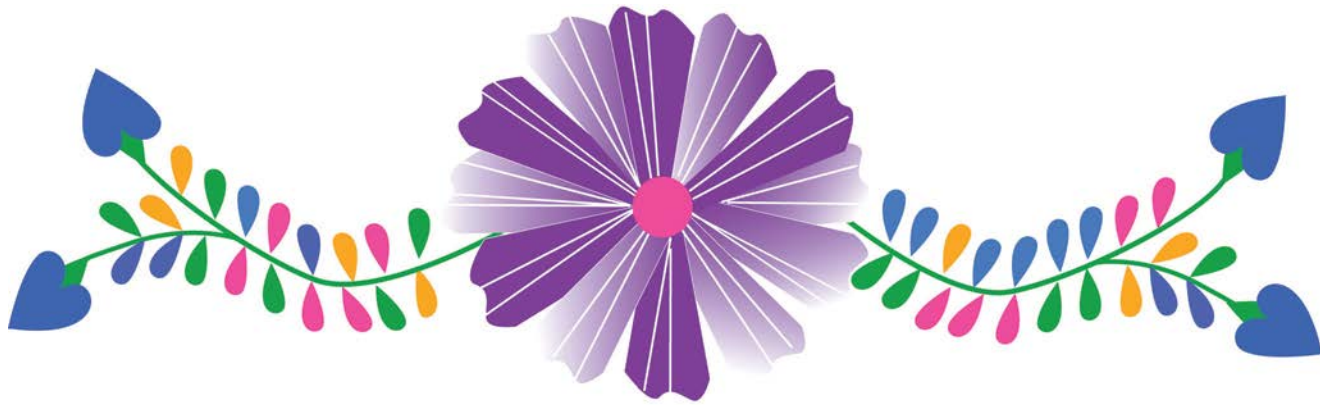


The Story of Louise H. Batz from Tragedy to Hope

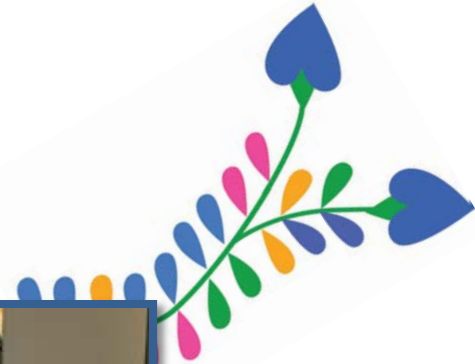
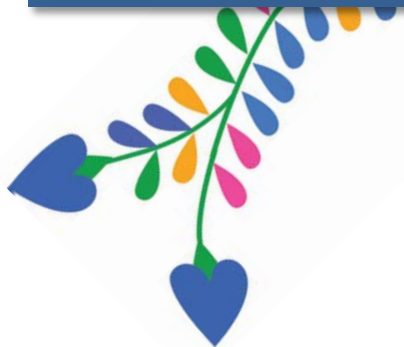
Ms. Laura Townsend



LOUISE H. BATZ
PATIENT SAFETY FOUNDATION

Protecting the Patient First

My Mom



My Mom's Story

- 1. Lack of Teamwork** – She had a great doctor, great nurse, and a great family. But great players don't make a great TEAM.
- 2. Lack of Knowledge** – The family and the patient didn't have the tools they needed to become an informed active member of the team. We asked tons of questions we just didn't get LUCKY and ask the right one.
- 3. Lack of Technology** – The only machines she was hooked up to was the PCA therapy machine, she had no Oxygen or Heart monitors on her at all. The hospital standard of care was to come check on her every four hours.



The Louise H. Batz Patient Safety Foundation



Our mission is to prevent medical errors by ensuring that patients and families have the **KNOWLEDGE** they need to promote a **safe hospital experience** for their loved ones, and to support innovative **advancements in patient safety**. Our greatest hope is that families, patients, and caregivers will **work together as a TEAM** to improve safety in our hospitals.

www.louisebatz.org



Our Areas of Focus



Strong Medical and Community Partnerships

- Support a multidisciplinary team to develop and implement new and proven safety measures and technology that will improve patient safety.
- The team includes medical doctors, nurses, hospital administrators, pharmacists, and community representatives.



Online Resources and Community Outreach

- Create resources to help patients and families answer questions before going into the hospital, while in the hospital, and after going home from the hospital.



Education

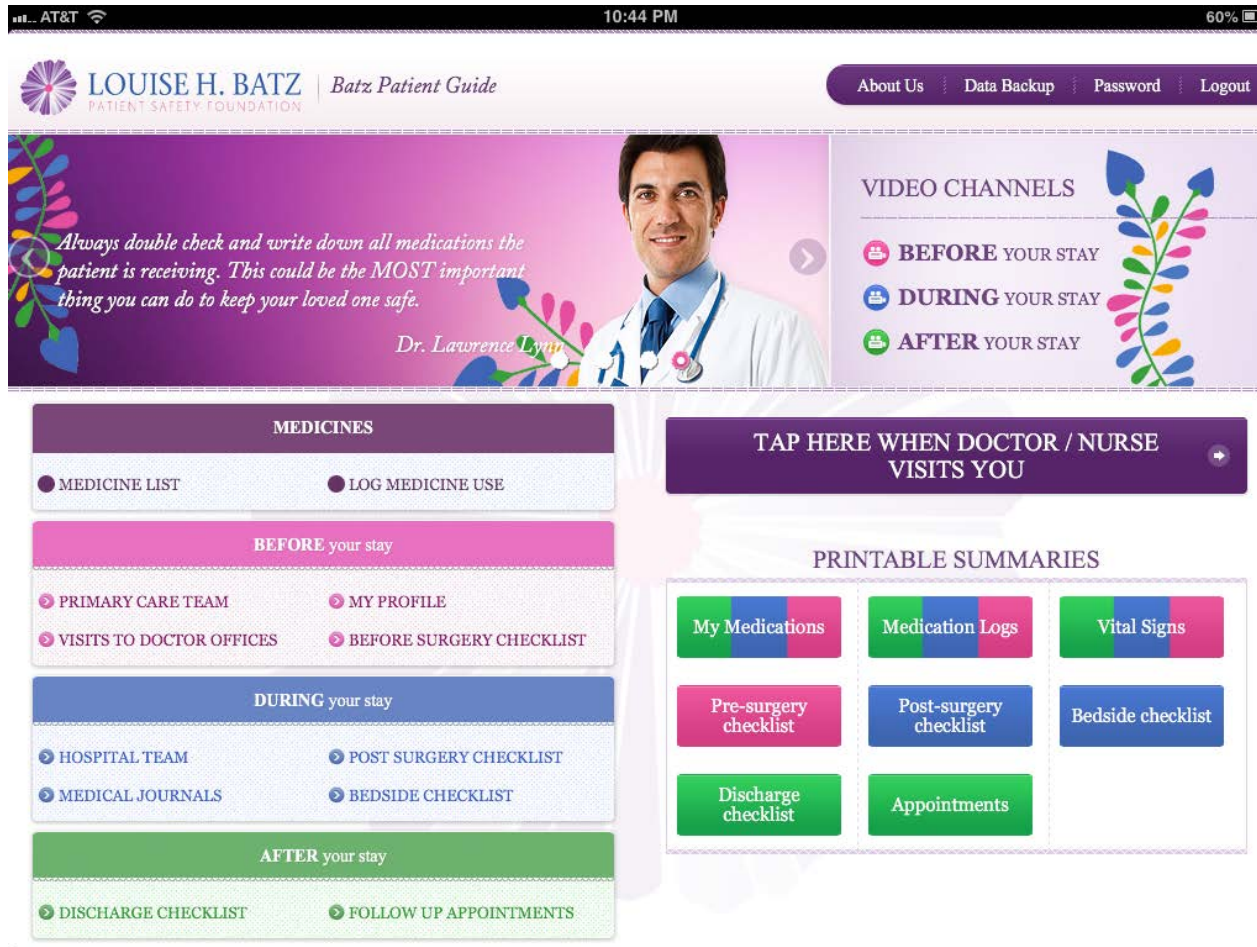
- Louise H. Batz Patient Safety Guide for Bedside Advocacy
- Developed and validated by 14 leading physicians and nurses.
- Over 70 pages of tips work sheets and tools to help patients and families involved in their own hospital care.
- Designed to encourage patients to ask potentially life-saving questions in a language that they and their medical teams can all understand.



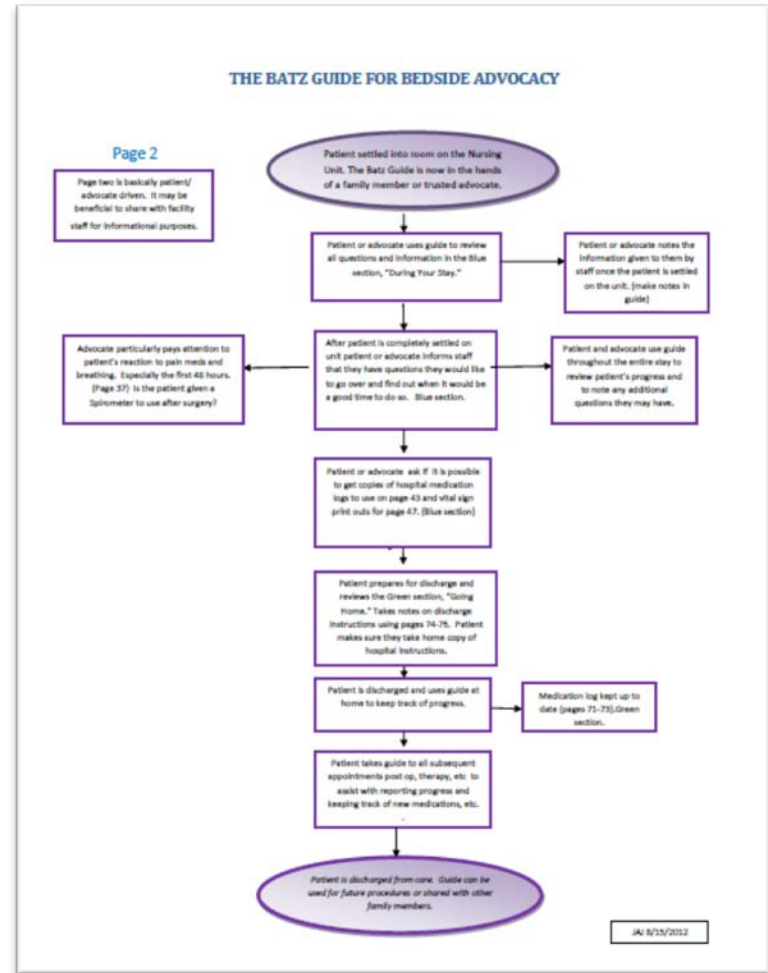
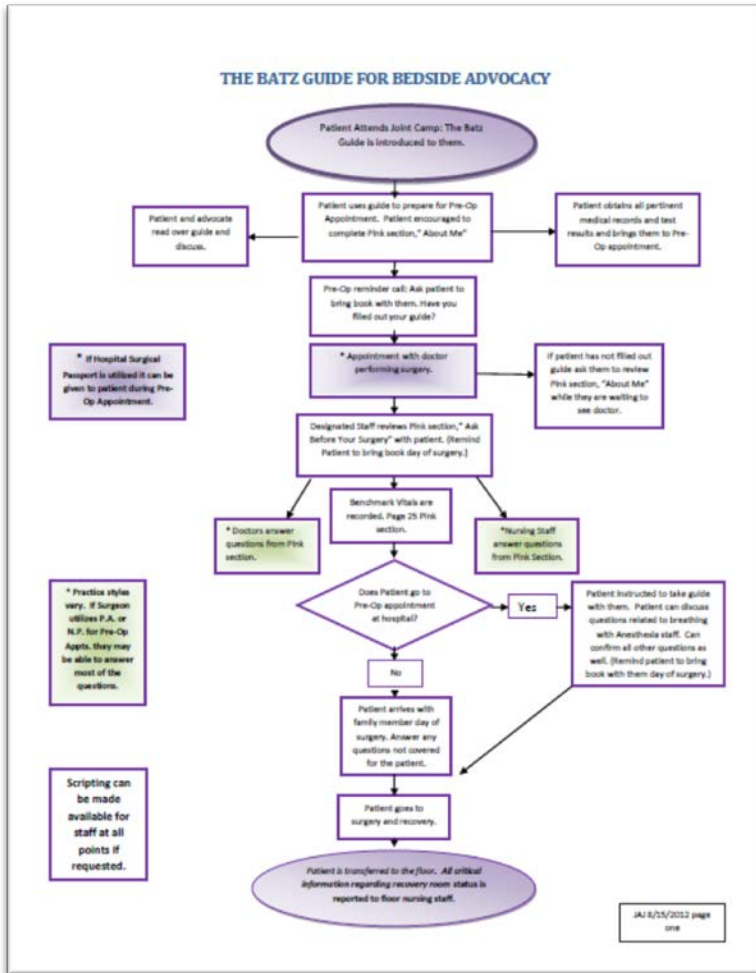
Guide Tools and Resources



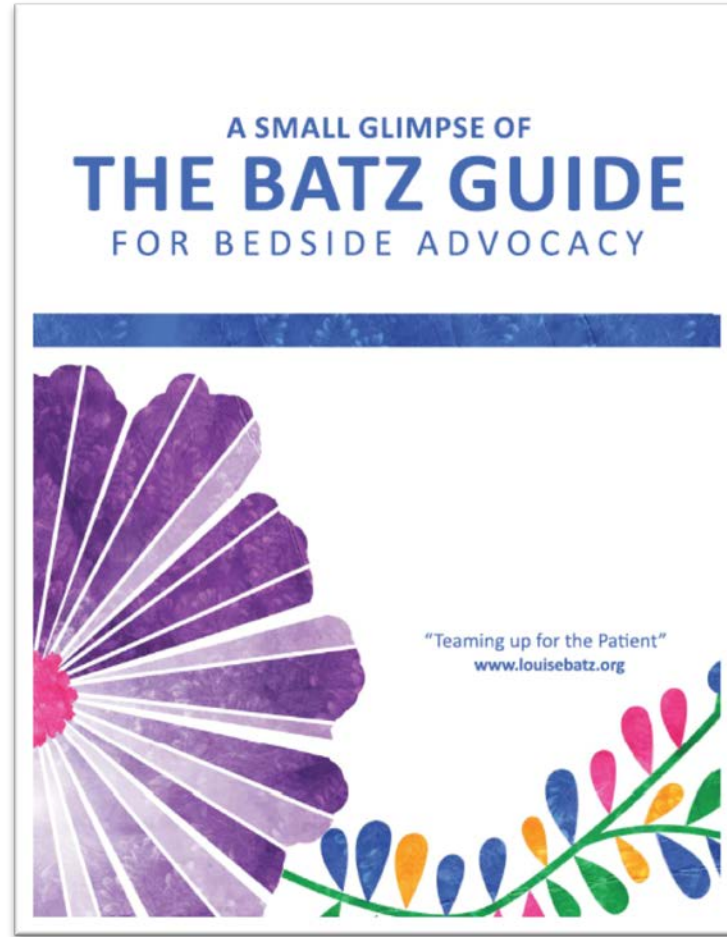
The Batz Patient Guide App



Process Work Flow



The Batz Guide




ASK BEFORE YOUR SURGERY AND CONFIRM UPON ARRIVAL

| QUESTIONS TO ASK | ANSWER | COMPLETED before surgery? | COMPLETED upon arrival? |
|---|--|---------------------------|-------------------------|
| <i>staffing</i> | | | |
| DOCTOR: What level of care do you think I need? | | | |
| DOCTOR: How often do you make rounds on your patients? | <input type="radio"/> 1-2 times/day <input type="radio"/> 3-4 times/day <input type="radio"/> 5+ times/day <input type="radio"/> OTHER _____ | | |
| DOCTOR: What time of day do you usually make rounds? | <input type="radio"/> 6 a.m. to 9 a.m. <input type="radio"/> 9 a.m. to noon <input type="radio"/> Noon to 3 p.m. <input type="radio"/> 3 p.m. to 6 p.m. <input type="radio"/> 6 p.m. to 9 p.m. <input type="radio"/> 9 p.m. to midnight <input type="radio"/> Midnight to 6 a.m. | | |
| DOCTOR/NURSE(S): How often will my vital signs be checked by a registered nurse in my room for the first 2 days after my surgery? | <input type="radio"/> Every 15 minutes <input type="radio"/> Every 30 minutes <input type="radio"/> Every 90 minutes <input type="radio"/> OTHER _____ | | |
| <i>after my surgery, before going home</i> | | | |
| Will I be going home with drainage tubes? | <input type="radio"/> Yes <input type="radio"/> No | | |
| Will I need to arrange for oxygen when I go home? | <input type="radio"/> Yes <input type="radio"/> No | | |
| <i>pain management</i> | | | |
| What are my options for receiving pain medication after the surgery to relieve my pain? | 1. PCA (Patient controlled anesthesia) 2. Oral (by mouth) 3. IV 4. OTHER _____ | | |
| If I or my loved ones have concerns about my pain levels, what should we do? | 1. 2. 3. | | |


BEFORE YOUR STAY

WHAT TO WATCH OUT FOR! IN CARING FOR YOUR LOVED ONE

| OBSERVATIONS | YES/NO | WHAT DO YOU DO? | COMMENTS |
|--|---|---|---|
| <i>injection</i> | | | |
| Does the skin around the IV sites or incision look red or puffy and swollen? | <input type="radio"/> YES <input type="radio"/> NO | if yes, call the nurse. | |
| Will the patient have a urinary catheter? | <input type="radio"/> YES <input type="radio"/> NO | if yes, ask when it will come out. Make sure to ask about catheter care to help prevent infection. | Try to only have it in for 24 hours to reduce the risk of infection. |
| Does the nurse clean the tubing connector (hub) on the IV before inserting a syringe/new line/medication tubing? | <input type="radio"/> YES <input type="radio"/> NO | He/she should clean it with antiseptic for at least 15 seconds EACH time it is checked (Singing Happy Birthday twice to estimate time). | |
| <i>blood & blood clots</i> | | | |
| Is the patient at risk of blood clots? | <input type="radio"/> YES <input type="radio"/> NO | Getting out of bed as soon as possible will help. | |
| Does my loved one need any medication or devices to reduce the risk of blood clots? | <input type="radio"/> YES <input type="radio"/> NO | if yes, it will be necessary to take a blood thinner or wear compression devices for your legs. | |
| What's your blood type? | A+ B+ AB+ O+ | |  (Make sure you know this, and who has the same in case needed!) |
| <i>bed sores</i> | | | |
| Is the patient at risk of bed sores? | <input type="radio"/> YES <input type="radio"/> NO | 1. Ensure the patient is not spending too much time in the same position. 2. Make sure extra care is taken with the skin, keeping it dry and perhaps using moisture barrier cream. | |
| Are there signs of bed sores? | <input type="radio"/> YES <input type="radio"/> NO | First sign is redness. | |
| Can I help the nurses/doctors to help prevent bedsores? | <input type="radio"/> YES <input type="radio"/> NO | Encourage the patient to wobble repositioning. Sustained pressure on some areas of skin & what reduces circulation and causes bedsores. | |

DURING YOUR STAY

GOING HOME IMPORTANT QUESTIONS

| QUESTIONS TO ASK | ANSWER | completed? |
|---|---|---|
| <i>medications</i> | | |
| Am I sure I know what to do with all the medications I was taking before I came into the hospital? | <input type="radio"/> YES <input type="radio"/> NO | |
| Are there any changes to the medications after I have been in the hospital? | <input type="radio"/> YES <input type="radio"/> NO | |
| Are there new medications I need to take and what is the dosage? | <input type="radio"/> YES <input type="radio"/> NO | |
| May I please have a printout of the medications I am supposed to take when I go home? | |  DO NOT LEAVE WITHOUT THIS! GO OVER THE PRINTOUT WITH YOUR DOCTOR AND FILL IT IN ON THE MEDICATION LOG INCLUDED IN THE PACKET. |
| <i>*Patient is entitled to copies of all medications during hospital stay. Have the nurse help you fill in your medication log on the following pages to make sure you understand how to take them.</i> | | |
| <i>physician follow-up</i> | | |
| When am I supposed to see the doctor again? | DATE/TIME | |
| What symptoms should make me call the doctors immediately? | 1. 2. 3. | |
| What symptoms would make me need to come back to the hospital? | 1. 2. 3. | |

GOING HOME



Get Involved!

- Help solve the problem – increased monitoring, improved technology, and more education
- Encourage people to share their story
- The Batz Guide: use it, distribute it and provide feedback
- Volunteer
- Follow us! 