Welcome!

Mary Foley PhD, RN, FAAN, Clinical Professor, UCSF School of Nursing and Director, Center for Nursing Research and Innovation

Karen Curtiss, Founder, CampaignZERO: Families for Patient Safety, President, PartnerHealth, Author: Safe & Sound in the Hospital: Must-Have Checklist for Your Loved One’s Care.
A little background about Karen and Mary

Co-Authors and Co-Presenters

Karen Curtiss
Mary Foley RN PhD
How to Inform and Activate Families to Help You Prevent Adverse Drug Events
Mission Impossible?
Three out of four patients – 75% -- age 64+, leave the hospital with an incorrect prescription or no understanding of their medication regimen. (Yale New Haven study, Leora Horowitz, December 2012)
Patients Forget 80% of What You Tell Them

* Numerous studies in the U.S and U.K.
Too Many Trips Caused by Med Errors at Home

ADE’s occur in 11% of all patients post-discharge.

A third of these are preventable.
Bad News:
Safe Medication Management – what a Maze!

Good News:
Most of these are fix-able.

Source: Chapter 3. Health Literacy and Medication Use, *Pharmacotherapy: A Pathophysiologic Approach, 8e*
Informed, Activated Care Partners are Patients’ Social Support and Your Allies to Prevent ADEs

Safe medication practices learned with you will carry forward

✓ Vigilant support for your patient
✓ Care for other loved ones when needed
✓ Self-care
It’s simple. You have ditriglycorhemofibromyalgianosis.
Translation Please!

What you say…

- Decubitus Ulcer
- Heart Failure
- MRSA
- Isolation precautions
- Jaundice
- Up fluids
- PCP

What everyone else says/thinks

- Bed Sore
- OMG, make funeral plans!
- Infection, bad germs
- ???
- Yellow
- Drink more water
- Main doctor (or…. a street drug?)
Create a Reverse Dictionary

Hint: Flesch-Kincaid Scale helps

What you say…

What everyone else says/thinks
Engagement to Activation: Touch Points for Mentoring Care Partners with Information and Tools

Level 1
Overwhelmed

Level 2
Aware

Level 3
Taking action

Level 4
Maintaining behaviors, pushing further

Post-Discharge Recovery

At Admission

During Hospital Stay

At Discharge


Copyright©2017, PartnerHealth Engaging Families to Prevent ADEs
4 R’s for Mentoring Care Partners As Allies to Prevent ADEs

Right Person
✓ Identify family members who seem most “buttoned up” (nurses always know who they are)

Right Information
✓ Lay terms, simple
  Bite sizes
✓ Checklists, icons, pictures,
✓ Quick videos

Right Times: Transitions
✓ Pre-admission
✓ Admission
✓ Daily rounds
✓ Shift changes
✓ Discharge

Right Reason
Safer care, better outcomes for patients
Start with a Kind Invitation

This example encourages families to:

✔ Speak up with concerns
✔ Share insights about loved one
✔ Take notes
✔ Wash hands and make sure everyone else does too

End with with a warm thanks.
Share Basic Information: “To-Do” checklists work!

✓ 6th Grade Level/below (Flesch-Kincaid scale can help you)
✓ Simple design, use colors
✓ “Bite-sized” information
✓ Just when needed

Use this Checklist to Help Prevent Medication Mix-ups

✓ Make sure that your loved one’s allergies and any bad experiences with medicines in the past are included on the medical record — and highlighted in a bold way.

✓ Before a nurse ever gives a medicine, ask:
  ▪ What is the medicine you’re planning to give? (If an IV bag is used, read the label to double check it’s the right medicine.)
  ▪ What is it for?
  ▪ What is the dose?
  ▪ Who prescribed it?
  ▪ Say: “Let’s confirm that it’s for (your loved one’s name).”
  ▪ For medicines in an IV bag, ask: “What time do you think this bag will run out?” If the bag empties completely, get a nurse, especially if you see blood creeping up the IV tube.

✓ Don’t talk to nurses or distract them while they give medicines.
  ▪ However, speak up immediately if you sense a mistake is being made. (For example, wrong patient, wrong medicine, wrong time, wrong dose, wrong way.)

✓ Research the pros and cons of every drug prescribed for your loved one. Make notes about the potential side effects and interactions. Buy a drug guide or look on the Internet. If you have any concerns, bring them up immediately with the attending doctor.

✓ Record every time your loved one gets a medicine. Use the Daily Care Section of your guide to keep track of these details.
Help Prevent Medication Mix-Ups

Concern: Errors occur because safe medication management is complicated. Many drugs look alike and sound alike. Often, patients don’t realize the safety reasons for revealing all drugs and medical supplements they’ve used.

Risk Factors: There are up to 14 steps involved in each medication order. Conservatively, patients receive 1 medication/day. Even hospitals that are 99.9% medication error free will have 1 error every 10 patient days. If the doctor writes prescriptions in their own hand, ask the doctor to print all information. For all prescriptions — whether hand written or e-scribed — follow these procedures:

- Repeat: Ask the prescribing doctor to read each prescription aloud in front of a nurse and yourself to confirm medication, dosage, frequency and administration instructions. (If not confirmed, ask the doctor to re-print the prescription and repeat confirmation step until clear.)
- Remind: the doctor of any allergies or sensitivities (e.g., nausea) your loved one has to any medications.
- Ask: What is this medication do? (What are the benefits?) What are the side effects? What should I watch for — what are the signs of progress and problems. How long will the patient be on this drug?
- Review: the medications your loved one may already be taking, including herbal supplements, over-the-counter medications and any other legal or illegal drugs taken. Ask about potential drug interactions.
- Remember: to include vitamins, nicotine patches, hormone replacement therapies, diet aids — even aspirin. Don’t withhold alcohol or recreational drug use -- no one will make judgments.
- Keep your own up-to-date record of all of this information for all medications.
  - Learn about the medications your loved one is taking. Buy a drug handbook or look up drugs online. Use a variety of sources to double check dosing guidelines, drug interactions and potential side effects.
  - Record notes about each medication in the medication record you keep for your loved one
  - Record the time each medication is given to your loved one (name, dose, type of administration, name of nurse who administered and time) and double check against your medication record.
- Stop: any drug from being administered to your loved one if you do not have a record of it.

Before every drug administration, ask the nurse to check your loved one’s wrist band, say the patient name loud, and state the medication and dose about to be given. Double check against your records.

Don’t distract a nurse while giving a drug. Speak up, however, if you see or sense a mistake.

(How Helpful?)
Which is More Engaging?

**Engaging Families to Prevent ADEs**

**Medication Mix-Ups**

Errors occur because safe medication management is complicated. Many drugs look alike and solutions don’t realize the safety reasons for revealing all drugs and medical supplements they use.

There are up to 14 steps involved in each medication order. Conservatively, patients receive 1 more. Even hospitals that are 99.9% medication error-free will have 1 error every 10 patient days. If the doctor’s prescriptions in their own hand, ask the doctor to print all information — whether hand written or e-scribed — follow these procedures:

1. **Post:** Ask the prescribing doctor to read each prescription aloud in front of a nurse and yourself. The medication, dosage, frequency and administration instructions. (If not confirmed, ask the doctor to reconfirm the prescription repeat confirmation step until clear.)
2. **Mind the doctor of any allergies or sensitivities:** What is the reason? What is the dose? What are the side effects? What should I watch for? Are the signs of progress and problems. How long will the patient be on this drug?
3. **View the medications:** Your loved one may already be taking, including herbal supplements, over the counter medications and any other legal or illegal drugs taken. Ask about potential drug interactions.
4. **Member:** Include vitamins, nicotine patches, hormone replacement therapies, diet aids — aspirin. Don’t withhold alcohol or recreational drug use — no one will make judgments.
5. **Keep your own up-to-date record of all this information for all medications.**

**Learn about the medications your loved one is taking.** Buy a drug handbook or look up drugs online. Use a variety of sources to double check dosing guidelines, drug interactions and potential side effects. Record notes about each medication in the medication record you keep for your loved one.

**Record:** Every time a medication is given to your loved one (name, dose, type of administration, name of nurse who administered and double) and double check against your medication record.

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Don’t distract a nurse who is giving a drug. **Speak up, however, if you see or sense a mistake.**

**Use this Checklist to Help Prevent Medication Mix-ups**

- Make sure that your loved one’s allergies and any bad experiences with medicines in the past are included on the medical record — and highlighted in a bold way.
- Before a nurse ever gives a medicine, ask:
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- Don’t talk to nurses or distract them while they give medicines.
  - However, speak up immediately if you sense a mistake is being made. (For example, wrong patient, wrong medicine, wrong time, wrong dose, wrong way.)
- **Research the pros and cons of every drug prescribed for your loved one.** Make notes about the potential side effects and interactions. Buy a drug guide or look on the Internet. If you have any concerns, bring them up immediately with the attending doctor.
- **Record every time your loved one gets a medicine.** Use the Daily Care Section of your guide to keep track of these details.

**Risk Factors:**

Patients often get several medications in the hospital. Many look alike and their names sound alike. Nurses can be distracted, especially when others talk or interrupt them while giving medications to a patient.
Free Resources: Info about Meds

- **Drugs.com** (about each, interactions, side effects, more)
- **The 2012 Beers List**, the American Geriatrics Society (PDF available)
**Tool: A Medication Spreadsheet**

**Share Facts:**
- “Meds taken day of discharge
- Meds to throw away at home
- Meds at home to resume
- The Beers List
- URL for looking up all meds
- Reminder to include OTCs, supplements, herbs

**Connect/Motivate with:**
- Graphics, colors, warmth—Encouraging tone, “It’s OK to ask questions.”

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**Medications in the Home that Should **NOT** be Taken**
“Good to Go” Cullman Regional Medical Center

- 15% reduction in readmissions
- 62% increase in satisfaction on HCAHPs discharge questions
Care Partner Medication Tools
At Discharge and For Post-Discharge Support

The Beers List
Drugs.com
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Good News:
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Source: Chapter 3. Health Literacy and Medication Use, Pharmacotherapy: A Pathophysiologic Approach, 8e
Thank You!

Contact Us Any Time if You’d Like Some Help

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