Keeping the Public’s Trust:
How to Communicate about NHSN Data and HAI Prevention

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Communication Landscape

- **HAIs generate significant press**
  - Shift to regional or local focus
- **Wide and varied audiences**
  - Need for reaching a broad healthcare team
- **Our science is complex**
  - Topics are difficult for consumers to grasp
- **Numerous prevention recommendations**
  - No one behavior can prevent all HAI threats
- **Need for strong risk communications**
  - Patients may feel variety of feelings: fear, loss of trust, lack of control
Objectives for HAI Communications

- Increase patients’ and caregivers’ awareness around healthcare-associated infections
- Educate healthcare providers on best practices to prevent HAIs in all healthcare settings
- Improve transparency and accountability around reporting of medical errors

Communication Science: Myths vs. Actions

<table>
<thead>
<tr>
<th>Myths</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Telling the public about a risk is more likely to cause undue alarm</td>
<td>Decrease the potential for alarm by giving people a chance to express concerns</td>
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<tr>
<td>We shouldn’t go to the public until we have the problem solved</td>
<td>Discuss information about prevention programs early and involve consumers in the process</td>
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<tr>
<td>Consumer advocates stir up unwarranted concerns</td>
<td>Patient advocates help focus public attention that can even result in increased resources for IP programs. Work with them rather than against them.</td>
</tr>
<tr>
<td>HAIs are too difficult for the public to understand</td>
<td>Focus on delivering clear communication!</td>
</tr>
<tr>
<td>Risk communication is not my job</td>
<td>Effective communication is valuable for everyone in healthcare. You can play a unique role in leading this effort within your institutions and at the bedside.</td>
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Best practices in communication

- Select specific audiences for messages
  - Audience segmentation

- Learn from audiences and shape messages for them with their input
  - Formative evaluation
  - Working with consumers

- Use what we know about behavior
  - Behavior theory
  - Example: if you are tackling a healthcare provider behavior, use observation.

- Use multiple channels to reach audiences and to repeat messages
  - Optimizing exposure to messages
  - Frequency of the message can reinforce the behavior

- Build in feedback loops
  - What are audiences hearing?
  - How are they responding?

We will discuss how to...

- Maintain trust with your patients, public, policymakers, and media

- Ensure accountability – improving communications around public reporting of HAI data

- Engage consumers toward infection prevention efforts

- Enhance transparency – what to do when things go wrong?
  - Patient notification events
BEING ACCOUNTABLE
Improving communications around public reporting of HAI data

Changing landscape of HAI public reporting

- 28 states and D.C. have public reporting laws
- CMS requirements are impacting facilities nationwide:
  - Hospitals
  - Dialysis facilities
  - Long term acute care hospitals
  - Inpatient rehabilitation facilities
  - Acute care hospitals
  - Outpatient surgical centers

We all need to be able to explain HAI data!
**Limited data on patient's understanding of infection reporting**

- Limited assessment of what patients understand from publicly reported infection data
- Focus groups done by HHS Region VI
  - Tested 6 examples of publicly reported data that is currently being used
  - Preference for data as displayed on CMS’ Hospital Compare or combination of numbers and symbols
  - Mixed responses on how data would influence decision making
  - Full analysis and report being written
- **What you can do**
  - Release information simultaneously with data releases to frame the story for your facility, organization, or system

### Hospital Name | Result
<table>
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**Central Line-Acquired Bloodstream Infection (CLABSI) at All 100 Hospitals**

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### Trust and Credibility Factors

- When communicating on infection data, maintaining trust is critical
- Risk communication literature identifies 4 factors that determine whether the public will perceive a messenger as trusted and credible
  1. Empathy and Caring
  2. Honesty and Openness
  3. Dedication and Commitment
  4. Competence and Expertise

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Seven Rules for Maintaining Trust

1. **Stop digging**
   The first thing to do when you are stuck in a hole: stop digging. Overconfidence or over-reassurance makes the credibility hole deeper.

2. **Acknowledge the situation**
   If you don’t acknowledge the situation, people will think you are not aware and then they will start rumors.

3. **Empathize and even apologize**
   Never let your efforts prevent your acknowledging the tragedy of an illness, injury, or death.

4. **Listen to and legitimize the public’s concerns**
   Your goal is to produce an informed public, not to defuse public concerns or replace actions.

5. **Ensure transparency**
   Be honest, frank, and open. Trust and credibility are difficult to obtain; once lost, they are almost impossible to regain.

6. **Set up accountability mechanisms**
   Let people know what you will do to address the issue and how you will report progress.

7. **Forecast new emerging problems on the horizon**
   Anticipate future patient safety channels and how you are going to address them.

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What you can personally do to win and keep public trust

- **Always do your homework**
  - Advance of public release of data
    - Pull your infection data; Brief individuals up the chain to ensure no surprises
    - Assess who else you should communicate with in the state
    - Engage consumers in advance
    - Develop a communication strategy

- **Dialogue as much as possible**
  - Communicate in a proactive manner
    - A communication vacuum can lead to escalating rumors

- **Be transparent wherever possible**

- **Messages must address emotional responses**
  - Expect a variety of emotional and practical responses from consumers
  - Empathy, caring, honesty, openness, dedication are key!
### Communicating with the Public
#### Avoiding Pitfalls

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<tr>
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<th>Do…</th>
<th>Don’t…</th>
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<td><strong>ACRONYMS</strong></td>
<td>Define all technical terms and acronyms</td>
<td>Use language that may not be understood by even a portion of your audience</td>
</tr>
<tr>
<td><strong>NEGATIVE ALLEGATIONS</strong></td>
<td>Refute the allegation without repeating it</td>
<td>Repeat or refer to the negative allegation</td>
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<tr>
<td><strong>RELIANCE ON WORDS</strong></td>
<td>Use visuals to emphasize key points</td>
<td>Rely entirely on words</td>
</tr>
<tr>
<td><strong>TEMPERMENT</strong></td>
<td>Remain calm. Use a question or allegation as a springboard to say something positive</td>
<td>Let your feelings interfere with your ability to communicate positively</td>
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<tr>
<td><strong>CLARITY</strong></td>
<td>Ask whether you have made yourself clear</td>
<td>Assume you have been understood</td>
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<tr>
<td><strong>ABSTRACTIONS</strong></td>
<td>Use examples or analogies to establish a common understanding</td>
<td>Assume that people understand the complexity of HAIs</td>
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<td>Promise only what you can deliver. Set and follow strict deadlines.</td>
<td>Make promises you can’t keep or fail to follow through on promises made.</td>
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<td><strong>MONEY</strong></td>
<td>Refer to the importance you attach to health and safety; remember your moral obligation to public health outweighs financial considerations.</td>
<td>Refer to the amount of money spent as a representation of your concern. Allow cost to get mixed into a conversation associated with patient safety.</td>
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<td><strong>RISK</strong></td>
<td>Give your best estimation, based on the science, on the risk (especially associated with infection control lapses).</td>
<td>State absolutes or expect the lay public to understand risk numbers.</td>
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<td><strong>BLAME</strong></td>
<td>Take responsibility for your share of the problem; use empathy.</td>
<td>Try to shift blame or responsibility to others.</td>
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<td><strong>NUMBERS</strong></td>
<td>Emphasize performance, trends, and achievements. Explain what you are going to do to improve, especially if the numbers are bad.</td>
<td>Turn the conversation into an attack on the accuracy of the numbers, the system, or place blame elsewhere.</td>
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ENGAGING CONSUMERS

Engaging consumers is critical

- External viewpoint always beneficial
  - Get feedback on messages and communication efforts
  - Ensure that what we are embarking on makes sense to people outside your inner circle
  - Verify that the actions we are taking are appropriate given the risk
  - Cooperation increases credibility

- To the extent possible, involve consumers in the decision-making process
  - Engage early and clarify their role
  - Acknowledge situations where input is heard, but may not always be acted upon

- REMEMBER -- At the end of the day, we all want the same thing – Patient Safety!
How CDC started working with patient advocates

- Regular conference calls with patient advocates
- Collaborations on topic-specific projects
- Specific calls to explain our science as embargos lift
- Held first “Conversation with Consumers” at CDC in June 2010

Response from Consumer Meeting – Blog Quotes

“Never in my wildest dreams did I expect to be sitting in a conference room, having a ‘conversation’ with top ranking CDC physicians and others…”

“…the CDC is becoming more consumer friendly.”

“It was wonderful to hear the CDC officials saying that ELIMINATION is their goal.”

“CDC and activists intend this hospital infection conversation to be ongoing in order to support the CDC’s efforts on infection prevention and for the CDC to incorporate consumers perspectives moving forward.”
Engaging a patient advocate

- Start local – look for advocates who are outside your healthcare system but in the vicinity
- Groups you can tap for assistance
  - Consumers Union or other patient safety groups
  - State HAI Advisory Board (most have a patient advocate)
- Initial face-to-face meeting to establish plan for working relationship
- Regular conference calls (monthly) and periodic face-to-face meetings (quarterly)
- Items to discuss:
  - Progress on prevention collaboratives
  - New initiatives
  - Communicating with patients and the community
  - Public reporting of infection data

ENHANCING TRANSPARENCY

Patient notification events -- what to do when things go wrong?
Factors Influencing Risk Perception

Perceptions of risk are influenced by many factors, not just numerical data

More accepted risks:
Those perceived to…
- Be voluntary
- Be under an individual’s control
- Have clear benefits
- Be natural
- Be generated by a trusted source
- Be familiar
- Affect adults

Fischhoff et al. 1981

Less accepted risks:
Those perceived to…
- Be imposed
- Be controlled by others
- Have little or no benefit
- Be manmade
- Be generated by an untrusted source
- Be exotic
- Affect children

Fischhoff et al. 1981
Coming Soon: Patient Notification Toolkit

- Provides communication assistance to local/state health departments, healthcare facilities, and others
  - Example letters
    - Sample letter with no disease transmission identified
    - Sample letter with disease transmission identified
    - Sample letter for primary healthcare provider notification of testing recommendations
    - Sample patient test results letter (for negative results)
  - Planning for media
    - Writing messages, spokesperson prep, etc.
    - Example press releases and media fact sheets
  - Call center support
    - How to set up your call center
    - Questions and answers for call centers
  - Risk communication expertise

Website Resources

- A Primer on Health Risk Communication Principles and Practices:
- Visit CDC On-line:
  - [www.cdc.gov/hai](http://www.cdc.gov/hai)
- CDC’s Safe Healthcare Blog
  - [http://www.cdc.gov/safehealthcare](http://www.cdc.gov/safehealthcare)
- CDC’s Expert Commentary Series on Medscape
Take Away Points

- Plan early
  - Engage partners and build relationships before a crisis
- Be transparent
- Communicate often
- Listen and be compassionate in your messaging
- Include patient advocates, your audience, in your planning efforts
- Focus on clear language
- Learn from others on what worked

Questions?

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