Engaging Patients and Families in Medication Safety

MHA is pleased to co-author the first of four issue briefs with Sheryl Chadwick and DeeJo Miller, family-centered care coordinators with Children’s Mercy Kansas City. Sheryl and DeeJo have experienced both sides of the health care world — as primary caregivers for children with previous cancer diagnoses and as advisors engaging patients and families as partners in the design and delivery of patient care. To date, Children’s Mercy has more than 350 patients and family members serving in advisory roles from the boardroom to the bedside, much of which can be attributed to the efforts of Sheryl and DeeJo. They have spoken nationally on various patient and family engagement topics, and have one of the most robust patient and family engagement programs in Missouri. They are passionate about listening to patients and families, and providing care that not only is safe and compassionate inside the hospital, but also supports a safe and effective transition to the home environment. This issue brief highlights examples of the team’s work at Children’s Mercy to improve medication safety across the care continuum.

As hospitals strive toward achieving the Triple Aim of better health, better care and lower costs, engaging patients and families in their care has become a critical component for success. The global health care system is becoming more complex with patients and families taking on more clinical care provision in the home environment.

Medications are a cornerstone in the treatment of most illnesses and conditions, as well as in health prevention. The increased role of medication throughout the years also has increased the complexity of care delivery for health care providers, patients and families.

The complexity of medication management is the result of many factors, including polypharmacy, lack of patient health literacy, use of high-risk medications, side effect management and look alike/sound alike medications. More than 10,000 prescription medications are available for clinicians to prescribe, with more being developed every day. In the U.S., one-third of all adults take five or more medications per day. With this increased complexity comes increased risk. Adverse drug events account for nearly 700,000 emergency department visits and 100,000 hospitalizations each year, resulting in large financial and human costs.

Given the pivotal and complex role that medication plays in a patient’s care plan, it is imperative to shift the approach to ensure the best outcome for patients. Engaging patients and families...
“When patients, their families, other caregivers and the public are full, active participants in care, health, the experience of care, and economic outcomes can be substantially improved. A learning health care system is anchored on patient needs and perspectives and promotes the inclusion of patients, families and other caregivers as vital members of the continuously learning care team.”

Research shows that patients and families who actively engage with their health care team have better outcomes, often choose less expensive options when participating in shared decision-making, and express greater satisfaction with their health care experiences.

in understanding the medical treatment plan, improving self-management of their condition and medication management is a critical step to improve outcomes and decrease adverse events. This shift in approach cannot be seen as “another task,” but as a way to foster stronger patient-provider relationships for better health. To be effective and transformative, helping patients and families understand treatment and medication management strategies, both in the hospital and after discharge, must become embedded in the culture and daily practice of every hospital.

Evidence shows that providers must engage patients and families in their care to achieve better outcomes. The philosophy of patient- and family-centered care fosters collaboration with patients and families through all aspects of the health care experience, as they are the experts on how best to manage their care. Who better for providers to partner with to create a strategy for medication safety?

At Children’s Mercy Kansas City, patients and families are partners in care from the boardroom to the bedside. Family-centered care coordinators are essential members of many hospital committees and initiatives ranging from the quality and safety steering committee to the adverse drug events committee to bedside communication projects. Children’s Mercy recognizes that engaging PFAs results in better patient outcomes and increased customer satisfaction. A few examples of how patients and families engage in medication safety at Children’s Mercy follow.

**MEDICATION ADMINISTRATION BEST PRACTICES**

When a patient is admitted to the hospital, an identification band is placed on their wrist or ankle. Some patients and family members don’t understand its importance and think it is uncomfortable, so they remove it and place it on the bed, IV pole or a stuffed animal. One parent thought the I.D. band was connected to the billing system, and the purpose of scanning the band was to bill him for medication. He didn’t realize the connection was to medication safety.

**National Patient Safety Goal.01.01.01**

Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

An interdisciplinary committee, which included bedside nurses, education specialists, quality improvement representatives, directors, child life staff and PFAs, focused on The Joint Commission’s National Patient Safety Goal number one — correctly identifying patients before any test, treatment or medication administration. It was important to have a team that could provide the unique perspective of every stakeholder involved in patient identification. The committee met on a monthly basis, collected and shared data, identified barriers to compliance, promoted the use of error prevention techniques, and shared ideas for success.

The high-reliability practice of verifying two patient identifiers is conducted before using the patient’s I.D. band to begin the bar code medication administration process. If the patient is able, or if the parent/guardian is present and awake, they are asked to verbalize the patient’s first and last name, and date of birth to confirm patient identification. This engages the patient and family in the identification process.

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Children’s Mercy implemented the “BAND 2gether” initiative that educates patients and families on the importance of I.D. bands and their link to patient safety. The team created a message for staff to share with families that said, “At Children’s Mercy, our goal is to keep your child as safe as possible. To keep “Johnny” safe, it is important we partner with you to always keep the I.D. band on. Every time we come in, even though we know who you are, we will be asking you to verbalize your child’s first and last name, and date of birth, and if we do not ask, then please speak up.”

In an effort to educate staff on TJC’s number one patient safety goal, the committee took the show on the road. Information and perspectives from patients and families were shared along with the data that was collected from the patient identification tracers. Ten patient identification tracers are conducted every month in each unit. Tracers monitor if the I.D. band is on the patient, if it was checked by staff prior to administering medication, if staff confirmed two specific patient identifiers with the patient or parent, and if the band was compared to the medication label. The ongoing use of monthly tracers ensures continued compliance.

**FAMILY FRIENDLY MAR**

The Family Friendly Medication Administration Report began as an idea from the Family Advisory Board, a group of primary caregivers of children who receive care at Children’s Mercy. They wanted a tool to inform patients and families about medications during their hospital stay.

Upon admission, the nurse prints a Family Friendly MAR and gives it to families. It shows the name, route, dose and frequency of every medication ordered. Also, it lists any known adverse reactions the patient has to medications. Nurses refer to the MAR every time they give a medication. When a new medication is ordered, a new MAR is provided to the patient and family, with new medications indicated by a star. Since the document includes private health information, there are written instructions on how to properly dispose of it.

**CLEAR CARE COMMUNICATION BOARDS**

PFAs were actively involved in the creation of new communication boards designed to engage patients and families during their stay. The boards replaced “white boards” and are designed to enhance communication between families and the entire health care team.

The board is divided into color-coded sections (Figure 1). The health care team completes the purple section that lists the name of the doctor, nurse, care assistant and other important health care team members, as well as activities for the day, treatments and discharge goals. This visible display allows everyone who enters the patient’s room to easily view the plan for the day and helps create a dialogue between the patient, family and health care team.

The green section is for patients and families to complete. An area for contact information and questions is available. There also is a “Things About Me” area where the patient and family can share anything they would like the team to know about them. For example, one patient wrote, “I will only drink strawberry Ensure,” while one teenager wrote, “Don’t talk to me in the middle of the night.”

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The orange section is for patients, families and the health care team to complete together. It is for important information for which all staff should be aware, such as patient diet restrictions or fall risk. An area also is available to indicate medication and food allergies, and other restrictions. Families have communicated that even though their child is wearing a red allergy alert band, they still want the specific allergy or adverse reaction clearly visible in the room for everyone to see.

**DISCHARGE TEACHING STARTS EARLY**

Discharge teaching starts at admission and continues throughout the inpatient stay at Children’s Mercy. At the time of discharge, patients and families can be overwhelmed with the immediate thoughts about what needs to be accomplished once they get home. The worst time to provide education is when a patient is walking out the door.

Medication reconciliation starts the process of engaging the patient and family in their education. At Children’s Mercy, parents are asked about the medication schedule they use at home. Attempts are made to mimic that schedule throughout the inpatient stay to provide consistency between home and the hospital.

Upon discharge, the nurse reviews medications that need to be given at home. New medications are highlighted to ensure the family sees them. The nurse or pharmacist explains each medication in terms that patients and families are able to understand.

**USE TEACH-BACK TO ASSESS UNDERSTANDING**

Teach-back is a technique used by staff to verify that the patient or caregiver has a clear understanding of how to properly administer medications at home. Teach-back is a way of asking patients to repeat in their own words what they need to know or do, in a non-shaming way. It is not a test of the patient, but of how well staff explained a concept. Teach-back creates an opportunity for dialogue in which the provider gives information, then asks the patient to respond and confirm understanding before adding any new information.

Following are examples for staff to use when applying teach-back.

- “I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?”
Teach-back can help close the loop between patient education and patient understanding. It helps identify people who do not understand and creates an additional teachable moment or opportunity where practitioners can re-teach or reinforce the information.

Using teach-back may help prevent medication errors. Figure 2 details a handout that was created for staff as a reminder to use teach-back when explaining medications.

UNDERSTANDING ALLERGIES, ADVERSE REACTIONS AND SIDE EFFECTS

In 2009, Children’s Mercy took a new approach to differentiating more precisely between allergies, adverse reactions and side effects to prescribed medications. A committee of physicians, nurses, pharmacists and PFAs met to create a process for implementing the new information and educating staff and families.

When a parent says their child has an allergy, they are asked detailed questions and given the opportunity to meet with pharmacy staff for further education.

Instead of using the term “allergic,” more precise terminology is used so that a child’s reaction to a particular medication is investigated to determine if it is safe for them to take.

“Teach Back”

- Helps to prioritize important information
- Checks understanding and comprehension
- Provides opportunities to correct/adjust information
- Encourages questions
- Helps with medication adherence
- Improves care outcomes

Applications

- Any teachable moment

  The back of this card has an example of “Teach Back” for use of an Asthma Action Plan.

- Asthma Action Plan

  Remember, learning is a process. Each encounter is a teaching opportunity to reinforce and affirm changes in behavior.
The new approach of differentiating between allergies, adverse reactions and side effects was shared with patients and parents, internal staff, medical students and residents, referring physicians, and other clinical colleagues in the community, such as pharmacies and school nurses. PFAs helped write the messaging for staff to use when talking with patients and families about these important distinctions.

**MEDS TO BEDS PROGRAM**

The outpatient pharmacy at Children’s Mercy recently developed a new program called “Meds to Beds,” where discharge medications are delivered to the patient’s bedside before they leave the hospital (Figure 3).

The pharmacist counsels the patient and family on their medications using teach-back to verify their understanding of how to safely administer medications at home and how effectively they will be able to carry out the instructions. This is done in a private environment, which allows the family to ask questions and the pharmacist to demonstrate the proper way to give medication(s) at home.

Meds to Beds has added another layer to engaging patients and families in medication safety, and the feedback from parents has been very positive. One parent commented, “This is the best program for the relationship between the pharmacy and the patient. Thank you for helping me understand how to give my child all of these medications at home.”

**SUSTAINABILITY AND RELIABILITY OF MEDICATION SAFETY PRACTICES**

Continual evaluation of the patient’s and family’s perception of care is important. Often what staff perceives may not align with what the family experiences. Hearing from the consumer serves as a reality check, as well as identifies possible gaps in care. Three of the tools that Children’s Mercy uses to evaluate medication safety are family experience tracers, formal surveys and patient care observations.

PFAs regularly talk to families during their inpatient or outpatient experience about medication safety. During a family experience tracer, an interview tool is used to guide the conversation between the PFA and the family. Two questions that are always asked include the following.

- “How do the nurses involve you every time they give medicine to your child?”
- “How are you being prepared to take your child home?”

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The information collected is reported to hospital leadership and any safety concerns are immediately addressed. Information also is gathered from patients and families through a formal survey process and observations of staff administering medications. The data gathered is assimilated on a monthly basis and used to ensure that medication safety practices are being followed. The feedback from these tools also is entered into the patient experience database and used to track trends and identify opportunities to improve (Figure 4). Point-of-care observations started in June 2015 and the “BAND 2gether” project was rolled out in September 2015.

LESSONS LEARNED
PFAs are parents of medically-complex patients and know how important it is for the right patient to receive the right dose of the right medication at the right time. Of course, this does not just apply to pediatrics. All hospitals have a responsibility to engage patients in their care, particularly in educating them about medications, which provides a greater chance that patients and families will follow the plan of care accurately and safely at home. Providing the safest care while patients are in the hospital and empowering them to be successful in managing their own care outside the clinical environment should be the ultimate goal of the health care team.

CONCLUSION
Patient and family engagement is the right thing to do. Studies have shown that engaging patients and families in their health care leads to improved patient safety, quality outcomes and financial outcomes for hospitals, better outcomes and higher satisfaction for patients, and improved employee satisfaction.

Understanding and effectively managing medications is critical for improving health outcomes and decreasing adverse events related to medication errors. Patients and families need education that meets their health literacy level and takes into consideration how they will manage care in their home environment. As hospitals strive toward achieving the Triple Aim of better health, better care and lower costs, engaging patients and families in their care has become a critical component for success.

“Patient- and family-centered care is an approach to the planning, delivery and evaluation of health care that is grounded in mutually-beneficial partnerships among patients, families and health care providers.”
- Institute for Patient- and Family-Centered Care

Figure 4: Patient Identification Observations at Children’s Mercy Kansas City, August 2014 to December 2015
REFERENCES


