

## Full Disclosure.



CAPS Consumer Advisory Board member Jennie Toronto Becker, profiled in this month's newsletter, may have begun her advocacy when she was a teenager. She and her older sister, Eliza Toronto Bradshaw, learned how to suction and change a tracheotomy so they could babysit my children.

On Saturdays for a few winters Jennie also strapped on skis and a backpack full of tracheotomy equipment. Jennie skied with my youngest child and coaches from the National Ability Center in Park City. My kiddo, Skyler, could not have skied without someone on the mountain who knew what to do when Skyler face planted – and trach planted – in the snow.

When I think of healthcare quality and safety, I try to remember our heroes who worked for our best possible outcomes. We think of the nurses who kept Skyler alive at night. Or the early intervention specialists in physical and occupational therapy who came to our home and helped Skyler learn how to swallow, talk, and walk.

One of our heroes recently retired. While we're happy for him, we know the local community will miss him. We have so many stories of how Dr. David Hill helped keep Skyler going. Like the time when Skyler fell and impaled himself on stick leaving a tear that required a few hours of surgery. Dr. Dave came in on Super Bowl Sunday to do a bronchoscopy and trach revision while Skyler was under anesthesia for the wound repair.

I'd think we were special, but I know Dr. Dave treated all his patients with extra care. I worked very briefly in a docent position with an older couple. The husband lost his voice and repeated visits to different otolaryngologists in town didn't offer him any hope. I referred them to Dr. Hill. Several months later they flew across a restaurant to grab me and exclaim that the husband's voice had been saved. They felt that divine providence had aligned for us to volunteer together and have the husband's voice saved by Skyler's favorite surgeon.

And who can forget when Dr. Dave saved Christmas? Our local Festival of Trees put out an urgent call for an ENT. It seems Rudolph the Red-Nosed Reindeer's nose had stopped lighting up. Dr. Dave took time from a busy clinic to meet life flight on the roof of the children's hospital (the beneficiary of the Festival) and take Rudolph into the emergency department to get the red nose working again. Local news stations covered the successful red nose repair and that night's opening of Festival of Trees.

Who has been a kind and caring provider in your experience? Please take the time to let them know how much their dedication means to you. And maybe also take the time to pat yourself on the back for all you do to promote safer, quality healthcare. -Lisa Morrise ([lisa.morrise@gmail.com](mailto: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*

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*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](http://www.paypal.me/patientsafety) .

## CAPS Consumer Advisory Panel Profile



*Jennie Toronto Becker was born and raised in Salt Lake City, Utah. After high school, she attended Memphis University on a 1A volleyball scholarship, later transferring to Missouri Valley College. After obtaining a degree in Exercise Science and Chemistry, Jennie took an education break to serve an eighteen month mission in Seoul, Korea, for her church. She then obtained a master’s degree in the Art of Teaching, Special Education from Westminster College. Friends introduced Jennie to Seth Becker, a rancher in Northern Montana. Seth had previously lost both legs in an industrial accident. Jennie and Seth married and own Stick Leg Ranch, a subsidiary of their Big Flat Coulee, LLC, ranch, and farm operation. Together they raise three children, three dogs, three horses, many pigs, chickens, turkeys, and lots of cows. Jennie serves her community in many ways, including on the Board of Trustees of Marias Healthcare, Inc, in Shelby, Montana, a Federally Qualified Health Center (FQHC).*

### **CAPS: When did you start your advocacy?**

**Jennie:** Unofficially, I stepped up to be my own advocate for my first birth. I think I was a mostly pleasant, but bossy birther. After that, I was asked to be on the board of the clinic. From there I was able to advocate for both myself and other people.

I wonder if I was actually an advocate before that, though. I say that because I feel an advocate challenges the norms or status quo for better care. I worked after college for a while at a pediatric psychiatric inpatient facility in Salt Lake City. There I tried to support children who needed specialized care. In my work as a special ed teacher, I have advocated for my students’ health care needs. I’ve kind of been an advocate my whole life.

### **CAPS: How has your advocacy evolved over the years?**





**Jennie:** It has evolved because I am in a position to make a difference. My perspective on advocacy has grown. Before I may have been too timid to speak out. Now I know I am the customer, and so if something doesn't go well, that needs to be stated.

**CAPS: What projects have you been involved in?**

**Jennie:** When I first joined the board my main goal was the improvement of OB care and women's health. Over time, I learned more about the needs of the community. For example, I learned that for persons with diabetes foot care is a huge component of their care. We were able to add podiatry to our services at

Marias.

We did add on other women's health providers, too. We also started looking into having on site optometry available.

I began to understand the importance of adding in different scopes of patient care into our clinic. For example, I advocated for more integrated behavioral health.

I met a women who was the CFO for another FQHC and in our conversation learned that not all clinics had pharmacy services available on site. Here, a client can see their primary care doctor, a specialist, the pharmacist and leave. From a family perspective, it's huge to have that, especially when so many are driving dozens of miles for care.

Now we are building a new clinic. A large retail chain left our area and their very large space, just off the main highway, became available. We have the architectural plans to adapt that space to be a person centered clinic. Again, our model will be focused on convenience for persons and the ability to receive a wide range of services in one stop.



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



**Jennie:** I recommend speaking up! Sometimes people want to share their experiences with me but are afraid to tell their own doctor. In a rural community, your doctor may live next door to you. They are at your church, or their Dad's farm is next door. I try to persuade people to fill out surveys and talk to our CEO about their experiences. We need input in order to continually improve.





I think if you feel angry it may be better to wait to share until you no longer feel so emotional. But please don't be afraid of offending your providers or neighbors – who are often one and the same. They know the need to hear honest feedback.

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

**Jennie:** Be about the people. Holy fricken' nuts. I can't tell you how many times I felt like I was a number.

Do your job! I know you're busy. Everyone is busy.

If you were supposed to look at x-rays and talk to Mom, then DO IT! And yes, there's a story there. My child broke a bone and needed x-rays. A specialist about one hundred fifty miles away was supposed to read x-rays and offer an opinion. They waited to read the x-rays until I had loaded my child in the car and driven, on windy mountain roads, to their specialty clinic. Then and only then did they say, well, my kiddo did not need surgery and the problem could be fixed locally. If they'd taken the time to read the x-rays, or DO THEIR JOB, I wouldn't have had to drive 300 miles round trip.

**CAPS: What are your future plans?**

**Jennie:** I plan to stay on the board. I will continue to be a patient at the clinic and a friend to patents at the clinic. And speak up!

**Thank you, Jennie Becker!** Learn more about Jennie and her family and why they say when life cuts you off at your knees – literally – you reinvent yourself: <https://sticklegranch.com> and on Instagram @sticklegranch. Contact Jennie at: [jenniemtoronto@gmail.com](mailto:jenniemtoronto@gmail.com)



*A few weeks ago, CAPS had the opportunity to visit with Jamie Brownell, the CEO of [Marias Healthcare](#) in Shelby, Montana. CAPS wanted to learn about the operations of a rural [Federally Qualified Health Center](#). (Pictured with Jennie Becker)*

*Brownell has lived in the Marias Healthcare community her entire life, currently living in Valier where she can be found on top of a combine helping on her family ranch during her off hours. She attended Montana State University and obtained a degree in Business Management.*

**CAPS: Tell me about your challenges.**

**Jamie:** We have a challenge finding employees, so retention is very important. We’re glad right now that 87% of our staff has been vaccinated against COVID. (Other health systems are reporting rates in the 40%)

We serve a large expanse of four counties in Northern Montana. We are the last major stop on Interstate Highway 15 heading North to Canada. As such, we handle a huge amount of PCR testing for COVID for international travel into Canada. That includes commercial drivers who have to be tested before taking their load across the border.

**CAPS: In what other ways has COVID impacted your work?**



**Jamie:** We doubled our total encounters from 2020 to 2021. We had 5,900 unique encounters and over 9,300 total encounters in 2021. People may think of us up here in Northern Montana as all being the same, but we have patients that come to our area from all over the world.

We have been testing, vaccinating, and supporting sick patients non-stop. Under these conditions, a mask may seem like a small ask. For others it is a big ask. The political energy of the world is impacting healthcare. Some of our staff get attacked when in the community for being in favor of masking and vaccinations. Around here, everyone knows everyone else. There’s no anonymity for our clinic workers. We try, though, to be Switzerland here at the clinic

and respect all rights and choices. I respect my employees and others for trying to keep our community safe.

Donning and doffing personal protection equipment is exhausting. Surges are exhausting for our staff. We feel fatigue and burn-out. We strive to have a caring, personal ownership of our work for our patients. That is harder under these extreme circumstances.

Marias provided our COVID patients with a trac phone, if they didn’t have a device, so we could have telehealth with them for five days post diagnosis (and longer if necessary). CMS changing telehealth payment helped a lot. We really tried to mitigate the barriers to COVID care, including the social determinants of health, weather issues, transportation, and connectivity. We tried to assess if the patients would be safe at home by themselves. We used some of the COVID related grant money to invest in a high tech vaccine cooler. It has the ability to continue to cool the vaccine even if the power goes out. It also will call and text us if there is a problem of any kind.

**CAPS: How has your practice changed over the years?**

**Jamie:** We have primary care, pharmacy, counseling, dentistry, a nurse practitioner with a specialty in psychiatry, and podiatry.

We added dentistry in 2009. Dental needs in the Emergency Room dropped to rare or occasional with the accessibility of dentistry in the clinic. We also see improved health in general with more accessible oral health.

We also saw our co-located hospital overloaded with behavioral health needs. We found funding and created a few processes. First, we coordinated with the sherriff and the ER doctors to have our behavioral health staff co-round with patients that come into the hospital. We developed a warm hand-off program, too. Any person with a substance use disorder or behavioral health issue receives a personal introduction and hand-off to our clinic behavioral health professionals.



Picture: Current Pediatric exam room.

**CAPS:** I understand you have some exciting things happening here at Marias.

**Jamie:** Yes! We have a new building that is expected December 2022. We are working with USDA and local banks for the project. The project costs are just over ten million dollars and between grants, organizational capital budgeting, and financing we are confident we will be able to deliver the building as planned.

We actually are renovating a building that was formerly a Shopko. We will be able to do some exciting things, like have well patient and sick patient waiting rooms, streamline how patients go in and out, bring in more natural light with skylights and light tubes, air sanitation in the HVAC, and tube delivery for pharmacy are some of the measures being implemented to

improve patient safety and prepare our health system for pandemic or other illness. We will also be able to add optometry to increase access and full care for our community. Specialty care will be in the same location allowing collaborative and comprehensive care.

**CAPS:** Marias has won several awards in the last few years!

**Jamie:** We feel very proud at our effort to reduce issues with patients having uncontrolled diabetes. We are down to 13% of that population, compared to 28% being the national level. We help our patients understand the need for podiatry, dental and optometry care when they have diabetes. We have looked at drug and testing cost interventions, so our patients don't go without needed supplies. We have a behavioral health trained diabetes certified educator. We focus on helping our members lower their A1C.



We implemented a similar program for helping our patients control hypertension. We offer a home monitoring device that is bluetooth enabled. It can send us the results of the patient's blood pressures. We also have manual devices for those who do not have bluetooth enabled devices. Both out of range and missed reporting trigger a contact from the clinic.

We started the new hypertension program in April. We've seen an eight percent improvement in persons with controlled blood pressures already. We have enrolled 78 patients in the program,

with a goal of eventually serving 440. We are looking to add in nutrition to our services as well.

**CAPS:** Thank you **Jamie Brownell!** You may reach Jamie at [jbrownell@mhsihealth.org](mailto:jbrownell@mhsihealth.org).



**ZOOMING for you in NOVEMBER:  
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).*

**“Meeting Facilitation”**

You are invited to a Zoom meeting.  
When: November 9, 2021, 02:00 PM Mountain Time (US and Canada)

Register in advance for this meeting:  
<https://us02web.zoom.us/meeting/register/tZwPd-CgqDwuG9RbVs6JbheoOtNKHvDqhDNe>

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 **November 9** 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 YouTube Channel
  - Building and using an agenda – available on the CAPS YouTube Channel
  - **Facilitating the meeting** – November 9, 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



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