

# Partners in Safety: Implementing a Community-based Patient Safety Advisory Council

Kathryn K. Leonhardt, MD, MPH; Deborah Bonin RHIA, CPHQ; Patti Pagel, RN, BSN

## ABSTRACT

*Context:* A recommended strategy for improving patient safety is patient-centered care, with the patient and provider functioning as partners to achieve health care goals.

*Objective:* To implement a community-based advisory council where patients and providers can collaboratively develop interventions for safe medication use in the outpatient setting.

*Design, Setting, Participants:* A descriptive study of the process used to implement a patient-provider advisory council in Walworth County, Wisconsin in 2005-2006. Participants included patients and health care professionals from Aurora Health Care and the community. Using formative research and community-based participatory programs, the Council developed medication safety interventions.

*Main Outcome Measure(s):* Establishment of a community-based patient-provider council; development of interventions to improve medication safety in the outpatient setting.

*Results:* The Walworth County Patient Safety Council was established in November 2005, with 11 patient and 12 provider representatives. The Council identified and developed multiple interventions for patients and health care providers.

*Conclusions:* A community-based advisory council is an effective partnership model where patients, providers, and their community can collaboratively develop strategies for improving medication safety. As interventions

are disseminated in Walworth County, their effectiveness on medication safety outcomes will be evaluated.

## INTRODUCTION

Patient-centered care is 1 of 6 dimensions of health care identified as critical to improving quality and safety in our current system.<sup>1</sup> The definition of patient-centered care is when patients and their families are empowered to “partner” with their health care providers as active participants in their own care.<sup>1-3</sup> A patient-provider partnership includes effective communication, provision of information and education, and promotion of patient self-care strategies. Research shows that patient-centered care can enhance outcomes of care, patient adherence to treatment recommendations, chronic disease outcomes, and patient satisfaction.<sup>1-7</sup> Using a patient-centered approach to medication management can increase medication safety as well as improve adherence to prescribed treatment regimens. Engaged, active patients who are provided tools and support for self-management of their medications are linked to better health outcomes.<sup>3</sup>

Even though the concept of patient-centered care is accepted, the process of implementing this model for the delivery of health care services is not well defined. To develop a partnership approach in any health care process requires input from all parties involved in the process: patients and their families, doctors, nurses, pharmacists, and other stakeholders. One structure that has been used by health organizations as a mechanism to involve consumers in the development of health programs is the patient advisory council.<sup>8,9</sup> Advisory councils, typically associated with hospitals or health care systems, have been established for specific activities, such as new construction or new programs; others focus on broader quality or patient safety issues.<sup>8</sup> Implementing a community-based patient advisory council to address medication safety in the ambulatory setting has not previously been reported. This report describes the process used to

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**Author Affiliations:** Aurora Health Care (Leonhardt, Bonin, Pagel).  
**Corresponding Author:** Kathryn K. Leonhardt, MD, MPH, Patient Safety Officer, Aurora Health Care, 12500 West Bluemound Rd, Ste 301, Elm Grove, WI 53122; phone 262.787.2748; fax 262.787.2788; e-mail Kathryn.Leonhardt@aurora.org.

develop a community-based advisory council, and how medication safety interventions were developed through their collaborative work.

## METHODS

Using the model of a patient advisory council, the project goal was to establish a community-based patient safety advisory council. The objective was to create a place where patients and providers could openly discuss the barriers to and opportunities for a safe, effective medication process for patients in the ambulatory setting. The project was developed on the premise that this collaborative process would lead to the development of effective interventions that could be disseminated and adopted throughout the community.

This project was conducted in Walworth County, Wis, where Aurora Health Care has a strong presence.<sup>10</sup> There are 5 Aurora clinics located in Walworth County, staffed by 54 physicians and 235 support staff who provide approximately 80,000 patient visits per year. Four Aurora retail pharmacies and 1 hospital, Aurora Lakeland Medical Center, also serve the community. Further community links existed through the Aurora Senior Resource Program, which provides home visits by a nurse to patients in need of care coordination. To provide additional expertise, the project engaged 2 partners: Consumers Advancing Patient Safety (CAPS), a national consumer-led organization with expertise in creating patient safety advisory boards,<sup>11</sup> and Midwest Airlines, who brought to the project airline industry expertise on organizational culture of safety and consumer-based marketing strategies.<sup>12,13</sup>

Significant steps in developing the advisory council process included obtaining staff and community support, member selection, and defining the council's organizational structure. The council defined its project goal as the development of interventions for both consumers and health care professionals that would foster effective communication and promote patient self-management of their medications. To select their interventions, the project reviewed existing literature, conducted formative research (i.e., focus groups, surveys, interviews), and engaged the community through community-based participatory programs.

The development and implementation of the patient advisory council began in July 2005. The initial step was to engage key stakeholders—community members as well as health care professionals—who would be critical to the success of the project. This was done through preliminary meetings with staff, physician and administrative leaders from the 5 Aurora clinics, retail pharma-

cists, and community leaders to explain the project goals and gain their support. A Senior Resource Program nurse was selected as the Project Coordinator. The community and providers enthusiastically embraced the concept of bringing patients and providers together to collaboratively find ways to improve medication safety. Everyone had encountered challenges with the current medication system—in both their professional and personal lives. The financial support provided by a grant eased the resistance from clinic staff to 'yet another project' being implemented in their workplace.

Member representation on the advisory council was sought from patients as well as health care professionals. Membership eligibility criteria were developed that highlighted the need for members to be comfortable communicating in a group setting and interested in medication safety. To recruit volunteer patient representatives, physicians and nurses at the clinics offered the opportunity to volunteer to patients whom they knew were eligible for the council. Members on the council were confirmed after phone interviews by the project coordinator. At least 1 patient representative from each of the 5 clinics was selected in order to provide the unique perspective from all areas of the county. Participation on the council by patient representatives included a financial honorarium for attending each meeting during the project time period.

Health care provider representatives on the council were recruited from the clinics and retail pharmacies, as well as community organizations that were involved in any aspect of medication management with patients. In addition to nurses and physicians, other health care professionals invited to join the council included a retail pharmacist, a parish nurse, a social worker, a Medicare benefits specialist, and a representative from the county department of health and human services. A senior physician from the clinics was selected as the physician champion of the project, predicting the need for a strong internal leader to engage other physicians. A supervising nurse from the clinics was recruited to represent and lead the nursing staff.

The structure and format of the council were designed to facilitate the exchange of information and ideas between patients and providers, and to generate specific actions toward achieving their defined goals and objectives. Council membership was planned for even representation by patients and providers, to allow both groups an equal voice at the table. Ground rules were established for meetings, highlighting the parameters for effective communication: respect for individuals and their values, confidentiality of information shared

## Walworth County Patient Safety Council Vision and Mission Statements

Vision = An innovative, compassionate, safe health care community that listens, learns and responds collaboratively with patients.

Mission = The Walworth County Patient Safety Council will implement a community partnership model for the purpose of developing innovative methods to improve medication safety.

at meetings, and a willingness to listen to each other. To foster the open exchange of ideas, encourage collaboration, and diminish the 'paternalistic' relationship that traditionally separates patients from the providers, members were to address each other by first name without the use of titles. Members were made aware of their roles, responsibilities, and expectations on the council including active participation in discussions at meetings, providing a link back to their respective work site or community organizational group(s) to which they belonged, and supporting the dissemination of interventions or tools that would be developed during the project period.

Within the broad scope of medication safety, the council elected to focus on interventions that would foster patient-centered care such as improving communication between patients and their providers and providing tools for patient self-management of their medications. The Council understood that consumer-based interventions alone would fail without the reciprocal support and endorsement from the providers. Therefore, interventions directed at both consumers and providers were developed. A literature review identified several interventions with evidence of effectiveness for improving medication safety outcomes. Formative research, which included patient and provider interviews, surveys, and focus groups, was conducted to elucidate the local barriers and opportunities to safe medication management. Using methods described in community-based participatory research, which incorporates community participation at all levels of the research process, community members were engaged in the development of the interventions.<sup>14,15</sup> The Council narrowed its selection of interventions that were realistic options within the framework of the project, which included limited financial and human resources, and a 2-year time frame.

## RESULTS/FINDINGS

The first meeting of the Walworth County Patient Safety Council was in November 2005. The Council, consisting of 11 patients and 12 health care providers,

attended a 1½ day formative workshop facilitated by a consultant from CAPS who had experience with establishing consumer-based collaboratives. Following the ground rules of listening and respect, patients felt empowered to share their stories while providers were comfortable describing their perspectives. The Council members recognized the complexity and subsequent complications created by the current medication system that affected both patients and providers. They realized that improving medication safety would require interventions that engaged all stakeholders in the medication process. They developed vision and mission statements that reflected their focus on collaboration.

The Council continued to meet on a monthly basis (excepting 2 months due to holidays), with an 81% attendance rate. The evaluations conducted after every meeting consistently showed an approval rating of over 4.5 on a 5-point scale (5=excellent). The unique partnership model of the Walworth County Patient Safety Council has been recognized at the local, state and national level, including a presentation at the Agency for Healthcare Research and Quality (AHRQ) 2006 Annual Patient Safety and Health IT Conference.<sup>16</sup>

The first objective of the Council was the selection of consumer-directed interventions. Existing research identified that effective communication between patients and their providers and the use of patient self-care tools were essential elements for a safe medication system.<sup>3,5,17</sup> The formative research suggested that these components of patient-centered care were not well integrated in the community. Interviews and 2 focus groups of Aurora clinic patients were conducted between August 2005 and June 2006. Comments from community members confirmed patients' struggle to effectively communicate with their providers: "I am timid about asking questions of my doctor"; "I don't want to offend my doctor" by asking questions about my medicines; "we are speaking different languages!" Though many of the patients interviewed stated that they maintained a current list of their medications, others were not utilizing any self-management tools. A typical patient perspective was expressed by a community member who shared, "I don't have [a medication list]; the doctor knows what I take."

Based on these findings, the Council chose to promote 2 interventions: education on effective communication and tools for patient self-management of their medications. An educational campaign was initiated that included presentations to community groups, informational posters in clinics and pharmacies, letters sent to Aurora patients, newspaper articles and adver-

tisements, and public library programs. Educational materials were developed, including encouragement to “Ask questions—it’s OK,” as well as tips for talking to health care professionals about medications. The Council members, project team staff, parish nurses, clinic and hospital staff, and retail pharmacists provided the education throughout the community.

The Council selected 2 tools for patient self-management: a medication bag, in which to carry medications to health care appointments, and a personal medication list, for the patient to complete. Incorporating a marketing approach used by Midwest Airlines, which involved obtaining consumers’ evaluation of products prior to final selection, members of the community were invited to review several prototype medication bags and lists. The Council members, through their links with community-based organizations and social circles, provided access to the community. Presentations were made where community members provided suggestions on the design and format of the bags and lists while listening to an educational program. Over 300 community members offered suggestions on the tools, which were incorporated into the final production. (The lists and bags can be accessed at <http://www.aurorahealth-care.org/aboutus/caremanagement/medication/medication-safety.asp>.) “Partners in Safety” was chosen for the slogan, emphasizing the importance of a partnership between patients and health care professionals in the medication process.

Interventions directed at the provider stakeholders focused on supporting the implementation of patient-centered care. The primary barrier to a patient-centered medication process collectively acknowledged by providers was their limited available time. If providers were expected to communicate effectively with their patients, provide more education and promote self-management strategies, the current medical system allowed no time in their schedule to meet these expectations.

The Council selected 2 provider interventions: education and an evaluation of the clinic workflow around the medication process. Educational programs were directed at a wide audience of health care professionals and provided information on patient-centered care, including tools for effective communication and promoting self-management among their patients. The audience also received a supply of the consumer-directed tools—medication bags and lists—with permission to disseminate them to their patients. To address the issue of time constraints in the clinic, an operations improvement manager, with a systems engineering perspective, was consulted to evaluate the clinic workflow. Time-in-

motion studies, observational studies, staff interviews, and chart reviews were planned to identify opportunities to improve efficiency in the medication process.

## DISCUSSION

The process used to form the Walworth County Patient Safety Council was effective in achieving the goal of establishing a community-based collaborative where patients and health care professionals together developed interventions for improving medication safety. The literature is replete with recommendations for improving patient safety, including patient-centered care. However, these interventions have not been broadly implemented due primarily to limited data on effective processes for integrating these new practices within our current health system. The process used to establish and operate the Council embodied the definition of patient-centered care, where patients were involved as equal partners. The successful outcome—a functioning Council that produced interventions—stemmed from this collaborative process. This project adds to the body of literature that describes processes and tools for providers and their community to effectively translate research into practice.

The interventions selected by the Council were not unique, but the process used to develop them was. Both the consumer-based and provider-directed interventions for improving medication safety were generated through a collaborative process. The Council not only considered the perspective of the patients and providers on their team, but also incorporated the suggestions, ideas, and needs of the greater community. Using the principles of community-based participatory research, the Council engaged the community through their existing organizations, soliciting their input in the development of self-care tools.<sup>14,15</sup> The project used a social marketing approach, combining an education campaign with the promotion of medication bags and lists. Commercial marketing methods were used to ‘sell’ the adoption of new, healthy behaviors and tools.

Provider strategies focused on the specific needs and concerns of health care professionals in the community. Though all providers valued a patient-centered approach to care, most do not have the resources (nor time) to implement this model. The educational efforts raised awareness of the problems created by the system and began to shift the providers’ perspective on the importance of a partnership approach with their patients. The most effective tool was bringing patients directly to the providers, where their stories reflected the patient’s perspective from within their own community. Frustrated

by their schedule constraints, clinic staff welcomed the opportunity to redesign their workflow process and direct more time to the medication process.

Future plans for the Council include the dissemination of the consumer-based tools through out the community; 8000 "Partners in Safety" medication bags and 12,000 personal medication lists have been manufactured and will be distributed throughout Walworth County. The targeted audience for the patient interventions will be persons 55 years of age and older, a population at risk for medication errors because of their extensive use of medications, multiple prescribing physicians, and using more than one pharmacy for medications purchases.<sup>18,19</sup> The educational campaign will continue for patients and providers with presentations, distribution of written materials and possible internet-based programs. The clinic evaluation will be completed, including observational studies and chart reviews, to identify best practices among the providers in the clinics. Interventions will be implemented to reduce process variation and improve efficiency in the medication process.

Evaluation and assessment of the impact of this project is planned through a variety of measurements. Outcome measures (and data collection method) include rate of accurate medication lists in clinic-based patient medical records (SCOPE method of calculation; comparative data available from 2004 and 2005),<sup>20</sup> utilization rate of the medication bags and personal medication lists by clinic patients (chart reviews), level of change in patient and provider satisfaction rates (routinely administered patient satisfaction and annual employee engagement surveys), and level of community penetration (community telephone survey). Qualitative data on the impact of the project will be collected from patients and providers through focus groups and interviews.

Several challenges arose during the project. Creating trust and respect among a newly formed collaboration of strangers was a challenging process that required extensive time, strong interpersonal skills by the project leaders, and a commitment from each member of the team. Physician engagement was an initial struggle. A strong physician leader who endorsed the project helped garner physician participation. Though the grassroots approach in the community has been time-intensive for the personnel involved, the costs have been relatively small when compared to technological interventions for medication safety suggested in the literature, such as electronic medical records, computerized order entry, or electronic reminder systems.<sup>19</sup>

The scope of the project limited the ability to provide a comprehensive educational program to providers on

effective communication. However, raising their awareness to the patients' perspective initiated the cultural shift toward patient-centered care. Though the focus of the provider interventions has been on clinic processes and staff, retail pharmacies and hospital programs also have been influenced. The personal medication list developed by the Council has been incorporated into the Aurora Lakeland Medical Center discharge process for all patients. Aurora retail pharmacists have developed a pilot program, offering patients a medication review visit at their store. The outcomes of bringing patients and providers together have gone beyond the original scope of the project.

Several limitations are recognized in this project. This report provides only a description of the process used to establish the Walworth County Patient Safety Council. An evaluation of the effectiveness of this model and the developed interventions on improving medication safety has not been completed. The process used for developing the Council in the predominantly rural community of Walworth County may not be replicable in more urban settings. Educational programs alone may not be enough to change provider practice patterns.<sup>21</sup> Community members may not adopt the use of medication bags and lists. Effectiveness of the social marketing approach to affect behavioral change among members of the community to take a more active role in their own health care remains to be measured. Even if the use of the medication bags and lists increases, other factors outside the project may influence the results. Information directed at consumers is readily available from other sources on patient and medication safety.<sup>16,22</sup> These confounding variables may affect the results of the measurements. The project evaluation does not include a measure of medication errors, adverse drug events, or medication adherence. Despite the published support for self-management tools such as medication bags and lists, additional research is necessary to confirm their effectiveness in reducing medication errors.<sup>7</sup>

Many of these limitations will be addressed as the project continues into the next year. Outcome measurements will assess the effectiveness of this model to engage a community in medication safety efforts. All other Aurora Health Care clinics will act as the control group for the accurate medication list measurement. Data from the previous 3 years is also available to measure trends over time within the Walworth County clinics. In addition to educational programs for providers, the observational studies and chart reviews will provide individualized data. Feedback and individualized detailing is more effective for influencing physician behav-

iors.<sup>21</sup> The small size of the Walworth County clinics allows for a more personal learning environment, and therefore rapid adoption of new practices by the staff may be more amenable.<sup>20</sup> Research has repeatedly identified the benefit of patient-centered care methods, including self-care tools, on selected clinical outcomes.<sup>3,4,6</sup> Though data collection is not yet complete, anecdotal stories indicate that patients are already using the medication bags and lists.

## CONCLUSION

A community-based approach to medication safety has begun in Walworth County, Wis. Through a process built on patient-centered care, the Walworth County Patient Safety Council was established as a patient-provider partnership model. Using a community-based participatory approach, an education campaign and interventions were developed collaboratively by patients, providers, and their community. Interventions that promote and support patients to be “partners in safety” with their health care professionals will be disseminated throughout the community. Health care professionals across the continuum of care—hospitals, clinics, and pharmacies—will implement processes to support this new relationship. Changing behaviors and practices—of patients and providers—is not a simple task. The Walworth County Patient Safety Council is an innovative approach to bring together patients, providers, and the community in a partnership model to improve medication safety. This shift toward patient-centered care is represented by the comments of a nurse on the Council who observed, “I’ve never thought of this from the *patient’s* perspective!”

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