Quality and Safety Matters

TCNJ Nursing's Quality and Safety Newsletter

The Current State of Patient Safety in America

Monika Chodorowski
Class of 2020

Patricia McGaffigan, Vice President of the Institute for Healthcare Improvement (IHI) describes her view on the current issues in healthcare regarding safety, in her article *How to change Patient Safety from a Priority to a Purpose*[1]. McGaffigan emphasizes the idea of workforce safety as something that keeps her up at night because as she says, "Health care is a dangerous environment"[1]. She explains that physical and emotional safety of the staff is crucial to a safe and productive culture in the hospital. Without this, we start to veer away from the strong relationship a workforce is capable of when they communicate well and work together.

With the acts of violence and discourtesy that continue to grow, we are seeing a negative impact on the workforce that includes work burnout, fatigue, injury, moral distress, depression and even suicide. McGaffigan states "We can't simply put a Band-Aid on these problems; we need to understand and address their root cause"[1]. Most of these problems are camouflaged by the chaotic state of work so that it becomes integrated in our work community as permanent. When these problems become too frequent, we as humans lose connection to what was acceptable behavior versus what reality shows it to be. McGaffigan identifies that the root causes often tie back to unacceptable leadership and cultural behaviors from individuals that have accepted inappropriate behavior and this type of harm as a collateral part of doing business in healthcare.

Working in a safe workforce is key in providing safe, adequate care for patients. Good communication between doctors, nurses and others from the interprofessional team contributes to the overall safe care we give to our patients and builds a good relationship between our coworkers. Being a member of a healthcare system, we need to start addressing these problems of violence and discourtesy, if present- to try to work together, not against each other.

Although the acts of violence and discourtesy are becoming more prominent in healthcare, we have still achieved an increased focus of our attention to our patients. Patients and family are an integral part of the care team, and working with them to determine their care will only improve their health and safety. Another good change is the reformation of academic professional programs, with the increasing focus on interprofessional learning environments. This is teaching students at an early stage of their education in healthcare to work as a team which increases the likelihood of good communication later and improved patient safety.

Age Friendly Health Systems: Mobility Matters

Emily Sayed
Class of 2020

The age of the general U.S. population is rising, and with the geriatric population being the fastest growing group in today's society, hospitals are focusing on improving their systems and policies to ensure greater patient satisfaction and safety for that age group. The name for this initiative of the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) is an Age-Friendly Health System[1].

So what exactly is an Age-Friendly Health System? IHI defines it as an age friendly model for health care that is structured to not only improve the quality of care for older adults, but to also optimize value for health care systems. It encompasses four directives which include: 1) older adults receive the best possible care, 2) healthcare caused or related harms to older adults are significantly reduced and approaching zero, 3) older adults report satisfaction with their care, and 4) value becomes optimized for everyone involved in patient care from families to providers[1].

In 2017 five institutions adopted the Age-Friendly Health System in collaboration with IHI. Their edits and changes, supported by evidence based practice to create the 4M Age-Friendly care model, are outlined below[2]:

a. What **Matters**: knowing how to act on every individual older adult's specific health outcome goals and preferences for care across settings
b. **Medication**: if and when medication is prescribed, ensure that it is both age friendly and does not impede What Matters, Mobility or Mentation.
c. **Mobility**: prioritize that every day older adults have the opportunity to move safely and maintain function to do What Matters
d. **Mentation**: aptly recognize, treat and manage dementia, depression and delirium across care settings

The thorough review of the 4M model by these 5 institutions resulted in it now being put into practice safely in health care settings.

Two hospitals that have implemented the 4M model are Saint Joseph Mercy Health System and Anne Arundel Medical Center, both in Michigan. A plan for mobility is created on admission and put in place for each patient when they are able to collaborate and participate. At discharge the plan is revisited as staff wish patients success on their goals. Saint Josephs's staff developed the slogan

Senior Students View Escape Fire

Justin Ngai
Class of 2019

As nursing students, much of our curriculum and focus in school is centered on skills and principles of care that we must be equipped with in our future job as clinical nurses. As crucial as it is to be prepared to work in our role as caregivers, an essential part of being a nurse is to be able to work within and together with the current healthcare system to improve the health of the population. Healthcare, behind its complex and confusing structures, is essentially systems of businesses intertwined with each other. It is so unique in that it takes two varying fields of clinical health and administration and fuses it together. Therefore, to really understand and work in such a field, one must grasp the concepts and processes on both ends to really identify flaws and innovate improvement to move healthcare forward.

This summer, in addition to improving my clinical nursing skills through an externship, I sought to find a utilization of my minor in management in the healthcare field. I decided that exploring the various forms of healthcare in different settings firsthand as well as viewing and reading about healthcare would better increase my knowledge of the system.

Escape Fire, a video we have been assigned to view as part of the NUR 420 Adult Health course work, was one of the films I watched this summer that truly depicted the mayhem that healthcare is currently in. It really pushed the fact that we are working in a disease management system- not a healthcare system. We work to patch things up as they come along, rather than investing in proactive resources such as community outreach and education earlier on to avoid preventable conditions. As a nation, we believe too strongly that medication is a cure-all method. Patients see these idealistic ads about medications from pharmaceutical companies and request them from their care providers, who are pressured by competition and reputation for patient satisfaction, resulting in fulfilling the patient's request, further contributing to the overmedication of patients. Essentially, this leads to costly and wasteful healthcare spending that may not even be based on scientific knowledge because in essence, providers are simply complying with patient requests.

The *Escape fire* film truly resonated with one of the shadowing experiences I observed. I had an amazing opportunity to shadow Dr. Paul Di Capua, Regional Medical Officer of Caremore in Connecticut, an innovative healthcare company that operates independently as a wholly-owned subsidiary of Anthem Health. The top 15% of the sickest patients under Anthem account for nearly 75% of the total spending. Caremore aims to find a solution in treating this population. They take on these sicker case patients and proactively work with them at their home to prevent illness or slow the progression of their conditions. From shadowing Caremore's providers in Connecticut, I was able to experience patient visits firsthand where care providers educate their patients on their health condition, medications, and lifestyle adjustments that can better their situation. Caremore truly embodies the education and community outreach that *Escape Fire* discusses to propel healthcare forward. By using a team-based approach where physicians, nurses and social workers sit and discuss each patient, they provide realistic, high quality care to patients in the comfort of their home. Caremore gets reimbursed through Medicare and Medicaid for the continuing management of care for these patients, while reducing costs for payers (currently they contract with Anthem) and most importantly, its patients.

Experiences like this demonstrate that efforts to improve the delivery and operations of healthcare are alive and well. As healthcare providers, we must not only worry about the patient from a caregiver perspective, but also be concerned with extraneous circumstances from the system that may serve as a detriment to their health. *Escape Fire* stated it perfectly- "Everyone is doing their jobs, it is just that the job is designed wrongly". The biggest change-makers can come from within an organization, and being a nurse provides us the opportunity to be catalysts in affecting that change in healthcare.

Age Friendly Health Systems

Mobility Optimizes Virtually Everything (MOVE) to reinforce the goal of patients' continuing to keep not only their body but minds and spirits active to prepare for discharge. When a 95 year old patient was admitted to Anne Arundel Medical Center, she shared with staff that she did not want to go to rehab after her surgery. With help from the mobility tech, she was able to walk four feet three days post-op, and eight feet on the fourth day. With the assistance of staff and family, she was able to fulfill her goal of returning home. Asking patients their preference regarding using rehab or not is now customary at Anne Arundel, and their daily implementation of safely ambulating patients up to three times a day has decreased falls significantly. Collaborating with older adults on their goals for their health care stay ensures better patient outcomes and greater satisfaction, which is every health care provider's goal.

1. Institute for Healthcare Improvement Initiatives. Age-friendly health systems. Retrieved from http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx
2. IHI Multimedia Team. (2018, June). To make care age-friendly, mobility matters [web log post]. Retrieved from http://www.ihi.org/communities/blogs/to-make-care-age-friendly-mobilitymatters?utm_campaign=tw&utm_source=hs_email&utm_medium=emai

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1. Patricia McGaffigan: How to Change Patient Safety from a Priority to a Purpose. (2018, July 5). Retrieved September 8, 2018, from http://www.ihi.org/communities/blogs/patricia-mcgaffigan-how-to-change-patient-safety-from-a-priority-to-a-purpose?

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