



# Patient Safety in the AMEDD



**1 SEPTEMBER 2012**

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### *Patient/Provider Communications: The Cornerstone of Safe Patient Care*

By COL Kimberly Kesling, PSP Manager

All of us know what a cornerstone is: a corner between two walls, the first stone in a foundation, or a vital person or thing. In healthcare, communication between the patient and the provider, in both directions, is truly the cornerstone of a healthful and healthy patient care encounter.

I had the opportunity to experience this first hand last week when I went to see my PCM. In the course of the visit she informed me that I had high blood pressure and that I had had it for many years as documented in my medical record. I am a provider. I know this is an easily controlled problem, which pays tremendous benefits if controlled and is very common in women of “a certain age.” However, I heard none of that. I immediately thought....but I exercise, eat right, control my weight...my parents have high blood pressure not me...now I have to take a stupid pill... I’m going to get weak and dizzy....etc. So why am I boring you with all my thought bubbles? I’m illustrating the point that I heard absolutely nothing that my provider said after she said, “high blood pressure.” She started me on a medication that I left knowing nothing about, I had to go to get unknown labs and was supposed to hear more after the labs. I know that she gave me all of the information because she is a great provider and explains everything really well, but as my own worst enemy I left there an uninformed patient.

So, understanding that I, an experienced provider, got caught up in

the personal stuff that happened in my healthcare encounter.... I ask.... how do we make this episode a safer and more productive event for our patients? It really comes to going back to the fundamentals of what we are trying to achieve in any encounter. We are helped and hindered by our electronic medical record. There is a great deal of information there, but we as providers tend to get caught up in the mechanics of entry and don’t use it as a healthcare tool (my HBP was documented back to 2005, but none of my providers pulled up the entire record to see the increasing trend). At the end of the day the most important communication tool that we have is our ears. We need to let the patients tell their story, and then we need to give them back information that they can hear and that we know they did hear.

Barriers to great communication:

1. Time constraints - real and imposed
2. Distractions - computer or phone calls
3. Knowledge base of the patient - Can they understand what they are being told? Will they ask questions if they do not understand?
4. Teamwork - Does the team give the same message to the patient for a certain problem? Are the nurse, provider and case managers on the same page?

5. Communication skills - Has the team learned good communication skills? I submit that there are no great communicators born. It is a learned

*Continued on page 2 Cornerstone*



**First Place  
Medical General Patient Safety  
Category**

**Blanchfield ACH**

**2012 Poster Contest**

*Cornerstone Continued from page 1*  
behavior and we can all learn.

6. Patient characteristics - We are our own worst enemy when it comes to hearing information. Patients have hidden agendas, questions they think about but do not ask and patterns of behavior that sabotage their own care.

We need to know what is keeping us from communicating well so that we can get the message to our patients.

To overcome these barriers we need to:

1. Make the point - Be meaningful in communication. We want to bond with our patients. Talking about their pets or kids really does not help us educate them on their medical condition. So, engage with your patients. Then, make a concerted effort to get to the point.

2. Align verbal and non-verbal communication - Telling the patient you want to hear what they have to say while standing next to the door completely negates your message. Don't make them talk to your back while you type on the computer. Stop and sit down, look them in the eye and give them your full attention even if only for a few minutes.

3. Tell patients their own personal story - Don't be

### **Best Practice: Communication and TeamSTEPPS implementation**

By Mr. Terry Hartford, PSO NRDC

Problem: Ineffective relay of information and follow-ups  
What you can do: Implement Brief and De-Brief Cards:

Brief Cards – Used to ask specific questions for Provider/Assistant Teams during morning briefs. Ensure staff is focused on the same treatment expectation

De-Brief Cards – Used to catch things that were good and or not so good. Filled out by Provider/Assistant Teams at the end of each day during the



Do we really communicate?

condescending. Tell them the story of their condition and engage them in the narrative. Ask them questions and listen to their answers. Take the data and put it together. Ask them to validate what your conclusions are. You may find that the three things you have linked together actually are four things and that you need to completely readjust your narrative. But you will never know unless you ask the patient to validate your impression of their story.

At the end of the encounter we want the patient and their family to understand their issues, have a participative plan that they will implement, and a plan for follow-up. I'd like to share a simple example about encounters with my cat's veterinarian. I have a cat that has

De-Brief sessions.

Improvement/Impact: The DENTAC strives to achieve a greater culture of safety where communication is improved, patient safety issues are reported, and preventable errors are minimized to the greatest extent possible. The cards have become excellent communication tools. They also become a means to guide us in our culture change implying that "It's OK to report patient safety events". Communication between team members, providers and patients is at an all time high and creates an atmosphere of support and increased patient safety.

chronic allergies. When she is in the vet's office, she is intimidated and acts very docile. But, at home if I try to give her a pill I risk disembowelment and significant blood loss. My vet listens to me and we devised a plan that involves periodic injections that he administers that keeps her symptoms under control. My cat has a plan that we all can live with.

So I would challenge you to think about how you interact with your patients. How many times have you asked them, "Can you do this treatment and will you do this treatment?" Realistically, no treatment will work if the patient and family will not do what they are told. But, you won't find that out if you are not communicating with your patients. STOP TALKING "AT" YOUR PATIENTS AND COMMUNICATE WITH THEM!!!!!!

### **PSR Update: Questions from PS/ RM Conference Answered**

By Rafael Whispell

(Q) How do we report non-patient safety events?

(A) The PSM verifies that the event is a non-patient safety event. The event is placed into the rejected holding area so it can be printed. The appropriate person will handle the non-patient safety event.

(Q) Does any member of the MHS board that votes on PSR changes actually use the Patient Safety Reporting System?

(A) During Pre-Deployment we had participation from 3 medical PSMs and one dental PSO. After full implementation, DOD decided to keep the meetings only with the service representatives. We can invite some to participate if they are able to commit to and attend all the meetings.

## ***U.S. Army Medical Command Patient Safety and Risk Management Conference***

By Dr. Cheryl Brown

After extensive planning with 20 Patient Safety and Risk Management staff, nearly 230 Army Medical Department participants from around the world met for the annual, collaborative U.S. Army Medical Command Patient Safety and Risk Management Conference at the Crowne Plaza Riverwalk Hotel in San Antonio, Texas, 29 JULY - 1 AUG 2012. Capitalizing on NPSF's 2012 logo, "Be Aware for Safe Care", this year's conference focused on a variety of topics ranging from a personal story involving harm to business organizational change necessity. Participants represented civilian and military MEDCOM and DENCOM Patient Safety Managers & Officers (PSMs and PSOs) and MTF & DENTAC Leadership plus attendees from the Air Force and Navy.



COL Karen Grace, Chief USA QM, welcomes participants to the 2012 PS/RM conference.

Day one of the conference opened with COL Karen Grace, Chief QM Division MEDCOM, welcoming everyone followed by a video sent by LTG Patricia Horoho, Army Surgeon General, advocating her unwavering support for both PS and RM. RM and PS updates were addressed by LTC Jennie Irizarry, Chief Regulatory Compliance, HQ MEDCOM, and COL Karen Grace followed by Ms. Rosalind Gagliano, Health Law



Lt. Col. Beverly Thornberg, Chief USAF PS, conducts "Second Victim" breakout session.

Attorney Advisor, MEDCOM JAG, who discussed legal issues concerning Privacy Act, HIPAA and QA.

Dr. Evelyn McKnight, guest speaker, co-founder of HONORreform, and co-author of "A Never Event", shared her personal story and journey back to wellness after becoming infected with hepatitis C during the largest outbreak in American healthcare history. Dr. McKnight also provided signed books to each attendee. Dr. McKnight generously offered a free

electronic book download to all participants.

Mr. Rafael Whispell teamed with Mr. Miguel Esparza, both QMD Senior Systems Analysts, spoke on the Patient Safety Reporting System. Mr. Rafael Whispell also spoke on the Patient Safety Culture Survey Format. MAJ Anthony Braswell, general surgeon at Martin ACH, shared a sobering and vivid

lecture on S.T.A.T. (Surgical Team Assessment and Training), a TeamSTEPPS training program being piloted for pre-deployment training.

The last speaker of the day was Ms. Vivian Smith, Chief ER, FNP at Bassett ACH and PS award winner. Ms. Smith's award winning topic was "Improving PS: Through the Power of TeamSTEPPS". The first day conference activities ended with COL Grace recognizing all PS and RM poster

winners followed by an enjoyable after hours ice breaker social.

Day two consisted of attendees participating in three, 2-hour breakout sessions. One session led by Lt. Col. Beverly Thornberg, Chief Patient Safety Air Force, and her talented staff introduced attendees to the concept of the "Second Victim" through role playing scenarios. Ms.

Phyllis A. Toor, MEDCOM Nurse Consultant and TeamSTEPPS Coordinator, facilitated participative exercises on "Solutions Building" while Ms. Marcia Harmon, MEDCOM RM, Medical Malpractice Consultant, Regulatory Compliance, partnered with Ms. Dana Rocha, MEDCOM QMD Senior Systems Analyst, facilitated collaborative exercises on "Quality Conversations".

For the latter part of day two, RMs, PSMs & PSOs and Leadership divided into three homogenous groups. COL Grace and COL Kimberly Kesling, Deputy QMD MEDCOM, held open discussions with medical PSMs, dental PSOs and Leadership. The RMs not only brainstormed best practices with Ms. Denise Lasater, MEDCOM RM, Nurse Consultant Regulatory Compliance, but they also held focus groups on MTF RM challenges identifying potential solutions for future action.

The third and final conference day was especially dynamic. Mr. Scott Henschel, Director of Lean Six Sigma & Deployment and Strategy Innovation at the AMEDD C&S, humorously, yet with a punch, addressed "No More Business As Usual" in the healthcare business world. Mr. Chris Nichols, Chief Systems Integration, Office of Chief Information Office, spoke on "e-Health Records & Health Technology on PS".

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Dr. Suzanne Graham, PhD, RN, Executive Director for PS, California Region, Kaiser Permanente, shared a compelling lecture entitled, "Is Your Culture Ready to Share the Data?" The conference ended with a

captivating, memorable and reflective address by Dr. Beverly Chiodo, Business Educator, on "Character Driven Success".

Conference attendees daily praised and complimented the PS and RM staff on a worthwhile and well

organized conference. Evaluations revealed endless kudos with future ideas and recommendations. The RM and PS staff certainly enjoyed being reunited as a collaborative group of professionals striving to mitigate harm events and keep our patients safe. We look forward to seeing you at the next conference!!

### ***TapRoot Hints: How to export an investigation***

By Dana Rocha

Exporting an Investigation allows a user to communicate all investigation information including all techniques and data from one database to another (single-user installation on a laptop). This export takes all related data and saves it to a file format Tx5 file that can be read and imported.

First, go to Activities. Open an investigation that you want to Export – initial screen is below and Export button is on the Investigation Editor screen of the new software.

1. Click on the Export Button
2. Select to Save the exported file
3. Enter a name for the file and select Save and the file will be saved to the selected location (recommend saving to the desktop).
4. Open a regular email. Go to the Desktop find the TapRoot file you just saved. Right click copy and paste in email and send to RMC and the MEDCOM PSC for review.

### ***Hails and Farewells***

#### **Hail**

**Ms. Pamela Scott - HQ MEDCOM**  
**Ms. Angela Clauser - Munson**  
**Mr. Jeffrey Thompson - LRMC**

#### **Farewell**

**Ms. Rebecca Jordan - HQ MEDCOM**

***“Working Today  
for a  
Safer Tomorrow”***

Corrections:  
In the 1 July 2012 issue, the article “Ideas from the Field” was submitted by Ms. Mary Wickham, PSM, Keller ACH.



Dr. Beverly Chiodo, Educator, conducts her “Character Driven Success” presentation.

### **PS Educational Opportunities**

#### **DoD Patient Safety Program**

##### **News and Publications**

<http://www.health.mil/dodpatientsafety/News.aspx>

##### **Products and Services**

<http://www.health.mil/dodpatientsafety/ProductsandServices.aspx>

#### **The Joint Commission Education Resources**

<http://www.jcrinc.com/View-All-Products>

#### **Mosby’s Nursing Consult: AMEDD Virtual Library US Army Medical Command**

<http://www.nursingconsult.com/nursing/index>

#### **DoD/VA Shared Learning (Look for Grand Rounds)**

<https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/dod.jsp>

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Please send us your newsworthy information to be included in future editions of the Patient Safety newsletter. Give us the who, what, when, where and why and we will add it after editing. The POC for newsletter items is LTC Cindy Renaker.

