



## Safety

I'm gutted. Unspeakable horror has happened again. A disgruntled man took the life of providers Preston Phillips, MD, and Stephanie Husen, DO, and receptionist Amanda Glenn and patient William Love at St. Francis Hospital in Tulsa, Oklahoma. All of these victims had volunteered in their communities and helped others.

Apparently, the person who perpetrated this crime did so because he had pain issues stemming from a spine surgery. I have not read what if any efforts had been made to palliate the pain.

It doesn't matter. Violence and retribution do not solve any issues.

This led me to think about experiences I had teaching communications classes for a local community college. The college reached out to me and asked me to teach a group of students with diverse and often disadvantaged backgrounds. Other adjunct professors had not wanted to take on this challenging cohort. These students were in an experimental program where they were training to receive both an associate degree and their cosmetology license during their senior year of High School. The students took my communications class in lieu of their High School English class.

We had two units that stood out to me in teaching these classes. For the unit on listening, I asked the students to interview persons their parents' age. They were to only ask questions and record the answers. I gave them a list of questions including asking about the adult's experiences when they were the student's age. All of the students reported being surprised to learn that the persons they interviewed had also had trouble with relationships, also been concerned about career choices, had also made choices they regretted and other shared experiences.

Prior to the listening assignment, my students had very little inter-generational communication. The culture they grew up in promoted only peer relationships. They didn't know family stories or have the comfort of knowing they weren't alone or unique in their feelings and issues they faced. Most students reported a new sense of respect for and connection with the adult they interviewed.

We had a unit on negotiating where the students learned techniques for working through conflict and reaching a resolution. We talked about achieving a win-win, where everyone involved in the situation feels they benefit from the solution in some way. We talked about learning how to explore another person's point of view and using that to help get to win-win. We talked about how to control emotion so that we could approach problems logically.

What absolutely floored me was in my teaching evaluations the negotiation unit was consistently mentioned as the best part of the class. Comments included statements like, "Before this class, I thought the only way to

### In this Issue:

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[Pg. 7 – You didn't miss it! Here's the link to the easy to watch series \*\*Restarting and Re-energizing PFACs!\*\*](#)

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resolve conflict was to punch someone out.” Others admitted that prior to the class they used weapons to establish their superiority. Now, they said, they knew they could add words to their arsenal.

When we talk about safety in healthcare, we need to be concerned about the safety of our valued providers. We also need to recognize that patients and even some staff may come from backgrounds that do not promote good problem solving skills or appropriate inter-generational or cross cultural communication. These skills can be taught to staff.

Engagement and outreach to patients can also include engaged support in expectation and level setting. Accessible conflict and resolution processes that validate and value the patient should be practiced. We need to get away from and protect our valued community from the “punching someone out” mentality.

Responsible practices to secure healthcare environments should include patient engagement to mitigate conflict before it escalates. We can promote this level of engagement by giving persons a way to report, validate and work toward resolution of their concerns. We can develop community partnerships to promote rich cultural and generational dialogue and understanding. We need to encourage words over weapons.

Thoughts and prayers are meaningful to many. Be sure to add action to your response to Tulsa and other tragedies. Let’s make our hospitals safe places of healing. **-Lisa Morrise**

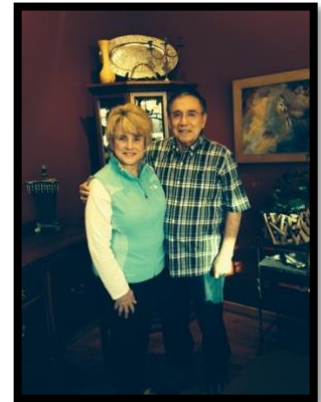
**For information about the Conflict and Optimal Resolution (CANDOR) process, check out the AHRQ CANDOR toolkit here: <https://www.ahrq.gov/patient-safety/capacity/candor/index.html#:~:text=This%20AHRQ%20toolkit%2C%20based%20on%20the%20CANDOR%20process%2C,patients%20and%20families%2C%20and%20avoiding%20admission%20of%20fault.>**

## CAPS Consumer Advisory Panel Profile



Joan Gallegos received her Bachelor of Science in Nursing degree from the University of Michigan in 1977 and her Master’s in Social Work degree from the University of Utah in 1982. Joan has over 30 years of public policy development, budgeting, project management, service provision, administration/management, and advocacy experience. She has a proven track record in working with nonprofit agencies and government programs and grants. Previously, Joan was the Director of the Utah Medicaid Program and Utah Health Care Association (professional trade organization for Utah’s long term care providers). She is presently a consultant for Comagine Health and concentrates her time on patient and family engagement and long-term care nurse residency programs.

*Joan and her late husband, Andy Gallegos, have been a force in Utah advocacy. Together they have been involved in several efforts to serve Utah citizens, especially those who are disadvantaged. For the past few years, Joan was by Andy's side as he battled vascular dementia. Andy passed away in November 2021. Andy Gallegos was honored by the Utah Coalition of La Raza, receiving the Lifetime Achievement Award in 2018. Andy and Joan have two daughters, Audrey (35 years old) and Sarah (34 years old). Joan continues to be seen regularly at the dog park with her and Andy's three dogs, Flounder, Bing, and Frankie.*



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

**Joan:** I think I really started at the University of Michigan. You go to college, and it opens up new perspective to life. In the 1970s, there was a lot of social activism on campus. It was the birth of the women's movement, and I was energized by a class in women's studies. I also took a natural resources class and got involved in environmental activism. I came to believe in the importance of large predators. I got involved in advocating for the return of the Eastern Timber Wolf to the Upper Peninsula of Michigan.

When I was in nursing school, I wasn't drawn to putting in IVs or doing other treatments that were more rote in nature. I really liked to work in mental health. Back then, I thought psychiatric nursing was more creative. For example, I could run groups while serving as an afternoon charge nurse on an adult psychiatric unit. At that time, I really became aware of what we now call the social determinants of health and realized their impact on health outcomes, particularly those with mental illness.

I became interested in healthcare policy and social policy as well as community health. I decided to attend graduate school in social work, which is why I came to Utah, along with the added benefit of wonderful skiing. The first year of my master's program I spent learning about therapy, but the second year focused more on policy, and I fell in love. I had an internship with the Department of Human Services in Utah and fell in love with policy. I wrote a grant to have social workers on rounds with the police and it was funded.



*This was also the point where Joan met Andy Gallegos. They came from totally different backgrounds. Andy had moved to Utah from New Mexico at an early age, where his family had been ranchers for many generations. He was the first Hispanic Student Body President at a Salt Lake High School. Andy attended the University of Utah, obtaining a bachelor's and master's degree. After time in the U.S. Army, Andy returned to Salt Lake.*

*Andy always advocated for the poor and underserved minority communities. He proudly would tell stories of how his community "rabble-rousing" as Executive Director of the Community Action Program led to then President Richard Nixon threatening to impound the agency's federal funding. He created Utah's Institute of Human Resource Development, which is now known as [Centro de la Familia](#), one of the largest social*

*services agencies in the state. He founded the Utah Hispanic Democratic Caucus and was a key organizer of the first Utah Chicano Conference in the 1970s.*

*In the late 1970s, Utah Governor Scott Matheson asked Andy to work for his administration. Andy unified social services across the state, and co-authored a book, The Unification of Social Services: The Utah Experience (published by the University of Utah Press), which chronicled this work and his leadership. He later became the Executive Director of Social Services in 1981, being the first Hispanic cabinet member to serve in state government. He served as executive director until 1983. From 1980-1983, Andy was an adjunct professor at the University of Utah College of Social Work where he taught doctoral students. At this time, he met his future wife, Joan Marsh.*

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

**Joan:** After I graduated, I worked at the Department of Human Services in Utah, and was able to write and bring a [Home and Community Based Services](#) (HCBS) Medicaid Waiver to Utah that established a broad array of community services for individuals with developmental disabilities. It was the first HCBS Waiver in Utah. It helped deinstitutionalize persons and provided habilitative services like day treatment, and supported employment through Medicaid. Often the only services funded by Medicaid at that time were institutionally based services. Through the HCBS waiver, services were accessible on a more equitable basis for those with developmental disabilities. This led to me looking for other opportunities to find bridges to better services that would support health.

*Andy founded Impact Business Consultants where he helped minority-owned businesses in loan-packaging, and developing business, financial, and marketing plans in partnership with the U.S. Small Business Administration. In 1985, he was awarded the Small Business Advocate Award by this organization for his notable achievements.*

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

**Joan:** Obviously, my next step was to get more involved in patient advocacy. I was always struck by the hierarchal nature of the medical relationship. Patients and their providers should be a team. Patients know about themselves, and providers know about treatments.

I had a friend in Michigan who had experienced abdominal pain. She had to work to find someone to believe her. Eventually, she was diagnosed with ovarian cancer, but it took too long. My friend knew something was wrong but had to fight to be believed. She beat it, but to do so she had to search for an ally.

We need to take what patients are saying seriously. I always told my kids to stick up for the kids on the playground. The quiet ones have the most to say.

As Utah State Medicaid Director, I was able to help the State get a few more HCBS waivers, including a waiver for technology dependent children.

I worked for the Utah Health Care Association and worked to improve the quality of long term care (LTC). When my husband had dementia, I experienced the challenges of LTC firsthand. I was able to bring attention to systemic issues that others faced too. For example, when aides came in, they would talk to Andy like he wasn't even there or was a child. Don't talk to this accomplished, wonderful man that way! There are two things I have learned about dementia and caring for a loved one with this disease. First, ensure all medical and surgical team members are aware your loved one has dementia. Second, as a caregiver, practice self-care and ask for help; caregivers are the glue that holds the family together.

As the former Executive Director of Utah Comagine Health and now as a consultant, I have been able to support and help manage our Patient and Family Advisory Council. Our PFAC makes a difference in our work with hospitals and clinicians in Utah. We seek their input on numerous projects and they have presented their work at conferences including the CMS Quality Conferences.



*In 1982, Andy Gallegos was a member of the U.S. State Department Delegation to the Southeast Asia Refugee Resettlement in Manila, Philippines, where he assisted in designing national refugee programs for the Vietnamese. As board chair of Utah Catholic Community Services, Andy led the building of the St. Vincent's de Paul Soup Kitchen, and the Bishop Weigand Day Center for the Homeless. In 2018, he received the Utah Coalition of La Raza Lifetime Achievement award for his years of leadership, public service, and advocacy in the Latino community.*

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

**Joan:** Have empathy for everyone on the team, listen and don't judge. Accept what a patient and family have to say at face value because you don't walk in their shoes.

Don't be a CAVE person – **C**itizens **A**gainst **V**irtually **E**verything. Be strategic about your advocacy. Know what you're talking about. Understand your audience and who may be in charge of change. You must understand the environment in which your advocacy will be received.

Identify barriers ahead of time. See if you can mitigate the barriers through your approach and timing. Be prepared for setbacks and disappointments. Get back on your horse and ride.



Sometimes we need to toughen up a little bit. We feel strongly about an issue and will continue to feel strongly when we don't win, or change takes a long time. We need to allow ourselves to regroup and come back. This is a sensitive issue because we care and can get discouraged. Bucking up can be easier said than done. But we need to keep coming back to the issues we work on. Advocacy is not a linear process. It's a continuous process of system improvement.

*From 1995 to his retirement in 2002, Andy served as the director of marketing and rideshare development for the Utah Transit Authority (UTA). Andy was very proud of submitting the winning name, TRAX, for the new light rail system, in a contest in 1999. Andy and Joan were subsequently awarded a free life-long pass to use the TRAX system.*

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

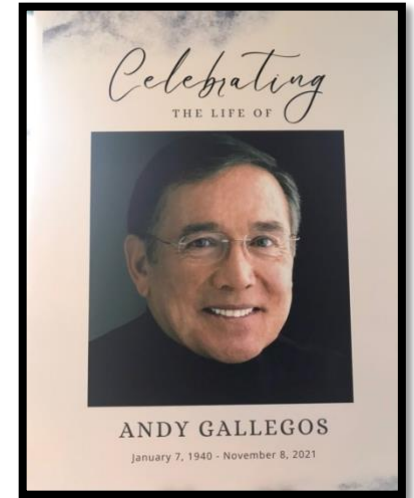
**Joan:** Have the mentality that patients are partners with you in this. Quality and safety in healthcare may look different for you than it does for patients and families. Listen to what they say and expand your understanding and options. When you work with patients, you are given a window to apply direct interventions that will improve quality and safety and ultimately, make systems better.

*Andy's community service was life-long and extensive. He wasn't afraid of controversy, and strong leadership skills led him to accept many challenges.*

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

**Joan:** I'll always be an advocate. Effecting change gives me great satisfaction. We are here to leave our mark in a way that leaves the world a better place.

I'll continue to be involved with the Utah Wolf Forum. I was able to get big game hunting with guns prohibited in one of our more populated mountain canyon areas.



I am continuing to advocate for more Utah minorities being prepared for and choosing medical careers. I work with the Utah Chapter of the National Association of Hispanic Nurses as we try increase the number of Latino nurses in Utah.

I will continue to be an advocate for my friends and family. It's part of who I am.

*In April 2022, Joan accepted, along with daughters Audrey and Sarah, the Utah Democratic Values award on behalf of Andy at a gala event in Salt Lake City.*

Thank you, Joan! Contact Joan at [jgallegos@comagine.org](mailto:jgallegos@comagine.org).

## 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).*

This series was 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. We have archived the events **previously recorded and available now on the** CAPS YouTube Channel (<https://www.youtube.com/channel/UC7f7J8ynAwpDQpJWQX9mjQQ>) including:

- Meeting remotely
- Building and using an agenda
- Facilitating the meeting
- Recruiting Patients and Recruiting Providers / Staff for your PFAC
- Diversity and inclusion
- PFAC Topics – How to choose them!

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



### *TakeCHARGE Campaign Moves to Step 3:*

Prepare for Doctor or Hospital Visits — Make a List of Questions

*#3 of public awareness campaign's "5 Steps to Safer Health Care" aims to prevent "doorknob moments"*

The TakeCHARGE Campaign: 5 Steps to Safer Health Care is pleased to announce that June is the month for people to take its Step 3: Prepare for Doctor or Hospital Visits — Make a List of Questions.

When we visit a doctor or hospital, we are often worried and stressed — in other words, not thinking as clearly as we'd like. We may be getting bad news or having to make critical decisions about treatments. Often, we forget what we meant to say, leading to the well-known "doorknob moment", when at the last second, while the clinician has a hand on the doorknob to leave the room, a patient suddenly remembers a question they'd meant to ask, or a detail they'd forgotten to mention.

The remedy is simple: if we think about our reason for the clinical visit ahead of time, writing down questions as they occur to us, we'll have our thoughts organized when we're face-to-face with a doctor. Talking it over with family and friends may suggest questions you never even considered.

For more suggestions about Step 3, please visit <https://takecharge.care/step-3/>. Also look for TakeCHARGE messages on [Facebook](#), [Twitter](#), [Instagram](#) and [LinkedIn](#).

To learn more about the TakeCHARGE Campaign and how to get involved, please visit <https://takecharge.care/get-involved/>.

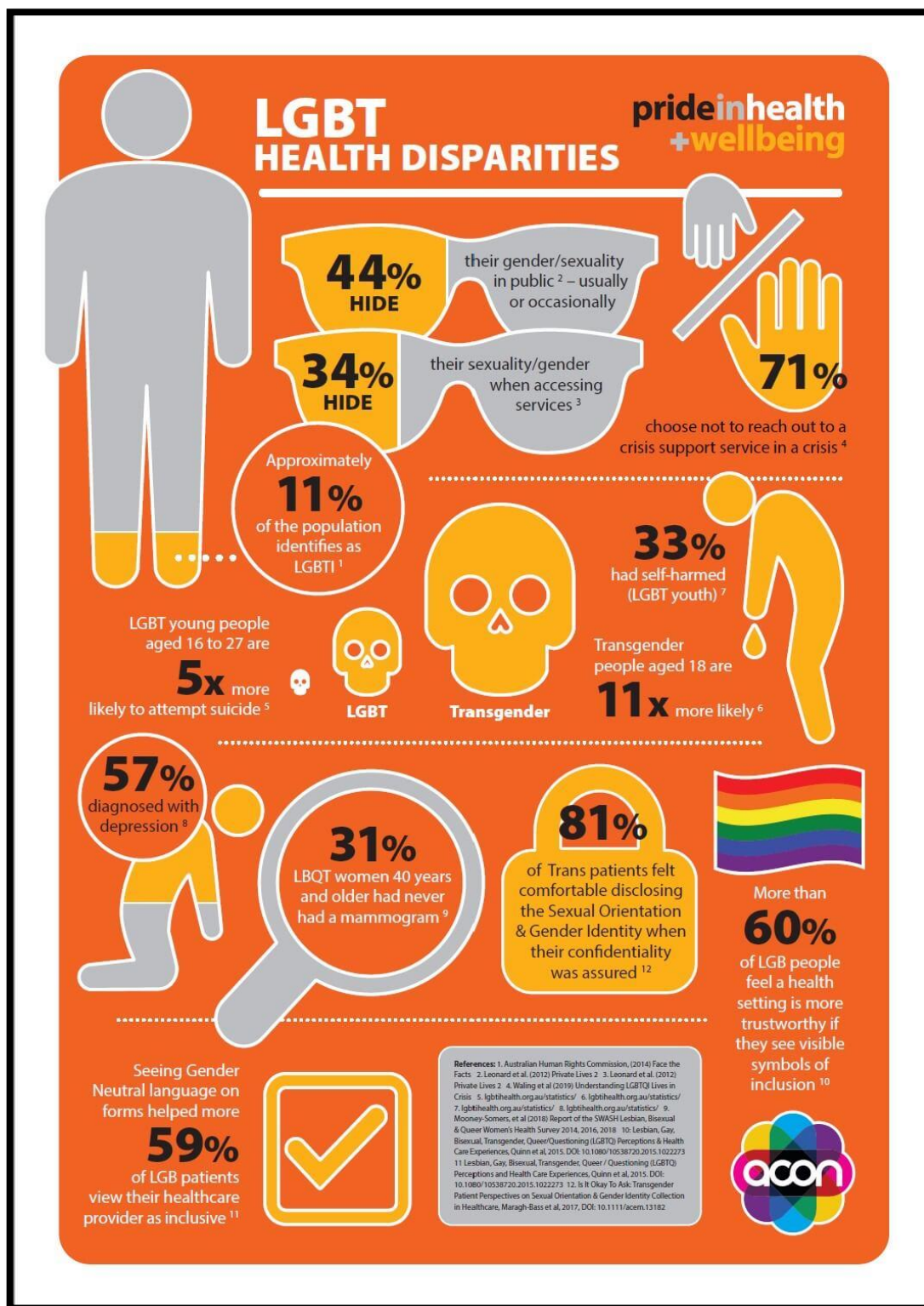
Also, for more information contact: Ilene Corina, BCPA (516) 579-4711  
[icorina@PulseCenterforPatientSafety.org](mailto:icorina@PulseCenterforPatientSafety.org)



## Graphics Garden







## National Safety Month

Remember: "Safety Begins With Me!"

### Safety Begins With Preventing Slips, Trips and Falls

Falls lead to  
**8.9 million**  
emergency room visits.

Don't let **hazards** in your home or workplace  
**compromise safety.**

- Be aware of your surroundings
- Clean up spills immediately
- Tuck away phone and electrical cords
- Close file drawers and cabinets
- Remove obstacles from traffic areas
- Use step stool or ladder properly
- Ask for assistance when lifting heavy items

### Safety and Employee Wellness

Make the **right**  
**decisions** each day  
for proper **safety** and **wellness**,  
both at **home** and at **work.**

- Know emergency procedures
- Utilize required safety equipment
- Lock up valuables like purses and keys
- Walk with a buddy if staying late at work
- Report maintenance problems
- Be physically active throughout day
- Make healthy food choices

### Safety and Emergency Preparedness

You and your family  
can **prepare for**  
an **emergency** with a **safety plan**  
and **supplies.**

- Practice fire drills at home and work
- Know emergency hotline number
- Designate meet up place in event of emergency
- Maintain first aid kit in accessible area
- Keep battery powered radio on hand
- Keep portable cell phone charger on hand
- Protect important documents in waterproof container

### Safety and Ergonomics

You spend a fair amount of  
**your day at work.**  
Make sure you  
**take care** of your body in  
order **to prevent accidents**  
and **injuries.**

- Adjust chair so elbows rest comfortably on desktop
- Ensure computer monitor is not too high or low
- Rest eyes periodically and look at distant object
- Maintain proper posture when seated and standing
- Use headset or speaker phone for long calls
- Change sitting positions and stretch periodically
- Lift heavy items with proper form and assistance

#### Sources

"Slips, Trips, and Falls Fact Sheet." National Safety Council. 2013. Available at [http://www.nsc.org/safety\\_home/HomeandRecreationalSafety/Falls/Documents/Slips%20Trips%20and%20Falls\\_FINAL.pdf](http://www.nsc.org/safety_home/HomeandRecreationalSafety/Falls/Documents/Slips%20Trips%20and%20Falls_FINAL.pdf). Accessed May 7, 2013.

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**MediFit™**

## Please Visit:

Our web page at [www.patientsafety.org](http://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](mailto: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

## 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](mailto:capspatientsafety@gmail.com)

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**JUNE IS MEN'S HEALTH MONTH**  
awareness | prevention | education | family

**01 Eat Healthy.** Start by taking small steps like saying no to super-sizing and yes to a healthy breakfast. Eat many different types of foods to get all the vitamins and minerals you need. Add at least one fruit and vegetable to every meal.

**02 Get Moving.** Play with your kids or grandkids. Take the stairs instead of the elevator. Do yard work. Play a sport. Keep comfortable walking shoes handy at work and in the car. Most importantly, choose activities that you enjoy to stay motivated.

**03 Make Prevention a Priority.** Many health conditions can be prevented or detected early with regular checkups from your healthcare provider. Regular screenings may include blood pressure, cholesterol, glucose, prostate health and more.

**100%**  
Women are 100% more likely than men to visit the doctor for annual exams and preventive services.

**1 IN 2**  
1 in 2 men are diagnosed with cancer in their lifetime compared to 1 in 3 women.

**1994**  
On May 31, 1994 President Clinton signed the bill establishing National Men's Health Week.  
"Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue."  
Congressman Bill Richardson (May 1994)

**80**  
In 2000 there were fewer than 80 men for every 100 women by the time they reach age 65 - 74.

**ONLINE RESOURCES**

- Men's Health Month [menshealthmonth.org](http://menshealthmonth.org)
- Men's Health Network [menshealthnetwork.org](http://menshealthnetwork.org)
- Get It Checked [getitchecked.com](http://getitchecked.com)
- Talking About Men's Health Blog [talkingaboutmenshealth.com](http://talkingaboutmenshealth.com)
- Women Against Prostate Cancer [womenagainstoprostatecancer.org](http://womenagainstoprostatecancer.org)