Presented by:
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PartnerHealth

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Advancing Communication to Engage and Activate Families in their Loved Ones’ Care

The Power of our Story
Feb 15-16, 2018
CHA Center for Post-Acute Care

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A little background about Karen and Mary

Co-Authors and Co-Presenters

Karen Curtiss
Mary Foley RN, PhD

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For All of Us –
This Work is Personal

◆ Why Partner with Families?
◆ How to Partner with Families to Support Good Communication Vigilant Post-Discharge Care
“Bring someone with you.”
Who are Your Nearest and Dearest?
I Was a Care Partner for My Dad

Devastating Diagnosis

Successful lung transplant and Super Star!

IPF cured!

Fall
VAP
MRSA
C diff
DVT
PE
MRSA... again
C diff... again
Stage 4 Bed Sore

Family bedside 7 months
On the job learning – too little, too late

Bill Aydt, married to Margaret, 51 years
6 children, 9 grandchildren
I Was my Father’s Care Partner…
And I Failed.
Next, I was a Care Partner for my Husband

“Routine” Bowel Resection

Sepsis
Emergency Surgery
VRE

Discharged with…

… an IV,
… colostomy and
… drains

No supplies
No confidence
Lots of questions and…
High anxiety
Just bad luck?
1 in 3 Patients Needlessly Suffer or Die from Preventable “Adverse Events”*

<table>
<thead>
<tr>
<th>MRSA, C diff</th>
<th>Falls</th>
<th>Blood Clots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Mix-ups</td>
<td>Bed Sores</td>
<td>CLABSI</td>
</tr>
<tr>
<td>Sepsis</td>
<td>UTI/CAUTI</td>
<td>VAP</td>
</tr>
</tbody>
</table>
Too Many Round Trips!
Three out of four patients – 75% – age 64+, leave the hospital with an incorrect prescription or no understanding of their medication regimen.

(Yale New Haven study, Leora Horowitz, December 2012)
Patients Forget 80% of What You Tell Them

* Numerous studies in the U.S and U.K.

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It’s Complicated
"We have trained, hired and rewarded people to be cowboys, but it is pit crews that we need – pit crews for patients."

- Atul Gawande, MD
Informed and Activated Care Partners
Your Pit Crews for Care and Support at Home

No one is more patient centered.
No one knows your patient better.
Quality Improvements
What Will You Do Next?

1. Provide planning checklists for patients and families who have scheduled admissions.
2. Conduct shift change huddles and bedside reporting.
3. Have a dedicated person or functional area for attending to patient and family engagement.
4. Have an active PFAC (Patient and Family Advisory Council).
5. Have at least one patient/family member sit on your hospital’s Board of Trustees with full voting rights and privileges.
6. Provide information and tools to patients and families to prevent HACs and readmissions.
Engage to Activate:
Touch Point Opportunities to Mentor Care Partners

"We’re hoping you’ll lead us on a journey of transformation without requiring any real changes."
Try These Thinking Caps On for Size

Feelings, Intuition

Why it WILL Or CAN work

Why May NOT work

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FAMILY ACTIVATION

Communication is Key

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It's simple. You have diabetic hyperglycemic fibromyalgia.
### Translation Please!

<table>
<thead>
<tr>
<th>What you say…</th>
<th>What everyone else says/thinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Decubitus Ulcer</td>
<td>✓ Bed Sore</td>
</tr>
<tr>
<td>✓ Heart Failure</td>
<td>✓ OMG, about to die!!</td>
</tr>
<tr>
<td>✓ MRSA</td>
<td>✓ Infection, bad germs</td>
</tr>
<tr>
<td>✓ Isolation precautions</td>
<td>✓ ???</td>
</tr>
<tr>
<td>✓ Jaundice</td>
<td>✓ Yellow</td>
</tr>
<tr>
<td>✓ Up fluids</td>
<td>✓ Drink more water</td>
</tr>
<tr>
<td>✓ PCP</td>
<td>✓ Main doctor (or…. a street drug?)</td>
</tr>
</tbody>
</table>
The Power of Empathy

www.youtube.com/watch?v=1Evwgu369Jw

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Checklists: Simple Info Can Help Solve Complex Problems

Enlist Families with Checklists to Help Prevent...

- Falls
- Hospital Infections
- Blood Clots
- VAP
- Bed Sores
- Readmissions

✓ Plan Ahead for Care Post-Discharge

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FAMILY ACTIVATION at Admission

Start with a Warm Welcome
“Cliff Notes” to Engage and Activate

SHARE INFORMATION:
Simple checklists in simple terms
Checklists can take many forms – “switch it up” to retain interest

MOTIVATE:
Reasons why
Friend-friend tone
Grace notes

Provide Tools:
Familiar “every day” items transform help-less to help-full
Pre-Admission: Invite Families to Partner with a Warm Welcome

Information:
You know your loved one best: you are an important member of our care team.

To Do's
✓ Speak up with concerns and questions
✓ Share insights about loved one
✓ Take notes
✓ Wash hands and make sure everyone else does too

Grace Notes: A sincere “thanks,” graphics, “To all the world…”

Family and Friends, Welcome to (Hospital),

You know your loved one best and we welcome you as part of our care team!

Please tell us if you or your loved one ever have worries — or something doesn’t seem “quite right.” Your thoughts and concerns are important.

Please take notes for your loved one’s peace of mind. Pick up your free notepad at (insert location). It has special details to track during a hospital stay.

Plan for your loved one’s care and support after leaving the hospital with the handy checklists we have for you at (location).

Help wash your loved one’s hands frequently to prevent infection — especially before meals. (Keep your own clean, too!)

Questions? Please speak up.

We want you to feel comfortable, too.

Thank you from everyone on Unit x.
Together, we make a great team!

To the world, you are just one person.
But to one person,
You could mean the world.
Checklists Work!

Why NOT for Families?

✓ Virtually eliminated CLABSIs in ICU’s, U of Michigan Hospitals

✓ Reduced mortality rate overall by 10% in UM system

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“Safety Checklist Use Yields 10 Percent Drop in Hospital Deaths”, John Hopkins, Release Date Of 02/14.
Checklists: Simple Info Can Help Solve Complex Problems

Enlist Families with Checklists to Help Prevent…

- Falls
- Medication mishaps
- Missed warning signs of trouble
- Readmissions
**About Bloodstream Infections:**

Germs can invade the body through cuts or breaks in the skin, resulting in serious infection that’s carried through the bloodstream.

**Risk Factors:**

- Use of a tube and bag system called an “IV” or a “central line” to deliver fluids because the skin has to be broken for these lines to be inserted.

**FAQs**

**What is a catheter-associated bloodstream infection?**

A “central line” or “catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fever and chills or the skin around the catheter may become sore and red.

**Can a catheter-associated bloodstream infection be treated?**

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

**What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?**

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

**What can I do to help prevent a catheter-associated bloodstream infection?**

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after touching you.
- If you do not see your providers clean their hands, please ask them to do so.
- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends wash their hands with soap and water or an alcohol-based hand rub before and after visiting you.

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

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**Please Wash Hands!**

**About Bloodstream Infections:**

Germs can invade the body through cuts or breaks in the skin, resulting in serious infection that’s carried through the bloodstream.

**Risk Factors:**

- Use of a tube and bag system called an “IV” or a “central line” to deliver fluids because the skin has to be broken for these lines to be inserted.

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**Use this Checklist to Help Prevent Bloodstream Infection**

- When a central line is inserted, ask: “Are you using a central line bundle?”
- Watch to make sure that nurses and doctors always:
  - Wash their hands thoroughly before touching your loved one
  - Use sterile instruments and supplies
  - Sterilize the skin
  - Choose the safest spot
  - Ask, “Why?” if groin is chosen
  - Use a clean sheet to drape your loved one’s body
  - Wear a mask
  - Cover the area with a sterile pad
- Make sure any openings in the skin are kept covered at all times.

**Central line**

IV lines often go here (but not always)

Central line can go in the groin, but it’s not the safest place

xxxx shows example surgery sites

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FAMILY ACTIVATION
At Discharge

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In the Hospital and at Discharge: Activate Families to Support Loved Ones at Home

**Information:** *Now* is the time to

- Call on other family and friends to help
- Call insurance company for home health care support
- Ask us!

**To Do’s:** Use these checklists to plan support for your loved one’s

- Medical care follow-ups and needs
- Daily living needs
- Medical supplies needed at home
- Safety plan for moving around the home
- Nutrition needs (Groceries to buy)

**Grace Notes**
### Plan for Medical Care

<table>
<thead>
<tr>
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<th>Help?</th>
</tr>
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<tbody>
<tr>
<td>Make doctor appointments and get to them by driving, using public transportation, or cab</td>
<td>No</td>
</tr>
<tr>
<td>Fill prescriptions, buy other needed supplies</td>
<td>Yes</td>
</tr>
<tr>
<td>Follow up for test results</td>
<td>No</td>
</tr>
<tr>
<td>Manage medications (take safely, according to directions)</td>
<td>Yes</td>
</tr>
<tr>
<td>Use a thermometer to monitor daily temperature</td>
<td>Yes</td>
</tr>
<tr>
<td>A range of home nursing, physical therapy, or other needed support</td>
<td>No</td>
</tr>
<tr>
<td>Take care of wound/drain</td>
<td>Yes</td>
</tr>
<tr>
<td>Use a scale to take daily weight</td>
<td>No</td>
</tr>
<tr>
<td>Safety proof home</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Plan for Daily Living Needs

<table>
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<tr>
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<td>No</td>
</tr>
<tr>
<td>Use bathroom alone</td>
<td>Yes</td>
</tr>
<tr>
<td>Sleep alone</td>
<td>No</td>
</tr>
<tr>
<td>Balance on a scale alone</td>
<td>Yes</td>
</tr>
<tr>
<td>Eat without help, plan meals, shop for groceries, prepare meals</td>
<td>No</td>
</tr>
<tr>
<td>Drive, call a cab, use public transportation</td>
<td>Yes</td>
</tr>
<tr>
<td>Do laundry, housekeeping</td>
<td>No</td>
</tr>
<tr>
<td>Handle finances, pay bills</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Lisa Meers

- Husband, Robert, healthy
- Collapsed while playing golf – no warning
- Quintuple bypass surgery
- In quiet surgical waiting room, looked over checklists: realized how frail Robert was -- PANIC!
- Called insurance: Nurse approved!
- Felt more comfortable asking questions
- Went back to work once Robert discharged

- No mishaps in recovery: knew what he needed and had nurse on the job!
Information: This is what keeps us up at night! Med management is complicated. Please create a buddy system for safety at home: two heads are better than one!

To Do’s and Tools:
- Create record on “spreadsheet” tool
  - Meds starting
  - Meds stopping
  - Meds at home to discard
  - Meds taken day of discharge
- Record discharge conversation on phone
- Look up all medications (Drugs.com, the Beers List). Bring up any concerns.
- Ask questions at discharge until all details are clear
- Create a plan for taking meds at home. Ask us for help – OK to ask pharmacist, too. Everyone is on your team for safety.

Grace Notes… a bit of a challenge
# Medications to Take after Leaving the Hospital

Fill in all the important details you’ll need at home.

<table>
<thead>
<tr>
<th>Name of Medicine, What it Looks Like, Dose (Units on bottle, i.e. mg)</th>
<th>Why Taking This Medicine</th>
<th>How Much to Take Each Time*</th>
<th>At What Time?</th>
<th>How to Take This Medicine (By mouth, on skin, in eye, with food, on empty stomach, etc.)</th>
<th>Filled by Hospital, or Still Need to be Filled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed By:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribed By:</td>
<td></td>
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</tr>
</tbody>
</table>

**Medications in the Home that Should NOT be Taken**

<table>
<thead>
<tr>
<th>Name of Medicine, Dose (Units)</th>
<th>Why Taking?</th>
<th>Name of Medicine, Dose (Units)</th>
<th>Why Taking?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Medicines to Start Taking Again**

<table>
<thead>
<tr>
<th>Name of Medicine, Dose (Units)</th>
<th>How Much?</th>
<th>Why Taking?</th>
<th>When to Start</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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- Also, If 65 or older, check The Beers List for medicines that may be harmful for seniors: [www.partners4care.com/TheBeersList](http://www.partners4care.com/TheBeersList)
- Ask about medicines and supplements that can be safely taken for: headaches, other pain, sleeplessness, quitting smoking, nutrition, other (i.e. vitamins, herbs, protein drinks)

Questions? Concerns? Please speak up! It’s OK to call a doctor for answers, too.
“Good to Go” Cullman Regional Medical Center

✓ 15% reduction in readmissions

✓ 62% increase in satisfaction on HCAHPs discharge questions

Discharged with a Recording: How Cullman Regional is Optimizing Readmissions Work, Levanthal, R., Healthcare Informatics, October 2013
FAMILY ACTIVATION
Home Tools to Prevent Readmission
At Discharge and For Post-Discharge Support
Care Partner Medication Toolkit to Buddy Up for Safety

Discharge Instructions

The Beers List
Drugs.com

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At Home:
Families are Prepped & Organized to Pitch In!

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<td>No</td>
</tr>
<tr>
<td><strong>Follow up test results</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes to vertebra</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes to incontinence</td>
<td>Yes</td>
<td>No</td>
</tr>
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### Plan for Daily Living Needs

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<td>Yes</td>
<td>No</td>
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<tr>
<td>Eat without help, plan meals, shop for groceries, phone, mail</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Drive, call a cab, use public transportation</td>
<td>Yes</td>
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This may be a good time to ask other family members or friends to help.

You may want to call the insurance company to ask about home healthcare too. It's OK to ask our staff to help you plan. Just ask: "Who can I call with questions?" They'll be glad to know you're thinking ahead.
Information: Too many patients end up back in the hospital because they minimize problems or have no way to get to a doctor for help. (“Don’t want to be a bother” syndrome.)

To Do’s

- Check in with loved one every day to look for/listen for signs of trouble
  - Checklist of common symptoms of post-discharge complications: physical, emotional, behavioral
- Call with questions (number/resources provided)
- Get loved one to a doctor for help

Grace Notes (next slide)
Grace Note: Emotional Respite with Signs of Trouble

Check In With Your Loved One Every Day

Please Make It a Habit...
Go over this list with your loved one every day for at least a month after leaving the hospital. It will help both of you stay on the lookout for early signs of complications.
Don’t hesitate to call a doctor to discuss any signs of trouble.

Watch For Signs of Physical Trouble

- Increased in pain — anywhere!
- Headaches or fever, body chills, aches
- Coughing, congestion
- Bulging neck veins
- Light-headed, dizzy
- Chest pain, indigestion, heartburn
- Heart thumping or fluttering
- Trouble breathing, shortness of breath
- Nausea, vomiting
- Swelling in stomach, ankles, legs
- Weight gain of 2+ lbs in just a day or two
- Burning or pain in legs or arms
- Trouble sleeping
- More frequent need to urinate, especially at night
- Blood in urine or stool, rectal bleeding
- Diarrhea
- Sores/heat bumps that look like bug bites, open breaks in skin
- Increasing redness or swelling around wound/stitches
- Any oozing pus from wound/stitches or sores
- Any other signs that just don’t seem right

Watch for Signs of Emotional Distress/Changes in Behavior

- Confusion, trouble making decisions/plans
- Can’t remember details/repeats conversations
- Difficulty walking, speaking and swallowing
- Change in appetite (eating too little/too much)
- Change in sleep pattern (too little/too much)
- Change in energy (too little/too much)
- Change in mood (feeling blue, sad, hopeless)
- Talk of suicide/any attempts at suicide

We’re Here to Help

You will find many resources on our website at BartonHealth.org/BehavioralHealth.

If you have questions, or need more information, please don’t hesitate to call our main number: 530-541-3420, and explain your concern.
You will be connected to people who can help you.
“Since my husband and I are both in our middle 80's, probably one of us will be in the hospital sometime.

I carefully went through the checklists...these records would be very helpful!!

It will bring comfort and peace.”

- Joanne Cerling
Try These Thinking Caps On for Size

Feelings, Intuition

Why it WILL Or CAN work

Why May NOT work
Be the Change You Want to See

For your family
For your patients
For your peace of mind
Thank You!

Contact Us Any Time if You’d Like Some Help

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