

The Patient Safety Imperative



Suzanne Graham, RN, PhD

Let's Talk*



During our time together today we are going to talk about:

- Why patient safety is an issue
- What makes this so difficult
- Why culture must change
- Health Literacy

Our Challenge



“Medicine used to be simple, effective and relatively safe—now it is complex, effective, and potentially dangerous”

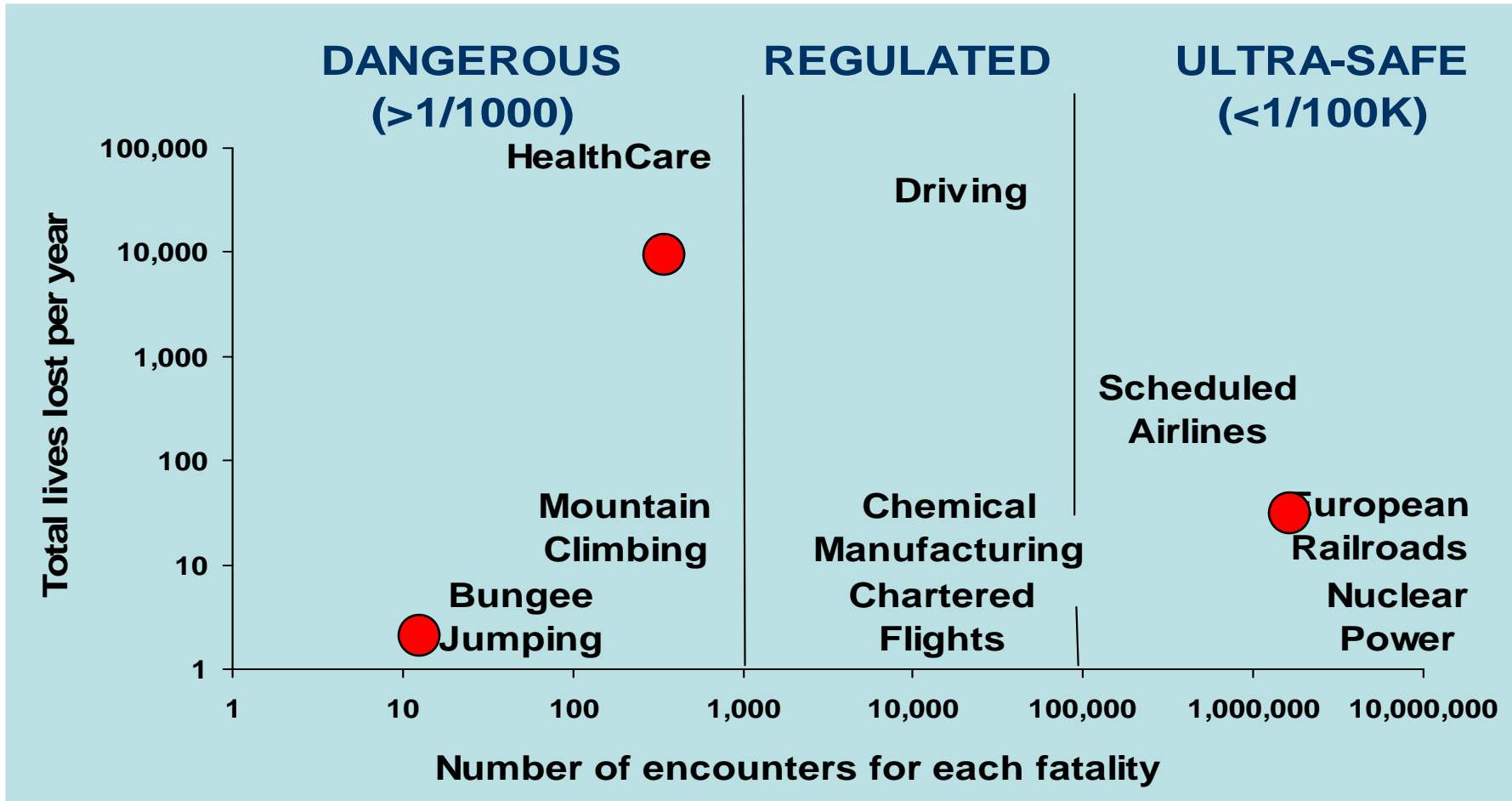
Sir Cyril Chantle

“44,000-98,000 patients die each year in hospitals from medical error” IOM report **May be has high as 195,000 deaths per year** Health Grades 2004

Are we are harming patients with the care that was meant to help them?

How Do We Compare?

(Graph created by Lucien Leape)



Top Patient Concerns

When going into the hospital or receiving health system care



Getting the wrong medications	61%
Negative interaction of medications	58%
cost of treatment	58%
Procedural complications	56%
Having enough drug information	53%
Getting an infection during stay	50%
Suffering from pain	49%



80% medical error is
system derived
95% mistakes— the good
guys

Identify the Human
factors
Fix the system





A Just Culture requires an understanding of human limitations



Limited memory capacity

Limited mental processing capacity

Limits imposed by stressors

Limits imposed by fatigue and other
physiological factors

Compounded by:

- poor group dynamics
- Unrealistic attitudes
- Staffing challenges
- Environmental factors

Understanding the Healthcare Culture

The Healthcare Culture

- Deny Human Factors - fatigue, task overload, distraction, stress
- We have a tendency to “drift”
- Don’t yet effectively work as teams
- Punitive approach when error occurs

Patient Safety Culture Essential Principles



An awareness, understanding, and ownership of safety at all levels of the organization!

A mindset of constant vigilance to prevent error, and recover from it quickly when it does occur

An open and non-punitive environment, where learning and making changes to minimize the chance of recurrence is the norm, not the exception

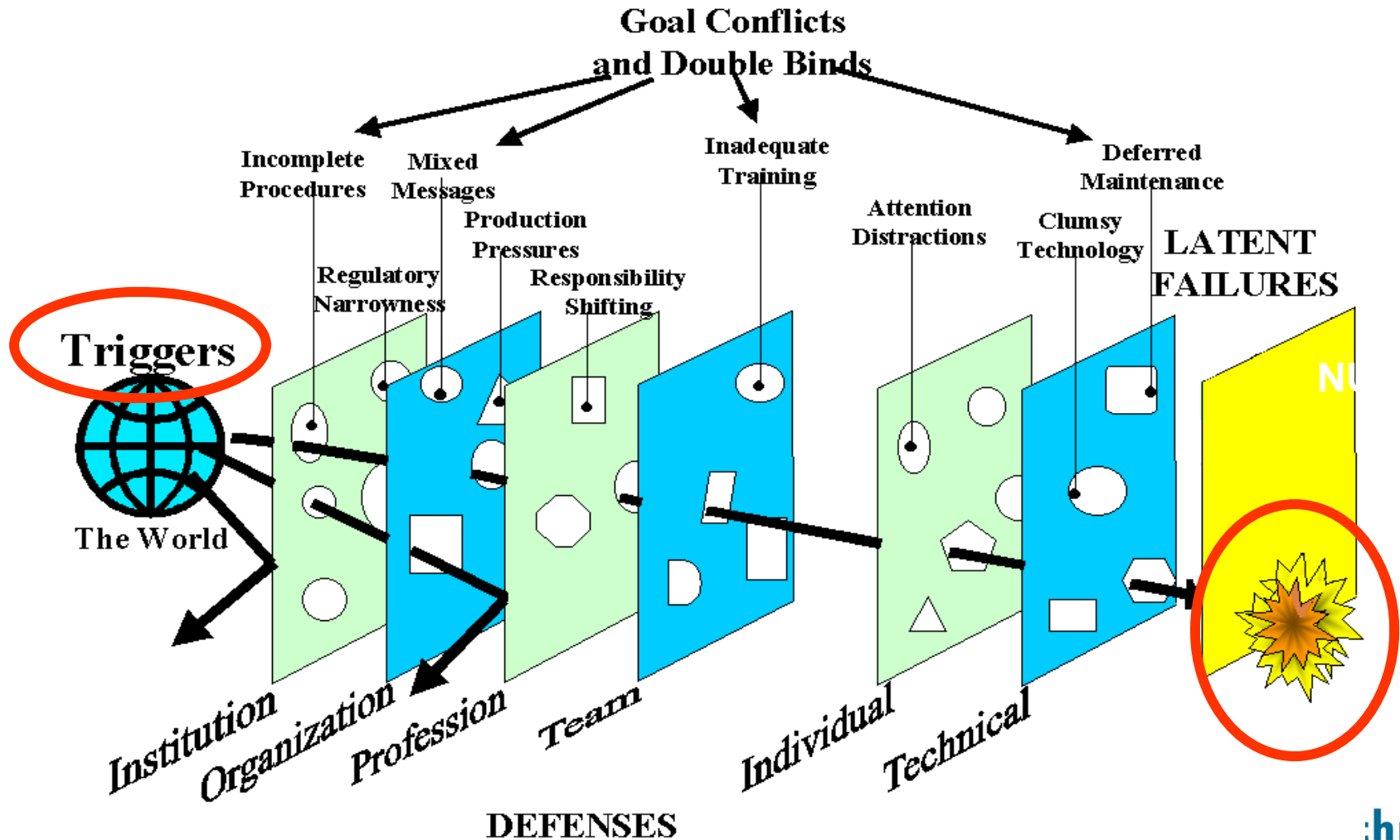
Adopted from Spath



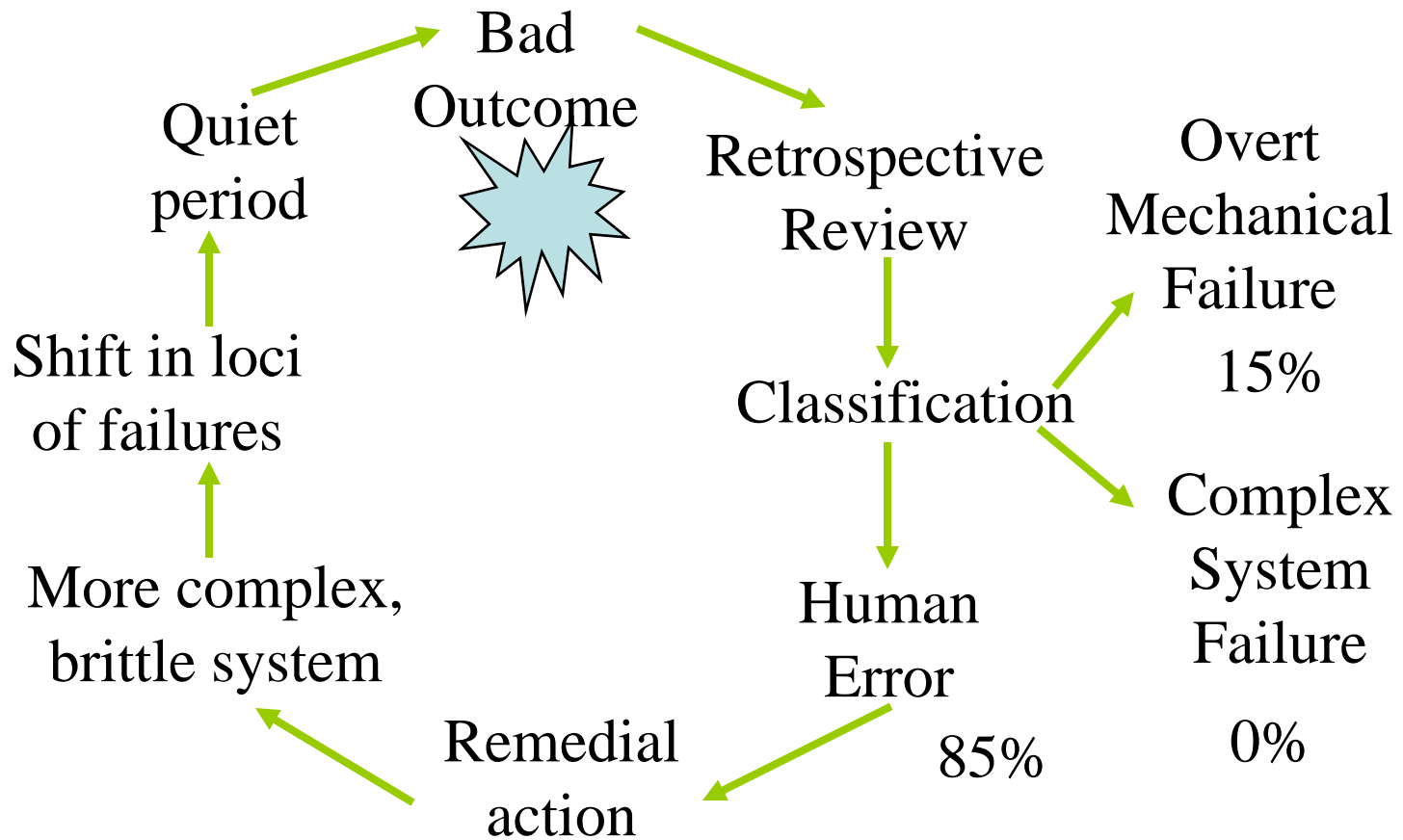
The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes.”

Lucian Leape

When Errors and Violations Align... The “Swiss Cheese” Accident Causation Model



Getting to the Root of the Problem: Breaking the Cycle of Error



Getting to the Root of the Problem: Creating a Safe and Just Culture



Just Culture - A culture of trust where people are encouraged for providing essential safety-related information, but in which they are also clear about where the line must be drawn between acceptable and unacceptable behavior



The Hidden Epidemic

Objectives



Describe the scope and implications of the health literacy problem

Identify the barriers faced by both patients and clinicians

Demonstrate specific strategies to evaluate health literacy



A 62 year old night watchman with third grade education was a life-long asthma sufferer and lived alone. He was diagnosed with rheumatoid arthritis and the physician prescribed prednisone. His bottle contained 100 tablets, 30 mg. each and the prescribed dose typed on the prescription-bottle was "Take 30 mg. every other day." Six days after starting his drug regimen, the patient experienced dizziness, blurred vision, rapid heart rate, and muscle weakness. He fell while getting out of the tub and fractured his left hip. At the time of the ED admission, the staff learns he had consumed 90 of the 100 prednisone tablets within five days. During his hospitalization, the patient developed pneumonia, continued to deteriorate, and died.

Changes in the Health Care System



35 Years Ago

Today

Tx for A.M.I.

4 - 6 wks bed rest in hospital

2-4 days in hospital
(M&R Guidelines)

Available Rx Drugs

650

>10,000

Tx for new onset Diabetes

3 weeks in hospital; 2 hrs/day of diabetic education classes

outpatient; 0-3 hrs education classes; written materials; internet; telemed.

Tx for Asthma

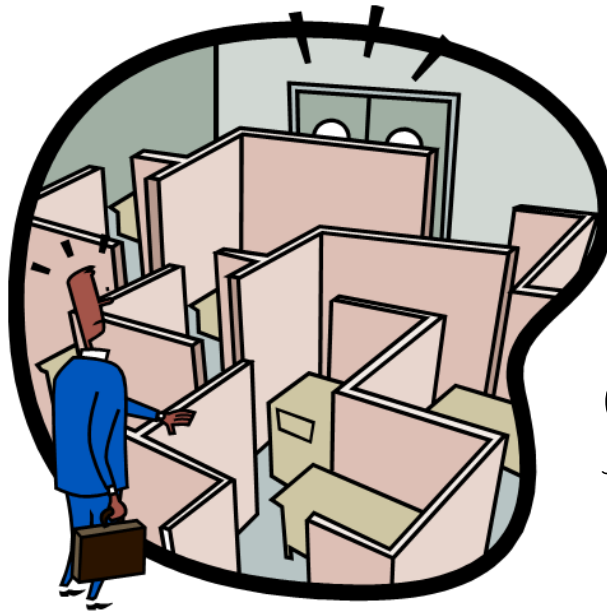
theophylline

inhalers w/ spacers; controller vs. rescue meds; peak flow monitoring; tapering steroids; trigger avoidance

Patient's View of the Care Environment



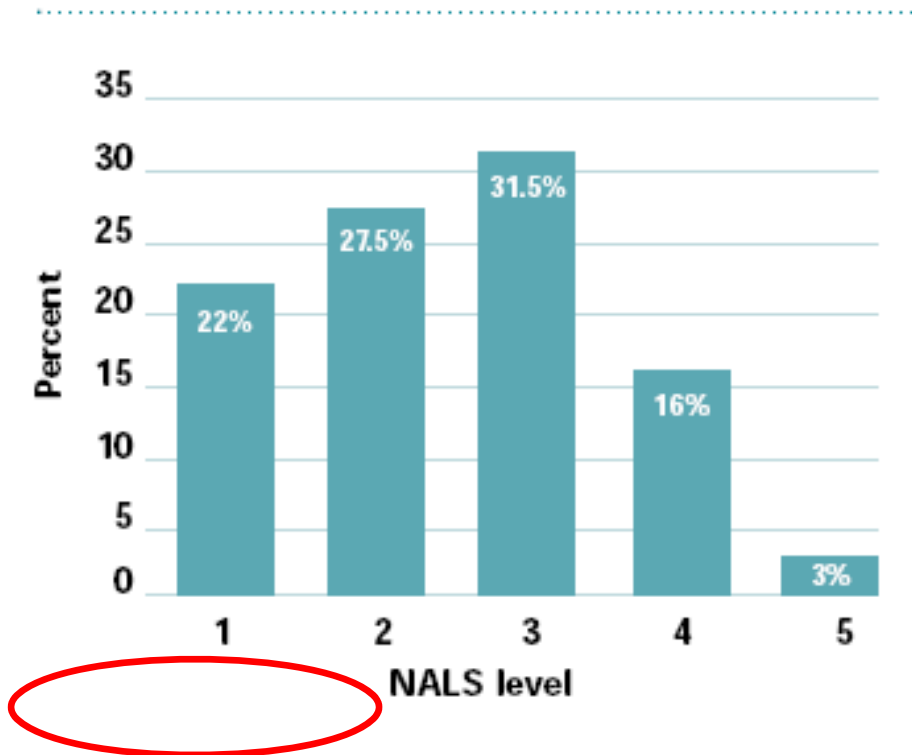
I want to see my doctor and nurse!
I want to feel better.



- You want me to do WHAT?
- Give medication Hx
 - Make appointments
 - Give informed consent
 - Follow discharge instructions
 - Read health education materials
 - Complete insurance forms
 - Pay my co-pay
 - Go home and manage my care

J. Schwartzberg, MD, American Medical Association

Distribution of Literacy Levels



Half of US population has low literacy

Most physicians are at Level 5 versus <5% of adult Americans

Low literacy costs health care system \$73 billion annually

Health Literacy



How many patients understand what we tell them or give them to read? According to the research, about 52%

Health Literacy Definition: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

(Ratzan and Parker, 2000)

IOM Report: Health Literacy: A Prescription to End Confusion 2004
Health People 2010

Skills of Adults at Level 1 and Level 2



Cannot usually perform the following:

Locate an intersection on a map

Locate two pieces of information in a sports article

Use bus schedule

Write a brief letter explaining a billing error

Calculate total costs of purchases from an order form

Adult Literacy Estimates



Area	Percent at Level 1 or 2
California	46
Ohio	45
Hawaii	40
Georgia	54
Colorado	32
Oregon	38
Washington DC	61

<http://www.casas.org/lit/litcode/Search.cfm>

How big is the problem?



**It costs the health care system as much as
\$73 billion a year**

**Average Reading Skills of Adults in the US
are between the 8th and 9th grade levels**

**Can't be diagnosed by any new medical
technology and You Can't Tell by Looking**

Kirsch, National Center for for education statistics
Stedman Literacy in the US Readers and Reading

Looking Through Their Eyes



Your physician has recommended that you have a colonoscopy. Colonoscopy is a test for colon cancer. It involves inserting a flexible viewing scope into your rectum. You must drink a special liquid the night before the examination to clean out your colon.

Looking Through Their Eyes



Your naicisyhp has dednemmoer that you have a ypocsonoloc. Ypocsonoloc is a test for noloc recnac. It sevlovni gnitresni a elbixelf gniweiv epocs into your mutcer. You must drink a laiceps diuqil the thgin erofeb the noitanimaxe to naelc out your noloc.

High-Risk Groups for Low Health Literacy



Elderly

Ethnic minorities

Recent immigrants

**Poverty or limited
income**

**Limited formal
education**

Elderly carry highest burden

7% visual difficulties

3% learning disabilities

24% level 1 completed HS

**Low health literacy does NOT
fit into easy stereotypes**

**Coping skills might not work in
urgent medical situations**

IOM 2004

Low Health Literacy = Problems with...



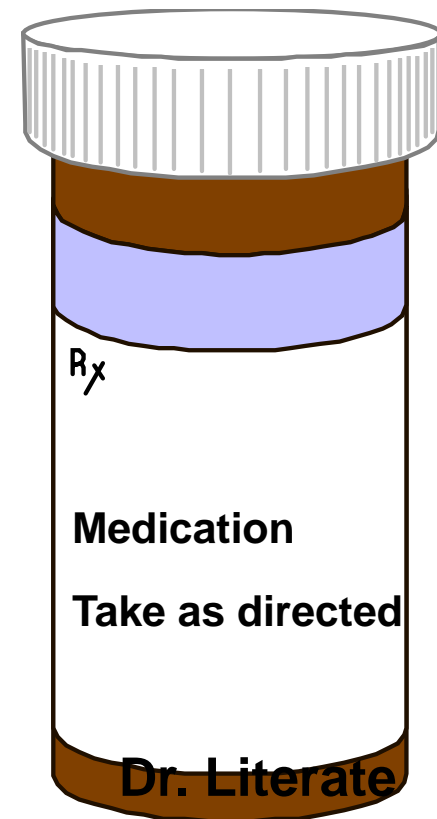
Medicines

Appointment slips

Informed consent

Discharge instructions

Health education materials



Sources of Potential Medication Errors and Injury



Unclear about dose

Misread label--guess by first letter

Recognize by looking

Misnaming medication

Misunderstanding spoken instructions

Polypharmacy

from work of J Schwartzberg, MD, AMA

Low Health Literacy Impacts Resource Utilization



Adults with low literacy

- Averaged 6% more hospital visits¹
- 29%-52% higher hospitalization rates^{4,5}
- Stayed in the Hospital 2 days longer than adults with high literacy skills¹
- Had fewer doctor visits, but used significantly more hospital resources²
- Had annual health care costs 4 times higher than those with higher health literacy³

¹Kirsch S et al. Adult Literacy in America, US Dept of Education 1993

²Baker DW et al. Health Literacy and the Risk of Hospital Admission JGIM, 1998,(13)

³Weiss BD, 20 Common Problems in Primary Care McGraw Hill Dec 1999

⁴Kutner, M, et al, The Health Literacy of America's Adults. NCES 2006, 483

5. Baker, DW, et. Al, Functional health literacy and the risk of hospitalization among Medicare managed care enrollees, Am J Public Health, 2002



Culturally and linguistically appropriate services

- Patient may have limited literacy in both languages

Workforce issues

- Support staff in hospital, clinic, nursing home may have limited literacy themselves
- Interpreter may have limited literacy or may be of different class and unable to simplify translation

from work of J Schwartzberg, MD, AMA



Informed consent and living wills need post college level comprehension

**Must explain verbally as well as give written-
-just handing them the form to sign is not informed consent**

Legal right to understand alternatives for care and cost of care

Avoid legal jargon/keep short

C. Dalton, MD, Univ. of Virginia Health System

But what is it really like?

How Do You Know?



Often we don't

Patients are quite ashamed of low literacy

They are very good at hiding the problem

Strategies to Enhance Health Literacy...

Create a psychologically safe environment

Enhance assessment techniques

Create and use patient-friendly written materials

Improve interpersonal communication with patients.

Psychological Safety



How will I be greeted at the front desk?

What forms will you be given?

Will you be offered confidential assistance?

Were you given easy to follow instructions?

First impressions? Non-verbal communication of staff?

Did you know ahead of time what to expect?

Will I understand what they say and if not is it safe to ask questions?

Will I be able to understand what I should do when I get home?

Will I feel ashamed?

Red Flags That May Indicate Limited Literacy



Behaviors

Patient registration forms that are incomplete or inaccurately completed

Frequently missed appointments

Noncompliance with medication regimes

Lack of follow-through with laboratory tests, imaging tests, or referrals to consultants

Patients say they are taking their medication, but lab tests or physiological parameters do not change in expected fashions

Has no questions

Red Flags That May Indicate Limited Literacy



Responses to receiving written information

“I forgot my glasses. I’ll read this when I get home.”

“I forgot my glasses. Can you read this to me?”

“Let me bring this home so I can discuss it with my children.”

Reader – Friendly Print Materials



Simple words (1-2 syllables)

Short sentences (4-6 words)

Short paragraphs (2-3 sentences)

No medical jargon

Headings and bullets

Lots of white space

Highlight or circle key information

Use patient-friendly educational materials to enhance interaction



Show or draw simple pictures

Focus only on key points

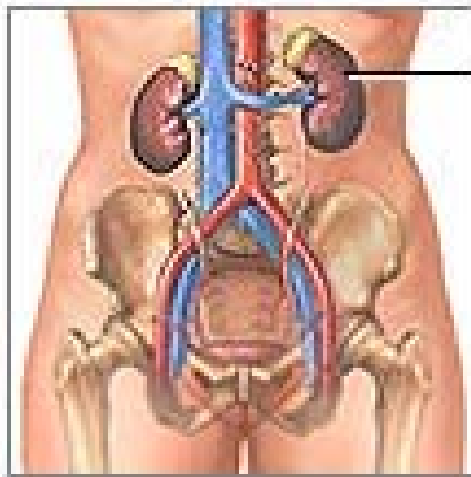
Emphasize what the patient should do

Minimize information about anatomy and physiology

Ensure age and cultural appropriateness

Avoid tables, graphs

Offer to read aloud and explain



Kidney

Renal artery

Renal vein

Ureter

Calyces

Renal pelvis

Medulla

Cortex

Necessary Steps for Creating Usable Health Materials



Know your audience

Know your main messages

Test (your materials, not your audience)

- Readability testing
- Usability testing

Beccah Rothschild, Health Research for Action
University of California, Berkeley

Interpersonal Communication-- Understanding is a two way street*



Patients don't understand their instructions

Health care providers don't realize their patients don't understand

- Embarrassment, shame keeps reading problems hidden

There is a big difference between asking "do you understand what we've talked about" and "take a minute and tell me what we've talked about"

Eleanor Roosevelt



Slow down the pace of your speech

Use analogies

- *“Arthritis is like a creaky hinge on a door.*
- *“Asthma is like trying to breathe through a straw”*

Use plain, non-medical language

- *“Pain killer” instead of “analgesic”*

Avoid Using Medical Jargon



Instead of Using....

Consider Using this Word Instead

Benign
Cellulitis
Cardiac
Edema
Fatigue
Hypertension
Screening
Intake
Generic
Referral
Osteoporosis

Focus on key messages and repeat



**Limit information by focusing on 1-3
key messages per visit**

**Review each point and repeat
several times**

**Have other staff reinforce key
messages.**

Ask Me 3™

- ▶ When To Ask?
- ▶ Who Needs to Ask?
- ▶ What If I Still Do Not Understand?
- ▶ Your Doctor Wants to Answer
- ▶ Tips for Clear Health Communication



Good questions for your good health

- 1** What is my main problem?
- 2** What do I need to do?
- 3** Why is it important for me to do this?

**IMPORTANT INFORMATION
ABOUT THE NEW MEDICARE
RX BENEFIT FROM
PCHC AND CMS**

Every time you talk with a doctor, nurse, or pharmacist, use the **Ask Me 3** questions to better understand your health.

**IOM Report Calls for
NATIONAL EFFORT
TO IMPROVE
HEALTH LITERACY**

[CLICK HERE FOR PARTNERSHIP
RELEASE](#)

Before you visit your doctor please review our [checklist](#).

Asking these questions can help me:

- Take care of my health
- Prepare for medical tests
- Take my medicines the right way

**Partnership for
Clear Health Communication**
at the National Patient Safety Foundation™

[Privacy Policy](#)
[About the Partnership](#)



How many patients understand what their care is all about?

Teach them to ask 3 questions:

- **What is my main problem ?**
- **What do I need to do for my main problem ?**
- **Why is it important for me to do this ?**

Check the family 's understanding

- **what the patient's main problem is**
- **what the patient needs to do for my main problem**
- **why it is important for the patient to do this**

<http://www.askme3.org>



Asking that patients recall and restate what they have been told is one of 11 top patient safety practices based on the strength of scientific evidence

AHRQ, 2001 Report, Making Health Care Safe

“Teach Back” is especially important when:



- Changes in Care
- Important hand-offs
- Prescribing new medications
- Explaining a new diagnosis
- Giving instructions for discharge
- Demonstrating the use of DME
- Giving instructions for self care
- Giving informed consent

Teach-Back:



Surprising misconceptions of patients'
understanding of instructions

Nonverbal cues do not seem reliable

In absence of Teach-Back, the only indicator
of misunderstanding is a medication
mistake or patient error, which could be
harmful












Always assume that the person does not understand you or has a different perception of what you are saying

The Intervention: Computerized Visual Medication Schedule



Name
姓名

Got this Photo on
在這個日期收到這一張圖片

Monday 星期一	Tuesday 星期二	Wednesday 星期三	Thursday 星期四	Friday 星期五	Saturday 星期六	Sunday 星期日
 Coumadin 6 mg	 Coumadin 6 mg	 Coumadin 6 mg	 Coumadin 6 mg	 Coumadin 6 mg	 Coumadin 6 mg	 Coumadin 6 mg
					 Coumadin 3 mg	 Coumadin 3 mg

Remember: Take these pills correctly and you can prevent strokes and bleeding!

記住：正確的服用這一些藥片您就可以預防中風和流血！





Doctor: "Your foot infection is so severe that we will not be able to treat it locally."

Patient: "I hope I don't have to travel far, doctor. I'm afraid of flying."

The Road Ahead May Look Like This ..

