

## Storytelling Edition

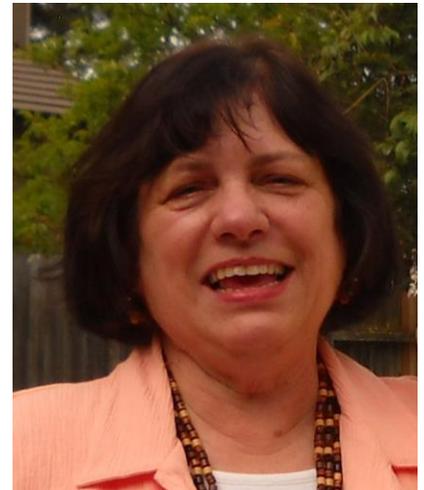
*“A single narrative is as powerful as any health care intervention; it is the one language that all of us—health care worker and lay person—share... a single narrative can change the way we live our lives, practice our art, and even reform our policies.” (Stories Beyond the Box, 2008)*

### **Diane Goodman, Patient Family Advisor for Sutter Medical Center Sacramento**

My name is Diane Goodman, and I have been a diabetic for 15 years. When I was first diagnosed, I did not take it very seriously. I was inconsistent about doing the things necessary to control my blood sugar – the finger sticks, exercising, watching my diet and portion control and completing the preventive screenings like the foot exam and the eye exam. I had every excuse in the book for not doing these things. I was too busy, too tired, too stressed, and it was too inconvenient. I was the queen of excuses and after all I took “a pill” to take care of the problem, so why worry? Then 4 years ago, I had a heart attack. It was a wakeup call. If I wanted to see my precious grandchildren grow up then I needed to make some changes – lifestyle changes. After all, I was going to be a diabetic today, tomorrow, next week, next month, next year – I was going to be a diabetic for the rest of my life.

I worked with a diabetes educator to learn more about this disease. I saw a nutritionist to develop a diet plan and learn about portion control. I bought a Fitbit with a goal of 10,000 steps, and I joined an exercise class. I worked with my doctor about managing my medications. Even though my blood sugar is now under better control, I still have challenges to keep it that way. It is truly a lifelong process. Billions of health care dollars are spent dealing with the complications of diabetes – amputations, blindness, kidney failure, and heart disease. Wouldn't that money be better spent on prevention? Just last month, I had a retinal screening or diabetic eye exam. The test indicated a weakness in my left eye, and I was able to take care of it before I became another statistic. Seven percent of diabetics with uncontrolled blood sugar suffer from blindness. The screening helped me to dodge that bullet.

I became a Patient Family Advisor because I want to help others avoid the complications of diabetes. If I had known how serious the consequences were for not being diligent, I think I would have made better choices. If I can help even one person avoid my mistakes, it will have been worth my time and effort.



*Diane Goodman*

### **The Art of Storytelling**

One of the important ways Patient Family Advisors (PFAs) help to inform the organization and help to inspire change is by sharing their personal stories – whether it is about them or a friend or family member in their care.

Storytelling is a powerful tool because it is a core aspect of who we are as human beings and helps to bring us together: *“... storytelling is central to human existence... it's common to every known culture... and involves a symbiotic exchange between teller and listener.”* (Wired.com, 2011) This is just as true in the health care setting.

In this edition of the Patient & Family Partner News we are sharing just some of the impactful stories that we have heard from our Patient Family Advisors to share with a broader audience. We hope you enjoy and are inspired!

## **Gloria Woodlock, Patient Family Advisor, Sutter Health Patient Experience Council**

As a relatively new member of Sutter Health's Patient Family Advisory Council, I was anxious to be involved in a project and contribute as an advisor. I was assigned to a Management & Clinical Excellence (MCE) project team for Sutter Care at Home. The project addressed the documentation of hospice patient home visits by nurses. The nurses were not documenting treatment and the patient condition during the visit, mostly doing so at the end of the day or the following day, potentially negatively affecting patient care, family care, care coordination, outcomes, and the overall hospice experience.

Working with an administrator, supervising nurse and doctor, we examined what the nurses did during visits through data analysis and by observing what the nurses did by accompanying Dr. Blanchard visiting patients in their home. I learned a lot from observing the treatment process and from interviewing the nurses, patients, and families during the visit. I also interviewed the hospice teams of nurses, chaplains, and social workers at their weekly staff meeting about their perception of the timely documentation problem.

The staff felt using their tablets and documenting during the patient visit took away from the quality, hands-on care the patient needed. The patients, however, did not mind the documenting during the visit and saw it as enhancing their care and part of the treatment. I was asked to make a five-minute video about the difference in perception between patients and staff. The video was shown to several Sutter hospice teams in Northern California.

Our team made a presentation at the conclusion of the MCE Class series, and we have been asked to present again at the beginning of the next MCE class series. The complete integration of a PFA in the project was considered exemplary by the MCE organizers. I want to thank my team for being so welcoming and including me in every aspect of the project. I have even greater appreciation for the dedication of Sutter staff, who are so dedicated to providing the very best quality of care to patients and their families during a very difficult time. I look forward to participating in other projects as a PFA. It is an honor to be able to work with the great Sutter staff and to, hopefully, make a contribution to providing the best health care experience and outcomes for patients and families.



*Gloria Woodlock*

## **Staff Response to PFA Storytelling**

Sutter Health is on a journey to become a high reliability organization that has a very low rate of errors. Our Patient Safety Team hosted a 2-day design session with 60+ attendees to discuss and validate the error prevention tools and the curriculum to be used for training. We made the decision to showcase patient stories during our event; as focusing only on the theory behind error prevention leaves out the emotional, personal impact on our patients and staff when mistakes are made. We were incredibly blessed to have Annette Raley, Mary Schramke, and Sheryll Parsons share their compelling stories throughout the two days. They served to regularly re-focus the attendees on exactly why we were meeting and pursuing such audacious goals. We can say that the session would have only been half as successful without their active contributions.

**Bill Isenberg, MD, VP Patient Safety**

## **Gretchen Carlson, Patient Family Advisor, Sutter Amador Hospital**

My 83-year-old mother was in Sutter Amador Hospital waiting to have a pacemaker placed. I came to see her and was shocked to find she had suffered a stroke and was completely paralyzed on one side. Due to the quick action of her health care team, using the hospital stroke protocol, the stroke effects were reversed. Today, 11 years later, my mother is now 95 years old and living an active, happy life.

Thank you for the opportunity to share my mother's story. As a Patient Family Advisor, I would like health care providers to be inspired to continue giving the quality of care they do by hearing of such successes, and I would like them to know how grateful I am that they were there for my mother.



*Gretchen Carlson and her Mom Margie Guletz*

## **Jon Renfrow, Patient Family Advisor Sutter Health Patient Experience Council**

Like so many people, most of my adult life has included living with chronic and sometimes debilitating pain. It started in 1986, with muscle spasms in my back caused by previous injuries and labor-intensive work. From there, I began a 30+ year journey through narcotic pain medication, physical therapies of all kinds and, ultimately, three separate spine surgeries. Along the way, I have seen some good doctors and some really good doctors, all practicing their own style of pain management. Out of the many, there have been five talented practitioners who have been supportive of my needs while ensuring that I remain an active participant in my treatment. With the help of my family and these doctors, I have learned that a whole body and mind approach is essential to a successful treatment plan.

I am fortunate to have listened to them with great success, otherwise, I fear that I would have sacrificed what quality of life I do have to addictions to opioids that we are all finding out doesn't work. Instead, though I know that this will be a lifelong condition with more surgeries in the not so distant future, I do look forward to the other things in my life that I am so very grateful that I won't be missing.

In my role as a Patient Family Advisor, I hope to be able to contribute my perspective as a patient of thirty years to the care teams and administration who are working on improving the patient experience, particularly for those suffering with chronic pain.



*Jon Renfrow*

**Interested in being a Patient Family Advisor and sharing your perspectives to help improve the Patient Experience?**

**Contact Morgan Horwood:  
916-305-7704**

[www.sutterhealth.org/patient-advisory-council/index.html](http://www.sutterhealth.org/patient-advisory-council/index.html)