MHA Quarterly Quality Webinar

Patient and Family Engagement, Webinar 1 of 4
Medication Safety

February 18, 2016

Slides may be downloaded from the webinar platform and will be posted along with the recorded webinar at www.mhanet.com.
Sheryl Chadwick

Sheryl joined the Family Advisory Board at Children’s Mercy Hospital and Clinics as a charter member in 2003. She served as Chairperson of the Board in 2005. Sheryl was hired by Children’s Mercy Hospitals and Clinics as a Family Centered Care Coordinator in February 2008. Her son was diagnosed with ALL Leukemia in 2000 and underwent 3 ½ years of chemotherapy. He has been seen in 22 different clinics and has had 24 surgeries. She has vast experience with both inpatient stays and outpatient clinics. As the mother of four sons, she hopes to improve the health care experience for all children by promoting a relationship in which family members and providers work together to ensure the best service for all families. Sheryl’s background as a Financial Analyst with IBM compliments her role as a parent on staff by allowing her to critically review outcomes and data from patient- and family-centered care initiatives.
DeeJo Miller

After the life changing event of her 13 year old daughter’s cancer diagnosis in 2004, DeeJo’s focus changed from running a preschool to helping families who enter the hospital system with their children. DeeJo was hired by Children’s Mercy Hospitals and Clinics as a Family Centered Care Coordinator in February 2008 to share her experiences and serve as a voice of the families. Spending over 300 days with her daughter as an inpatient inaugurated her into the health care system while allowing her to maintain the point of view of families. She brings this unique perspective to her job.
Medication Safety

Sheryl Chadwick
DeeJo Miller
Family Centered Care Coordinators
Children’s Mercy

The children of Missouri and Kansas

welcome you to their hospital

Please come in... To be well, to learn, to discover.
This place of care, love and hope is for you.
The Region’s Pediatric Health System of Choice

- 354 beds
- 317,453 outpatient visits
- 185,295 ER/UC visits
- 14,538 admissions
- 18,982 surgeries
- 5,263 transports

*All numbers Fiscal 2015
Experts in Pediatric Care

- Nearly 7,000 employees
- 700+ pediatric specialists
- 2,200 nurses
- 1,000+ allied health professionals
- Nearly 1,000 volunteers
Our Locations

Adele Hall Campus
Blue Valley
Northland
East
Kansas
Broadway
West
Our Regional Centers

Joplin

Wichita

St. Joseph
Content Overview

- Benefits of patient and family engagement in medication safety
- Areas to involve Patient/Family Advisors in medication safety
- Examples of communication tools for patients and families that aid in medication safety
“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
Core Concepts of Patient- and Family-Centered Care

- Dignity and Respect
- Information Sharing
- Participation
- Collaboration
Reliability from the Patient & Family Perspective

1. Keep me safe
2. Heal me
3. Be nice to me

...in this order
“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.”

1 Stewart, M., et al. The Impact of Patient-Centered Care on Outcomes, Journal of Family Medicine, 000.Sep;49(9):796-804.
2 Institute of Medicine. (2012). Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. S-23
Literature Shows

- Acute illness causes significant distress for family caregivers.
- Families that function well and provide adequate support can improve the quality of life for someone who is ill.
- Family stress interferes with the ability to receive and comprehend information.
- Repetition and presentation in multiple formats is important for retention.
Patient Family Advisors in Medication Safety

- NPSG 1 Committee
- Bar Code Administration
- Allergy or Adverse Reaction
- Meds to Beds Program
- Family Centered Rounds
- Communication Tools
NPSG 1 Committee

James Bass, JD, BSN, RN, Ambulatory Nurse Manager
Lena Rodriguez, MBA, MSN, RN, NE-BC, CPN Nurse Director
Paula Blizzard, MSN, RN, NE-BC, Magnet Program Director
Sandra Bradt, MT, Education Specialist
Sheryl Chadwick, Family Center Care Coordinator
Katie Cheney, Manager Admissions
Michele Fix, MSN, RN- NE-BC, Clinical Informatics & Practice
Barb Haney, RN, CPNP-AC, ICN CNS, ECMO Clinical Leadership
Ashlee King, Care Assistant II, Rheumatology Clinic
Meredith Kopp, BSN, RN, Perioperative Quality Improvement
DeeJo Miller, Family Center Care Coordinator
Wendy Morgan, MHA, BSN, RN, QIPM with Regulatory
Corliss Panis, Administrative Director, Radiology
Stacy Parks, BSN, RNC, Department Director
Merari Rubio, CPST, Care Assistant, PCC
Megan Sanders, MSN, RN, PICU Educator
Lynn Shriver, MSN, RN, Clinical Informatics & Practice
Jennifer Smith, RN, PCC
Christina Vasquez, MTCASCP, Lab Quality Systems
Lindsey Watson, CCLS, Child Life
Implemented Strategies

- **High Reliability Practice:**
  - Institute for Safe Medicine Practice Recommendation = Verify 2 Pt. ID’s then BCMA
  - Patients or parents and staff when applicable verbalize 2 Pt. ID’s and confirm to ID Band..etc.

- **NPSG #1 Road Show: April 2015 and progress update September 2015**
  - Inpatient & Allied Health Leadership Meeting; Ambulatory Leadership Meeting; Education Coordinator Meeting
  - Provided the following: patient identification tracer data, patient identification expectations, scripting, and written summary for clinical leaders to share with staff by December 1, 2015

- **Patient Identification Tracers: - monthly**
Bar Code Administration

BAND 2gether

Because it’s Safe

Ask for 2 Patient Identifiers

No Errors

Do the Right Thing

Patient Identification BAND = Ticket 2 Care
Allergy or Adverse Reaction

DRUG ALLERGY

When the solution... medication

Becomes the problem

urticaria
anaphylaxis
angioedema
wheezing

ALLERGY ALERT
Meds to Beds

- Outpatient pharmacy delivers discharge medications to the patient’s bedside
- Patient and family receive counseling on their medications with the use of teach back
- Private environment for family to ask questions regarding medications and demonstrate proper way to give medication at home
Meds to Beds Brochure

HOW DO I ENROLL?
Talk to your nurse today. If you want to be in the Meds to Beds program, ask your pharmacy today. 8 a.m. - 8 p.m.

WHO WILL DELIVER MY MEDICINE TO ME?
A pharmacist or pharmacy technician will deliver medicines to your room.

WHAT IF I HAVE QUESTIONS ABOUT MY MEDICATIONS?
Ask your nurse about your questions before leaving the hospital.

WHEN WILL MY MEDICINE BE DELIVERED TO MY ROOM?
The pharmacy staff will deliver the medicine to your room once the doctor has signed your discharge papers. Please call the pharmacy at 913-541-1001 to schedule your preferred delivery time.

LOCATION:
Children’s Mercy Edie Ball Campus 1201 Edie Ball Blvd. Kansas City, KS 66216
Pharmacy open daily from 7 a.m. to 7 p.m.

WHAT IS MEDS TO BEDS?
Pharmacy that delivers medications for home-to-your-localized room.

WHAT DOES THIS COST ME?
There is no additional cost to have the medicine delivered to your room. We will send a bill to your home for the cost of the medication.

WHAT IF I HAVE INSURANCE?
We will bill your insurance for the medication. You will be charged your copay cost. We will bill this cost to your insurance.

WHAT IF I DON’T HAVE INSURANCE?
You are responsible for the entire cost of the medication. You can make an appointment with your insurance here at the hospital. Ask your nurse how to make an appointment.

PATIENT COMMENTS
The staff was amazing! Thank you! Very convenient service. This is the best program for the pharmacy/patient relationship and questions in privacy. Excellent! Thank you!

WHAT IF I DECIDE TO PICK MY MEDICINE UP AT THE PHARMACY INSTEAD?
You can pick up the medication in the outpatient pharmacy. We are on the ground floor of the hospital across from the information desk. We are open between 7 a.m. and 7 p.m. every day of the year.

WHAT IF I DON’T WANT MY MEDICATIONS FILLED AT CHILDREN’S MERCY PHARMACY?
Let your doctor know to send your prescription to the pharmacy of your choice.

WHAT IF I HAVE QUESTIONS ONCE I AM AT HOME?
Please call the pharmacy at 913-541-1001 with any question you have about your medications.

Children’s Mercy
KANSAS CITY
Family Centered Rounds

- Parents are recognized as important members of their child’s team
- Teams are formed to meet the needs of each child
- Rounds are held daily
- Medications are discussed
Communication Tools

- Clear Care Communication Board
- Family Friendly MAR
- Discharge Instructions
- Teach Back
# Clear Care Communication Board

**Patient's Name**

**Age**

**Team**
- **Physician Team**
  -形式
- **Attending Physician**
  - 形式
- **Resident**
  - 形式
- **Nurse**
  - 形式
- **Care Assistant**
  - Asistente de Cuidado
- **Other**

**Today's Activities**
- 今日の活動

**Patient/Family Questions**
- 询问

**Treatment & Discharge Goals**
- 治疗与出院目标

**Things About Me**
- 关于我的事

**Important Information**
- 重要信息

**Phone Numbers**
- 紧急电话号码
  - **Rapid Response**
    - 11911
  - **Room Service**
    - 51414

**Allergies / Restrictions**
- 过敏与限制
**Family Friendly MAR**

**Family Friendly Medication List**

Patient/Parent/Guardian Copy

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**Patient:**
- Name: [Redacted]
- Height: 52 cm / 1 ft 8 inches
- Date of Birth: 02/02/2014
- Weight: 3.5 kg / 7 lbs 11 oz
- Medical Record #: [Redacted]

**Adverse Reactions:** No Known Adverse Reactions

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<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>How Often</th>
<th>Scheduled Times*</th>
<th>Comments</th>
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<tr>
<td>cefotaxime (cefotaxime)</td>
<td>180 mg</td>
<td>Intravenous</td>
<td>every 6 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>erythromycin (erythromycin ethylsuccinate)</td>
<td>50 mg</td>
<td>Oral</td>
<td>every 6 hours</td>
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</table>

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This list of hospital medications may change daily. Your final list will be provided for you upon discharge.

* Please note that the medication scheduled times listed on this report may vary.

**New Medication started today**

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**THIS DOCUMENT CONTAINS PRIVATE PATIENT INFORMATION – DO NOT DISPOSE IN THE REGULAR TRASH**

Please ask the staff to assist you for disposal in the nearest shredder bin when no longer needed.

NOT FOR PERMANENT STORAGE IN THE MEDICAL RECORD

Ask your nurse for an updated copy of this medication list as needed.
Discharge Instructions

I CAN'T KEEP CALM
I'M GOING HOME
Teach Back

A way to make sure you — the health care provider — explained information clearly; it is not a test or quiz of patients.

Asking a patient (or family member) to explain — in their own words — what they need to know or do, in a caring way.

A way to check for understanding and, if needed, re-explain and check again.

A research-based health literacy intervention that promotes adherence, quality, and patient safety.
Evaluation

- Family Experience Tracers
- Formal Surveys
- Observations
Family Experience Tracers

Parents on staff interview inpatient and outpatient families

- Randomly select families to interview
- Ask a series of questions about their experience
- Create qualitative report with real-time feedback
- Submit reports to Senior Leadership
- Record in RL Solutions for tracking and evaluation
Survey Questions

27. During this hospital stay, was your child given any medicine?
   1. Yes → Go to Question 28
   2. No → Go to Question 29

28. Before giving your child any medicine, how often did providers or other hospital staff check your child’s wristband or confirm his or her identity in some other way?
   1. Never
   2. Sometimes
   3. Usually
   4. Always
37. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began? 48003
   1. Yes → Go to Question 38
   2. No → Go to Question 40

38. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital? 48002
   1. Yes, definitely
   2. Yes, somewhat
   3. No
Family Feedback

“On the discharge day I was confused on medicine prescriptions.”

“…they still described what it was for and side effects.”

“…add another 3 hours to get existing medications checked & approved by pharmacy!”

Provided valuable coupon to obtain expensive prescription medicine.
Children's Mercy: Patient Identification
Observations: August 2014 - December 2015

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<td>93%</td>
<td>95%</td>
<td>90%</td>
<td>89%</td>
<td>90%</td>
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<td>Checked 2 Identifiers with ID Band</td>
<td>61%</td>
<td>84%</td>
<td>81%</td>
<td>87%</td>
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<td>79%</td>
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<td>Verbal Confirmation of 2 Identifiers</td>
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<td>86%</td>
<td>86%</td>
<td>92%</td>
<td>89%</td>
<td>79%</td>
<td>82%</td>
<td>85%</td>
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<tr>
<td>ID Band Compared to Label</td>
<td>45%</td>
<td>83%</td>
<td>63%</td>
<td>77%</td>
<td>77%</td>
<td>91%</td>
<td>81%</td>
<td>92%</td>
</tr>
</tbody>
</table>
References


• Institute for Patient and Family Centered Care  www.ipfcc.org

• Institute of Medicine  www.iom.nationalacademies.org
Questions??
Sheryl Chadwick
sachadwick@cmh.edu

DeeJo Miller
dkmiller@cmh.edu
Closing
Patient and Family Engagement Webinar Series

- **Thursday, May 19, Noon-1 p.m.**
  Recruiting Patient Advocates
  Register

- **Thursday, Aug. 18, Noon-1 p.m.**
  Patient Advocate-Policy Design Strategies
  Register

- **Thursday, Nov. 17, Noon-1 p.m.**
  Family-Centered Rounds
  Register
Upcoming Events/ Items to Remember

• May 4, August 4 – Strategic Quality 101 Conference, Register
• What’s Up Wednesday? Monthly Updates Register
• April 7 – Center for Patient Safety Conference
• Upcoming webinar series – Health Equity
• Quality Resources
Contact Information

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