Avoid Medical Errors Newsletter Table of Contents

Doctors, Are You Listening to Your Patients? Communication From the Patient's Perspective

Here's what doctors need to know—from your perspective, as a patient. Imagine what your healthcare would be like if all doctors read this article.

Physician-patient communication is an integral part of clinical practice. Communication, both verbal and non-verbal (body language), produces helpful effects for patients and lowers patient stress levels. It results in your improved adherence to treatments and fewer medical malpractice lawsuits. Dissatisfied patients could be leaving a doctor's practice and telling others not to seek his help. Worse, lack of communication skills could be putting him at risk for a lawsuit. Let's look at some of the common issues from the patient's perspective.

1. **Treat me as a valued patient.** Greet me when I enter your office. Don't have

your staff convey the impression that I am interrupting their more important social conversations. Promptly return my calls or have your support staff give me an approximate time that you will return my call. Be aware that your body language and the tone of your voice convey a message. Do not stand at a doorway to communicate with me, either in your office or in the hospital. Enter the room and either offer a handshake or sit at eye level with me. I will know you care. Demonstrate empathy and avoid minimizing my feelings.

2. **Listen to what I have to say.** Encourage me to define my 3 top concerns and to bring a list of questions and medications on my next visit. Don't interrupt me. Gather enough data to reach an accurate diagnosis. Listen to what other physicians have to say about my care.

Here is a case about communication: The plaintiff, age 29, suffered a blood clot in her leg and was told by her family physician to begin taking aspirin. She was also advised by her family physician to take a birth control medication that did not contain estrogen. She went to Dr. Rabin, an obstetrician/gynecologist, and claimed that she told Dr. Rabin of the no-estrogen advice. The plaintiff had been taking Ortho-Cyclen at the time of the blood clot in the leg. Dr. Rabin prescribed and inserted a Nuva Ring, which does contain estrogen.

A few months later the plaintiff was hospitalized with severe headaches. It was discovered that she had blood clots in her brain and had suffered a stroke. The plaintiff claimed that Dr. Rabin was negligent in prescribing the Nuva Ring. The plaintiff's stroke affected her speech and executive functions. The defendant

claimed that the cause of the first clot was an injury and maintained that the second clot and stroke were not caused by the Nuva Ring. According to Georgia Trial Reporter, a $523,000 verdict was returned. Steverson v. Rabin, Clayton County (GA) State Court, Case No. 2008 CV 05899.

3. **Tell me about the risks/options.** Ask me to bring a family member or friend to my appointments to listen to your explanations so I can get a fuller picture. Involve me in the decision making.

Here is a case about decision making:
The plaintiff, age 46 at the time, underwent a hysterectomy in June 2005 after large uterine fibroids were discovered. The surgery was performed by obstetrician/gynecologist Dr. Orlito A. Trias. The plaintiff opted not to have her ovaries removed at that time.

In August 2006 the plaintiff was diagnosed with ovarian cancer and had the ovaries removed. The cancer had spread to her pelvic cavity, bowel and lymph nodes. The plaintiff had two recurrences, one of which was found during the trial. The plaintiff had a family history of breast cancer, with her mother dying at age 48, a cousin at age 29 and her grandmother at age 52. Several aunts also had breast cancer.

The plaintiff claimed that this family history placed her at an increased risk for ovarian cancer. The plaintiff also claimed that Dr. Trias failed to inform her that she was at an increased risk for ovarian cancer and that he should have recommended removal of the ovaries. She claimed that if she'd been informed of the cancer risk, she would have consented to the ovary removal, just as she had undergone prophylactic bilateral mastectomies at the age of

twenty-two due to the family history of breast cancer.

Dr. Trias admitted that he did not tell the plaintiff of her increased risk of ovarian cancer or that ovarian cancer is undetectable in its early stages. Dr. Trias claimed that he had instructed the plaintiff to obtain pre-genetic testing to see if she had a gene mutation that indicates an increased risk of ovarian and breast cancer. According to a published account, a $4 million verdict was returned for the plaintiff, and her husband was awarded $1 million for loss of consortium. Post trial motions were expected. Allison and Michael Downs v. Orlito A. Trias, M.D., et al., New Milford (CT) Superior Court.

4. **Tell me about abnormal lab results.** Make sure I know about them and what I am expected to do to have them investigated.

Here is a case about lab results:
The plaintiff's decedent (refers to the patient who died), age 74, was admitted to the hospital for a fractured left ankle after a fall on ice in late January 2005. She underwent open reduction with internal fixation to repair the fracture. A preoperative chest x-ray was performed and a two-centimeter nodular opacity (cloudy area) was noted in the right upper chest. The radiologist recommended a CT scan to rule out cancer. The treating internists, David Collon and Josh Meier, did not order the scan or refer the patient for a biopsy.

A second x-ray taken two days later again showed the nodule, but the decedent was not told of the abnormality. The attending internist at the time, Eric Scher, also did not order follow-up testing or refer the decedent to a specialist. The decedent continued treatment with the physicians with no

referrals or further testing regarding the nodule.

In late 2007, the decedent was admitted to the hospital with shortness of breath and sweating. A chest-x-ray revealed pneumonia and the previously identified mass. She was diagnosed with non-small cell lung cancer. The cancer had metastasized and was inoperable. After extensive chemotherapy and radiation, the decedent died of the cancer. The plaintiff alleged negligence in the failure to timely diagnose and treat the lung cancer. According to the Michigan Trial Reporter a $325,000 settlement was reached. Paul Harris, PR of the Estate of Rosa Green, deceased v. David Collon, MD, Josh Meier MD et al, Wayne County (MI) Circuit Court, Case No. 08-01472-NH.

5. **Give me education.** Providing education at appointments and prior to discharge from a health-care facility will allow me to be aware of acute events that need intervention. Make sure you give me prescriptions for new drugs and clear instructions on what I need to contact you about after discharge. Tell me when and why I need to return to your office. Make sure there is a system in place in your office to keep track of me if I don't come back.

Here is a case about follow up care: The plaintiff's decedent, age 26, went to a dermatologist with a mole on his upper back. A complete excision was performed. The tissue was reviewed by a pathologist, who suggested that the decedent return for follow-up. The decedent returned to the dermatologist twice over the next 6 months, but proper follow-up did not occur. The plaintiff claimed that the office had no system in place to contact him when he failed to return.

Two years later the decedent noticed an area on his back near the scar from the previous excision. A biopsy performed at a hospital led to a diagnosis of metastatic melanoma. The slides from the original biopsy and excision were obtained and reviewed, with a finding of "melanoma, superficial spreading type, invasive to a depth of a minimum of 1.0 mm anatomic Level IV; extending to inked deep resection margin."

The decedent underwent a wide local excision and was diagnosed with Stage III melanoma. He underwent neck and back radiation treatments and high-dose alpha Interferon treatments, followed by high-dose Interleukin-II and chemotherapy. Treatment was unsuccessful and the man died. The plaintiff claimed that the chances for cure would have been between 73 and 94 percent if diagnosed at the time of the initial excision. According to a published account, a $1.75 million settlement was reached. Estate of Anonymous Twenty-Six Year-Old Man v. Anonymous Dermatologist and Anonymous Pathologist, unknown Massachusetts venue.

6. **Advise me about necessary screening and prevention methods.** Make me a partner in monitoring my health. Advise me of the testing I should undergo based on my age and risk factors.

Here is a case about testing:
The plaintiff began seeing the defendant physician in October 1997 because her family practice physician was leaving the practice. The plaintiff was seen almost exclusively by Dr. Elsen from then until May 2004. Dr. Elsen never discussed colon cancer screening with the plaintiff and never recommended colon cancer screening during that time.

In May 2004 the plaintiff, age 66, was diagnosed with Stage IIB adenocarcinoma of the colon. She underwent removal of part of the large intestine and six months of chemotherapy. The plaintiff alleged negligence in the failure to recommend colon cancer screening. The plaintiff claimed that she would not have developed cancer if screening had occurred.

Dr. Elsen claimed that recommendation of screening was not required because the plaintiff used his office only for acute care issues. According to Cook County Jury Verdict Reporter a $357,130 verdict was returned. Julie Davis v. Evergreen Medical, Ltd., Dr. John Elsen, Cook County (IL) Circuit Court, Case No. 05L-4939.

7. **Give me clear instructions.** Use language I can understand. Give me my diagnosis; help me understand the treatment plan, and tell me the next steps. If I am receiving drugs known to be associated with a high risk for errors, give me instructions in writing. Encourage me to carry a list of my prescriptions and doses, physician names and phone numbers, and pharmacy numbers in my wallet. This list will aid me in communicating this important information to my physicians.

Here is a case about medication instructions:
The plaintiff, age 82, took a prescription for Coumadin to Overturf Drug to be filled. The prescription was for 1-milligram pills, but she was dispensed 5-milligram pills. The plaintiff stopped taking the drug after noticing that the pills were the wrong color. A large black-purple hematoma then developed on her shoulder, due to the excessive anti-coagulant (blood thinner).

The plaintiff suffered a stroke 23 days after filling the prescription, causing her severe speech impairment and right-sided weakness. The plaintiff had been living independently in her own home, but had to reside in a nursing home after the stroke. The plaintiff's doctor's records indicated that he recommended that she resume taking Coumadin about a week after receiving the excessive dosage. The plaintiff's own notes stated that the physician had taken her off the anticoagulant, but warned her that she could suffer a stroke.

The defendants, the pharmacy and its franchisors, claimed that even though the prescription had been mistakenly filled, it was corrected soon thereafter and the physician's doctor was called. The defendants maintained that the stroke was not connected to the Coumadin and that it was due to the plaintiff's actions in failing to resume her Coumadin, once her condition was stabilized.

According to a published account the jury found Overturf Drug Stores 52 percent at fault and assigned 48 percent fault to the plaintiff. The verdict was for $720,000, but the net amount she received was $374,400. McKesson Corp. and Healthmart Systems were not found at fault. Jeanette Settlemoir v. Overturf Drug Stores, Inc., McKesson Corp. and Healthmart Systems Inc. Mississippi Count (MO) Circuit Court, Case No. 08MI-CV00757.

8. **Be truthful.** Verbal communication is most often used to convey diagnosis and treatment. If you tell me bad news, I may stop hearing. I may not be able to process anything you are saying. Offer to talk to me again. Explaining and responding to questions is key to guiding me in my care.

About The Authors

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Top 12 Tips For Traveling By Air With An Elderly Parent

This article gives twelve ways to help achieve a safe and joyful air travel experience with your elderly parent. I developed these strategies after personal experiences I had with my own mother when she was in her early 90's. After we had some rather stressful trips together, I made conscious efforts to create more joy in our travels. My goal was to reduce the frustration for my mother and for myself. For years Mom loved to travel and still wanted to do so even though it was no longer so easy. (Mom has since passed away after several years with Alzheimer's disease.)

I'd like to share these hints with you, so that you can have the most enjoyable travel possible with your elderly parents.

1. Include your parents in the planning stage of making reservations for rooms. Some parents prefer having a separate room. Others like the security of sharing a room.

2. Review procedures for closing out their

residence prior to leaving. Stop paper, mail, etc. Make sure there are no appointments lined up for the time period of the trip.

3. Plan to travel one day ahead of the main activities of the trip. This gives space for transition to the new environment and rest from the trip.

4. Arrange with the hotel/motel for adjoining rooms if you are in separate rooms. This gives you the opportunity for easy connecting. Keeping the key for your parent could be helpful. Doors are usually very heavy and are not easy to handle. It's better to have your parent wait in the room until you are with her.

5. If agreeable for your parent, arrange ahead of time for a wheelchair. Distances in the airport are LONG, and there is so much confusion everywhere. Being in the wheelchair takes away that stress for your parent, and you can zip through the security lines when you are with a wheelchair passenger!

6. Encourage your parent to get up and stretch on a long flight, wear travel socks to support the legs, and to periodically pump the foot up and down. This helps to reduce the risk of blood clots forming in the legs.

7. If necessary, escort your parent to the bathroom. Unexpected turbulence can be dangerous if your parent has balance problems. Be sure he understands the importance of not getting up when the seatbelt sign is on.

8. Go over the procedures for contacting the hotel front desk so that the security of having help nearby is there. Caution your parents against opening the door without verifying who is on the other side. They may be thinking they are opening it up to a family member. Rely on the phone for connection if you don't have the key to their room.

9. Take along extra reading material for your parent to make the waiting time go faster.

Something you have may be more interesting, since it is different from what your parent usually reads.

10. Take along a nightlight so that there is safety at night for going to the bathroom. So many elderly people have falls, which lead to inactivity, which leads to degeneration of the body. Having light at night is a great safety precaution against falls.

11. Be careful not to pack the schedule too tight. Leave room for naps when necessary. Take along plenty of reading for yourself so that you are not impatient waiting. Be patient with their slower pace.

12. When returning home, check over their residence to make certain all is in shape for reentry. Make certain lights are working. Check for any leaks in water lines. Ask if there is anything that you can do for them before you leave. Coming home is another transition.

About the Author

Suzanne Holman is a speaker, writer, and consultant working with professionals over 50 who are intentional about having the best life possible. Suzanne supports them with strategies for optimizing their brain, staying on course with their goals, and living with gusto. She has particular interest in supporting those who have a loved one with Alzheimer's disease, after traveling the Alzheimer's journey with her mother, who passed away last fall.

Suzanne has a masters in education specializing in counseling and has been an educator of psychology and technology. She's had extensive coach training through Thomas Leonard's Graduate School of Coaching and the University of Texas, Dallas. Suzanne is also an Emotional Intelligence Certified Coach. Contact Suzanne at http://www.suzanneholman.com

How Much Does Your Pain Weigh?

As an emotional eater, I have always felt most drawn to dealing with this aspect of weight loss. Pretty much everything we do is driven by our feelings, and our feelings are driven by our thoughts. Our thoughts are driven by our beliefs, most of which were instilled in us before we even entered the first grade.

So it's easy to see that sometimes in order to get to the bottom of a weight problem, we have to dig far deeper than just looking at what we ate for dinner last night.

Ellen is a client who comes to mind when I think about emotional eating. Ellen was in her early 60s when we were working together. I started off as her personal trainer, coming to her home 3 mornings a week.

Anyone who has ever worked with a personal trainer on an extended basis knows that often you end up talking about all aspects of your life. Depending on the client, the trainer can become a counselor of sorts and sometimes a friend and confidante.

In Ellen's case, we slowly grew our relationship over the course of a year. She told me about her grown daughters, her grandchildren, her work, her vacations, books she was reading, and what she did over the weekend.

Although she was 100 pounds overweight, she first hired me strictly as a personal trainer. She wanted to establish a regular exercise routine, including cardio and weights, to help her maintain general strength, quality of life and flexibility. Over time, though, she started asking me to help her focus on losing some weight.

We began by tracking all of her food intake. She wrote down everything she ate and drank all week, so I would have something to analyze to come up with a diet plan. The problem was that, while I could see some areas where she could make changes, there was nothing glaring in her food diary that pointed to 100 pounds of excess weight. Something was amiss.

After working with Ellen for more than a year, she made some mention of her son. When I reacted with surprise, she waved it off as if she talked about him every week. In fact, she didn't. Throughout our time together, she had told me all about her 3 grown daughters– things about their careers, their children, and their husbands, but she had never mentioned having a son.

I had actually learned about her son from a mutual friend several months earlier, but I had kept it to myself. If she wanted me to know about her son, she would have told me, I reasoned. Her son lived in a distant state, and they didn't really keep in touch. At some point, he'd had a drug problem that had put a tremendous strain on the family. That's all I knew, and I had learned that from my friend, not from Ellen.

So when Ellen made some general reference to him that day, I reacted with surprise because I knew she hadn't mentioned him before, and I wanted to appear as if he was new to me. However, when she responded as if he was a

regular part of our conversation, the light bulb went on. I sensed that she had a lot of buried pain there. Her willingness to mention him at all was a sign of trust, but that was as deep as she was willing to go.

Over the course of that year, Ellen lost about 25 pounds. We stopped working together a couple of months later when Ellen's mother moved in with them, requiring her to redirect part of her budget to hiring a full-time caregiver. I often wondered if her pain around the issues with her son were related to her excess weight gain and her struggle with losing it.

When working with clients, there's always a fine line between giving them what they want and giving them what they need. At this point in my career, I only work with people who are ready to go to the true cause of the challenges in their lives, because I know that it's the only real way to stop the struggle. Back when I worked with Ellen, I let her lead.

Ultimately a person will only change to the degree that she feels prepared to handle. Sometimes we're not willing to involve another person in that process because we fear being pushed beyond our limits. This, however, doesn't have to keep us from taking the first step to make the change on our own.

If you've been engaged in a constant struggle to lose weight, and it seems just outside of your reach, try this. Start by making a list of all of the unresolved pain in each area of your life (financial, physical, marital, parents, children, siblings, career, etc.) – things that upset you and feel completely out of your control to fix. Sometimes the problem causing the pain still exists. In other instances, the actual problem may be long gone, but the painful scars still linger on in your mind.

Often the cause of our pain is in an area of our lives that seems completely unrelated to the issue that is currently challenging us. For some people the pain may manifest as a weight

problem, and for others that same pain may show up as a drinking problem, shopping addiction, or hoarding.

Once we begin to seek out the true cause of our pain and allow it to surface, we're in a position to heal it. In many cases, once we've done so, the struggle to make our long-pursued change just drops away because we're no longer using an issue to suppress the pain.

While we still have to take the actions to get the results we want, we see that the struggle we experienced around it was actually our own resistance to letting it go.

About the Author

Kimberly Stevens is an author, speaker, and coach who empowers clients to break through self-imposed barriers to achieve their most important goals and dreams. In her most recent book, ***"Not Another Diet Book: How to Lose Weight When You Really Don't Want To"***, she shares her passion for health and fitness by providing readers with her unique program for healthy and sustainable weight loss. She writes frequently on topics including diet, fitness, marriage, divorce, happiness, and mindset on her blog at www.kimberlystevens.com

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Do You Know Your Test Results?

Shannon was diagnosed with multiple sclerosis (MS) in January and her doctor immediately started her on a drug regimen to combat the disease. In early April, three months into her treatment, she felt worse than ever. Each day she sank deeper into exhaustion. In a routine checkup, the neurologist ran blood tests to rule out any unknown problems.

As she weakened daily, Shannon assumed that her grueling exhaustion was due to her MS, and that she must simply find a way to endure. At the end of May this very dispirited woman went to see her neurologist for another regularly scheduled checkup. The doctor's staff drew blood again.

The next day she got a frightening call from the doctor's office telling her to come in right away. When she arrived the doctor explained that her blood test results from six weeks earlier showed dangerously low levels of three crucial parts of her blood—red blood cells, white blood cells, and platelets. The count was so low that

it constituted a medical emergency, but due to a mix-up no one had told Shannon about those test results before this visit.

That was bad news. The worse news was that the previous day's tests indicated an even further drop in her blood count. Her doctor wanted to hospitalize Shannon right away. Her life was in danger.

Situations like Shannon's play out across the country every day. First of all, doctors may not ever receive the results of tests they have ordered, and they may never notice that the results are missing. In one study, "17% to 32% of physicians reported having no reliable method to make sure that the results of all tests ordered are received."

Second, 29%-45% of doctors report that they do not always tell patients about abnormal test results. About 7% of the time, doctors fail to notify patients of critical abnormal results that indicate that they have a serious problem that requires prompt attention. That's what happened to Shannon.

Did you eagerly—or anxiously—await your report card when you were in school, wondering how your teacher(s) would say you were doing? Do you give the same attention to your medical test results? To save your life, perhaps you should. Five steps you can take are:

1. Write down the names of medical tests your doctor orders.

2. Ask when you will hear the results, how (phone call, mail, e-mail, etc.), and from whom. Write this information down.

3. If your doctor wasn't already planning to send you a copy of the results, ask that this be done. (It is best to get a copy of the actual test results, not simply a postcard that says, "Your test results were fine.")

4. Note on your calendar when you should expect the results. (Or record two notes, if you will get a phone call first and a paper copy of the results later.)

5. If the date (or dates) pass without your hearing from your doctor, call the doctor's office promptly, and keep following up until you get the results.

Shannon survived her ordeal—although she suffered physically and emotionally for far longer than necessary because she wasn't told promptly what her test results said. You can help prevent potentially life-threatening traumas like hers simply by tracking your medical test results.

About the Author

Elizabeth L. Bewley is President and CEO of Pario Health Institute and the author of *Killer Cure: Why health care is the second leading cause of death in America and how to ensure that it's not yours*. For more information, visit www.killercure.net

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Finding Your Peaceful Center

What Stress Does

All living things respond with stress mechanisms when we feel our lives are in danger. A turtle withdraws into its shell when it feels a threat to its life. A hedgehog rolls into a ball. Some other stress responses include:

- Muscular tension, which creates "body armor," a protection against physical wounds.
- Speeded up metabolism, breathing, and heart rate, which enables one to more quickly fight or flee.
- Arterial construction and faster blood clotting to prevent blood loss from injury.

These physical responses can save our lives if we are directly threatened. However, humans have a characteristic not shared by most other animals. With our imagination we can create scenarios that seem so real our bodies - and

often our minds - can't distinguish them from immediate threats.

Thus, people who are afraid of air travel can imagine themselves dying in an air crash, though they are nowhere near, let alone in, a plane. Their bodies experience sensations similar to those they might feel if the crisis were actually unfolding.

On a lower-key, but more chronic level, the thought and fear of danger, death, loss of love, employment, or potential disruption, can also arouse these responses. When they are frequently or constantly invoked, they can, rather than save our lives, threaten our well-being, health and ultimately our lives.

Chronic muscular tension can lead to a wide variety of disorders. Chronic anxiety can cause asthma and digestive disorders. Chronic arterial constriction and blood that clots too quickly are related to heart disease.

Stress and Energy

Leading medical and scientific authorities increasingly agree on the above points. Practitioners and teachers of vibrational healing recognize that the physical symptoms of stress reflect a deeper imbalance.

The basic principle of vibrational healing (which can include interacting with crystals, flower and other essences, Reiki, visualizations, and more) is that all living things are created and maintained by a universal energy. This energy, as it flows into each of us, translates into our personal energy.

When this energy is flowing freely, we experience love, a feeling of connection, emotional, spiritual, mental, and physical health, creative, and general well-being. We trust in the universe to support us. When we experience fear, we are saying (usually unknowingly), "the universe is not a safe place and I don't want to be part of it." We roll up into spiritual balls and block ourselves from

universal source energy, thus disconnecting ourselves from our source of life. In essence, we create that which we fear.

Dissolving Stress

It's vital to interrupt the escalating stress syndrome. Be aware when you get tense, anxious, or fearful.

One of the most effective ways to reverse the escalation is to stop what you're doing and breathe deeply at least 10 times. Make sure you're breathing correctly. In correct breathing, the abdomen expands first, then the solar plexus, then the chest. You can monitor this process by placing one hand on your abdomen and the other on your chest. In exhaling, the chest should sink first, then the solar plexus, then the abdomen.

Counting as you inhale and exhale both eases your breathing and distracts your mind. I like the pattern of inhaling to a count of 4, holding to a count of 4, and exhaling to a count of 8.

Also, as you breathe, you can focus on the path of your breath through your body. Imagine it beginning at your feet and going up to your head as you inhale, then going back down on the exhale.

Sometimes inactivity can cause excessive energy to produce anxiety. It can be helpful to get up (especially if you spend your days at a desk or computer) and stretch and walk around. Regular moderate exercise, such as treadmill work, stationary bicycling, walking, or swimming will keep your stress level down, and can be a lifesaver when you are feeling severely stressed.

Note: Most exercise experts recommend having a physical examination to determine the level of exercise your body can comfortably handle.

Turn Off the TV

We live in an era of information overload. We can see or read about unlimited numbers of

crises or disasters. With the combination of accessibility and the human ability to imagine, we can create feelings of endangerment and stress without actually physically experiencing that danger.

It takes great discipline and awareness not to get caught up in the drama of disaster. During the first days following the destruction of the World Trade Center in 2001, I managed, for the most part, to not watch television or read newspapers. However, I spent a lot of time at CNN.com until I realized I was experiencing all the classic symptoms of stress.

The greatest temptation may come from compassion and the desire to feel connected to those who are suffering. Consider this: if you see someone sinking into quicksand, you don't help by jumping into it yourself. You help by pulling the other person out.

We can't usually physically pull people out, but we can always pray, meditate, and envision a loving and healing outcome. I have read that one person staying focused on positive thoughts has the power of a million focused on negativity. Keep those positive, loving thoughts flowing.

About The Author

C.M. Barrett does flower essence counseling for people and pets, including by email. She is the author of several email courses about health from a psychological viewpoint. She is the author of *Big Dragons Don't Cry*, a fantasy. Her web sites are http://www.adragonsguide.com and http://eftconsultations.com

Fall Prevention for the Elderly at Home

The chance of a fall with injury is a serious health risk for the elderly living at home (Donald 1999). According to the Centers for Disease Control website on safety at home, (www.cdc.gov/homeandrecreationalsafety/falls/adultfalls) one in every three adults 65 years and older will fall at home each year. In a consumer publication, the University of Colorado noted “at least one-third of all falls in the elderly involve environmental hazards in the home” (www.ext.colostate.edu/pubs/consumer/10242.html). Listed below are some recommendations for helping to make a beloved elder safer at home.

Environment

Maintain a clutter-free environment throughout the residence. Do not rearrange a lot of furniture when the elder is not at home. Make changes one piece at a time with a week in between moves.

Make sure bathrooms and hallways are well lit to facilitate safe trips to the bathroom during

dark/night times. Minimize use of throw rugs, loose mats or floor tiles, and unsecured carpeting. Keep hand rails/banisters on stairs in good repair, firmly affixed, with a smooth surface for grasping. Do not store or place items on the stairs. Mark the edge of each step with a bright-colored tape if stairs are uncarpeted, to decrease the risk of distorted depth perception.

In the kitchen, keep frequently used supplies at a reachable level or provide a small, easy-to-use stepstool to eliminate the need for using a chair/ladder to get items from a high shelf. Have bed and chairs in a comfortable position for easy, stress-free rising and reclining. If seating devices are used, make sure they are fixed to the chair to prevent sliding or falling out. Consider the use of anti-tippers when a favorite chair is a potential hazard for falling.

If a “reacher” is in use, make sure it is always kept within reach and in good working order. If the elder lives in a two-story residence, try to provide one reacher for each floor area to eliminate the necessity of carrying it up or down stairs. Provide non-skid and properly fitting shoes, socks, or slippers for when moving about. If there is an enclosed outdoor environment available, ensure that the passageway has no raised surfaces in/at the threshold that would cause a trip or loss of balance.

Medical Concerns

Some conditions/diseases place our elderly loved ones at a high risk for fall. The inevitable aging that comes with human existence dramatically increases the risk for a fall with serious injury. Being over 65 years of age places one at moderate fall risk annually. By 75 years, the risk is high, and by 85 years, one must be extremely cautious. Low blood pressure, anemia, arthritis, Parkinson’s disease, Huntington’s disease, diabetes, and gout can restrict safe mobility and increase fall risk. Depression, dementia, and medication

effects and interactions may cause symptoms that affect safe and confident movement.

Functional Mobility

Encourage the elder to always use any assistive devices for mobility or ambulation that the physician or therapist has ordered. Make sure independent toileting is feasible, safe, and easily performed. If the residence is multi-level, provide a commode for each level without a bathroom. Remind the elder to always use handrails and banisters when available. Provide easy-to-manage clothing with Velcro closures, zippers, easy-to-apply snaps or elastic waistbands. Encourage the elder to participate in moderate to light movement activities every day to maintain flexible limbs and joints.

Sensory

Ensure that glasses are clean, in good condition, and in use as appropriate with extras in the most frequently used rooms. Be aware that glare from sun and lights on some tile, linoleum and hardwood floors causes added visual disturbances. Provide large print-signs or instructions for appliances that require reading for operation microwave, toaster, TV remote, clothes washer and dryer. Check batteries for hearing aids regularly, and make sure they are in good working order and used as needed. Monitor the temperature of the water heater to reduce the possibility of accidental burning. If pain is an issue, ensure medications are taken as ordered to both maintain a steady comfort level and reduce the risk of compromising safety with worsening.

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About The Author

Sarah Jean Fisher earned a master's degree in nursing from Thomas Jefferson University with emphasis on education and has been certified in gerontology for over 13 years. She has end-of-life training certification by ELNEC (End of Life Nursing Education Consortium) and a bachelor's degree in English from Bucknell University. Sarah Jean has been a nurse for over 18 years, and long-term care has been her only focus. She has worked as a charge nurse and shift supervisor, and has been doing staff development/infection control for the past 8 years. She has presented original programs at the annual National Gerontological Nursing Association (NGNA) Conference and was the founding President of the Southeast Pennsylvania Chapter of NGNA. Sarah Jean has also worked for four years as a geriatric nurse expert with Med League Support Services, reading and evaluating medical records for attorneys related to potential litigation. She is a widow with four grown children, 11 grandchildren and her first great-grandchild. She can be reached at sjf94@comcast.net

Meditation, Part 2: How Do I Start Practicing Meditation?

In my last article I talked about the benefits of meditation. In this article I discuss how you can begin a meditation practice.

Most people who try meditation on their own ask the question, “Am I doing it right?”

Following are some simple instructions to get you started with an effective meditation practice. Remember, everyone is different, and there is no “right” experience.

Meditation is not an experience of “trying” but one of “letting go." Whatever comes up for you will be the most appropriate experience for you and your physiology at that particular time. You should not compare your experiences in meditation with that of anyone else; nor should you have any particular expectation of what you will experience during meditation. Meditation is a process of letting go and

observing without judgment. You cannot do meditation “wrong," and the benefits may be immediate as well as cumulative. Stay with your practice, and you are sure to get the benefits!

How to meditate

Find a quiet place where you can sit comfortably and not be disturbed. Turn the phone off and put your pets in another room. If you are sitting in a chair, uncross your arms and legs. Close your eyes and begin observing your breath as it gently flows in and out of your body. Do not attempt to change your breath, even though it may speed up or slow down.

As you begin to quiet down, observe your body. Beginning at the top of your head and moving down, see what you notice without judgment. Soften your eyes and relax your jaw. If you notice any place in your body that feels tight or is holding onto tension, have the awareness and intention of sending your breath there and let it go on your next exhale.

This process of quieting down may take a few minutes, as your body and mind settle into the meditation.

You may then continue your meditation by either continuing to focus on your breath or by using the “so-hum” mantra in which you silently repeat “so” as you inhale; and “hum” as you exhale. If you notice your mind has drifted away from your breath or the mantra, return your attention to your breath/mantra. It is natural for thoughts to come up. Gently observe them without judging them in any way, let them go, and return your attention to your breath or mantra.

As your body relaxes and your thoughts slow down, notice there is a space between your thoughts. Allow your mind to be in that space, the gap between your thoughts. When a thought comes up, observe it, let it go and return your awareness to your breath or the “so-hum” mantra. When it is time for you to end your meditation, stop repeating the mantra and

simply sit quietly, continuing with your eyes closed for another 2-3 minutes.

Open your eyes slowly when you are ready. Always take a few minutes to sit easily at the end of meditation before resuming activity.

How often should you meditate?
To get the most benefits from meditation it is recommended that you meditate twice each day, in the morning and in the evening for 10-30 minutes per session.

How do I know it is working?
You should not judge the results of your meditation by the quality of your meditation experience, but by the quality of your experiences outside of meditation. You may notice these benefits immediately, or it may take some time. It is not unusual for the people around you to notice subtle changes before you do. Don't have any particular expectation of having any particular experience in meditation. Every meditation is different.

What will I experience during meditation?
There are a variety of experiences you may have during meditation. You may fall asleep if your body is tired. You may experience a lot of thoughts and restlessness during meditation. You may slip into the place of peace and silence between your thoughts. Whatever experiences you have during meditation are the ones that are right for your physiology at that particular time. It is for this reason that you should never judge any particular meditation as being a "good" or "bad" meditation. Trust the process and stay with it. From the first time you meditate your benefits will start to grow. If you meditate regularly, you will accumulate the benefits at whatever speed and rate is appropriate for you.

The benefits you will gain from meditation in your daily life will occur naturally and easily with no additional effort on your part. Just make time for your daily meditation practice and stay with the process. Don't judge your meditation practice by your experiences during

meditation, but on what goes on outside of your meditation.

To learn more please visit my website or contact me at www.kayrice.com

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Aila Accad RN, MSN

Put Your Mask on First!

We adults are terrific when it comes to taking care of everyone else, but when it comes to ourselves, we often ignore or override our own needs. Whether it's basic needs like regular meals or release of deep emotional pain, we are at the end of the list (more accurately, not on the list) of the people for whom we care every day.

Being tough, we pull this magic off for a long time before our resources start to burn out. At that point we pull ourselves up by our bootstraps and keep on going. This seems admirable on the surface. In the end, though, there is no glory in the burned out carcass of an overly self-sacrificing person.

The simple yet profound wisdom of a familiar airline safety protocol is useful to take to heart. “Put your own oxygen mask on FIRST, before you help others with theirs.”

This is brilliant advice! Since many of us have such great stamina, a little self-care up front goes a long way towards supporting our ability to help others over time.

Practice the things you know you should do to maintain your health.

Eat - Don't have time for full meals? Just put an energy pack in your pocket every day. Get a ziplock bag and fill it with some nuts, raisins, supplements, whatever energizes you, for a quick pick-me-up.

Drink Water - Most of us have gotten into the habit of drinking things our body cannot use (caffeine, sugar, carbonated beverages). Replace one beverage a day with pure water and feel the rejuvenation in your cells. As your cells re-hydrate, you will look and feel younger and more vibrant.

Breathe - Take a moment before going on to the next task in your day to take a deep breath, center yourself and smile. You'll increase the oxygen to your cells and brain and spread cheer to yourself and others at the same time.

Rest - Take a stretch break. Literally, stretch your arms, back, and legs. Most animals stretch regularly. Research shows that when you take time to rest and stretch, you are more efficient and become a creative problem solver.

Take Five to Put Your Mask on First - While you are taking that stretch break for five minutes, have a glass of water, pop some nutritional snacks, take a deep breath, let it out and smile.

Feel the return of energy and relaxation to your body, clarity to your mind, and caring to your heart. Then, go out and take care of others even more effectively than you could before!

About the Author

Aila Accad, RN, MSN is an award-winning nursing speaker, best-selling author and certified life coach, who specializes in quick ways to release stress and empower your life. A health innovator, futurist and member of the National Speakers Association, she is a

popular keynote speaker and radio and television guest. Her bestselling book, *34 Instant Stress-Busters, Quick tips to de-stress fast with no extra time or money,* is available at www.stressbustersbook.com Sign up for *De-Stress Tips & News* at www.ailaspeaks.com and receive a gift, *"Ten Instant Stress Busters"* e-book. Or pick up a free copy of *Tomorrow's Nurse* e-book at www.tomorrowsnurse.com

This month's special report for Inner Circle members:

A Patient's Guide to Nurses by Pat Iyer

If you are an Inner Circle member, you will learn:

- What type of nursing school produces the nurse who can have the best impact on your health
- When to speak up about concerns about a nurse caring for you
- Why LPNs are different than RNs

Want the report? Join the Inner Circle. Details are at www.avoidmedicalerrors.com

Picking the ER

Basically, when you pick the ER, you're picking the hospital if you are going to require admission. Are you going to need admission? This is often a tough question. If you have heart problems and have terrible chest pain, it's a no-brainer. If your right foot is pointing backwards, it's a no-brainer. If you simply can't stop throwing up and you have awful abdominal pain, it's a no-brainer.

The question of whether to admit or not is one of the most challenging problems the ER doctor can face. Nobody wants to admit patients who don't need it; nobody wants to send home a patient who needs admission.

Some hospitals are known for good doctors, some for bad doctors, and some have mixtures of each. So when you are going to an ER, if you think there might be a chance of admission, think of which hospital in terms of the doctors who are there.

Doctors who are on staff at university medical centers, at Ivy League universities, in particular, are usually very high quality. On the other hand, some of them might be much more interested in their research than patient care.

Too bad for you.

It's back to the basics. You may see the doctor seems to know what he's doing. If a doctor clearly doesn't have a clue, it's a bad sign. If a doctor seems assured and responsible, presents himself well, and shows that he wants to be careful, that's a good sign. One of the best indicators, when it exists, is if other doctors in the specialty ask your doctor for advice. Rarely can you tell when that happens, though sometimes when the doctor is called away for a phone call from another physician, you can get an idea.

There are, of course, factors in an emergency department that can give you a good clue that if there's any way possible, you've got to get out of there, and fast. That will be the subject of an article to come.

Research the hospitals in your area BEFORE you need to go to the ER. Determine if hospitals in your area have Magnet status. (This is a rigorous program that requires the hospital to meet high standards of quality. The hospital's website will advertise if it has Magnet status.)

Here are some sources:

Read Navigating the Healthcare System, at http://www.ahrq.gov/consumer/cc/cc061708.htm Then go through the checklist at http://www.ahrq.gov/consumer/qnt/qnthosp.htm#choosing for tips on choosing a hospital.

www.hospitalcompare.hhs.gov. This site lets you compare up to 3 hospitals based on your zip code. You will be able to compare certain measures of performance and patient satisfaction.

Research the hospital on the website of The Joint Commission in the Quality Check section at http://www.qualitycheck.org/consumer/searchQCR.aspx This information is derived from

surveys of the facilities as well as complaints.

http://www.leapfroggroup.org/for_consumers asks hospitals for information regarding quality measures. Reporting is voluntary.

http://www.healthgrades.com/ helps you find a doctor, hospital or nursing home and provides data about top quality facilities. See the videos on this page on choosing a hospital: http://www.healthgrades.com/cms/video/

About the Author

Dean Dobkin, MD is employed in a Philadelphia emergency department. He has worked in emergency departments in several parts of the country. He reviews cases as an emergency department physician expert witness.

Theresa Healy RN

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Theresa's Journey to Health: Part 2

In the previous edition of this magazine, I discussed my journey to adopt a healthier eating style. In this column, I share my lessons.

After adapting to a macrobiotic diet, I realized that I felt so wonderful; my body was functioning well, and I had more energy than I needed. It was apparent to me that I had been totally oblivious to how badly I was really feeling on a daily basis.

The only thing I changed was what I ate—no pills, no supplements, just food. Eating the right foods is an important piece of the treatment plan for anyone. I was amazed that most health providers didn't even suggest this. I knew I was on to something.

My diet continued to evolve through the years, and I stayed a vegan for quite some time. I learned more and more about food and healthy eating. One of the other lessons I learned was that people are really attached to their food. I was one of them, but I found it fascinating that foods I thought I could never live without were no longer even desirable or tasty to me. As I

began to share all my new knowledge with people, they were not only uninterested but also offended.

Not everyone with whom I talked accepted my passion for this incredible new sense of what was right. I realized I had become like my sister, insisting that people do this. The resistance was palpable. I ended up adding nutrition to the list of topics people don't want to discuss, along with religion and politics.

I have since seen food work miracles for many people who go on the journey. My family and my clients are healthier because of it. I notice dietary changes in many areas of our community and nation. The message is getting stronger and more powerful. The people on the television show, "The Biggest Loser" have changed their food intake and added exercise. The package includes emotional healing. My counseling and my book encompass a similar perspective. You will feel better with balance in not just your food but also your entire life.

Another key point to note is that your journey is not going to be the same as mine, as we are all individuals. Different foods and approaches will be necessary.

Not everyone can go on the cleansing diet and tolerate that drastic a change, and stick with it. However, taking small baby steps can set you up for success and bring you a new world of possibilities.

My challenge to you would be to ask yourself how much of a time commitment you are willing to allow for improving your health. Start approaching your health in terms of being preventative, instead of reactive. Don't wait for dis-ease to appear. By then, it's a more difficult journey back. Be proactive and preventative by making healthier choices and living with less stress and worry for the future.

Be in gratitude every day for your health, and know that by taking control of your health and

your life you will feel empowered to continue to feel great!

Trust in your position, and reach out to people who can support you through the journey. Live vitally. Integrate holistic care in your regular health care. They work so well together.

As you improve your health, you will find little or no need for pills or prescription medication. Your doctor will wonder what you are up to, as you eliminate many medications from your repertoire. (Please discuss your medication regimen with your physician before eliminating any prescription drug.)

The more proactive you are in regards to your own health, the happier you will be. This puts you in a position to enjoy and live life to its fullest expression.

I challenge you to reach this place. My book will guide you. It is really easy. If I can do it, anyone can! Good luck and enjoy finding new and exciting foods to eat.

About the Author

Theresa Healy is the founder of **Rx: Food - Let Food be Your Medicine**, and coauthor of ***11 Weeks to Discover Nutrition***. She has been a registered nurse for more than 25 years. In 1990, with the emergency of her own health challenges, she met a nutrition counselor. Using food as medicine and experiencing the benefits of eating fresh whole foods, she realized there was a void in our healthcare system's approach to health. She entered the fields of alternative and complementary medicine. Theresa is certified as a health counselor from the Institute of Integrative Nutrition and Columbia University. She also has certification as a colon hydrotherapist, and a Chelation and IV Therapy Technician. Theresa's passion continues to be of service and guiding people to be happy and healthy through food and lifestyle. She believes that health and well being depends upon both good

nutrition and healthy lifestyle. Theresa is available for company wellness programs, youth programs, group and individual counseling, and educational talks. Reach her at Theresa@theresahealy.com

Triage in the Emergency Department

Question: *I went to the emergency department in the middle of the night with my son, who was having trouble breathing. My son waited for half-an-hour before the triage nurse saw him. Is this proper? Wendy Martin*

What is triage and why is triage completed in the emergency department?

Triage comes from the French word “trier” which means to sort or choose. Triage is a process, not a place, in the Emergency Department (ED). Triage can be completed in a room, in a bed or standing in the reception /waiting area. In triage, patients are sorted by their acuity (or degree) of illness. This allows nurses to get medical attention for the sicker patients more quickly than for those who can safely wait. The purpose of the triage process is to get the right patient to the right place in the proper amount of time. The triage nurse will assign each patient an acuity number 1 through 5. Level 5 is the least acute and level 1 is the most life threatening.

Who can complete the triage process?
Typically a registered nurse completes the triage process. However, nurse practitioners, physicians, and physician assistants can also complete this process.

What is the process of triage?
When a patient arrives to the emergency department, he is usually greeted by a nurse or other designated person. If that designated person is a unit secretary, not a nurse, the designated person will contact the nurse to alert her of a patient's arrival.

To answer Wendy's question, the standard of practice is that a patient be seen by a triage nurse within 10 minutes.

If more than one patient arrives at the same time, the triage nurse looks at the patients and their complaints to see who may need medical treatment first. The triage process can take 1-5 minutes. An "eyeball" triage takes less than 1 minute to complete. Nurses look at the ABCDs to determine the urgency of the patient's condition.

"A" stands for airway. It is important to be certain the airway from the mouth or nose to the lungs is clear. The airway can be opened by tilting the head back and lifting the chin.

"B" stands for breathing. Nurses make certain the person is breathing or perform rescue breathing (CPR) to ensure a supply of oxygen.

"C" stands for circulation. If a pulse cannot be found, then there is no blood circulating. Emergency personnel can attempt to get the heart to resume breathing by performing rhythmic chest thrusts (CPR). It also means to check for profuse bleeding which must be controlled.

"D" stands for disability. It involves checking for consciousness and the likelihood of spinal cord or neck injury.

http://www.answers.com/topic/what-is-the-abcd-survey-first-responders-use-to-evaluate-an-emergency

During the comprehensive triage process, the nurse will ask key questions related to the patient's complaint. The nurse will take your blood pressure, heart rate, respiratory rate, pulse ox (which measures how much oxygen is in your blood) and assess your pain using a 1-10 scale. The nurse will ask why you are at the emergency department. This is called your chief complaint. The nurse will ask you for your past medical history, list of medications, immunizations, personal safety at home, and some other questions in reference to your complaint.

What do I do if I walk in and no one is doing triage?

Every emergency department should have someone assigned to watch the reception/waiting area. It may be a security guard, a registration person, a greeter, or a hospital volunteer. If the triage nurse is with a patient or is not at the triage area, ask the first hospital person you see for assistance. If the triage area door is closed, knock on the door. Most hospitals have a process in place that a triage nurse is available 24/7. If there is a phone present in the reception/waiting area and no one is available, pick up the phone and dial the operator and advise them you're in the emergency department and need medical assistance. Again there should be someone available in the reception/waiting area to assist incoming patients and family.

How long should I wait for treatment after I have been triaged by a nurse?

After being triaged by a nurse, a patient can wait as long as needed based on his acuity and available resources.

Some examples:

- A patient who is categorized as a level 1 or 2 needs immediate care and should

not wait. Level 1 treatment should be immediate.

- Level 2 patients should receive treatment in minutes (10 minutes). These people may have life-threatening findings or complaints that could result in life threatening situations.
- Level 3 patients can wait up to 60 minutes.
- Patient who are triaged at level 4 can wait up to 120 minutes
- Level 5 patients can have delayed treatment up to 240 minutes. These patients have minor complaints.

For example, a level 4 might be someone who jammed his finger playing football and has no deformity or other complications. A level 5 may be someone who came to the emergency department for a prescription refill or a sports physical.

The triage nurse's job involves making quick decisions about the seriousness of each patient's conditions. When the decisions are wrong, or a patient's condition worsens unnoticed, serious results may occur.

Emergency department nurses should reassess patients waiting in the reception/waiting area every 1 hour unless the facility has a protocol stating otherwise. Since the triage nurse may be with another patient, it's important that as a patient, you let the nurse know if you have a change in what you are feeling. Patient complaints can change and symptoms can worsen.

If this occurs, you must notify the triage nurse immediately that your symptoms are worsening or you think you may have had a change in your condition. Some reasons to notify the triage nurse might be difficulty or shortness in breath, chest pain, increasing pain, dizziness or feeling like you may pass out.

Do not hesitate to be insistent on attention if you feel worse.

Jamie L. Byerly, RN, BSN, CEN, CLNC, PHRN

Guest author Jamie Byerly is a 2001 graduate of Cedar Crest College with a Bachelor of Science in Nursing, and is currently pursuing her MBA from DeSales University. Jamie has been a registered nurse for over 10 years and she is currently the Director of Emergency Services at a 254 bed community hospital. Her clinical experiences as a registered nurse are based in acute care settings, which include; Emergency Room, Intensive Care, Cardiovascular, Open Heart Recovery, Post Anesthesia Care, and Specialty Care Transports. Jamie has over 16 years experience in Pre-Hospital Care in both Basic Life Support and Advanced Life Support, and over six years of nursing experience as a Legal Nurse Consultant.

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This month's Avoid Medical Errors Inner Circle Interview

Cathy Demers talks about magnetic goals.

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- The number one thing people want less of
- The number one thing people want more of
- How inattentive blindness affects our lives
- How to train a part of your brain the size of the tip of your finger to help you achieve your goals
- How to rub your goals
- How to use concrete strategies to measure what you treasure

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