

U-M Hospital provides a prescription for patient safety

When you have to head to the hospital it's usually because you're sick and need to get healthy again - it's not to get even sicker! However, preventable medical errors happen everyday in hospitals across the country, putting thousands of patients at risk. That's why the University of Michigan Health System is trying to prevent these errors and to help keep patients safe.

A few years ago, the Institute of Medicine came out with a report indicating that medical errors account for tens of thousands of deaths and many more near-deaths every year in U.S. hospitals," says Stanley Saint, M.D., M.P.H., associate professor of internal medicine at UMHS as well as at the Ann Arbor VA Hospital. "This is far too many people suffering from errors that can be prevented."

MEDICAL ERRORS

According to the Agency for Health Care Research and Quality, part of the Department of Health and Human Services, medical errors happen when something that was planned as part of medical care doesn't work out, or when the wrong plan was used in the first place. Saint says one reason for this is lack of communication.

"There are several potential safety hazards that patients face when they

enter the hospital," notes Saint. "One main hazard is the lack of communication between the patient's outpatient provider and their inpatient provider. Meaning, important information may not be transmitted from the patient's primary care physician to the doctor the patient sees once they are admitted in the hospital."

A medical error may lead to an adverse event, an event that was caused by medical management rather than by the underlying disease or underlying condition of the patient. Adverse events range from having a reaction to a medication to having a procedure go awry to even developing a hospital-acquired infection.

Saint says, "The inpatient setting can lead to several types of medical errors. One big issue is infections. Patients who get admitted to the hospital often will get devices put into their veins to help carry medications, as well as getting devices that are put into their bladder to collect their urine. If these devices are not managed properly they both can lead to life-threatening infections."

PREVENTING ERRORS

UMHS has taken a pro-active approach in tackling patient safety issues. In 2000, the U-M Patient Safety

Enhancement Program was developed to improve the quality of patient care by conducting research that focuses on methods of avoiding or preventing adverse patient outcomes or injuries that stem from the process of health care.

What we are trying to do at the University of Michigan is to proactively implement new interventions to prevent adverse events before they occur," notes Saint, director of the U-M Patient Safety Enhancement Program. "And then we will study the results to see if these patient safety interventions make a difference in the real world."

UMHS patient safety researchers recently were able to show by using antiseptic coated catheters, hospital acquired infections went down by nearly 36 percent. Saint says they are also developing other measures to ensure patient safety.

"One of the important problems and challenges faced by hospitals everywhere is how to get timely information to the referring physician when a patient is discharged from the hospital," says Saint. "Here at U-M we are trying to automate the system so that a one-page discharge document gets faxed or e-mailed immediately to the referring physician, and a copy of the document is also given to the patient

so they can keep it for their own records."

TIPS TO AVOID MEDICAL ERRORS

- "The best way for a patient to help prevent a medical error is to have them become an active member in their care," says Saint. "The patient needs to ask questions throughout their treatment and be aware of what their diagnosis is, as well as what medications they are being prescribed."
- Saint recommends patients use the following patient safety guidelines from the Agency for Health Care Research and Quality:
- Speak up if you have questions or concerns. Choose a doctor who you feel comfortable talking to about your health and treatment.
- Keep a list of all the medicines you take. Tell your doctor and pharmacist about the medicines that you take, including over-the-counter medicines such as aspirin, ibuprofen, and dietary supplements like vitamins and herbs.
- Make sure you get the results of any test or procedure. Ask your doctor or nurse when and how you will get the results of tests or procedures.

■ Talk with your doctor and health care team about your options if you need hospital care. If you have more than one hospital to choose from, ask your doctor which one has the best care and results for your condition.

■ Make sure you understand what will happen if you need surgery. Ask your doctor and surgeon: Who will take charge of my care while I'm in the hospital? Exactly what will you be doing? How long will it take? What will happen after the surgery? How can I expect to feel during recovery? Tell the surgeon, anesthesiologist, and nurses if you have allergies or have ever had a bad reaction to anesthesia.

For more information, visit the following Web sites:

- U-M Patient Safety Enhancement Program, www.med.umich.edu/pspep
- Agency for Healthcare Research and Quality (AHRQ) www.ahrq.gov/consumer/20t0ps.htm
- American Medical Association - National Patient Safety Foundation www.ama-assn.org/ama/pub/category/5343.html
- National Patient Safety Foundation, www.npsf.org

Botsford offers weight loss program

Following author Laurel Mellin's appearance on Oprah Winfrey's television show a few weeks ago, Mellin's book, *The Solution, 6 Winning Ways to Permanent Weight Loss*, shot to the top of Amazon.com's bestseller list.

Botsford General Hospital is offering the community an opportunity to preview *The Solution* program based on Mellin's weight loss techniques during free introductory sessions offered Jan. 2 and Jan. 8, 2003. For those who believe that the program may be right for them, a retreat session on Saturday, Jan. 11, will provide more details on the program.

The *Solution* is based on development of powerful personal inner skills rather than restrictive diets. Botsford is the only hospital in the metro Detroit area that offers the *Solution* program, which was developed by Mellin at the University of California, San Francisco School of Medicine.

The free introductory sessions and retreat will be held at the Botsford Center for Health Improvement, 39750 Grand River Ave., Novi. Following the retreat, participants can register for an upcoming 12-week program. The first program for 2003 will begin Jan. 16.

For more information and to register, call the Botsford Center for Health Improvement at (248) 477-6100.

Arthritis Today

JOSEPH J. WEISS, M.D. RHEUMATOLOGY
18829 Farmington Road
Livonia, Michigan 48152
Phone: (248) 472-7160

RHEUMATOID ARTHRITIS AND PREGNANCY

What drug used in the treatment of rheumatoid arthritis are safe in pregnancy? Since women in the child-bearing years are at the greatest risk for developing rheumatoid arthritis, this question of drug safety has received serious attention from the medical community.

The following represents current understanding by physicians as to what rheumatologic medications are safe during pregnancy and which are not.


A woman in the last 3 months of her pregnancy should not take any arthritis drug in the class called the NSAIDs (nonsteroidal anti-inflammatory drugs). This group includes motrin, naproxen, celecoxib, vioxx, rofecoxib, etc. The reason is that these medications cause an early closure of a blood vessel called the ductus arteriosus which connects the fetal pulmonary artery with the fetal heart. Keeping this connection open until the end of pregnancy is nature's way of preventing pulmonary hypertension in the infant.

Using prednisone during pregnancy is safe. Before the steroid can reach the fetus, the placenta metabolizes the drug. Prednisone is also acceptable, but physicians familiar with its use advise low doses.

Other drugs used to treat rheumatoid arthritis are contraindicated in pregnancy. These medications include methotrexate, Arava, Enbrel, and Plavix. Drugs such as Arava and Enbrel may be used but with caution.

Fortunately, pregnancy often brings on a remission in the arthritis, and allows you to avoid making difficult or risky decisions.

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SPOTLIGHT ON Orthodontics

by Josephine Finazzo, D.M.D.

ON GUARD AGAINST BAD HABITS

Up to about age 18, thumb- and finger-sucking is not a concern. Chronic sucking is simply a learned or prolonged infantile mechanism that has never been stopped. When children resist efforts to break them of these habits, as their permanent teeth begin to erupt, parents may turn to the orthodontist for help. This may prompt the use of a fixed tongue-thrust guard, which acts as a reminder by making it difficult to place the thumb in the mouth. It maintains and protects the arch width and keeps the tongue back so that the front teeth can complete normal eruption. This device also helps reverse swallowing techniques.

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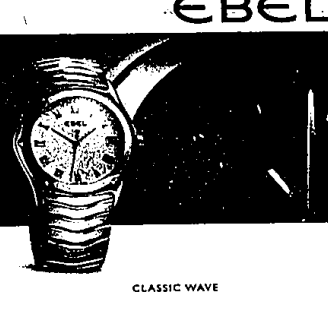
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