

THE PATIENT CHANNEL PRESENTS: Patient Safety: Protecting Yourself in the Hospital

Narrator:

Hospitals are places of help and healing. Patients in the hospital rely on a team of professionals to care for their every need. But both healthcare providers and patients need to work together to make the hospital a safe place.

Tim Flaherty, MD, Past President National Patient Safety Foundation:

“Communication is actually essential for both patients and the hospital personnel to prevent errors, number one, but also so that people understand not only why the therapy has been done, but what the therapy is and the ramifications of therapy.”

Peter Angood, Vice President & Chief Patient Safety Officer, The Joint Commission:

“And if there’s any concerns just asking the providers -- hey would you mind just stopping here I’m just not comfortable because I don’t understand what’s going on.”

Narrator:

Difficulties arise when the patient is not able to communicate important information, there is no patient advocate and members of the health care team don’t communicate clearly with each other.

Asking questions is one of the best ways patients can take charge of their own safety. If patients see something that is unsafe or have questions about anything they should speak to someone on their healthcare team.

This may not always be easy if a patient cannot communicate effectively for his or her own self. So, having an advocate a family member, friend or even someone appointed by the hospital is one way to help make sure questions are asked, answered and understood.

Tim Flaherty, MD, Past President National Patient Safety Foundation:

“Patient advocacy is important. Someone sitting there at the bedside while you’re having the discussion so that you can reflect on what’s being said later on with them. It’s kind of like a read-back phenomenon. You’re getting the same kind of information over again, which is very important.”

Narrator:

Seeing 46-year-old David Broyles, tackling the biking trails of Austin, Texas, you might be surprised to learn he’s surviving a very serious form of cancer. It’s called mesothelioma, a rare lung-related cancer.

David underwent several operations and chemotherapy to try to stop the progression of the cancer. While in the hospital, David’s wife Michelle, and other family members served as his main support team.

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Michelle Broyles, Patient's wife:

"I was definitely the advocate. I wanted to make sure that every need that he had was being met. I had a lot of support from parents, his mom, my mom and siblings, just to make sure all of the questions were answered."

Tim Flaherty, MD, Past President National Patient Safety Foundation:

"Family members are good. A friend is important. There are people at hospitals who are advocates for patients, especially people that have language difficulties so that they make sure there's good communication."

Michelle Broyles, Patient's wife:

"I just think that you need to support each other and make sure that you're there with your family to ask all the questions. There is not anything that is too stupid to ask."

Narrator:

Some examples of the "right" questions include:

- What is this test for?
- When will I get results of the test?
- Why do I need this operation?
- Are there any alternatives to this operation?
- How many times have you done this operation?
- What are the possible complications of the operation?
- Which hospital is best for my needs?
- How do I spell the name of that drug?
- Are there any side effects of that drug?

If a patient or advocate feels that something might be wrong or they see something unsafe, it is very important that they speak with a healthcare provider about the situation. It is a patient's duty and right to speak up.

Patients have rights while they are in the hospital. Many times those rights are listed in hospital information books, but if they aren't patients can ask for them or find them on the Internet at the National Institutes of Health website.

Peter Angood, Vice President & Chief Patient Safety Officer, The Joint Commission:

"We all assume just because I tell you something that you're going to understand it, that's not necessarily the case, there has to be an honest effort by health care organizations to really make sure that the patient is heard and understood comprehends if you will what they think the problem was."

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Narrator:

One of the biggest issues for David and Michelle Broyles was when David could get out of the hospital bed and start moving around on his own after his operations.

Michelle Broyles, Patient's wife:

"David was so determined to get out of the hospital bed and walk that they were telling him are you sure that you're ready to do this right now? "

Narrator:

And once David was out of bed, and getting around his hospital room, his next request came as no surprise to his wife.

Michelle Broyles, Patient's wife:

"Every question for the doctor was when can I get on my bike, when can I get on my bike? I'm ready to go biking. "

Narrator:

Getting enough information doesn't end when patients leave the hospital. Family, friends or anyone who serves as an advocate for a patient can get information from doctors, nurses and other members of the healthcare team, and even on the Internet at home.

David is now many years past his diagnosis and has been cancer free for five years. He's back to riding his mountain bike with his buddies once a week and then celebrating with them afterwards at a local Mexican restaurant.

David Broyles, Patient:

"To this day, I ride every Wednesday I can, rain or shine. That's my day to ride and I always did it after chemo. And it just helped me mentally to ride."

Narrator:

Coming up... we'll explain the basics of proper wound care and see how to help prevent infections that might result from the operations themselves.

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Natural sound here of baseball game

Narrator:

For millions of Americans, the crack of a bat and the roar of the fans signal a springtime ritual like no other. We're talking about the Great American Past time. Baseball.

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More natural sound

Boston Red Sox manager, Terry Francona is at the top of his game. He's led his team to World Series titles, and he's going strong. But an operation several years ago threatened not only his career, but also his life.

Terry Francona, Patient:

"I went in for what I thought was a routine knee arthroscopy about 6 years ago. And I found out the hard way that it's not always routine.

You know, I've had so many knee surgeries, it's like an oil change. I go in and I go out. And actually I did. I went in and I got both of them scoped, left and about a week later I went to a girl's soccer game and I started the game and I was sore. At about half time, I was more sore. By the end of the game, I knew I was in trouble. I went down to the emergency room. I was diagnosed with a staph infection in both knees. I didn't realize what it meant. I had no idea. I never asked any questions. I just did what I was told."

Narrator:

The "staph" that Terry is referring to was actually a dangerous, drug-resistant, hospital-acquired bacterial infection. It resulted in several operations, large amounts of antibiotics, and a seven-week-stay in the hospital. Doctors determined the infection began in Terry's knees as a result of his operation.

Terry Francona, Patient:

"I wasn't aware, and I didn't know that when you're in hospitals it's probably the best place to, the easiest place to spread germs. I mean that's where everybody's sick."

Narrator:

One of the reasons surgery patients can be so susceptible to infection is, of course, that the skin, which serves as the body's protective barrier, is cut, creating a wound that can be an entry point for germs. That wound is then closed with stitches, staples or bio-adhesive. The body then goes to work to seal off the wound, but the bacteria that entered the wound can start the process of an infection.

Patients should do whatever they can to make sure bacteria don't come into contact with their wounds. One simple way is for patients to wash or sanitize their own hands often, and to avoid touching their incision and make sure it is covered, and keep it dry. Another way to help prevent infections is to insist that all people who have contact with the patient wash their hands thoroughly both before touching the patient and as they leave the patient's room. This protects the patient and others from being exposed to germs or bacteria.

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Tim Flaherty, MD, Past President National Patient Safety Foundation:

“If you see your physician, or your nurse, or your nursing assistant come into your room and walk past the sink before they come over and touch you, I would suggest very strongly that you remind them that hand washing is very important for patient safety and for prevention of infection.”

Narrator:

Infections can still happen, despite all the measures taken to prevent them.

Some symptoms of wound infection are: reddening of the area, pain, swelling, or other changes in the color of the skin, drainage or a separation of the previously closed skin. Fever. Any of these signs should be reported to your physician immediately.

Margaux Wolfington, RN, Vanderbilt University Medical Center:

“In the hospital as well as at home, you want to make sure that the area stays clean and dry, dressed appropriately according to how the physician ordered and that you monitor the changes. If someone didn’t change the dressing for three or four days, it could be severely infected under that gauze and they wouldn’t even know it.”

Narrator:

Terry Francona recognized his symptoms, and even though he got help right away, the infection was powerful.

Terry Francona, Patient:

“It got to a point where I don’t know that the medical people thought they could stop the spiral, the downward spiral. I was kind of at its mercy. And it was difficult. I’m very fortunate to do what I’m doing now, after what I went through then.”

Narrator:

Though Terry is happily back to work today, he still remembers the details of that long stay in the hospital recovering from the serious post-surgical infection.

Terry Francona, Patient:

“It entailed eight surgeries, a seven-week stay in the hospital, and if I didn’t lose my life, I probably should have lost a limb. I’m probably really fortunate to not only have my body intact, but my life too.”

Narrator:

One piece of advice Terry is willing to share. Don’t be afraid to ask the healthcare team anything that might be of concern to you.

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Terry Francona, Patient:

"I don't think it's disrespectful to ask a medical person or doctor a question that you don't know. It doesn't mean you're questioning their ability. I just think we have a right to know when something's going on in our body and most of us don't."

Natural sound in hospital room

Narrator:

Another type of wound that doesn't come from surgery, but can occur in a patient with a long-term hospital stay is a pressure ulcer. If patients are confined to hospital beds, and have limited or no ability to move, they may be at increased risk for these pressure ulcers, also known as bedsores.

Pressure against the skin that's touching the bed or other surfaces reduces the blood supply to that area. As the tissue dies it progresses to an open sore and finally a crater in the skin. These gaping wounds are prone to infection.

Tim Flaherty, MD, Past President National Patient Safety Foundation:

"To prevent them you have to have frequent movement of the patients from side to side, changing positions, or occasionally we'll use a special mattress that inflates and deflates so that you can decrease the potential for pressure ulcers."

Devin Carr, RN, Vanderbilt University Medical Center:

"It would be a good idea for the family, the patients, and the caregivers to assess the skin thoroughly at regular intervals and at least on a daily basis and then note any areas of redness or concern and report those as well to the primary care provider."

Narrator:

If a patient or advocate notice any skin problems that might be pressure ulcers they should be sure and tell someone on the healthcare team. If your patient is unconscious or unable to speak for him or herself, it is also important that you watch out for them and any sores that may arise. Make sure that nurses are changing the patients' position and checking for any sores. Remember, simply by drawing attention to something you may improve your situation.

Hospitals are generally safe places but accidents do happen. Among the most common accidents are patient falls. More on that coming up.

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Narrator:

Patient falls are preventable accidents that certainly complicate hospital stays. Following a few simple rules can help patients avoid unnecessary falls that may result in serious injury. Statistics show while patients over 65 are most likely to fall, younger patients are at risk as well.

The first fall prevention rule is: to listen carefully to your healthcare team. If a nurse tells you to not get out of bed, don't. The simple act of getting to the restroom may be difficult due to a patient's medical condition. Don't wait until your need is urgent to go. Keep your call button within easy reach and use it to ask for help. Patient safety researchers say getting out of bed, especially at night, is one of the most common ways patients are at risk for falling.

Tim Flaherty, MD, Past President National Patient Safety Foundation:

"They're unfamiliar with their surroundings, the room may be dark. It may be the middle of the night. They may be confused by medication or drowsy because of medication. All those things bear to that issue."

Narrator:

Patients should take a good look around their room and get familiar with the layout. If they need to go to the bathroom at night and are allowed to, be sure and turn on the room light so it is easier to see. If you have glasses, put them on. Make sure necessary items like water, tissues, and the phone are within easy reach. Once you get to the bathroom, if you feel dizzy or need help, use the bathroom call button. Often patients who are heavily medicated or have difficulty thinking clearly are the ones who are most at risk for falling.

Some common medicines that can cause patients to be unsteady on their feet are: Pain medications, sleeping pills, and blood pressure medications.

If you are allowed to get out of bed, get up slowly and carefully. Use walking aids if you have them. If you are unsure on your feet, you can ask your doctor to perform a balance test to make sure you are ready to be mobile on your own. Once you can get up, healthcare providers may help you practice walking using a gait belt or the railings in the hallways. Remember, the nursing staff is always just a quick call away to help with anything, especially getting out of bed. Nurses say patients should not be shy about asking for help at any time, day or night.

Devin Carr, RN, Vanderbilt University Medical Center:

"Patients should really take advantage of the call light and ask for assistance any time they're getting up out of bed. And that's especially important the first time they're getting out of bed, especially following surgical procedures or after a prolonged period of bed rest."

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Peter Angood, Vice President & Chief Patient Safety Officer, The Joint Commission:

“Patients often overestimate themselves on how well they are so they will want to get up they think they can walk over to the cabinet to get their dressing gown, they think they can get to the bathroom by themselves, next thing you know they are standing up, they are wobbly and they fall. And so, patients themselves they need to recognize that if you’re going to have to make a guess on how well you’re doing, guess that you should have the provider come and help you.”

Narrator:

Here are some general tips to prevent falls:

- Take a good look around your room to get familiar with your surroundings.
- Ask about your condition and medications, and whether they may make you dizzy.
- Always turn on the light when you need to get out of bed.
- Wear well-fitting rubber-soled slippers or shoes when walking around your room or the hospital
- Use a cane, walker or wheelchair if needed.
- Call for a nurse anytime for help.

Healthcare providers can help, but fall prevention is largely in the hands of the patient. Follow the rules and don’t hesitate to ask for help. Taking a little time to prevent falling is one of the easiest ways a patient can stay safer in the hospital.

In a moment, heading home. We’ll get to what you need to know about being discharged from the hospital.

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Natural sound of Mayol family getting into car

Narrator:

Thirty-year-old Jennifer Mayol (my-OHLL) is getting used to everything it takes to manage her newly expanded family. Jennifer and her husband, Javier, along with their 3-and-a half-year-old son Christopher, welcomed little Emily two months ago.

After Emily arrived via planned C-section, she and Jennifer spent a few days recovering in the hospital. When it came time to go home, the doctors and nurses presented Jennifer with some specific instructions.

Jennifer Mayol, Patient:

“My doctor was really good in that he came in and gave me a whole bunch of rules, not that I liked the rules, but he gave me a whole bunch of rules of what to do and what not to do, and I think that helped with my recovery because I knew not to push it.”

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Peter Angood, Vice President & Chief Patient Safety Officer, The Joint Commission:

“Hospitals, when they’re discharging patients should be providing patients with a summary of what just occurred when they were in the hospital: what was their diagnosis, what medications have been added, what do they need to be taking with their medications, what is it that they need to be looking out for with the problem or the diagnosis they have been given and what type of follow up is going to occur in order for the patient to get the optimal type of treatment.”

Narrator:

In some hospitals, patients will meet with a discharge expert who will go over everything and answer all of a patient’s questions.

Here are some helpful questions to ask:

- How often should I change bandages or inspect the wound?
- How often should I take medication?
- How might these new medications interact with over-the-counter medicines or vitamins and supplements I currently take?
- Should I call the doctor if I think something might be wrong even if I’m not sure?
- What’s the emergency number for my doctor, or whoever is on-call?
- Should I fill the prescriptions before I leave the hospital or on my way home?
- How will I know something is not right with me?
- Can I follow my regular diet or do I have to restrict certain items for any reason?
- Do I have any limitations on my physical activity?

Peter Angood, Vice President & Chief Patient Safety Officer, The Joint Commission:

“On the patient and family side, some of the difficulties are very simple: timing of the discharge, is it the morning, is it the afternoon is it the evening, are they going to pick me up, how am I going to get there and many times depending on who is going to be helping the patient get home becomes a very rushed process. So again it’s trying to understand the information that just was given to the patient and what do we have to do at home.”

Narrator:

Make sure that you have any medications or medical equipment before you go home. And if you need someone special to help you, make sure that is lined up as well.

All of the information given is meant to help patients and their caregivers cope with the new realities they may be facing regarding medications, surgical wound healing, potential side effects, possible diet restrictions and any activity restrictions.

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For the Mayol family, the most important discharge instructions were to keep the surgical incision site clean and dry, and for Jennifer to avoid lifting anything heavier than the newborn.

Javier Mayol, Patient's husband:

"You know, the best thing for her was just to sit down, lay down, calm down and be able to get a good night's sleep"

Narrator:

Now that Emily is two months old, mom, dad and both kids are on the go and out the door much more quickly than before.

Jennifer Mayol, Patient:

"I got it down to about an hour. Actually the other day it was like 45 minutes, but that was without baths."

Narrator:

The patients and healthcare providers we've seen today all agree on one way to stay safer and more informed.

Terry Francona, Patient:

"Ask questions. Because I think most medical people will be happy to explain it to you."

Tim Flaherty, MD, Past President National Patient Safety Foundation:

"I think we're all in the right direction as far as where we're going. But patient involvement I think is so very, very important. Emphasis from the National Patient Safety Foundation is more involvement by the patient."

Narrator:

Some patients that do get involved, like David Broyles, find that their lives change for the better.

David Broyles, Patient:

"I realized I got it pretty darn good. And I'm very lucky and very blessed that I'm able to have the results I did."

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Agency for Healthcare Research and Quality.
www.ahrq.gov
<http://www.ahrq.gov/questionsaretheanswer/>

National Patient Safety Foundation
www.npsf.org

National Institutes of Health
www.nlm.nih.gov/medlineplus/patientrights.html

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