

Solution: Building Safety into the Health Care System: Patients and Providers in Partnership – Accurate Communication Guidelines for Success

Organization: Lupus Mid-Atlantic

Type: Primary Care
Acute Care,
Specialty Hospital,
Long Term Care

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IDENTIFICATION:

When we were little, our parents probably told us to, “Look both ways”, when we were crossing the street, always bring two #2 pencils to class, and listen to the teacher...among other warnings. Preparation for the “unexpected” is a necessary exercise for all ages, especially when it comes to health care issues. It is my objective to offer a few rules to keep patients safer in the often-unfamiliar settings where patients are receiving care. Hospitals, emergency rooms and “new” health care settings are often environments where accurate communication is essential and especially difficult to achieve.

The health care system often seems like a set of mazes, hoops, and perilous trails which must be traversed, while patients and providers attempt to communicate without the luxury of time to adequately listen to each other. When roadblocks interfere with communication among staff, patient, and providers of care, safety is often compromised. So, “Look both ways,” “Grab those pencils”, and “Be prepared to listen to each other” to exchange complete information when attempting to attain an accurate diagnosis. Only then, can the medical team provide appropriate instructions to the patient and his family.

The patient or his advocate is responsible to maintain and bring “up to date” information to share with those whom he entrusts to care for him. The medical team must ensure that this information is current and available to all health care providers who are managing the patient. From intake to discharge planning, with all “hand-offs” in between, it is incumbent on all of us to appreciate that communication is a dynamic process.

In 1999, the Institute of Medicine reported that medical errors affect between 44,000 and 98,000 hospitalized patients annually. The Joint Commission on Accreditation of Healthcare Organizations has responded with new health standards. These standards are designed to create an environment of safety, in which medical errors can be openly addressed to facilitate solutions.

PROCESS:

The authors of Don't Bet Your Life: How To Be Your Own Patient Advocate created a guide and teaching program to facilitate accurate and efficient communication between patients and health care providers in a variety of health care situations and settings. The book and message is adaptable to small and large groups as well as staff or patient/family oriented programs. This first program was conducted as part of a Maryland Lupus Foundation conference in 2003. The

program was open to medical staff, patients, and their families. Feedback from participants and colleagues fostered the development of additional clinical and academic programs. The goal was to share these tools with a variety of clinicians and participants. It was hoped that these initiatives might encourage patients and educators to develop their own resources for their own unique needs.

The book and program have been modified to apply to a variety of forums such as Nursing Grand Rounds, a Health Care Quality Safety Symposium, and an undergraduate student workshop focused on decreasing stress in the health care environment. Materials from this project, as well as a sample curriculum guide, were offered to schools of nursing and health education programs locally. Additionally, the book has been the basis for content and philosophy in a series of on-going articles related to safety and patient advocacy in the Lupus Mid-Atlantic Newsletter (Lupus News).

Currently, a guide for parents is being developed for tracking children's health history. The objective of this project is to facilitate the transition to adult health care systems. This guide will be particularly useful when a child with a chronic illness and his family seek care for a child in need of adult medical services. Some medical specialists are responsible for the care of both adults and children. Providing an ongoing chronology that is inclusive of genetic, prenatal and familial factors is particularly helpful. Record keeping is usually more complete and, therefore, is more valuable when kept in a prospective manner

SOLUTION:

It has been gratifying to see the attention given to safety initiatives over the past ten years. We have utilized these tools as educators, practitioners, and as patients. We have received positive feedback in questionnaires designed for each audience, as well as suggestions for material that could have been given increased focus or time. We hope to continue to offer these and other communication tools in a variety of educational formats. It is anticipated that educational programming will continue to be sited in a conference or workshop setting for patients and or staff. Lupus Mid-Atlantic plans on continuing the "safety and advocacy" advisory segment in our newsletter. We are considering the possibility of on-line publications as well.

A research project is planned and will be initiated utilizing these principles to further evaluate their impact on patients and providers in a specialist practice. Investigational Review Board (IRB) approval will be requested, so that the results of this project can be reported publicly.

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Don't Bet Your Life:

How To Be Your Own Patient Advocate

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Layout:



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Don't Bet Your Life: How To Be Your Own Patient Advocate