

**the next of kin education project**

**Quick Start Guide**



**Notify In 7** <sup>TM</sup>

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# introduction

## REDUCING LIABILITY Simple steps your facility can take to avoid liability while increasing patient care & safety

**T**he screech of tires on wet pavement. The crushing pain of a massive MI. Being caught in the wrong place at the tragically wrong time. Suddenly, instead of being part of the team of caregivers, you're the one on the gurney looking into the unfamiliar faces of a trauma team who knows nothing about you or your medical history.

In the blink of an eye, anyone can find himself in need of emergency care. In California alone, nearly ten million people require emergency room care every year, and of those, one and a half million arrive in critical condition.

That's exactly what happened to Elaine Sullivan. A very active 71 year old woman, Elaine fell at home while getting into the bathtub. When paramedics arrived, they realized that injuries to her mouth and head had made her unable to communicate, or as the hospital later discovered, to give informed consent for her own care.

Although stable for the first few days, she began to slip into critical condition. On the seventh day, Elaine died. But that tragedy was soon overshadowed by another. Despite having her daughter's contact information clearly indicated on the front of her chart, the hospital failed to notify her family that she'd been hospitalized until six days



Despite having her daughter's contact information right on her chart, the hospital failed to notify her family that she'd been hospitalized, for six days, just hours before she died...

later. Finally the call was made hours before she died, unnecessarily alone.

Elaine Sullivan was my mother.

When my daughter Laura and I found out how long she had actually been hospitalized, our grief turned to action. We began to hear similar stories from around the country, circumstances where people who had been injured in accidents or had fallen ill at home, and were hospitalized for hours, days or in some cases a week, without so much as a phone call to the patient's spouse, family or emergency contact.

Medical professionals nationwide agree that timely next of kin notification is vital. Not only is it important to have a family member present to comfort the patient, but to make informed decisions the patient can't make for himself and to provide the medical history that could very well make the difference between life and death. Although most hospitals notify the next of kin of unconscious ED arrivals relatively quickly, it's extremely easy for staffers to get busy or distracted enough, to forget to make that call in a timely fashion. In my mother's case that simple act would

have saved her life. Not only would we have been able to know that she'd been hospitalized and had the time to fly back to Chicago to be there with her, but we would have been able to make sure that she received the care she needed, and to give the physicians treating her, the medical and prescription drug history that would have prevented the drug interactions and complications that were responsible for her death.

Even though prompt notification is an important part of outstanding patient care, we discovered only a handful of states have regulations that mandate notifications within a specific time frame, if at all. So we partnered with legislators in California and Illinois to create The Next of Kin Law. Recently enacted, the law simply states that a hospital must make reasonable efforts, (outlined in a simple checklist), to contact the next of kin of patients who come into a hospital unconscious or physically unable to give informed consent, within 24 hours of their admission. To date, six states have NOK statutes and a federal version is being considered in Congress.

# seven steps program

<p>As soon as the two laws were enacted, hospitals across the country started hearing about our story and began asking for simple, concrete ways to perform NOK notifications quickly and easily – ways to keep those kinds of tragedies from happening in their own facilities.</p> <p>To answer that need, we worked with medical professionals nationwide, to create the Seven Steps System. Notify in 7 - Creating a Patient Emergency Notification Program is a comprehensive guide to creating a notification program in your own facility. Whether your own internal notification procedures need a bit of streamlining, or if you need to start from scratch, this guide uses a <b>Six Sigma</b> approach to giving hospitals the background and tools they need to:</p>	<p>Evaluate trauma patient's next of kin status and needs</p> <ul style="list-style-type: none"> <li>• Make next of kin notifications quickly and easily in every situation.</li> <li>• Identify and treat John/Jane Does</li> <li>• Includes work flows and patient chart worksheets to track patients and document steps taken to reduce liability.</li> </ul> <p>It provides everything you need to evaluate current notification procedures, design, create and execute a facility-wide notification program.</p> <p>Creating a Program also includes, tools your staff can use on the patient care floor and Seven Steps Patient Chart Worksheets, that you can use as part of your own charting system.</p>	<p>The full program has been created to be used as a training tool and a reference guide for all of the departments within your facility that deal with or set policy for the care of emergent patients, including the Chief of Trauma and the Emergency Department, the Chief of Nursing, Chief of Staff, your Risk Management team, your Social Workers, Compliance Officer and even your CIO and marketing staff.</p> <p>Are you ready to learn more about the Seven Steps System?</p> <p>Great, then let's get started! §</p>
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## Benefits to Using the SevenSteps

**Reduces hospital and physician liability by bringing in a decision maker, (the patient's next of kin or surrogate decision maker), while the patient is unable to make his own health care decisions.**

**Promotes good will, portrays your hospital as even more of a caring, family-friendly institution.**

**Provides a simple continuum of care that every hospital both large and small can use, to simplify system-wide protocols and training.**

**Patient care and satisfaction increase, mortality and liability decrease.**

**Increases effectiveness in treating different segments of your community.**

**Increases effectiveness of risk management.**

**Increases effectiveness of social service.**

**Decreases workload of nursing staff by naming clear-cut, next of kin notification responsibilities and departments to which notifications must be referred.**

**Easy to use training and reminder materials to bring staff and department heads up to speed quickly. In states with next of kin statutes, eliminates liability of unknowingly failing to comply with the Next of Kin Law.**

**Provides ways to safeguard your own family and friends, in the event of an emergency.**

**Makes staff's work easier by giving them the information they need to locate a patient's medical history and treat him with his history in mind, eliminating the learning curve of treating an unknown person.**

# seven steps program

## WHY WE NEED THIS INFORMATION

**How important is a patient's family to his recovery? More important that we first thought...**

**W**hen I trained in medical school, hospitals were considered private places where a patient turned over his/her body and mind to the ministrations of doctors and nurses. Family was really kept at a distance. Visiting hours were tightly controlled. The people who were an integral part of the patient's life were allowed entry for only a brief time. They had no place in the care of the patient.

Times have changed. My own personal journey with this change happened a decade ago. One of my nurses told me about an article in the nursing literature about allowing family to be present during resuscitation efforts. As an emergency physician, I was intrigued by this idea. We already had a liberal policy of allowing family to stay with our patients in their rooms, but how would it work to have outsiders watch as we furiously raced to restart a stopped heart, to slide a tube into a collapsed vein in order to give life-renewing medications? Would the family faint, try to stop us, throw themselves across the bed?

Although it was radical at the time, we decided to try it out. In order to minimize the chance of a fainting relative, we created a very controlled environment where the family would be oriented to what they would see and hear before they were brought back to the room. I remember the first woman who was brought back to the treatment room where I was trying to restart her father's heart. She entered the room, looked around and blurted, "It's just like on TV!" At the time, I was startled. Upon reflection, I realized television has unshrouded the mysteries of medicine for many. Our concerns were unnecessary.

That woman was the first of many daughters, of many sons, brothers, sisters, wives, husbands, mothers and fathers we allowed, no—not allowed—invited into our emergency rooms to be with loved ones. The families told us they gained comfort from being with the patient. They could see we were bringing all of our skill and energy to cure, to heal. But we gained, too.

The family was able to participate. They were able to bring the force of their love to help the patient. They could also give us information. I can't count the times these families saved us precious minutes by adding information on health status, past history and current medications that speeded our diagnosis and treatments.

When a story about our emergency department aired on national television, I received a call from Laura Greenwald in California. Her grandmother had died—alone—in a Chicago hospital without family having been called. Laura and her mother Janet were determined to see that such an omission would not happen to other patients and their families. If you are reading this, it is because of the Greenwald's efforts. It is because they and I want you to know that the patient should not be isolated.

Just as doctors, nurses, technicians, pharmacist, dietitians and many others make up a team to improve the health of the patients in their care, family and friends can play an important part in contributing to the patient's well being. As a medical professional, you are a diagnostician, a caregiver and a healer. But most of all, you are the patient's advocate. And so is his family. This kit contains information that will show you how your patient's family can be an effective part of their loved one's health care team. §



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# the seven steps

## ONE STEP AT A TIME

**How to provide better patient care and reduce unnecessary liability, in one simple system**

**T**he Seven Steps to Successful Notification is an easy-to-use system based on tools successfully used by hospitals nationwide. It provides your hospital staff with all of the steps necessary to:

- Identify and locate your unconscious patient's next of kin or surrogate decision maker.
- Improve patient care by locating your patient's medical history, personal physician, and insurance information.
- Provide the facility with documentation of the steps taken to find the patient's next of kin, to make the notification, and identify the staff members responsible for making it, thereby releasing you from subsequent liability.
- In states with statutes requiring next of kin notifications within a certain amount of time, provides proof that the facility has met its statutory responsibility.

**1. Confirm Patient Status**

**2. Examine personal effects for emergency contacts**

**3. Locate patient's home number**

**4. Seek other sources for contact information**

**5. Make the notification call**

**6. Recall main contact or second phone number**

**7. Shift to Follow Up**

## The Seven Steps

In the documents that you downloaded, along with other tools, you received a Patient Tracking Worksheet and Patient Tracking Chart Page that you can use to track your ED patients through the notification process. This section will show you how to use it.

Let's watch the Seven Steps in action, through the eyes of the nurse manager of Care Central's Trauma Unit, Carolee Cummins.

Carolee comes on duty this morning just as a hit and run is pulling up at the emergency bay. She meets the gurney and runs along side, paying rapt attention to the paramedic's bullet, while she and her team do their own evaluation. The paramedic's last comment stops her cold. This pretty thirtyish, woman who is in grave danger of bleeding out, has no identification on her. Carolee starts a chart for her patient and turns her attention back to the trauma.



# Step One

## Step 1 Confirm Patient Status

Is patient unconscious? \_\_\_Yes \_\_\_No

If the patient is conscious, is he/she physically or mentally unable to give informed consent. \_\_\_Yes \_\_\_No

Does the patient have a family member or surrogate decision maker in attendance? \_\_\_Yes \_\_\_No

If the answers to all three of these questions are yes, page **The Notifier** on duty and have them continue with **Step 2**.

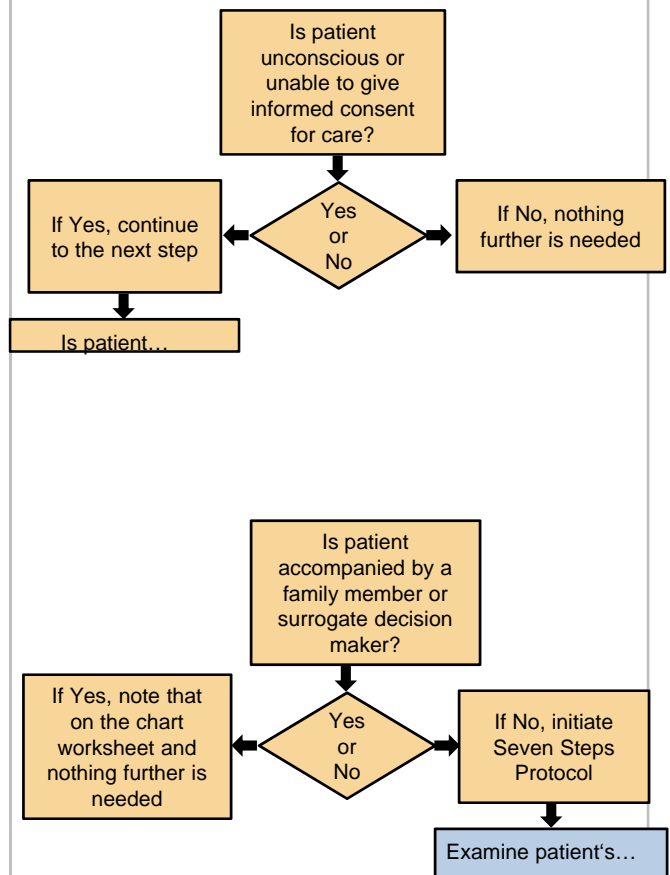
When a patient like this comes in, Carolee is glad that she and her team use the Seven Steps System. The triage nurse who usually performs the role of **Assessor**, the team member who assesses the patient's next of kin needs, is busy right now, so Carolee takes over. She grabs a Patient Tracking Worksheet and begins the notification process right in the trauma room, by answering the first question.

### Is the patient unconscious or if conscious, physically unable to give informed consent?

After the team confirms that the patient is unresponsive to everything but deep pain, Carolee checks "yes".

### Does the patient have a family member or surrogate decision maker in attendance?

Carolee asks one of the aides to check the waiting room to see if any family members came in with their patient. "No", the aide confirms, "she came in alone". Again Carolee checks yes, and the notification process begins.



# Step Two

## Step 2 Examine personal effects for emergency contacts

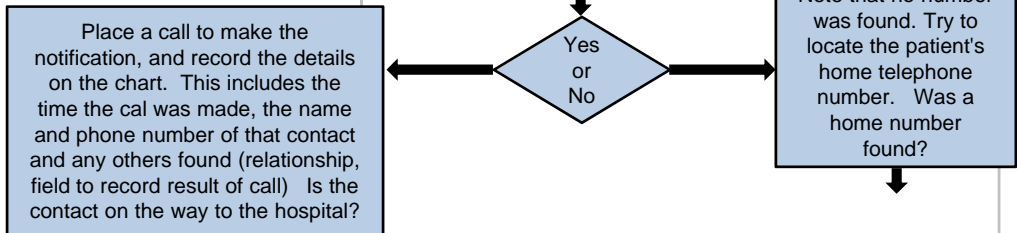
Examine patient's personal effects for an emergency contact number. If patient doesn't have an emergency card in his/her wallet, check the patient's purse, brief case or day planner, clothing, or cell phone for home or emergency numbers.

Was an emergency contact name found? \_\_\_ Yes \_\_\_ No \_\_\_ Time If yes, go to step 5. If no, go to **step 3**

When Care Central began to use the Seven Steps System, they appointed Carolee as Trauma Notification Manager, the team member who oversees next of kin notifications in the ED.

Since she already feels invested in this patient, Carolee puts on her **Notifier** cap and begins step two of the process. The Notifier is the team member who searches for the patient's emergency contact information or in this case, identity and when found, makes the actual notification.

**Examine patient's personal effects for an emergency contact number. If he/she doesn't have an emergency card in his/her wallet, check the patient's purse, briefcase, clothing, or cell phone for home or emergency numbers.**



Carolee looks for the young woman's emergency contact numbers or clues to those numbers, by examining her personal effects. Most of the time, Carolee finds the emergency information quite easily, right in her patient's wallet, on a driver's license, emergency contact cards, insurance cards or personal phone books.

In this case her search takes only a moment – the only thing this woman had with her were her house keys. If she had a wallet or a purse, it was destroyed in the accident.

Carolee goes through the pockets of her patient's jogging shorts and finds one small clue to her identity – a few message blanks from work that she must have stuffed in her pocket to take care of later. They're all made out to Katherine McCauley. Progress!

If Step 2 had turned up nothing and her patient had still been a Jane Doe, Carolee would have skipped down to Step 7, involving her **Follow Up** person or Social Services in her search. But since Carolee's patient now has a name, she goes directly to Step 3.



# Step Three

## Step 3 Locate patient's home number

If you can't find a specific person/number named as an emergency contact, try to locate the patient's home telephone number.

Home number found?  Yes  No \_\_\_\_\_ Time \_\_\_\_\_ If yes, go to step 5. If no, go to **step 4**.

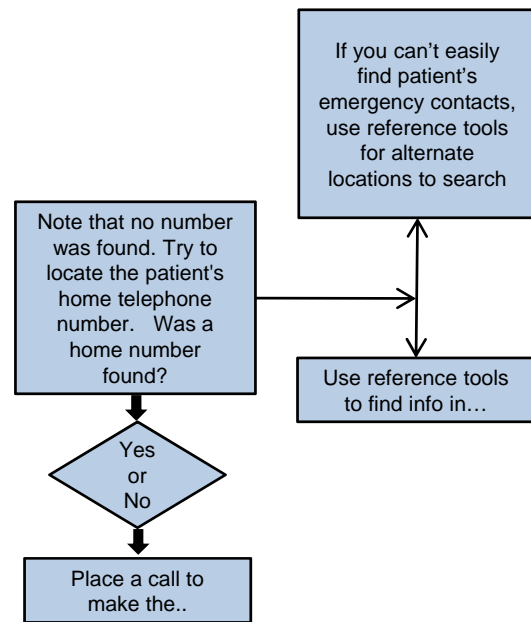
Now Carolee will have to get a bit more creative.

As Katherine found out the hard way, life can present major challenges for patients, not to mention an emergency department staff. A quick run to the store without taking your ID, interrupted by a sudden accident or heart attack, can put even the most conscientious person into jeopardy. In upcoming sections of this Program, you'll find more ways to find a patient's contact information quickly and easily.

**If you can't find a specific person/number specified as an emergency contact, try to locate the patient's home telephone number.**

Usually Carolee would go through her mental checklist of ways she's found patient's home phone numbers in the past: checking the speed dial of a patient's cell phone for numbers labeled "home" or "work"; the contact pages of a Filofax, or the address book of a PDA. Even a briefcase can contain a patient's business card, or a company letterhead on documents.

If Carolee had found a home number or an emergency contact on any of these items, she would have gone right to Step 5. Since Katherine has none of these things with her, Carolee documents that fact on the worksheet along with the time, and proceeds to Step 4.



# Step Four

## Step 4 Seek other sources for contact information

Look for the patient's emergency contact information on records from his/her previous hospital admissions, or by calling his doctor's office or his insurance company.

Was an emergency contact found? \_\_\_Yes \_\_\_No \_\_\_Time

If yes, go to **step 5**. If no, go to step 7.

Carolee almost never gets to this section, but when she does, she knows it's time to crank her investigative skills into high gear! Since she knows her patient's name, her next step will take her to the hospital's medical records department.

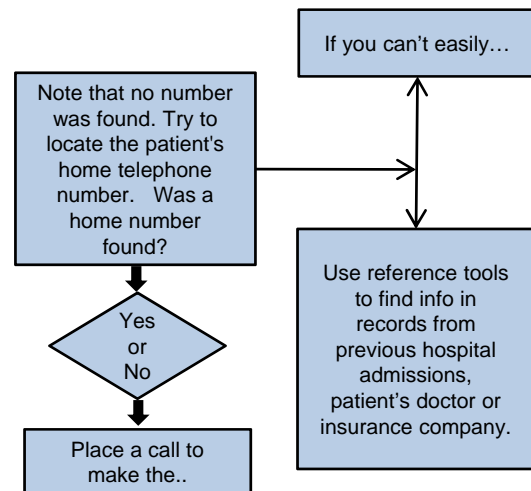
**Look for the patient's emergency contact information on records from his/her previous hospital admissions, or by calling his doctor's office or insurance company.**

Chances are, if Katherine lives in the area, this isn't her first visit to Care Central. Even if the old records don't include the patient's next of kin or surrogate decision maker, Carolee will be able to get it, by phoning Katherine's home number, physician or insurer.

If Carolee still hadn't been able to find information on her patient, she would have gone directly to Step 7 and turned the Patient Tracking Worksheet over to the **Follow Up**, the team member, usually from Social Service or Patient Advocacy, who handles more complex notifications.

But Carolee quickly locates Katherine's name on a chart from last year when she was admitted for the birth of her son. Success!

Now on to Step 5.



# Step Five

## Step 5 Make the notification call

When a contact has been identified from step 2, 3, or 4, place the phone call to make the notification.

Call made to (contact's name, relationship to the patient & number):

Note the results of the call:

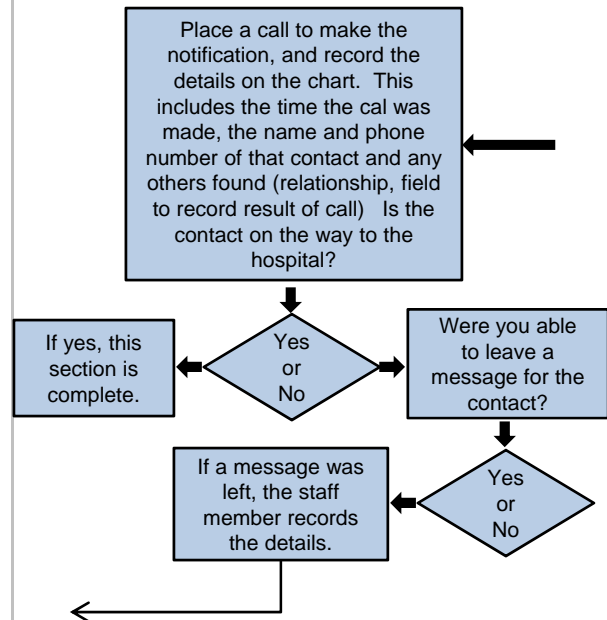
Is contact coming to the hospital? \_\_\_ Yes \_\_\_ No  
 If yes, this section is complete. \_\_\_ Initial \_\_\_ Time If there was no answer, or if you had to leave a message, go to **step 6**.

Since Carolee's first priority is notifying the patient's next of kin or surrogate decision maker, her aim is to contact the right person as soon as possible. She is disappointed to hear Katherine's answering machine pick up. Carolee hates doing a notification this way. She leaves a message for Katherine's husband, hoping that he'll pick it up quickly. Many times the only person Carolee has been able to reach is a relative or friend, so she is always careful to document the name and relationship of any person she talks to.

Occasionally the only information she finds is the patient's family physician or insurance company. In that case she makes sure that the doctor's office or insurance representative knows that she needs to speak with the family ASAP and then follows up within an hour or so. Carolee has learned the hard way, never to assume that a third party is going to take care of a notification. Since Care Central is the facility treating the patient and is the one in need of medical history to give Katherine the best care possible, it's Care Central's responsibility to make sure the notification takes place.

Even though Care Central's responsibility is technically met the moment Carolee left the message for Katherine's husband, the hospital has made it a priority to follow up with another phone call if a patient's next of kin doesn't arrive or return the hospital's call within the next two hours.

She documents the results on the Worksheet, initials that the section is complete and notes the time that the call occurred.



The entire process has taken Carolee less than ten minutes, and by using Care Central's Patient Tracking Worksheet, Carolee's hospital now has a documented account of her efforts. If her patient or her patient's family were ever to question the fact that notification was attempted or the steps that were taken, the hospital will be able to prove that procedure was properly followed.

# Step Six

## Step 6 Recall main contact or second phone number

If you left a message with the emergency contact or patient's home number, but the person called hasn't come into the hospital or called back within two hours, call again to leave one more message (see step 5).

If you have found a second contact number, call it as well.

Second call made to (contact's name, relationship to the patient & number):  
Note the results of the call:

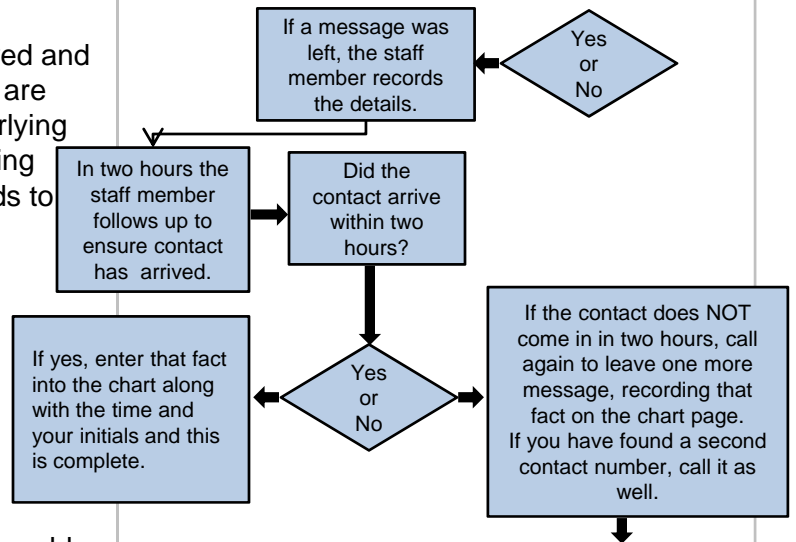
Is contact coming to the hospital? \_\_\_Yes \_\_\_No

If yes, this section is complete. \_\_\_\_\_ Initial \_\_\_\_\_ Time If there was no answer, or if you had to leave a message, page the  
**Follow Up** team member on duty to continue with **step 7**. Name of **Follow Up**: \_\_\_\_\_ Title: \_\_\_\_\_

Answering machines and voice mail are wonderful and no one can imagine life without them – unless it's an emergency and you can't get a hold of the person you need to speak with!

Two hours later, the husband still hasn't arrived and Katherine's condition is worsening. Doctors are wondering if she has an undetermined, underlying condition that is keeping her BP from stabilizing despite their efforts. Carolee quickly proceeds to Step 6.

### Recall main contact or second phone number.



Carolee found Katherine's work number on the old chart, but before she tries it, she tries the home number one more time. Katherine's husband Scott answers. Only minutes before, he'd forgotten an important brief and ran back home to get it, allowing him to pick up Carolee's message. A short while later, he arrives at the hospital and fills the trauma team in on his wife's medical history. Changes in her treatment are immediately made and hours later, Katherine, now alert and stable, is on her way to a full recovery.

Had Carolee not been able to reach anyone at Katherine's home, she would have called the second number, then documented the results on the Worksheet, with the time and her initials.

If she still hadn't been able to reach anyone in person or if the relative hadn't shown up at the facility, she would have noted that on the Worksheet and paged her **Follow Up** person to proceed with Step 7.

# Step Seven

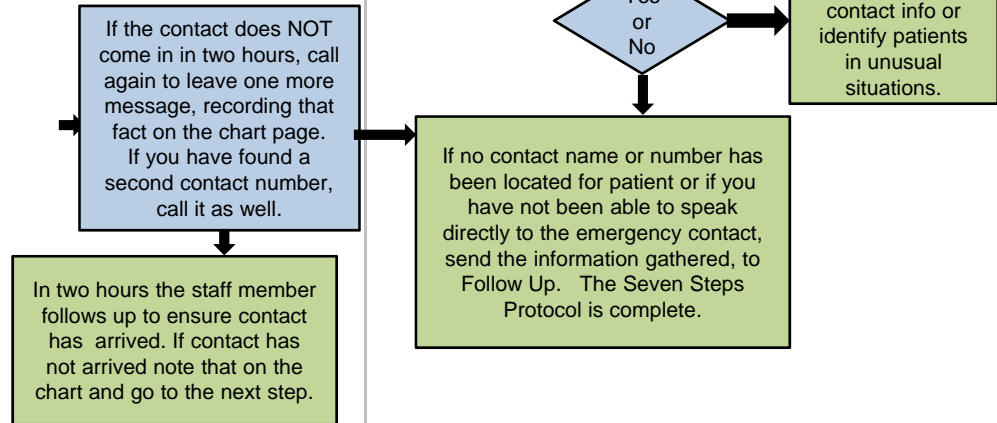
## Step 7 Shift to Follow Up

If no contact name or number was found by performing steps 2 through 4, or if you haven't been able to speak directly to the contact identified, give the information you've identified to your social service department or department/person specified by your facility's policy, for further research.

Gave information to: (name & department)

At \_\_\_\_\_ (time), by \_\_\_\_\_ (your name) \_\_\_\_\_ (status) \_\_\_\_\_ (initials)

Every once in a while, despite Carolee's best efforts, she has to shift the notification to her Follow Up person.



If he or she can't determine a patient's identity or locate next of kin, depending on the hospital's policies, the case goes on to social service or even the police for further research. Although the hospital has met its legal responsibility to take reasonable efforts to notify the patient's next of kin, the patient still needs intervention.

By shifting the notification process over to her Follow Up team member, Carolee is confident that everything possible will be done to find her patient's family. In upcoming sections, you'll find tips and tools to help you deal with identifying Jane/John Does and handling the effort quickly and easily.

On the following page you'll find a copy of the Patient Tracking Worksheet using the Seven Steps System.

SEVEN STEPS TO SUCCESSFUL NOTIFICATION		PATIENT TRACKING WORKSHEET	
Patient Name:		Date:	Time Admitted to ED:
Name of Assessor:		Title:	Name of Notifier: Title:
<b>Step 1 Confirm Patient Status</b>			
Is patient unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the patient is conscious, is he/she physically or mentally unable to give informed consent. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the patient have a family member or surrogate decision maker in attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answers to all three of these questions are yes, page <b>The Notifier</b> on duty and have them continue with <b>Step 2</b> .			
<b>Step 2 Examine personal effects for emergency contacts</b>			
Examine patient's personal effects for an emergency contact number. If patient doesn't have an emergency card in his/her wallet, check the patient's purse, brief case or day planner, clothing, or cell phone for home or emergency numbers.			
Was an emergency contact name found? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Time If yes, go to step 5. If no, go to <b>step 3</b> .			
<b>Step 3 Locate patient's home number</b>			
If you can't find a specific person/number named as an emergency contact, try to locate the patient's home telephone number.			
Home number found? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Time If yes, go to step 5. If no, go to <b>step 4</b> .			
<b>Step 4 Seek other sources for contact information</b>			
Look for the patient's emergency contact information on records from his/her previous hospital admissions, or by calling his doctor's office or his insurance company.			
Was an emergency contact found? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Time If yes, go to <b>step 5</b> . If no, go to step 7.			
<b>Step 5 Make the notification call</b>			
When a contact has been identified from step 2, 3, or 4, place the phone call to make the notification.			
Call made to (contact's name, relationship to the patient & number):			
Note the results of the call:			
Is contact coming to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, this section is complete. _____ Initial _____ Time If there was no answer, or if you had to leave a message, go to <b>step 6</b> .			
<b>Step 6 Recall main contact or second phone number</b>			
If you left a message with the emergency contact or patient's home number, but the person called hasn't come into the hospital or called back within two hours, call again to leave one more message (see step 5).			
If you have found a second contact number, call it as well.			
Second call made to (contact's name, relationship to the patient & number):			
Note the results of the call:			
Is contact coming to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, this section is complete. _____ Initial _____ Time If there was no answer, or if you had to leave a message, page the <b>Follow Up</b> team member on duty to continue with <b>step 7</b> . Name of <b>Follow Up</b> : Title:			
<b>Step 7 Shift to Follow Up</b>			
If no contact name or number was found by performing steps 2 through 4, or if you haven't been able to speak directly to the contact identified, give the information you've identified to your social service department or department/person specified by your facility's policy, for further research.			
Gave information to: (name & department)			
At _____ (time), by _____ (your name) _____ (status) _____ (initials).			
This Patient Tracking Worksheet was provided by Stuf Productions/NOKEP. For more information on the Seven Steps Notification System contact us at <a href="http://www.nokep.org">www.nokep.org</a> © 2009 The Next of Kin Education Project			



## FACILITATING COMMUNICATION

**With just a few simple steps designed to help communication-impaired patients, you can make a huge difference in their lives.**

**W**e've all seen patients who were far beyond the reach of medical treatment suddenly defy the odds and recover. We've also seen patients who were well on the road to recovery, take a turn for the worse for seemingly no reason at all. No matter what the technology or how terrific we are at our jobs, sometimes medicine just isn't enough.

Case in point, a few years ago, my Grandma, in her mid-sixties at the time, had a moderate CVA. No matter what her doctors did for her, she wasn't regaining consciousness, defying explanation. My mom and I were living and working in Los Angeles and Grandma was two thousand miles away in Chicago. When the doctor called to tell us about the stroke, he not only said that Grandma might not live through the night, but that she might not last the few hours it would take us to fly to her side.

Mom and I both felt very strongly that we had to talk to her for what might be the last time, before we got on the plane. Hearing our voices and knowing that someone was with her, had always made a huge difference in any difficulty she faced.

So Mom got the head nurse on the phone and asked if she could get a phone to Grandma. Asking quickly turned to pleading – we needed to tell Grandma to hold on and that we were coming. The nurse basically dismissed the notion – what possible good could THAT do? It took a while, but Mom finally convinced the nurse to put a phone up to Grandma's ear.

We were able to tell her how much we loved her, that she was going to be fine and that we were on our way. By the time the nurse came back on the phone, she was speechless. Evidently the moment Grandma heard our voices her eyelids began to flutter. Her vitals stabilized, her eyes opened for the first time since she'd been in the hospital and she looked straight up at the nurse and then around the room looking for us. Two weeks later, she was out of the hospital and on her way to rehab.

That's the miracle of communication.

Whether it's a family member, a friend or just a familiar face, patients need to have the people they love surrounding them, when they're ill, in pain, or afraid. As caregivers, it's part of the job to realize that patients might be too ill or physically unable to initiate the contact they so desperately need, on their own.

I wish that were the end of the story. A few years later, Grandma who had recovered fully, badly injured her leg and her jaw after falling in the bathroom at home. She was unable to speak but was in stable condition, when admitted to a different hospital. She was supposed to have gone on vacation so we hadn't expected to hear from her and had no idea she was in the hospital. A few days later she began spiraling into critical condition. By the time the hospital called us, she was in the ICU, unconscious and critical. While I was on one phone trying to get a flight, my mom was on the other phone with the doctor who happened to be standing right outside Grandma's room. She begged him and then the nursing staff, to get a phone into her, so she could talk to her, for what looked like it would be the last time.

But at this hospital, the doctor and the nurses refused. While the doctor was on the phone with mom, Grandma, who had been unconscious just a few minutes before, unexpectedly opened her eyes and began to look around. The doctor told Mom what happened and took this as a sign that she her condition was turning around. Even so, Mom still pleaded with him to get a phone to Grandma. He told her there was no way to get a phone to an ICU patient. "We'll try and figure something out in the morning," he said, hanging up the phone. But Grandma didn't have until morning. She died just a few hours later, before we could get to her and we lost our chance to tell her we loved her – our chance to say goodbye.

Looking back on that time reminds me of that scripture, "without a vision, the people perish". Some people, even while facing serious illness or death are so self-motivated that just the possibility of dying makes them muster every ounce of strength they have, to fight it. But most people aren't that way. Most people need to use the strength of others – the people they love – to provide the strength they cannot find.

Patients need connection. They need vision – the vision to "see" themselves getting through the darkness and fear that they're facing. They need help "seeing" the next day or the next week. Seeing themselves strong and well again. And without that strength and that support they so desperately need from the people they love, there is no vision. And without that vision, they perish.

Simply put, at that moment, Grandma needed us. She needed to hear our voices that night and the very people who were there to be her advocates and to help her make that connection happen, didn't do it. And that night, Grandma perished, without knowing that we were right there at the other end of that phone and on our way to be with her.

# seven steps

The good news is, the same thing that happened to us, doesn't have to happen at your facility. With just a few simple steps designed to help communication-impaired patients, you can not only make a huge difference in their lives, you might even save them.

## Assessing Your Patient's Ability To Communicate

The next time you're caring for a patient with compromised communication ability, take a moment to see your patient's surroundings from her perspective. If your patient's family and friends are not at the hospital with her or can't come often, are there tools you can provide your patient that will facilitate communication with the outside world?

### Mobility Limitations

- If your patient can speak, is the telephone close enough to her for her to use?
- Does she need help dialing? Is she able to see well enough to read a number off a piece of paper or out of her address book?
- If your patient is unable to hold a telephone, would she benefit from a speakerphone or a cell phone?

### Hearing/Speech Limitations

If your patient can't speak, ask her to indicate if she would like to have someone called for her, and task a patient representative or volunteer to hold the phone up to her ear and facilitate their communication.

If your patient is deaf, make sure that your facility has TTY telephones to connect with family members. If your patient is blind, make sure that she has Braille writers or other devices to help her communicate.

- Take a moment to call the department in your facility that deals with hearing or vision-impaired patients. They may have more tools or ideas that can bridge difficulties and enhance communication.

- Another idea for patients who can't speak, is patient Internet access. If your hospital has it available, it can be a real lifesaver, allowing a patient to type an email, a text message or to supervise while a message is typed for them. If your facility doesn't have Internet access for patients, either you or another team member can use a smart phone or cell phone to send an email or text a message for them, facilitating emergency communication with a loved one.

- For patients who have a temporary physical impairment, like a broken jaw, encourage them to use patient Internet access or their cell or smart phones (if allowed) to email, text and keep in touch with family or children who might not be able to visit in person.

If you work with seriously ill pediatric or adult patients who need to communicate updates about their patient to a whole team of family and friends, there is a terrific service called Care Pages. It was created by a family with a seriously ill child and no time to constantly email everyone who wanted to know how the child was doing. Care Pages provides free web sites to families enabling them to post pictures and messages from or about the patient without the painstaking task of having to update well meaning loved ones one by one! It gives families a way to reach out to others while spending quality time with the person who matters most – the patient. You can find more information at [www.carepages.com](http://www.carepages.com).

## Critical Care/End of Life

Since many hospitals still don't have a means of patient communication in the ICU, you may have to get a bit more creative for patients in critical care units.

And don't forget that technology is making huge strides in facilitating patient communication.

As unusual as it sounds, surgeons are now using Twitter to keep families apprised of patient's progress during surgery, while families who are apart during emergencies, are using Facebook and MySpace to keep each other up to date. You can use that same technology to help a critically ill or dying patient communicate with family members who might not make it to the hospital in time to be with them.

How? With your smart phone!

“The next time you're caring for a patient with compromised communication ability, take a moment to see their surroundings from their perspective...”

Most smart phones have the ability to record video, audio and take photos, all of which can be sent or received via email right from the phone. Let's say you have a patient who might not make it through the night. His family is about to board a plane, but won't arrive for three or four hours. Even if you aren't allowed to turn your personal cell phone on to receive calls in the ICU, the family can record a video or audio message on their own phone and email it to you, so you can play it for the patient – something you can do without the phone actually being on. Or they can email you a photo of themselves to show to the patient or an email that your patient can read for himself.

You can do the same thing at your end. Let's say that your patient is alert and oriented now, but you both realize that he might not live. By using your smart or cell phone with video or audio recording capability, he can record a final message to a loved one, that can later be emailed to the family. I don't think I have to tell anyone, how much that bit of video can mean to a family.

Or let's say that your patient is a John Doe or that she was a part of a mass casualty and even though you're relatively positive you have the right name with the right person, the family member is still in transit. You can snap a quick photo and email it to the family, hastening the identification.

Communication isn't just a patient's right – for many it can be their only link to the outside world, or a life-renewing source of strength and love. Combine that with outstanding medical care and watch the miracles flow.



## The Benefits of Patient Internet Access

According to Jennifer Lyons' chart, she's just a bad slip and fall who's lucky enough to be on her way to a full recovery. But to Jennifer, who is lying in bed with a broken mandible and broken limbs, nothing could be further from the truth. Jen was visiting the city on a business trip when her accident happened, and now she's lying in a bed 2,000 miles away from her family. Although her husband is flying in later tonight, never in her life has Jennifer felt more disconnected. That is, until her nurse points out the revolutionary screen standing next to her bed. Even though she can't move her mouth, two minutes later, Jennifer is catching up with her children.

Two floors down, Rebecca Forrester is also lying in bed with no family members around her. She's in her eighties and the fall she took is already developing a complication – pneumonia. Her daughter is working in Tokyo and will take a day to get to her side – a day Rebecca may not have. With no telephones in this ICU, Rebecca knows if her daughter doesn't make it to her in time, she may never be able to speak to her again. Until a nurses' aide enters with a wireless web pad. A minute later, Rebecca and her daughter are talking.

In a growing number of hospitals nationwide, hooking up your patients has just taken on a whole new meaning. Whether via wireless web pads, or bedside units, patient Internet access is revolutionizing patient care and patient communication.

Originally conceived as a way to reduce boredom and facilitate patient education, the units quickly began to add other features including relaxation videos, local TV channels, video games and telephones, besides videos and information patients can access on specific healthcare issues. Feedback is already showing what medical professionals have suspected for years -- people simply feel better when they're active and connected with the world around them. But patient Internet manufacturers didn't stop there. They also found a way to add a host of applications that increase bedside patient care in ways never before possible, by bringing the information age right to the bedside.

Many systems now integrate electronic medical record systems, bar code medication systems and even digital imaging directly into the web screen units. This means that doctors and nurses can do chart notes, look up lab results and in some cases order or dispense medications without leaving the patient's bedside.

But for the patients, it's all about facilitating communication whenever they need it – with loved ones, with friends or even with work. Just because someone is hospitalized doesn't mean they have to be isolated. For Jennifer Lyons, being able to communicate with her children means everything. Not only does she feel connected, because she can check in with them a few times a day, she feels more able to relax knowing that everything is fine at home.

As for Rebecca, she didn't fare as well. The pneumonia took hold and her daughter was unable to get to the hospital quickly enough to be with her before she passed away. But with the wireless web pad and a little help from her nurses' aide, Rebecca and her daughter spent the rest of the day writing back and forth, telling stories, sharing memories and making sure they said everything to each other, that they wanted to say.

And to them, that made all the difference. Priceless.

# Workbooks & Action Plans

**How do I keep my Family safe in a sudden emergency?  
How do I protect my College Student when she's away  
from home? How can I make sure my Patient's loved  
ones arrive when they're needed most? How do I  
keep all my things safe during a disaster? There's a  
storm coming and I have to evacuate – what should I do?**



### **Ready In 10!**

"Ready In 10" picks up where our first book, "Don't Lose All Your Stuff in A Hurricane!" left off. The Hurricane book shows you why your family needs to be prepared and gives you the resources to get started. "Ready In 10" tells you how to do it. With this workbook, you'll receive all the action plans, checklists, Grab It & Go Forms & Wallet Cards you need to be ready to deal with any disaster or emergency in 10 minutes or less.

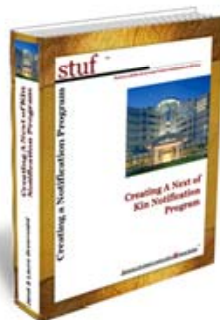
[Read More About It](#)



### **Don't Lose All Your Stuff (or your kid) At College! – Parent Edition**

Most parents assume college is just an offshoot of high school. They think the moment their college student so much as trips and breaks a wrist he'll be whisked off to the office, where his emergency medical card will be pulled from the file, and will accompany him, along with a faculty member, to the nearest emergency room for immediate treatment. Unfortunately nothing could be further than the truth. With "Don't Lose All Your Stuff At College", you'll learn what your college student needs to stay safe in nearly any situation. You'll also receive comprehensive Grab it and Go Forms to capture your student's vital documents, medical background, emergency contacts and full dorm inventory, emergency contacts – all the vital information she could ever need right at her or her fingertips, 24/7. It's quick, it's easy and you can be up and running in one afternoon!

[Read More About It](#)



### **Notify In 7 - Creating A Next of Kin Notification Program**

What if you could locate your patient's next of kin and medical history quickly and easily? What if there was as a simple plan you could use to reduce liability and increase patient safety in Seven Steps? What if you could seamlessly implement the process in your facility in 90 days or less? Now you can! In "Creating a Next of Kin Notification Program", you'll receive the tools your facility needs to locate an unconscious patient's emergency contact information, perform next of kin notifications and obtain informed consent, quickly and easily. With easy to follow benchmarks, the program has everything that hospitals need to train trauma team members to perform next of kin notifications quickly and easily in every situation. You'll also receive the Notify In 7 Guide, Chart Pages, work flows, training tools, and everything you need to create your very own Notification Program. It's quick, it's easy and you can be up and running within 90 days!

[Read More About It](#)