Infection Control in the General Practice Waiting Room: A Qualitative Study

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Never Stand Still | Faculty of Medicine | School of Public Health and Community Medicine

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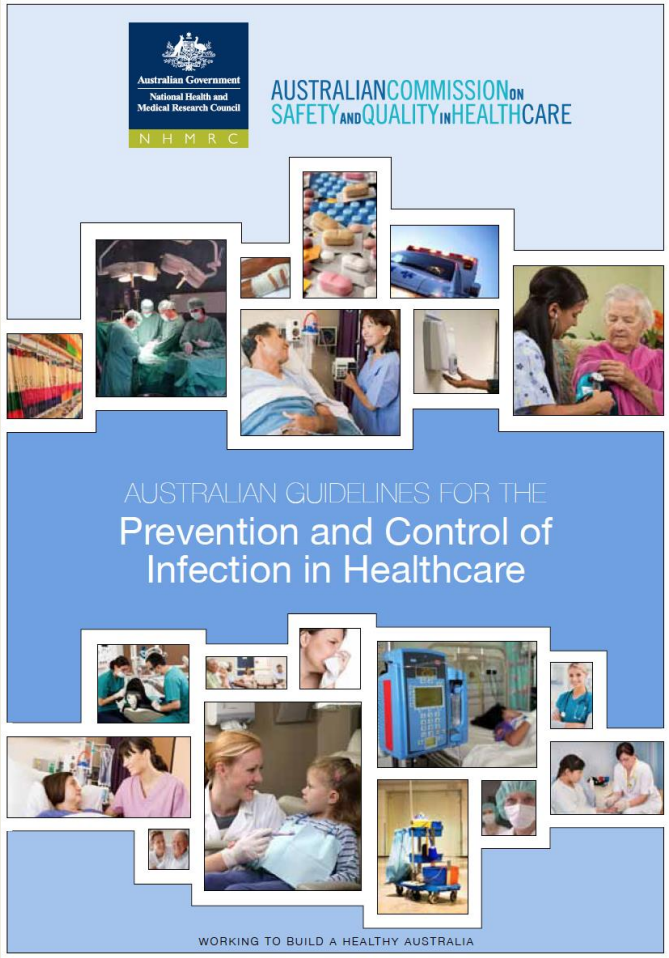
Why?

Why?

- Clinical encounter

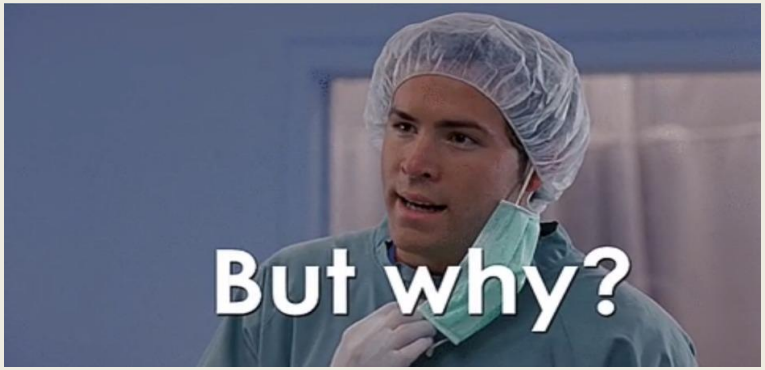
Background

- Limited studies in primary care infection control



Background

- There is either a lack of awareness or lack of adherence to infection control guidelines in general practice[1,2]



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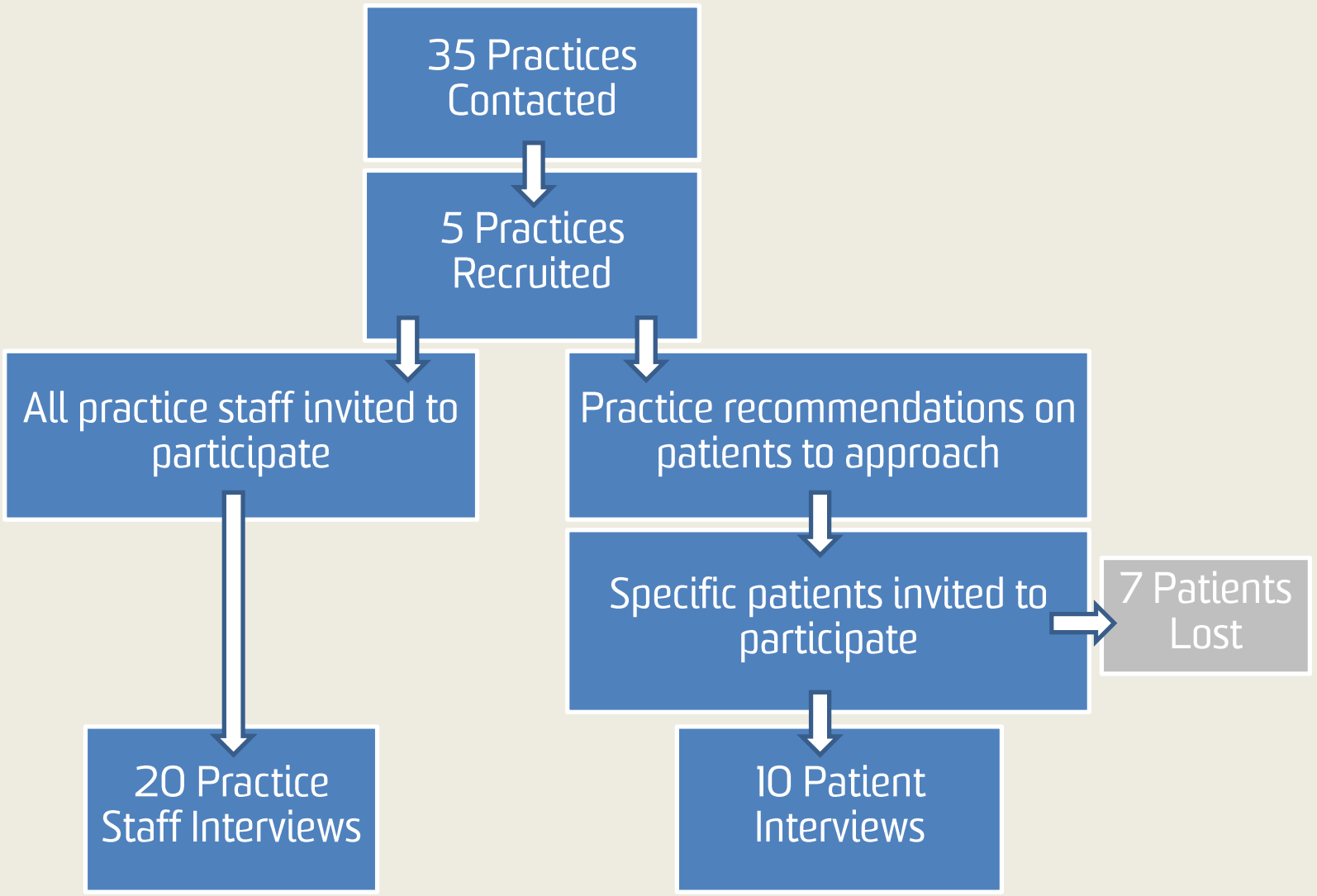
Primary Objective

What are the current infection control practices in GP waiting rooms and how can we understand them?

Secondary Objectives

- Beliefs surrounding infection control
- Perceived relevance & importance of infection control
- Response to infectious illness
- Perceived infectious hazards and their management
- Cleaning and disinfection practices for environmental surfaces
- Attitudes, barriers and suggestions for improvement

Recruitment & Methods



Methods & Sample

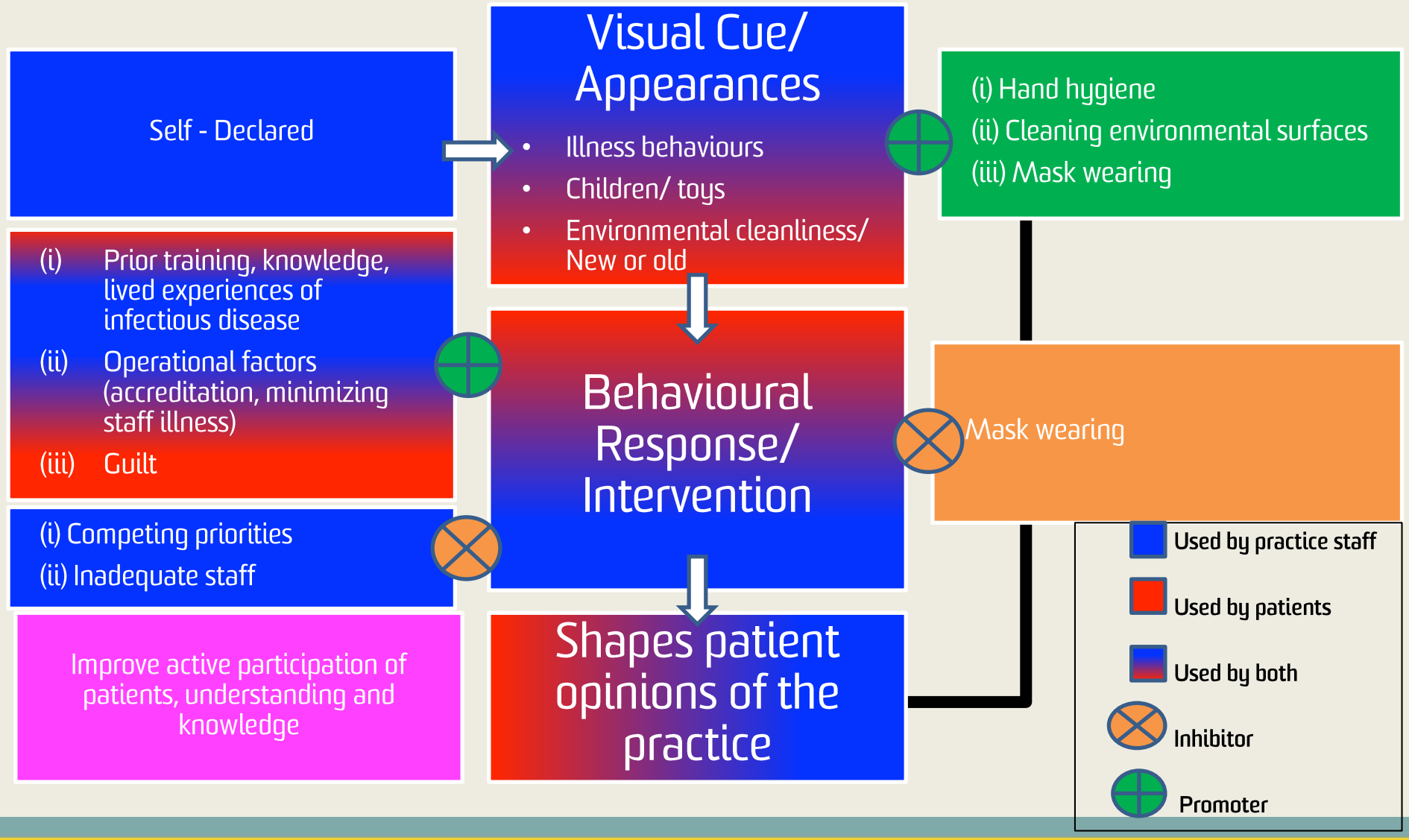
- Methods
  - Descriptive in-depth case studies of approximately 5 general practices in Sydney
    - Observation over a nine hour period in each waiting room
    - One-to-one semi-structured interviews with practice staff and patients
    - Demographic data form
  - Corbin & Strauss's grounded theory framework

- Sample
  - Sydney General Practices (Private; No hospital affiliation)
  - Participants that were comfortable conversing in English and > 18yo

Results

- What infection control practices are used?
  - By practice staff:
    - Hand hygiene (for staff)
    - Isolation (for patients)
      - Infectious patients
      - Non-infectious “high-risk” patients
    - +/- Masks (for patients)
    - Wiping down of reception counter and keyboards
  - Contracted cleaners
  - By patients:
    - Social distancing
    - Passive acceptance/ No behavioural change

Results


Self - Declared
Visual Cue/ Appearances
Illness behaviours
Children/ toys
Environmental cleanliness/ New or old
(i) Hand hygiene
(ii) Cleaning environmental surfaces
(iii) Mask wearing
(i) Prior training, knowledge, lived experiences of infectious disease
(ii) Operational factors (accreditation, minimizing staff illness)
(iii) Guilt
Behavioural Response/ Intervention
Mask wearing
(i) Competing priorities
(ii) Inadequate staff
Improve active participation of patients, understanding and knowledge
Shapes patient opinions of the practice
Used by practice staff
Used by patients
Used by both
Inhibitor
Promoter

Conclusion

- Practices use an intuitive framework for approaching infection control in the waiting room, rather than a specific pathway of policies or guidelines

Quote

““I find the infection control standards quite overwhelming… I don't know if they could condense it or do something to make it a bit easier for busier practises to adopt things without having to read the whole document because personally I, myself haven't even read the document word for word. Too hard. I don't have time…”

Quote Cont'd

"I think it is necessary to have all the information, but I'm just wondering if there is a way to communicate that information in a more succinct way or a more condensed way so that people don't get bogged down I guess, because I think that's it. I think it's quite overwhelming, especially when you're busy to have to sit there and go, "Okay, do I tick all the boxes?" We get accredited and what not, but there's nothing to say that we've ticked every single box in the infection control standards as part of the accreditation process. They usually come in. They have a look. They'll ask you some questions. They'll assess you based on that. But it's not like tick, tick, tick, tick, tick, tick, unless you're going to audit yourself and do it or get someone external, which in my opinion I don't think a lot of practises will bother with due to budget and time constraints."

Limitations

- No information on rural practices
- No information on small practices with only one or two GP's
- No interviews with participants from NESB
- Recruitment bias?

References

1. Gignon M, Farcy S, Schmit J L, Ganry O. Prevention of healthcare-associated infections in general practice: Current practice and drivers for change in a French study. Indian J Med Microbiol 2012;30:69-75
2. Sneddon J, Ahmed S, Duncan E. Control of infection: A survey of general medical practices. J Public Health Med 1997;19(3):313-9

This study was approved through the South Western Sydney Local Health District Human Research Ethics Committee (Project Number HE17/076)

Questions?

Thank You!