



Which day is Patient Safety Day?

I've always been fascinated by the "Disney Way." No one does consumer engagement across multiple platforms like the Disney Corporation.

I was particularly interested in the training employees, called cast members, receive to a specific question, "What time is the three o'clock parade?" Clearly, the guest asking the question knows the parade is going to be at 3:00. So cast members are trained to probe to find out what really underlies that question. Is the guest wanting to know the best place to view the parade? Do they want to know what time they need to get in place to watch the parade? (Read more [here](#).)

A few years ago, a neighbor asked our neighborhood support organization for meals. A leader in the organization mentioned to me that when a meal was brought in, the meal preparer assessed that our needy neighbor had plenty of food and felt he did not really need meals. We talked about the "What time is the three o'clock parade?" example. Perhaps the neighbor really needed human companionship, but didn't know how to ask for that, so asked for meals.

What are patients asking for when they ask for patient safety? Do we want a day, or month, devoted to a focus on zero harm, checklists and teach back? These are all vital concepts and training around them should take place, perhaps on a day or at a conference or during an online training.

Technically, World Patient Safety Day is taking place on Friday, September 17. How can every day be Patient Safety Day?

Commitment. The word can mean being obligated or impelled. Are we obligated to provide safe healthcare? Are we impelled to do so? Both meanings carry a sense of being forced or directed. Our human nature is to resist both.

Passion. This word can mean an intense, driving, feeling or conviction. A provider I talked to recently equated passion for his work with "heart." Heart and passion together mean "compassion."

Having the compassion for healthcare means making every day Patient Safety Day. It means all staff on board to support patients and families in achieving best outcomes.

Which day is Patient Safety Day? Today. Every day.

-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



Doner Gadsden is a patient advocate living in the United Kingdom (UK), in a town a short drive from London. She worked professionally as a nurse, in a role called Healthcare Assistant in the UK. Doner worked in the Psychiatric Intensive Care. From there she settled into Forensic Nursing for patients with learning disabilities. Doner gained a Foundation Degree in Health and Social Care followed by an Advanced Diploma in Psychotherapeutic Counseling. Due to the demands of her son's needs, Doner has continued in her professional role as a Healthcare Assistant instead of pursuing another position. Doner has three adult children, including her son with chronic complex medical needs. She lives with six cats, the result of her daughter's role as a Veterinary Nurse who brings rescues to her mom to care for. Doner's son, Scott, also has a rescue Guinea Pig named Isaac.

CAPS: When did you start your advocacy?

Doner: I always supported my son with his illness, which really began in 2010. I saw myself as a family member until 2018. He took an unexpected turn for the worse. I felt there was a communication breakdown between my son and the healthcare professionals. My son had an independent advocate who helped him, but the provider changed the criteria for his service provision. That's when I decided to change my hat and become a mom-carer-advocate.

My son is an adult, so he can make his own choices. But not everything is black and white, especially if someone is acutely unwell. Then they need someone who can spend time listening and give choices. This can cause conflict between the healthcare professionals and yourself. I have broad shoulders and I have had to toughen up.

My son's illness started with an upset stomach. Now he has 20,000 pages of electronic medical record. I'm still trying to work out what happened. To do that, I need to have access to records. If we'd have worked as a team a lot of what happened could have been prevented. Healthcare here is departmental with people carrying on without changing course even if something about the patient changes. And, the providers get trained on new treatments and options, but don't always change treatments for patients receiving the old standard of care.

In the United Kingdom, the healthcare system is in small areas, it's fragmented with no links between the systems or providers. You go to one person, and they may suggest you try someone else, but don't know who to signpost (to direct somebody to services). The system seems to be a hamster wheel that never seems to end.

CAPS: How has your advocacy evolved?

Doner: Initially I took baby steps. I've had to learn an awful lot along the way. I'm actually looking at gaining a qualification in advocacy.

It became apparent last year my son didn't just want me to advocate for him but to be a Mum. But I need knowledge and foundation to really help my son. I need to know the right questions to ask. I have gone from an absolute novice to being confident enough to do this.

I got angry. I was frustrated at not being able to find solutions. I am a problem solver. I couldn't find a solution to what was happening with my son's healthcare.

I was asked to start volunteering with a workgroup looking at changes in processes at our National Health Service (NHS). I worked a little with [Action Against Medical Accidents](#), a UK charity fighting for patient rights and safety.

I googled "patient safety" one day. Up came the [Patient Safety Movement Foundation](#) (PSMF). I contacted them, saying I wanted to be positive and constructive, not negative. They responded. I started small, attending workshops. I found with the support of PSMF's Olivia Lounsbury, I can talk on a topic.

I'm very passionate, not just for my son, but for everyone. I don't want those forgotten that have been in the past. When problems occur, the professionals talk a lot about wanting to look forward. But we need to be doing more than just moving forward. We must learn from the mistakes. We can't make changes if we don't know how to make the ones needed.

CAPS: What projects have you been involved in?

Doner: I like to work under the radar. The complaint process for the NHS is reviewed and amended every five years. I proofread the proposed changes with the complaint process. They asked persons to be on the workgroup who had been failed by the process.

I've been speaking out to organizations. I even contacted the CEO of the NHS. I want people to know they are not alone, wherever they are. We all have similar hurdles we need to cross. At the end of the day, all over the world, we all have the same illnesses, and they all need the same treatments. We keep tackling the same problems with the same results. Everyone has funding challenges. I don't see why we can't resolve some of the problems.

CAPS: What would you recommend to persons who want to advocate for quality and safety?

Doner: One thing I've never stopped trying is to communicate with people. When my son has been in the hospital, I let people know who I am. I can be there to communicate or explain in a way my son can process.

You have to give a person time to process information. I bridge the gap. Sometimes when a healthcare professional asks for a permission, they expect an immediate yes or no response. But people need time to process the information and make informed decisions. I help bridge the gap between the answers the healthcare professionals need and what they need and also the patient's needs. Never stop asking questions and getting information.

Then, a lot is about keeping it simple. Don't overcomplicate things.

Being a Mum, sometimes I'm too involved. Sometimes you just need to stop, breathe, and adjust your hat. My son accepted me being his advocate. The medical side may be a little suspicious of a parent in an advocate role.

You have to plan, plan, plan. With a plan in place, you can always modify it, but you know what to expect.

Always write things down, because it helps to be separate from being a family member and an advocate. Keep your emotions in check as an advocate.

CAPS: What would you recommend to health care systems to improve quality and safety?

Doner: Listen. And hear them. I was once told when a person is ill, the person most highly qualified in that condition is the person themselves. Medical professionals see a small slice of what the person is going through. Keep in mind you have a person who knows themselves. And, you have a family member who is almost as skilled as the patient. So, you have two additional team members every time.

We had a situation where my son's veins had collapsed. He couldn't take a cannula (IV). He eventually said no to trying his veins. The medical team all said, "...but we need to!" They brought me in, I said he can't do it, but listen, there are other ways. The medical notes said he refused, but it wasn't that he wouldn't but that he couldn't, and they didn't note that there were other ways to do what needed to be done. Now he has a Hickman line (permanent line)

The Hickman line can be used for a blood collection. The techs can't access the Hickman line, so they note he "refuses" a blood draw. But the sisters on the ward can draw blood from a Hickman port. So, it's not a refusal, but a different way to get what needs to be done.

CAPS: What are your future plans?

Doner: I want to care for my son for however long he has left. He has conditions now not connected to the original issue. These issues mean he has limited time with us. We are trying to live life the best we can. He has tickets for a Green Day concert and we're planning on a big day. He loves his music. He says he doesn't care if he's in excruciating pain for a month, he's going to get to that concert.

I thought I would be in my job until I retired. I started nursing later in life. I thought it would be my career. But the more I have been involved, I see a shifting into a role I hadn't expected at all. I don't know how to proceed.

I've been involved with Advocacy Services, spending my career helping people understand negative times in their life. I can now do something positive in an area I enjoy working in. It's not only about compensation. It's about answers, changes in treatment and closure. I have empathy and like to solve problems. Who knows? Watch this space. **Thanks, Doner!** Contact Doner Gadsden at donerg11@outlook.com



**ZOOMING for you in OCTOBER:
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).

“Building and Using an Agenda”

You are invited to a Zoom meeting.
When: Oct 12, 2021, 02:00 PM Mountain Time (US and Canada)

Register in advance for this meeting:
<https://us02web.zoom.us/join/zoom/register/tZlocu6hrD0qE9dKRJZ9zL1BkfnUXaCebrot>

After registering, you will receive a confirmation email containing information about joining the meeting.

- The second Tuesday of each month continuing with the meeting on **October 12** and running into 2022
- Each meeting will be held at 4:00pm Eastern / 3:00pm Central / 2:00pm Mountain / 1:00pm Pacific time
- **The Zoom meeting link is above. Please register in advance to reserve your space.**
- 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** – available now on the CAPS You Tube Channel
 - **Building and using an agenda - next**
 - Facilitating the meeting – November 2021
 - Celebrating / recognizing and honoring PFAC members – December 2021
 - Recruiting patients for your PFAC
 - 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:



**World Patient
Safety Day
September 17 @
11:00 am - 3:15
pm PDT**

**#uniteforsafecare
Patient Safety
Movement
Foundation**

Virtual Event 2021

[Register Here](#)

The 2nd annual #uniteforsafecare campaign is designed to bring global awareness to the public and human rights issues we are all now facing: the lack of safety in health care that the pandemic brought to light. Considering the huge burden of avoidable harm occurring to women and babies in the US and around the world during childbirth, the topic of maternal and newborn safety has been designated by the World Health Organization as the theme for this year's event "Safe maternal and newborn care." The Patient Safety Movement Foundation virtual program will touch on this theme and will also explore the concepts of high reliability, creating two tracks so that both the public and stakeholders from healthcare will find value in PSMF programming.

AHRQ Toolkit Now Available to Help Engage Patients and Family Members in the Diagnostic Process

The Agency for Healthcare Research and Quality (AHRQ) has released a new toolkit to help engage patients and family members in the diagnostic process. The Toolkit is for patients and clinicians regardless of practice setting and is composed of two evidence-based strategies that promote meaningful engagement and communication to improve diagnostic safety. A patient note sheet to help patients share their symptoms and several practice orientation and training tools to help clinicians foster deep listening and "presence" in the encounter are included. The Toolkit for Engaging Patients To Improve Diagnostic Safety can be downloaded [here](#).

Optimize diagnostic safety by engaging patients and families.



Encourage patients to share their story with the **Be The Expert On You** note sheet.



Build a collaborative environment using the **60 Seconds To Improve Diagnostic Safety** strategy.



AHRQ Publication No. 21-0047.2-EF | Toolkit for Engaging Patients
August 2021 | To Improve Diagnostic Safety

The 18th Northwest Patient Safety Conference: Expanding Our Boundaries!

[Registration](#) and [poster applications](#) are now open for the Northwest Patient Safety Conference! This year's entirely virtual event has allowed us to expand our boundaries beyond Washington through collaboration with the Oregon Patient Safety Commission and the BC Patient Safety and Quality Council. **Conference presentations will be recorded and available to attendees for six months after the conference.** This year's conference will feature internationally recognized patient safety experts and local leaders presenting successful practices. [Register now via the conference website.](#)

Registration is \$75 for healthcare professionals and anyone seeking continuing educational credits. **We are offering discounts to those with CPPS, CPHQ and BCPA certifications. Registration is free to patients, their families, and students. Attendees are eligible for a variety of educational credits** including, but not limited to, CNE, CPHQ, CPPS, BCPA and ACHE face to face credits. See [registration page](#) for details.

The Basics:

What: Washington Patient Safety Coalition's 18th Northwest Patient Safety Conference

When: October 6 & 7, Time: 8 a.m. – Noon PT, plus access to the recorded conference sessions for six months.

Where: Virtual conference

How much: \$75 for healthcare professionals and anyone seeking educational credits. \$10 discounts are available for those holding many professional certifications. FREE to patients, families & students.

Educational credits: Credits include but are not limited to, CNE, CPHQ, CPPS, BCPA and ACHE face to face credits.

Details:

Conference information is [here](#). Registration information is [here](#). The program is available [here](#).

CAPS Partner H2Pi Announces an Exciting New Program

The Healthcare and Patient Partnership Institute® (H2Pi) engages consumers and health care organizations in developing a meaningful and sustainable partnership by eliminating harm across the continuum of care through education, coaching, technical assistance, and information dissemination by sharing proven methods, successes, and challenges.

H2Pi was developed from a series of guides and lessons learned from PFACs from the World Health Organization, which have been in existence since the 90s. Our approach was to encompass the Patient Experience as a component of Quality and Safety; therefore, a new program came to fruition: Patient and Family Council for Quality and Safety (PFACQS®)

While there are a wide variety of toolkits readily available in the marketplace, often they appear as a catalog of products to be used as resources instead of being logically presented as a clear and followable path to program effectiveness. The Healthcare and Patient Partnership Institute (H2Pi) changes all that with a program designed specifically for your Institution, and best of all, based on Quality and Safety.

Learn how healthcare providers and patients and families can work together to effect safer delivery of care, help realize better expected medical outcomes, reduce risk and liability, reduce medical costs, and advance an authentic culture of Safety Across the Board throughout the U.S. We have experience in how to effect safer delivery of care, help realize better expected medical outcomes, reduce risk and liability, reduce medical costs, and advance an authentic culture of Safety Across the Board throughout the U.S. Our comprehensive and unique approach not only strategizes what hospitals need to prepare themselves for the work ahead, it lays out a step-by-step path to follow in order to effectively and meaningfully engage patients and their families allowing and even encouraging deviations on the path for your unique facility, location, and patient population.

In committing to this work, your hospital can raise the bar by establishing a PFACQS® to better serve your own local community and your patients while taking important steps necessary to achieve authentic Safety Across the Board. At the onset of COVID-19, we took immediate action to delve into the reality world and committed to bringing you the latest technology in virtual learning.

So now, we can proudly announce a new format delivering a high-engaging learning experience via a proven award-winning learning experience platform based on a:

LEARN → DO → INSPIRE

approach to develop your next Patient and Family Advisory Council for Quality and Safety (PFACQS®) from the ground up or re-invigorate one. Unlike other tools that simply push content, ours engages and activates employees with built-in Artificial Intelligence (AI). Combine rich video content, eLearning modules, eBooks, traditional classes, and other learning experiences in one hub.

Thanks, Armando! Contact Armando Nahum at anahum@h2pi.org.

Graphics Garden

SICKLE CELL MATTERS

September is National Sickle Cell Awareness Month!

www.sicklecelldisease.org

5 MYTHS AND FACTS ABOUT SICKLE CELL DISEASE (SCD)

- 1. PAIN**
 MYTH: All individuals with SCD are drug addicts.
 FACT: The hallmark of SCD is severe unpredictable pain sometimes requiring high doses of narcotics.
- 2. LIFESPAN**
 MYTH: Individuals with SCD don't live past the age of 21.
 FACT: The vast majority of individuals live well into adulthood.
- 3. TRAIT**
 MYTH: Sickle cell trait is a mild form of sickle cell disease.
 FACT: Sickle cell trait is not a disease; it is generally an asymptomatic carrier state.
 - If both parents have sickle cell trait, there is a 1 in 4 chance of having a baby with SCD.
 - 1 out of 13 African Americans has sickle cell trait and many don't know that they have it.
- 4. RACE**
 MYTH: SCD only affects black people.
 FACT: SCD is seen in people of many races.
- 5. CURE**
 MYTH: Bone marrow (stem cell) transplant is a universal cure.
 FACT: Not all individuals with SCD are eligible for stem cell transplant. There are associated risks. To learn more about the NIH Cure Sickle Cell Initiative, visit www.curesickle.org.

WHAT IS SEPSIS?

258,000 DEATHS IN UNITED STATES EACH YEAR. MORE THAN 258,000 PEOPLE IN THE U.S. DIE FROM SEPSIS. WORLDWIDE, THAT FIGURE IS 8 MILLION.

8,000,000 DEATHS ACROSS THE GLOBE EACH YEAR

58 PERCENT OF AMERICANS SAY THEY KNOW THE WORD

SEPSIS SYMPTOMS

- S SHIVERING, FEVER, OR VERY COLD
- E EXTREME PAIN OR DISCOMFORT ("WORST EVER")
- P PALE OR DISCOLORED SKIN
- S SLEEPY, DIFFICULT TO WAKE, CONFUSED
- I "I FEEL LIKE I MIGHT DIE"
- S SHORT OF BREATH

1 NUMBER ONE

THE LEADING CAUSE OF DEATH IN HOSPITALS

THE LEADING CAUSE OF HOSPITAL READMISSIONS

THE SINGLE BIGGEST COST TO HOSPITALS \$24 BILLION (PER YEAR)

IDENTIFY COMMON SYMPTOMS

AROUND 72% OF AMERICANS CAN IDENTIFY STROKE SYMPTOMS, YET LESS THAN 1% CAN IDENTIFY THE MOST COMMON SEPSIS SYMPTOMS.

-1%

CONTAGIOUS?

39 PERCENT OF AMERICANS INCORRECTLY BELIEVE SEPSIS IS CONTAGIOUS.

39%

THERE IS NO SIMPLE TEST OR CURE FOR SEPSIS

SEPSIS CAN BE PREVENTED BY PREVENTING INFECTIONS AND CAN BE TREATED SUCCESSFULLY IN MOST CASES WITH EARLY RECOGNITION AND TREATMENT.

SOUND THE ALARM

IF YOU SUSPECT YOU OR A LOVED ONE MAY HAVE SEPSIS, SEE A MEDICAL PROFESSIONAL IMMEDIATELY OR CALL 911 AND SAY "I AM CONCERNED ABOUT SEPSIS."

YOU CAN HELP SAVE LIVES FROM SEPSIS. GET INVOLVED AT SEPSIS.ORG

SEPSIS ALLIANCE
 Suspect Sepsis. Save Lives.

SEPSIS.ORG
 Made possible in part by an unrestricted educational grant from Merck and Co., Inc. Special thanks to the UK Sepsis Trust

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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Venmo at CAPS-PatientSafety

PayPal at www.paypal.me/patientsafety

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

Consumers Advancing
Patient Safety

321 N. Clark Street
Suite 500
Chicago, IL 60654
312-445-6477
PatientSafety.org

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