Partners in Safety: The Walworth County (Wisconsin) Patient Safety Council

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Medication Safety

- 90% of Americans ≥ 65 years of age take prescription medications, with half of them taking five or more different drugs.
- Up to 35% of outpatients experience an adverse drug event (ADE), leading to 1 million hospital admissions/year (2-15% of all admissions)
- 22% of hospitalizations attributed to patient non-adherence.
- Adverse drug events in the outpatient setting increase health care costs by up to $1,900/case.

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Medication Safety

Patient Role

- One out of 4 patients do not follow physician advice, primarily due to ineffective communication between the patient and provider.
- Only about half of patients who leave a physician's office with a prescription take the drug as directed
- <50% of pts able to list diagnoses, names of meds, reason for taking and side effects
- 48% of American Adults are medically illiterate, a potential danger to themselves and families

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- Theory: A collaborative model of patients and providers would facilitate the exchange of information and identification of consumer and provider interventions to improve medication safety in the outpatient setting.
- Goals: 1. Establish a community based patient:provider council

  2. Identify and implement interventions through out the community
- Measurements: Accuracy of medication lists in the medical record.

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- 2-year research project supported by a AHRQ (2005-2007)
- Aurora Health Care (Wisconsin) in partnership with:
  - Midwest Airlines
  - Consumers Advancing Patient Safety (CAPS) from Chicago

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Goals and Objectives

- Patient Safety Council : 11 patients, 12 health care providers (doctors, nurses, pharmacists, social workers)
- Develop methods/tools which will improve communication between patients, doctors, and pharmacists regarding their medicines
- Through community involvement, provide education and dissemination of new methods
- Measure the effect of the project

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- Key components of success:
  - Selection criteria of Council members
  - Formational meeting process
  - Monthly meeting format
  - Council member roles
  - Community integration

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Interventions identified to improve medication safety:

1. Medication bag
2. Personal medication list
3. Computer programs for providers
4. Computer programs for patients
5. Community awareness and education
6. Healthcare provider tools and education

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*Measurement: Accurate Medication List**

***Accurate**:*

Clinic Chart medication list

- A
- B
- C

=

Patient's personal medication list and/or medications in bag

- A
- B
- C

***Inaccurate**:*

- *D (on chart but not taken by patient)*

OR

- *E (taken by patient but not on the chart med list)*

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Measurement: Chart review, September 2005

N= 2750 patient interviews, chart reviews

- Accurate med lists = 62%
- Med listed in chart

but pt is NOT taking them = 16%

- Med NOT listed in chart

But pt. IS taking them = 12%

- Contains BOTH errors = 10%

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Measurement: Chart review, September 2005

	Pt. Does NOT have med list and/or bag	Pt. HAS a med list and/or bag
Able to identify meds on chart but pt. NOT taking	26%	26%
Able to identify meds NOT on chart but pt. IS taking them	**13.2%**	**23.4%**

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- Lessons from the field: PATIENT comments
  - "We were raised to do what the doctor says; we don't want to offend by questioning them."
  - "Doctors need to learn how we think. We are speaking different languages."
  - "Doctors are too busy looking at computers, charts, and typing to listen to me and what I am saying."
  - "I am not as compulsive about my own care as I was of my husband's."

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- Lessons from the field: PROVIDER comments
  - "Patients don't have a clue. I've been writing down patient's medications for years, and they never bring that list back with them!" (MD at staff meeting)
  - "We don't have enough TIME, TIME, TIME!"
  - "The medication history is OUTDATED by the time the patient leaves the doctor's office, due to new prescriptions and/or prescriptions from other providers."

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- Unanticipated Outcomes
  - Participation of Council member in national workshop "Patient Safety in the Americas" (May 2006)
  - Inclusion of patients in other projects and committees (ie, reviewing chart forms; patient representative on system-wide Patient Safety Team)
  - Recognition of Project Coordinator perspective
  - "I've changed my nursing practice based on comments from the patients on this Council" (Nurse on Council)
  - "We're FINALLY asking the patients!" (Clinic nurse)

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