

Patient Involvement/Safety Success Story

www.patientsafety.org/stories

INTRODUCTION

One of the Principles, Values and Beliefs of Consumers Advancing Patient Safety is to foster effective partnerships and collaboration to improve consumer involvement in patient safety improvements. CAPS members who have experienced medical harm/error (sometimes referred to as adverse events or healthcare system breakdowns) are invited to share their story with CAPS.

By filling out this form, you can participate in a global network of consumers who want to become part of a healthcare team to promote patient involvement in patient safety and help bring about positive change in healthcare. You can contribute your experience to serve as a collective “voice” for individuals, families and healers who wish to prevent harm in healthcare encounters through partnership and collaboration.

The CAPS story collection wishes to hear from “ALL” individuals who have a stake in improving the safety of healthcare. This includes consumers, patients, healthcare professionals, researchers, policy makers and others who have experienced adverse events or harm.

Please describe for us briefly in the form below your experience with healthcare that began your involvement with the patient safety movement. Be as clear and brief as possible with your answers.

Include the information that you feel would be most useful to another individual or organization looking at your experience and how it might provide insight to their situation. You can either contribute to this collection anonymously or —be active as a mentor by providing basic contact information so the web site visitor reading your story may contact you directly.

By sharing your experiences, CAPS hopes to share your wisdom and knowledge by supporting the spread of new ideas throughout healthcare. Your participation is very important and appreciated. We hope that you will find value in this resource, both in promoting your success and in generating ideas for future projects.

We thank you in advance for your time

- I give CAPS permission to include my story in its Stories Collection. Only complete entrees will be included as content for the site.

- I give CAPS permission to include my story in its **Stories Collection** but I wish to remain anonymous

BASICS

Date:	<input type="text"/>
Salutation:	<input type="text"/>
First name [required]:	<input type="text"/>
Middle Initial:	<input type="text"/>
Last Name [required]:	<input type="text"/>
Degrees/Certifications (i.e. MD, PhD):	<input type="text"/>
Title:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State or Province:	<input type="text"/>
Zip / Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
Cell / Mobile Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email Address:	<input type="text"/>
Web Site URL:	<input type="text"/>

YOUR INITIAL SNAPSHOT

1. Briefly describe in **300 words** the incident that brought you to the CAPS web site.

INCIDENT RESPONSE

2. Describe with in **500 words** your experience with the healthcare system, government agencies, nonprofit/non-governmental organizations, the media or other organizations/ individuals in response to the incident described above to help improve patient safety. In this way, you'll be contributing your experience to serve as a collective "voice" for individuals, families and healers who wish to prevent harm in healthcare encounters through partnership and collaboration:

INCIDENT RESPONSE CONT

3. What strategies or actions did you use to work with people to attempt to make a difference? Click on the boxes below to make a selection.

- | | |
|---|--|
| <input type="checkbox"/> Advocacy or Legislative Work | <input type="checkbox"/> Education - Healthcare Professionals/Students |
| <input type="checkbox"/> Community Activism | <input type="checkbox"/> Mentoring / one-on-one consultation |
| <input type="checkbox"/> Education - Patients & Consumers | <input type="checkbox"/> Publication |

4. What were the intentions of the approach you took to respond to what happened to you?

5. What progress or accomplishments have you made as a result of your efforts?

MENTORSHIP

I wish to be included in the CAPS Mentor Directory and recognize that this listing indicates my willingness to be contacted via email by other CAPS members. Mentors will serve as caring listeners and advisors and confidants to individuals who seek to make change in healthcare. This role requires individuals to be accessible by email and willing to spend time with the individuals who contact them with whom they agree to work. Please click on the boxes below to select the 5 areas where you think you can best serve as a mentor to others:

RELATED AREA OF EXPERIENCE

- | | |
|--|--|
| <input type="checkbox"/> General Patient Safety | <input type="checkbox"/> Personal and Emotional Support |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Literacy, Language and General Personal Communications Issues |
| <input type="checkbox"/> Medication Safety | <input type="checkbox"/> Education |
| <input type="checkbox"/> Reporting | <input type="checkbox"/> Program Development and Strategic Planning |
| <input type="checkbox"/> Patient/Consumer and Community Engagement | <input type="checkbox"/> Policies and Procedures |
| <input type="checkbox"/> Surgical / Anesthesiology Safety | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Technology Issues | <input type="checkbox"/> Grant Writing / Funding |
| <input type="checkbox"/> Disclosure / Apology | |

THANK YOU

If you have any questions as you complete this template, please contact CAPS via info@patientsafety.org. Don't forget to print this out and/or save it on your computer before emailing it back to CAPS. We will do our best to include the responses in the collection as submitted. If editing is required, we will seek your permission before publishing the amended version. Also, your experiences may be of interest to us as a Featured Success Story. We will contact you if we can use your story and experiences as content for that portion of our web site.