



I have experienced an *always* event about *never* events.

I often speak to groups, including nurses, physicians, administrators, patient advocates or the general public. Generally, I talk about issues related to patients and providers collaborating to achieve better quality and safety in healthcare. The organization usually requests a specific focus. It may be related to patient and family advisory councils, health equity, medical error, or improvement in workflow.

As part of the discussion, I often share stories from my or my families' personal encounters with healthcare. Sometimes I share stories from our Consumers Advancing Patient Safety patient advisors. While I give credit for great care where it is due, many of the stories I share are about never events. According to the Leapfrog Group, never events are "adverse events that are serious, largely preventable, and of concern to both the public and health care providers for the purpose of public accountability"

My always event happens after the talk. Inevitably an audience member approaches me to share, sometimes in hushed tones, their or their family member's never event experience.

When I shared a story of mistreatment of my sister, who is African American, a nurse at an event in Iowa shared how her adopted children with dark skin were treated differently in the pediatrician's office than her older white children. As a nurse she found it particularly hard to navigate discussing the perceived differences in care with her colleagues.

I shared a story of billing issues we've experienced with a group of administrators at a state hospital association meeting. I have had to track down miscoding, double and even triple billing and billing for services not received. A gentleman with a c-suite level job approached me and shared how he had experienced a difficult billing situation from his own hospital.

I often share how my daughter was born with a rare birth defect, and failure to resuscitate properly left her hypoxic for over an hour. More than a few times audience members have shared with me their stories of failure to rescue or how a family member did not receive care at birth.

I introduced myself to a new person at Church a few weeks ago. He asked what I did for work, and I explained CAPS and our mission to him. He launched into a story of a recent delayed diagnosis an uncle experienced and the impact it had on his family.

Maybe you have a story too.

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Many of these folks thought they were alone in experiencing these kind of issues. When I shared my story, it helped them to connect to me and share their story. They also began to understand that these issues are all too common.

Recently, Karen Wolk Feinstein and Martin Hatlie's article, "[Action on patient safety will help achieve the health care system we deserve](#)" appeared in the [Hill Magazine](#). They called for a national organization to track medical error, similar to how the National Transportation Safety Board tracks issues from plane crashes to bridges collapsing. Many of the commenters on the article conflated this call with an effort to impose "national health care" in the United States.

I think more people would join in the call for a National Patient Safety Board if they didn't feel alone in coping with their own patient safety issues. Talking about challenges with patient safety is okay and should be normalized. Only when we recognize a problem can we focus on the solution.

A friend's child recently experienced a CAUTI (Catheter Associated Urinary Tract Infection). She felt like infections just happen. But it shouldn't have happened. And she shouldn't have to wait until she hears a presentation on CAUTI's for it to dawn on her how steps could have been taken to avoid her son's infection.

We, as patient safety advocates, need to make space for hearing about challenges with achieving zero harm in patient quality and safety. When we do, we'll find more persons feel they can also share. We will also find more support for our work. -**Lisa Morrise**

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.

In memoriam: Alan Levine



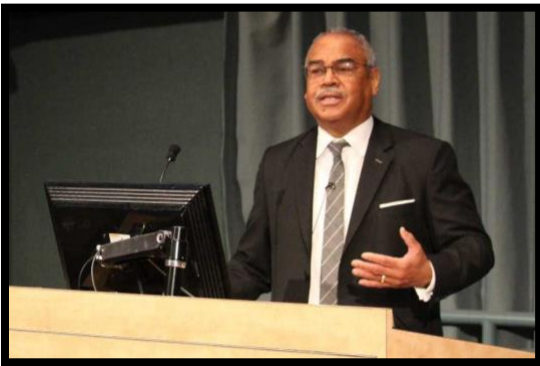
We are sad to announce the loss of a valued member of the CAPS community. Alan Levine, CAPS board member and longtime friend of the organization, died on November 16, 2021 after a short illness. Alan was one of the unsung heroes of US patient safety. He worked for 27 years for the Department of Health & Human Services Office of the Inspector General (OIG), where he coordinated over 100 national studies of HHS programs on topics including patient safety, state medical boards, hospital accreditation and hospital reporting to the National Practitioner Data Bank. Upon retirement in 2008, he began volunteering with the consumer advocacy organization Public Citizen and with CAPS, where he first headed the policy committee, then joined the board of directors.

Alan's personal journey into the world of medical errors began when his mother died from an overdose of asthma medication at a Jacksonville, Florida, hospital in December 1998. Because his mother was on Medicare, he asked the Medicare Quality Improvement Organization for Florida to do peer review of the care

she received. When they refused to give him the results, Alan enlisted the Public Citizen Litigation Group in a lawsuit that was decided in favor of the plaintiffs, on appeal, in 2003. Medicare finally changed its complaints procedure to comply with the ruling 10 years later, in 2013. As Alan well knew, changing government policy can be a long game.

Alan was a person who worked constantly and quietly behind the scenes, always on the lookout for the person or action that would elevate the cause of patient safety. He shared his knowledge and passion with anyone who needed it. The themes running through his activism were integrity, transparency, and accountability. With typical self-deprecation Alan had business cards printed that read “Professional Noodge.” He did a lot of nudging, but he was in fact a kind and wise patient safety warrior who never strayed from the straight and narrow. His absence is a loss to us all. -**Helen Haskell**

CAPS Consumer Advisory Panel Profile



Ronald Wyatt, MD, MPH is Vice-President and Patient Safety Officer for MCIC Vermont, a major risk retention group based in Atlanta, Georgia.

Prior to joining MCIC Vermont, Dr. Wyatt was formerly Chief Quality and Patient Safety Officer at Cook County Health in Chicago Illinois as well as former Chief of Patient Safety and quality for the Hamad Medical Corporation in Doha, Qatar.

Dr. Wyatt was the first Patient Safety Officer at the Joint Commission and in that role, he served as Medical Director in the Patient Safety Analysis Center Defense Health Agency/Military

Health System Defense Health Agency, Falls Church Virginia.

He is former co-chair of the Institute for Healthcare Improvement (IHI) Equity Advisory Group and is faculty for the IHI Pursuing Equity Initiative.

Dr. Wyatt is a facilitator for the ACGME Equity Matters. Dr. Wyatt is a credentialed course instructor in the School of Health Professions at the University of Alabama Birmingham. He is co-course director Keystone Program at the Northwestern University School of Medicine Master’s Degree in Patient Safety Chicago, Illinois.

Dr. Wyatt holds an honorary Doctor of Medical Sciences from the Morehouse School of Medicine and is a graduate of the University of Alabama Birmingham School of Medicine.

While a resident in training, at St. Louis University Group of Hospitals, he served as the first African American Chief Medical Resident, in 1987-1988.

He is a board-certified Internist and practiced medicine for over twenty years, in St. Louis Missouri and Huntsville, Alabama. He earned the master’s (executive program) in health administration degree from the University of Alabama Birmingham School of Health Professions. He is a Senior Fellow at the Institute for Healthcare Improvement (IHI).

Dr. Wyatt also serves on the **CAPS** Board of Directors.

CAPS: When did you start your advocacy?

Dr. Wyatt: When I was fourteen year old, I spent the summer with my Grandmother in Harrisburg, Pennsylvania. I developed a sore spot on my shoulder that kept getting worse. Nevertheless, I didn't tell anyone at home about the sore.

A General Practitioner lived across the street from my Grandmother. He lived on the second floor of his home, serving the community from his office on the first floor. I went over to his house and asked him to look at the sore on my shoulder. He invited me into his office and said, "You know, you have a carbuncle. I'm going to take care of it, but it will hurt. Then, I'm going to teach you how to take care of it." He made an incision and drained the pus. It did hurt! I have a scar on my shoulder to this day.

He also taught me how to take care of the wound. He gave me some hydrogen peroxide and some four by four gauze. He told me to clean the wound twice per day cover the wound with the gauze until it healed.

My first episode of patient advocacy was for me.

CAPS: How has your advocacy evolved over the years?

Dr. Wyatt: What was important back then is important now. We need to know what to do to help people help themselves.

I grew up in a poor rural community. Most persons had no insurance. People went to the doctor to die. If you didn't take care of yourself, no one else would.

People need to know how important their input is. Persons need to feel empowered to ask questions and speak up.

One challenging situation in patient care happens when you ask the patient to describe what they feel is wrong with them and they say, "You're the doctor; you tell me." People need to own their own care.

A patient of mine, Lisa Hall, wrote the book, [Taking Charge of Your Own Health: Navigating Your Way Through *Diagnosis *Treatment *Insurance *And More.](#) ([Find it here](#)) As she recounts in her book, Lisa had over twenty symptoms. She went from functioning normally to not being able to drive. We worked together to help her reach health. She learned to take charge of her own health, eventually ran 10ks and wrote about her experience.

We have really evolved in the way we activate persons and communities. Ideally, a person will co-produce their care. I'm not going to fish for you, I'm going to teach you how to fish. Making the transition to co-creation in healthcare is very challenging due to the paternalistic nature of medicine.

I saw the man who raised me, out in the countryside of Alabama, split his toe open with an ax. That's when he found out he was diabetic. The doctor said to clean his wound three times a day. And he cautioned him to take a pill and change his eating.

My family member cut his best work boot so the wound would be open. The "sugar pill" he was supposed to take cost about \$5 a month. He was working probably twelve to fourteen hours per day. He had about a third grade education. He told my grandmother he could not afford that sugar pill and he was going to do all he could to get off it in a year.

He cut down his portions. He started to use saccharine. He baked the best egg custard pie you'd ever want. His hand-made crust topped in butter had a golden sheen. He started to make one for us and one for him. His made his pie with saccharine and margarine. One year later he was off of that "sugar pill," and much healthier.

My relative represents a person who took charge of his health.

When I finished my medical training, several doctors were telling me how to be successful. Dr. Venable in St. Louis gave me some great advice. He said, "Forget everything those fools just told you. People will come to see you. Over eighty percent of the time people will tell you what is wrong. Listen. Then say back what they said in medical talk. They'll think you're a genius.

"For older people just keep their bowels moving. Charge 25 cents more than other doctors. They'll all say I go to Dr. Wyatt because he's better, because he listens and charges me more."

We need to teach our providers humility, respect and listening. These things were gifted to me by wise leaders. We need to teach our patients that the expert of me is me. High reliability medicine gives tremendous deference to expertise. We should be asking permission to enter people's lives.

To paraphrase what Chinua Achebe said in his book, Things Fall Apart, you cannot enter my house through your gate. I give you permission and then we may have a mutual conversation.

All too often we label persons as non-compliant or non-adherent. Some people just can't do what we are expecting of them. I can be at a level five activation, and when I am ill or something has happened to me, I am down to a one. The provider needs to pick up on that.

CAPS: What projects have you been involved in?

Dr. Wyatt: My project is trying to be the best healthcare provider I can be and to continue to learn and grow. I try to learn something new every day and to continue to give thanks for it. I ask myself; did I help someone other than myself?

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

Dr. Wyatt: First, learn to take charge of your own health. Ask questions. Don't completely defer to someone else. Prepare for your clinician encounter.

Sometimes, when a patient leaves the clinician's office, they think, "Oh, I forgot to ask about this!" That is less likely to happen if you prepare and write down your thoughts and questions ahead of time.

Be sure you have knowledge of your own situation. Don't be afraid to ask the doctor key questions like, why. Why did this happen to me? What could I do to heal?

This is not simple due to encounter time constraints. That is a system, rather than a personal issue, however.

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

Dr. Wyatt: Focus on the mission, not the money. If the mission is true, there'll be money. From the boardroom to the c-suite to all the way down, focus on the people being served.

Ask, "Do we have proper staff? Do we have supplies and equipment? Are we over relying on technology?"

Too often, leaders only want to hear good news. The best will seek out the unknowns and strive to make the culture safe.

Does your organization manage professional behavior? Do we have a system where anyone can report issues with care or behavior? Do you have a system that can apologize for mistakes?

We need to take care of our workforce. They are part of the community that serves people.

We need to be servant leaders. We need to engage our community.

You may say nice things on a billboard, like your emergency department wait is only ten minutes. Then, when the patient arrives and waits, they are disrespected. The nice things on the billboard make no difference at that point. We need to respect all persons for whom we care.

Do you have a Patient and Family Advisory Council? If not, why not?!

CAPS: What are your future plans?

Dr. Wyatt: I don't foresee doing anything different. We are not there yet, and we still need to make progress.

Thank you, Dr. Wyatt!

Articles authored or co-authored by Dr. Wyatt include:

- Wyatt R. [His Story: "I would be better off dead"](#). *Patient Experience Journal*. 2021; 8(2):7-8. doi: 10.35680/2372-0247.1623.
- Kedar S. Mate, MD and Ronald Wyatt, MD, MPH; [Health Equity Must Be a Strategic Priority](#); NEJM Catalyst; 2017
- Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. [Achieving Health Equity: A Guide for Health Care Organizations](#). IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)
- David R. Williams, PhD, MPH and Ronald Wyatt, MD, MHA [Racial Bias in Health Care and Health: Challenges and Opportunities](#); *JAMA*. 2015;314(6):555-556. doi:10.1001/jama.2015.9260
- [Pain and Ethnicity](#), AMA Policy Forum, May 2013



**ZOOMING for you in FEBRUARY:
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).



“Recruiting Providers and Staff for your PFAC”

You are invited to a Zoom meeting.

When: Jan 11, 2022, 02:00 PM Mountain Time and 4:00 PM Eastern Time

Register in advance for this meeting:

You are invited to a Zoom meeting.

When: Feb 15, 2022, 02:00 PM Mountain Time (US and Canada)

Register in advance for this meeting:

https://us02web.zoom.us/meeting/register/tZYlfuCrpz8pGt3YsMB15_3IB8PR2WsQRMeq

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

This series has been very well received. At just one-half hour per tutorial, the information is compact but powerful. CAPS member experts join Lisa Morrise in offering succinct and helpful real-world guidance on each topic. Remember to register and attend so that you may receive a .pdf summary of the information discussed.

- The second Tuesday of each month continuing with the meeting on **February 15** and coming months
- 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.**
- Topics covered will include:

- **Recruiting Providers / Staff for your PFAC – February 15, 2022**
- Diversity and inclusion – March 15, 2022
- Training in patient safety terminology for PFACs – Coming in April
- Choosing PFAC discussion topics - May

Previously Recorded available now on the CAPS YouTube Channel:

- Meeting remotely
- Building and using an agenda
- Facilitating the meeting
- Celebrating / recognizing and honoring PFAC members
- Recruiting patients for your PFAC, January 11, 2022

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

From the National Quality Forum

Issue Brief: Recommendations to Ensure the Quality of Virtual Care Delivery

The COVID-19 pandemic has offered unprecedented opportunities to implement, test, and improve the use of telehealth as a key component of a person-centered and equitable healthcare delivery system. We brought together individual experts from 30 of our Member Organizations, including CAPS Patient Advocate member, Diann Folkersen, over a nine-month period to learn from their critical multistakeholder perspectives on measuring the quality of virtual healthcare. They outline four objectives in this Issue Brief, along with the action items for each objective, offering opportunities to improve the availability and quality of virtual healthcare for everyone. The objectives include discrete recommendations that range from improving virtual care at the organizational level to advocating for a clear national strategy on virtual healthcare quality. The objectives were:

1. Measure the quality of virtual care.
2. Develop a national strategy on virtual healthcare use and reimbursement.
3. Seamlessly and securely share virtual healthcare information across care teams and organizations.
4. Expand access to care and promote health equity.

[Read the entire brief here & please share!](#)

2022 Take Charge Symposium

Registration Open!

March 18th and 19th, 2022

Pulse Center for Patient Safety Education & Advocacy
Virtual Symposium for:

- All community members
- Board Certified Patient Advocates
- Social Workers



Those who register will get an invitation to a Thursday evening, March 17th networking event - save the date!

Despite its challenges, this past year brought incredible opportunities to support and engage our communities in meaningful ways. We recognize that when someone enters the healthcare system, whether it be as a patient, caregiver, professional patient advocate or clinician, communication is key.

Pulse's 2022 Symposium kicks off the third year of the **TakeCHARGE Campaign: 5 Steps to Safer Health Care.**

By attending, you will:

- Hear from leading industry professionals

- Learn about new safety tools
- Participate in educational opportunities to help achieve your unique personal and professional goals

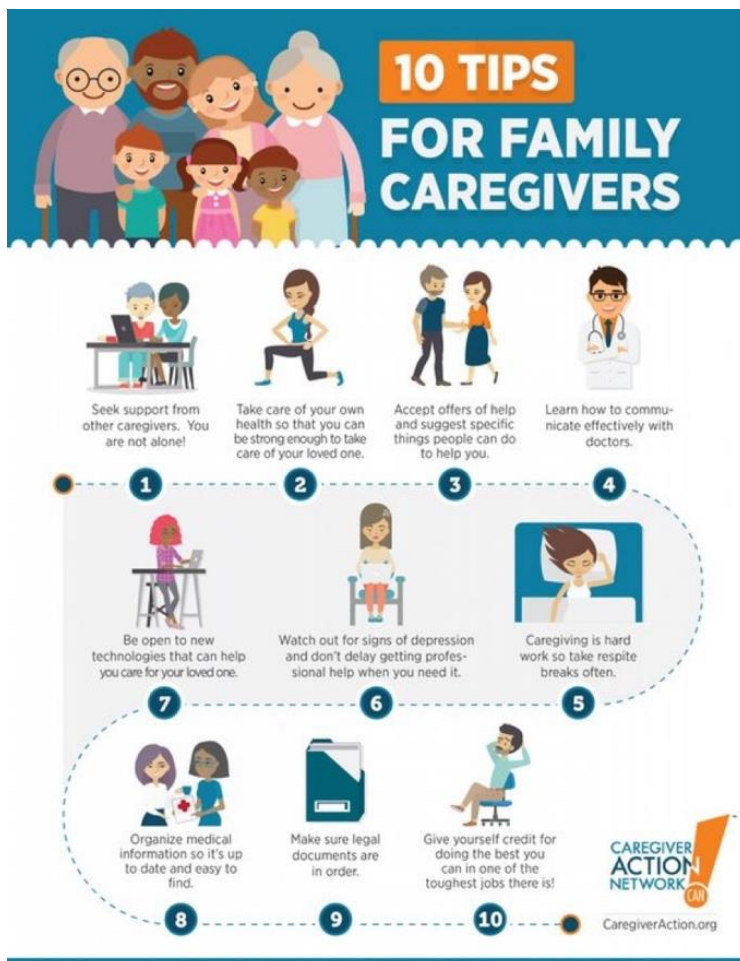
Continuing Education:

TakeCHARGE; 5 Steps to Safer Health Care-Communication is Key is approved for 10 CEUs by the Patient Advocate Certification Board to satisfy the requirements for Board Certified Patient Advocates (BCPA).

Up to 10 CEUs are approved for NY State Social Workers.

The National Association of Healthcare Quality has approved TakeCHARGE; 5 Steps to Safer Health Care-Communication is Key for 7 CPHQ CE hours for Certified Professionals in Healthcare Quality (CPHQ).

Graphics Garden



10 TIPS FOR FAMILY CAREGIVERS

1. Seek support from other caregivers. You are not alone!
2. Take care of your own health so that you can be strong enough to take care of your loved one.
3. Accept offers of help and suggest specific things people can do to help you.
4. Learn how to communicate effectively with doctors.
5. Caregiving is hard work so take respite breaks often.
6. Watch out for signs of depression and don't delay getting professional help when you need it.
7. Be open to new technologies that can help you care for your loved one.
8. Organize medical information so it's up to date and easy to find.
9. Make sure legal documents are in order.
10. Give yourself credit for doing the best you can in one of the toughest jobs there is!

CAREGIVER ACTION NETWORK
CaregiverAction.org



World Health Organization

Home care for COVID-19: Guide for family and caregivers

1. Identify one household member to be the caregiver. The caregiver should have no high risk factors and the fewest contacts with people outside.
2. Prepare a separate room or isolated space for the person with COVID-19 infection.
3. Open a window(s) to improve ventilation and increase the circulation of fresh air.
4. Do not allow visitors and try to avoid close contact (less than 1 metre) with the person with COVID-19 infection.
5. Everyone should wear a medical mask when in the same room with the person with COVID-19 infection.
6. Clean hands frequently using soap and water or an alcohol-based hand sanitizer.
7. Clean and disinfect frequently touched surfaces, especially those touched by the person with COVID-19 infection.
8. Use separate dishes, cups, eating utensils and bedding from the person with COVID-19 infection.
9. The person with COVID-19 infection should rest, drink plenty of fluids, and eat nutritious food; continue any medication for chronic conditions.
10. Take paracetamol/acetaminophen for fever and/or body pain according to instructions. Antibiotics are not effective against COVID-19 infection.
11. Monitor the person with COVID-19 infection's symptoms regularly. Call your healthcare provider immediately if you see any of these danger signs:
 - Difficulty breathing
 - Chest pain
 - Confusion
 - Loss of speech or mobility
12. In some people there is a risk of more severe COVID-19. High risk factors include:
 - age 60 and over
 - hypertension
 - diabetes
 - cardiac disease
 - chronic lung disease
 - cerebrovascular disease
 - dementia
 - mental disorders
 - chronic kidney disease
 - immunosuppression (including HIV)
 - obesity
 - cancer

During pregnancy, women over the age of 35, obesity, and chronic conditions are also high risk factors.

People who are infected with the COVID-19 virus and have any of these risk factors should be closely monitored by a health provider.

A pulse oximeter can be used to monitor oxygen levels.

- For people with high risk factors, check oxygen levels twice a day and report results to a health provider.
- Follow instructions on how to appropriately use the device.
- If the oxygen level on the screen is less than 90%, call for emergency help.
- If the oxygen level is between 90-94%, reach out to your health care provider for further guidance.
- For children, if the oxygen level is less than 90% plus a cough, difficulty breathing, inability to breastfeed or drink, lethargy or unconsciousness, or convulsions, call for emergency help.



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>

CAPS consultants are available to support your efforts to develop a safe, quality healthcare environment with a focus on collaboration between patients and families and providers. For speaking, moderating and patient collaboration consulting, please contact Lisa Morrise – lisa.morrise@gmail.com.

To Donate to CAPS:

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.
Venmo at CAPS-PatientSafety

Consumers Advancing
Patient Safety

1427 Hudson Avenue
Salt Lake City, UT

www.PatientSafety.org
385-234-1121

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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