

Medication Safety Issue Brief

Asking Consumers for Help

3

of 6 in a series

Part three of this six-part series focuses on enlisting patients in the effort to prevent medication errors. The American Hospital Association, the American Society of Health-System Pharmacists, and *Hospitals & Health Networks* developed this project with the generous support of McKessonHBOC. Tear out this card for future reference. Additional copies are available in PDF format on the ASHP and *H&HN* Web sites (www.ashp.org and www.hhnmag.com). ASHP members can also call the ASHP's fax on demand service.

● SUMMARY

When hospitals examine the way caregivers prescribe and deliver medications, it is easy to overlook a key participant in the process: the patient. And yet, patients can be invaluable partners in the drive to maintain safety. Educating consumers about what to expect in the hospital and how to recognize a problem adds a layer to the safety effort.

● ISSUE BRIEF

The key to involving patients in their own safety is twofold: Teach consumers the questions they should ask about medications, and make them comfortable asking those questions. The first part is easier. Much work has already gone into developing patient education materials, and lists of questions for patients to ask their caregivers are widely available. For instance, the Massachusetts Coalition for the Prevention of Medical Errors developed a consumer brochure that instructs patients how to monitor their own medication use, whether at home or in the hospital. Mount Auburn Hospital in Cambridge, Mass., distributes the brochure in its emergency department and includes it in admission packets. CEO Jeanette Clough says that the nursing staff and physicians are encouraged to support patients' use of the brochure's advice. "The more communication there is between the patients and any staff that's administering medicine, the better off we'll be," Clough says.

Patients are less likely to use those tools if they sense that nurses or doctors will respond negatively. There's a cultural feeling that it's not a patient's role to question doctors and nurses, says Clark E. Kerr, president of California-based 21st Century Consumer. Kerr's group is testing a kit for hospital patients that includes a video explaining what to expect during a hospital stay, flow charts describing key people they will encounter in each shift, a guide to medications and procedures, and a guide to care at home. In early testing, Kerr's group found that patients are reticent about asking and nursing staff often feels too pressed for time to answer patient questions. To overcome those barriers and gain the support of staff, organizations must enlist leaders in both nursing and pharmacy to support and promote new efforts to involve patients.

Along with inpatient and emergency department education, hospitals can use their chronic disease clinics to assist populations who commonly take long, complex lists of drugs. The oncology and hematology clinic at Children's Hospitals of Minneapolis conducted a pilot project to help organize all those medications. Each patient received a clear plastic box to store their drugs, which they brought in for clinic staff to compare with their medical records. Clinicians were surprised by how many old and outdated drugs were still being taken by patients. They were also surprised by how confused both patients and parents were about drugs



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ACTION Agenda

- Create an environment in which patients are partners in their care.
- Encourage patients to ask questions about their medications.
- Encourage nurses to take a few moments to answer patient questions, and to respond positively when a patient double-checks that the appropriate medication is being administered. Make sure staffing is adequate for this to occur.
- Consider using clinical pharmacists in medical units to answer questions of patients/caregivers.
- For an outside perspective, involve patient and family representatives on quality committees.
- Use outpatient clinics for chronically ill and elderly patients to review their full lists of medications, eliminating duplicated, outdated and confusing prescriptions.

Additional resources

- Agency for Research and Healthcare Quality, "20 Tips to Help Prevent Medical Errors," www.ahcpr.gov/consumer/20tips.htm
- American Society of Health-System Pharmacists, "Pharmacist's Guide to Your Medications," www.safe-medication.com
- National Council on Patient Information and Education, "Educate Before You Medicate," www.talkaboutrx.org
- Massachusetts Coalition for the Prevention of Medical Errors, "Your Role in Safe Medication Use: A Guide for Patients and Families," www.mhalink.org/mcpme/mcpme_welcome.htm
- Institute for Safe Medication Practices, "How to Take Your Medications Safely," www.ismp.org
- FDA Consumer Drug Information www.fda.gov/cder/consumerinfo

with similar names. They often confused brand and generic names as well, says Nancy Sommers, clinic pharmacist for the ambulatory hematology/oncology clinic. The project "gets people talking about their medications more," she says. "It would apply well to anyone who's getting more than a couple of meds a day."

A few hospitals take patient involvement a step further, and include patient and family representatives in the administrative planning process. For instance, Dana Farber Cancer Institute, Boston, established a Patient and Family Advisory Council. Members of that panel also sit on the hospital's main quality committee and offer important perspectives when procedural changes are contemplated. "They've fundamentally changed the way we do business," says Cynthia Medeiros, director of patient and family support services. "Now we have patients and families saying what they think is in their best interests."

● CASE STUDIES

University of Colorado Hospital: This teaching hospital is developing tent cards to place near beds advising patients what questions to ask when a medication is administered. Pharmacist Sondra May, medication safety coordinator, says the idea is similar to successful campaigns used to encourage caregivers to wash their hands.

The tent cards will be printed in English and Spanish, and the hospital is also considering how to communicate with a substantial Russian community. Patients or their families will receive brief instructions on how to use the tent cards.

May recommends involving the pharmacy department in these patient discussions to help ease the burden on busy nurses. Clinical pharmacy specialists in each unit of her hospital are available to answer specific questions about their specialty, such as oncology, nutrition, internal medicine or transplant.

St. Luke's Hospital, Kansas City, Mo.: For 10 years pharmacists have run a patient education program targeted at a list of drugs that commonly cause problems, such as Coumadin. The hospital's clinical pharmacists, who work in the medical units, regularly receive lists of patients who take these drugs. They then visit the patients during their hospital stay to discuss the drug and any other medications they'll take upon discharge, and provide written materials to bring home.

Often, the talks prompt patients to ask about other medications that they take, opening up lines of communication so patients are more comfortable questioning caregivers about medications. That can help stop a mistake before it happens.

"For a long time patients were forgotten partners," says Mark Woods, clinical specialist in the St. Luke's pharmacy department. "But a well-educated patient can be the last line of defense against errors."