## Patient and Family Advisory Council

# Continuing the JOURRNEY toward Patient- and Family-Centered Care

Annual Report August 2014



#### Suburban Patient and Family Advisory Council

#### Members August 2014

Patient and Family Advisors	Staff Advisors
Stephen Bokat	Diane Colgan, MD, Medical Staff Chair
Ellen Sue Brown	Brian Ebbitt, Director, Planning
Simon Fitall	Barbara Jacobs, RN,* Chief Nursing Officer
Howard Gilson	Kimberley Kelly, RN, Director, Critical Care
June Graff	Jennifer Raynor, Director, Pharmacy
Joel Hirschhorn	Jacky Schultz, Chief Operating Officer
Carol Hollins	Beth Vanderscheuren, Coordinator, Patient and Family Experience
Kitty Jones	
Barbara Kahl	
Susan Kleinmann	
Deborah Kovach	
Beverly Labourdette	
Toby Levin*	
Belle O'Brien	
Sabiha Zubairi	

\*PFAC Co-Chairs

#### Suburban Hospital Patient and Family Advisory Council

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#### Continuing the Journey Toward Patient- and Family-Centered Care

#### I. Introduction

The Patient and Family Advisory Council (PFAC) is pleased to provide its second Annual Report. This report focuses on progress made during the first year of implementing its two-year Strategic Plan.<sup>1</sup> This has been a very productive year. PFAC's success is due, in large part, to the ongoing support of Suburban's senior leadership and the adoption of patient- and family-centered care (PFCC) as a hospital-wide value and priority. PFAC ideas and initiatives were met with a "lets do it" response from Suburban Hospital President Dr. Gene Green, Chief Operating Officer Jacky Schultz, Chief Nursing Officer and PFAC Co-Chair Barbara Jacobs, and Medical Staff Chair Dr. Diane Colgan. As a direct result, the PFAC was able to expand its role this year across the hospital and make important progress on reaching its strategic goal.

In addition to Suburban's commitment to serve as a community leader in promoting PFCC, Johns Hopkins Medicine (JHM) has designated PFCC as one of its six strategic priorities for 2014-2018.<sup>2</sup> JHM named Suburban's President Dr. Green as one of the four "Accountable Leaders" to achieve this priority for the entire Hopkins system. New opportunities to implement this priority are just now getting underway as the JHM Armstrong Institute plans to bring together the patient and family councils across the Hopkins system under the umbrella of a Clinical Community – "The Patient Family Community." This new entity will be launched later this fall to identify best practices and shared initiatives.

The PFAC's Strategic Plan set one overarching goal and two key strategies to help achieve it:

## GOAL: Improve the patient and family hospital experience by bringing patient- and family-centered care (PFCC) to hospital programs and operations.

#### Strategy 1: Educate Suburban Hospital leadership, staff, volunteers, patients, and families about PFCC.

http://www.hopkinsmedicine.org/suburban\_hospital/about\_the\_hospital/patient\_family\_advisory\_council/

<sup>&</sup>lt;sup>1</sup> See PFAC Strategic Plan 2013-2014, Attachment A. The plan was previously included as Attachment E of the PFAC's First Annual Report. The First Annual Report provided an overview of the medical community's growing adoption of the principles of patient- and family-centered care, the history of the establishment of the PFAC, and a description of its initial projects. The report is available at

<sup>&</sup>lt;sup>2</sup> See Attachment B, which summarizes the patient- and family-centered care priority. The full JHM Strategic Plan is available at <u>http://www.hopkinsmedicine.org/strategic plan/</u> The *Accountable Leaders* for the PFCC priority are: Bill Baumgartner, vice dean for clinical affairs, School of Medicine; Gene Green, president, Suburban Hospital; Peter Pronovost, JHM senior vice president for patient safety and quality; and Judy Reitz, Johns Hopkins Hospital chief operating officer

## Strategy 2: Engage in operational initiatives that bring patient- and family-centered care to hospital programs and operations.

As described in our First Annual Report, practicing PFCC requires a culture change – it is more than just a single project or policy. PFCC is a "model of care that engages patients and their families as equal partners in care, exchanging information with them in useful and understandable ways and encouraging and supporting their involvement in health care."<sup>3</sup> The four core principles of PFCC can be summarized as follows:

**Respect and Dignity:** Health care providers listen to and honor patient and family values, beliefs, cultural background and choices in care planning and delivery.

**Information Sharing:** Health care providers communicates and share timely, complete, accurate and unbiased information with patients and families in ways that are useful and enable them to participate in care and decision-making.

**Participation:** Health care providers welcome and encourage patients and families to participate in care and decision-making at the level they choose.

**Collaboration:** Health care providers work together with patients and families system wide in policy and program development, implementation and evaluation, and in facility design, professional education and care delivery.<sup>4</sup>

Implementing these principles is a journey requiring time and ongoing commitment from senior leaders working collaboratively with dedicated volunteer patient and family representatives. This report highlights actions taken this year by the PFAC to help continue Suburban's journey to become a hospital whose people, policies and practices exemplify a culture of PFCC.

#### II. Organizational Changes

#### A. Increase in PFAC Membership

During this year, PFAC added six additional patient and family advisors (PFAs), bringing the total to 15. This increased PFA membership enables the PFAC to participate on more hospital committees and support even more projects. In addition, the Council now has seven staff members, adding the Director of Pharmacy, the nursing Director of the Critical Care Unit, and the Coordinator of the new Office of Patient and Family Experience. The PFAC models patient-family-health care provider partnership by including Suburban staff leadership as members in the Council. Its membership works collaboratively at monthly meetings discussing topics of interest and making timely decisions, demonstrating shared decisionmaking.

<sup>&</sup>lt;sup>3</sup> PFAC First Annual Report, p.1.

<sup>&</sup>lt;sup>4</sup> The Institute for Patient- and Family-Centered Care at <u>http://www.ipfcc.org/faq.html</u>

As needed, the PFAC will continue to recruit additional PFA members to ensure its ability to respond to staff's increasing requests for patient and family advisors on committees and initiatives.

#### B. The New Office of Patient and Family Experience

In February 2014, Suburban hired Beth Vanderscheuren to lead its new Office of Patient and Family Experience. Suburban leadership invited the PFAC members to help name the new office, which would serve as a focal point for promoting PFCC. As an experienced advocate for PFCC from University of Minnesota, Beth initially focused on gaining a deeper understanding about hospital operations and the patient experience at Suburban. Beth soon became actively engaged in responding to inpatient concerns brought to her attention by patients, families and staff.

Beth is using her creativity and communication skills to build a new Service Ambassador program to train selected volunteers to create a more compassionate and caring environment in key areas of the hospital. This includes transforming "waiting rooms" into family lounges and using Ambassadors to communicate proactively with families waiting for updates on the status of their loved ones, while also providing a welcoming and supportive setting. This initiative will begin in the Surgical Family Lounge, modeled on the program Beth created at the University of Minnesota. The PFAC will work closely with Beth to help staff her projects and identify additional initiatives to expand PFCC.

#### III. Accomplishments in PFCC Education

Staff knowledge of the principles and evidence supporting the benefits of PFCC is a fundamental step in Suburban's journey to developing a PFCC culture. The following describes some of the PFAC's educational activities over the past year:

- Each month, a PFAC patient and family advisor participates in the *New Employee Orientation Program*, introducing new employees to PFAC and PFCC and sharing the advisor's personal story. Chief Operating Officer and PFAC staff advisor Jacky Schultz drives home throughout her opening presentation to new staff that Suburban's values and priorities put the patient at the center of its health care services and that staff must always engage patients and their families as part of the health care team. The PFA then describes the role of PFAC, the key principles of PFCC and uses a personal story to demonstrate how partnership can improve health outcomes and increase patient, family and staff satisfaction. The PFA invites the new employees to join in promoting PFCC and engaging patients and families as partners in care and gives each employee a PFAC bookmark summarizing the principles and providing links to PFCC resources.
- In April 2014, PFAC PFAs participated in Suburban's quarterly Leadership Development Institute (LDI) forum. Four patient and family advisors shared the "power of their stories" with hospital executives and unit leaders, presenting their real life examples of the importance of patient and family communication and partnership. This was a powerful experience for all present, and the feedback about this session was very positive.
- Dr. Diane Colgan, 2013-14 Chair of the Medical Staff and a PFAC staff member, provided several opportunities for the PFAC to brief hospital physicians about PFCC. The PFAC was featured at the

May 2014 Annual Meeting of the Medical Staff and in June, in the Medical Staff New Leader Orientation.

- At the Annual Meeting of the Medical Staff, the PFAC presented its first PFCC Leadership Award to Cora Abundo, RN, Nurse Manager, Progressive Cardiac Care Unit; Kimberley Kelly, RN, Director, Critical Care; and Dr. Amirali Nader, Medical Director, Progressive Cardiac Care Unit. The award was presented to these three "champions of PFCC" for their leadership in (1) piloting Bedside Shift Report; (2) conducting Multidisciplinary Rounds on the Progressive Cardiac Care Unit at the bedside; and (3) including PFAC patient and family advisors in the monthly Progressive Cardiac Care Unit Collaborative.
- At the June 2014 Medical Staff New Leader Orientation, PFAC patient and family advisors urged physician department chairs and subsection chairs to invite PFAC participation at their meetings and shared a personal story demonstrating the value of establishing a partnership with patients and families to improve health outcomes and the health care experience.
- In November 2013, PFAC Co-Chair Toby Levin, PFA, was invited to participate at the Institute of Medicine's *Building the Patient and Family Advisory Leadership Network for Better Care*. Representatives from some 27 patient and family advisory groups from all over the United States came together to explore ways to improve communication and cooperation among council leaders.<sup>5</sup>
- The PFAC was featured in the *JHM DOME* December 2013 publication<sup>6</sup> and in Suburban's *New Directions* Spring 2014 publication.<sup>7</sup> These articles described some of the PFAC's projects and the PFAC's role in promoting PFCC at Suburban.
- In January 2014, the PFAC held a special orientation seminar for PFAC patient and family advisors to increase their knowledge about PFCC. During the seminar, participants received a new guide for Suburban PFAC advisors—developed by a core group of PFAs with expertise in PFCC. Participants engaged in several exercises to understand the difference between hospital-focused, patient- focused, family-focused and patient- and family-centered practices.
- In February 2014, PFAC sent a letter to Dr. Green and the other JHM Accountable Leaders for the PFCC strategic priority outlining the need to educate JHM staff about the four core principles of

<sup>7</sup> Available online at:

<sup>&</sup>lt;sup>5</sup> The agenda and briefing book are available at

http://www.iom.edu/~/media/Files/Activity%20Files/Quality/VSRT/Patient%20Family%20Advisory%20Council%20 meeting/PFALN%20Briefing%20Book\_public.pdf

<sup>&</sup>lt;sup>6</sup> Available online at:

http://www.hopkinsmedicine.org/news/publications/dome/dome\_december\_2013/a\_shared\_journey

http://www.hopkinsmedicine.org/suburban\_hospital/about\_the\_hospital/news\_publications/new\_directions/new\_ directions\_spring\_2014/a\_shared\_journey

PFCC, the broad definition of family and key initiatives that promote PFCC, including a 24/7 family presence policy and nursing bedside shift report.

- In March 2014, the PFAC provided PFCC training for Suburban's parking attendants. Parking
  attendants are often the first and last representative of Suburban that patients and families
  meet, so educating them about PFCC and the difference they can make in their experience was
  especially important. Attendants also received the PFAC bookmark to reinforce the core
  principles of PFCC.
- In April 2014, PFAC members Toby Levin and Dr. Diane Colgan participated on the panel at a JHM Town Hall for hospital staff held at Suburban. The Town Hall focused on JHM's PFCC strategic priority. JHM's Dr. Peter Pronovost moderated the panel, which also included Suburban's President, Dr. Gene Green.
- In June 2014, PFAC patient and family advisor Barbara Kahl participated on a panel at the JHM Armstrong Institute Annual Safety Summit. Barbara, along with two other patient and family advisors from other JHM PFACs, shared stories about their personal experiences in which hospitals showed deference to the expertise of family members about their loved ones and how this quality is part of the culture of high reliability organizations. Their stories demonstrated how partnership among patients, families and health care providers—all as members of the health care team—increases the quality and safety of care, and failure to include patients and families on the health care team causes unsafe conditions and adverse events.
- PFAC regularly participates in the orientation program led by Suburban Volunteer Services Director Pam Fogan. This provides an opportunity to educate new volunteers about the PFAC and PFCC and the role volunteers can play to improve the patient and family experience. New volunteers also receive the PFAC bookmark.
- Two PFAC members, patient and family advisors Barbara Kahl and Debbie Kovach, spoke at the June 2014 Suburban Employee Service Award Luncheon. As a part of thanking Suburban employees for their service, and applauding efforts to advance patient- and family-centered care at Suburban, they each shared a story about their own experience within the Hopkins system of a successful patient, family and health care provider partnership.
- As described in Section IV below, PFAC has incorporated education about PFCC in a number of initiatives including nursing's bedside shift report, working with Behavioral Health Unit staff, and presentations before hospital committees.

While PFAC has educated many hospital staff about PFCC over the past year, much work remains to ensure all staff members (1) know about the PFAC; (2) know and understand the principles of PFCC; and (3) demonstrate these principles in their care practice. This will continue to be a focus of PFAC efforts going forward.

#### IV. Initiatives Bringing PFCC to Hospital Programs and Operations

The PFAC has focused on a series of key initiatives this year. Each one has expanded PFA participation with staff, demonstrating the key PFCC principle of collaboration.

- <u>Participation on hospital committees and councils</u>: As of June 2014, a PFAC patient and family advisor sits on the following organizations as a resource and active participant:
  - Medical Quality Committee of the Board
  - Provider Quality Committee
  - Patient and Family Education Committee (now meeting monthly with the Professional Development Nursing Council)
  - Quality and Patient Safety Committee
  - Awards and Recognition Committee
  - Behavioral Standards Committee
  - Infection Control Committee
  - Pharmacy and Therapeutics Committee
  - Emergency Department Collaborative
  - Progressive Cardiac Care Unit (PCU) Collaborative
  - Progressive Cardiac Care Nursing Council
- <u>Spearheading implementation of Bedside Shift Reporting (BSR) across the hospital:</u> PFAC patient and family advisors were instrumental in planning the staff training for BSR and participated in training sessions for the PCU, 2400 Adult Surgery, 4300 Adult Medicine, and 4400 Acute Medical. Advisors also observed BSR on PCU, 4400, and Oncology to provide feedback to unit managers about the quality of the BSR implementation. Training for other units will continue as BSR expands across the hospital.
- <u>Participation in development of a new Patient Notebook</u>: PFAC patient and family advisors are working with the Professional Development Nursing Council to create an engaging, user-friendly, patient- and family-centered notebook to be given to each patient upon admission. This "interactive" resource will stay in the patient's room. It will have pages for personal notes to record questions and key health information and front and back pockets to hold the discharge form and patient education materials. It will strengthen communication and offer opportunities for enhanced patient education. It will also support the hospital's efforts to start discharge education from the time of admission. Patient and Family Advisors tested the first draft with a

sample of patients and families to obtain their feedback on its content, and advisors will continue to collaborate with staff on its design and implementation.

- <u>Serving as a resource to Suburban staff</u>:
  - The Director of the Behavioral Health Unit invited PFAC patient and family advisors to meet with unit staff and help improve their patient and family education materials.
  - The Oncology Unit asked PFAC to review and provide feedback on a draft, patient orientation brochure.
  - A social worker in the Care Coordination Department worked with PFAC to draft and then test with patients a brochure to help patients and family make informed decisions about post discharge care.
  - The Director of Capital Renovation Planning and Space Management asked PFAC patient and family advisors to:
    - Provide feedback on renaming hospital waiting rooms. Advisors recommended renaming them "Family Lounge."
    - Participate in planning to move the pre-op center to a new location.
    - Make recommendations to improve the public bathrooms.
    - Make recommendations for renovation of the 5<sup>th</sup> floor waiting area.
  - The Pharmacy Director asked PFAC patient and family advisors to provide feedback on medication education cards for patients.
  - Co-Chair Barbara Jacobs invited PFAC patient and family advisors to review and provide feedback on draft content for new whiteboards, also known as "Communication Boards." These boards, one for each patient, are displayed on the walls in each room to capture such key information as staff names, medication schedules, and the care plan of the day.
- <u>Serving as a resource to JHM Epic Patient Family Centered Design Team Work Group</u>: PFAC Co-Chair Toby Levin participates on weekly conference calls bringing together staff and advisors across JHM to discuss improvements to *MyChart*, the electronic health record online portal for patients, and other Epic tools such as the After Visit Summary (discharge form).

#### V. PFAC 2014-2015 – The Coming Year

The PFAC plans to facilitate and support expanded education and implementation of PFCC across Suburban this coming year. As noted in the introduction, PFCC is a "journey," and together with Suburban leadership and staff, the PFAC intends to continue on that journey by participating in the activities outlined above and supporting a number of new efforts:

- <u>Work with Beth Vanderscheuren</u>, Manager of the new Office of Patient and Family Experience, to develop the Service Ambassador Program. Specially trained volunteers will enhance the patient and family experience in the Surgical Center as well as other locations to increase communication and support for patients and families.
- <u>Collaborate with JHM Armstrong Institute to create a Patient Family Community</u> of the PFACs in the JHM system. The main goal is to facilitate information sharing and identify best practices that can promote PFCC across the system. The Community will begin this fall to share ideas and set its agenda.
- <u>Assist Suburban with roll out of *MyChart*</u>. Now that Suburban has implemented Epic as the electronic software platform for all of its health information services, Suburban will be able to provide an Internet portal to enable patients and families to access patients' Electronic Health Record. The PFAC looks forward to actively participating in Suburban's education and communication efforts to make patient and family use of *MyChart* successful.
- <u>Enhance PFAC and PFCC website sections on the new Suburban website platform.</u> The PFAC will work with Suburban's digital media staff to develop PFCC resources for patients and families. One area of particular interest is material to inform the public on available resources to assist them with conversations about end of life care, dying with dignity and the importance of completing Advance Directives.
- <u>Work with the Provider Quality Committee</u>. The Provider Quality Committee focuses on educating physicians about issues affecting the quality of care they provide. The PFAC believes that the quality of communication between the physician and the patient and family greatly affects their relationship and ultimately safety and health outcomes. The PFAC will work with this committee to identify communication resources and training opportunities to raise awareness about the importance of physician communication with patients and families.
- <u>Participate in the spring 2015 Service of Remembrance</u>. Suburban held a Service of Remembrance in 2012 and 2013 for families who had experienced a death of a loved one at Suburban or in hospice after leaving Suburban. The PFAC was instrumental in the planning of these events and will work with staff to host this meaningful memorial for families and staff in spring 2015.

#### VI. Conclusion

This report summarizes the PFAC's progress this past year toward fulfilling its two-year Strategic Plan. Working together with Suburban's leadership and staff, much has been accomplished, but much work is still to be done. Building a culture of PFCC requires leadership first, but then the hard work continues: (1) examining hospital policies and practices in light of PFCC principles; (2) updating policies and practices to support PFCC; and (3) providing staff with the training and tools they need to participate in the new culture. The PFAC is committed to this journey.

#### Attachment A

#### Suburban Hospital Patient and Family Advisory Council (PFAC)

#### Strategic Plan 2013-2014

**Vision Statement:** Our vision is that Suburban Hospital patients will have a successful, compassionate, and supportive health care experience. To achieve this, collaborative involvement of patients and families is essential and welcomed by Suburban Hospital's leadership and staff.

**Mission Statement:** The PFAC is dedicated to enhancing the quality of patient care and the patient and family experience, by fostering an atmosphere and implementing approaches that encourage and enable collaboration among all parties, and working to embed patient- and family-centered care into relevant hospital policies, procedures, and programs.

**Value Statement:** The PFAC is committed to working with Suburban Hospital leadership and its staff as partners to achieve a culture of patient- and family-centered care at Suburban Hospital.

#### **Goal and Strategies**

GOAL: Improve the patient and family hospital experience by bringing patient- and family-centered care (PFCC) to hospital programs and operations.

#### Strategy 1: Educate Suburban Hospital leadership, staff, volunteers, patients, and families about PFCC.

#### Initiatives:

Provide training and resource materials to leadership, staff, and patient advisors, including PFAC and Service Ambassadors, about PFCC.

Introduce Dr. Green and the Board to the PFAC and present PFCC goals and initiatives.

Prepare 2012-2013 PFAC Annual Report describing achievements and PFCC goals for 2013-2014.

Present PFCC/PFAC overview to Suburban Hospital's Quality and Patient Safety Committee and Medical Quality Board (June 2013 and annually thereafter).

Develop and distribute materials (bookmark, recruitment card, and brochure) that include information about PFCC/PFAC.

Educate managers and staff about PFCC/PFAC by providing presentations to hospital departments, committees, and councils and participating in New Employee and Volunteer Orientation programs.

Create a PFCC/PFAC webpage on the Suburban Hospital website that describes Suburban Hospital's commitment to PFCC and the role of PFAC, and provide resources to the community about PFCC.

Create a PFCC/PFAC webpage on the Suburban Hospital Intranet that includes training materials, presentations, and other educational materials about PFCC/PFAC.

Participate in the annual Staff Education Fair.

Organize a Grand Rounds and/or other forums for physicians and nursing staff about PFCC.

Present at Annual Medical Staff meeting in 2014.

## Strategy 2: Engage in operational initiatives that bring patient- and family-centered care to hospital programs and operations.

#### Initiatives:

Participate on various hospital committees including, but not limited to, the following:

The Patient Education Committee

The Emergency Department Collaborative

The Quality and Patient Safety Committee

Work with the Chief Nursing Officer and the Director of Service Excellence to identify initiatives and projects that support PFCC, including:

Bedside Shift Reporting

The Ambassador Program

Family Presence Policy

The Annual Service of Remembrance

Improving hospital signage (Wayfinding Committee)

Designing hospital signage to promote PFCC

Adding patient and family advisors to additional hospital committees and councils

Identifying and supporting PFCC Champions within the hospital by establishing PFAC awards for staff.

Serve as a resource to hospital staff seeking PFCC input and feedback on specific issues or projects including, but not limited to, the design of the new Suburban Hospital addition and facility improvements.

Identify tools to explain medical terms to patients and families.

Recruit additional PFAC members as well as patient and family advisors to serve on committees and in the Ambassador Program.

#### Attachment B



## **Johns Hopkins Medicine Six Strategic Priorities**

**People:** Attract, Engage, Develop and Retain the World's Best People

**<u>Biomedical discovery</u>**: Become the Exemplary Model for Biomedical Research by Advancing and Integrating Discovery, Innovation, Translation and Dissemination

**Patient- and family-centered care**: Be the National Leader in the Safety, Science, Teaching and Provision of Patient- and Family-Centered Care

**Education**: Lead the World in the Education and Training of Physicians and Biomedical Scientists

**Integration**: Become the Model for an Academically Based, Integrated Health Care Delivery and Financing System

**<u>Performance</u>**: Create Sustainable Financial Success and Implement Continuous Performance Improvement

#### **Patient- and Family-Centered Care**

Be the National Leader in the Safety, Science, Teaching and Provision of Patient- and Family-Centered Care.

#### Goals

- 1. Promote a culture that embraces, expects, and rewards the delivery of patient- and family-centered care.
- 2. Partner with patients, families and others to eliminate preventable harm and optimize patient outcomes and experience while reducing health care costs.
- 3. Engage patients and families in shared organizational and clinical decision-making.

Accountable leaders: Bill Baumgartner, vice dean for clinical affairs, School of Medicine; Gene Green, president, Suburban Hospital; Peter Pronovost, Johns Hopkins Medicine senior vice president for patient safety and quality; Judy Reitz, Johns Hopkins Hospital chief operating officer

http://www.hopkinsmedicine.org/strategic\_plan/