



Only Continuous Electronic Monitoring Can Ensure Patients Receiving Opioids Are Safe: AAMI Video to Keep Patients and Their Families Safe

Narrator:

Surprisingly thousands of people die each year from opioid related respiratory depression and cardiac arrest. It is even more shocking to learn that this isn't limited to the recreational opioid epidemic in America. These deaths are happening to patients inside the halls of our very own hospital wards. Opioids can be very helpful for pain management, and in some cases an incredibly important component to a hospital patients comfort and recovery. But, the side effects of opioids can vary dramatically among individuals and can fluctuate from minor to life threatening.

Frank Overdyk:

So, opioids are powerful pain medications and they can slow your breathing, but they can also stop your breathing. And, it's only takes a few minutes after you stop breathing that your oxygen levels fall to a low level where you can have a cardiac arrest or you could have a brain injury. The danger of opioids is that patients respond differently to a given dose of opioid and that variability between patient is really quite large, so we can't really predict how patients going to respond- some patients who've never seen opioids may be very sensitive, some patients may be on chronic opioids, they may more resistance- but there's no good model that predicts how that patients will respond and whether they will suffer critical respiratory depression.

Narrator:

A significant number of patients with critical undetected respiratory depression suffer permanent, debilitating brain injuries, or even death. Unfortunately, the current risk assessment models can't reliably predict which patients will experience adverse reactions. Putting an end to this devastating and senseless loss of life drives the proponents of CEM or continuous electronic monitoring.

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Marilyn Flack:

Currently, the standard of care in this country is that a healthcare professional will go into a patient's room about every four hours- some hospitals do a little more often than that- but, regardless, after the healthcare professional checks the patient's vital signs, they may be OK at that point in time. As soon as the health care professional leaves the room, patients no longer being watched and they can slip away. They can start to deteriorate, they can move into respiratory depression, they can move into brain death or actual death. Only through the use of continuous electronic monitoring can you ensure that the patient is safe 100% of the time.

Narrator:

Picture this frightening scenario- resting in a bed, at the end of a long hallway, behind closed doors, situated in a busy hospital along with multiple patients, a person can stop breathing without anyone.

Laura Batz Townsend:

In April of 2009, my mom, Louise Batz, decided that she was going to have to have routine knee surgery. My dad had quintuple bypass surgery actually two months before this and so everybody in the family thought knee surgery was going to be no big deal. It was totally routine. They said you're going to be in and out in three days, and so we felt really, really confident about everything. After the surgery was done, my mom was moved to the orthopedic unit the doctor came out. He was so happy. He was just very, very pleased with how the surgery went. She had a beautiful new knee is what he said and she was going to be in the hospital for three days and then you know on her way. And, I felt like a huge sigh of relief. I was so happy that that part was done for her, and and then she went on to the floor of the orthopedic unit.

They told my mom that they were playing to give her the morphine again at midnight, the Vistaril and demerol. And we are like, "Wow, that's a lot of medication for someone who's never taken anything more than Advil."

And, around three o'clock in the morning, we got a phone call from the hospital saying to please come to the hospital, because my mom was having trouble breathing- that was all they said. She was laying lifeless, pretty much on the hospital bed. And, that's where 22,000 knives just went through my body, and you just kind of want to start throwing things and screaming.

She had no monitoring on her at all, which I did not know that she wasn't going to have any, and she went into respiratory depression and suffered a brain injury. Eleven days later we had to take my mom off of life support.

Overdyk:

No patient should be dying or have critical injuries from pain management. Patients have a pattern of deterioration, prior to which they have respiratory arrest or cardiac arrest, and if we can detect those patterns, then we can certainly prevent that from happening. There are different types of continuous monitoring - they measure different things - but heart rate, respiratory rate, oxygen saturation are the three vital signs are the most critical.

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Narrator:

Unfortunately changing long standing vital sign monitoring practices can't be achieved overnight. Education on the topic and an outpouring of public support for CEM is essential towards overcoming pushback from hospitals, which are only monitoring vital signs intermittently.

Flack:

We certainly believe that the only way to really protect patients is through the use of continuous electronic monitoring. There are some barriers, however, that we believe are keeping all hospitals from moving to using that type of technology. And, the hospitals are worried about the cost of the technology, they're worried about interrupting the workflow of the nurse - that is nurses will now have to learn a new technology, which can be difficult and add to the burden of their day. So, hospitals that have implemented this technology have actually found that there's a cost savings over time. Once the nurses learn how to use the technology, they really like it and I don't know of any nurse in any hospital that has moved through this journey that would be willing to give up the technology, because they know their patients are now safer.

Narrator:

The AAMI foundation is at the forefront of the CEM debate. It works with national experts, patient safety organizations, and industry partners to raise awareness and reduce preventable harm.

Batz:

So many companies out there have this great technology that can help patients - why wouldn't we use it? I think if we in the community and we have community awareness on this and we go to our hospitals and say we demand to have continuous monitoring on myself, because I don't know how I'm going to react to medication. I need to have that, because I want to go home.

Narrator: The AAMI foundation is committed to enhancing health care providers abilities to improve their patients outcomes. CEM is a fundamental component of the drive to reduce and eliminate preventable harm.

Overdyk:

We can no longer defend "good enough" in terms of preventable harm in our hospitals.

Flack:

It's critically important for patients and their families to know that, if they're going into the hospital and they're going to be on opioids for pain management that they know that the all the way for them to be 100% safe and protected from respiratory depression is if they are on continuous electronic monitoring.

Batz:

I just can't take that risk, because I wish that they had monitor my mom because she would be here.

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To learn more about how the AAMI foundation is harnessing the knowledge of clinicians and the power of technology to save lives please visit www.aami.org/thefoundation.

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