

Patient and Care Partner Reflections

Where are my things?

Best Practices for Safeguarding Patient Belongings in Hospitals

Every individual sees the world through their own lens. In healthcare, the perspectives of patients and families are often different from those who deliver care. Anywhere you see the “eyeglass” icon, enjoy a companion resource written through the lenses of patients and families.



INTENTION

The intention of reflecting on this Lost Belongings Handbook through the lenses of patients and families is to support patients, families and PFAs by providing a more relatable entry point for The Beryl Institute’s resources. This accessibility through a peer voice enables patients, families and PFAs to be more effective and engaged members of the PX Community.

Each of these reflections fits within the Experience Framework. This reflection falls under the following Strategic Lens:

Quality & Clinical Excellence

The “Why”

Experience encompasses all an individual encounters and the expectations they have for safe, quality, reliable, and effective care focused on positively impacting health and well-being.

The “Impact”

When clinical care is excellent, the expectations of patients and families for safe, high-quality healthcare are met, fostering confidence, building trust, and cultivating organizational loyalty.

ABOUT THE AUTHOR:



Rosie is a widow, mother, grandmother, and educator. In August 2009, she underwent a total right knee replacement that developed into a MRSA staph infection. This healthcare-acquired infection has led to 58 surgeries, over 200 hospitalizations, 100 blood transfusions, a right leg amputation six inches above the knee, a total hip amputation, and the removal of part of her pelvic bone. She also experienced sepsis and septic shock more than 14 times. As Rosie continues to battle the MRSA infection in her body, she is driven to share her story of survival.

She believes in helping others find their voice. She uses her story to co-design with medical professionals and researchers and to advocate for patients and their caregivers.

AUTHOR'S PERSPECTIVE

For me, trusting my hospitals for high-quality care is what I expect, especially when I am dealing with healthcare providers. Yet, the hospitals' challenge to manage my personal belongings while in their care sometimes has left me wondering how much they really care about the things that are important to me.

I can tell you on several occasions they have lost either my glasses or hearing aids during transportation from one department to another. In every incident the item was found, but only because I was persistent and suggested they retrace my transportation route to the different departments that I visited. I may have started in the emergency department and ended in a patient room, but along the way, I might have gone to radiology, surgery, and the ICU. Most of that time, I was in a coma or intubated and unable to communicate during transportation.

The most interesting lost belongings experience I had was the loss of my wound vac that was attached to my wound when I started hemorrhaging at home. I was transported to one hospital from my home by ambulance. Next, I was put on a Flight for Life helicopter to my regular hospital where I started my journey in the emergency department, to the ICU, to surgery, and back to the ICU. I was going in and out of consciousness. In the middle of the night, I had emergency surgery.

Somewhere during the first 24 hours, my wound vac was removed by someone. Six days later, I regained consciousness, and after another 24 hours, they removed my intubation tube. After several more days, I was sent to a step-down ICU room. At this point, I started checking into the whereabouts of my wound vac, because I was ultimately the person responsible for the rental and return of the machine. No one could find it.

After a few more days and a lot of questions to the staff, I discovered that the surgeon had removed the wound vac during my first surgery. He told me the story of what happened when he removed it, which gave me clues as to where it might be located. I encouraged the staff to check the surgical suite. They found it, put it in a patient belongings bag, and sent it home with my husband to return to the company. When he got it home and opened the bag to prepare

the wound vac for its return, he discovered that the hospital never removed the disposable canister that held the blood from the wound. It was now over two weeks, and when he removed the canister, he was unable to get the vac cleaned or eliminate the terrible smell.

The company would not accept the vac in that condition, and the contract to rent the vac was signed by me. I was responsible for the cost of this very expensive piece of medical equipment. Remember, I am a MRSA patient, and the wound vac was inside a surgical suite for over two weeks giving off toxic germs into the room's air exchange. No one at the hospital would take responsibility or talk to me about my concerns. I lost trust in that healthcare organization, especially in the people refusing to take responsibility.

KEY POINTS TO CONSIDER AS A PATIENT OR FAMILY CAREGIVER

Patients and families expect hospitals to protect their personal belongings, as some items are important to their physical and emotional well-being. Patients and families expect hospitals to have policies that keep their personal belongings from getting lost. They also trust that every department complies with the policies, so patient belongings don't go missing. Many times, it comes down to training and retraining around lost belongings especially when a certain department or shift is tracked as being responsible for several lost items.

Every incident of lost belongings should be investigated by an assigned staff member or group because, generally, one loss will lead to other losses, creating undue stress for patients and their families. When medical devices that aid patients in navigating their world, like glasses to see, hearing aids to hear, dentures to eat, or walkers/wheelchairs to be mobile, it is so much more than a cost issue. It becomes a physical issue that could lead to a negative outcome for the patient.

The impact on patients and families when the hospital loses a medical item of financial value can add to an already stressful situation and compound the many bills that come with being a patient. Even if the hospital is willing to cover some of the cost to replace the item, the patient is going to be inconvenienced in replacing the item. For example, it is extra transportation to go to appointments to have the item re-made or replaced in addition to all the other appointments the patient may have around their medical condition. These are hidden costs that many times hospitals don't even recognize.

The emotional impact is often related to items that can't be replaced because they might be a one-of-a-kind or a piece of jewelry with sentimental value. Often patients are brought into the emergency department wearing jewelry they would have left at home under normal circumstances, but being in a health emergency changes what they bring with them. Once they are at the hospital, they might become unconscious or disoriented, and they may be alone. The staff might need to remove the jewelry and place it in a safe place, but sometimes it still gets lost. Oftentimes, hospitals aren't able to replace that item even if they cover the full

replacement value, because the emotional value of the item to the patient outweighs the money they are reimbursed.

This handbook gave excellent examples of policies and procedures for protecting the belongings of patients. This handbook shares patient stories that help healthcare staff have a better understanding of the lived experiences of patients. If hospital staff use the policies and procedures suggested in this handbook and train their staff about how to carry out their lost belongings policies, they can probably reduce the financial loss for the hospital and the emotional loss for patients and families.

CONCEPTS, IDEAS, OR PRACTICES WORTH SHARING WITH YOUR ORGANIZATION AS A PFA

Patients and families can help healthcare organizations reduce lost belongings by being proactive about their own belongings. If you have a planned healthcare encounter, don't bring items of financial and/or emotional value with you. Leave jewelry like wedding rings or other pieces of value at home. Many times, rings get lost in the hospital laundry or bedding because the ring slides off the patient's finger during transfers or when the patient moves around in the bed. Necklaces are broken and/or lost for the same reasons.

The medical aids you need to function while you are in the hospital should be shared with the healthcare staff and inventoried on admission. When healthcare organizations have policies and procedures for how to bag and protect your belongings, especially things like glasses, hearing aids, and dentures, follow their directions. Putting your items into a container that doesn't comply with hospital procedures creates a bigger problem for staff if the item is lost. They are forced to look for something that isn't in the container they expect to be looking for.

If a patient comes into the hospital through the emergency department or by ambulance, the sooner you can interact with a family member or caregiver about their belongings the better. If the patient has jewelry on, secure it. When the caregiver is available, review the items you secured and have them take responsibility for their safekeeping. If a patient doesn't have a caregiver present, have a procedure to secure things of value, because the sooner it is secured the less chance of it going missing.

If the healthcare organization has a Patient and Family Advisory Council (PFAC), it would be great to have them involved in developing policies and procedures. They have lived experience about what it is like for patients and families to lose belongings during a hospital stay. They may have more practical ideas that staff alone may never have thought about.

FINAL THOUGHTS

Engaging patients and families is one way to reduce lost belongings. The Patient and Family Engagement lens provides a good perspective for addressing the challenging issue of lost patient belongings. If you involve your PFAC from the very beginning in the planning of lost belonging policies and procedures, the voices of patients and families will help to guide your quality improvement in this area.

Engaging patients and their families in tracking down the lost item can be another way to help the patient and family understand that you are trying to do everything you can to find the item. Communicating with the patient and family about what the hospital is doing to find their lost belongings reassures them that they do have an established process.

If the hospital shares with patients why their belongings might have gone missing, it helps patients and families to understand what the hospital was facing at the time. I remember a doctor once told me that they couldn't locate my clothes because their lost belonging policy wasn't followed completely. But that was because they had been trying to save my life when I arrived at their facility. For me, the doctor's honesty about my condition and what they were up against at my time of arrival at their emergency department put my lost clothes into perspective.

When your healthcare organization or even a department in a facility goes a full quarter without any lost belongings, celebrate that success. Share good behaviors with everyone and consider providing an award of some kind in recognition that someone reduced financial and/or emotional stress for the patients, their families, and healthcare staff – a win-win for everyone.