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Health Education in Health Care Settings

The Evolving Role of Health Educators in Advancing Patient Safety: Forging Partnerships and Leading Change

Annette Mercurio, MPH, CHES

At least 1.5 million preventable injuries because of adverse drug events occur in the United States each year, according to an Institute of Medicine report. IOM and other organizations at the forefront of health care improvement emphasize that stronger partnerships between patients, their families, and health care providers are necessary to make health care safer. Health educators possess a skill set and an ethical framework that effectively equip them to advance patient and family-centered care and contribute in other significant ways to a safer health care system. Health educators in clinical settings are playing varied and significant roles in advancing patient safety. They are removing barriers to clear communication and forging partnerships between patients, their families, and staff. Health educators are leading patient safety culture change within their institutions and contributing to the shift from provider-centric to patient-centric systems. To expand their impact in improving patient safety, health educators in clinical settings are participating in public awareness campaigns. In seeking to enhance patient safety,

health educators face a number of challenges. To successfully manage those, health educators must expand their knowledge, broaden connections, and engage patients and families in meaningful ways.

Keywords: patient safety; patient and family partnership; health educator role; patient safety; patient and family-centered care

► INTRODUCTION

At least 1.5 million preventable injuries because of adverse drug events occur in the United States each year, according to an Institute of Medicine report (Institute of Medicine, 2006). Emphasizing that many medication errors can be prevented, the report brief asserts that the first step toward decreasing such errors is “to allow and encourage patients to take a more active role in their own medical care” (Institute of Medicine, 2006b, p. 2). The brief further asserts that “one of the most effective ways to reduce medication errors . . . is to move toward a patient-centered model (Gerteis, Edgman-Levitan, Daley, & Delbanco, 1993) that includes stronger partnerships between patients and health care providers” (Institute of

Medicine, 2006b, p. 2). The report brief also concludes that “the health-care system needs to do a better job of educating patients and of providing ways for patients to educate themselves” (Institute of Medicine, 2006, p. 2).

An earlier Institute of Medicine report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, and statements by other bodies at the forefront of improving the quality and safety of care also identified patient-focused approaches as integral strategies for enhancing the safety of care (Institute of Medicine, 2001). The Joint Commission’s 2007 National Patient Safety Goals, for example, require hospitals and other health care settings to “encourage patients’ active involvement in their own care as a patient safety strategy” (Joint Commission on Accreditation of Healthcare Organizations, 2006, p. 9).

Health educators possess a skill set that well equips them to advance patient and family collaboration in

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▶ ASSOCIATE EDITORS' FOREWORD

Introduction to Three Part Series: The Evolving Role of Health Educators in Advancing Patient Safety

Since the 1999 publication of the Institute of Medicine (IOM) report titled *To Err Is Human: Building a Safer Health System*, the reduction of medical error in the U.S. health care delivery system is migrating from awareness to policy and accreditation practice changes, and ultimately to safer health care outcomes. The IOM report and the health care safety issues it highlighted, along with the many succession documents elaborating on this problem and its solutions, has received increasing attention from health care consumers, providers, policy makers, and both the print and broadcast media, resulting in actions that improve health care practices to meet federal government mandates.

The IOM report focused primarily on errors in hospital settings; however, research points to the increasing number of medical errors in numerous ambulatory care settings, as well as nursing homes. Because the health care sector does not routinely collect information on errors, it is difficult to quantify the exact number of errors or the number that could have been avoided if safe practices were routine in the health care delivery system. Research has shown that information exchange among providers and between providers and patients and families, the management of information through the use of information technology, and strong communication exemplified in coordinated teamwork, all contribute to a safer system and ultimately one that does not harm the patient.

Clearly, there is a need for health educators to become informed and involved in efforts to improve the safety and quality of care that patients and their families receive in both the hospital and ambulatory care settings. Our profession has prepared us to design, promote, and deliver educational interventions that address and bridge the real needs of a diverse group of stakeholders—foremost patients and families, but also in concert with the health care system and clinician needs. We know the importance of involving our audiences in the development and implementation of interventions.

Also, we can support patient and family involvement in the design and use of resources that will reinforce safety messages and encourage patients' and family members' active participation in making decisions about their care. These audiences need to affirm whether they are receiving the right dose of the right medication at the right time as well as the correct surgery and the information and skills for their successful self-care at home.

(continued)

care and to contribute in other significant ways to a safer health care system. Review of the basic competencies and skills of health educators delineated by the National Commission for Health Education Credentialing suggests an array of assets that health educators can and do employ in efforts to improve patient safety (National Commission for Health Education Credentialing, 2002). "Fostering communication between health care providers and consumers" is one such example of a competency that can be broadly applied to enhance patient safety. The unique combination of skills that health educators possess, from facilitating changes in attitudes and behavior, to organizational needs assessment, to forging collaborative relationships, equip them to serve key roles in enhancing patient safety.

Moreover, health educators are trained within an ethical framework that emphasizes collaboration with consumers and respects the individual as the decision maker. The Code of Ethics for the Health Education Profession states, "*Health Educators support the right of individuals to make informed decisions regarding health [italics added]*" (Society for Public Health Education, 2005). The Code further states, "*Health Educators actively involve individuals, groups and communities in the entire educational process so that all aspects of the process are clearly understood by those who might be affected [italics added]*" (Society for Public Health Education, 2005). Thus, health educators have both the ethical responsibility and the competencies to promote patient and family partnership in care.

Creating an organizational culture that embraces safety has been identified as a key to improving patient

Associate Editors' Foreword (continued)

We are trained to involve providers, patients, and their families in the development of interventions and to test a variety of strategies to identify what will bring about the desired outcome and employ measurement strategies to help define best practices that can be widely promoted and adopted. We need to be involved in the development, testing, promotion, and adoption of new practices that will improve patient safety nationwide and deploy evidence-based practices that engage patients and families. Additionally, we have the skills to strengthen partnerships with community groups, health professional organizations, and consumer advocacy groups to reduce medical errors and improve the quality and safety of health care for patients and families worldwide.

In preparation for this series, the *Evolving Role of the Health Educator in Patient Safety*, we solicited input from a sample of health educators in health care settings. The results revealed opportunities for health educators that reach far beyond the production and translation of brochures and other materials, advising patients and families about what they can do to avoid medical errors, and the reporting of harmful events in health care settings. Health educators are members of interdisciplinary teams collecting, trending, and utilizing data to plan and deliver effective interventions that will result in the reduction and elimination of medical errors.

Health educators are also working to ensure that patient satisfaction feedback is secured on these safety interventions. They are facilitating practice changes that engage patient and family members in the development of advisory messages, as well as in involving patients and families as faculty to help deliver safety-related staff education programs and activities. Additionally, health educators are in leadership roles facilitating patient safety task forces and coordinating awareness and behavior change campaigns. Our work is just beginning with the system changes that will yield a safer health care environment—work that will require redefining policies and developing protocols and tools to actively engage patients, their families, clinicians, and administrators in partnerships that will lead to safe health care experiences.

The first article in the Patient Safety Series, “The Evolving Role of Health Educators in Advancing Patient Safety,” is by Annette Mercurio, MPH, CHES, who manages patient, family, and community education at City of Hope in Duarte, California. Ms. Mercurio has also led multiple quality and safety improvement projects, facilitated accreditation readiness teams, and helped spearhead City of Hope’s first patient safety culture change initiative. She has served on the medical center’s institutional patient safety team since its inception, established a patient and family advisory council, and leads a performance improvement project on increasing patient and family partnerships in safety.

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safety. A culture of safety is “an integrated pattern of individual and organizational behavior, based on shared beliefs and values that continuously seeks to minimize patient harm that might result from the process of care delivery” (California Patient Safety Improvement Corps, 2005, p. 9). Among the components of a safety-oriented culture are the following characteristics:

- A commitment to safety that permeates all levels of the organization.
- Acknowledgement of the high-risk, error-prone nature of the organization’s activities.
- Open communication on errors and problems—staff members are encouraged to report errors; unanticipated consequences of care are fully disclosed to patients and their families.
- Response to problems focuses on improving systems versus blaming individuals.
- Effective teamwork (ECRI, 2005; Institute of Medicine, 2000).

Safety-oriented organizations are “learning organizations” that, as described by Garvin, are skilled at systematic problem solving, experimentation with new approaches, learning from past experiences, benefiting from the best practices of others, and transferring knowledge quickly and efficiently throughout the organization (Garvin, 1993).

Given the central role of communication and teamwork within a culture of safety, health educators have the opportunity to contribute expertise in these areas at multiple levels of an institutional patient safety program. Health educators play instrumental roles in breaking down barriers to

Associate Editors' Foreword (continued)

Additionally, Ms. Mercurio manages the medical center's community benefits program.

In this first article, Ms. Mercurio discusses the specific health education skills and competencies that health educators can apply to patient safety-related content areas. Additionally, she addresses how health educators have worked to remove barriers to clear communications between providers and patients, as well as among providers, and focuses on the application of specific patient and family-centered care principles to interventions designed to improve patient safety. She also addresses a range of best practices that strengthen partnerships between patients, their families, and health care providers in creating a safe care experience in clinical settings.

Please contact us if you are interested in submitting a manuscript for this series on the Evolving Role of the Health Educator in Patient Safety. We welcome your ideas, suggestions, and reactions.

Cezanne Garcia and Katherine Crosson

communication and strengthening teamwork in order to achieve the partnership described in *Patients as Partners: How to Involve Patients and Families in Their Own Care*:

Creating a culture of safety involves breaking down barriers and leveling an often uneven playing field so that executives, administrators, clinicians, and patients and their families treat each other as partners on one team—a team that has mutual respect for and trust in one another—with the goal of ensuring patient safety and satisfaction. (Joint Commission Resources, 2006, p. 10)

► **BUILDING PATIENT AND FAMILY PARTNERSHIPS**

The movement toward patient and family-centered care is advancing at

both the national and international levels as partnership with patients and families is increasingly viewed as an imperative for improving health care and not merely as a “feel-good” concept. The Institute of Medicine, the Joint Commission, the American Hospital Association, the Institute for Healthcare Improvement, the Agency for Healthcare Research and Quality, and other organizations at the forefront of health care transformation have framed patient and family-centered care as essential for improving the quality and safety of care.

Competencies and ethical responsibilities of health educators are clearly aligned with the core principles of patient and family-centered care delineated by the Institute for Family-Centered Care:

1. Dignity and Respect—Health care practitioners listen to and honor

patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

2. Information Sharing—Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision making.
3. Participation—Patients and families are encouraged and supporting in participating in care and decision making at the level they choose.
4. Collaboration—Patients, families, health care practitioners, and hospital leaders collaborate in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care (American Hospital Association and Institute for Family-Centered Care, 2006, p. 2).

Preventing Medication Errors calls for a paradigm shift to the “patient-provider relationship” from a “provider-centric system” to one in which patients are viewed as the source of control and are listened to and respected as engaged, full partners (Institute of Medicine, 2006a). As their role in patient safety evolves, health educators in clinical settings are advancing the safety of care by contributing to this paradigm shift in individual patient and provider interactions and at the institutional level.

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Following principles of effective materials design, health educators have long obtained input from members of the intended audience at various stages in the materials development process. Health educators are continuing and expanding this long-standing collaboration to ensure that educational materials addressing issues of concern to patients and families are written in simple language. One health education manager, for example, obtained patient and family input in the early stages of developing a patient safety booklet. Patients and families suggested simpler, clearer phrasing of key concepts and provided the booklet's title—*Be A Partner in Safe Patient Care*. Another health education manager reports that patients and families are routinely included in the materials review and editing process.

One of the most powerful ways to engage patients and families in quality and safety improvement is through advisory councils. Patient and family advisory councils help shape care and services, play a key role in decision making about policies and

programs, and strengthen collaboration between patients, their family members, and staff (Webster and Johnson, 2000). A team of health educators at a teaching hospital partners actively with patient and family advisors on councils for Inpatient Oncology, Perinatal, Neonatal Intensive Care, and Rehabilitation service lines, where they are engaged in strategies to improve the care experience (University of Washington Medical Center, UW Medicine, 2006). Additionally, patient and family advisors serve on medical center operating committees such as Patient and Family Education, Resource Center, Patient Safety, Falls Prevention, Grievance, and Patient Satisfaction. Advisors serve as faculty, giving staff and care providers-in-training an opportunity to learn directly from patients and families about the care experience. One family advisor writes a column for the medical center's patient safety newsletter, distributed to clinicians throughout the health care system. Patient and family advisors also participate in onetime discussion groups focused on a specific

department or service, guiding projects such as facilities design and creating ideal patient check-in systems.

► **REMOVING BARRIERS TO CLEAR COMMUNICATION**

Working on both sides of the communication equation, health educators are removing barriers to clear communication between patients and providers. Health educators are, for example, leveraging the focus on patient safety as an opportunity to heighten awareness of the problem of low health literacy, its impact, and strategies to teach adults with low literacy skills. Health literacy is the degree to which individuals can obtain, process, and understand the basic health information and services they need for making appropriate health decisions (Institute of Medicine, 2004).

The Partnership for Clear Health Communication cites studies demonstrating that patients with low health literacy skills experience more medication errors than those with higher health literacy skills. Broadly, studies show that limited literacy skills are a stronger predictor of an individual's health status than age, income, employment status, education level, and racial or ethnic group (Partnership for Clear Health Communication). An estimated 90 million Americans have low health literacy skills, placing them at risk for poorer health outcomes (Institute of Medicine, 2004). How can patients be actively involved in their care when they are unable to understand home care instructions or how to properly take their medicines?

The Partnership for Clear Health Communication developed *Ask Me*

3TM as a tool to help close the health literacy gap by promoting clearer communication between patients and care providers. *Ask Me 3TM* encourages patients to pose the following three questions each time they talk to their doctors, nurses, or pharmacists (Partnership for Clear Health Communication, undated):

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Health educators are fostering partnerships in care by using *Ask Me 3TM* as a tool with both patients and health care providers. The *Ask Me 3TM* brochure is being disseminated to patients, and combined with coaching, it aids patients in communicating with members of their care team. To help care providers develop their communication skills, health educators are incorporating resources such as *Ask Me 3TM*, the Quick Guide to Health Literacy (Office of Disease Prevention and Health Promotion, n.d.) and the Health Literacy: Help Your Patients Understand educational toolkit (American Medical Association Foundation, 2003) into professional education programs and in-services. Reaching both lay and professional audiences, health educators are using *Ask Me 3TM* posters as part of awareness campaigns for both National Health Literacy Month in October and National Patient Safety Awareness Week in March.

Health educators also have a role in responding to the National Quality Forum's (NQF) call for improved communication in the informed consent

process to reduce the risk of health care errors (Wu, Nishimi, Page-Lopez, & Kizer, 2005). Specifically, NQF recommends that care providers ask patients to "teach back" what they have been told during the informed consent discussion. NQF has further specified that providers use informed consent forms that are written in simple sentences and in the primary language of the patient. Health educators in clinical settings are assisting with development of consents in simple language, coordinating translation of materials, and educating health care providers on the use of the "teach back" process to assess patient comprehension.

Health educators are also removing language barriers that contribute to communication breakdowns between patients and care providers. Beyond arranging for translation of materials, health educators are partnering with community-based organizations that serve specific ethnic populations to develop culturally appropriate materials and programs. One health education manager is developing a patient navigator program to assist her hospital's diverse patient population in negotiating health care systems and accessing support services. Through professional education programs, health educators are cultivating cultural competence among health care providers.

To increase awareness of patient safety issues among consumers and providers, health educators are organizing activities in conjunction with National Patient Safety Awareness Week and "Talk About Prescriptions" Month, which is sponsored by the National Council on Patient Information and Education each in October. Beyond distributing information such

as the Be MedWise® series produced by the Council, health educators are partnering with pharmacists to offer "ask the pharmacist" or "brown bag medication" days. These events are held at clinics, senior centers, and other community sites and encourage consumers to bring all their medicines for review by a pharmacist. Pharmacists discuss possible side effects, explain potential interactions, and answer each individual's specific questions. With the proliferation of new drugs and the popularity of herbal products, pharmacists' stationed at these events might well include access to online medication and herbal databases.

Health educators in clinical settings are also employing performance improvement processes and tools to support safe use of medicines. The patient education manager at a cancer center, for example, facilitated a quality improvement study focused on discharge medication teaching in an oncology patient population. The manager collaborated with pharmacists, nurses, and dietitians in developing drug information sheets, identifying key teaching messages, and conducting postdischarge telephonic interviews with patients. A structured interview tool was used to assess patients' knowledge of factors key to safe and effective use of medications at home. The study compared results on a series of measures before and after expanding pharmacists' role in discharge medication teaching. Results demonstrated that discharge teaching by pharmacists increased patients' knowledge of side effects, of proper time intervals for taking medicines, and of appropriate action to be taken if a dosage was missed.

▶ LEADING CULTURE CHANGE

Health educators in patient education management roles are experienced in assessing needs, planning interventions, implementing change, and evaluating impact at the individual, programmatic, and organizational levels. The systems perspective, understanding of attitude and behavior change, and other competencies that these health educators possess can be invaluable in fostering patient safety culture change. To assess the climate for change, health educators have helped conduct patient safety culture surveys among staff. The Hospital Survey on Patient Safety Culture, a tool that has been tested for reliability and validity, is available on the Agency for Healthcare Research and Quality's Web site, along with detailed guidance on conducting the survey. The survey can be used to provide a baseline assessment and can then be repeated following interventions to evaluate their effect. Additional ways that health educators are leading culture change include identifying and disseminating best practices in patient safety, serving on institutional patient safety teams, and participating in safety rounds.

▶ EXPANDING INTO THE COMMUNITY

With patient safety increasingly in the public spotlight, health educators in clinical settings can expand their impact in advancing patient safety through participation in public awareness and education campaigns. In the state of Washington, hospital-based health educators are participating in a

statewide hand-wash campaign aiming to preventing the spread of infections. Partnering for Patient Empowerment Through Community Awareness, an innovative project funded by the National Library of Medicine, suggests additional partnership opportunities for health educators to explore. Consumer patient safety advocates, a company specializing in patient safety information initiatives, libraries, and hospitals, is collaborating to bring patient safety education programs to consumers through public libraries (Zipperer, Berendsen, & Walton, 2006). Program modules examine the following topics:

- Exploring patient safety through the experiences of a family member who has lost a loved one to medical error
- Complexities of the medical system and processes that hospitals are improving
- Steps that patients can take to become more active partners in safety
- How information can help empower patients to be safer
- How patients and librarians can work together to find reliable information from trusted sources (Zipperer et al., 2006)

A facilitator's guide is available online to assist other hospitals and libraries in offering patient safety programs in their communities (Partnering for Patient Empowerment Through Community Awareness, 2006).

▶ TACKLING CHALLENGES

A number of challenges face health educators who are committed to enhancing patient safety. To

successfully manage these challenges, health educators must expand their knowledge base, broaden connections, and build collaborative relationships with patients and families.

Although health educators are often well versed in many areas, they may not be as familiar with the patient safety literature. Traditionally, health educators have not been exposed to human factors engineering and other constructs that form the foundation for this rich and rapidly expanding field. Fortunately, key resources are readily available to accelerate learning. Table 1 presents a starter list of patient safety resources for health educators.

In many institutions, patient safety initiatives are headed by a chief safety officer, quality director, or risk manager—individuals with whom health educators may not have worked closely on a regular basis. If they are not already connected to safety leaders in their institutions, health educators need to reach out to them and clearly communicate how they can contribute to achievement of safety goals. The 2007 National Patient Safety Goal calling for health care institutions to encourage patients' active involvement in care opens a door for health educators to articulate their role and become an integral member of institutional patient safety teams.

As they pursue leadership in patient safety, health educators may encounter narrow views of their role. By lending their skills to the broader work of the safety team, such as assisting with patient safety culture change, health educators can demonstrate that their contributions extend well beyond the development of a safety booklet.

TABLE 1
A Starter List of Patient Safety Resources for Health Educators

Agency for Healthcare Research and Quality, Department of Health & Human Services—www.ahrq.gov
Patient Safety Network—<http://psnet.ahrq.gov/>
Online access to “a continuously updated, annotated and carefully selected collection of patient safety news, literature, tools and resources.”
Patient Safety E-Newsletter—www.ahrq.gov/qual/ptsflist.htm (subscription information)
A free online monthly newsletter featuring key developments in the safety and quality field, including, findings from published research, write-ups of new products and tools, updates on initiatives, links to significant articles, and announcements of upcoming meetings.
Consumers Advancing Patient Safety—www.patientsafety.org/
Features profiles of individuals and organizations that are advancing health care that is safe, just, and compassionate and a variety of resources for patients and health care providers.
Institute of Medicine—www.iom.edu
The Web site section on Healthcare & Quality contains links to these reports, organized by date of release:
Preventing Medication Errors: Quality Chasm Series—2006
Patient Safety-Achieving a New Standard of Care—2003
Crossing the Quality Chasm: A New Health Care System for the 21st Century—2001
To Err is Human: Building a Safer Health System—1999
National Academy Press—Provides online access to the full text of each report at www.nap.edu/topics.php?topic=392.
Hard copies of reports are also available for purchase.
Institute for Healthcare Improvement—www.npsf.org
Extensive information and resources related to patient safety and patient-centered care.
National Coalition on Health Care—www.nchc.org
Follow the Web site section on Materials to the Studies/Reports link to access the following report from the National Coalition on Health Care and the Institute for Healthcare Improvement:
Reducing Medical Errors and Improving Patient Safety: Success Stories From the Front Lines of Medicine—2000
National Patient Safety Foundation—www.npsf.org
Offers bibliography of books, articles and reports, patient safety resources and information on how to subscribe to the patient safety listserv.

Engaging patients and families in a meaningful way challenges health educators' skills in multiple respects. Although health educators have long involved patients in program and materials development, patient and family-centered care truly does require a shift in paradigms for everyone. One colleague recently framed that shift as a redistribution of power and control. Forming “partnerships” in which decision making solely resides with health care providers is not meaningful engagement. Adding

one patient to a committee, however well-intentioned, does not adequately represent the voice of patients. As they build partnerships, health educators may encounter skepticism about the ability of patients and families to participate in discussions about safety issues and fear about exposing the institution's problems to the public. Experience of organizations that have advanced patient and family-centered care suggests that when health care providers collaborate with patients and families in problem solving, the

process and the solutions demonstrate the benefits of partnership (Ponte et al., 2003).

Establishing and facilitating an effective patient and family advisory council is not identical to leading a team of health care providers—new patterns of functioning, relating, and decision making are required. To stretch skills and knowledge, health educators have the opportunity to learn from colleagues who have pioneered patient and family-centered care in their institutions. The Institute

for Family-Centered Care offers training seminars, newsletters, and a wealth of practical resources to support implementation efforts.

As the role of health educators in advancing safety further evolves, the patients and families with whom health educators partner will continue to be the most powerful source of professional and personal enrichment. There can be no more important role for health educators than making care safer for all partners—patients, their families, and staff.

REFERENCES

- Agency for Healthcare Research and Quality. (2006 update). *Hospital survey on patient safety culture* [Electronic]. Retrieved October 15, 2006, from www.ahrq.gov/qual/hospculture/
- American Hospital Association and Institute for Family-Centered Care. (2006). *Strategies for leadership: Patient- and family-centered care* [Electronic]. Retrieved October 16, 2006, from www.aha.org/aha/issues/Communicating-With-Patients/pt-family-centered-care.html
- American Medical Association Foundation. (2003). *Health literacy: Help your patients understand educational kit*. Retrieved October 17, 2006, from www.ama-assn.org/ama/pub/category/9913.html
- California Patient Safety Improvement Corps. (2005). *Patient safety program manual* [Electronic]. Retrieved October 16, 2006, from www.dhs.ca.gov/LNC/download/PSPM/PatientSafetyProgramManual12-12-2005.pdf
- ECRI. (2005). *Culture of safety* [Electronic]. *HRC Risk Analysis, Supplement A*. Retrieved October 16, 2006, from www.ecri.org/Include/Docs/Marketing/HRC_CultureofSafety.pdf
- Garvin, D. A. (1993). Building a learning organization. *Harvard Business Review*, 71(4), 78-91.
- Gerteis, M., Edgman-Levitan, S., Daley, J., & Delbanco, T. L. (Eds.). (1993). *Through the patient's eyes*. San Francisco: Jossey-Bass.
- Institute of Medicine, Committee on Health Literacy. (2004). *Health literacy: A prescription to end confusion*. Washington, DC: National Academy Press.
- Institute of Medicine, Committee on Identifying and Preventing Medication Errors. (2006). *Preventing medication errors* [Electronic]. Washington, DC: National Academy Press. Retrieved October 15, 2006, from <http://newton.nap.edu/catalog/11623.html>
- Institute of Medicine, Committee on Quality of Health Care in America. (2000). *To err is human: Building a safer health care system*. Washington, DC: National Academy Press.
- Institute of Medicine, Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm: A new health system for the 21st Century*. Washington, DC: National Academy Press.
- Joint Commission on Accreditation of Healthcare Organizations. (2006). *About the Speak Up program* [Electronic]. Retrieved October 16, 2006, from www.jointcommission.org/GeneralPublic/Speak+Up/about_speakup.htm
- Joint Commission on Accreditation of Healthcare Organizations. (2006). *2007 National Patient Safety Goals, hospital version including implementation expectations* [Electronic]. Retrieved October 15, 2006, from www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/07_hap_cah_npsgs.htm
- Joint Commission Resources. (2006). *Patients as partners: How to involve patients and families in their own care*. Oakbrook Terrace, IL: Author.
- National Commission for Health Education Credentialing. (2002). *Responsibilities & competencies for health educators* [Electronic]. Retrieved October 15, 2006, from www.nchec.org/aboutnchec/rc.htm
- National Council on Patient Information and Education. (2006). *Be MedWise®*. Retrieved October 17, 2006, from www.bemedwise.org/
- National Council on Patient Information and Education. (2006). "Talk about prescriptions" planning materials October 2006. Retrieved October 15, 2006, from www.talkaboutrx.org/rxmonth2006.jsp
- Office of Disease Prevention and Health Promotion, U.S. Department of Health & Human Services. (n.d.). *Quick guide to health literacy*. Retrieved October 17, 2006, from www.health.gov/communication/literacy/quickguide/
- Partnering for Patient Empowerment Through Community Awareness. (2006). *Facilitator's guide*. Retrieved October 17, 2006, from www.galter.northwestern.edu/ppeca/facilitator_guide.htm
- Partnership for Clear Health Communication. (n.d.). *Ask me 3™* [Electronic]. Retrieved October 16, 2006, from www.askme3.org/PFCHC/
- Ponte, P. R., Conlin, G., Conway, J. B., Grant, S., Medeiros, C., Nies, J., et al. (2003). Making patient-centered care come alive: Achieving full integration of the patient's perspective. *Journal of Nursing Administration*, 2(33), 82-90.
- Society for Public Health Education. (2005). *Code of ethics for the health education profession* [Electronic]. Retrieved October 15, 2006, from www.sophe.org
- University of Washington Medical Center, UW Medicine. (2006). *Patient and family advisors*. Retrieved October 17, 2006, from www.uwmedicine.org/Facilities/UWMedicalCenter/ClinicsAndServices/FamilyAdvisors/index.htm
- Webster, P. D., & Johnson, B. H. (2000). *Developing and sustaining a patient and family advisory council*. Bethesda, MD: Institute for Family-Centered Care.
- Wu, H. W., Nishimi, R. Y., Page-Lopez, C. M., & Kizer, K. W. (2005). Improving patient safety through informed consent for patients with limited health literacy, Executive Summary [Electronic]. National Quality Forum, 2005. Retrieved October 16, 2006, from http://216.122.138.39/publications/reports/informed_consent.asp
- Zipperer, L., Berendsen, M., & Walton, L. (2006, March/April). *Consumers as partners: Empowering patients at the public library* [Electronic]. *Patient Safety and Quality Healthcare*, 6-8. Retrieved October 17, 2006, from www.galter.northwestern.edu/ppeca/