



Do or Do Not – There is no try. -Yoda

In my BC (before children) life, I worked in advertising sales for a radio station. Our team had the opportunity to attend a seminar led by Tom Hopkins, one of the best salespersons in the world. I went with notebook in hand, ready to absorb the wisdom of the master. The only challenge I saw was that most of the other radio advertising account executives in town were also at the seminar. What good would it do for me to implement the many tips Hopkins shared if every one of my competition were also using these strategies? Nonetheless, I bought

Hopkins' recordings and book and studiously worked on learning and applying his guidance around selling.

Everyone had the same opportunity to improve. Very few put into practice the strategies that were offered. I became the top selling radio salesperson in my market. I attribute my success to **implementation** of simple principles of sales, principles that are available to anyone willing to work on learning and practicing.

Quality improvement requires **implementation** of best practices.

Do you spend time every week on virtual meetings where colleagues outline their best practices in achieving quality and safety? Or, have you looked at the great quality improvement resources available from organizations like the [Patient Safety Movement Foundation](#), the [Institute for Patient Centered Care](#) or the [Healthcare Patient Partnership Institute \(H2Pi\)](#)? What do you do next? Because, listening or looking at information alone will not result in improvement unless best practice is implemented.

When a family advisory council I worked with identified that they “felt heard” more often if a provider was sitting down, the hospital moved to implement a strategy to facilitate sitting in rooms. We discussed solution options in the advisory council meetings, with both staff and family members weighing in. The rooms weren't big enough for another permanent chair. Staff felt concerned a rolling chair would be dangerous if used by the pediatric patients. A solution was reached where a rolling chair was available at each nurses' station and the chair was rolled from room to room during rounds. (Chairs could be sanitized between rooms.) The time from idea to implementation was only a few weeks.

I found many articles on PubMed focusing on “implementation science” in healthcare. One author, [Michel Wensig](#) wrote “Implementation science is the scientific study of the methods to promote the uptake of research findings into routine healthcare in clinical, organisational, or policy contexts.” How do you and your organization promote and uptake best practices?

In today's Graphics Garden find information about implementation science. Let's do more than talk about best practices, let's put them in action! -**Lisa Morrise** (lisa.morrise@gmail.com)

Consumers Advancing Patient Safety is a 501c3 not-for-profit organization that envisions a partnership between consumers and providers to create global healthcare systems that are safe, compassionate and just. CAPS champions patient safety led by consumers in partnership and collaboration with providers. To support CAPS's work, please consider donating through your VENMO account to @CAPS-PatientSafety. If you prefer to use PayPal, our account is under Consumers Advancing Patient Safety or go to www.paypal.me/patientsafety .

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CAPS Consumer Advisory Panel Profile



***Marc Berlin's** background is in health administration, human resources and advocacy for seniors and people with disabilities. Marc's human services background has enabled him to help individuals achieve goals far beyond their capabilities. Marc is a native of Long Island and attended American University in Washington, DC, and George Washington University, receiving a BS in Business and a master's in health services administration. Marc currently resides in the Five Towns area of New York's Nassau County. He lives with Sunny, a very precocious cat. Marc shared, "A cat makes a great companion after a loss."*



CAPS: When did you start your advocacy?

Marc: I've always been interested in healthcare improvement. I was born with right side cerebral palsy. I've had numerous surgeries including tendon releases in my arm and leg, hip osteotomy and leg lengthening. I had to miss a year of my university schooling at American University in Washington, DC due to surgery. I came back and completed my studies in business and went on to receive an MHA from George Washington University.

While at American University, I had an internship with the Epilepsy Foundation and explored the Americans with Disabilities Act and reasonable accommodations in the workplace. During my studies at GW, I completed an Administrative Residency at McGuire Veterans Affairs Center. Both gave me further insight into the services available and needs of persons with disabilities. My career in healthcare services has included work in human resources, compliance, provider relations and marketing.

Both of my very beloved parents passed away in 2017. My mother had always been a fierce advocate for me. The experience of watching her cope with her own terminal brain cancer was heartbreaking for me and my family. Fortunately, she received excellent care from Memorial Sloan Kettering hospital in New York City.

After my parents passed away, I attended a Bereavement Support Group at my local Jewish Community Center. There, I learned about a course Ilene Corina taught on Patient Activation. I took that course, meeting Ilene. Ilene recommended that I also take a course in Patient Centered Advocacy.

CAPS: How has your advocacy evolved over the years?

Marc: I'm still working on growing my professional patient advocacy practice. Starting a new service during COVID has been challenging. I am advocating professionally for patients around their healthcare experiences. Some patients are referred to me by local non-profits. I specialize in serving seniors and persons with disabilities.

I volunteer to support Ilene Corina and [PULSE](#) Center for Patient Safety Education and Advocacy work on TakeCharge. I've also volunteered with CONNEXX, Inc., a networking community for business professionals. I

am a board member for [Destination Accessible](#), US, Inc, an organization that provides specific accessibility information for persons with mobility challenges interested in leisure locations.

CAPS: What projects have you worked on?

Marc: I help Ilene at PULSE with patient activation meetings and managing the PULSE Instagram account. I also support the [TakeCharge campaign](#) which offers a vital step, I believe, for safer healthcare. TakeCharge is an ambitious campaign to help individuals be prepared and take charge of their own health. One step of TakeCharge is for persons to know how to use an advocate, like myself, and to designate a healthcare proxy. TakeCharge is really about persons taking responsibility for their own healthcare.

As a board member of Destination Accessible, I provide first-hand information for persons with mobility challenges. I support spreading the word and assist with identifying sponsors for the web site.

CAPS: What can persons do to advocate for quality and safety in healthcare?

Marc: Be part of PULSE or TakeCharge! Talk to and have conversations with your parents, children, and family members about documents like advance directives and healthcare proxies. Be prepared before you have a crisis. The [Alliance for Professional Health Advocates](#) talks about the FUDGE mnemonic:

- Fear
- Uncertainty
- Doubt
- Guilt
- Exhaustion

FUDGE is what happens to family members, especially with a new diagnosis. It helps to have a plan, have things in place and have an advocate before you need them. It helps to know about Patient Advocates like myself who can assist persons and their caregivers in finding medical supplies, accessing home health, moving into hospice, finding a good rehabilitation center, or finding the best step-down unit. Patients and families have a very difficult time doing these kinds of things on their own, especially when recovering from or experiencing a debilitating condition.

CAPS: What can facilities and systems do to advocate for quality and safety in healthcare?

Marc: Especially coming out of COVID, make sure staff members wash their hands and use best practice infection prevention precautions.

There should be monthly or quarterly meetings in providers' offices focused on quality improvement. Besides the Doctors attending the meeting, a quality assurance person, nurses, and patients or their representatives should be present. Quality is really about every aspect of provider and patient experience. Everything from food services to locker rooms to lobbies can impact the overall patient experience and encounter outcomes.

CAPS: What are your future plans?

Marc: I am developing alliances with several nursing facilities who do Medicare planning. I also support working with patients who need to understand dual eligibility and other situations. I am aligned with [Long Island Family and Elder Care](#), an organization that currently helps elderly, disabled and handicapped people who are unable to care for themselves remain in their homes with the families and loved ones. My goal in my professional and volunteer advocacy is to support persons in maximizing their health experiences, finding their own internal motivation, and achieving greater satisfaction in their lives.

Thank you, Marc! You may reach Marc at marc@onthemarcadvocate.com



A NEW SERIES – ZOOMING for you in SEPTEMBER: Restarting and Energizing PFACs - Easy to Implement How-To Lists

Brought to you by:

Consumers Advancing Patient Safety (CAPS) and Healthcare and Patient Partnership Institute (H2Pi).



- The second Tuesday of each month starting on **September 14** and running into 2022
- Each meeting will be held at 4:00pm Eastern / 3:00pm Central / 2:00pm Mountain / 1:00pm Pacific time
- The first Zoom meeting link will be available in the August CAPS newsletter
- Each meeting will last just one-half hour
- Each meeting will feature practical lists of “how-to” implement best practices for Patient and Family Advisory Councils (PFACS)
- Member experts from Advisory Councils will offer their stories of how their facility implemented best practices
- All sessions will be recorded and will be available on the [CAPS You Tube Channel](#)
- Topics covered will include:
 - Meeting remotely
 - Building and using an agenda
 - Facilitating the meeting
 - Celebrating / recognizing and honoring PFAC members
 - Recruiting patients for your PFAC
 - Recruiting staff for your PFAC
 - Diversity and inclusion
 - Training in patient safety terminology for PFACs
 - Choosing PFAC discussion topics

Consumers Advancing Patient Safety often partners with other organizations seeking to improve Quality and Safety. When possible, we support their efforts here:



TakeCHARGE Moves to Step #4: Help Prevent Infections — Ask Caregivers to Wash Their Hands

Patient safety public awareness campaign moves to July’s target activity.

“Wash your hands. Wash for at least 20 seconds. Do it often.” How many times have we heard this advice from epidemiologists since the covid-19 pandemic began? That’s because since the 19th century handwashing has been at the heart of efforts to prevent and contain infections.

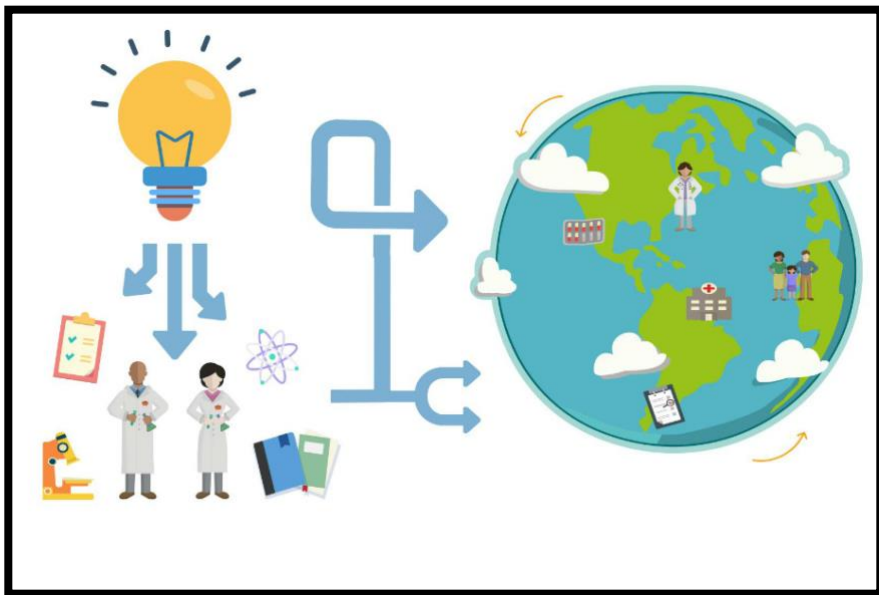
Medical staff have been required to do this for many years, but the reality of health care practice means that it doesn’t always happen. Today we’re *all* encouraged to do it, but for years, some patient safety advocates have been teaching individuals how to insist — respectfully but firmly — those clinicians wash their hands in the patient’s presence, even if they claim they did it just before entering the room. In today’s crisis, it’s more important than ever before.

Now, Step 4!

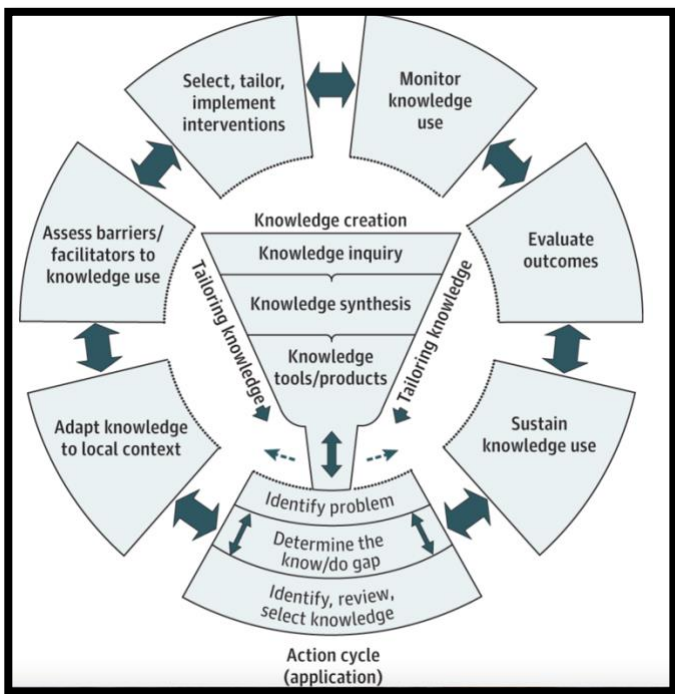
This month we focus on Step 4 of the [TakeCHARGE Campaign: 5 Steps to Safer Health Care](#). The campaign encourages everyone to take five steps, over five months, that will help lead to safer health care for all. Learn more about Step 4 [here](#), including videos on how to talk to your doctor about handwashing, and how to wash hands properly.



Graphics Garden:



From JAMA (Wittmeier KDM, Klassen TP, Sibley KM. Implementation Science in Pediatric Health Care: Advances and Opportunities. *JAMA Pediatr.* 2015;169(4):307–309. doi:10.1001/jamapediatrics.2015.8):





From the [Center on Human Development, College of Education, University of Oregon](#):



Please Visit:

Our web page at www.patientsafety.org. Find resources, archived recordings, and a form to share your story or sign up for this newsletter!

And, please like our Facebook Page: <https://www.facebook.com/patientsafety.org/?ref=bookmarks>

To Donate to CAPS:

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Do you have information for the CAPS Newsletter?

Please send us information about what you are doing to Advance Patient Safety.

Send it to capspatientsafety@gmail.com

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