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Getting the Best Medical Care: a Newsletter from Patrick Malone

PATRICK MALONE & ASSOCIATES, P.C.
From Tragedy To Justice - Attorneys For The Injured

We win exceptional verdicts and settlements for our clients in cases of brain injury, medical malpractice, wrongful death and other severe injuries.

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[Read an excerpt](#) from Patrick Malone's book:

The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst

A Safer, Healthier Hospital Stay (Part Two of a series on preventing injury in the hospital)

Dear Subscriber,

Health care insiders know that the real challenge for any hospitalized patient is coming home without an extra injury or disease added to what they came into the hospital to get fixed. The odds of preventable injury are as high as one in every four hospital admissions.

In our last newsletter, I offered several tips for how you can help a loved one or friend beat the odds.

It starts with having someone at the bedside 24/7, either family members taking shifts or even a hired "sitter."

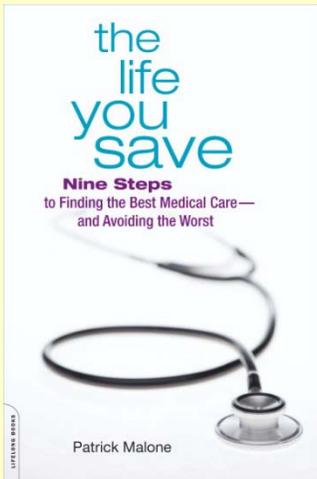
We also talked about two of the most common causes of injury in the hospital: Falls and bedsores (pressure ulcers). [Click here](#) for a refresher on the details.

This time: beating the other major causes of preventable hospital injury:

- * Infections.
- * Blood clots that travel to the lungs.
- * Wrong medicine or wrong dose.

NOTE: All these tips are boiled down from my book, "[The Life You Save](#)." Check it out from Amazon if you want to learn more.

As before: Feel free to "unsubscribe" on the button at the bottom of this email. But if you find it helpful, pass it along to people you care about.



Washing the Hands: An Old-Fashioned Way to Save a Life in the Hospital

Please wash your hands, doctor!

One hundred and sixty-four years after an Austrian obstetrician named Ignaz Semmelweis proved that washing hands in the hospital saves lives, life-threatening hospital infections remain rampant. And while we now have better medications to fight bacteria than doctors in the 1840s, when Semmelweis worked, we now face super bugs that resist antibiotics. So the issue remains a deadly threat to patients.

But the main solution is the same as it was in the 19th century: Compulsive and regular hand washing by everyone who touches the patient.

The same cultural forces at work back then still exist today. An apt quote for this holiday season comes from Dr. Oliver Wendell Holmes (father of the Supreme Court justice):

"In my own family, I had rather that those I esteemed the most should be delivered unaided, in a stable, by the mangerside, than that they should receive the best help, in the fairest apartment, but exposed to the vapors of this pitiless disease."

Holmes was ridiculed just like Semmelweis was in Europe.

Charles Meigs, a well-known obstetrician, sniffed: "Doctors are gentlemen, and gentlemen's hands are clean."

Except when they're not.

Which is anytime you don't see the doctor or nurse wash up and put on fresh gloves in your presence. You need to enforce good hand hygiene for your hospitalized family member with a smile and a gentle tone of voice, but be persistent. It can save a life. And here are some other good tips:

1. If it's a planned hospitalization, the hospital-bound person should wash with a chlorhexidine-based soap for at least two days beforehand. A common brand is Hibiclens.
2. Don't be lulled into complacency by gloves alone. Just because someone touching you is wearing a pair of gloves doesn't make them clean. Unless they don them in your presence, you can know the gloves are teeming with germs. (I always wonder why the TSA screeners at the airport wear the same latex gloves to pat down passenger after passenger, but the point of those gloves must be to protect them, not you.)
3. Have the bedside advocate (the person we talked about in part one of this series) wipe down all surfaces in the hospital room on arrival with a Windex-type alcohol spray. This gets rid of a lot of bugs left over from the last patient in the room.
4. Try to get into a hospital that tests everyone on admission for the MRSA bug with a cotton swab in the nose. Any "carriers" of the bug -- and there are many -- get isolated in special rooms. That is the best and most proven practice to prevent this super bug.

More good tips can be found on [this website](#) of the Committee to Reduce Infection Deaths, an advocacy group (whose head was unfortunately involved in the false "death panel" smear about the health care reform law, but that's a different story --

Learn More



Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



and the website has a good collection of the current best practices on reducing infections).

Blood clots: What is the plan, doctor?

Every single patient in the hospital has some risk of developing a blood clot in the leg veins which can cause a deadly clot in the lungs if it breaks off and travels north. That's called a pulmonary embolism, and it kills tens of thousands of patients a year -- always suddenly and often without warning.

But just knowing about the issue is a big step forward for family members, because you can ask the doctor in charge of the patient's care: What is the plan for blood clot prevention?

If there isn't a specific plan -- and shockingly often, there isn't -- there needs to be one.

There are a variety of techniques for blood clot prevention -- medicines like Lovenox (works immediately) and Coumadin (takes effect only after a few days of treatment), special pressure stockings for the legs, even a regular program of walking up and down the hall (immobility is the biggest risk factor for getting a clot in the first place). The right technique depends on the patient's risk level.

[Here is an on-line tool](#) for assessing your patient's risk, just to double-check that the doctors are doing the right thing.

Wrong medicine, wrong dose: What you can do.

A computerized medication system in the hospital is a good way to prevent this kind of error. You will see this in the hospital room because the nurse delivering medicine will be scanning a bar code for the patient and other bar codes on each medication brought to the room -- and they should match.

If the hospital doesn't have that system, the bedside advocate has to watch each time medications are delivered. Are they the same color and size and amount as before? If not, why not? If you watch this closely, in any hospital stay of any length, you are almost *guaranteed* to catch an error. It's that simple.

Which takes me back to the first advice on injury prevention: Someone must be with the hospitalized patient, in the room, at all times, as the patient's advocate and care monitor.

Past issues of this newsletter:

Our first newsletter focused on the problem of conflicts of interest in medicine -- what you need to know in general, and how to find out if your doctor has a conflict that might affect the quality of your care. [Click here](#) to see that newsletter again.

Newsletter No. 2 expanded the discussion into the related topic of why experience counts -- especially when choosing a surgeon. We focused on the story of minimally invasive prostate surgery with the device called the da Vinci robot. We explained how the lessons apply to any kind of surgery or medical procedure. To see newsletter No. 2 again, [click here](#).

Newsletter No. 3 talked about why "more is not always better" in modern medicine

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We focused on cancer screening, especially for breast and prostate cancer, and why you can feel not so guilty if you're a little less aggressive about getting the test. (But if you have any symptoms, you shouldn't wait!) [Click here](#) to read it again.

Newsletter No. 4 talked about choosing a hospital, and why the best known rating systems such as U.S. News & World Report may not be all they're cracked up to be. I give some tips about other ways to make sure your hospital is up to par. Click [here](#) to read it again.

Newsletter No. 5 talked numbers -- how it's important for all consumers of health care who want to make informed choices to learn a little bit about how statistics are used -- and misused -- in health care. I introduced readers how to read medical statistics in a straightforward way. To read it again, [click here](#).

Newsletter No. 6: Back pain and heart disease: how less can be more. The simpler approaches can work just as well as or better than more complex kinds of surgery. [Here's the link](#) to see it again.

Newsletter No. 7: Preventive care: what every adult American needs. [Here's the link](#).

Newsletter No. 8: Colonoscopy: two questions you must ask to make sure you get a competent screening exam. These questions can be a real life-saver when you know how often colonoscopies miss life-threatening lesions. [Read more here](#).

No. 9: Why getting and reading your own medical records can save your life -- and how to do it. The link is [here](#).

No. 10: The joys of being a health care skeptic -- or, Why statisticians are our friends. And more on why most published research eventually turns out to be wrong. The link [is here](#).

No. 11: Part one of preventing injury in the hospital, discussing why 24/7 bedside coverage is essential, and focusing specifically on bedsores and falls. [Read it here](#).

To your continued health!

Sincerely,



Patrick Malone
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