



Materials Management and Quality & Safety

As the Mom of child with a tracheotomy and a gastric feeding tube, I became a supply chain and materials management guru. These are just a few of many experiences we had:

- My insurance did not pay for sterile water. I used home canning techniques to make and can my own sterile water, saving hundreds of dollars.
- My insurance did not pay for tape. I sourced tape and would limit the length and even the width of the product to only what was absolutely needed. A clinician once mocked me at an ICU bedside for my habit of tearing down the tape into narrower than the roll strips.

- The little t-shaped HME's that fit on the end of a trach tube cost about a dollar. An in-line HME that will accommodate a speaking valve costs about six dollars. The t-shaped HME's may

disintegrate after just a few hours. The in-line HME may last up to three days. We used the in-line product, but I had to source it from the manufacturer in London, find the US distributor in Philadelphia and get the DME company to order a box for me, which was kept in some dark corner of the warehouse and doled out with my weekly supply order.

- At one point my insurance did not pay for disposable equipment. The disposable hanging bags for tube feeding cost, at the time, three dollars each. For infection purposes, one could only use one bag per day. I sourced a hard-sided plastic bottle that took a cap set (the tubing that leads from the formula container to the g-tube connection). The bottles cost eight dollars each. I bought two and rotated them, cleaning them in the dishwasher. I figured that \$16.00 total beat \$3.00 per day and reasoned that if my baby was bottle fed, the infection control would have been similar.
- To assure availability when needed, more than once I had to supply my own suction catheters and trach tubes during hospitalizations. I couldn't wait for central materials management to find the size needed in a central warehouse and deliver the product to the hospital a day or two after an admission began. Thanks to parent advocacy, eventually trach kits were stocked in the Respiratory Therapy store room, so we did not have to bring our own product for hospital admissions.
- Finally, when my system moved to centralized ordering, they found a cheap source for split IV sponges. The cheap sponges frayed. Fraying pieces of gauze don't go well with a trach stoma. I sourced a higher quality product and my pharmacist ordered them for me and provided them to me for cost.

Understanding supply chains and the balance between quality and cost have come into sharp focus with the COVID-19 crisis as quality and safety issues. I found that few persons on the front lines in the various provider settings understood how product magically appeared in closets or even at bedside. Materials management did not always understand use related issues and what would actually work best from a patient's or front-line staffer's point of view.

All over the world, local innovators are impacting the sourcing and even manufacturing of important PPE materials. Timing is an issue as good people race to provide our front-line heroes with equipment needed to be safe. Just in time materials management has failed our system in the COVID-19 surge situation. When we re-examine this in the aftermath of this time period, I hope patients will be invited to the discussion. Patients and families understand issues like cost-containment, sourcing and managing product. Let us help build a better system.

Patient Advocates around the world join me in sending all our positive thoughts and energies to our clinical colleagues at this challenging time in healthcare history. We are wishing for quality and safety as a priority for everyone.

-Lisa Morrise

In this Newsletter, read on for:

- Insights into where we go with quality and safety after COVID-19 by Rachel Weissburg.
- An interview with Patient Advocate, Tara Bristol Rouse.
- A list of resources you may find useful in the current COVID-19 situation, and more.

Another Patient Perspective

CAPS Consultant Rachel Weissburg, MS



This weekend I found out that my brother has COVID-19 – it has officially reached my “inner circle”, although as a high-risk patient (and living with another) it’s not likely to be far from my thoughts on any day. As strange and difficult a time as this is, I believe the Coronavirus has brought issues to light that have too long been in the dark, and that it presents those of us working in patient safety with some really wonderful opportunities for positive change.

For any patient who has been failed by our health care system, who has lost a loved one because of a medical error, or who has experienced emotional or physical trauma inside a hospital, watching the news about the Coronavirus may feel strangely relatable. What we are witnessing in hospitals – which to many is surprising – is not a surprise to us. We understand that systems fail. We understand the feeling of being afraid in a healthcare setting, of feeling like we are unsafe. In this current crisis, healthcare workers are experiencing many of the same fears and concerns that patients have told stories about throughout the decades in the work to close patient safety gaps. In some cases, healthcare workers are becoming patients - staff are treating staff – and the emotional boundaries that are usually in place when providers treat patients are coming down. This is painful, especially as doctors and nurses watch their friends who they’ve worked alongside suffer and sometimes die. But I believe something good can come out of it. Clinicians are the heart and soul of healthcare institutions, and by feeling the fear and pain that patients experience, by seeing the gaps in safety up close and personal, they can join their voices with patients and families and become an even more integral part of the solution.

I am a Patient Advisor for a health system based in California, and we’re currently using the downtime created by the Coronavirus to do some virtual journey mapping with our PFAs and healthcare staff centered on story telling. Once the COVID-19 crisis is behind us, there will be the opportunity to “journey map” specific patient safety gaps (and include COVID-19 as part of this) with healthcare workers and PFAs together - to look at the commonalities and differences. This could serve two functions - the first is to help place the Coronavirus into the context of patient safety in the US health system, so that the issues brought to light this year do not get treated as an anomaly.

The second important aspect of shared storytelling between healthcare workers and PFAs is so that the former can benefit from the latter’s experiences. Many PFAs have had difficult experiences in hospitals but have gone through extensive work internally and in peer groups in order to “give back” to health systems in a constructive way. This year and the near future will be a critical time to take advantage of patients/families as resources and mentors who can provide emotional support for health workers who are experiencing extreme stress, fatigue, and fear. Together, we can support one another through this difficult time, and build a safer and stronger health care system for tomorrow.

Rachel Weissburg is a patient advisor and organizational system consultant based in the San Francisco Bay Area. Previously, she worked at the National Quality Forum (NQF) in Washington DC, where she managed several Partnership for Patients’ initiatives, including the Patient and Family Engagement Action Team. In addition, she supported the Measure Application Partnership (MAP)’s policy recommendations to the Dept. of Health and Human Services on the application of performance measures in public reporting and payment-based federal healthcare programs (i.e. HRRP, MIPS, HACRP, etc.) Previous to NQF, Rachel worked at The Endocrine Society and The Leapfrog Group, where she ran programs focused on patient education, patient safety, and affordable care. She holds a Master’s Degree in Organizational Management from the George Washington University.

Rachel is a strong advocate for the patient voice in healthcare, since she personally manages three health conditions. She writes about her experiences as a patient in her blog, sleeplikeababytonight.com. While in DC, she served as a patient advisor on Sibley Memorial Hospital’s Patient and Family Advisory Council and Georgetown University Hospital’s Patient and Family Advisory Council for Quality and Safety.

Consumer Advocacy Panel (CAPS CAP) Interview –

Tara Bristol Rouse



CAPS: When did you start your advocacy?

Tara: I studied Health Psychology in graduate school, so my interest in healthcare was always there. When my career transitioned to healthcare improvement, I noticed that the perspective of essential stakeholders were not always included in quality efforts. My focus on the need to engage patients and families as vital partners became a primary focus in 2004 when I delivered my son, Jack, at 27 weeks gestation. I had gone into the Doctor's office for swelling, was admitted to Labor and Delivery and stayed in the hospital for 11 days. Jack was in the NICU for 83 days.

I noticed then that patients and families were sometimes asked to be a part of Quality and Safety at the bedside but not always given the tools to do so. For example, a new Mom may be asked to keep track of her input and output, but not given a pen and paper to do so. So, I started to ask how I could improve things. I was able to be the co-founder and first Chairperson of the NICU Family Advisory Council. This was a real grass roots effort that was championed by the unit Medical Director and Nurse Manager.

CAPS: How has your advocacy evolved?

Tara: I started as a volunteer promoting family engagement and support efforts in the NICU where Jack received care. Through a partnership with the March of Dimes, I was hired by that unit as a full time employee. It was through that work that I became involved in statewide efforts to address perinatal quality improvement. Soon after I became faculty member on national perinatal initiatives with the Institute for Healthcare Improvement (IHI) and the National Institute for Children's Healthcare Quality (NICHQ). In those roles I got a taste for advocacy on a larger scale and started to do more coaching. My opportunities continued to involve and I became the Director of Program Services Advocacy for the March of Dimes in North Carolina and worked for the Perinatal Quality Collaborative of North Carolina as their Director of Patient and Family Partnerships. Then, I moved into working on my passion, Patient and Family Engagement, with the American Hospital Association and the HRET Health Information and Innovation Network (HIIN) project with CMS.

CAPS: What projects are you most proud of having been involved in?

Tara: When I was with the University of North Carolina NICU, I was really doing work on the ground, building a brand new PFAC system. Eventually the PFAC concept was adopted throughout the system. That is one thing I am the proudest of being a part of.

I am also proud of being a part of the American Hospital Association HRET HIIN where I helped coach on PFE Metrics with over 1600 hospitals to improve both uptake and implementation. We helped improve some performance by as much as 200%

CAPS: What would you recommend to persons who want to advocate for quality and safety?

Tara: Thoughtful, intentional action to build relationships can make a difference. First, we should come to listen and learn. How we partner in this work is so important. I also did my own continuous improvement, providing myself with professional development. It's important to educate oneself about healthcare quality and safety and professional

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practices. I attended many webinars and joined the National Association of Healthcare Quality, the Beryl Institute and the American College of Healthcare Executives.

CAPS: What would you recommend health care systems do to improve quality and safety?

Tara: What doesn't happen often enough is the Gemba Walk (Gemba Kaizen is a Japanese concept of continuous improvement designed for enhancing process and reducing waste. The Gemba walk means getting on the actual floor of production and focus on the process.) I think all levels of the delivery chain need to understand the work. All full-time employees should have some of their time devoted to quality and safety. It is time for healthcare persons to do what is important meaningfully with a patient and family perspective considered.

CAPS: What are your future plans?

Tara: We are coming up to a time of great potential for a reset of healthcare. It's a challenging time, but we can learn from the trial we currently face with the Covid-19 pandemic. Let's positively affect the reframing of healthcare with the learning from this historical time while building relationships and partnerships in care to create ideal systems providers and leaders can be proud of. I am looking forward to being a part of that - whether as a contracting consultant, as I have been the past two years, or as an employee embedded in an organization.

CAPS: Thanks Tara!

To learn more about Tara, check out this article: <https://www.nichq.org/insight/how-improve-health-systems-families-one-moms-investment-change>. Also, Tara is a co-author in a chapter in this book:

https://link.springer.com/chapter/10.1007/978-3-030-14101-1_5. Contact information for Tara is:

Tara Bristol Rouse, MA, CPHQ, CPXP, BCPA (She/Her/Hers)

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Pandemic Related Resources:

COVID-19 Resources from CDC:

- [People who are at higher risk for severe illness](#)
- [If You Are Sick or Caring for Someone](#)
- [Prevent Getting Sick](#)

Resources curated by the Institute of Healthcare Improvement – a vast treasury of COVID-19 resources may be found [this link](#).

From Donald E. Casey Jr., MD, MPH, MBA, DFACMQ, President, American College of Medical Quality (ACMQ):

We strongly recommend that ACMQ members use the [Infectious Disease Society of America \(IDSA\) COVID-19 Resource Center](#) website as the best and most comprehensive and current resource for COVID-19.

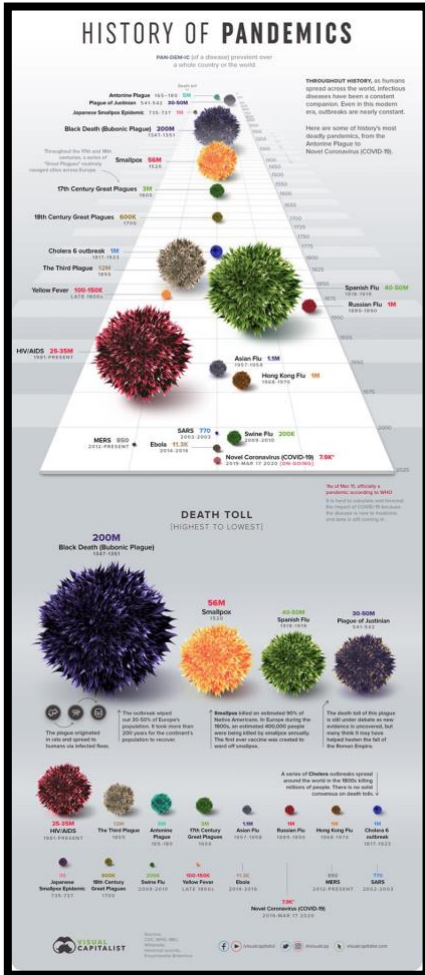
The Council for Advancing Palliative Care, CAPC, has put together a resource toolbox that specifically addresses some of the concerns raised about supportive communication during this difficult COVID-19 experience. Find their toolbox here:

<https://www.capc.org/toolkits/covid-19-response-resources/>

Several Patient Advocates have mentioned their concern about supporting loved ones who are quarantined and have mental health related needs. Massachusetts General Hospital has published a guide that addresses this and related issues. You may find it here: <https://www.massgeneral.org/psychiatry/guide-to-mental-health-resources>

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Graphics You May Like:

C.A.L.M.E.R. - COVID AS STARTING PLACE FOR ADVANCE PLANNING

C Check in		"How are you doing with all of this?"
A Ask about COVID		"What have you been thinking about COVID and your situation?"
L Lay out issues		"Is there anything you would want us to know if you got COVID/ if your COVID gets bad?"
M Motivate them to choose a proxy and talk		"Who would speak for you if things got bad?" "What matters most to you?" "Based on what you've said, I recommend _____. What do you think?"
E Expect emotion		"This can be really hard to talk about..." @NATHANAGRAY
R Record the discussion		Any documentation can be very helpful to colleagues. "I'll record what you've said. It's very meaningful. Thank you."

NATHAN A. GRAY, MD
TEXT ADAPTED FROM VITALTALK

WWW.VITALTALK.ORG/GUIDES/COVID-19-COMMUNICATION-SKILLS/

THE CASE FOR BUILDING DIGITAL EQUITY IN KING COUNTY
ACCESS TO INFORMATION AND TECHNOLOGY IS A FUNDAMENTAL SOCIAL JUSTICE GOAL.

16% OF RESIDENTS DON'T HAVE INTERNET ACCESS AT HOME

While most people in King County can access the Internet from the comfort of their homes, a large number of our residents don't have this ability. In King County, income and home access to the Internet are linked.

Households without internet access: 4-11%, 12-15%, Over 16%

Annual household median income less than \$50,000/year

Residents who earn less than \$50,000/year are **5.5x** less likely to have internet access at home.

WHAT PEOPLE CAN DO WITH INTERNET ACCESS AT HOME

Many of us take for granted the basic tasks that can be performed online. Not having internet access at home means people must travel to libraries and community centers to:

- Find health, medical or government services info
- Look for a job or job training
- Purchase products or services
- Attend online class, meeting or webinar
- Find legal or consumer rights info
- Find info on local schools
- Do homework online

INTERNET ACCESS AT HOME CREATES OPPORTUNITY

Ensuring equal access to the Internet for all of our residents, regardless of age, income or ability, allows them to connect to important online resources. King County and KCIT play an important role in connecting people to the tools, training and resources they need to succeed in our increasingly digital economy.

KING COUNTY INFORMATION TECHNOLOGY (KCIT)

Connectivity, Accessibility, Literacy, Equipment

HOME, LOCAL GOV'T, JOBS, HEALTH CARE, SCHOOLS, OPPORTUNITIES

Please check out this archived event: [At this link to the YouTube video of the event.](#)

How to Manage Your Medicines - A Fireside Chat With Brian Isetts, PhD, BCPS, FAPhA

Practical Discussion of issues like:

*How persons may personally take charge of their medicine and organize it for:

- Ease of taking
- Ease of re-ordering
- Understanding the what, why, when and hows of medicines.

*How persons may obtain “extra” medicine to have on hand in the event of a disaster or medicine shortage due to supply interruptions

*How persons may be counseled on these topics.

Medicine Management Fireside Chat Took place on Thursday, March 19, 2020

YOU may access the recording here:

[At this link to the YouTube video of the event.](#)



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From our colleague Stephen Hoy at PFCC Partners:



Please check out:

Our web page at www.patientsafety.org. Find resources, archived recordings a form to share your story or sign up for this newsletter!

And, please like our Facebook Page: <https://www.facebook.com/patientsafety.org/?ref=bookmarks>

Do you have information for the CAPS Newsletter?

Please send us information about what you are doing to Advance Patient Safety. Send it to capspatientsafety@gmail.com

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