March 3, 2017

Join us for the 5th Annual Lown Institute Conference, *Beyond the Bottom Line: Defending the Human Connection in Health Care*. The conference will take place May 5-7 in Boston, MA. The conference features keynotes from health care leaders and activists, panel discussions, and more than a dozen hands-on workshops. See the full agenda and register now!

**Spotlight On: Donglin Zhang**

Since attending the Right Care Alliance leadership training in January, Donglin Zhang has wasted no time in organizing for women’s health. Zhang, a pre-med undergraduate at Williams College and former intern at the Lown Institute, is already planning two new projects on campus, both of which were inspired by one-on-one conversations she had with her fellow students and Williams staff.

First up is a campaign around Long-Acting Reversible Contraceptives (LARCs). “While many students know that LARCs are an option, there is less information on benefits, risks, side effects, and how the school can help them access this option,” said Zhang. In a conversation with the co-chair of the campus Feminist Collective, Zhang learned there were members of the Collective willing to share their experiences with LARCs. They decided to schedule a panel event so interested students could learn more about LARCs directly from women who have used them.

Zhang found another partner for the event through a one-on-one meeting with the co-chair of MedCorps, a pre-med student group. Though MedCorps does not focus on women’s health specifically, Zhang and the co-chair found plenty of common ground. “We both feel that women’s health is

**A Capital Idea: The Beginning of Right Care DC**

Two weeks ago, a group of eight doctors, patients, researchers, and writers gathered in Washington, DC to share their personal experiences with the health care system, build a plan of action for change, and connect with each other over a meal of homemade white bean and turkey chili. Lown Institute vice president Shannon Brownlee hosted the event and facilitated the meeting, beginning with an introduction to the Right Care Alliance.

“Every movement starts with small groups of people just like this,” said Brownlee. “We can’t put up with the way things are, so what do we do about it?”

The group members’ first activity was learning how to create an effective public narrative. A public narrative weaves together the story of why we are called to action personally, how this has shaped our values, and a call for immediate action. Brownlee challenged the group to think about why they are compelled to act on right care, and what specific people and experiences brought them to the meeting.

For Robin Strongin, president of Amplify Public Affairs and founder of the Disruptive Women in Health Care blog, this meant going back to her childhood. “My father first taught me about social justice,” she said. “I held my first picket sign with him.” Her father later died after a horrible experience with the health care system, which is what catapulted Strongin toward health care reform. Now, having worked 35 years in health care, Strongin still sees so much left to be changed. “As much as we innovate, we don’t fix the fundamental inequalities and flaws in these extraordinarily complex systems,” she said.

Another group member, Joey Friedrich, a student at Georgetown Medical School, told a story of treating a patient with progressive paralysis. Because they did not know what was causing the paralysis, they placed her on a ventilator to keep her alive. He saw that the patient was suffering on the ventilator and asked if she wanted to talk with him. She nodded that she wanted to go off the ventilator, even though she would die. Not knowing what to do, Friedrich asked his superiors, who said they should wait until they found out what was wrong with the patient. They ended up keeping her alive while she suffered on a ventilator for three days.
My health care calling and un-calling

By Kathy Day, retired RN and Right Care Alliance Nursing Council member

Maine is one of the many states facing a nursing shortage within the next decade. By 2025, my state will need more than 3000 additional nurses to keep pace with our aging population. As a retired RN, I am saddened but not surprised by this situation. With working conditions in hospitals as they are, it is no wonder we have a shortage of nurses. Hospitals are consistently understaffed, job stress is sky-high, and nurses often feel more like automatons than people. In countless ways, caring for patients – and caring for the caregivers – has been sacrificed to the bottom line. These working conditions hurt patients and clinicians physically and emotionally, and result in the loss of experienced nurses. I know this because I was one of those nurses.

Right Care List of Do’s and Don’ts: An Update

The RCA councils are making great progress on their individual list of top “do’s and don’ts” for right care for their specialties. As of today, nine councils have completed the brainstorming phase and are on to voting and collecting supporting evidence. Each list is tailored to the health interests of its council, but there are several common themes present across the lists, including:

- The importance of listening to the patient and communicating with them and their family about their care options
- Carefully weighing the risks and benefits of tests and procedures instead of routine ordering
- Going beyond “sick care” to address social determinants of health and lifestyle factors
- Taking caution prescribing medications that aren’t proven to be safe and effective

The RCA members will have the opportunity to see the full lists on the last day of the 5th Annual Lown Institute Conference in May!
In my 47-year long career, I've seen how the culture of medicine can beat people down. This saddens me because I know how rewarding and inspiring nursing can be, when nurses are given the respect and caring they deserve. I tell my story to show all sides of nursing – the good, the bad, and the ugly.

I started out as a wide-eyed naive 18-year-old girl (see picture on the left) at St. Elizabeth’s Hospital School of Nursing, a three-year Catholic nurses training program in Brighton, Massachusetts. I had no idea what I was getting into. For much of the first year, we studied all the sciences – chemistry, anatomy, physiology, nutrition...Argh! That first year we also started on the fundamentals of nursing, which is how to give great hands-on daily care to our patients, such as making a bed with tight neat bed corners (there were no fitted sheets back then), giving a bath, and skin care. Our instructors were exemplary professionals, and they taught us to be the same. Soon we launched into more serious procedures like giving injections, catheterizations, IV insertion, sterile technique, and dressing changes. We learned pharmacology (that was a tough one) and nursing specialties like maternal and child health, operating room nursing, psych nursing, pediatrics, medical surgical nursing and ICU, spending two months or three on each specialty.

A crucial part of good nursing, I learned, was following the prescribed steps for certain procedures. If I skipped a step, I could endanger my patients. For example, when getting a medication ready, we followed the “Five Rights” rule - right patient, right medicine, right dose, right route, and right time. But there were also steps to keep medicine safe, like appropriate storage, keeping multi dose vials uncontaminated, using sterile needles and syringes and not contaminating them, prepping the skin for an injection the right way, putting pressure on and gentle massage of an injection site. And after a medicine was given, we had to watch for appropriate effects and possible side effects. Yes, all of this is part of giving an injection, and most of this is also followed when giving what seems like a simple pill. One slip up and there can be serious consequences for the patient. All of it takes time.

When I was a student, I was under the tutelage of excellent and strict clinical instructors. We were observed and corrected if we missed a step. It was all very detailed and orchestrated so we could learn to be excellent nurses. But we were in for a rude awakening. At a hospital, I didn’t have my instructors to guide and protect me anymore, or the luxury of time. I remember one visiting surgeon who was demanding and always in a hurry to finish. He wanted his patients lined up at the door of the operating room like widgets on an assembly line, so he could get out of there as soon as possible. One day, the surgical tech and I decided that we were going to take our usual cleaning steps between cases whether the surgeon liked it or not. He reported me because he was forced to wait between cases. I stood up for us and our meticulous work, and the director of nursing stood by us – but had she not, it would have been a different story.

I learned that in order to survive, I had to take short cuts. Lack of support and inadequate staffing forces most nurses to do this. For example, we all know that handwashing is perhaps the most essential step a nurse can take to prevent infections. If done appropriately and often enough, patients are safer. But handwashing compliance in hospitals is never 100% and sometimes is as low as 40%. Just one example of how these working conditions have real consequences for patient safety.

I always cared about my patients. But I found myself asking, “Who cares about me?” Nurses are considered whiners if they complain about their work load. Most middle management and upper management nurses are managing by calculating numbers on a piece of paper, while those at the top are budgeting to the bone and telling middle management that there is no more money for safe staffing levels. Eventually I got beaten down, and the joy of nursing just wasn’t in me anymore. I retired early.

When I went into nursing in 1967, young women were just starting to assert themselves in careers other than nursing, teaching or secretarial work. Now, women are running for president. Young women look at that and think there is no limit on what they can do with their lives. Will young women consider nursing, particularly if it stays the way it is? What about young men? It is a tough profession, but if done correctly and by the right caring people, it is an honorable and inspiring profession. Nurses are the most trusted professionals in the U.S. and our patients need us. My hope is that the industry sees the light and stops beating down nurses and other caregivers.
Announcements

- Do you have a colleague or teammate who is passionate about right care and getting others involved in the movement? What about someone who organized exceptional Right Care Action Week events last year? They deserve to be recognized for their dedication, so nominate them for a Right Care Alliance Award! Award winners will be honored at the Lown Institute Conference. The deadline for nominations is March 6, 2017.
- Consider attending “Community Agency & Health,” the inaugural symposium of Bridging Health & Community, an organization committed to overcoming the disconnect between the health sector and communities. The meeting will take place May 15-16, in Oakland, CA. More information here.
- If you missed last week’s UC Berkeley School of Public Health Dean’s Speaker Series, where Lown Institute Senior Vice President Shannon Brownlee, MSc, spoke about our nation’s fragmented, market-based health care system. Check it out here.
- Right Care Boston takes to the air in its new local TV segment on CCTV - Cambridge Community Television. This regular segment will feature members of Right Care Boston discussing their right care stories, what issues they’ve heard so far from the listening tours, and upcoming right care events. See the first edition with Stephanie Aines and Francisco Irby here.

Organizing Tips: One-on-One Meetings

A “one-on-one” meeting is a tried and true method for initiating relationships with others. It is a way to get to know another person, explore your shared values, and find others who want to commit to these shared values. Through meeting with others, you can exchange resources, identify potential leaders, and grow your circle of support.

A one-on-one meeting consists of five steps:

1. Attention – Introduce yourself to the other person, get acquainted.
2. Interest – Let the other person know your purpose for the meeting. Be clear about why you want to meet with them and start this working relationship – why did you choose them specifically?
3. Exploration – This step is the bulk of the meeting. This is where you really get to know the other person. Ask them to tell their story and learn about their values and interests. Tell them your interests and find common ground. This should be a two-way conversation, not an interview.
4. Exchange – During the meeting you will be exchanging resources such as information, support, and insight to create the foundation for future exchanges. Tell them how you can support their needs but don’t be afraid to also tell them what you’re struggling with and what resources you need.
5. Commitment – Make sure to find a convenient time and place to meet again in the future. You’re not asking for a pledge or monetary donation, but it should be a specific action, such as joining for a house party, march or next meeting.

“A one-on-one meeting has elements of a coffee with friends, an interview, and a date,” says Right Care Alliance Organizer Stephanie Aines. “You’re sharing parts of yourself as you do with friends, you’re asking a lot of questions as you do in an interview, and you’re trying to get to know the other person as you would on a date. But a one-on-one is different from these three things because it’s about a public relationship, not a private one. It’s about whether you are committed to working together toward a shared vision, not whether you are committed to each other as friends.”

The organizing heroes of the week are Selwyn Rogers and Gretchen Schwartze, for spreading the message of right care at surgery conferences over the past few weeks and recruiting fellow surgeons to their leadership team. Great job!

Have you been making calls and having one-on-ones? We want to hear about it! Email organize@lowninstitute.org with your organizing accomplishments to get a shout-out in the next issue of The Messenger.