Avoid Medical Errors Newsletter Table of Contents

It Only Takes a Minute

Accidents can happen in a moment, forever altering your life. One night last month, my husband and I were driving separately down a dark road to our house. I was ahead of him. I heard a screech of brakes, and a bang and the crash of metal hitting metal. I saw lights and a cloud of smoke in the rear view mirror.

Seconds after I passed her driveway, an old woman driving a large pickup truck had pulled out without looking and hit a small dark car. The driver of the dark car was walking around cursing when I turned my car around and got there. The old woman was seriously hurt.

My husband was driving his car toward the wreck scene and immediately realized that he needed to hit the brakes and make a U turn to avoid colliding with the cars. We both escaped being in this accident by only a moment.

Accidents and injuries happen in health care in a moment. A patient decides to get out of bed without calling for a nurse, trips on her IV tubing and falls, fracturing a hip. Nurses' aides use a mechanical lift to get a patient out of bed.

The frayed sling under the patient rips and drops the patient to the floor, where he lands on his head. A distracted physician writes an order on the wrong chart. A transporter misjudges the speed of the stretcher he is pushing and takes a corner too fast. The momentum throws the patient off the stretcher.

These are all real stories. I could go on for pages about the events that occur in moments.

When my mother went into the hospital for surgery, she was taken to the surgical holding area. A nurse walked in with a basket of intravenous supplies, and began to lay out her equipment. She said, “Mary, it is good to see you today.” My mother replied, “My name is not Mary. It is Gladys.” The shocked nurse said, “Your name is not Mary Wilson?” and quietly picked up her equipment and disappeared. The nurse did not take the moment to verify the identity of the patient.

This month a physician examined an abscess under my arm. He then quickly left the room, and did not take the moment to wash his hands, despite a large red sign over the sink that said, “Wash hands.” Who knows where he carried my germs?

It only takes a moment for you to speak up, to ask questions, to request attention. One of my employees had a carpal tunnel surgery done. On her first postoperative office visit, the doctor began to walk out of the room, not allowing her to ask her questions. She said, “I have questions. Come back.” He closed the door, sat down, and answered her questions.

How do you make the most of your moments with your healthcare providers? Be prepared. Think through what you want to ask your doctor when you are getting ready for a doctor’s office appointment. Be assertive. Firmly and politely insist on having a moment to ask your questions. Unless you speak up,

your healthcare providers will assume you have no questions.

Protect yourself by speaking up. If someone is about ready to do something to you that seems wrong, stop that person. Ask for clarification. “Are you sure that yellow pill is for me? I’ve never seen it before. Can you please check my medication record again?”

Express your concerns. “Nurse, you said you don’t need anyone else to help you walk me to the bathroom, but I am feeling very weak and afraid I might fall. I’d like you to get someone else to help you. I can wait.” Don’t be passive. You have rights as a patient.

Accidents can happen in a moment, forever altering your life.

About the Author

Patricia Iyer MSN RN LNCC is President of Avoid Medical Errors and editor of the magazine. She and three coeditors recently finished updating the Fourth Edition of *Nursing Malpractice*, a two volume text written for attorneys, legal nurse consultants, and risk managers. It was released in 2011 by Lawyers and Judges Publishing Company.

Avoid the Dinosaur Syndrome for Your Brain

Think of the anatomy of the dinosaur. They were huge creatures with very small brains.

Ironically, research is showing us that as our bodies get more and more overweight, our brains get smaller.

Dr. Daniel Amen came up with the "Dinosaur Syndrome" name to paint a clear picture of the danger of being overweight. He has actually changed his physical body greatly by getting his weight down and under control. He paid attention to the research and took the steps to change his diet and exercise habits.

With obesity comes more frequent diabetes, sleep apnea, and high blood pressure. All of these health problems are associated with a higher incidence of Alzheimer's disease and other forms of dementia.

Dr. Amen has written a number of books. The most recent is *The Amen Solution: The Brain Healthy Way to Lose Weight and Keep It Off.*

He recently opened an online site that offers ongoing support to those who choose to take the steps to get their weight down to a healthy level.

Recently, I heard Dr. Amen talk about a church he has helped in creating a program for weight loss. Saddleback Church is one of the largest churches in the United States. Richard Warren, author of *The Purpose Driven Life*, is the pastor there. They have a comprehensive website to support their congregation in getting fit. Here is a link to Dr. Amen talking about the Dinosaur Syndrome: http://www.saddleback.com/blogs/thedanielplan/avoid-the-dinosaur-syndrome/

When adults take the lead to eat consciously, children see this as an example of how to eat appropriately and will follow suit. The current statistics on obesity in our youth are disturbing. The William J. Clinton Foundation, an organization that "focuses on worldwide issues that demand urgent action, solutions, and measurable results," has published figures that will open your eyes to this huge problem.

Did you know that almost 25 percent of our children do not participate in any free-time physical activity? Even worse, less than 25 percent of high school students take daily physical education classes.

Currently, health insurance companies are paying money for the treatment of obese children. This expense is almost three times higher than for treatment of normal children. Nearly 25 million children are overweight or obese. Today, there are 5 times more obese children between the ages of 6 and 11 than there were 40 years ago.

Think of the health problems that will develop for these young people if they do not change their lifestyle. Healthcare costs are high now, but what will they be in another 15-20 years when these young people are going into middle age and the older years?

It's wonderful that Michelle Obama has used her position of authority to bring attention to this issue. Efforts are being made all over the country. School lunches are being modified to provide good nutrition to students. More attention is being given to the physical education programs that have been in danger of being cut because of budget constraints.

Kids need this exercise desperately. Due to child safety concerns, children no longer go outside to play until dinner. The distraction of far too many electronics also proves more appealing than outside physical activity. Too many children now go home and play video games or watch TV.

Kids love dinosaurs but will they love having the Dinosaur Syndrome, which results in shorter, unhealthy lives?

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 brains, 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.

Suzanne has a masters degree 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 www.suzanneholman.com

You Can't Outrun A Candy Bar

No matter how much you weigh, whether you're a man or a woman, how old you are, or where you live, losing weight is just a matter of biology. One pound = 3,500 calories. If you eat 3,500 calories more than you burn, you gain a pound. If you burn 3,500 calories more than you eat, you lose a pound.

Yes, we all burn calories differently, based on a variety of factors, including our current weight, gender, age, genetics, eating habits, activity level, and muscle mass, but to lose weight we all share the same formula–burn more than you consume.

The problem is that too many people who are trying to lose weight don't realize that it takes a heck of a lot longer to burn off calories than it does to eat them. Unless you are one of the few people who slowly savor their food, it can take more than three times as long to burn off a candy bar as it did to eat it.

Sometimes this one factor can be enough to sabotage an otherwise committed dieter's best efforts. Jessica was one of those people.

When I met her, Jessica wanted to lose 25 pounds. She tended toward snacking to deal with stress, and her exercise schedule had been interrupted a couple of years earlier with a job change that came along with more work hours and a longer commute. These factors took up the time she used to go to the gym.

However, once she had gotten settled into her new role, she was able to work fewer hours and get out to the gym more frequently. A few months prior to meeting with me, Jessica had established a pretty regular routine of three days a week at the gym.

The problem was that she had been trying to lose weight on her own for awhile and didn't see the number on the scale budging, even after she had been “so committed to going to the gym”. So she came to me, hoping to figure out why she couldn't lose weight even though she was “doing all the right things.”

As we discussed her normal routine, the reason began to come to light. Jessica would start the week off right with a morning workout, light breakfast, healthy lunch and sensible dinner. If she snacked at all, she would eat an apple, banana or some other fruit. She'd wake up Tuesday morning feeling good about the prior day, which would motivate her to stick to her plan on Tuesday, too.

But as the week progressed, work stress would get to her and she'd find herself grabbing an afternoon candy bar for a pick-me-up on Wednesday. Thursday she might eat lunch out with a few people from her department. Friday night she'd enjoy pizza with her family. Although she ate pretty reasonable meals over the weekend, she would indulge in evening snacks.

When she came to me, Jessica was confused about why she wasn't losing weight. After all, she had made some cuts in her diet and had started exercising again. “Shouldn't that be enough to start seeing some results?” she asked me.

While Jessica's current diet wasn't outrageous by any means, she was making the mistake a lot of exercisers make. She thought that going to the gym should give her a free pass when it came to the snacks and pizza that she was slipping in here and there. And, in one way, it did. Her exercise routine kept her from gaining weight.

“You can't outrun a candy bar,” I told her. “The calories you're burning at the gym are being filled back in by the candy bar more quickly than you can burn them. It probably only took you 10 minutes to eat that candy bar, but you're going to have to put in around 25-30 minutes on the treadmill to burn it off.”

“If you want to maintain your weight, your current diet and exercise routine is probably just fine. But your body is telling you that with your current metabolism, as it stands right now, you're going to have to cut out more snacks and high-calorie foods, if you want to actually lose weight.”

The thing that often frustrates people like Jessica is just how many of their favorite foods or snacks they have to cut out in order to lose weight. When you have less than 25 pounds to lose, it takes some pretty significant changes in your diet to result in weight loss you can actually see on the scale.

Any calorie cuts you make will result in weight loss. However, when you consider that it's normal for our weight to fluctuate 1-2 pounds from day to day and that even on a diet you may only be losing 3 ounces a day, it's easy to see why people with less weight to lose often lose their motivation before the scale affirms their good deeds.

So it's important to remember–“You can't outrun a candy bar.” Let your body be your barometer when it comes to losing weight. Your body will always show you the results your current eating patterns are creating. It's up to you to make food choices that give you the results you want.

If you want to lose weight and you aren't, you need to make more significant changes in your diet. You will always get the results of your actions. And making more drastic cuts to foods you love may not be worth it to you. If that's the case, don't do it. It's your choice.

However, when making decisions about what to eat, keep exercise out of the equation. Eating is eating. Exercising is exercising. Don't use one to justify the other. Maintain a consistent exercise routine for your general well-being, quality of life, muscle strength, range of movement, bone strength, and cardiovascular health, but don't pit it against food. The food will always win because you can't outrun a candy bar.

Unless you have a true medical condition impacting the natural functioning of your body, you will lose weight by cutting your calorie intake below your calorie burn rate. That's how it works.

But while it may be simple, it's usually not easy. If you're like most people, you've spent untold years trying a multitude of diet programs in an attempt to shed unwanted pounds. You are not alone. While statistics vary wildly, some say that in the United States alone 60 million people go on diets, spending more than $1 billion on diet programs and products every single year. Yet according to the National Institutes of Health, approximately two-thirds of the American population is still overweight or obese. Is there anybody besides me that thinks this is just a small bit crazy?

About the Author

Kimberly Stevens is an author, speaker and coach who empowers people 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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Just go to the link below! At that link is a **FREE Video** that you'll be able to watch instantly!
http:patiyer.ccfusion.hop.clickbank.net

Questions to Ask About Treatments Your Doctor Proposes

Once I visited a foot doctor, and he was very emphatic that I needed surgery for my bunions, which is not what I went to see him about. (A bunion is a bony lump that sticks out sideways near the ball of the foot. The big toe turns inward and starts overlapping the next toe over.)

Sometimes my bunions hurt a little, and it's a challenge to find shoes that I can wear. But I've had bunions all my life. They don't prevent me from doing things I want to do. I can walk, bicycle, hike up mountains, swim, sleep, and so forth. Additionally, bunion surgery is major surgery with risks of infections and complications, and it takes up to six months to recover.

If my goal were to fix every abnormality, I'd have had the surgery. But my goal is to have health care help solve problems that interfere

with my leading the life I want. Bunions don't. For that reason, I did not have the surgery.

Everyone's situation is different. Everybody gets to decide for themselves what they care most about being able to do in their lives. Then they can figure out how health care can support those goals, instead of thinking about health care as something separate from their lives that they have to do.

Twelve questions that you can ask about proposed treatments, assuming that you are comfortable that you have been given an accurate diagnosis, are:

1: What will this treatment enable me to do in my life that is important to me, that I can't do now (or that I won't be able to do in the future without this treatment)?
2: How is success defined for this treatment? (For example, reduces pain by 25%.)
3: How many people out of 100 get that successful result?
4: Will this treatment solve the problem forever, or will the problem come back and require more treatment later?
5: What are common complications of this treatment?
6: How many people out of 100 experience complications?
7: What do patients like most about this treatment?
8: What do patients *dislike* most about this treatment?
9: How will this treatment interfere with my ability to live my normal life, and for how long? For instance, knee surgery might mean that you can't drive for a number of weeks.
10: How much pain am I likely to experience and for how long?
11: What else will I have to do to get a successful result? (For example, joint surgery is typically not very successful

without serious physical therapy afterwards.)
12: What other treatments are available for this condition?

Once you've collected the above information for several plausible treatments, you can compare your options and choose the one that best meets your needs. By understanding clearly the trade-offs you are making and the potential risks involved, you can avoid treatment that is unlikely to improve your ability to lead your life, and you can be on the alert for potential problems. Both of these can help you avoid medical errors and other problems.

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

This month's Interview in the Inner Circle:

Nurse Alicia VanBuskirk shares strategies for keeping your elderly parents safe within the medical system.

She offers tips for:

- How to prepare your parent for a doctor's office examination
- What to look for when you have a caretaker in your parent's home
- How to safeguard your parent in a weather emergency

Only members of the Inner Circle have access to this membership benefit. Sign up today at www.avoidmedicalerrors.com

The Acid Test

I believe that emotions are the bridge between what we think and what we experience in our bodies. A thought or statement such as "He's such a horrible, mean person" translates into the emotion of dislike, anger, or possibly hatred. In turn, these emotions may stimulate the physical reactions of elevated blood pressure, muscular tension, and clenched fists looking for a target.

Negative emotions can have another physical result: acid-alkaline imbalance.

What is pH and Why Should We Care About It?

Many natural healers believe that alkalinity is vital to good health and that it helps in the avoidance of degenerative diseases and aging.

Below is a short description of the physical aspects of this concept. The acid-alkaline pH (potential for hydrogen) scale ranges from 1 to 14. 1 represents pure acid, 7 is neutral, and 14 is pure alkaline. Generally, the experts in this area recommend a slight alkalinity, with a pH of

7.365.

When pH is leaning towards the acidic side, the red blood cells begin to clump together. It's a bit like gridlock. The clumping makes it difficult for them to travel smoothly through the capillaries and feed the cells throughout the body.

We can also use the analogy of a swimming pool. When its pH is out of balance, the water gets polluted. Algae and mold may grow on the bottom. Unbalanced body chemistry also leads to pollution. Some other undesirable results include the reduction of the body's ability to absorb minerals and nutrients. Acidity also reduces energy production in the cells, slowing down cell repair. It hampers the ability to detoxify heavy metals. This also makes the body more susceptible to fatigue, illness, and disease.

You can find plenty of information about this subject on the Internet. You will also find loads of ideas about how to alkalize.

While much can be done on the physical level to promote pH balance, it's important to understand the importance of negative emotions in creating an acidic pH.

Emotional pH

Mind-body experts and vibrational practitioners believe that emotional imbalances are the foundation for physical imbalances. Acid-alkaline imbalance demonstrates specific ways in which this happens.

Consider these phrases:

"What a sourpuss she is."
"I feel so bitter about this."
"My problems are eating away at me."
"There was bad blood between them."

If people were as diligent about the thoughts they allow to circulate in their minds as about what they put into their bodies, they could

realize true health. The same person who runs to his food pH chart before eating something might not consider the effects of worrying about every bite he eats or the many other worries available for consumption in today's world.

Sometimes the connections are obvious. Emotional upset readily leads to an acidic and upset stomach. Others are less direct. Stress causes high blood pressure and can raise blood sugar. It can provoke asthma attacks. These conditions may require taking prescription drugs that raise the acidity level.

I decided to look further and researched what various experts had to say about the specific emotional contributors to an acidic pH. Here are some of the things I learned.

Thoughts and emotions have a direct effect on our internal chemistry. Negativity creates acidic waste. Not only do happy people live longer and healthier lives, it's been observed that people with mediocre diets may be healthier when their outlook is positive. Those authorities who have deeply studied the effects of emotional and mental energies say that these have a greater effect on the body than the most alkaline food available.

Specifics

Some authorities believe that fear is the root cause of most diseases. We may fight against fear by getting angry, a strongly acidic emotion. When anger remains unexpressed, in the form of resentment, it has even stronger effects.

Resentment is described as the poison, intended for another, that makes you ill. It doesn't get more literal than that.

Even if you have a minimum of stress, anger, anxiety, fear, or low-esteem in your life, you can borrow suffering from the world by watching the news on television or reading the newspaper. Imagine drinking a cup of coffee and reading the headlines. It's hard to say

which causes greater acidity.

When I first stopped watching television news or reading newspapers, people thought I was crazy and irresponsible, as if the world was going to get itself into even worse shape, now that I wasn't paying attention to it. Today, more and more people recognize that the media focuses on negativity. Television screens are dark or nonexistent in many living rooms. Although I don't know that anyone has charted the correlation between happiness and good health and the avoidance of media news, any of us can document the results in our lives.

Activities for Emotional/Physical Health

Exercise: Get the toxins out and get the body moving. The best exercise is generally the exercise you like the best. Consider, though, the benefits of mixing aerobic exercise with movement that's mostly stretches, such as yoga, chi kung, or tai chi.

Meditation: Quieting the mind and relaxing promotes an alkaline environment, in addition to its many other benefits.

Reiki: Give peaceful, loving attention to your body and rest for your spirit. Connecting to the source of wellbeing, whether through this method or any other hands-on treatment is immensely valuable.

Creativity: Find a creative activity that absorbs you. This is not about excelling or outdoing others. It's about the pleasure of enjoyment and possibly sparking new brain cells into activity. Expand the idea of creativity to include any activity that makes you glad to be alive.

Cultivate Appreciation: When life is stressful, and you're firmly on the fast track, you miss a lot of the scenery. Stop to smell the flowers and to notice a child's smile. Counter negative emotion by deliberately thinking of—and maybe writing down—five things you appreciate about one of the following: your home, your spouse, your children, your job,

your body, or any five things about your day.

Note: It doesn't matter if you want to sell your house, leave your job, etc. Lack of appreciation of where we are is weird psychic glue that keeps us stuck there. When we can't find anything to appreciate about where we are, the chances are that when we get to where we think we want to go, we won't appreciate that, either.

Summon every positive emotion you can name: love, compassion, kindness, peace, etc. You won't find better alkalizing agents anywhere.

About the Author

C. M. Barrett has written extensively on the mind/body connection since 1987. Visit her web site at http://www.eftconsultations.com for more information.

Alzheimer's Dementia Or Mild Cognitive Impairment with Aging

If you are one of the hundreds of thousands of “Baby Boomers” in the community, you are facing, or have already reached, the challenge of caring for your elderly parents. At the same time, you need to manage your own home and career responsibilities. You face a role reversal when you bear the responsibility for the welfare and safety of your aging parent(s).

You have noticed that Mom or Dad has been:

- forgetting things lately, losing some skills,
- unable to make some decisions that had been previously a simple matter for them, or
- showing negative personality changes such as becoming easily agitated and/or dangerously aggressive.

What should you do if your parent is exhibiting careless behavior that places her at risk for physical harm to herself or others? You and

your siblings realize that your parent(s) aren't safe if left alone all day. You ask yourself, “Are these symptoms the normal decline of aging or early signs of Alzheimer’s Dementia (AD)? Must I consider that it is now time to place my parent(s) in a nursing home?”

To answer these questions, you must first determine if the changes you are observing in your parents are the normal changes that occur physically, mentally and cognitively with aging. In normal aging some functions slow down and the person requires more time to perform basic functions. The brain is slower in processing instructions, learning new things, and sending messages to the arms and legs. The digestive system takes longer to move food through the large and small intestines. The kidneys and liver take longer to eliminate toxins from the body. The circulatory system takes longer to deliver medication to the targeted organ or tissues.

Some decrease in word and action response time can be expected. The muscles respond more slowly to brain commands. The eyes take longer to focus and process the images they have seen and to report back to the brain.

If your parent is on any regular medications, remember that even medications that are effective in appropriate doses can become toxic if levels increase or remain high for any extended periods of time. Excessive medication levels in the body can cause lots of symptoms affecting brain and muscular function. One of the first tasks you must perform is to ensure that bowel elimination is regular, whether it is daily or every two to three days.

Other systems seem to function on overdrive and are at the ready 24/7. Many elderly experience urine dribbling due to loss of muscle control. They may have more frequent urination from a bladder that seems always to be full. Due to slowing down of intestinal

function, constipation may become a new issue to deal with. You must learn what had been normal for them before any changes occurred to determine if there is a problem.

Next, consider the possibility that another physiological and reversible condition may cause the changes you observe. Perhaps the changes are reactions from a new medication, worsening of a current condition, or the start of another treatable condition/health issue. Delirium, vitamin B-12 deficiency, electrolyte imbalance, and dehydration are fixable conditions that can cause similar symptoms or behavior changes. Other treatable medical conditions that can affect your parent(s) are thyroid problems, medication side effects, or cerebrovascular accidents (CVA) or strokes.

Your parent's taste buds lose their ability to differentiate foods. Eating may not be as enjoyable as in younger days. Your parent may change his diet drastically or begin adding excessive salt to improve taste. Hearing fades. Men can grow breasts and women grow mustaches.

You must also consider your parents' general health situation and other diseases/conditions they have. The changes you observe may be related to worsening or return of previously known health issues, like a heart defect, stroke, vascular problem, diabetes, or chronic obstructive pulmonary disease (asthma or emphysema).

Mild cognitive impairment (MCI) is not always a warning sign of dementia but those with MCI have a significantly increased risk of developing dementia. Only 1 to 2% of all those over 65 years of age develop dementia each year while 6 to 15% of those with MCI may develop dementia. As you get older, your chances of developing dementia increase substantially. Fifty percent of those 85 years old show symptoms of declining function and become demented.

Alzheimer's Disease (AD) is the most common type of dementia and does not generally occur before 65 years of age. It lasts from 3 to 20 years. Early onset of dementia before 65 is usually a type linked to genetics and is passed on in a family.

The first and chief symptom of AD is memory decline. Memories and skills are lost in the reverse order of acquiring them. Newer memories are the first to go. For example, the adult will lose the ability to speak the second language she learned 15 years ago. She will probably not remember what she ate for breakfast this morning, but she can tell you in great detail about her wedding or a graduation of 40 or 50 years ago. Next, there are personality changes including delusions and paranoia, loss of motor/daily activity functioning, and loss of language skills.

With so many factors that can affect your parent's mind, a good plan is to have the parent evaluated by a physician. Medications may need to be adjusted or started; testing may be needed to pinpoint the problems.

If your parent has Alzheimer's disease, the longer you can keep him functioning at his highest level, the more slowly the disease progresses. There have been some good results of people being able to function longer independently or semi-independently in the community and assisted living facilities before nursing home placement is required. Success is often affected by consistently taking medications.

Learn more about how to master the challenges of caring for elderly parents. Sign up for the Inner Circle of Avoid Medical Errors. Our fifth program is loaded with practical tips for overseeing the care of your parents. See www.avoidmedicalerrors.com for details.

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 her bachelor's degree in English is 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, shift supervisor, and has been specializing in 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 nursing expert witness with Med League Support Services reading and evaluating medical records for attorneys related to potential litigation. She is a widow with 4 grown children, 11 grandchildren and her first great-grandchild. She can be reached at sjf94@comcast.net.

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Health Foods . . .
Are You Sure?

Recently I've noticed that in some of the finest natural foods and health foods stores you can still get confused about the best and highest quality choices. I go back to my mantras: "Real food is always better than fake food" and "The closer to its natural state a food is the more healthy it is."

There are many "health foods" that are just "organic" or "healthier" versions of what we generally refer to as "junk foods." Our grocery stores try to confuse us into buying processed foods with hidden sugars and other ingredients we do not need by calling them "health foods". I say, beware of ALL processed foods – even if they are made with healthier and organic ingredients. Processed foods, no matter how they are described, may not promote optimal health. I've noticed that often they encourage consumption of too much fat and

carbohydrates, may be high in sodium, or have hidden sugars or artificial sweeteners.

My suggestions? Here are 5 tips to help you get back to the basics and choose the most nutritious foods:

1. When shopping, shop the perimeter of the store. This is where you will find produce, dairy, meats and other foods that have not been processed.
2. Look for foods that are in their most natural state and “non bar coded”.
3. Read the nutrition labels when purchasing packaged foods. How large is a single serving? How many calories are in that serving and what is the ratio of protein to carbohydrates to fats? How much sodium and fiber does the food have? If a food has more than 5 ingredients, and you do not recognize or cannot pronounce any of them, beware!
4. Buy local when you can. A food that was locally grown is fresher and will generally have more nutritional value than a food that has been shipped from another continent or even across the country.
5. Finally, if you have a favorite food that you want to work into your food plan, even if it is not of the highest quality, do you know how to fit it into your diet with a minimum of damage?

I encourage making the best choices and eating the highest quality foods possible. However, keep two things in mind. First, don’t ever put a bite of anything in your mouth that you do not genuinely enjoy eating. Second, there is no food that should be considered completely and permanently forbidden. If you want that occasional piece of chocolate cake, glass of wine, or gummy bears, there is a way to work that into the plan with a minimum of damage to your overall goals,

If you would like more information or help with an individual nutrition plan to help you reach your goals, please visit my website or contact me at www.kayrice.com

About the Author
Kay Rice, M.Ed., C.N. is an exercise physiologist, Certified Nutrition Coach, Chopra Center Certified Instructor and Vedi Master Yoga Alliance E-RYT 200, and licensed corporate wellness coach. Contact: kay@kayrice.com

Kay is a Primordial Sound Meditation Instructor and Vedic Master, certified by the Chopra Center for Well-Being. Primordial Sound meditation is a mantra-based meditation process in which individuals receive personal mantras based on their birth information. If you would like more information about meditation or Primordial Sound Medication, please contact Kay at kay@kayrice.com or visit her website at www.kayrice.com

Better Provider-Patient Communication Can Reduce Medical Errors

Do you feel like a child when you talk to your healthcare provider? Are you afraid to ask questions? Are you concerned that your healthcare provider may not like you if you ask too many questions or challenge his directives? Do you feel like you have to raise your voice or make aggressive demands to be heard?

Often, healthcare providers are viewed as authorities, much like a parent. When patients feel like powerless children, the primitive stress response of fight (aggression) or flight (non-communication) is often the result.

Healthcare providers can fall into the same trap, thinking that they need to be the authority. The patient must comply, like an obedient child, with their recommendations. Patients who do not do what they are told may be called “non-compliant." Patients who ask too many

questions can be viewed as being difficult. Providers may even “fire” patients who are too aggressively difficult, which can leave them high and dry without adequate care.

When communication breaks down, due to the power struggle between patients and providers, the stage is set for an increase in medical errors and poor health outcomes.

It is important for both patients and providers to respect and value the authority and knowledge that each brings to the relationship. Providers understand diagnosis and treatment. Patients know their history, the way their body functions and how treatment recommendations will fit into their unique lifestyles and values.

The true power of deciding which recommendations will be carried out rests with the patient. It is important for the provider to understand the patient’s history, lifestyle and values. It is also important for patients to feel empowered to offer information and ask questions that will help them to make the best choices for their health.

The safest relationship between provider and patient is one that respects and values that both are adults in partnership. They both wish to achieve the best outcomes for the patient. This type of communication is one key to reducing medical errors.

The New England Healthcare Institute (NEHI) found that from one third to one half of patients in the U.S. do not take their medications, as instructed. This leads to poorer health, more frequent hospitalization, and a higher risk of death. It also raises medical costs by as much as $290 billion annually. The Institute believes that if healthcare providers are reimbursed for health outcomes, they might spend more time and resources. They would work harder to educate patients more effectively on proper treatment. But this solution addresses only half the issue. It is also important for patients to assume responsibility for carrying out techniques to effectively achieve their own goals.

A provider can create the atmosphere for partnership by allowing enough time for

conversation and consultation with the patient and inviting an open dialogue. Patients contribute to the partnership by assertively communicating information, questions, concerns, and a desire to make the best choices for their own health.

Health care is increasingly complex and costly. There is an increasing demand for better outcomes and accountability. This provides an incentive for better communication between patients and providers. Both must become more aware of changing, old parent-child models of communication. In the outdated model, the provider is the authority and the patient must either comply or oppose the directives. Today's model should be an adult-adult relationship where both respect and value the contribution each makes toward the health outcomes both want.

When providers and patients communicate as partners toward better health, medical errors can be reduced and win-win health outcomes can be achieved.

About The Author

Aila Accad, RN, MSN is an award-winning speaker, bestselling 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 *Thirty- Four 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.

Killer Heart Attacks—Misdiagnosed?

Heart attacks are still the number one killer in the United States, and the number one "missed diagnosis" in terms of malpractice suits for ER doctors. So what happens when you have chest pain and go to the ER? Worse yet, what happens when you have an unusual symptom, go to the ER, and actually have a heart attack?

Chest pain is a complaint we take very seriously in the emergency department. It is a symptom shared by many ailments: some very serious, some trivial.

Most people associate chest pain with heart problems. This is often true. Exceptions include pneumonia, a collapsed lung, stomach acid in your esophagus, certain types of infections, inflammation around your rib cage, or a tear in the aorta, the big blood vessel that comes from the heart. John Ritter and Lucille Ball both died from the latter, called an "aortic dissection."

I had a professor once in medical school who told us of his heart problems. "I was sure it was

indigestion", he said, "because it would come on while I was walking, and when I stopped and took Tums or Rolaids, it went away."

He later found that when he walked, his heart required more oxygenated blood circulating to supply his leg muscles, and so his heart worked harder. His heart then required more blood. He felt what he thought was "heartburn."

When he stopped, the pain went away, not because of the Tums, but because he was no longer walking. He only learned all this at the time of his quadruple bypass.

I saw a patient recently who was in a minor motor vehicle accident. She said she saw it coming, and held onto the steering wheel for dear life. And now her arms ached. She did not have chest pain but she was having a myocardial infarction.

I saw another lady with chest pain she declared was "tearing" in her chest. Her pain was very severe but she had a normal EKG. However, she had an abnormal x-ray of the chest. She had a tear in the aorta, the large blood vessel bringing oxygenated blood under pressure from her heart. She did well after major surgery.

There are no sure things in life; there are no sure things in medicine, and the ER is no exception.

First, some reassurance. Most ER doctors are very conservative in our care for patients in whom we suspect myocardial infarction (heart attack). We admit the patient to the hospital. We monitor. We treat with medications to improve the circulation of oxygenated blood to the heart, and monitor the heart rhythm.

Not all patients with heart attacks have chest pain. Some present with shoulder pain, arm pain, neck pain, jaw pain, shortness of breath, dizziness, nausea, or passing out. The damage is still dead heart muscle, the risk or death remains real, and the consequences of failing

to have it diagnosed in a timely manner remain severe.

Not all heart attacks show on EKGs. There is a "STEMI" meaning "ST Elevation Myocardial Infarction" and a "Non-Stemi" meaning a heart attack that isn't a STEMI and doesn't show on an EKG. We admit far more patients who do NOT have heart attacks – they often have heartburn or other benign problems – than we do with heart attacks. Still, about 2% of the patients we see in the ED with MI are sent home.

Every patient is an individual. As physicians, we must take into account all available data (including an EKG that may not be diagnostic), the history, the physical examination, the risk of a cardiac event (based on "cardiac risk factors" such as smoking, high blood pressure, cholesterol, etc.) and come to a reasonable decision about what would be best for the patient.

Do you know anyone who is perfect and correct all the time? We do our best; we recommend follow-up; and we hope that our patients—all our patients—when they leave our care will be "prudent." We know you're not doctors, but if your condition is getting worse, come back! Understand that everything may not be apparent on the first visit, and a change in condition or a failure to improve warrants another visit either to the emergency department or to your own physician.

About the Author

Dean Dobkin, M.D., is a practicing emergency physician at the Philadelphia Veterans Affairs Medical Center. A graduate of Albany Medical College in 1976, Dr. Dobkin completed residency training in Emergency Medicine at the University of Illinois while the specialty was in its infancy. He has been certified and recertified three times, as a specialist in Emergency Medicine by the American Board of Emergency Medicine. He has experience

acting as faculty for an emergency medicine residency program, has held academic appointments at two Philadelphia medical colleges, and acted as an emergency department director at a variety of different hospital emergency departments. He has been honored by being named a Life Fellow of the American College of Emergency Physicians (ACEP), after serving with distinction for that organization. Dr. Dobkin chaired the Pennsylvania Chapter's membership committee, represented the Chapter at the National Council, coordinated their one day seminar series, and was elected as Officer of the Board of Directors for six years. He has developed, directed, or served as faculty for approximately one hundred emergency medicine courses. Dr. Dobkin directed the chapter's oral board preparatory course for ten years, preparing physicians to take the oral portion of the ABEM certifying examination, and he helped develop their week-long course teaching physicians how to prepare for the written examination. Dr. Dobkin has acted as a consultant for PEER Review organizations, the Jefferson Health System, the Commonwealth of Pennsylvania, and the United States government. Dr. Dobkin lives with his wife and family in southern New Jersey. He testifies as an expert witness in emergency medical care.

Do You Really Need That Medication?

In 2006, the Institute of Medicine reported that medical errors constituted upwards of $800 million in costs to Medicare. Each year 1.5 million Americans experience illness, injury or death because of mistakes made in prescribing, dispensing, and ingesting prescription medications.

More recent or updated statistics are not any better. Going into a hospital today puts you at risk for a medication error every day you are there. There is on average one medication error per patient per day!

Many strategies or recommendations on how to improve the reporting system have been suggested, so that more accurate statistics can be evaluated, and proposals have been made about how to improve dispensing medications. But what about not having any errors at all?

Who is being held responsible for the errors? The people who suffer the consequences have to live with the effects for the rest of their lives, putting even more of a strain on the healthcare system and an additional burden on the people caring for them.

There are not enough studies or extensive trials for these medications to be evaluated fully prior to them being prescribed. It is unethical to use humans as test subjects. So, until they are actually prescribed, predicting the outcomes are impossible. Every person who takes a medication is an individual and will respond differently to the medication anyway, so trials are of questionable value.

Are there any other options? It is time for consumers – that means you and me – to take back control of our health. When you have a "symptom" or experience "pain", it is a signal that your body gives to alert you to pay attention. Explore, evaluate and determine the cause of the pain, instead of taking a pill that will diminish the pain.

Become your own advocate, and demand evaluation and recommendations to heal you. Become aware that your body has an innate ability to heal when you listen, pay attention, and trust your instincts on what is needed.

Consider flu or common cold. There are basic and proven methods to deter the germ, and if you do catch the virus, there are easy ways to treat them, without clogging up the waiting rooms of doctor's offices, urgent care clinics, and emergency rooms. Prevention is really the best practice when it comes to these germs. It has been proven that basic hand washing is the most effective way to protect yourself. When you do get sick, stay home! It is a very simple concept. Just leave your germs at home! Understandably, people don't want to use their sick time for just a cold, but truthfully, no one likes it when people are at work spreading their germs throughout the office.

Taking multiple medications sets one up for medical errors. Most blood pressure concerns can be treated with meditation, diet changes and exercise. Most cholesterol issues can be corrected with dietary changes and exercise. Diabetes can be minimized or eliminated with proper weight maintenance, a plant-based diet, and exercise. Most complaints of abdominal pain are due to constipation, so increase your fiber intake, eat prunes every day, and exercise.

YOU must make the decisions regarding your health! Do your due diligence and research and explore natural options. Some medical concerns need further intervention with the health care system, so I am not saying to ignore something that needs further evaluation. But start out with making sure you need to see a doctor, instead of trying hard to get a moment of his or her time for something that time and patience will take care of. Often you will find, given the proper dose of good food, rest and fluids, that your body will heal itself. A cut will heal on its own, why not the rest of our body too?

About the Author

Theresa Healy, RN CCH, CHH
Owner: Rx: Food – Let Food be your Medicine
theresa@theresahealy.com

She 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. She believes that health and well-being depend upon both good nutrition and healthy lifestyle. Theresa is available for company wellness programs, youth programs, group and individual counseling, and educational talks.

Bullying Among Doctors and Nurses:

An Alarming Patient Safety Issue

Do you ever wonder how a surgeon could possibly amputate the wrong leg or a nurse give a lethal dose of medication? When catastrophic errors, such as wrong-site surgery or inpatient drug overdose make the news, we ask, “How could the surgeon be so stupid, the nurse so reckless?”

On the surface, outrageous errors like these appear to be the result of an individual’s incompetence. However, the causes are much more complicated than meet the eye.

Workplace violence and medical errors are connected and alarming problems. They are the “dirty laundry” of the healthcare industry. They are responsible for thousands of mistakes. They lead to appalling patient and family suffering, huge financial waste, and devastating consequences for professionals and organizations.

What Are Some Terms Used To Describe Bad Behavior?

There is a confusing set of terms that seem to vary depending on who is doing what to whom!

The most common terms are listed below:

- Bullying
- Horizontal violence (behavior between people on the same work level)
- Vertical violence (behavior between people on different levels, such as a nurse manager to her workers)
- Disruptive behavior
- Covert abuse (hidden)
- Overt abuse (open)
- Incivility (rude behavior)
- Interactive Workplace Trauma (IWPT)

For more information about the terminology, check out my 2008 article in *Confident Voices eNewletter*, "Workplace Abuse: A Glossary of Violence" http://bit.ly/jZj3f8

What Are Some Common Examples of Bad Behavior Among Doctors and Nurses?

Bad behavior is caused by power dynamics, gender differences, a long history of tolerating poor conduct, and lack of skill in handling bad behavior. Fears, resentments, and self-esteem issues collide when nurses and physicians are under severe stress. The following examples give you an idea of what can happen in a hospital. (These are hospital examples but bullying can occur in any healthcare setting.)

- A group of nurses spread negative rumors about a new nurse. The new nurse was excluded from conversations. Information was not always shared. She got a hard patient load. When she asked the manager for help, the manager told her to "just ignore it". Gradually she

became afraid to ask her colleagues for help.

- A nurse was reluctant to call a physician about a worsening patient's condition because the last time she called him he told her that her question was stupid.
- The labor and delivery nurses did not call an obstetrician about signs that a fetus did not have enough oxygen. This doctor had a habit of screaming at nurses who called him about patients.
- A surgeon got angry because his favorite instrument was not ready. He threw open the door of the operating room. A nurse standing behind the door was struck in the knee. She needed knee surgery to repair the damage. The same-day surgery facility lost an experienced nurse when she resigned after her medical leave.

How Common Is Bad Behavior?

- Most surveys show 80-97% of nurses experience verbal abuse. [1]
- 98% of physicians and nurses have witnessed behavior problems with colleagues over the previous year. [2]
- Verbal abuse contributes to up to 24% of staff turnover, and 42% of nurse administrator turnover. Up to 60% of new nurses leave their first professional position within 6 months because of lateral violence. 20% of these leave forever. [3]

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[1] See Laura Sofield, MSN, APRN, BC's website, laurasofield.com.
[2] Johnson, Carrie, "Bad Blood: Doctor-Nurse Behavior Problems Impact Patient Care", The Physician Executive Journal, November-December, 2009, (this and related articles: http://net.acpe.org/Services/2009_Doctor_Nurse_Behavior_Survey/index.html).
[3] Hurley, J., "Nurse-to-Nurse Horizontal Violence: Recognizing it and Preventing it.", NSNA Imprint. September/October 2006.

What Are the Effects of Bad Behavior?

- Medical error is often cited the 5th leading cause of death in the US. [4]
- Communication issues have been implicated in almost 100% of medication errors. [5]
- Communication failure is the leading root cause of "sentinel events" (bad medical results). Year after year after year! [6]
- Medication errors harm at least 1.5 million people every year. Estimated costs of medical errors in the U.S. are $17 to $37 billion each year. Extra medical costs of treating drug-related injuries occurring in hospitals alone **conservatively** amount to $3.5 billion a year. [7]

What Can Consumers Do?

Patients and/or families are dependent on professionals for care. It can be scary, even risky for patients or family members to speak up about inappropriate conduct. It is always a personal decision whether to do so.

There are some direct and indirect ways that consumers can help.

- Having someone present to witness, ask questions and advocate for safe care can make a big difference.
- Be informed about health, illness, treatment, and related policies and protocols.
- Practice respectful communication.

[4] The Joint Commission Guide to Improving Staff Communication, *The Joint Commission Resources,* 2005.
[5] Ibid.
[6] See The Joint Commission's website, tab-Topics, Sentinel Event-Sentinel Event Alert, www.jointcommission.org.

[7] Preventing Medication Errors: The Quality Chasm Series, *National Academies Press*, 2007, (report summary press release: http://www8.nationalacademies.org/onpinews/newsitem.aspx?recordid=11623).

- Offer feedback to a bullied person or bullying person if it feels safe or take a concern up the ladder.
- Invite friends who are healthcare professionals to talk about this issue.
- If you observe your doctor or nurse bullying others, ask for or seek out a different person to care for you. Your safety is at risk. If you cannot get a different person, talk to the person about the behavior. This is the subject of a future article.

Consumers have power and the more they understand the underlying dynamics that interfere with safe care, the more they will be able to contribute to safe, quality and cost-effective care. Your life is at stake.

About the Author

Beth Boynton is a national speaker and author of the book, *Confident Voices: The Nurses' Guide to Improving Communication & Creating Positive Workplaces*. To learn more about her work visit: www.bethboynton.com

Beth Boynton RN and Alan Rosenstein MD contributed a critical interview for members of the Avoid Medical Errors Inner Circle. Sign up for the paid membership site at www.avoidmedicalerrors.com.

Disease Prevention: How Much Do You Know?

1. Which of the following spices is likely to protect against Alzheimer's disease?
Ginger
Cloves
Curcumin
Basil

2. Which vitamin is associated with a lower prevalence of macular degeneration?
Vitamin D
Vitamin A
Vitamin E
Vitamin B12

3. Which cancer is not tied to meat consumption?
Colon cancer
Leukemia
Stomach cancer
Pancreatic cancer

4. Which disease is not linked to frequent consumption of soda?

Osteoporosis
Diabetes
Pancreatic cancer
Esophageal cancer

5. Which of the following does not help prevent osteoporosis?
Biotin
Vitamin K
Vitamin D
Calcium

6. Which of the following cancers is not linked to obesity or overweight?
Endometrial cancer
Multiple myeloma
Colorectal cancer
Kidney cancer

7. Which of the following fruits and vegetables contains the antioxidant quercetin, which may enhance lung health and decrease the risk of asthma?
Green grapes and celery
Cantaloupe and green beans
Apples and onions
Strawberries and carrots

8. Which of the following nuts is least likely to improve heart health?
Walnuts
Almonds
Pistachios
Cashews

Answers

1. Curcumin
2. Vitamin D
3. Leukemia
4. Esophageal cancer
5. Biotin
6. Multiple myeloma
7. Apples and onions
8. Cashews

References and recommended readings
Anderson JJ. Nutrition and bone health. In: Mahan LK, Escott-Stump S. Krause's Food, Nutrition, and Diet Therapy. 11th ed. Philadelphia, PA: WB Saunders; 2004:652-654.

Groch J. Fish and vitamin D linked to lower risk of macular degeneration. Available at: http://www.medpagetoday.com/Ophthalmology/GeneralOphthalmology/5641. Accessed January 12, 2010.

Nutrition Action Healthletter. New Year's resolutions. Available at: http://www.cspinet.org/nah/01_07/resolutions.pdf. Accessed January 12, 2010.

Nutrition Action Healthletter. 10 myths that won't quit. Available at: http://www.cspinet.org/nah/12_04/10myths.pdf. Accessed January 12, 2010.

Oregon State University, Linus Pauling Institute. Curcumin. Available at: http://lpi.oregonstate.edu/infocenter/phytochemicals/curcumin/. Accessed January 12, 2010.

ScienceDaily. Vitamin D, curcumin may help clear amyloid plaques found in Alzheimer's disease. Available at: http://www.sciencedaily.com/releases/2009/07/090715131558.htm. Accessed January 12, 2010.

University of California Berkeley Wellness Letter. Quercetin. Available at: http://www.berkeleywellness.com/html/ds/dsQuercetin.php. Accessed January 12, 2010.

About the Author

Dr. Nancy Collins, founder and executive director of RD411.com, is a registered and licensed dietitian. Dr. Collins has over twenty years of practitioner experience in clinical nutrition and consulting to the health care industry. She is nationally known as a medico-

legal expert dealing with the issues of malnutrition, wound healing, and regulatory compliance and has served as an expert witness in over 400 legal matters.

Dr. Collins is a frequent speaker at medical education symposia and a prolific author. Dr. Collins is an editorial advisor to the journal Advances in Skin and Wound Care, a contributing editor for Ostomy-Wound Management, and a columnist for Today's Diet and Nutrition. She is also the member of many medical advisory boards including the American Professional Wound Care Association, which granted her Fellow status.

Dr. Collins is a Past President of the Florida Dietetic Association and a past Chair of the Nutrition Entrepreneurs DPG. Currently, she holds the position of Delegate to the American Dietetic Association. In 2003, Dr. Collins was awarded the Dietitian of the Year Award for her longstanding contributions to the profession of nutrition. In 2009, she was awarded Nutrition Entrepreneur of the Year for her visionary projects and forward thinking.

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avoidmedicalerrors@gmail.com

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