

My grandfather entered the hospital for neck surgery in August of 2006, and died of a hospital-acquired infection six months later. As we later learned, his story is tragically common; thousands of people die of preventable infections or negligent care every year in hospitals. While his numerous surgeries, mysterious diagnoses, and worsening medical condition were tragic, most troubling to his family were the times when he was anonymous, or when his hearing aids were lost, or when he didn't understand something and no one knew to speak louder because he was hard of hearing.

His death lit of fire under my mother; she has worked ever since to find out how to engage, rather than alienate, caregivers, how to give patients autonomy over the few possessions they take with them, how to make hand-hygiene, which is crucial to infection prevention, accessible to bedridden patients, and above all, how to humanize the patient experience.

I never fully appreciated the depth of my mom's insight until she asked me recently to proof-read her soon-to-be-published book on building partnerships with patients. I've watched and helped her grapple with patient safety for nearly six years, and her book still managed to blow me away. It outraged me, inspired me, and gave me faith that the issue can be changed with awareness, personal initiative, and a spirit of commiseration. It is clever and engaging and understandable to an eighth grader, unlike so much of medical writings. And, true to her mission, she illustrated the issue with stories of people impacted by the problem. I believe you'll find her work embodies the MITSS mission of supporting healing and restoring hope to patients, families and clinicians.

Six years ago, my mom started by launching an informational website on hospital-acquired infections, which led her to meet and talk to many families and medical personnel. Many engaged to testify for new state laws she had introduced and lobbied for: the first, passed in 2008, mandated the reporting of HAI incidence. She was subsequently invited to serve as the "consumer voice" on the Health Department committee implementing this law, where she continues to serve to this day. The second law, passed in 2010, will ensure that patients admitted to the hospital are given a written advisory of how to participate in their care so they can avoid medical harm and infection.

After tireless research, she ultimately found that many medical incidents are actually unintended, small oversights or miscommunications at the bedside, when busy caregivers are distracted, when emergencies arise, or when communication lapses. She also came to see that with the increasing demands of new technologies and new quality initiatives, nurses don't need "one more thing" to do. So the "win-win" would be to help patients and families act as another set of informed eyes and ears, and to a certain extent and where appropriate, be empowered to "help themselves" while in that hospital bed. Yet the environment is set up to make the patient reliant on the call button for every little thing. Personal items are moved out of reach or easily lost. Knowing that standards and routines make patients safer, my mom believed there was also a way to "standardize" certain self-sufficiencies and restore humanity to each patient.

This led to the creation of a "Patient Pod": a plastic, wipeable pouch that clips to the bedrail and equips patients with tangible bedside tools and information so they can participate in their care. It creates space for things like hearing aids, eyeglasses, dentures, and a cell phone. Inside is hand sanitizer, antimicrobial wipes, covers for the TV remote control, a notepad and pen, basic tips for a healthy hospital experience, and a way to clearly "message" people approaching the bed of a special need (such as a hearing, physical or language problem). The patient's personal photo, preferred name and personal message displayed on the bed rail, in a standardized place, lets the caregiver know "at a glance" who that patient is, how to communicate with them, and make them feel comfortable and "known".

My mom knew it was critical that caregivers at the bedside want this tool just as much as patients do. She gave the Pods out to seven hospitals in five states and got enthusiastic reviews from both groups (more at www.thepatientpod.com). The CEO of Kent Hospital in Warwick, Rhode Island, Sandy Coletta, who gave a Patient Pod to her own mother for a hospitalization, said having a Pod is "like bringing a friend to the hospital with you" familiar and comforting in a place where nothing you touch is yours. The Patient Pod will be given to all developmentally disabled/alzheimers clients through a recently funded Medicare Innovation grant to the University of Rhode Island for its "Rhodes to Independence" initiative. My mom is also working with our state's Quality Improvement Organization, HealthCentric Advisors (which oversees Medicare) to trial the Patient Pod as an adjunct to "teach-back," where patients would be coached at discharge on care self-management, to reduce medical harm across care transitions as well as 30-day readmission rates. Interest in the Pod has come from as far as Canada and South Africa.

My mom has tackled this issue from roughly a million other angles too - she's worked alongside fellow patient safety advocates, racked the brains of top medical minds like Peter Pronovost, Atul Gawande, Don Berwick, and Ilene Corina, and she's started a youtube channel in the hopes of engaging a younger generation to be proactive about healthcare. The list of her involvement goes on, but everything she does is about engaging, empowering, and educating patients and their loved ones.

My mom says that as long as medical care is practiced by human beings - caring, committed, but *imperfect* - unintended medical harm will be with us. My mother, who is tirelessly gracious and kind, has developed a solution that fully acknowledges the reality of every person involved in medical care - the nurse, the doctor, the patient, and their families. And she has inspired hope in thousands of people whose lives have been marred with unthinkable tragedy. In the MITSS mission of supporting patients, families and/or clinicians following adverse medical events, my mom is working to create the ultimate action plan: understanding, compassion, tools, and partnership.

Sincerely,

Elizabeth Masters