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[1329] Infection prevention as a shared responsibility - improving the patient experience during contact isolation

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Introduction:

Being cared for in contact isolation can have negative effects on the psychological well-being of patients in hospitals. Improving the patient experience during contact isolation might alleviate the adverse psychological effects. Our objective was to map the experience of patients in contact isolation in a Dutch university hospital and to explore opportunities for improvement from a design perspective.

Methods:

Semi-structured, qualitative interviews with patients (n=6) and healthcare providers (n=10) and direct observations of patient care at two different wards (3 hours) were performed. Literature review on patient experience and collective action theory were conducted to explore opportunities for improvement of the patient experience during contact isolation.

Results:

Based on the results, a patient journey was made, revealing three main findings:

- 1) the sense of responsibility among healthcare providers, patients, and visitors is shattered;
- 2) the experience during contact isolation differs among patients. Three personas were identified: a) Independent Isa, appreciating autonomy, b) Compliant Chris, accepting isolation and c) Social Susan, feeling socially isolated;
- 3) the first time in contact isolation is overwhelming for patients.

Collective action theory has potential to be applied to the context of infection prevention. A community feeling among healthcare providers, patients, and family might increase the sense of joint responsibility in curbing the spread of multi-drug resistant microorganisms. Providing information throughout the isolation process may contribute to patient understanding and knowledge: Information is best received when patients and family actually have questions. For patients to feel comfortable asking questions, healthcare providers should be receptive to questions about contact isolation.

Conclusion:

An improved patient experience during contact isolation could be established by considering the following three design principles: 1) Infection prevention programmes should be designed as a shared responsibility, 2) Information about infection prevention and contact isolation should be provided at multiple moments throughout the patient journey and accessible when patients and family have questions and 3) Information on contact isolation should be tailored to different stakeholders and patient types.