

### Love and Equity



This month we celebrate Love, Heart Health and Black History Month. And they are interrelated with Patient Safety.

Are you familiar with the story of Dr. Charles Drew? Dr. Drew was born in Washington, D.C. in 1904. He attended Amherst College in Massachusetts, graduating in 1926. After graduation he worked a few years to be able to pay for medical school and then went up to McGill University in Montreal, Quebec to earn his M.D. He graduated with

Honors in Medicine and Surgery.

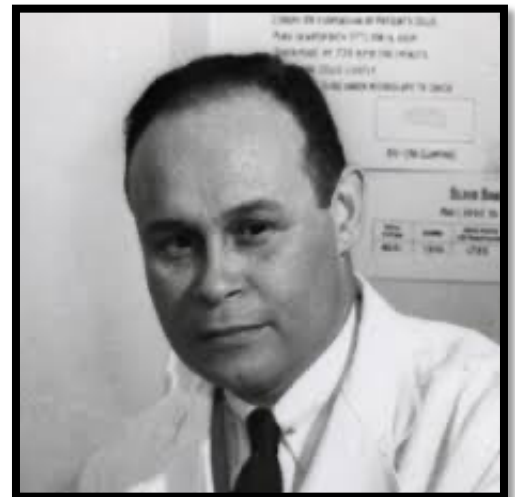
After a few years teaching Pathology at Howard University, Dr. Drew went up to Columbia University working in Surgery on a Rockefeller fellowship. He earned a Doctor of Science in Surgery from Columbia, doing his post-doctoral graduate research in how to preserve and store blood for transfusion.

When World War II created increased demand for blood supplies, Dr. Drew was called upon to develop a system to gather blood from Americans that could be sent to England. Dr. Drew started bloodmobiles, which were trucks containing refrigerators for storing the collected blood. This increased donations, as the collection process came to potential donors rather than donors having to travel.

In February 1941 Dr. Drew became the first Director of the American Red Cross Blood Bank. In 1942, Dr. Drew resigned when the United States decided that blood from Black Americans would be accepted but would have to be stored separately from “White Blood.” Dr. Drew was a Black American.

His death at a relatively young age from injuries suffered in a car accident has been linked to segregationist hospital policy in 1950. However, there is not proof that he died from failure to receive a blood transfusion. What is true is that at that time, the hospital he was taken to was segregated and had previously turned away black patients because they did not have enough “black” beds. It is also true that Dr. Drew was never granted admission to the American Medical Association, most likely due to his race.

Dr. Charles Drew has received numerous honors and awards posthumously. Many schools and health centers bear his name. The Charles R. Drew University of Medicine and Science is a private historically black graduate school in California. Affiliated with the Martin Luther King, Jr. Hospital in Los Angeles, the Charles R. Drew University has also been through tough times lately. In an area so riddled with gunshot wounds that the Military sends trauma teams to them for training, maintaining financial viability has been difficult. Both the hospital and medical school have had to regroup in recent years to continue to serve their vulnerable patient base.



The gunshot victims served by the students from Charles R. Drew Medical University would not survive without the work of Dr. Drew. It’s a challenging truth that when we work to make medicine safer, few of the beneficiaries of the improved quality and safety will ever know about the work that was done on their behalf.

Indeed, many persons remain unaware of the amazing contributions Black Americans have made to American medicine.

Many Patient Advocates take the challenges and heartache they faced and channel their energy into the unheralded world of Patient Safety. Our patient profile this month features Julie Moretz. Julie shares the touching story of her son, Daniel, and how his journey impacted her Patient- and Family-Centered Care efforts.

Mary Ellen Mannix shares thoughts on our work in Patient Safety. She outlines her experiences with finding healing after the loss of her son with congenital heart disease, James to medical errors, and her early understanding of race and facing issues with bias.

We should honor Dr. Charles Drew and many other pioneers who bravely stood for Health Equity during this month and every month. Health Equity is Patient Safety. **-Lisa Morrise**

*Consumers Advancing Patient Safety is a 501c3 not-for-profit organization that envisions a partnership between consumers and providers to create global healthcare systems that are safe, compassionate and just. CAPS champions patient safety led by consumers in partnership and collaboration with providers.* To support CAPS work, please consider donating through your VENMO account to @CAPS-PatientSafety. If you prefer to use PayPal, our account is under Consumers Advancing Patient Safety or go to [www.paypal.me/patientsafety](http://www.paypal.me/patientsafety).



### CAPS Consumer Advisory Panel Profile

**Julie Moretz** earned a BS in Communications from Georgia Southern University where she was involved in Student Government and was President of her sorority. She worked professionally in communications before her experience as a Cardiac Mom introduced her to healthcare advocacy and Patient- and Family-Centered Care. Julie and her husband David lost their son Daniel to heart disease in 2005. They are also parents to a son, Lee Moretz and daughter, Morgan Moretz McElroy and her daughter, Dani is their first grandchild.

#### **CAPS: When did you start your advocacy?**

**Julie Moretz:** After my son, Daniel, was born, at four days old we were told he had multiple heart defects. Physicians came into my hospital room and said they were preparing Daniel to take a trip to then Medical College of Georgia (a different hospital than the one where I delivered). I was in denial. I had just held him, and he seemed fine to me! He initially had fluid on his lungs but now, with significant heart issues, doctors said he most likely would not live through the night. It happened so quickly that I had no clue what was happening to my baby as he was whisked to another hospital.

My husband David met Daniel at MCG and had our Pastor come and Baptize him at Midnight that night. Daniel survived his first surgery. He was in the hospital for a month and half, having four surgeries. He rallied each time.

I had to learn so much. We spent more time in the waiting room than at his bedside in those days. There was no 'visiting' during rounds and in those early days, we could only be with Daniel allocated in fifteen-minute time slots.

I started to learn what Patient- and Family-Centered Care was and wasn't. I needed to be at Daniel's bedside to learn what he needed and how to take care of him. A wonderful colleague, mentor, and friend, Pat Sodomka, was the Chief Operating Officer at MCG at the time and understood that patients and families needed to be together. I reached out to her about the policy of not being able to be at my son's bedside. Soon thereafter, Pat reached out to me and asked me to be the first Chair of the PFAC. At the time, MCG was building a new Children's Hospital and we were just beginning to pioneer patient- and family-centered care.

### **CAPS: How has your advocacy evolved over the years?**

**Julie:** I had the opportunity to serve on so many committees as a voice for our young patients and families. I met Bev Johnson (Founder and CEO of the Institute for Patient and Family-Centered Care – IPFCC) when she came to MCG (now AU Health) to support us as we began building our patient- and family-centered foundation.

At one point when I was PFAC Chair, Daniel had a very difficult surgery. Pat Sodomka came down to see me in the PICU. She saw that my personal belongings were stuffed on windowsills as there was no place else in the room to put family belongings. She realized I was sitting on one of those rolling stools and I had somehow slept on that stool for the last three nights. Someone came and knocked on the door and told me we had to leave the room for rounds. Pat held my hand as we stood to leave and said, "We aren't there yet, but one day, we will be a Patient- and Family-Centered facility!" She surely recognized that we needed PFAC involvement in not only the facility design of the new Children's Hospital but also in developing policies.



When our new Children's hospital was completed and dedicated, I wondered what would happen now? The PFAC supporting the design of the facility was initially supposed to dissolve since our work was done.

But then I was asked to take a position as Director of Family Services Development. They took a chance on me! I had to learn hard and fast. It gave me an opportunity to help bring the family voice to the hospital in a significant way.

Daniel was eight years old when he had his heart transplant. When he was fourteen, he developed Transplant Coronary Artery Disease (TCAD). TCAD typically develops five years after transplant. He seemed to go downhill very quickly, but his Doctors believed the problem was **not** his heart. I thought the problem **was** his heart as his symptoms mimicked his condition prior to transplant.

One Sunday afternoon, he was working on a Spanish project for school. He called me to come look at his back. It was very swollen. I took him in the next morning to see his Doctor in the hospital clinic for some tests. The Doctor came in to talk to me and was white as he couldn't believe how quickly Daniel's condition had changed. They wanted Daniel to be immediately taken to the Cath lab. I called my husband David and rescheduled a Resident's communication skills class I was going to teach at the hospital that day.

Just before going back to the Cath room, Daniel told me he was sorry for making me cancel my class. I told him I thought they would say he needed another heart transplant but that it would be his decision since he had been so involved in his own care. He thought for a moment, and said, “I do want to have another transplant, because I do want to live!”

Daniel was rushed into the Cath Lab. Shortly thereafter they asked me to go into the little room that I had set up for parents to receive hard information. The Cardiologist came out to tell me that Daniel had coded, and they were resuscitating him. The Medical Director was leading the code and came in to quickly give an update about Daniel’s status. David and I asked to go in to be a part of the resuscitation. The week before, I had just met with hospital leaders to ask that parents, when possible, be invited to attend codes—I just didn’t know it would be for my own son’s code.

I will always remember the technician standing on a box, pumping his chest. And the person quietly reminding the team that Daniel’s parents were in the room.

They took Daniel from the Cath Lab to the Pediatric ICU on ECMO. While his Doctors were once again telling us he would not survive, I just knew he would come out of it as he had for the previous 12 heart surgeries. That night, his Doctor asked, “Do you realize Daniel could die tonight?” Two days later, he died with our family by his side, and our Pastor offering prayer as we hummed You Are My Sunshine.

While I wish that things had gone differently, I am at peace.

When I had met just a week before with Anesthesiology, Surgery and other providers about having parents attend certain procedures including resuscitation, I didn’t know it would be for me. You do the best you can, never knowing if you will be the family impacted. I appreciated being present during Daniel’s code to see how hard they worked to save my son.

These memories don’t go away. I stayed in my position at the hospital for a year after Daniel died. I thought that maybe I had done my thing and it was time to move on. Maybe I would do some community volunteer work and take painting classes. My last day was exactly a year after Daniel’s death.

After three weeks I was bored.

That was when Bev Johnson, whom I had gotten to know so well through the years, offered me the opportunity to work with the IPFCC. After seven years with the IPFCC, I joined The University of Arkansas for Medical Sciences as Associate Vice Chancellor, Patient- and Family-Centered Care.

After four years in Arkansas, we came back home to Augusta where I am now the Assistant Vice President / Chief Experience Officer at Augusta University Health (formerly the Medical College of Georgia). Interestingly, my office is in the same place where Daniel initially received his care. Every day, I travel those same hallways where he spent so much time. It doesn’t bring me heartache; it brings me peace. We’ve come full circle.



### **CAPS: What projects have you been involved in?**

**Julie:** We've always worked with Patient and Family Advisors (PFAs) to support healthcare initiatives. We have grown in this capacity. It's not new to have advisors on committees but it can be difficult to sustain, though, and utilize the PFAs in the right ways.

I am proud that we have remained true to our initial patient- and family-centered foundation and do not have 'visiting' hours. It's easy for staff to want to slip back to the old ways if we don't keep our eyes on the ball. Even during COVID, while many hospitals have shut out family and support persons, at our organization, every non-COVID patient can have a Family Support Person with them 24/7. COVID has been different, but we've been creative with ways to keep the families together. It's hard, as our PFCC goal is to keep patients and families together. Many organizations struggle with this when they don't have COVID to deal with.

Medical Education has been a new and important way to include our PFAs. Our patient and family leaders participated in Graduate Medical Education (GME) interview teams at the University of Arkansas. PFAs go through an hour-long orientation as Patient interviewers. A Physician and a PFA meet with the medical student. It requires a great deal of work for the PFA because they have to write out their opinions of the student and define what would make them a good candidate for medical school. The Admissions team really appreciated how PFAs were so thorough in their assessments and asked if we could find 100 PFAs to support the interviews! Now, we are including PFAs on interview teams at AU Health. We've had to change that due to COVID. We have recently gone to mini-medical interviews for Medical students with six persons at rotating stations. This helps accommodate our many applicants. The PFAs are vetted through the College of Medicine before being placed on an Interview Team.

### **CAPS: What would you recommend to persons who want to advocate for Quality and Safety?**

**Julie:** I'm asked that a lot. My initial involvement was a golden opportunity for me because we were here so often with Daniel and were connected to a Health System. The timing was just ripe.

I suggest starting as a volunteer and using your expertise. Perhaps connect with a healthcare leader. Build relationships and offer suggestions. Find out if the facility has an existing PFAC (whether a hospital, clinic or other facility). Then show up and simply. start participating.

Too often our potential advisors may have "white coat syndrome," where they feel reluctant to raise their hand and comment when persons with medical degrees are in the room. It's important to connect with someone who values your opinions. It's also important to realize that not everyone will agree all the time, and that's okay. It's about having a voice at the table to extend a different perspective.



Don't wait for someone to ask you to participate. There's not really a school for being a PFA – but there are many resources available. There are list serves where you can ask questions. Become educated and learn.

You do not need to have had a major safety event to have an important voice. If a person has a specific agenda, they can still participate. It is important to be able to respect other's input, however.

**CAPS: What would you recommend healthcare systems do to improve Quality and Safety.**

**Julie:** Two things – One, have a foundational belief that we must *engage* Patients and Families at the bedside and serve on institutional committees and workgroups. It's important to invite Patients and Families to support our front-end development of new programs and to be at the table for every quality and safety committee.

Two, we're so focused on increasing 'satisfaction' scores. Our focus should be about linking satisfaction—or the patient's experience—to Quality and Safety. As an example, I think about Falls prevention. An HCAHPS domain is 'responsiveness of staff' and includes a question about the timely response of staff when a patient uses the call bell. If we don't respond to the call bell, a patient may get out of bed and fall. While we surely want our patients to be happy, it goes beyond this and we must link 'Experience' and 'Safety'.

**CAPS: What are your future plans?**

**Julie:** I plan to stay here at Augusta University Health. I've really come full circle in my career. Organizationally, I want to be a bridge for physicians to continue to embrace Patient- and Family-Centered Care. We've been working on provider data transparency and communicating more effectively with patients, so patients and families are more engaged.

When making presentations, often I share a research slide that has an interesting statistic. More than 1,000 Physicians were asked if communication is as important as technical skill. While 83% of respondents said yes, only 18% believe they

had been trained to communicate effectively. We can be a resource to our Physicians in making connections with their patients and families.

**Thank you, Julie Moretz!** Julie may be reached at [jmoretz@augusta.edu](mailto:jmoretz@augusta.edu)

**More about Pat Sodomka and the award named in her memory:** <https://www.augustahealth.org/pfcc/patricia-sodomka-leadership-award>

**The Patient- and Family-Centered Care program at Augusta Health:** <https://www.augustahealth.org/pfcc/>

**A PBS profile of Julie:** <https://www.pbs.org/remakingamericanmedicine/moretz.html>

**From the 2014 Cleveland Clinic Patient Experience Podcasts:** <https://healthcaresuccess.com/blog/podcast-interview/new-mindset-partnering-patients-never-patient-experience-summit-podcast.html>

### Thoughts from Patient Advocate Mary Ellen Mannix



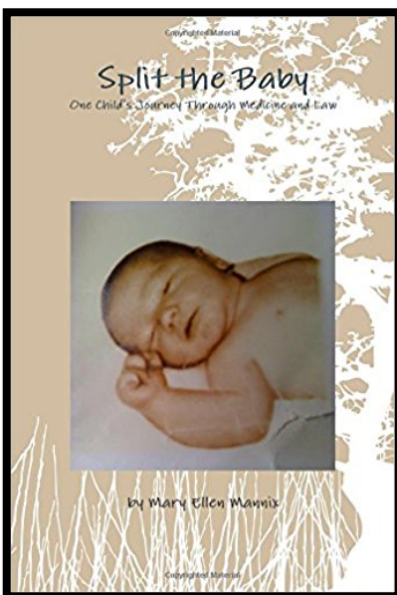
After my son died from a serious of egregious medical errors in the treatment of a congenital heart defect (a discrete co-actation of the aorta), I started to write and share my experiences. I was struggling to accomplish two things (though I did not understand at the time): 1 - needing to understand what happened so 2- it could be prevented from happening to anyone else's newborn baby. Social media cropped up a few years into my advocacy and appeared to be a unique vehicle to magnify the message as well as resources.

In time I learned there are two goals of social media monster as well. One is to connect. The other is to destroy.

The connection side introduced me to other victims of medical errors; as well as clinicians involved in preventable medical errors. It provided a space for me to understand and integrate how large systems can be created to inadvertently cause errors. Systems have also encouraged inequities and racism. I had never known another mom that lost their infant to preventable medical errors. I thought that was just dumb luck. I learned that being born white was the "luck". The inequities in the health care system are far-reaching and have been a more regular experience of my friends of African American descent.



All of the doctors involved in my son's health care testified that my son did not die from anything he was born with. He died as a result of the medical care he received. When I looked at my son, I saw him. The health care system saw a fully insured, healthy (8lbs 4 Oz) full term infant with no other co-morbidity with his discrete coarctation of the aorta. I believe that impacted the course of treatment that his health care team chose for him (but did not make clear to his parents before they began care).



It was not fair. It led to his preventable and extremely raw, painful death. Health care needs to be fair. It needs to see the individual, not just the numbers (\$\$\$) or the color.

That second part of the Social Media Monster revealed itself too. Many people did not like what I had to say about the health care system. I received threatening messages and countless attacks. As a result, I stopped sharing my thoughts and experiences so publicly. However, in all the pain I did have the privilege of a lawsuit that uncovered many truths. As a teacher, the value of learning from errors is hard wired. We need to share our stories so others may be spared an unnecessarily tragic fate.

I shared the following story on my personal Facebook page on Martin Luther King Day. I was asked to share it with you.

I hope by sharing this story, I am highlighting the brilliance of the Black community. In addition, I hope it brings awareness to the impact of inherent bias...and commitments to uncover them and ensure fair equitable treatment of all.

February is Black History Month. It is also Heart Month and Congenital Heart Defect Awareness Month. This month my hope is that ALL hearts – both physical and spiritual –be treated with the gentlest care and kindness.

### When I Knew I was a Racist

It was 1980-something and I was a college freshman working every weekend night slinging pizza dough to save for a holiday visit to my boyfriend (now hubby ❤️) studying abroad in Ireland. I couldn't work weeknights since I was also teaching and taking dance classes at the time.

The take-out-only place was just a few blocks away from my suburban home. Convenient place for me to make some quick cash for a mini-vacation and not waste what I earned on gas money or the like. I was also the only woman working there... (If you have never worked in the food industry you may be unaware of the vulgarity that takes place in kitchens... doesn't really matter how expensive the food is the vulgarity is always the same - as low as you can go).

Fortunately for me, there was a kind, mindful, young dad, Lonnie, who happened to be taking college level courses classes at the same college I was going to who also was a pizza chef and worked the same nights I did. He also happened to be black. The only black employee. Pretty much the only black person I would ever see, let alone get to know, living and growing up in H-town.

When you are flipping pizza dough on a weekend night, the only thing that matters is that the other person on the line with you can keep up and knows what they are doing with the 575-degree ovens. No one asks what color or gender the person is that made their pizza. You make pizza and you talk. Lonnie and I talked about our college courses, our families, our plans for the future.

Lonnie was hopeful to finish his bachelor's degree so he could work just ONE job (not the 3 and his wife's 2) and then be able to see his wife and children more. Then maybe he would be able to buy a car and not have to take the bus everywhere. And get home more quickly for his family.

I am sure I rambled on about my boyfriend in Galway more than anything. Maybe I shared a bit about my dancing and Penn State football games.

Anyway, I am NOT a clean cook. Just ask my family. I still leave a mess in my wake regardless of the recipe or the number of ingredients. This was certainly true when making nearly 100 pizzas an hour at work. Apron or not I generally wore as much of the ingredients as ever made it on my pizzas.

The only other people in the place each evening were the owner and the delivery drivers. All white guys. I was the target of a lot of their misogynistic vulgarity. At the time, I did not know how to stand up to any of it. I was taught that "boys will be boys". (That's crap by the way. Boys will be gentleman.)

When I would unknowingly leave powdery handprints on my a\*\* from wiping all the flour that accumulates when making pizza after pizza after pizza, the running joke became who was going to clean it off for me. The owner himself would just laugh at the delivery drivers' nasty commentaries.

But Lonnie - Lonnie would tell the pizza drivers to "leave", "get your mind out of the gutter", "how old is YOUR sister?!?" or some other quick rebuke of their utterly disgusting diatribes. There was one guy that pretty early on did go to grab me on the handprints. He was quickly put in a head lock and ushered out the front door before I even knew what the hell had started the commotion.

This long-haired jerk quickly complained to the owner, who told Lonnie HE was done for the night and he would let him know if he needed to come back. I had to remind the owner that the other kitchen help he had tried to hire to sling pizzas were never able to keep up. I would not be able to run the kitchen alone. So, because there were no other chefs at "USA Pizza" (yup, really that was the name of the place) and I reassured the owner I was more comfortable with Lonnie than the delivery driver, Lonnie could come back. However, Lonnie was the only employee given a "written warning."

After that incident, the discussions Lonnie and I shared became more direct and intentional, I think. In hindsight I kind of think he must have wondered how I could ever have put up with all of that cr\*p.

One night as he tossed me a new ball of dough to spin into someone's quick dinner, he informed me, "Mary Ellen, you're a racist."

Aghast, I was like "I am not! I. am. NOT!" (It was totally a Marcia Brady "my nose!" moment.)

You know what I said next....

"I talk to YOU! We are friends. Of course, I'm not racist."

Lonnie looked at me and calmly asked me to just consider a few questions before answering again. He went on:

"Okay, so when you are walking down the street and a black man is walking in your direction what do you do with your purse? Do you hold it tighter? Do you cross the street to avoid passing closely to him? How about when you drive your car into the city for dance.... What did you do when you drive through West Philly? Do you roll up your car windows and lock your doors all of a sudden? How many black women are in your ballet classes? Would you be surprised if one ever came into your studio class? If you had seen me on campus before we worked together would you have ever nodded my way or thought to say hello?"

Hunh.

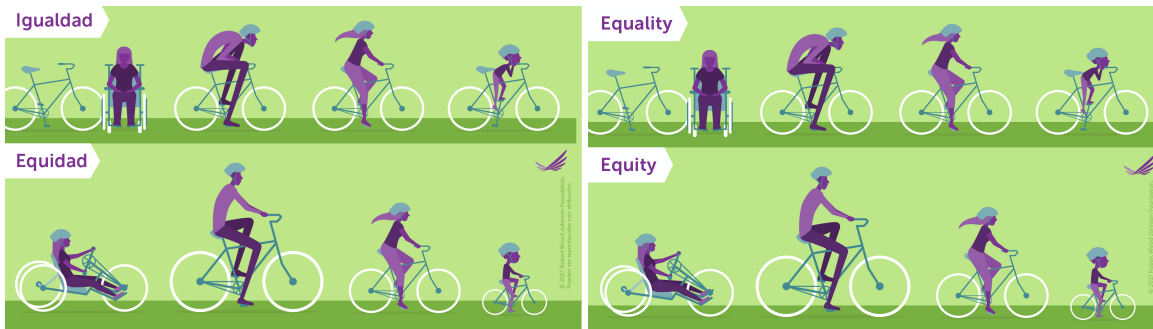
Yes, I would have crossed the street. I would have held my purse closer. I closed the windows and locked the doors as I drove through West Philly (every damn time!) ... and much of the rest of Philly. There were exactly zero women of color in any dance classes for the entirety of my life at that point. Yes, I would have wondered how she ended up in my class. No, I don't think I would have entertained saying hello to Lonnie had we not met working the same exact job for the same pay (I think). I was working there to take a vacation. He was working there (among other places) to provide for his family.

I was a racist.

I am sharing this today (MLK Day) because I was brought to task by a racist today. A racist that I know because we have been friends. Only now, she does not want to be my friend based on my position in agreement with the BLM movement. This experience reminded me how much more work needs to be done. I still think the

black voices are the most important for everyone to read, hear and listen to. But maybe - we might need to share of our experiences with racism as white people. That yea, we have engaged in it - most times truly unaware and uninformed. There is a moment that you become aware. It is an awkward uncomfortable moment. And in that moment, racism becomes a choice. -**Mary Ellen**

A graphic shared by Mary Ellen:



The videos in a series of COVID-19: Patients, Families and Providers in Conversation may be found at this link:  
<https://www.youtube.com/channel/UC7f7J8ynAwpDQpJWQX9mjQQ>

These videos are a collaboration of three organizations:  
 Consumer Advancing Patient Safety (CAPS), Project Patient Care (PPC) and Healthcare and Patient Partnership Institute (H2Pi).



You can view all of these videos on the Consumers Advancing Patient Safety YouTube Channel. Please go the link and be sure to hit subscribe **and** notify so you will know when a new, relevant video has been uploaded!

Consumers Advancing Patient Safety often partners with other organizations seeking to improve Quality and Safety. When possible, we support their efforts here:

From Pulse Center for Patient Safety Education & Advocacy:

The 5 Steps to Safer Health Care!

1. Understand & Complete Your Advance Directives
2. Keep a Record of Your Medical History & Current Medications
3. Prepare for Doctor Visits / Make A List of Questions
4. Prevent Infections / Ask Caregivers to Wash Their Hands
5. Use an Advocate / Be an Advocate for Others

You can also become a partner of The TakeCHARGE Campaign – contact us to learn more!  
 TakeCHARGE is a grassroots national campaign sponsored by [Pulse Center for Patient Safety Education & Advocacy](#)

From the Patient Safety Movement Foundation:

### Humanitarian Awards

Steve Burrows, Vonda Vaden Bates, Marty Hatlie and Barb Pelletreau were recognized by the Patient Safety Movement Foundation for their efforts eliminating and raising awareness of preventable patient deaths (Photo: Business Wire):



**Marty Hatlie**



**Barb Pelletreau**



**Vonda Vaden Bates**



**Steve Burrows**

February 10, 2021 08:00 AM Eastern Standard Time

IRVINE, Calif.--(BUSINESS WIRE)--The [Patient Safety Movement Foundation](#) (PSMF), a global non-profit committed to achieving zero preventable patient deaths by 2030, announced the winners of its 2020 Humanitarian Awards at a virtual ceremony on February 8, 2021. The recipients included Steve Burrows, Vonda Vaden Bates, Marty Hatlie and Barb Pelletreau. Each year the Humanitarian Awards recognize leaders who have made significant progress in the last year eliminating or raising awareness of preventable patient deaths.

(CAPS Board Member) **Marty Hatlie** was honored with the Michael Seres award. Hatlie has been a lifelong leader in patient safety

since he served as executive director of the National Patient Safety Foundation. However, this humanitarian award acknowledges his exemplary work in the last 12 months. Hatlie served as one of the co-chairs for the March for Patient Safety turned #uniteforsafecare campaign. He dedicated much of 2019 and 2020 to launching the initiative.

The Patient Safety Movement Foundation launched the Humanitarian Awards in 2013 to recognize individuals whose work helps advance patient safety. To learn more about the awards and past winners, visit: <https://patientsafetymovement.org>.

To watch the award presentation, visit <https://patient.sm/Humanitarian-Awards>.

**From Libby Hoy at PFCC Partners** (Libby says not to pay attention to the January deadline for applications. Applications are being accepted on a rolling basis.)

### You are invited to apply to the **CYNOSURE PATIENT FAMILY PARTNERSHIP COUNCIL**

The **Cynosure Hospital Quality Improvement Collaborative (HQIC)** is a federally funded project including hospitals from the states of California, Arizona, New Mexico, Tennessee, Louisiana, Florida, Illinois, Indiana, Montana, Colorado and the Dallas–Fort Worth area. Cynosure and their partners at each of the state hospital associations are collaborating to improve the quality of care for hospitals in these states. The Cynosure Leadership Council includes representatives from each of the Cynosure partners, including PFCCpartners and each of the hospital associations.

#### THE VISION

The vision for the Cynosure HQIC Patient Family Partnership Council (PFPC) is to collaborate with the Cynosure staff, the Leadership Council (State Hospital Association staff) and all of its HQIC partners to bring the perspective of people with diverse lived experiences in the health system. Patient Family Partners will actively co-design improvement programs across Cynosure HQIC activities with the goal to improve health outcomes for all people.



**STIPEND OFFERED  
FOR YOUR TIME**



**CO-DESIGN  
IMPROVEMENT  
IN HOSPITALS**



**ATTEND  
MONTHLY  
MEETINGS**



**JOIN WORKGROUPS  
AND ADDRESS  
PRESSING ISSUES**



**SHARE  
YOUR STORY**



**SMALL TIME  
COMMITMENT**

#### LIVED-EXPERIENCE

The application process is intended to ensure we have representation from each of the states participating in the Cynosure HQIC and a strong diversity of lived experience, ethnicity, age, and gender. Experience in the advisory role is valued, but not required. The only requirement is experience as a patient or caregiver in one of the states listed above.

#### HOW TO APPLY

If you are interested in participating, please complete the application, accessed online or by calling 562.961.1100.

**Apply now:** [https://docs.google.com/forms/d/e/1FAIpQLSc8\\_NnSOJYUI8I9nTFYChWFwn7NPAv-nTypL8n73EeguCEGig/viewform](https://docs.google.com/forms/d/e/1FAIpQLSc8_NnSOJYUI8I9nTFYChWFwn7NPAv-nTypL8n73EeguCEGig/viewform)

#### DEADLINE

Applications will be accepted until Friday, January 22, 2021. Selected applications will be invited to a virtual interview with members of the Cynosure Leadership Council. We anticipate a launch date of February 2021.

#### QUESTIONS?

For questions and additional information, please contact Libby Hoy at [libby@pfccpartners.com](mailto:libby@pfccpartners.com) or by calling 562.961.1100.



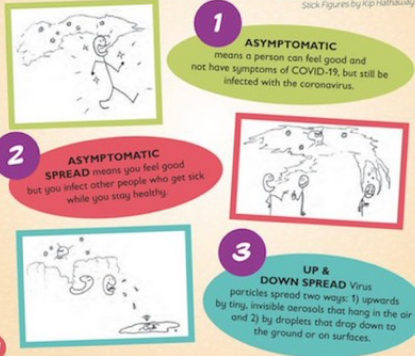
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### 59% of COVID-19 cases spread without symptoms

**SCIENCE SOURCE:** Journal of the American Medical Association, "SARS-CoV-2 Transmission From People Without COVID-19 Symptoms," 7 January 2021. JAMA Network Open. 2021;4(1):e2035057. doi:10.1001/jamanetworkopen.2020.35057  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2734707>

#### STICK FIGURE SCIENCE OF CORONAVIRUS INFECTION

Science of Coronavirus Infection  
Stick Figures by Kip Halhousky



Our Stick Figures know and show the transmission risk: 59% of COVID-19 cases are spread by people who don't know they are sick and sociable without masks or safe distancing. They either haven't yet developed symptoms, or are asymptomatic. SOURCE: JAMA Network Open. 2021;4(1):e2035057. doi:10.1001/jamanetworkopen.2020.35057

**3**

**THE VIRUS SPREADS MAINLY BY AEROSOLS!** To stop COVID-19, avoid being indoors where the tiny invisible aerosols collect in enclosed, crowded, stuffy spaces.

**4**

**DO THINGS OUTSIDE** as much as possible. Or in rooms with lots of fresh air.

**5**

**WASH YOUR HANDS** every time you come into the house, or after you share something with someone, and before you eat, and after a bathroom break.



Grand Marais Harbor Outdoor Story Scouting  
Photo by Anne Brataas

#### Recipe for Safe School Indoor Air:

1. Every person wearing a mask over nose and mouth: surgical, cloth, or N-95
2. Increase outdoor air ventilation through opening windows, adjusting fans to pull air up and out & adjusting HVAC settings
3. Use portable air purification with HEPA filters that produce a Clean Air Delivery Rate (CADR) of 300 for every 500 feet of classroom
4. Install real-time carbon dioxide (CO<sub>2</sub>) sensors to evaluate ventilation rates
5. Commit to creating 4-6 total air exchanges per hour in every classroom by combining these systems

Source: COVID-19 "Schools For Health" Tools from Harvard University T.H. Chan School of Public Health [www.schoolsforhealth.org](http://www.schoolsforhealth.org)

**22**

To learn the science that explains proper ventilation of rooms to minimize transmission of infectious aerosol particles, go to our website: [www.safeandhappy.org](http://www.safeandhappy.org). If your school is not properly ventilating its spaces, you are not safe from coronavirus.

## COVID-19 Vaccines

### DEBUNKING THE MYTHS

**SANFORD  
HEALTH**

#### VACCINE MYTH

#### VACCINE FACT



It was rushed and isn't safe

Researchers took no safety shortcuts. Large studies show the vaccine is safe.



It changes your DNA

It's impossible for the vaccine to change your DNA



It can give you COVID-19

The vaccine doesn't contain a live virus strain



It contains egg protein

It doesn't contain egg proteins and can be given to people with egg allergies



It causes severe side effects

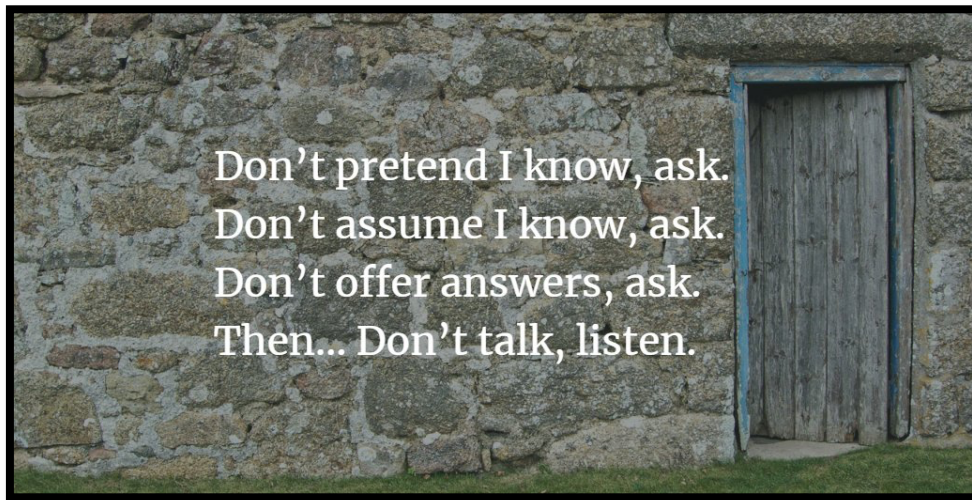
For most, the vaccine causes mild side effects that resolve in a few days



It makes women infertile

There is no evidence that the vaccine causes infertility





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