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Avoid Medical Errors Magazine

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Patricia Iyer
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A Journey into Being a Healthcare Consumer

When I developed the concept of Avoid Medical Errors, I had no idea I would be putting into practice the ideas I would be sharing with others. I promise to share the lessons I learn so you'll have an inside edge when it comes to your own navigation through the healthcare system.

My own journey started in September 2010 with a pair of pants that needed to be hemmed. I did not realize when I stepped on the block of wood that I was stepping into the patient role. The tailor said, "Oh, your feet are puffy! You better see a doctor." I looked down at my feet - they were a bit swollen. How could I have missed this?

I talked to my family practice doctor, who ordered some blood tests and a 24-hour urine test. When I took the lab slips to the local hospital outpatient lab, the technician discarded one of the lab test requisitions and did not draw enough blood. I did not realize the test was not drawn until my physician's office

called me up and asked what happened to the lab test requisition. I had to make a second trip to get the missing test done.

When the results came in the mail, my husband intercepted them. He walked into my office with the results in his hands, and began talking to me about my elevated creatinine level (a marker of kidney function) before I could grab the paper from his hands. I flared with anger that he opened my mail. Later, when I calmed down, I told him, "You've had many health problems over the years. You are used to being a patient. I do NOT want to have a kidney problem. I ain't doin this!" I realized I was illogical; I realized I was emotional. I couldn't contain myself.

I now had a diagnosis: chronic kidney failure. Who, me? I have been healthy all of my life, with the exception of elevated cholesterol, well controlled with Lipitor. The last time I was in the hospital was 28 years ago when my younger son was born. I haven't had a sick day from work in years. What did this diagnosis

mean? I went to the internet and did searches. I did not like what I read. Dialysis? Kidney transplants? Oh no! These are not compatible with a good quality of life. I feel fine. Is there a mistake? The 24 hour urine test result said there wasn't.

My family practice doctor recommended I see a nephrologist. She gave me the name of the only nephrologist in our county. I called for an appointment: "Yes, we'd be happy to see you in about 3 months. And no, we don't take any insurance." I wasn't willing to wait 3 months. I pay thousands of dollars a year for medical insurance; this response did not make sense to me. By going on the medical insurance website and becoming familiar with its options, I found out I could do a search for nephrologists within 50 miles and I could narrow down the names to only board certified nephrologists. I could find out where they went to medical school and where they had hospital privileges. I came up with 4 names, and did searches for the doctor's websites. I found that two of them, (one in New Jersey and one in Pennsylvania) had received

positive ratings from consumers. A third person was recommended by one of my husband's physicians and the person who fills out referral forms in our physician's office. (She is very familiar with the specialists who are seeing the family practice patients.) A friend who is a physician advised us to stay away from the fourth nephrologist on the list.

It took a couple of days to think this through and gather information. I did not want to rush into this decision. When I called the New Jersey physician with positive consumer ratings, I got an answering machine and left a message. This occurred on a Wednesday. No one called me back. And this doctor was rated high for responsiveness. Oh, really? On Friday, I called the second physician and was told to fax my lab tests. Then an appointment would be made. My family practice office made copies of my entire file for me.

Although the first physician's office manager called back, apologetically, to say he'd overlooked my phone message and was ready

to schedule an appointment within 3 weeks, the second choice doctor had a cancellation and fit me into the schedule within a few days. I took my husband with me to the appointment so he could serve as another pair of ears who could also ask questions. I also took my medications and vitamin supplements with me so the doctor could see exactly what I was taking. He concluded he was not sure why my kidneys were not working up to par, and ordered more blood work, urine tests, and a renal ultrasound.

Back to the hospital for more lab tests. When I could not produce enough urine to fill the specimen container, the male lab tech instructed the female tech: "Just go ahead and send it. You can't squeeze it out of her." I thought, "This is an important test to me. Why should it be sent if there is not enough urine to produce an adequate and valid result?" I insisted to the tech that I would return later that day with a full cup. She hesitated, and I repeated, "I work a mile down the road. I'll come back."

When I scheduled the renal ultrasound, the receptionist explained that I needed to have a full bladder, and to bring the order and my insurance card. In my innocence, that is all I brought. The receptionist said, "Where's your referral?"

Me: "What referral? I did not know I needed a referral."

Her: "We can't do the test without a referral. No, you can't get the referral to us after the test is done."

It was 8:15 AM; my physician's office was closed; and I was standing there with an uncomfortably full bladder. I really wanted to get this over with. Did I have a tumor or a cyst? The renal ultrasound would give me the answer, and I was being thwarted by a demand for paperwork. If I could not get it done that day, I would have to wait for two weeks before I had another chance. I left a somewhat emotional message on the voice mail of the woman who writes out referrals at our family practice office. She came through for me and

within a half hour, I was getting the ultrasound. Afterwards, I wrote a grateful thank you note to the referral woman. I figure we're going to be on this journey together as I venture further into the land of kidneys. She needs to be my friend.

Remember, be proactive in using the healthcare system. Doctors and hospitals have many patients to care for you; you have only yourself and your loved ones and the obligation to obtain the best possible care.

Lessons for Healthcare Consumers

Lesson One: It is easy to get used to abnormalities, like puffy feet, and to begin to not see them. It is easy to practice denial. My husband had rectal bleeding for a year and a half, which he thought were hemorrhoids, before I could convince him to see his doctor. He was diagnosed with colon cancer.

Lesson Two: Write down the tests the physician has ordered or make a copy of your requisition. Once you go into the lab, your

paperwork will be taken away from you. Before you leave the lab, verify with the technician that enough blood has been taken for all of the tests.

Lesson Three: It is normal to be angry about bad news. Your life has been changed. Go easy on yourself and on others around you.

Lesson Four: Do research about the physicians in your insurance plan – use the internet, consumer sites, and your local contacts. Find out their board certification status and education.

Lesson Five: Get copies of your medical records. It can be very important to be able to quickly supply your medical records to a physician's office. Go with first impressions - if you call a physician's office and get an answering machine and no one returns your call, will you get the care you need when it is urgent?

Lesson Six: Don't let the technicians take short cuts with your testing. Take the time to see that it is done correctly.

Lesson Seven: Don't assume that just because referrals are not needed for lab testing that they are not needed for more sophisticated or involved testing, like ultrasounds, CT scans, and so on. Ask if they are required before you walk in for the test.

About The Author

Patricia Iyer MSN RN LNCC is president of Avoid Medical Errors. She has 24 years of experience assisting medical malpractice attorneys. She earned her masters degree in nursing from University of Pennsylvania. She has coauthored, edited, or written over 125 books, articles, case studies, online courses, or chapters.



Suzanne Holman, MEd



Super Charge Your Brain with Supplements

If you knew you could improve your brain functioning now and forever by your choice of foods and supplements, would you find it worth the effort? What if it meant your productivity would sky rocket, your creativity would blossom, and your memory became much more reliable?

My focus in this article is on the supplements you can add to your food intake so that you can get the amounts that will optimize your brain. Because supplements can have a very powerful effect on the body, check with your physician if you are on any prescription medications.

There are many antioxidants and vitamins that can be extremely helpful. Some of these may be new to you and some are probably very familiar to you.

Eating **turmeric**, found in many Indian foods, seems to reduce expression of a gene closely

associated with Alzheimer's. You can take turmeric in capsule form as well as using it in food. This gene (with a name that sounds like Star Wars) is called the ApoE4 gene.

Research shows that an elevated level of the ApoE4 protein is correlated with a higher incidence of Alzheimer's. According to the Alzheimer's Action Plan, those who have the ApoE4 gene are three to eight times more likely to develop Alzheimer's disease than those who do not carry the ApoE4 gene. This gene plays a role in how cholesterol is metabolized.

Vitamin B is essential to the health of your brain and body. Without B vitamins your brain neurotransmitters do not work efficiently. And to make it worse without having the B vitamins, your homocysteine levels rise and that doubles the risk of developing Alzheimer's. Homocysteine is an amino acid associated with stroke, heart disease and Alzheimer's.

Vitamin E is very good protection against Alzheimer's. People who consume the highest

amount of vitamin E are 43% less likely to get Alzheimer's, according to studies. You can get vitamin E by eating just 3 ounces of nuts or seeds a day.

One recent study has found that **NSAIDs**, non-steroidal anti-inflammatory medications like ibuprofen may lower the risk of Alzheimer's disease. They are anti-inflammatory and it is the inflammation in the body and in the brain that causes the problems with Alzheimer's.

Melatonin is so much more than something to help you sleep. Melatonin can actually guard the nervous system against Alzheimer's disease and stroke-two degenerative diseases. Naturally produced melatonin really declines as we age so it's important to supplement older adults to enhance that protection against oxidative stress causing neural degenerative diseases.

Another thing that I've been taking for years are **Omega 3 fatty acids**. A dietary deficiency showing up very frequently in Alzheimer's patients is the lack of the Omega 3 oils.

Omega 3 fatty acids again are known to reduce inflammation and that is why they are so important. One study showed that DHA supplementations significantly decrease the number of reference memory errors and working memory errors in male rats and in young rats.

Doctors give Omega 3s as part of prenatal programs for women now. Now that we know that the brain is constantly restructured throughout our life, even into the extremes of age, we see that the elderly really can benefit as well. The Omega 3 fatty acids are also beneficial because they provide fluidity to cell membranes and they improve communications between the brain cells.

With the way food is processed now and the ways that animals are raised, most of the Omega 3 fatty acids have been removed from our foods. And eggs are really a good source that many people have stopped eating because of cholesterol worries. You can take either the fish oils or if you prefer you can use

flax seed oil or ground flax. Make sure that the fish oil you purchase is what they call molecularly distilled or pharmacy grade to avoid mercury contamination. Purchase burpless capsules or freeze the capsules to reduce the fishy aftertaste. Since Omega 3's can support good restorative sleep, it's helpful to take the supplement before going to bed.

With this information in mind, review what you are now taking in with your current supplements and check with your physician to see what would be good choices and amounts for you personally.

You owe it to your brain to give it all the support you possibly can. Optimizing your brain can make a huge difference in your future. You have the opportunity to enhance your years and keep your independence as long as you possibly can!

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.

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Kimberly Stevens



How to Change When You Just Don't Feel Like It

As we go through life, we inevitably encounter aspects of our lives we'd like to change. In fact, change is an integral part of human existence. That being the case, you'd think we would have evolved over the years to embrace change -- or at least accept it more gracefully

when it is thrust upon us. Yet, most of us willfully resist change, even when it's clear to everyone else around us that we're ultimately going to have no other choice. Especially in circumstances where the consequences of doing so are only going to make the situation worse.

So why do we resist what is seemingly inevitable? Especially in circumstances where the consequences of doing so are only going to make the situation worse. It's like watching a tornado heading straight toward you and

deciding to just stand there with your eyes closed hoping it will divert and go the other way. We all know that's probably not going to happen. Yet that's how many of us handle challenges in our lives – we just avoid dealing with them or deny their existence until a tragedy or crises forces us to face them. But confronting problems head-on is the only way to get beyond them. Yes, sometimes things resolve themselves, and it's wonderful when that happens. But when it doesn't, there's usually a price to pay for our resistance – wasted years, lost money, damaged relationships, stress-related illnesses or chronic depression.

Although we are presented with opportunities to change all day long, we usually eat the same breakfast, drive the same route to work, park in the same place, buy the same sandwich at the same deli, and follow the same evening routine. And for the most part, all of that sameness keeps our lives running relatively smoothly.

But when we're facing a life-altering health problem, a crumbling relationship, a mass layoff, or a devastating financial situation, we're finally forced to sit up and take notice. Maybe all of that sameness blinded us to the warning signs, Perhaps we saw the problem coming and just didn't want to face it. Or maybe there were no warning signs at all.

Luckily most of us weather these storms and come out on the other side. But wouldn't it be better to deal with relationship issues before the affair? Make healthy lifestyle changes before the bad diagnosis? Change your financial habits before the bank starts calling? Well, there's good news.

In past years neuroscientists reported that our brains were essentially hard-wired by the time we turned thirty-five, but now they're saying we can actually change our brains at any age. That while we have formed beliefs, habits and emotional responses that unconsciously run the show most of the time, we are still capable of making brand new connections in our brains

establishing new thought patterns, new emotional responses and new behaviors to replace the old.

According to Dr. Joe Dispenza, neuroscientist and author of “Evolve Your Brain,” every time you have a thought, you make a chemical that sends a message to the cells of your body to stimulate the body to feel a certain way. When you have a negative thought, your body produces a chemical to signal you to feel angry, jealous, anxious, or sad. When you have a positive thought, your body gets the message it should feel happy, joyous, or excited.

So when you think a thought, you start to feel the way you're thinking. When the brain notices that feeling, it begins to think another thought to match that feeling. As long as this pattern goes uninterrupted, it continues day after day, year after year. As we age, the thinking-feeling patterns we've established over a lifetime have become deeply ingrained. But we can break up our patterns at any age

by introducing something new – a new thought, a new feeling, a new behavior or a new experience.

The problem is – most of us don't like new. We like our comfort zone. And while we may complain about our boring lives at times, most people choose the predictability of routine over the discomfort of the unknown.

So when you say you want to make a change in your life, but you let yourself off the hook time and time again with, “I just don't feel like it today - maybe tomorrow,” you're just trying to keep the internal peace by avoiding the chaos of thoughts and feelings that will come up when you rock the boat.

That said, change really only requires the willingness to step out of your comfort zone. It doesn't have to be a big step. To start an exercise routine, you could begin by parking at the far end of the parking lot. To control your finances, you could put a new budget in place.

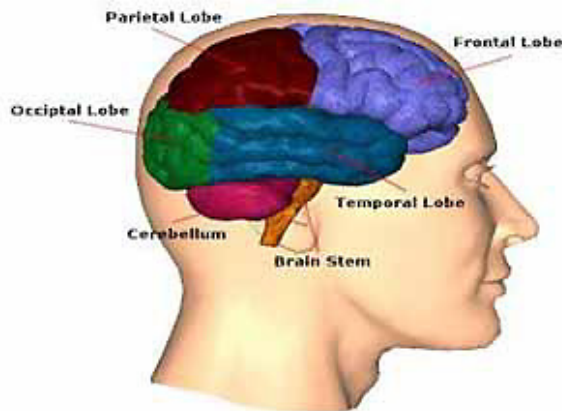
To reinvigorate a stale relationship, you could initiate a weekly date night. It really doesn't matter what you do ... as long as you do something different and do it consistently. The first time you do it, you'll make a new connection in your brain. The next time you do it, you'll reinforce that connection. And every time you do it thereafter you'll strengthen that connection until it becomes your new normal.

As a result, you'll have more positive thoughts about that area of your life. Your brain will shoot different chemicals out to the cells in your body which will prompt positive feelings which will then signal the brain to have more positive thoughts – and so on.

About the Author

Kimberly Stevens is an author, speaker & 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 & fitness by providing readers with her unique program for healthy & sustainable weight loss. She writes frequently on topics including diet, fitness, marriage, divorce, happiness & mindset on her blog at www.kimberlystevens.com





Elizabeth Bewley MBA



Failure to Communicate

When I was fifteen, I was rushed to the hospital because I almost stopped breathing; my throat was nearly swollen shut. I couldn't talk. I was confined to bed because my doctor was worried that any movement at all could trigger a coughing attack that would completely close my throat. I wasn't even allowed to try to whisper, because my doctor thought that doing so would irritate my throat, again with the potential to stop my breathing entirely.

They set up a surgical kit next to my bed and told me to hit the call button if my breathing got worse. To save my life, they would have to operate on me right there, putting a breathing tube in my neck. They said there wouldn't be time to get me to an operating room. I was very scared, but they told me that whenever I hit the call button, someone would come running.

Because I would be using the call button for routine needs as well, they wouldn't

immediately know if it was an emergency or not. But to be safe, the plan was that someone would always come running.

A few hours into my stay, I pressed the call button for the first time.

Nobody showed up.

Instead, a moment later, a voice came over the intercom, asking, "What do you need?" Of course, I couldn't talk, so I couldn't answer. After a minute, the voice said in an admonishing tone, "If you don't say what you need, no one will come."

I froze, and realized in a flash that I could die that day -- in the hospital, with the surgical tools to save my life lying less than two feet away.

That was my first hint that the promise of health care to save lives can fall apart.

As Cool Hand Luke said, "What we've got here is a failure to communicate."

Which of the following two mindsets on the part of the person on the other end of the intercom seems more likely?

1. "This is a hospital. The children on this floor are very sick. If a patient presses the call button and then doesn't say anything, I better send someone to see if something is wrong."
2. "If a child presses the call button and then doesn't answer me when I speak to her, she must be fooling around, just trying to make our jobs more difficult. I don't have time for this. I'll make it clear to her that we'll interact with her on our terms, not hers."

It's clear that the second one is a better match for the facts. It assumes that the patient is being deliberately disruptive, and frames the encounter in terms of how to maintain power and control.

That attitude on the part of the healthcare professional reflects one of a number of flawed

mindsets that are found throughout health care, often resulting in bad outcomes.

That's not intentional on the part of doctors and nurses. They do not get up in the morning and say, "I'm going to find more ways to harm people today." Almost every single healthcare professional I've ever run into or heard about comes to work intending to do a good job. But things often go wrong. The healthcare system saves millions of lives every year, but it also has a lot of problems.

An important point to understand is that if you come out of an encounter with the health care system feeling diminished, or feeling as if you are not smart enough to understand what is going on, *it's not you*. Virtually all adults of normal intelligence -- and many children, too -- are completely capable of understanding their medical condition and the choices they face. But the healthcare system often makes it very difficult for them to do so.

That fact reflects a failing of the health care system, not a failing of the patients.

About the Author

The writer 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*. The information in this article is adapted from *Killer Cure*. Feel free to visit www.killercure.net.





Constance Barrett



You, the Patient: Choosing a Practitioner

Note: For purposes of convenience, I'm referring to all visits as "medical," even though some may technically not be.

The time may come in anyone's life when seeing a traditional or nontraditional medical practitioner is a wise idea. (Please note that any advice is not meant to replace a medical opinion.) As with everything else in life, attitude

is everything in terms of how you approach this consultation.

Below, I explore several challenges to a useful visit.

"I'm a failure."

Jane believes that herbs, vitamins, essences, crystals, and the power of her mind can heal her of any disorder. So why didn't any of these methods work? She must have done something wrong. Is she a quitter? Why doesn't she believe in herself? Maybe she

secretly has such terrible beliefs and such deep negativity that metaphysics washes its hands of her.

She feels like a failure, and she approaches the medical visit with an attitude of guilt and resignation. A subtext can be: "Since I didn't succeed in healing myself, I might as well give my power up to the doctor/practitioner. There's no point in consulting my inner guidance; obviously I've been dialing the wrong number."

This is one way for good people to have bad medical experiences. Whether you are choosing a crystal, an essence, a massage therapist, or an M.D., you want to tune into your inner guidance. You have choices, in terms of practitioners and in what you decide to believe or not believe of the practitioner's recommendations. The more empowered you feel about your healing process, the better it will turn out.

Be glad you're not perfect. It means you're alive.

"I'm OK, but the Doctor Isn't."

Please note: I give full credit to the increasing numbers of M.D.s who listen to and respect their patients, who are open to alternative treatments, and who believe that their patients have equal rights when it comes to deciding the course of treatment. I'm not writing about them.

Sometimes the doctor isn't ok. The not ok description can also apply to any practitioner. It's easy to believe that when we select alternative or nontraditional practitioners we won't encounter authoritarianism or rigidity. Often this is the case. Alternative practitioners haven't been educated into the notion that years of training exempts them from having to act like humans. However, some practitioners have developed that notion on their own. Be alert.

Consider statements like the ones below:

- This disease will inevitably cause damage to your kidneys, heart, etc.
- The average life expectancy for this disease is x years (months).

- Only by suffering and giving up everything you live do you have even a hope of surviving.
- I know best.

Be cautious about a practitioner who tells you anything is inevitable or who gives you a death or long-term disability sentence. (S)he is radiating negative energy that hampers your current and future well-being.

I don't think you're likely to develop a healing relationship with anyone who tries to scare you-especially if they succeed. You can't improve your health from a place of fear, only from a place of hope. You want a practitioner who will encourage hope.

Be cautious about this variant on the fear-inducing pattern: "You can get better, but only if you do exactly what I say." The submessage in this is: "Ignore your inner guidance. It's wrong. I know what's best for you." This person may have "good" intentions, but he wants to run your life.

A practitioner might say something that seems to contradict information you've gathered. If

you mention it, and if the practitioner says, "That's wrong, I'm right," run.

I'm not exaggerating here. I heard a story recently about a practitioner who claimed that every other practitioner, including highly respected holistic M.D.s, was wrong. Only he had the answers.

In general, if you leave a consultation feeling upset and helpless, don't go back. Your inner guidance is probably telling you that what you're hearing doesn't vibrationally match your deepest knowing.

Remember, it's your body, your life, your time and your money. Take the time to find a practitioner you can trust, one who will work with you in partnership for wellness.

Listen for these statements:

- I believe in the power of the mind.
- I believe in miracles.
- I believe that you need to listen to your body's messages and trust them.

Once You're There

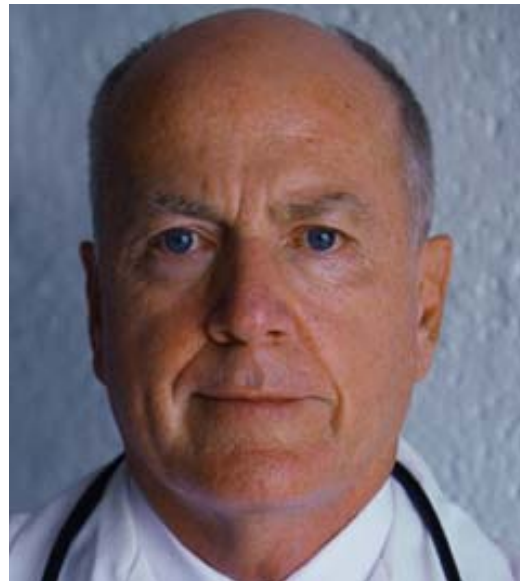
Finding a good practitioner gives you a good start. However, the best practitioner in the world can't override a negative mental and emotional attitude.

Some people come to a consultation in a cynical or discouraged state. They are prepared to judge this practitioner as no better than any of the zillions they've seen. Be aware of your prejudices and keep an open mind.

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. Her web site is Beyond the Rainbow at <http://www.rainbowcrystal.com> and she can

be reached at elfspirit333@gmail.com





Sarah Jean Fisher
MSN, RN-BC, BA



How to Pick Out a Nursing Home For Your Parents - Part I of II

Thanks to technology and a longer lifespan, myself and many of today's fifty and sixty-old are seventy or eighty years old. As our parents age, many of them may have also developed physical problems and cognitive limitations that will no longer permit them to live independently. Someone must take charge of their daily lives, and inevitably we, their

children, may become the overseers of our parents' care. Some of us are now being parents to one or more grandchildren; some are parents to teen-age and young adult children with social and/or psychological problems. Now, we may be faced with a chronological anachronism: we must now be parents to our own parents. problems. Now, we may be faced with a chronological anachronism: we must now be parents to our own parents. When older adults develop cognitive deficits or physical difficulties from stroke, trauma, or Alzheimer's Disease, there can be a breakdown of decision-making ability or function for these beloved elders. When elderly parents experiences episodes of near-

miss fire emergencies, losing important/valuable items like keys or vehicles, or becoming confused and getting lost, the adult child is concerned about the parent's safety when others are not around.

The choice for the parents to move in with an adult child and family or for someone to stay with the parents during the day is frequently limited by finances or space. Most times a parent would rather not move in to a child's home for fear of being a burden or losing some independence. The option of having to pay someone to stay with them during the day is sometimes only a short-term fix, if someone is identified, but not usually feasible financially for any extended period of time for the average family. The children now bear the frightening, bewildering, complicated and sometimes painful task of figuring out how to keep their parents safe and healthy on a day-to-day basis in either an assisted living facility or by placing our parents in a nursing home. How does one pick out a nursing home for Mom and/or Dad?

Where do you look to find the place that will allow Mom and Dad to continue an optimum quality of life doing the kinds of things they enjoy while maintaining a healthy regimen of diverse and safe activities, good nutrition and medical care? What do you use as criteria for selecting a nursing home or how do you prioritize?

The Centers for Disease Control and Prevention has reported in April 2010 that there are over 1.5 million elderly Americans in nursing homes. Recently on their website, the Centers for Medicare and Medicaid Services Nursing Home Compare (www.medicare.gov/NHCompare) published a report stating that one of every five nursing homes surveyed earned the rating of one star (poor) out of a possible five stars (excellent). This amounts to approximately one quarter of a million patients receiving sub-standard care in the areas of quality of care (number of falls, pressure ulcers, injuries, constipation, and dehydration) staffing, and health inspections. During the one- or two-year period of the study,

each of these homes averaged 14 deficiencies against quality of life or safety out of the 180 regulatory standards used as criteria for inspection. Yet, the Medicaid Star System is partially based on self-reporting; what guarantee does the average citizen have of the integrity and sincerity of those who do the reporting? And even if you consider all at a certain level of honesty, guidelines vary from state to state and some surveyors allow a wide area of interpretation of the guidelines. How do you avoid a “one-star” institution quietly and inappropriately lurking at a three-star level due to the numerous “if factors”?

The government and state assess each long-term care facility annually for safety and quality of care, but what about the abundant other considerations that must be investigated? There’s location, ambiance, cost and rate increase history, staffing and staffing ratios, Medicare eligibility, for profit or non-profit, spousal impoverishment (bankrupting a community-living spouse by the unlimited use of joint funds on an institutionalized spouse on

Medicare), visiting hours and family involvement. Then there are culture change programs, de-institutionalizing programs, activities, and waiting lists. What about spending down asset requirements, covered services (therapy, medication, lab tests, physicians’ visits) and more. And once you identify all relevant parameters, where do you begin?

One might assume that most facilities that were for-profit or had longer waiting lists for placement would possess a four- or five-star rating, yet, a government report of 2009 ascribed the worst performances occurring in for-profit institutions. Now you must turn your experience and knowledge into useful tools and gather the support of those specializing fields like medicine, social and financial services, and quality-of-life to help you wade through the fluff and commercial “gimmicks” to make intelligent and informed decisions about your parent’s future.

I will share more about how to do this next month.

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 charge nurse, 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

Sign up for the Avoid Medical Errors Inner Circle for monthly advice from experts, special reports, to share your story, and get answers to Frequently Asked Questions. Get details at www.avoidmedicalerrors.com.





Kaye Rice MEd CN



Five Tips For Choosing Healthy Foods

1.) Does it come in a package?

Processed foods come in packages; even some so called “Healthy Foods”. Packaged and processed foods typically have many added ingredients, preservatives, other additives, hidden sugars and are typically high in sodium content. Be sure you read all the ingredients and labels on packaged

foods before you decide to purchase and consume them.

2) Does the food have a barcode?

Whole natural foods, fruits and vegetables come in their own packaging and have only one ingredient and do not have a barcode on them.

3) Does the food have a barcode?

Whole natural foods, fruits and vegetables come in their own packaging and have only one ingredient and do not have a barcode on them.

4) How many ingredients does it have?

A good rule of thumb is 'if it has more than 5 ingredients on the label, beware!'

5) What is the food's 'Shelf Life'?

In fact the faster a food goes bad, the healthier it usually is. That's because the enzymatic activity which causes the foods to rot at room temperature also means that the enzymatic activity within your own body will be greater as well. Most of the processes used to refine foods or chemicals added to them in order to increase shelf life to not promote health and often reduce the quality and nutritional value of the food.

6) Is it organic or locally grown?

Some of our produce is shipped from as far away as other continents. These fruits and vegetables were often picked before they were ripe, shipped for thousands of miles, and finally 'gassed' to ripen them upon arrival. Choosing organic & locally grown foods is not only a good way to support your health, but also to support your community and our planet.

Remember: "Real food is always better than fake food". This might be the 'top tip'. Often times a substitute for the 'real thing' is just as unhealthy, and sometimes even more so than what you are trying avoid by using a substitute.

About the Author**Kay Rice, M.Ed., C.N.**

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Aila Accad



Are You Too Strong, Intelligent or Capable to be Stressed?

One of the factors contributing to medical errors is that high functioning medical professionals are not willing to recognize that they are stressed. Stress affects both healthcare professionals and patients. If you

think you have no stress, you are most likely not aware of how stress is affecting you; you are in denial. In fact, the stronger you think you are, the harder stress can hit you with a powerful jolt.

If you are mentally, physically and emotionally are in denial. In fact, the stronger you think you are, the harder stress can hit you with a powerful jolt.

If you are mentally, physically and emotionally strong, capable and adaptable, you may not even realize that you are stressed. Are you knowledgeable about stress or have a high

tolerance for stressful conditions? If so, you may simply not be aware of how stress is affecting you below the surface. This is what happened to me.

I taught stress management for 25 years and thought I had my stress well under control. When, the moment came that I couldn't go on, I was shocked. I thought, *"How could this happen to me? I know better!"*

It happened in an instant. The day before I thought I was fine. That fateful morning, I sat on the sofa with a cover over my head, not wanting to see or talk to anyone. I just wanted to disappear for about three months and start over again. My mind and body went on strike, shouting *"No More!"*

Have you ever felt this way? Maybe you are just a bit too strong, adaptable and capable for your own good. These are not bad skills, but when they are used to excess or to cover up and deny the reality of a stressful lifestyle, they can become counter-productive and put yourself and others in danger.

Here are some "red flag" questions to help you become more aware of your stress.

Check in with your body ~ Is there any disease? Ninety percent of all physician visits are stress related, according to the CDC. Are you prone to colds, sinus infections or other minor ailments?

Check in with your mind ~ Do you rise above stressful situations or sweep things under the carpet to keep an even keel? Do you pull yourself up by the bootstraps and just keep trucking along?

Check in with your emotions ~ Do you feel numb to the ups and downs of life experiences? When someone asks you how you feel about something, do you tell them what you think instead?

Check in with your spirit ~ Are you just going through the same routine motions every day, like "Groundhog Day?" Stress robs you of energy and passion to live each unique moment fully.

Check in with your relationships ~ Are you tolerating and accommodating people who push your buttons to be a "good" person? Do you feel like you help everyone else and no one is there for you when you need help?

If you answered "yes" to any of these questions, it's time to become more aware of your stress and take action. Stress overrides logical thinking, creating the distractibility and preoccupation which can lead to medical errors.

It's important to recognize that working long hours under high pressure creates a physical stress response in your body. This is not a reflection on your personal strength or capability; it is just part of the human condition. Awareness is the first step to being able to acknowledge the subtle signals that you need to take a break to refresh and re-nourish your body and mind. Ignoring or denying these signals because you think you are too strong,

intelligent or capable to be stressed is a set up for inadvertently committing a medical error.

To improve your safe practice, be aware of the reality of stress, notice the signals and take action to release your stress regularly.

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 and futurist, 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.



Dean Dobkin MD



that “mental health” day you spent at the beach? Hmmmm... Sorry, just won't cut it.

The real question: Was your health in danger?

Use of the emergency department should be for a true emergency, the only place to which you should consider going.

The emergency department is designed to take care of you when you have any severe condition that you think might not be able to wait – you're in too much pain, you think you broke a bone, you can't stop vomiting, you

The Emergency Department: When to avoid it!

Do you have an emergency? Aaah, a zit just before the prom, and you have a big date The softball team's physical form is due tomorrow? Your boss needs a “work note” for

can't breathe ... not quite in the same category as needing a work note.

What happens when you go to the ER? The hospital, by federal law, is mandated to give you an "adequate screening examination" to determine if an emergency medical condition exists. The triage nurse – often the first person you see after arrival – determines the order in which patients receive that examination.

The nurse will use nationally accepted guidelines to determine your place in line. Patients who meet criteria suggesting they are likely to have a condition that cannot wait will be seen before you, no matter who arrived first.

When it's your turn for the screening examination, you will be seen by a doctor, physician's assistant, or nurse practitioner.

If you have an emergency condition – a condition, which is considered to have a reasonable chance of getting if there is no intervention – the hospital is obliged to stabilize the condition. You're in the right place.

If you have an ailment that has no urgency, you'll receive treatment, but it may not be just what you're looking for.

Need a form filled out for a physical? A routine vaccination? A doctor's note?

Guess what. Maybe you'll get it, maybe not. You will still receive an evaluation; and, you will still receive a bill.

ER visits in the US have been increasing since the 1950's. In 1990 there were 90 million ER visits contributing 1.9% of the total US health expenditures. In 2008, there were 124 million visits and a doubling of the percentage of total US costs to 3.7%, about \$84 billion. The rate of growth in ER visits is also increasing. From 1990 to 2000 ER visits increased 15%. From 1998 to 2008 visits increased 24%.

While more and more patients seek emergency care, the number of hospital emergency departments "open and ready" to see patients has been decreasing.

If you go to an emergency department with a condition any reasonable person would know is not an emergency, you're in the "back of the line" in terms of how quickly you'll be seen.

The result should surprise no one; waiting times increase. Emergency department overcrowding has become an issue with increasing prominence to the lay public.

Do you really want to wait for hours on end to see a doctor because you failed to plan well?

And at what cost?

Emergency care is the most expensive type of primary care you can imagine. Emergency departments have to be able to provide care for the seriously sick and injured, 24/7. The costs for that care is shared by the patients.

Healthcare insurance? Often it will require you to have a huge co-pay for routine care you seek in an emergency department.

You drive a hybrid car, you recycle, you do your civic duty wherever you can. What

happens when you get routine care in an emergency department?

While the doctor is seeing you, he's not seeing the patient with appendicitis in the next room. Meanwhile, the cancer patient with an unexpected complication may be waiting for the examination room in which you are being seen.

You are consuming a resource in limited supply; emergency services. The personnel, the doctors, the nurses, the equipment is available and ready for those who need it.

The next article in this series may help you decide when you should not hesitate to go to the ER.

About the Author

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



Theresa Healy RN



Eating Healthy on a Budget

Today's tough economic situation affects all of us. And the domino effects are seen by consumers as we shop for our food. The food prices are going up, and our salaries are decreasing. So what do you do? The temptation is to just buy the food that is the least expensive, and time consuming.

But will eating the less expensive, quicker foods cost us more in the long run? The

answer is an emphatic YES! It will cost you in many ways.

If you have been listening at all to the the latest news and trends, then it should be apparent that the trend is to make healthier choices when it comes to your life. Lifestyle choices we have made and are making every day, have an effect on our daily life, and profoundly influence our long term health. But in these times of economic crisis, many meals are based more than ever before, on convenience and price than on health benefits.

Fast foods, processed foods, and microwaveable foods are convenient, taste

good, and don't hit our wallets too deeply. But, these foods have empty calories and have minimal nutrition. It is also known how these foods negatively affect your health.

It's difficult to comprehend, after eating a certain way for many years and not necessarily feeling bad, that when you do get sick, people don't tend to think that it's the food causing it! As you deprive your body of vital nutrients, it causes a slow, progressive loss of proper functioning. Fatigue, loss of mental clarity, aches and pains, weight gain, and digestive malfunctioning set in. After a long period of time, our perfect machine starts to need tune ups (visits to doctors), and replacement parts (surgeries), and medicine to stop the symptoms in an attempt to keep the body functioning and whole. Unfortunately, this hits our wallets pretty heavily, and it keeps us out of work, which affects our wallets, and it affects our ability to live a normal life of wellness.

Eat organic, fresh fruits and vegetables, nuts, seeds and grains. Although they may seem to

cost you more today, they'll will save you time, money and pain over all. There are more benefits to eating healthier. You will have less trash, therefore leaving less of a negative imprint on the environment; you will have less stress, you will have more energy, and even eat less! In the long run, you will spend less money on health care.

Another advantage is that you will stay healthier through the flu season. While your friends are getting knocked out by the flu, you will not be affected by it so harshly. If you are exposed to flu and have a strong immune systems, you will make it through with just a day or two of feeling bad. Then you will be back to normal while the rest of your friends and colleagues are spending extra time out for the count. People who eat healthier have stronger immune systems.

Set your budget to allow for fresh fruits and vegetables; buy a full spectrum of colors to ensure you get maximum variety of nutrients. Enjoy the many recipes in existence to prepare

these foods, and you will find that being able to afford and utilize these nutrient-dense foods will cause your body to respond with more sustained energy, less pain, and clearer thinking. You will not need to lose pay from being out of work, and you will gain the prize at work for not missing any time due to illness!

You can eat healthy on a fixed income. You can spend less time visiting providers, and have more time for the activities you enjoy doing!

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 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





Julie A. Braun MD JD



Are Your Arteries Clogged? Learning About Peripheral Arterial Disease

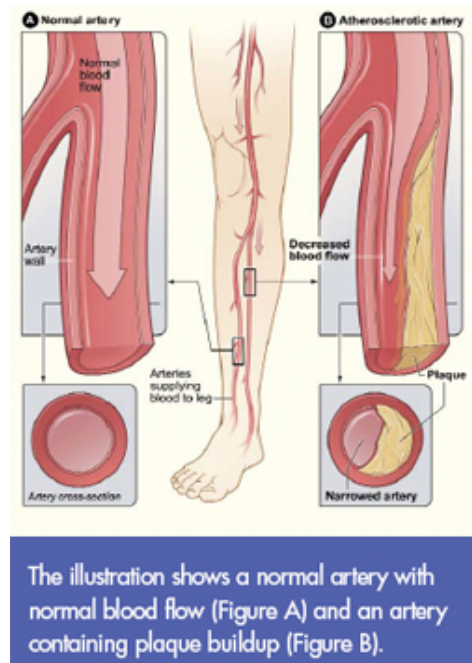
In the United States, approximately eight million persons suffer from a common and serious disease known as peripheral arterial disease or P.A.D. On October 12, 2010, the

[American Heart Association](#) reflects on a "progressive and costly disease" that "remains under-diagnosed and under treated.

Did you know that one in 20 Americans over the age of 50 has P.A.D.? It develops when your arteries clog or narrow with fatty deposits, or *plaque*, which limit blood flow. The plaque buildup that causes the arteries to harden is a condition termed *atherosclerosis* (ATH-er-o-skler-O-sis). P.A.D. occurs most commonly in the legs, but also can affect other arteries outside the heart, including those that

lead to your brain, arms, kidneys, and stomach.

P.A.D. can rob you of independence and mobility by making walking difficult or, worse, by increasing the risk of heart attack, stroke, amputation, or even death. Timely prevention, detection and treatment can improve the quality of your life as well as help keep you active and healthy so you can continue to spend time with family and friends and participate in activities you enjoy.



The illustration shows how P.A.D. can affect arteries in the legs. Figure A shows a normal artery with normal blood flow. The inset image shows a cross-section of the normal artery. Figure B shows an artery with plaque buildup that is partially blocking blood flow. The inset image shows a cross-section of the narrowed artery. Source: U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, *Facts About Peripheral Arterial Disease (P.A.D.)* (Pub. No. 06-5837, Aug. 2006).

Are you at risk for P.A.D.?

- **Are over the age of 50?** As you get older, your risk for P.A.D. increases.
- **Do you now or used to smoke?** Those who smoke or have a history of smoking have up to four times greater risk of P.A.D.
- **Do you have diabetes?** One in every three people over the age of 50 with diabetes is likely to have P.A.D.
- **Do you have high blood pressure?** Also called hypertension, high blood pressure raises the risk of developing plaque in the arteries.
- **Do you have high blood cholesterol?** Excess cholesterol and fat in your blood contribute to the formation of plaque in the arteries, reducing or blocking blood flow to your heart, brain, or limbs.
- **Do you have a personal or family history of vascular disease, heart attack, or stroke?** If you have heart disease, you have a one in three chance of also having P.A.D.

- **Are you African American?** African Americans are more than twice as likely to have P.A.D. as their non-Hispanic, white counterparts are.

People under the age of 50 with diabetes and one other cardiovascular risk factor also are at risk.

How do you know if you have P.A.D.?

It is important to know that P.A.D. does not always present symptoms. In fact, many of those with the disease do not experience obvious symptoms. For some people, the first sign of P.A.D. is *claudication* (*klaw-de-KA-shen*) which can feel like fatigue, heaviness, numbness, tiredness, cramping, or pain in the leg muscles. Discomfort happens during physical activity such as climbing stairs and promptly goes away when movement discontinues. During activity, muscles need increased blood flow. The muscles do not get enough blood if the blood vessels are narrow or blocked. When resting, the muscles need less blood flow, so the pain vanishes.

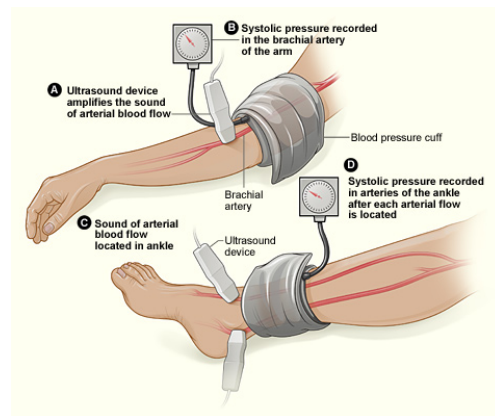
Many times, people believe this pain is just a natural part of aging and do not inform

their healthcare providers. However, leg discomfort may indicate already clogged arteries. Other signs and symptoms of P.A.D. include, among other possibilities:

- foot or toe pain at rest that often disturbs sleep,
- changes in skin color (pale or bluish) or texture.
- sores on the legs or feet that do not heal,
- lower temperature in one leg compared to the other,
- poor nail growth on the toes and decreased hair growth on the legs.

If you are concerned about P.A.D., discuss it with your healthcare provider such as your family physician, internist, physician assistant, or nurse practitioner. In addition, many specialists take care of patients with P.A.D. including vascular medicine specialists, vascular surgeons, cardiologists, podiatrists, and interventional radiologists. Remember, the first step is to ask about your provider about P.A.D.

Your provider likely will spend time reviewing your medical and family history followed by a physical examination that evaluates P.A.D. signs and symptoms. A simple, noninvasive test, called the *ankle-brachial index*, measures the ratio of blood pressure at the ankle to blood pressure in the arm. A low ratio indicates poor blood flow in the lower extremity. Further diagnostic testing may include ultrasound examination, exercise testing, and angiography (tests to show blood flow).



The illustration shows the *ankle-brachial index* or ABI test. It compares blood pressure in the ankle to blood pressure in the arm. As the cuff deflates, the blood pressure in the arteries is recorded. Source: U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, *How Is Peripheral Arterial Disease Diagnosed?*, available at http://www.nhlbi.nih.gov/health/dci/Diseases/pad/pad_diagnosis.html.

Can you lower your risk of or treat P.A.D.?

Lifestyle changes that may include taking medications possibly will lessen the risk of developing P.A.D. and other vascular diseases. Lifestyle changes further have the added benefit of improving your overall health and lowering your risk for many other diseases. If you have P.A.D., or are aiming to prevent it, consider one or more of the following steps:

- Do not smoke, or if you do, ask your healthcare provider to help you come up with a plan to quit.
- If you have diabetes, high blood pressure and/or high blood cholesterol, ask your healthcare provider about the best ways to control, manage and improve your condition.
- Maintain a healthy weight. Inquire about a supervised weight loss plan if you are overweight or obese.
- Make wise food choices. Talk to your healthcare provider about the best diet plan for you. Most healthcare providers

will recommend a diet low in saturated fat, *trans* fat, and cholesterol, and high in fruits, vegetables, and whole grains.

- Be active for at least 30 minutes a day. Make a commitment to get moving and be more physically active. Speak to your healthcare provider about the best exercise plan for you.

Stay in circulation by learning more .

P.A.D. is a significant health concern. Collaborate with your health care provider to learn more about your risk for P.A.D. and take action today to prevent, reduce, or treat this disease. Learning about P.A.D. can help you stay active and continue enjoying life.

For additional information about P.A.D. and to download free education materials, please visit the following Web sites:

Mayo Clinic, Peripheral Artery Disease (P.A.D.),
<http://www.mayoclinic.com/health/peripheral-arterial-disease/DS00537> (updated April 21, 2010). Accessed Nov. 2, 2010.

MedlinePlus. Peripheral Artery Disease, <http://www.nlm.nih.gov/medlineplus/peripheralarterialdisease.html>. Accessed Nov. 2, 2010.

The Merck Manuals: The Merck Manual for Healthcare Professionals, Peripheral Artery Disease, <http://www.merck.com/mmpe/print/sec07/ch080/ch080f.html> (updated Jan. 2008). Accessed Nov. 2, 2010.

NHLBI Diseases and Conditions Index: Peripheral Arterial Disease (P.A.D.), www.nhlbi.nih.gov/health/dci/Diseases/pad/pad_what.html (updated Sept. 2008). Accessed Nov. 2, 2010.

P.A.D. Coalition, www.PADCoalition.org, an alliance of national organizations and professional societies concerned with raising awareness about P.A.D. and united to improve the health and health care of people with P.A.D. Accessed Nov. 2, 2010.

Stay in Circulation: Take Steps to Learn About P.A.D, www.nhlbi.nih.gov/health/public/heart/pad. Accessed Nov. 2, 2010.

If you are interested in participating in a P.A.D. clinical trial, visit www.cleverstudy.org. The CLEVER (CLaudication: EXercise Vs. Endoluminal Revascularization) Study is sponsored by the National Institutes of Health's (NIH) National Heart Lung and Blood Institute (NHLBI). The NHLBI is a premier sponsor of investigations that are internationally considered to be "best in class". This study is the only multicenter randomized clinical trial for P.A.D. that is now comparing supervised exercise with arterial stent placement.

On September 13, 2010, information about the risk factors, diagnosis and treatment of P.A.D. was added to NIHSeniorHealth, the senior-friendly health and wellness Web site from the National Institutes of Health, <http://public.nhlbi.nih.gov/newsroom/home/GetPressRelease.aspx?id=2728>. Visit <http://nihseniorhealth.gov/peripheralarterialdisease/toc.html> to learn more about P.A.D.. Information about P.A.D. is the latest addition to the roster of health topics offered on NIHSeniorHealth.

Explore the New Aim for a Healthy Weight Web Site (by Julie A. Braun)

Reaching and maintaining a healthy weight is important to your overall health and can help you prevent and control many diseases and conditions. If you are overweight or obese, you are at higher risk of developing serious health problems, including heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers. That is why maintaining a healthy weight is so important: It helps you lower your risk for developing these problems, helps you feel good about yourself, and gives you more energy to enjoy life.

Visit the updated *AIM for a Healthy Weight* Web site, <http://healthyweight.nhlbi.nih.gov>, now to find information on how to maintain a healthy weight, including tips for being physically active, tools to shop for and plan nutritious meals, a Body Mass Index or BMI calculator and much more.



Download the BMI Calculator iPhone App

Body mass index or BMI is a measurement of body fat

based on height and weight that applies to both adult men and women. BMI is a reliable indicator of total body fat, which is related to the risk of disease and death. The National Heart, Lung, and Blood Institute's (NHLBI) BMI calculator is one of the most popular tools on the NHLBI Web site, with 1.6 million visitors every month, and ranks #1 on Google. Now this tool is available for free download to your **iPhone**. This mobile application provides results right on your phone along with links to healthy weight resources on the NHLBI Web site. To use it, enter your height and weight, and press the "calculate BMI" button.

Download the BMI iPhone App today at <http://apps.usa.gov/bmi-app/>.

About the Author

Julie A. Braun, J.D., LL.M., MD is a Chicago-based attorney and writer. Send any comments or inquiries to braun@newnorth.net. Place P.A.D. in the subject line.

YES, We Want To Hear From You!

Since this is our first issue, we need your feedback in order for us to continue to improve our publication for you.

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This month: Avoid Medical Errors Inner Circle Interview

Elizabeth Bewley, author of *Killer Cure*, talks about:

- ◆ How healthcare accidentally kills more than 600,000 people a year
- ◆ How hidden assumptions can kill you
- ◆ Why communication errors occur
- ◆ Harmful beliefs about medications
- ◆ What questions you must ask your healthcare provider
- ◆ How you can find out your rights to your medical records

Only members of Avoid Medical Errors Inner Circle have access to this exclusive interview and Elizabeth's special report: *10 Healthcare Mistakes to Avoid*.

Sign up today at www.avoidmedicalerrors.com.