142BEvidence Tables for Chapter 32. Promoting Engagement by Patients and Families To Reduce Adverse Events (NEW)

Table 1, Chapter 32. Evidence table: patients engagement

| **Author, year** | **Description of PSP**  **Multiple interventions or multifaceted interventions** | **Study design**  **Sample size** | **Theory or logic model** | **Description of organization** | **Contexts** | **Implementation details** | **Measurement tool** | **Outcomes: Benefits** | **Outcomes: Harms** | **Influence of contexts on outcomes** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Weingart, 20041 | Proving patients with personalized medication list to help prevent medication errors | RCT  209 | No | Boston teaching hospital | Organizational characteristics: a 40-bed unit; The unit used paper medication order forms that were faxed to the pharmacy and entered into the hospital’s electronic pharmacy information system; CPOE not available at time of study |  | Patient surveys; identification of med incidents through interviews of pharmacists, housestaff, electronic review | adverse drug rate between intervention and control  8.4% versus 2.9%, p=0.12  close-call rate between intervention patients and controls  (7.5% versus 9.8%) p=0.57  patients aware of drug-related mistakes during the hospitalization-  11% |  |  |  |
| McGuckin, 20042 | Asking all health care workers who had direct contact with them, “Did you wash/sanitize your hands? | Pre-post  35 | No | A 24-bed inpatient rehabilitation unit located in an acute care university hospital | Teamwork, leadership, culture: Nurse manager was member of research team | Visit with patient by premed to discuss hand hygiene (HH); education brochure; prompt to ask providers re HH; video; visual aid prompt | soap/sanitizer usage per resident-day before, during, and after the intervention | Hand Hygiene per resident day  5 to 9.7 during intervention, 6.7 at 6 weeks, 7.0 at 3 months. p<0.001 for all timepoints |  | Patients asked physicians 40% of time, nurses 95% of time | % of patients comfortable asking - 75%  % of HCWs washing hands when asked by patient-60% |
| Stone 20073 | ‘Patient empowerment’ (materials  telling patients to ask HCWs to clean their hands).  Included other interventions as well as patient engagement: bedside alcohol hand rub, ward posters changed monthly, pts encouraged to ask HCWs to clean their hands). An optional component was six-monthly audit and feedback of hand hygiene | Pre-post  187 acute hospitals | No | 187 acute hospitals | Implementation Tools: National Patient Safety Agency’s ‘Clean Your Hands Campaign’ (CYHC) seeks to improve 293 healthcare workers’ (HCWs) hand-hygiene behaviour in England and Wales |  |  | Monthly median alcohol hand rub (AHR) use: 44 pre to 56 post; p<0.001  Combined median use of AHR and soap: 13.2 to 31 ml/patient bed-day;  Health care-associated infection rates: No changes apart from seasonal changes in norovirus and CDAD |  | increase may have been confounded by a change in soap/AHR provider | limitations of self-reported data; high response rate; targeting use of AHR, changed many aspects of hand-hygiene behaviour, increasing AHR  use in particular, across the acute sector of the  NHS without reducing soap usage. Audit and feedback, a component emphasized much less than  AHR and posters, was less widely implemented. |