet et al. 2011)

• Mostly about hand hygiene although only a few studies done (Safdar & Abad 2008, Yardley et al. 2011, Miller et al. 2012)

• Effective are posters, peer education and visualization (Farrington 2007, Farmer et al. 2008, Yokoe & Classen 2008, Gould at al. 2010, Thomas at al. 2010)

• Web-based methods are recommend (Harbarth et al. 2003, Safdar & Abad 2008):
  • Lowers the health care costs
  • Effective on infection prevention

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WHAT IS THE IMPACT OF THE PATIENT EDUCATIONAL INTERVENTIONS FOR THE INCIDENCE OF SSI?

• Preoperative patient education increases SSI with over diagnoses
  (Whitby et al. 2007)

• Incidence of the SSI lowered by 54 %
  (Thu ym. 2007)

• The length of antibiotics lowered significantly
  (Thu ym. 2007)

• Hospitalization was shorter
  (Thu ym. 2007)
METHOD

• Nationwide – University hospital level
• General surgical patient education (PE) material (N=237)

• For the quality of the PE material
• The level of empowerment
• Infection control related material
RESULTS – FOR THE QUALITY

• To use preoperatively (18 %)

• Mainly about medical facts

• Contact in the case of problems (58 %, n=137)

• Provide contact information (n=57)
RESULTS – THE LEVEL OF EMPOWERMENT

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0 Not at all empowered
4 Empowered
RESULTS – INFECTION CONTROL MATERIAL

• Indirectly

• Risk factors
• Preoperative PE
• Postoperative PE

Risk factors
• Overweight 40%
• Smoking 30 %
• MRSA carrier 20 %
• Nutrition level 20 %
• Diabetic’s blood sugar level 15 %
RESULTS – INFECTION CONTROL MATERIAL, CONT.

**Preoperative PE**

- The length of hospitalization 50%
- The cleansing of the skin 45%
- Removal of hair 30%
- Transfusion 5%

**Postoperative PE**

- Touching the wound 60%
- Hand hygiene 60%
- Contact information 42%
- The care of the wound 40%
- SSI symptoms 30%
- Handling the drain 25%
- Reporting of the SSI 3%

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"I must be growing up. I've caught myself washing my hands without being told to."
CONCLUSION

• Web-based education models for swine flu pandemic showed great potential of patient education interventions (Miller et al. 2012, Yardley et al. 2011)

• Need to
  • increase patient participation
  • use the information society's education methods like multimedia solutions
THANK YOU!

Kiitos! Tack!
Danke!
Merci!
Děkuji!
¡Gracias!
Grazie!
Gratias agimus tibi
REFERENCES


• Full list of references are available from the author