



LOUISE H. BATZ
PATIENT SAFETY FOUNDATION
Protecting the Patient First



THE BATZ GUIDE

FOR BEDSIDE ADVOCACY



“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

-Margaret Mead,
American Anthropologist

THE BATZ GUIDE

FOR BEDSIDE ADVOCACY

“Teaming up for the Patient”

EDITORS

Laura Batz Townsend & Rachel Armbruster

The Batz Guide for Bedside Advocacy is truly a collaborative work: these individuals have knowledge and great ideas, but alone they are just ideas. We have worked together as a team over the past eighteen months to bring these outstanding individuals together to create a tool that bridges the communication gap between doctors, nurses, hospital administrators, patients and family members in a hospital setting in hopes of promoting a safe hospital experience for our loved ones.

CONTRIBUTORS

- Dr. Jane Appleby**
MD, FACP; Chief Medical Officer, MHS Methodist Hospital and Methodist Children’s Hospital; San Antonio, Texas
- Rachel Armbruster**
President, Armbruster Consulting , Austin, Texas
- Tommye Austin**
PhD, MBA, RN, Chief Nursing Officer of Baptist Health System; San Antonio, Texas
- Bethany Bauman**
bethanybauman.com; Austin, Texas
- Dr. Ginger Isom Batz**
Dallas Center for Pelvic Medicine, Presbyterian Hospital, Dallas, Texas
- Richard Batz**
President, Balarich Ltd. San Antonio, Texas
- Dr. Richard Batz**
Assistant Professor, University of Texas Southwestern, Dallas, Texas
- Sarah Blackburn**
Almanza, Blackburn & Dickie, LLP , Austin, Texas
- Katherine Bullard**
MS, RN, NEA-BC, VP/CNE at CHRISTUS Santa Rosa Health System; San Antonio, Texas
- Dr. Scott Campbell**
Emergency Medicine, San Antonio, Texas
- Patricia Ann Clarke**
RN, MSN, CPNP- Instructor/Clinical; UTHSCSA School of Nursing; Dept. of Family Nursing Care
- Dr. Paul Curry**
Chief of Staff, Hoag Memorial Hospital Presbyterian, Newport Beach, California
- Dr. Kenneth Davis**
Chief Medical Officer of Methodist Healthcare System; San Antonio, Texas
- Brad Gray**
GrayWeb Technology and Design, San Antonio, Texas
- Dr. Julia Hallisy**
President, Empowered Patient Coalition
- Helen Haskell**
Empowered Patient Coalition
- Molly Heinsler**
Communications Director, Louise H. Batz Patient Safety Foundation and Armbruster Consulting, Austin, Texas
- Erika Holland**
Executive Director, American Heart Association, Austin, Texas
- Dr. Charles A. Holshouser, Jr.**
M.D., OBGYN, Methodist Healthcare System; San Antonio, Texas
- Joanne Holshouser**
Teacher Retirement System, Austin ,Texas
- John Holshouser**
CPA, San Antonio, Texas
- Sudie Holshouser**
Early Childhood Education and Community Leader, San Antonio, Texas
- Brenda Jackson**
PhD., RN, Associate Professor, Dept. of Acute Nursing Care, School of Nursing, UTHSCSA; San Antonio, Texas

- Kathryn Johnson**
Mays Family Foundation; San Antonio, Texas
- Kim Johnson**
VP- Operations- Ringful Health- Austin, Texas
- Wendy Kuenemann**
RN, BSN, Director of Regulatory Compliance-Quality Dept., Methodist Healthcare System; San Antonio, Texas
- Malinda Loflin**
RN, BSN Oklahoma City, Oklahoma
- Dr. Larry Lynn**
CEO of Lyntek Medical Technologies, Columbus, Ohio
- Nancy Maebius**
PhD, RN, Education Consultant, and faculty member at Galen
- Dr. Mark Montoney**
Chief Medical Officer of Tenet; Nashville, Tennessee
- Dr. Frank Overdyk**
MSEE, MD, Professor of Anesthesiology, Medical University of South Carolina
- Dr. Vimla L. Patel**
PhD, DSc, FRSC, Professor, Biomedical Informatics School of Health Information Sciences; Co-Director, Center for Cognitive Informatics and Decision Making; The University of Texas Health Science Center in Houston, Texas
- Melinda Hill Perrin**
Former Chairman of the Board of Memorial Hermann Hospital System in Houston, Texas
- Kathy Rogers**
MSN, MBA, RN, CPHQ, VP, Physician Performance Improvement; Methodist Healthcare System
- Dr. Michael Shabot**
CMO Memorial Hermann; Houston, Texas
- Dr. Dean Sittig**
PhD, University of Texas School of Health Information Science; Houston, Texas
- Debra Simmons**
RN, MJN, CCRN, CCNS, Senior Vice President and Chief Quality Officer, St. Luke’s Health System
- Kathleen R. Stevens**
RN, EdD, ANEF, FAAN, Professor and Director, Academic Center for Evidence-Based Practice; University of Texas Health Science Center at San Antonio
- Brik Stratton**
MS, PT, Stratton Rehabilitation Clinic; San Antonio, Texas
- Patsy Varvel**
RN, MS, Nurse Manager St Lukes Episcopal Hospital-Retired , Houston, Texas
- Barbara Wainscott**
Community Leader, Houston, Texas
- Dr. Carol Wratten**
Associate Chief Medical Officer (CMO) of Baptist Health System; San Antonio, Texas
- Dr. Michael Yuan**
CEO- Ringful Health-Austin, Texas
- Dr. Jiajie Zhang**
PhD, Dr. Doris L. Ross Professor; Associate Dean for Research; Co-Director, Center for Cognitive Informatics and Decision Making; Acting Director, Center for Translational Neuroinformatics School of Health Information Sciences; University of Texas Health Science Center at Houston

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LOUISE H. BATZ
PATIENT SAFETY FOUNDATION
Protecting the Patient First





































It takes a **TEAM** to manage a patient's care safely. Many people will interact with a patient before their healthcare journey is complete. Using The Batz Guide can help patients and healthcare providers feel that they are an important part of the **TEAM**.

- T**AKE a copy of The Batz Guide and tell your healthcare **TEAM** and family about it. Use The Batz Guide all along the course of your illness or procedure to write down important questions or medical information. Examples: Physician's Office, Pre-Op, Hospital Stay, Discharge, Home care and Follow-Up visits.
- E**NGAGE in conversation about The Batz Guide with your community healthcare **TEAM**, at any time during your healthcare journey. Encourage those who haven't used The Batz Guide to get a copy from their healthcare **TEAM**, for themselves or other family members.
- A**SK your healthcare **TEAM** for a copy of The Batz Guide. After reviewing it, ask your healthcare **TEAM** any questions you may have about your care and treatments.
- M**ENTION The Batz Guide often and ask your healthcare **TEAM** to help you complete and fax a survey for continued improvement, before being discharged or at any other time you are using The Batz Guide during your healthcare journey.

AS A TEAM, WE CAN SAVE LIVES!

Teamwork Tool Developed in collaboration with the Batz Foundation and Baptist Health System



ABOUT ME

PERSONAL PROFILE

1. NAME: _____

2. AGE: _____

3. GENDER: _____

4. HEIGHT: _____

5. WEIGHT: _____

6. BLOOD TYPE: _____

7. ETHNICITY: _____

8. ALLERGIES TO MEDICATIONS: _____

9. FAITH TRADITION, IF RELEVANT: _____

10. CURRENT OVER-THE-COUNTER MEDICATIONS *(including prescriptions and vitamins)*:

















WEEZIE ANGEL HERO AWARD







Last year The Louise H. Batz Patient Safety Foundation implemented the Weezie’s Angel Hero Award in honor of Louise “Weezie” Batz’s commitment to helping others and to recognize those individuals in a hospital setting who go above and beyond in caring for patients, creating mission awareness, and advocating for patient safety.



WEEZIE ANGEL HERO AWARD 2015

 Jon Alonzo	 Dr. Jane Appleby	 Tommye Austin, PhD	 Dr. Paul Curry	 Dr. Kenneth Davis	 Kathryn Johnson
 Dr. Lawrence Lynn	 Amy Lyons, RN	 Dr. Mark Montoney	 Dr. Frank Overdyk	 Angie Parks	 Melinda Perrin
 Charity Rivera	 Dr. Michael Shabot	 Dr. Kathleen Stevens	 Patricia Toney	 Eve Woods	 Dr. Carol Wratten





WEEZIE ANGEL HERO AWARD 2016

 Sandra Slodkoski	 Veronica Montemayor	 Cindy Cassity	 Dr. Yan Xiao
 Dr. William Sutker	 Irenia Vinuya	 Elise Matocha	 Nelson Tuazon



WEEZIE ANGEL HERO AWARD 2017



 Damita J. Williams	 Jennifer Milton
 Staci Almager	 Emilie Burgess



INTRODUCTION

This book is a tool to organize your healthcare information, and can be further utilized to make the procedures or hospital stays as safe as possible. See Table of Contents for more details.



"My nurses asked me why are patients and family members writing so much down in that book! I reinforced that patients and their family are part of our team and it is good for them to be involved to keep them safe. It also protects our nurses by adding an awareness of safety for everyone."

-Amy Lyons- Baptist Clinical Director



DISCLAIMER: This guide was written to educate and inform readers about the specific information and skills they need to be active participants in their medical care. It is intended to be a catalyst for patients and their advocates to cultivate mutually respectful relationships with healthcare providers, to learn to ask the right questions, and to communicate effectively about treatment options. It is informational in nature and is not intended as a substitute for the professional advice of a physician, attorney or other advisor.



Look for the purple flower for helpful tips, facts, recommendations and resources.

Follow these tabs in order as you progress through your loved one's hospitalization.

USING THE BATZ GUIDE

Organize your questions and concerns as soon as you learn about an upcoming procedure. This packet will be useful during pre-procedure appointments, during your time in the hospital, at home post-procedure or hospital stay. A procedure can be any surgical procedure, diagnostic intervention or treatment. We encourage you to include personal questions based on feelings or concerns and utilize the questions provided in the Batz Guide.

We recommend you keep all of these documents together in a binder and bring it with you to your appointments. Include important phone numbers, information about medications, and test results. If you do not understand an answer you receive, ask that the answer be given in a different, more understandable way.

Be confident about asking questions and taking notes. Ask your healthcare team to slow down if the appointment is moving too quickly. Be sure you understand and agree with the treatment plan. Feel free to ask for more time to consider different options and a second or even third opinion, as long as it will not compromise treatment.

If you have questions or want to download more useful tools, visit us at www.louisebatz.org

INFORM

EMPOWER

SUPPORT

BEFORE YOUR STAY

DURING YOUR STAY

GOING HOME



WHY THE FLOWER?

Our Logo

My mom and her family have called San Antonio, Texas home since the late 1800's. San Antonio has a rich culture of Mexican traditions and influence. My mom adored wearing traditional Oaxacan Mexican dresses which are filled with colorful embroidered flowers. The purple flower and colorful vines used for the Funds' logo came off of one of my mom's dresses. The flower serves as a symbol of love, happiness and joy, everything that my mom was and will be.

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BEFORE YOUR STAY

“One ought never to turn one’s back on a threatened danger and try to run away from it. If you do that, you will double the danger. But if you meet it promptly and without flinching, you will reduce the danger by half.”

-Sir Winston Churchill



ABOUT ME
PERSONAL PROFILE

1. NAME: _____

2. AGE: _____ 3. GENDER: _____ 4. HEIGHT: _____ 5. WEIGHT: _____

6. BLOOD TYPE: _____ 7. ETHNICITY: _____

8. ALLERGIES TO MEDICATIONS: _____

9. CURRENT OVER-THE-COUNTER MEDICATIONS (including prescriptions and vitamins): _____

10. CURRENT BREATHING PROBLEMS
☐Asthma ☐Emphysema ☐Pneumonia ☐Lung Disease ☐Sleep Apnea ☐OTHER _____

If you have any of these you will need increased monitoring while in the hospital.

11. SERIOUS HEALTH PROBLEMS: _____
☐Cancer ☐Heart Disease ☐Diabetes ☐OTHER _____

12. How many times have you been in the hospital this year?
☐1 ☐2 ☐3 ☐4 ☐5 ☐OTHER _____

13. Could you have sleep apnea?
Sleep Apnea requires increased hospital monitoring and commonly goes undiagnosed. See next page.

14. Pastoral/Spiritual Care Contacts
My current faith is: _____

I want them to be contacted
☐YES Contact Information: _____

ABOUT ME
PERSONAL PROFILE

STOP-BANG: A Screening Tool for Obstructive Sleep Apnea (OSA) by Frances-Chung

YES NO

1. SNORING
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? ☐ ☐

2. TIRED: Do you often feel tired, fatigued, or sleepy during daytime? ☐ ☐

3. OBSERVED: Has anyone observed you stop breathing during your sleep? ☐ ☐

4. BLOOD PRESSURE: Do you have or are you being treated for high blood pressure? ☐ ☐


5. BMI: BMI more than 35 kg/m2? ☐ ☐
Body Mass Index (BMI) serves as an indicator of obesity, which is a risk factor for Sleep Apnea

6. AGE: Age over 50 yrs old? ☐ ☐

7. NECK CIRCUMFERENCE: Greater than 40 cm? #___inches? ☐ ☐

8. GENDER: Male? ☐ ☐

Total Yes Answers _____



HIGH RISK OF OSA:
If you answered yes to three (3) or more questions, you will need to ask for closer monitoring including checking vitals more often and wearing an oxygen monitor.

LOW RISK OF OSA:
Answering yes to less than three (3) items does not indicate a high chance of OSA.

BENCHMARK VITAL LEVELS
Record patient's normal benchmark vital signs. Post-procedure, see page 57 to record and compare.

PATIENT NAME: _____

NORMAL OXYGEN LEVELS: _____

NORMAL TEMPERATURE: _____

NORMAL HEART RATE: _____

NORMAL RESPIRATORY RATE: _____

BLOOD TYPE: _____

MEDICATION LOG
AT HOME

Name and birth date: _____
Allergies: _____

MEDICATION <i>vitamin or herbal supplement</i>	DOSE	DATE <i>started/ stopped</i>	HOW <i>is it given?</i>	NUMBER <i>of dosages per day?</i>	TIME(S) OF DAY <i>medication is normally taken</i>	SPECIAL <i>instructions</i>	REASON <i>for medication</i>
Example: <i>Centrium</i>	<i>1 pill</i>	<i>2010</i>	<i>mouth</i>	<i>1</i>	<i>1</i>		<i>health</i>

MEDICATION LOG
AT HOME

Name and birth date: _____
Allergies: _____

MEDICATION & vitamin or herbal supplement	DOSE	DATE <i>started/ stopped</i>	HOW <i>is it given?</i>	NUMBER <i>of dosages per day?</i>	TIME(S) OF DAY <i>medication is normally taken</i>	SPECIAL <i>instructions</i>	REASON <i>for medication</i>

BEFORE YOUR STAY

DEFINITIONS:

Allergy: Drug allergies are a group of symptoms caused by an allergic reaction to a drug (medication).

Vitamin: Any of a group of organic compounds that are essential for normal growth and nutrition and are required in small quantities in the diet because they cannot be synthesized by the body.

Vitamins are substances that your body needs to grow and develop normally. There are 13 vitamins your body needs. They are

- Vitamin A
- B vitamins (thiamine, riboflavin, niacin, pantothenic acid, biotin, vitamin B-6, vitamin B-12 and folate)
- Vitamin C
- Vitamin D
- Vitamin E
- Vitamin K

You can usually get all your vitamins from the foods you eat. Your body can also make vitamins D and K. People who eat a vegetarian diet may need to take a vitamin B12 supplement.

Herbal Supplement: *Herbal supplements are non-pharmaceutical, non-food substances marketed to improve health.*

Dose: A quantity of a medicine or drug taken or recommended to be taken at a particular time.

Medication: A substance used for medical treatment, esp. a medicine or drug.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



MEDICATION LOG

AT HOME

Name and birth date: _____

Allergies: _____

[illegible]

BEFORE YOUR STAY

DEFINITIONS:

Procedure: A procedure can be any surgical procedure, diagnostic intervention or treatment.

In Patient Procedure: Any procedure where the patient needs to remain overnight or longer after the procedure is completed, for care or observation.

Out Patient Procedure: Any procedure where the patient does not need a hospital stay.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store 

*Where there is great love,
there are always miracles.*

-Willa Cather 1873

MEDICAL TEAM
DOCTORS

VISIT date & time	MY DOCTOR & contact information	EVALUATION of condition; what did the doctor say?

BEFORE YOUR STAY

{NOTES}

MEDICAL TEAM
DOCTORS

VISIT <i>date & time</i>	MY DOCTOR <i>& contact information</i>	EVALUATION <i>of condition; what did the doctor say?</i>

BEFORE YOUR STAY



{NOTES}

PROCEDURE SUMMARY

Date of the procedure: _____

Type of procedure: _____

Name and address of procedure location: _____

Telephone number of the procedure location: _____

Special instructions before the procedure: _____

Any major complications: _____

* Make doctors aware of any major complications such as:

☐ BLOOD CLOTS ☐ ANESTHETIC COMPLICATIONS ☐ MAJOR INFECTIONS ☐ OTHER _____

BEFORE YOUR STAY

Great works are performed not by strength, but by perseverance.

-Samuel Johnson 1709





If you have more than one procedure, print out previous page again and have your doctor or nurse fill in a separate page for each.



PROCEDURE SUMMARY

YOU HAVE A LEGAL RIGHT TO ACCESS ALL YOUR RECORDS.

It is important to keep copies of your medical records for future reference.

HERE ARE RECORDS WE SUGGEST YOU KEEP IN YOUR BINDER:

- Copy of medication records (prescriptions and non-prescriptions) MUST be in your hands at all times!
- Copy of discharge summary after the procedure; These papers explain what to do when you are sent home.
- Copies of all pathology reports
- Copies of any second opinions
- Copies of all imaging (MRI, CT) reports from before and after the procedure
- Copies of pertinent films (x-rays, MRI, CT)
- Legal documents including, but not limited to: Power of Attorney, Do Not Resuscitate Orders, Living Will, etc.



DEFINITIONS:

DNR: A DNR order allows you to choose before an emergency occurs whether you want CPR. It is a decision only about CPR. It does not affect other treatments, such as pain medicine, medicines, or nutrition.

Speak with your spiritual caregiver or medical staff about what a DNR means.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



“ If a patient has sleep apnea they need to bring their CPAP machines to the hospital. The nurses may need to put it on the patient in the recovery room immediately after the procedure. They will also need to use it in the hospital when they sleep. This is especially important if they are receiving pain medication. My Dad had sleep apnea and unfortunately he did not have his CPAP. I wonder all the time if he would have had it on would things have been different. “

Malinda Loflin RN, BSN Oklahoma City, Oklahoma
19 years as a nurse and patient safety advocate after the loss of her father Robert Goode due to a preventable medical error.

ASK BEFORE YOUR PROCEDURE
AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
personal matters			
Put a check if you are happy with your answer.			
Do you have a friend or family member who can make medical decisions for you?			
Have you signed a DNR?			
Have you told your medical wishes to friends and family? Are you getting any help from family, friends or your community while you are in the hospital? (child care, food, house cleaning, prayer, etc)			
Rest and recuperation are an important part of recovery. Have you created a visitation schedule?			
Do you have any questions or concerns about your hospital stay or procedure? Do you have any questions about the “meaning” of your suffering or pain? Do you have someone feel comfortable talking to or asking questions to?			
possible risks & side effects			
What will be done to reduce the risk of infection, blood clots and falls in the hospital?			

BEFORE YOUR STAY

NOTES



If you have more than one procedure, print out this page again and have your doctor or nurse fill in a separate page for each.

These questions should be completed once prior to the procedure and again right before the procedure is initiated.

DEFINITIONS:

Intensive Care: Special medical treatment of a dangerously ill patient, with constant monitoring.

Intermediate Care: A level of medical care in a hospital that is intermediate between intensive and basic care.

Monitored: Monitored anesthesia care (MAC) refers to the anesthesia personnel present during a procedure and does not implicitly indicate the level of anesthesia needed.

Telemetry: Telemetry monitoring is when caregivers monitor the electrical activity of your heart for an extended time. Electrical signals control your heartbeat. The recordings taken during telemetry monitoring show caregivers if there are problems with how your heart beats.

Infection Rate: The percentage of contacts with a similar amount of exposure who have a newly identified infection.

Anesthesia: Insensitivity to pain, esp. as artificially induced by the administration of gases or the injection of drugs before surgical intervention.

Vital Levels: Your heart beat, breathing rate, temperature, and blood pressure. Your health care provider may watch, measure, or monitor your vital signs to check your level of physical functioning.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



ASK BEFORE YOUR PROCEDURE

AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
patient advocacy		Put a check if you are happy with your answer.	
DOCTOR/NURSE(S): What level of care do you think I need following the procedure?	<ul style="list-style-type: none">Intensive Care (ICU)Intermediate Care (Monitored or Telemetry-IMCU)General Care FloorOTHER _____		As your care progresses, you may be placed on another unit where you will require less monitoring and high-tech machines. Speak up, especially after transfer, with any concerns or needs. This will be helpful to the staff as they get to know your family member.
NURSE(S): How do you decide what level of care I will need after the procedure?			
ADMISSION CLERK: Does the hospital give pastoral/spiritual care? Will my spiritual support be contacted and allowed to visit me?	<ul style="list-style-type: none">YesNo		
procedure			
Exactly what is being done and how long will it take?	<ul style="list-style-type: none">1 hour1-3 hours3-6 hours6+ hoursOTHER _____		
What part of my body is involved in or affected by the procedure?			
How will you mark the parts of my body that are involved in or affected by the procedure?	<ul style="list-style-type: none">TapeMarking PenOTHER _____		
What is the hospital or medical center's infection rate?			
What type of anesthesia will be used for my procedure?			

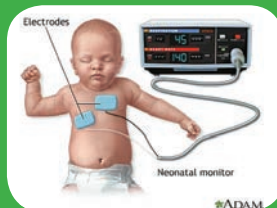
BEFORE YOUR STAY

DEFINITIONS:

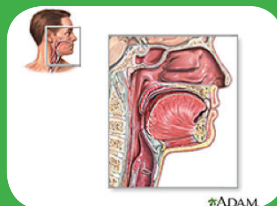
Pulse Oximetry: A non-invasive method for monitoring a patient's O2 saturation. In its most common (transmissive) application mode, a sensor is placed on a thin part of the patient's body, usually a fingertip or earlobe, or in the case of an infant, across a foot.



Cardio Respiratory Monitor: A machine used to check a person's breathing and heart rate. It may also be called a CR monitor, an apnea monitor or an apnea/bradycardia monitor. Its purpose is to detect and inform caregivers of potential life threatening events.



Sleep Apnea: A potentially serious sleep disorder in which breathing repeatedly stops and starts. You may have sleep apnea if you snore loudly and you feel tired even after a full night's sleep.



Narcolepsy: A condition characterized by an extreme tendency to fall asleep whenever in relaxing surroundings.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



ASK BEFORE YOUR PROCEDURE AND CONFIRM UPON ARRIVAL, CONT'D.

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
What side effects, risks, and complications should I (and my loved ones) know about and watch for?			
What should we do if there are questions about my pain levels or pain medication side effects?			
<i>staffing</i>			
Who does the healthcare team check with to be sure I am doing well after the procedure?	<input type="radio"/> Doctor <input type="radio"/> Nurse <input type="radio"/> Therapist <input type="radio"/> OTHER _____		
How will my breathing be checked after the procedure? <i>(Can this be done continuously while I am asleep?)</i>	<input type="radio"/> Pulse oximetry <i>(oxygen level)</i> <input type="radio"/> Cardio-respiratory monitor <i>(CO₂)</i> <input type="radio"/> Scheduled checks by nursing staff <input type="radio"/> OTHER _____		
Have you examined and/or tested for any breathing problems I might have because of my weight, size of my neck, history of snoring, sleep apnea or narcolepsy? <i>*Did you complete testing on page 11?</i>	<input type="radio"/> YES (if yes, what are you doing to prevent these problems and monitor them?) <input type="radio"/> NO		
How will my heart function and blood pressure be checked after the procedure?	<input checked="" type="checkbox"/> Continually: with an electronic monitoring system <input type="checkbox"/> Intermittently: with an electronic monitoring system <input type="checkbox"/> Intermittently: by a nurse		
Do I need to be monitored for sleep apnea or narcolepsy?	<input type="radio"/> YES (if yes, what are you doing to prevent these problems and monitor them?) <input type="radio"/> NO		



**When looking at your hospital or healthcare environment it is important to ask questions that will help protect you from acquiring an infection you didn't come into the hospital with. Hospitals call these HAIs which stands for Healthcare Associated Infections. Talk with your doctor about facility's infection rates so that you have good understanding of what your facility is doing to promote hospital safety.*

**Figure out what the surgical site infection rates are at the Hospital you are going to and how they compare to the national average.*

-Dr. Mark Stibich
CSO, Xenex Disinfection Services

QUESTIONS TO ASK	ANSWER	COMPLETED <i>before the procedure?</i>	COMPLETED <i>upon arrival?</i>
<i>staffing</i> Put a check if you are happy with your answer.			
DOCTOR: What level of care do you think I need?			
DOCTOR: How often do you make rounds on your patients?	<input type="radio"/> 1-2 times/day <input type="radio"/> 3-4 times/day <input type="radio"/> 5+ times/day <input type="radio"/> OTHER _____		
DOCTOR: What time of day do you usually make rounds?	<input type="radio"/> 6a.m. to 9 a.m. <input type="radio"/> 9 a.m. to noon <input type="radio"/> Noon to 3 p.m. <input type="radio"/> 3 p.m. to 6 p.m. <input type="radio"/> 6 p.m. to 9 p.m. <input type="radio"/> 9 p.m. to midnight <input type="radio"/> Midnight to 6 a.m.		
DOCTOR/NURSE(S): How often will my vital signs be checked by a registered nurse in my room for the first 2 days after my procedure?	<input type="radio"/> Every 15 minutes <input type="radio"/> Every 30 minutes <input type="radio"/> Every 90 minutes <input type="radio"/> OTHER _____		
<i>after my procedure, before going home</i>			
Will I be going home with drainage tubes?	<input type="radio"/> Yes <input type="radio"/> No		
Will I need to arrange for oxygen when I go home?	<input type="radio"/> Yes <input type="radio"/> No		
<i>pain management</i>			
What are my options for receiving pain medication after the procedure to relieve my pain?	1. PCA (Patient controlled anesthesia) 2. Oral (by mouth) 3. IV 4. OTHER _____		
If I or my loved ones have concerns about my pain levels, what should we do?	1. 2. 3.		
<i>anesthesia</i>			
What kind of anesthesia will be used?			

{NOTES}

ASK BEFORE YOUR PROCEDURE
AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED <i>before the procedure?</i>	COMPLETED <i>upon arrival?</i>
<i>infection</i>			
How was my operating room disinfected?			
When was the OR last disinfected? Is it disinfected between every surgery, or just at the end of the day?			
Does this facility profile patients for their risk of infection?			
What steps are taken after surgery to identify and prevent infections as early as possible?			

BEFORE YOUR STAY



LAB RESULTS

TEST	DATE	RESULTS	EVALUATION <i>What does that mean?</i>	FOLLOW-UP

LAB RESULTS

TEST	DATE	RESULTS	EVALUATION <i>What does that mean?</i>	FOLLOW-UP

BEFORE YOUR STAY



BARBARA'S TEN COMMANDMENTS!

Barbara and Loyd Wainscott provide words of wisdom from many years battling a brave fight with Cancer and Stroke.

1. Ask for EVERYONE'S business card, and keep them in one of those plastic business card sheets in the notebook.

Not having a notebook, I folded mine and kept it in my purse because half the time we would think of questions on the way home from the clinic and if we called back immediately we could usually get an answer. Get the doctor's card, the nurse's, the physician's assistant's, anyone's and everyone's; because if you keep getting a "this voicemail box is full" message you can keep calling people till you track down who you need. Also, it will give you all the info you need to fill in the notebook later if necessary.

2. Take the notebook with you to the doctor's office; or if you fill it in later, take a small notebook with you and take notes.

You really won't remember anything later and it's amazing how much more accurate the medical team is when they see you taking notes.

3. SAVE THE SHEETS THE CLINICS GIVE YOU ON PROCEDURES, AFTER THE PROCEDURE CARE AND DRUGS.

Years later doctors will ask what chemo drugs, etc. you were given.

4. Learn the ins and outs of the clinics and labs.

At one hospital they would schedule three appointments spread out all day starting at 6:30 in the morning. We didn't find out for months that we didn't have to stick to some of the exact appointment times and you could go to the lab anytime on the day you were scheduled.

5. ASK QUESTIONS! ASK QUESTIONS! ASK QUESTIONS!

Ask what they're doing and why and why it's not the same thing they did before and who ordered it. Know what all the numbers on the monitors mean and what are the parameters of what's too high and what's too low. And if they're not right, go get somebody! Watch the catheter bag because sometimes nobody else is. Ask if it looks too full, too empty, too dark, cloudy or anything that doesn't look right. The same is true for output once you get home. The most critical times we've had with Loyd were when he had bladder infections. He got a bladder infection that caused blood poisoning that caused dehydration that caused low blood pressure which caused us to have to call 911 with no pulse. It's all about keeping everything in balance; and, unfortunately, you are the only one watching the balance.

6. Try to remain with the patient whenever possible.

First of all, they are usually drugged and don't know what's going on. You've got to keep up with what drugs they are getting, how much and when (including the IV fluids). I can't tell you the times they doubled up, didn't give and gave the wrong thing to Loyd during his hospital stays. And sometimes they're just not monitoring them. The nurses have many priorities, including new patients and emergencies. I don't care what they say their schedule is, they are hardly ever on schedule.

7. MONITOR THE COMPRESSION BOOTS!

For some reason that seemed to be one of the things the aides and nurses forgot to hook back up on a regular basis. They were turned off and unstrapped quite often for various things and they almost never remembered to hook them back up. This happened every time Loyd was in the hospital. When I would ask about it they would say, "Oh yeah. He'll get a blood clot if he doesn't wear those." It sounded important. But the reality is they were left unhooked for hours at a time, until I would re-adjust the covers and find they weren't hooked up anymore. It became one of my constant "nags". Equally as important is to make sure the nurses re-position the patient in the bed every couple of hours to relieve pressure points and prevent bed sores. That's something the nurses really don't keep up with unless you call them to the room or catch them while they are in for something else.

8. Don't think you're patient is safe just because they don't have a procedure; the same things apply if they are checked into the hospital for tests or anything else.

9. Don't be afraid to limit visitors.

People just want to show they care and to help, but sometimes all together it's just too much. The nurses will usually be glad to take the heat and print up a sign for the door saying "No Visitors". All you have to say is "They're limiting visitors".

10. Last, but not least, if your patient is seriously or chronically ill, set up a page on one of the websites for seriously ill patients, like CaringBridge.org.

It's a Godsend. It slashes your phone calls by about 80% giving you time to watch over your patient. It also gives you a vehicle to give everyone an update all at once, make requests (as in "No visitors yet, please.") and pass on any other need you may have. It also gives everyone else a way to support you and your patient. Which brings me to one of the most important points of all: if you have a need, ask for help and don't hesitate to graciously accept the help that is offered. Your friends and family really do want to help and they try hard to come up with creative ways to show how much they care for you. Don't belittle their offers by not accepting their help. Before you know it you will be amazed at how many prayers they will answer and how really helpful they are.

DURING YOUR STAY

The remarkable thing is we have a choice everyday regarding the attitude we will embrace for that day. We cannot change our past...we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude...I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you. We are in charge of our attitudes.

-Charles Swindoll



DEFINITIONS:

Advocate: Advocacy is an integral part of nursing. However, there is a scarcity of empirical evidence on nursing advocacy process and most of that evidence concerns nurses’ views on the care of certain vulnerable patient groups in acute care settings. Before nursing practice can truly adopt advocacy as an inherent and natural part of nursing, a clearer understanding is needed of how it is defined and what activities are needed to accomplish advocacy.

RN: A registered nurse (RN) is a nurse who has graduated from a nursing program at a college or university and has passed a national licensing exam to obtain a nursing license.

LVN: The performance under the supervision of a registered nurse of those services required in observing and caring for the ill, injured, or infirm, in promoting preventive measures in community health, in acting to safeguard life and health, in administering treatment and medication prescribed by a physician or dentist or in performing other acts not requiring the skill, judgment, and knowledge of a registered nurse.




LPN: A graduate of a school of practical nursing whose qualifications have been examined by a state board of nursing and who has been legally authorized to practice as a licensed practical.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



“Good teams become great ones when the members trust each other enough to surrender the ‘me’ for the ‘we.’”
-Phil Jackson

QUESTIONS
TO ASK RIGHT AFTER YOUR PROCEDURE

QUESTIONS <i>with comments</i>	ANSWER	COMPLETED
<i>patient advocacy</i>		
Am I alone? Where can I find a patient advocate? Can you direct me and my loved ones to resources that will help us find a patient advocate, for times a loved one cannot be with me?  <i>If they don't know please go to our website at www.louisebatz.org for assistance. We recommend having a loved one or advocate with you at ALL times.</i>		
Can I make arrangements for someone to stay with me at all times?	<input type="radio"/> YES <input type="radio"/> NO- If no, why?	
If I have a problem or concern that is not being addressed, or cannot be resolved with nurse on duty, who should I contact to resolve the issue?		
<i>staffing questions</i>		
How often is the nurse able to check on me after the procedure?	<input type="radio"/> Every 15 minutes <input type="radio"/> Every 30 minutes <input type="radio"/> Every hour	
Who else is on the team that will take care of me besides my RN?	<input type="radio"/> LVN/LPN <input type="radio"/> Nursing assistant <input type="radio"/> Respiratory therapist <input type="radio"/> OTHER _____	
Besides me, how many patients will my RN be responsible for?  <i>This is very important for you to know. Research shows that the higher the number of patients RNs have to take care of, the more likely a mistake could happen.</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> OTHER _____	
When and how often do nurses change shifts?  <i>Usually, there will be a one to two hour overlap. Ask your loved one or patient advocate to stay present.</i>	a.m. p.m. a.m. p.m.	

THE BREATHE TOOL

B

BE AWARE

Ask questions about your medications and treatments.

R

REACH OUT

Ask family/visitors to contact the nurse fast if they see you:

- Cannot wake up
- Are too drowsy or sleepy
- Fall asleep while talking
- Are breathing slowly
- Have new snoring
- Are confused
- Display changes that worry you.

E

EDUCATE YOUR HEALTHCARE PROVIDER

Make sure your provider knows your illnesses, allergies and all medications.

A

ASK QUESTIONS

If you do not understand.

T

TAKE NOTES

In a tablet or journal of any concerns, questions, and answers that arise.

H

HOME MEDICATIONS

Do not bring medications from home without your Doctor's approval.

E

ENGAGE IN YOUR CARE

You are part of the team! Ask these questions at each health care encounter:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

*Reference: National Patient Safety Foundation: Ask Me 3™

The BREATHE TOOL was developed by:
 **BAYLOR**
University Medical Center
at Dallas

THE BREATHE TOOL, CONT'D

FAMILY / VISITORS

If on a pain pump DO NOT push the pain pump button or give the patient any medications from home- it may cause breathing problems. A change in your loved one's behavior may be an early sign indicating over-sedation, and is often missed because we think they are comfortably asleep.

TO KEEP YOU SAFE,
the nurse may have to wake you up in order to:

- **EVALUATE** level of pain, alertness, vital signs, and/or check the rate and quality of respirations every 2-4 hours. More frequent assessments may be necessary (even at night) if you have one or more of these risk factors:
 - obesity
 - sleep apnea
 - chronic lung disease
 - use of a BiPAP/CPAP machine
 - are over the age of 60 years
- **MONITOR** you more frequently during the first 24 hours of pain pump use, even at night. This might include monitoring with a pulse oximeter machine.
- **OBTAIN** an accurate assessment of your level of sedation, even at night.

The BREATHE TOOL was developed by:
 **BAYLOR**
University Medical Center
at Dallas

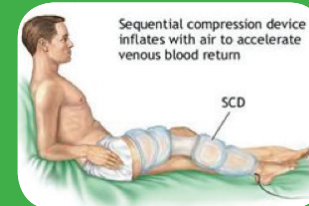


DEFINITIONS:

Heart Monitor: A piece of electronic equipment for continual observation of the function of the heart

Oxygen Monitor: A photoelectric device that measures oxygen saturation of the blood by recording the amount of light transmitted or reflected by deoxygenated versus oxygenated hemoglobin.

Compression Devices: Intermittent pneumatic compression is a therapeutic technique used in medical devices that include an air pump and inflatable auxiliary sleeves, gloves or boots in a system designed to improve venous circulation in the limbs of patients who suffer edema or the risk of deep vein thrombosis or pulmonary embolism.



You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store

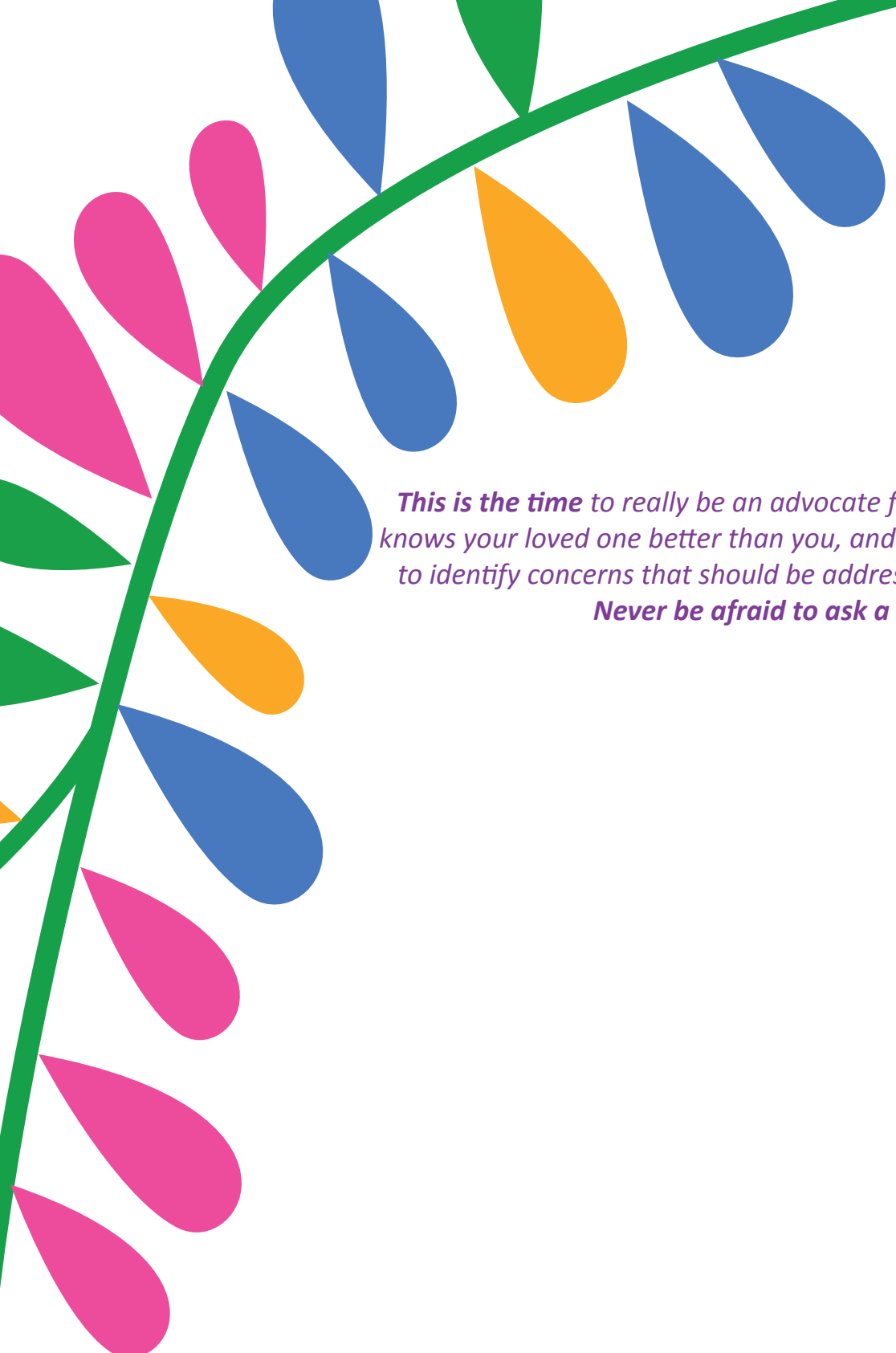


Know who the supervising charge nurse is and how to contact them. If you can't find your nurse and have concerns, utilize the in-room phone to contact your floor's operator.

-Debra Simmons, RN, MJN, CCRN, CCNS, Executive Operations Director, National Center for Cognitive Informatics and Decision Making In Healthcare School of Biomedical Informatics, University of Texas Health Science Center at Houston

QUESTIONS TO ASK RIGHT AFTER YOUR PROCEDURE

QUESTIONS <i>with comments</i>	ANSWER	RECOMMENDATIONS <i>completed?</i>
<i>staffing questions, cont'd.</i>		
Can my caregiver stay in the room during shift change? <i>Loved ones should enter all vitals and medications (dosage and time) during each shift into the Medication Log.</i>	<input type="radio"/> YES <input type="radio"/> NO	If not, request a report prior to shift change to confirm information being communicated is correct and then discuss it with incoming nurse.
Can my caregiver hear or read the nurse's report during shift change?	<input type="radio"/> YES <input type="radio"/> NO- If no, why?	
<i>monitoring</i>		
What machines are monitoring my condition right now, and what are they for?	1. Heart monitor 2. Oxygen monitor 3. Compression devices 4. OTHER _____	
If you don't have a heart monitor or oxygen monitor on me, how often do you come by to check my vitals? After anaesthesia, patient's vital signs should be checked every 15 minutes until they are awake. If they are not stable, (i.e. blood pressure is low) they need to be checked more often than that.	<input type="radio"/> Every 15 minutes <input type="radio"/> Every 30 minutes <input type="radio"/> Every 60 minutes <input type="radio"/> Every 90 minutes	
Did I have any problems during or immediately after the procedure that would suggest a need to watch me closer? What precautions are you taking? What do you normally do in this situation?	<input type="radio"/> YES: if yes, describe the problems. <input type="radio"/> NO	
Is there something that I should help with or watch for?		
Are all the machines that I will be hooked up to plugged in? <i>Machines to watch are the compression devices for your legs that help prevent blood clots.</i>	<input type="radio"/> YES: if yes, describe the problems. <input type="radio"/> NO If not, call the nurse and have them plugged in.	
Watch IV bags; are they clamped? Is the liquid flowing? Is there no kink in the line?	<input type="radio"/> YES: if yes, describe the problems. <input type="radio"/> NO If not, call the nurse	



This is the time** to really be an advocate for your loved one. No one knows your loved one better than you, and you will be the best person to identify concerns that should be addressed by the medical team. **Never be afraid to ask a question.



Ensure your providers are using a fresh pair of gloves every time they interact with you or your equipment. For example, they should change gloves right before inserting an IV so that they aren't carrying any pathogens over from another patient or an unclear surface.



WHAT TO WATCH OUT FOR!
IN CARING FOR YOUR LOVED ONE

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
breathing			
Watch how your loved one breathes. Are his/her breaths regular and at least 10 per minute?	<input type="radio"/> YES (normal) <input type="radio"/> NO (not normal)	If not, get the nurse (not the nurse assistant) to check the patient's status	DATE TIME
responsiveness			
When I talk to my loved one, does he/she respond normally or is he/she too sleepy to answer?	<input type="radio"/> YES <input type="radio"/> NO	If sleepy, get the nurse immediately	
Does my loved one go to sleep mid-sentence?	<input type="radio"/> YES <input type="radio"/> NO	 If yes, you may need to discourage more pain medication. Have the dosage of pain medication checked and ask what is being given in combination with other medications.	
risk of falling			
Is it safe for the patient to get out of bed alone?	<input type="radio"/> YES <input type="radio"/> NO		
If the patient is at risk of falling and are there obstacles in the room that increase the risk of falling?	<input type="radio"/> YES <input type="radio"/> NO	 If so, make sure the floor is clear of electrical cords, long IV tubing, extra furniture, water, paper or any other item that could cause a fall.	 WARNING: Falls tend to happen when the patient is getting up to go to the bathroom.
infection			
Have you washed your hands? Are you watching to make sure the medical staff is washing their hands?	<input type="radio"/> YES <input type="radio"/> NO  KEEP ASKING THIS QUESTION!!!	Make sure you or a loved one reminds the medical staff to wash their hands before they come to evaluate you. Don't be afraid to ask this question.	 Don't be afraid to stop them if you don't see this – it's your/your loved one's best chance to avoid infection. 90% of all infections come from medical staff not washing their hands.
What do I do after the procedure if I think my wound is infected?			

DURING YOUR STAY



DEFINITIONS:

Incision: A surgical cut made in skin or flesh.



Urinary Catheter: A tube placed in the body to drain and collect urine from the bladder.



Blood Clots: A blood clot is a thickened mass in the blood formed by tiny substances called platelets. Clots form to stop bleeding, such as at the site of cut.




Bed Sores: A pressure sore is a lesion that develops on the skin and underlying tissues due to unrelieved pressure. The skin and tissues need enough blood supply for oxygen and nutrients.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



WHAT TO WATCH OUT FOR! IN CARING FOR YOUR LOVED ONE

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
<i>infection</i>			
Does the skin around the IV sites or incision look red or puffy and swollen?	<input type="radio"/> YES <input type="radio"/> NO	If yes, call the nurse.	
Will the patient have a urinary catheter?	<input type="radio"/> YES <input type="radio"/> NO	If yes, ask when it will come out. Make sure to ask about catheter care to help prevent infection.	Try to only have it in for 24 hours to reduce the risk of infection.
Does the nurse clean the tubing connector (hub) on the IV before inserting a syringe/new line/medication tubing?	<input type="radio"/> YES <input type="radio"/> NO	He/she should clean it with antiseptic for at least 15 seconds EACH time it is checked (Sing Happy Birthday twice to estimate time).	
<i>blood & blood clots</i>			
Is the patient at risk of blood clots?	<input type="radio"/> YES <input type="radio"/> NO	Getting out of bed as soon as possible will help.	
Does my loved one need any medication or devices to reduce the risk of blood clots?	<input type="radio"/> YES <input type="radio"/> NO	If yes, it will be necessary to take a blood thinner or wear compression devices for your legs.	
What's your blood type?	A + - B + - AB + - O + -		
 <i>Make sure you know this, and who has the same in case needed!</i>			
<i>bed sores</i>			
Is the patient at risk of bedsores?	<input type="radio"/> YES <input type="radio"/> NO	1.Ensure the patient is not spending too much time in the same position. 2. Make sure extra care is taken with the skin, keeping it dry and perhaps using moisture barrier cream.	
Are there signs of bed sores? First sign is redness.	<input type="radio"/> YES <input type="radio"/> NO		
Can I help the nurses/doctors to help prevent bedsores?	<input type="radio"/> YES <input type="radio"/> NO	Encourage the patient to welcome repositioning. Sustained pressure on some areas of skin is what reduces circulation and causes bedsores.	

DEFINITIONS:


Armband: A durable plasticised identification band placed around a patient’s wrist at the time of admission to a hospital, which contains basic information about the patient (name, hospital identification number, room number, caring physician, etc.)

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store 

Always double check and write down all medications the patient is receiving. This could be the most important thing you can do to keep your loved one safe. Never be afraid to ask the nurse and doctor each time the medication is being given. It helps them, too!

“If the patient has a new or increased shortness of breath, demand that the Attending Doctor be notified. Do not be reassured by normal monitor readings at that point.”
-Dr. Lawrence Lynn

WHAT TO WATCH OUT FOR!
IN CARING FOR YOUR LOVED ONE

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
medication safety			
Did the nurse check the patient’s armband before giving medication, drawing blood, or sending the patient for a test or an examination?	<div><input type="radio"/> YES</div> <div><input type="radio"/> NO</div>	Make sure, each time medication is given, that the nurse checks the armband and doesn’t just ask for the patient’s name. Many nurses decide “I know this person; I don’t need to check the armband again”. This is where many accidents happen.	
Is the patient getting the right medication?	<div><input type="radio"/> YES</div> <div><input type="radio"/> NO</div>	Refuse medication and speak with nurse or doctor.	
Does the medication offered by the nurse look like what the patient has been taking? Is it about the same general time that the patient has been taking it?  (Medication errors can be prevented by the patient or loved ones simply asking “What is that? That doesn’t look like anything I’ve/he’s/she’s taken before. Or, “I/he/she just had that an hour ago – did the doctor order it again?”)	<div><input type="radio"/> YES</div> <div><input type="radio"/> NO</div>	If not, don’t be afraid to question it. Also, don’t be afraid to question any “new” medication or one given more than the usual number of times.	
spiritual concerns			
Does the patient have emotional mood swings?	<div><input type="radio"/> YES</div> <div><input type="radio"/> NO</div>	Identify their emotions	
Does the patient have a pre-occupation with death/dying?	<div><input type="radio"/> YES</div> <div><input type="radio"/> NO</div>	Contact your medical/ spiritual provider	

{NOTES}

“Some medications are given on a scheduled regular basis, such as blood pressure, diabetes, and cholesterol medications. Others are given on a ‘prn’ or ‘as needed’ basis such as medications for pain, anxiety, and sleeping. This latter group is especially important to track after any type of procedure as these may cause dangerous levels of sedation and decreases in oxygen levels. If you are concerned about your loved one’s level of consciousness or notice abnormal behavior, check the trends and changes in dosages of these first, after raising the issue with caretakers.”

Dr. Ginger Isom Batz, Dallas Center for Pelvic Medicine, Presbyterian Hospital, Dallas, Texas

MEDICATION LOG
IN THE HOSPITAL



Ask the pharmacy how these medicine combinations react with each other and double check to make sure they are safe for the patient.

HOSPITAL PHARMACY: _____
PHONE NUMBER: _____
Allergies: _____

BRAND name AND generic name of medication	REASON for medication	DATE started/ stopped	DOSE	NUMBER of dosages per day?	SIDE EFFECTS you are concerned about	SPECIAL instructions

MEDICATION LOG

{NOTES}

“We insist that every friend or loved one be closely monitored while receiving IV pain medicine after surgery. This should be a standard of care nationwide. “

-Laura Batz Townsend Co-Founder of the Louise H. Batz Patient Safety Foundation

The doctors and nurses will work together to control your pain. Your pain will be less, but you may not be completely pain-free. Speak up if your pain is not getting better so your doctor can evaluate and change your medicine if needed.

MEDICATION LOG
IN THE HOSPITAL

OFFICIAL name AND generic name of medication	REASON for medication	DATE started/ stopped	DOSE	NUMBER of dosages per day?	SIDE EFFECTS you are concerned about	SPECIAL instructions

MEDICATION LOG

MEDICATION LOG
IN THE HOSPITAL

MEDICATION LOG
IN THE HOSPITAL

MEDICATION & vitamin or herbal supplement	DOSE	DATE <i>started/stopped</i>	HOW <i>is it given?</i>	NUMBER <i>of dosages per day?</i>	TIME(S)OF DAY <i>medication is normally taken</i>	SPECIAL <i>instructions</i>	REASON <i>for medication</i>

MEDICATION LOG

{NOTES}

VITAL SIGNS
IN THE HOSPITAL

DATE	TIME	BLOOD PRESSURE	OXYGEN	TEMPERATURE	HEART RATE

VITAL SIGNS

WHAT TO EXPECT See Before Your Stay section for patient’s normal vital signs. pg. 26

PATIENT NAME: _____

NORMAL OXYGEN LEVELS: _____

NORMAL TEMPERATURE: _____

NORMAL HEART RATE: _____

NORMAL RESPIRATORY RATE: _____

VITAL SIGNS

IN THE HOSPITAL

DATE	TIME	BLOOD PRESSURE	OXYGEN	TEMPERATURE	HEART RATE

VITAL SIGNS

IN THE HOSPITAL

DATE	TIME	BLOOD PRESSURE	OXYGEN	TEMPERATURE	HEART RATE

ACTIVITY JOURNAL
TRACKING IN-HOSPITAL ACTIVITY

These pages provide extra space to help you track the progress of your loved one's in-hospital stay. Keep notes each time a doctor , nurse, therapist or any member of the hospital staff visits the room

VISIT time & date	NAME, TITLE & contact info	NOTES: Reason for visit, evaluation of condition

ACTIVITY JOURNAL
TRACKING IN-HOSPITAL ACTIVITY

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VISIT time & date	NAME, TITLE & contact info	NOTES: Reason for visit, evaluation of condition

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VISIT time & date	NAME, TITLE & contact info	NOTES: Reason for visit, evaluation of condition

{NOTES}

MEDICAL TEAM
DOCTORS

VISIT time & date	MY DOCTOR & contact info	EVALUATION of condition

When you get to the end of your rope, tie a knot and hang on.

-Franklin D. Roosevelt

DURING YOUR STAY





THE MEDICAL HIERARCHY

(color worn)

HEAD OF DEPARTMENT 

ATTENDING PHYSICIAN

FELLOW

SENIOR RESIDENT

JUNIOR RESIDENT
(usually second year resident)

INTERN

(first year resident)

(first year resident)

MEDICAL STUDENT 

THE MEDICAL HIERARCHY

(color worn)

DIRECTOR OF NURSING ~~~~~

MANAGER or NURSE SUPERVISOR - - -

NURSE MANAGER OR NURSE SUPERVISOR

CHARGE NURSE ~~~~~

STAFF or BEDSIDE NURSE (RN) _____

START OF BEDSIDE NURSE (RN)

LICENSED VOCATIONAL NURSE (LVN) ~~~~~

UNLICENSED ASSISTIVE PERSONNEL

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DOCTORS

DURING YOUR STAY

WHO'S WHO
IN THE HOSPITAL

ADMINISTRATOR ON CALL

A hospital executive who responds to emergencies after hours.

ATTENDING PHYSICIAN

The most senior doctor directly responsible for patient care.

FELLOW

A physician who has completed a residency and is training in a specialized field.

CHIEF RESIDENT

The most senior resident (physician in training) who directs the activities of the other residents.

THIRD YEAR RESIDENT

(PGY 3 or Senior Resident) Physician trainee who helps coordinate care of multiple patients and supervises less experienced residents.

SECOND YEAR RESIDENT

(PGY 2 or Junior Resident): Physician trainee who helps manage patients and supervises/teaches first-year residents and medical students.

FIRST YEAR RESIDENT

(PGY 1 or Intern) A physician trainee who has finished medical school and is beginning patient care duties.

NURSING SUPERVISOR

The most senior nursing administrator available after hours

NURSE MANAGER

The most senior nursing staff member for a particular hospital unit.

CHARGE NURSE

The direct supervisor of the nurses on one shift in a ward or unit.

STAFF NURSE OR BEDSIDE NURSE

A registered nurse (RN) who is responsible for direct patient care.

UNLICENSED ASSISTIVE PERSONNEL

Nursing assistants who may be called nurses' aides, patient care assistants or technicians.

HOSPITALIST

A doctor employed by a hospital to take care of patients in the hospital.

RAPID RESPONSE TEAM

A team of critical care specialists who can be called to assess a patient in an emergency. In some hospitals, patients and families can call the rapid response team.

CHAPLAIN

The individual who has been ordained/endorsed by a religious body and recognized by the hospital to render pastoral/spiritual care.

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-Helen Haskell , Columbia, South Carolina.
The Empowered Patient Coalition

MEDICAL TEAM
NURSES

NURSE'S NAME	DATE shift time	TITLE experience level	CONTACT phone number	EVALUATION of condition
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
		<input type="radio"/> RN <input type="radio"/> LVN <input type="radio"/> Nurse Assistant <input type="radio"/> Charge Nurse		
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“If we had known ten years ago whom to call if you have an emergency in the hospital, my son Lewis would be alive today. I cannot stress too emphatically the importance of knowing the identity and role of everyone involved in your healthcare, and who their supervisors are.

WHO DO YOU CALL?

GETTING HELP IN THE HOSPITAL

BEDSIDE NURSE
for most concerns

CHARGE NURSE
if the bedside nurse does not respond appropriately

PATIENT RELATIONS DEPARTMENT
for help with hospital rules and policies

SOCIAL SERVICES DEPARTMENT
for assistance in communicating with staff and scheduling family meetings

RAPID RESPONSE TEAM
if you have a medical emergency

NURSE MANAGER OR NURSE SUPERVISOR
if the hospital does not have a rapid response team. Ask them to call a physician to assess the patient.

ATTENDING PHYSICIAN OR HOSPITALIST
if you need immediate medical advice but the situation is not life-threatening

ADMINISTRATOR ON CALL
if you have an emergency but have not been able to get help through the usual channels. (The administrator on call can be reached through the hospital operator).

BIOETHICS REVIEW TEAM
For consultation to explore options and clarify ethical issues related to patient care.

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OTHER EMERGENCY NUMBERS

_____	_____
_____	_____
_____	_____
_____	_____

MEDICAL TEAM

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DURING YOUR STAY

CARE TEAM

OTHER MEDICAL PROFESSIONALS

Care Team includes Physical Therapists, Respiratory Specialists, Occupational Therapists, Speech Pathologists, and Dieticians and Chaplains.

VISIT <i>time & date</i>	NAME, TITLE & contact info	REASON <i>for visit</i>	EVALUATION <i>of condition</i>

CARE TEAM

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LAB RESULTS

TEST	DATE	RESULTS	EVALUATION <i>What does that mean?</i>	FOLLOW-UP

LAB RESULTS

TEST	DATE	RESULTS	EVALUATION <i>What does that mean?</i>	FOLLOW-UP



"Where there is great love, there are always miracles."

-Willa Cather 1873




WEEK

AT A GLANCE

DAY	APPOINTMENTS	INSTRUCTIONS & NOTES

MONTH

AT A GLANCE

QUESTIONS TO ASK	ANSWER	completed?
medications		
Am I sure I know what to do with all the medications I was taking before I came into the hospital?	YES NO	
Are there any changes to the medications after I have been in the hospital?	YES NO	
Are there new medications I need to take and do I know the dosage?	YES NO	
May I please have a printout of the medications I am supposed to take when I go home? <i>*Patient is entitled to copies of all medications during hospital stay. Have the nurse help you fill in your medication log on the following pages to make sure you understand how to take them.</i>		 DO NOT LEAVE WITHOUT THIS! GO OVER THE PRINTOUT WITH YOUR DOCTOR AND FILL IT IN ON THE MEDICATION LOG INCLUDED IN THE PACKET.
physician follow-up		
When am I supposed to see the doctor again?	DATE/TIME	
What symptoms should make me call the doctors immediately?	1. 2. 3.	
What symptoms would make me need to come back to the hospital?	1. 2. 3.	



{NOTES}

GOING HOME

IMPORTANT QUESTIONS

QUESTIONS TO ASK	ANSWER
<i>activity and diet</i>	
When can I drive?	DATE
When can I work?	DATE
What kind of activities can I perform?	
When can I exercise and are there things I should not do?	
What can I eat or drink?	
What can't I eat or drink?	
Do I need drainage tubes?	
Will I need oxygen tanks?	

GOING HOME



MEDICATION LOG
AT HOME

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S)OF DAY medication is normally taken	SPECIAL instructions	REASON for medication

MEDICATION LOG
AT HOME

MEDICATION LOG

ACTIVITY JOURNAL

TRACKING AT-HOME ACTIVITY

These pages provide extra space to help you track the progress of your loved one during at-home time.

TIME & DATE	NOTES <i>How am I feeling? Am I reaching my goals? Do I have any concerns?</i>

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LAB RESULTS

TEST	DATE	RESULTS	EVALUATION <i>What does that mean?</i>	FOLLOW-UP

LAB RESULTS

TEST	DATE	RESULTS	EVALUATION <i>What does that mean?</i>	FOLLOW-UP

OTHER FOLLOW-UP NOTES

NOTES



If outpatient blood tests, physical therapy, other therapy, home health supplies or anything else is needed, the patient and family need to write this down and understand it thoroughly.





LOUISE'S STORY

MY MOM

I am Richard, Louise's son. For many in the audience, it will be a surprise I can actually string more than one or two sentences together at a time. I apologize at the outset for my lack of eloquence. I wanted to stand in front of you and just let you know how much my family and I truly loved and still love my mom.

I look around the congregation and see the faces of many terrific mothers, but I could not have asked for a more wonderful mother for me and my sister, or a more wonderful wife for my dad. She was also an incredible grandmother to Ella, Sawyer, Mary Louise, and our little boy coming this June. We were blessed to have her for so long, but without a doubt I would be remiss to say I did not want many more years. My mom devoted her life to my dad, my sister, and I. Mom and Dad paved the way for all my successes. I take full responsibility for my failures, but my mom and dad gave me strength and courage to handle those as well.

I WOULD LIKE TO SHARE A FEW QUICK ANECDOTES.

Perhaps a few in the audience will remember the movie Wedding Crashers where Will Ferrell plays a somewhat loserish thirtysomething. In one scene, he sits on his couch in his underwear and shouts at the top of his lungs for his momma to bring him some lasagna. Somewhat sheepishly, I must admit I was like that character growing up, with my innumerable requests for a PB+J while I sat lounging in the family room. However, at least I would say please. But no matter what, Mom would always bring it to me with a great smile on her face, and I now realize it was out of her unconditional love for me.

Another special moment I shared with my mother was when I had traveled to Niagara Falls. At the base of the Falls, I called my mom in San Antonio and held up the cell phone so she could hear the roar of the falls next to me. I could tell at that moment she was so excited and happy. But as time has passed, I realize it was not so much the garbled noise of the falls which made her so happy, but the fact her son was so excited and happy to be there.

Nor will I forget the phone call she made to me while I lived in Lake Tahoe. She told me I better get my rear on that plane to go to my last medical school interview. That interview was in Lubbock. If she had not been so persistent, I would have never met my wonderful wife and her amazing family.

Mom truly loved all my friends, knowing how much they mean to me. And for my friends who grew up with me in San Antonio, I certainly consider her at least co-den mother of "the Hui" (what we called each other).

Her love and devotion did not stop with Dad, Laura, and me but also encompassed her two brothers, Charlie and Johnny, her sister Joanne, and their respective families. She was quite the maestro at keeping our family so close over the years, with the holiday celebrations, family trips to the coast, and endless birthday parties. And to my family, we owe it to my mom and Lala (her mother) to keep those traditions strong, and I know we will.

Mom was also devoted to her friends and would do anything within her power to help them. She would quickly offer her opinion even if it wasn't exactly what you wanted to hear. I honestly feel my Mom was a human version of Facebook. She knew so many people and I could keep in touch with everyone through her. I had many conversations with her in attempts to find a cure/treatment for her friends' illnesses. She didn't quite realize that I am just a "Picture Doctor" (radiologist) - but that did not deter her.

Recently, a friend emailed me and told me during a particularly trying time, my mom, who had been through a somewhat similar incident, had written a beautiful letter about hope that my friend still remembers to this day. That was my mom.

Mom may no longer be physically with us, but her spirit courses through her children, grandchildren, and all those she touched with her kindness. I see my Mom in my sister and the way she loves her children and takes care of them – although she's not as strict!

And lastly to my Dad, who has been a true hero, and a pillar of strength through this ordeal. Mommy is so proud of you. We want you to know how many people love you from your many friends to your family - including Charlie, Johnny, Joanne, and Sudie, who many a moon ago stopped being in-laws and became true brothers and sisters – and your adoring grandchildren and, of course, Ginger, Michael, Laura, and I!

Mom, I want to say one more time, "I Love You!"

-Lovingly spoken by Dr. Richard Charles Batz, Jr. at the memorial service of Louise H. Batz on April 30, 2009





LOUISE H. BATZ

PATIENT SAFETY FOUNDATION

Protecting the Patient First

To learn more about the Louise H. Batz Patient Safety Foundation, or to order more booklets, please contact Laura Townsend, President and Co-Founder, at laurabtownsend@gmail.com.

The Louise Batz story has been made available on DVD due to a generous donation from the Baylor Foundation. To request a copy, please contact Laura Townsend, President and Co-Founder, at laurabtownsend@gmail.com.

The Foundation is happy to provide resources, helpful links, and an online community where you can share your story and learn from other's experiences.

- **Share** your story on our website to help us raise awareness of patient safety and preventable medical errors.
- **Use** the Batz Guide to be an effective advocate for loved ones receiving medical treatment.
- **Provide** feedback on the Batz Guide so that we can make it as helpful as possible.
- **Tell** your friends and family about our website (www.louisebatz.org).
- **Help** distribute Patient Care Packets and Foundation materials in your community.
- **Make** a tax deductible donation at www.louisebatz.org.

In partnership with Ringful Health we have developed the Batz Patient Guide App which you can download on your iPad at the Apple iTunes Store.



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LOUISE H. BATZ PATIENT SAFETY FOUNDATION

Protecting the Patient First

Learn more about the foundation at www.louisebatz.org

ABOUT THE FOUNDATION

THE MISSION

The mission of the Louise H. Batz Patient Safety Foundation is to **help prevent medical errors** by ensuring that patients and families have the **KNOWLEDGE** they need to promote a safe hospital experience for their loved ones and to support innovative advancements in patient safety. Our greatest hope is that families, patients, and caregivers will work together as a **TEAM** to improve safety in our hospitals.

OUR PURPOSE

The goal of the Louise H. Batz Patient Safety Foundation is to open the pathways of communication among patients, doctors, nurses, and hospitals in an effort to enhance hospital safety and to prevent adverse events.

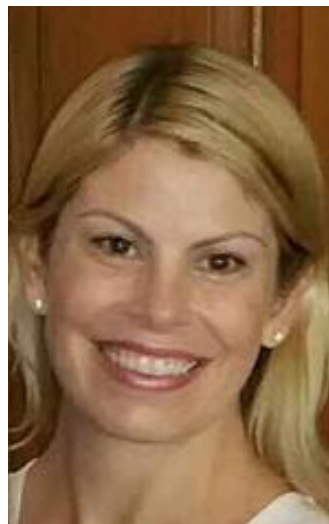
It is important to empower the patient - and his or her family - with knowledge about what type of care will be given. Only then can they make informed decisions. We believe:

1. A hospital stay can be a frightening experience, and it is easy to become overwhelmed by everything that is happening.
2. Patients and families trust that the hospitals, nurses, doctors, and administrators are properly prepared to deal with all situations. Unfortunately, this is not always the case.
3. It is vital to deepen patient awareness and to provide literature that is easy for the patient and loved ones to understand.
4. It requires everyone working together as a **TEAM** to ensure that patients, families, doctors, nurses, and hospitals are safe, informed, and protected.

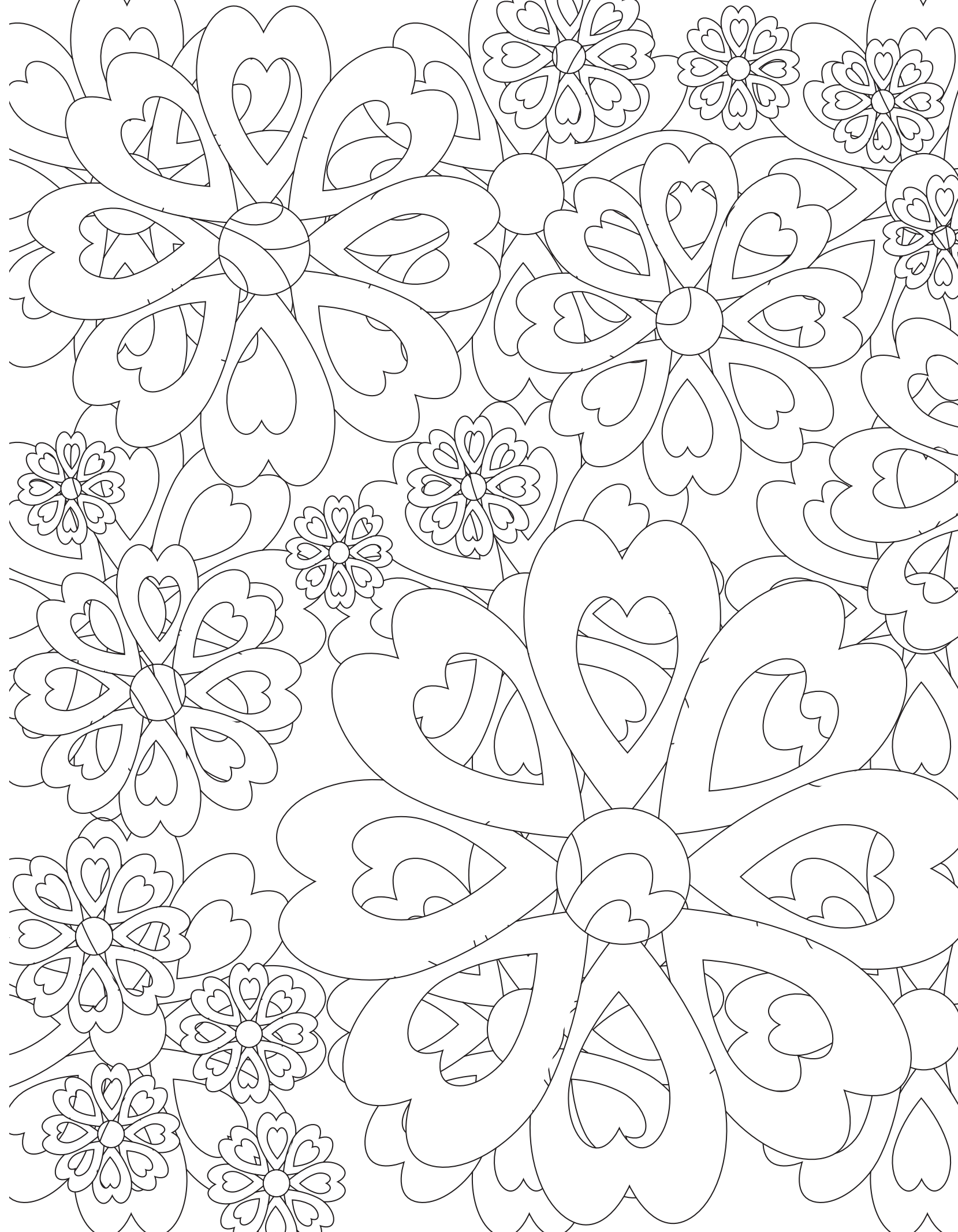
Rosie's

Art and Coloring Pages

On January 16, 2017, our dear friend Rosalyn "**Rosie**" Dugger Bowers passed away due to a preventable medical error while recovering from heart surgery. Rosalyn was only 42 years old. She was an amazing friend, sister, aunt, daughter, and wife. She had the biggest heart and a love for life that knew no bounds. When Laura founded the Louise H. Batz Patient Safety Foundation after her mom, Louise Batz, who also died from a preventable medical error, Rosie was one of her biggest champions and advocates. We will never be able to repay the kindness, compassion, and support that Rosalyn gave to all of us and her community over these past eight years. We will miss her so very much. We know that she and Mrs. Batz will be warriors for patient safety in Heaven and their legacies will live on.



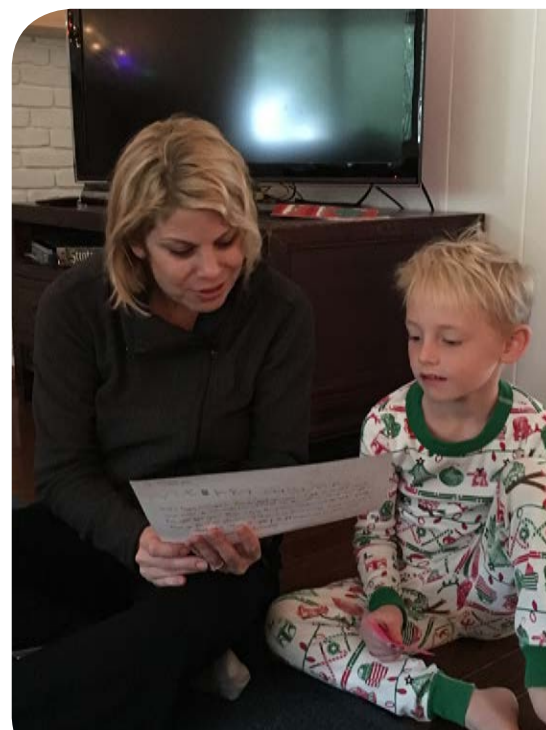
"The practice of art on a daily basis is the key to healing our hearts and minds." - Kim Blair



Inspiration Page

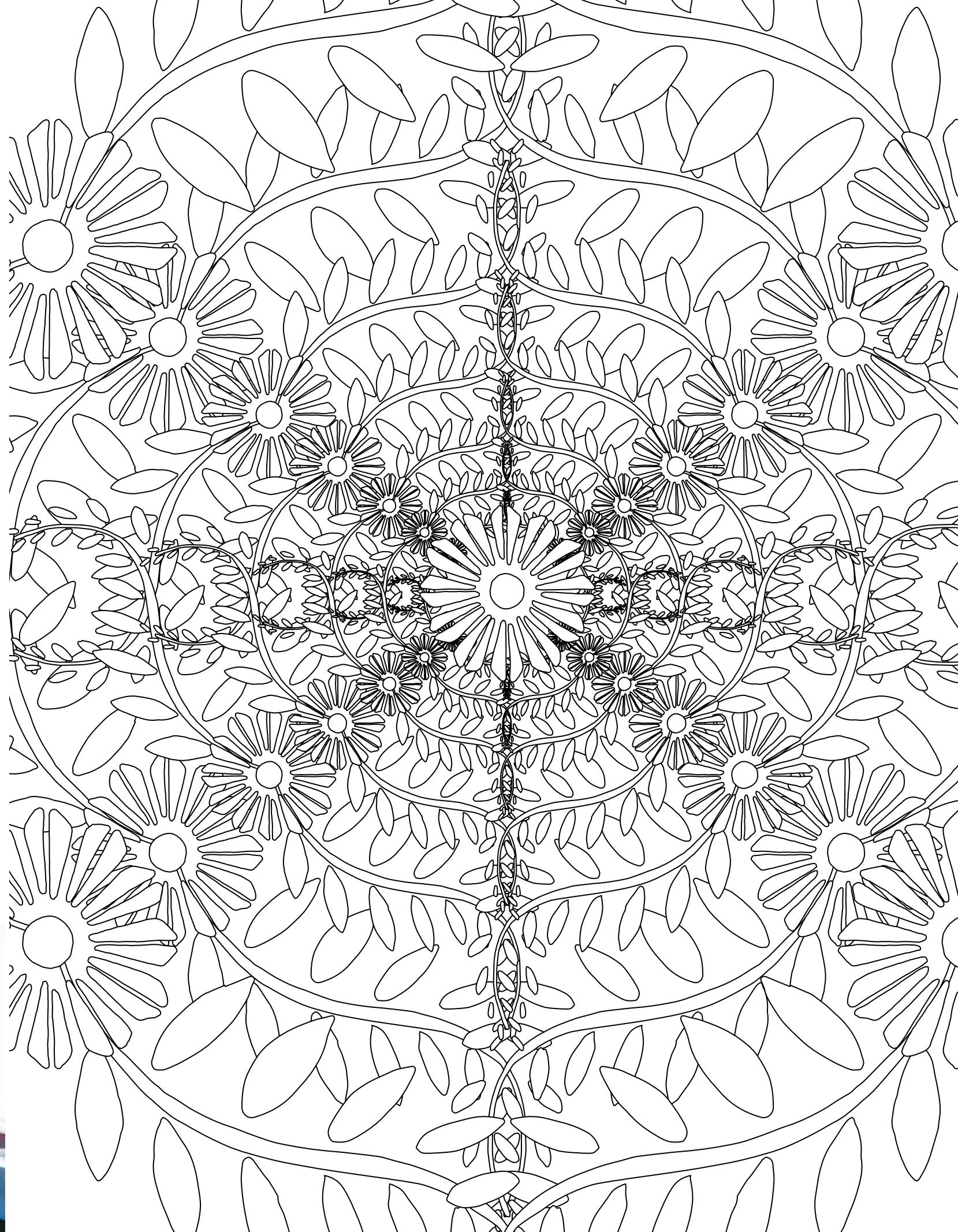


*"I am seeking. I am striving. I am in it
with all my heart."* - Vincent Van Gogh



Inspiration Page

*"Art must be an expression of love
or it is nothing."* - Marc Chagall



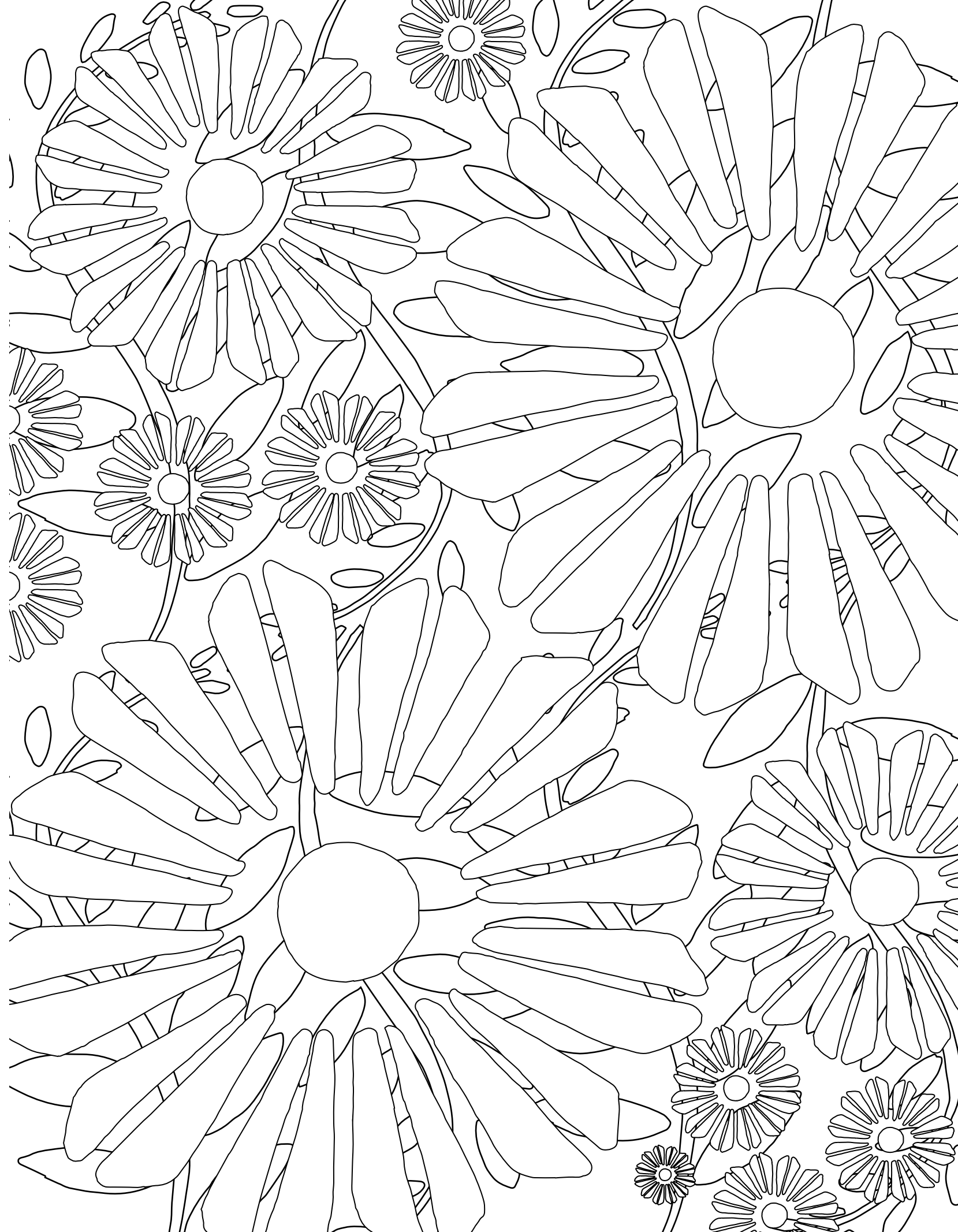
Inspiration Page

"I found I could say things with color and shapes that I couldn't say any other way--things I had no words for." - Georgia O'Keeffe



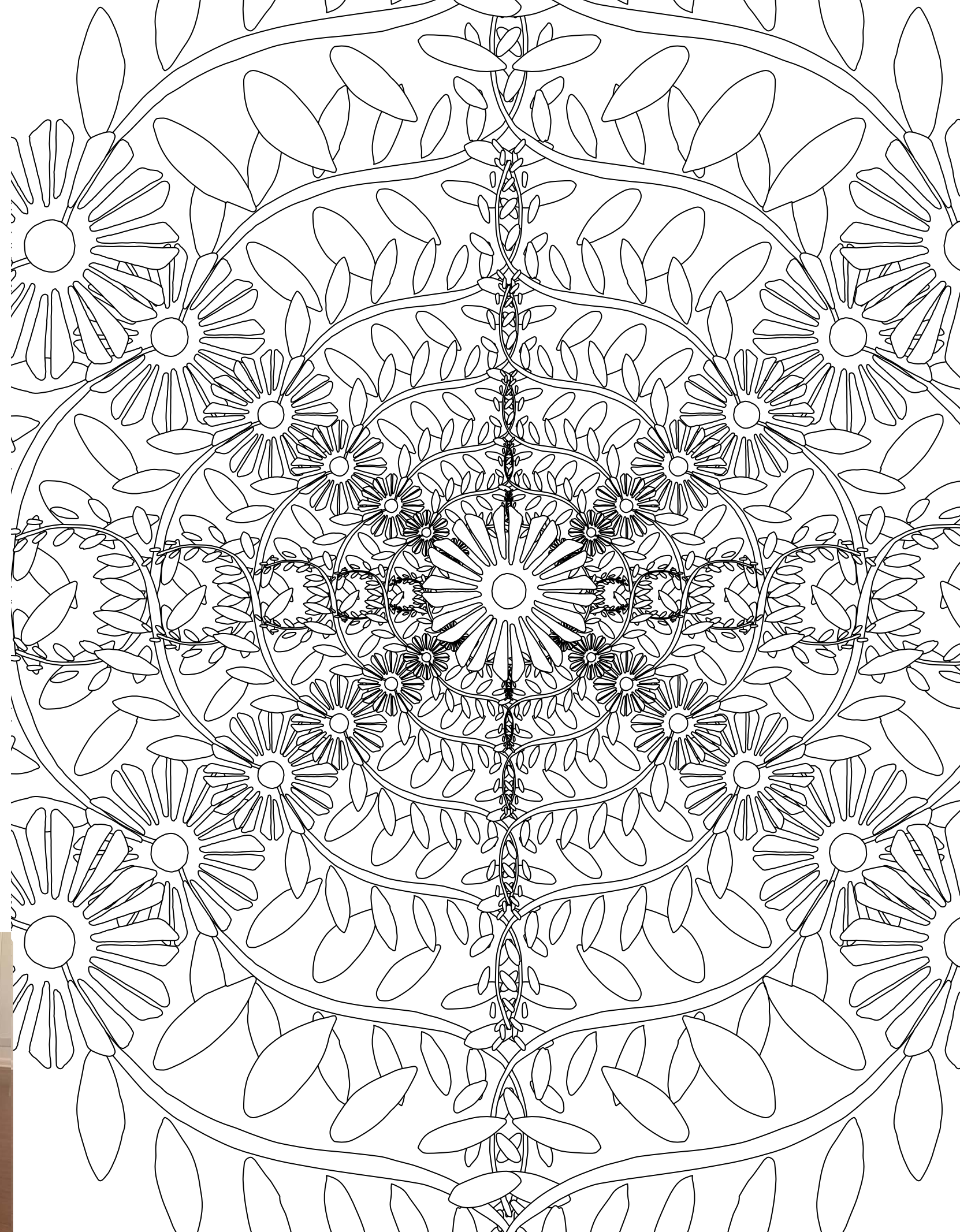
Inspiration Page

"Every child is an artist." - Pablo Picasso



Inspiration Page

"Art is a constant agent of transformation and is indeed the soul's drive to health." - Kathy Malchiodi





LOUISE H. BATZ
PATIENT SAFETY FOUNDATION
Protecting the Patient First



contact@louisebatz.org