



Innovation Lies Awaiting

Executive Summary

- ▶ The latest Institute of Medicine report, *Preventing Medication Errors: Quality Chasm Series*, serves as a painful reminder of how little we have listened to the solutions that our patients have to offer for improving safety and quality.
- ▶ In the midst of treatment for lymphoma, Cari Ugent invented Safepole® to solve the safety and quality of life issues that plagued her and the professionals who cared for her.



Alison P. Smith

ANSWERS TO MANY OF OUR safety and quality issues are resting in the very beds that we count and staff every shift. Patients possess many answers that we haven't solicited or haven't heard. In many institutions, we have invested more capital in patient-centered architecture than we have in the minutes required to listen to patients' needs, preferences, and solutions.

The Institute of Medicine's (IOM) report, *Preventing Medication Errors: Quality Chasm Series*, serves as a painful reminder of how little we have listened. Since the infamous reports, *To Err is Human: Building a Safer Health System* (1999) and *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001), we have made little progress in reducing the morbidity, mortality, and the costs associated with preventable errors. The latest report estimates that "the average patient is subject to a least one medication error per day" and that at least a quarter of these errors are preventable (IOM, 2006, p. 1). The *Quality Chasm* report called for "profound changes and a paradigm shift away from a paternalistic, provider-centric system" (IOM, 2006, p. 127). The recommendations explicitly called for improvements in the individual assessment of needs and values, the role of information and transparency, and ultimately, the role of the patient as the source of control.

Each of these IOM recommendations is rooted in listening. The story that follows illustrates the potential of listening to patients on an entirely new level. Depending upon how you read the story, you might see a remarkable patient inventing a medical breakthrough or you might see an average patient doing

something obvious. Regardless, think about who is lying in your beds and what you have to learn from them and with them.

War Against Ball & Chain

Cari Ugent is a freelance journalist. In 2002, she experienced a recurrence of lymphoma just before her 30th birthday. Having lived with the disease since 1994, she was no stranger to hospital routines. However, this time she needed a stem cell transplant and would be hospitalized for 2 months. Expecting her to describe her fears, the pain she experienced, or the multitude of procedures during her stay, Cari said, "My IV pole became the bane of my existence." It also became her obsession, and in some strange way, her savior.

Cari described her struggle maneuvering the pole packed with multiple pumps. She then began observing her physicians and nurses tripping over the spider legs of the pole. She saw poles tip over when patients were boarding elevators, or worse, she saw an elevator door close with a patient on one side and the pole on the other. Her frustration, combined with her journalistic chutzpah, led her to probe the staff about their experiences. She quickly gathered evidence of widespread safety risks and ridiculous inconvenience. She added, "I looked around my hospital room, which was filled with cutting-edge technology, and wondered why I felt like I was dragging around a coat hanger on wheels that had seen hardly an improvement since its invention."

As her course of treatment became more complicated and her prognosis became worse, her obsession transformed into a purposeful focus. She began, "waging war against the ball and chain." Ugent began sketching solutions. Physicians and nurses became impromptu focus-group members reacting with support, enthusiasm, and "why didn't I think of this?" As her idea gained refinements and validation from the professional community, she decided that it was time to call a friend and patent attorney. Safepole® was on the road to becoming a reality.

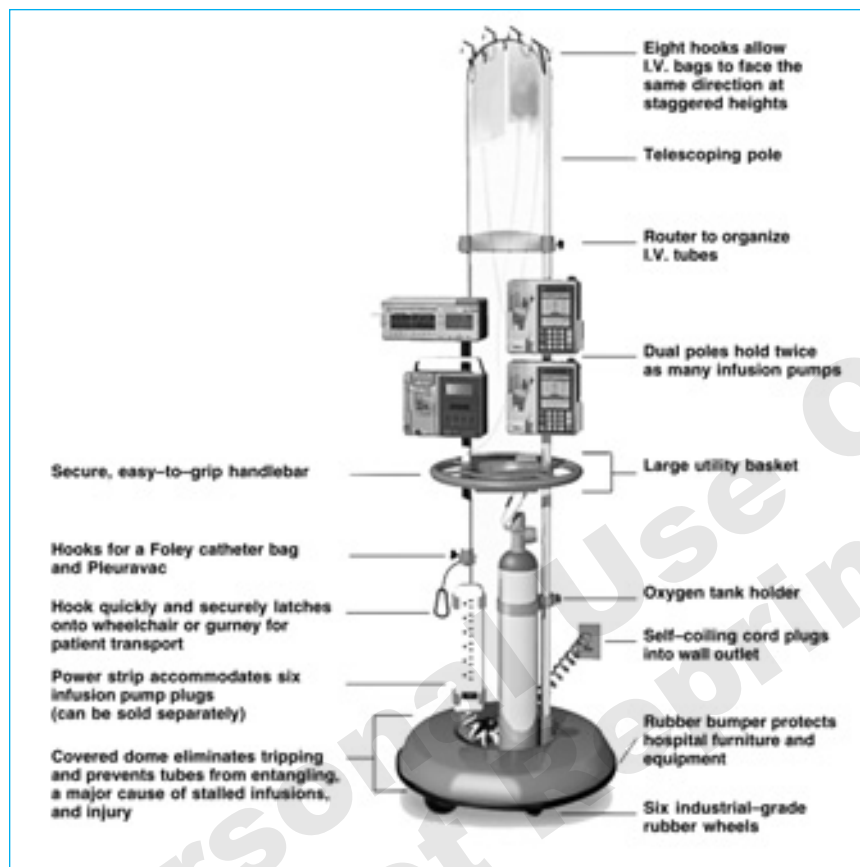
Safepole Design

Upon hospital discharge, Ugent began meetings with consultants and design teams. She engaged a group of engineers and they began to build prototypes. She routinely dragged the latest model to her trusty focus group, the staff on the transplant floor, to gather their feedback on the latest iteration.

As Figure 1 illustrates, Safepole was designed with a sturdy covered base to prevent tipping and exposed legs from catching. The power strip allows

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**Figure 1.
Safepole**



for multiple pumps to be plugged into the base, but a single cord to be plugged into the wall. These two features alone provide quantum improvements to patients and staff. Additional features include staggered hooks to allow for easy visualization of IV bags and router devices to help organize tubing. There is also a home for an oxygen tank, pleuravac, and Foley bag. An ergonomic handle and a roomy basket add further to patient convenience. Recently, color choices and dedication plaques were added to the pole design as cheerful, stylistic elements.

The first limited production was tested at University of Chicago. Since then, the university has equipped the new Comer Children's Hospital with baby blue Safepoles. When asked about sales and production goals, Ugent noted, "My goal is for every person undergoing a stem cell transplant to have the benefit of a Safepole. I don't want them to experience the same struggle that I experienced." If all CEOs expressed their annual projections in these terms, company performance would take on a different appearance, one of faces instead of numbers.

While her statement is a powerful way to end this

story, reconsider the beginning of the story, "Cari Ugent is a freelance journalist." This statement surfaces another important point. While Cari is clearly creative, bright, and ambitious, she is not a patent attorney nor product designer nor engineer nor financial advisor. If she had limited herself to her "scope of practice," she might have written a moving book about her experience as a patient with cancer. She clearly reached far beyond the bounds of her scope. If our "scope of practice" is a rope, we have a choice as nurses to use it as a noose or a lasso. Let's all choose the lasso.

For more information about Safepole, go to their Web site (<http://safepole.net>). For more information about other innovations, talk to your patients. \$

REFERENCES

- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
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