

Patient and Family Advisory Council

Collaboration: Promoting Patient- and Family-Centered Care

Annual Report 2016



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

Suburban Patient and Family Advisory Council Members

Patient and Family Advisors

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Howard Gilson
June Graff
Joel Hirschhorn
Carol Hollins
Kitty Jones
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Staff Advisors

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Jacky Schultz, MSN, RN, Executive VP and Interim President
LeighAnn Sidone,* MSN, RN, OCN, CENP, VP/Chief Nursing Officer
Beth Vanderscheuren, Manager, Office of Patient and Family Experience (through December 2015)

* PFAC Co-Chairs



Top row: Diane Colgan, MD; Atul Rohatgi, MD; Amir Nader, MD; Kim Kelly, MBA, RN. Fourth row: Mark Zweig; Howard Gilson; Eunice D'Augustine, MSN, RN; Kitty Jones; June Graff. Third row: Belle O'Brien; Deborah Kovach; Joel Hirschhorn; Elsie Durland. Second Row: Vicki Stearn; Barbara Kahl; Sarah Steinberg; Ellen-Sue Brown; Toby Levin (Co-Chair). Front row: Stephen Bokar; Joe Linstrom; LeighAnn Sidone, MSN, RN, OCN, CENP (Co-Chair).

Not Pictured: Carol Hollins; Barrie Kydd; Beverly Labourdette; Dan Moskowitz; Jennifer Raynor; Jacky Schultz; and Sabiha Zubairi.



PFAC Co-Chair and VP/Chief Nursing Officer LeighAnn Sidone presented the 2016 PFAC Patient- and Family-Centered Care Leadership Award to Executive VP and Interim President Jacky Schultz and PFAC Co-Chair Toby Levin.

Suburban Hospital Patient and Family Advisory Council

Annual Report June 2016

Collaboration: Promoting Patient- and Family-Centered Care

I. Introduction

Suburban Hospital's Patient and Family Advisory Council (PFAC) is pleased to issue its fourth Annual Report.¹ This year's report summarizes the PFAC's activities from August 2015 through June 2016, a period of growth and maturity. During this time, the PFAC focused on promoting "collaboration," one of the four core concepts of patient- and family-centered care (PFCC).² Through PFAC participation across Suburban's quality, safety, and service committees, councils, and initiatives, PFAC enthusiastically supports Suburban leadership's efforts to build a PFCC culture at Suburban Hospital. This PFCC journey, which PFAC in conjunction with leadership began in earnest in 2012, will be ongoing and dynamic, changing to meet the needs of patients, families, and staff. Its success sometimes may be difficult to measure, but evidence is growing that PFCC produces multiple benefits:³

- Reduction in medication errors;
- Fewer patient readmissions;
- Improved health outcomes for patients;

¹ The earlier PFAC Annual Reports are available at http://www.hopkinsmedicine.org/suburban_hospital/about_the_hospital/patient_family_advisory_council/. The first Annual Report provides information about patient- and family-centered care, the history of the establishment of Suburban's PFAC, and a description of its initial projects. The second Annual Report summarizes the progress made implementing the 2013-2014 Strategic Plan. The third Annual Report focuses on PFAC's efforts to build a culture of PFCC through education and communication programs.

² Suburban has adopted the PFCC core concepts articulated by the Institute for Patient- and Family-Centered Care: **Respect and dignity:** 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. **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 participate effectively in care and decision-making. **Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose. **Collaboration:** Patients and families are included on an institution-wide basis. Health care leaders collaborate with patients and families 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. www.ipfcc.org

³ See first PFAC Annual Report as well as the following articles documenting these benefits:
Agency for Health Research and Quality: http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/How_PFE_Benefits_Hosp_508.pdf
The Cleveland Clinic: <https://hbr.org/2013/05/health-cares-service-fanatics>
American Hospital Association: <http://www.aha.org/content/00-10/resourceguide.pdf>

- Greater patient and family satisfaction with their care and experience; and
- Greater staff satisfaction with their work.

Concrete evidence of Suburban’s efforts to promote culture change is seen by tracking improvements using the federal Centers for Medicare and Medicaid Hospital Consumer Assessment of Healthcare Providers and Systems, better known by its acronym “HCAHPS.”⁴ The HCAHPS Survey is a standardized national survey in use since 2006 to measure patients' perspectives of hospital care.⁵ In April 2015, CMS added HCAHPS Star Ratings to its survey analysis. The Star Ratings provide an easy way for consumers to use the survey information. Consumers can view the Star Ratings at <https://www.medicare.gov/hospitalcompare>. Suburban has progressed from its initial two-star rating (out of a possible 5) to three-stars, and is continuing to see improvements in the underlying measures each quarter.⁶

Suburban leadership believes that the growing culture change—one that puts patients and families at the center of care and holds staff accountable to work together as a team and to be respectful and responsive to each other—is largely responsible for this improvement. The PFAC has played a central role in promoting a culture in which patients and families are partners in patient care—treated with respect and dignity—and receiving the health information they need to participate in decision-making about their condition and treatment. This theme of partnership flows throughout the work of the PFAC and is evident in the collaborative role it has played this year, working with staff on over twenty-five committees, collaboratives, and councils. In the early years of the Council, many staff were unaware or even reluctant to bring patient family advisors into their units, departments, and initiatives. Now, however, the PFAC’s contributions grow each year as more and more hospital staff request patient family advisor participation in their initiatives and operations. By bringing the patient family voice into departmental and hospital-wide committees and programs, PFCC can become embedded into hospital policies and operations.

II. PFAC Organizational Developments

In October 2015, the PFAC reviewed its Charter originally drafted in 2012. The vision, mission, and members’ responsibilities were updated to better capture the Council’s role at Suburban. The new

⁴ For information about HCAHPS, see the fact sheet at http://www.hcahponline.org/Files/HCAHPS_Fact_Sheet_June_2015.pdf

⁵ The survey includes seven groups of questions regarding: (a) how well nurses and doctors communicate with patients; (b) how responsive hospital staff are to patients’ needs; (c) how well hospital staff help patients manage pain; (d) how well the staff communicates with patients about new medicines; (e) whether key information is provided at discharge; and (f) how well patients understood the type of care they would need after leaving the hospital. In addition, two individual items address the cleanliness and quietness of patients’ rooms, and two global items capture patients’ overall rating of the hospital and whether they would recommend it to family and friends.

⁶ For a description of how the stars are calculated, see http://www.hcahponline.org/Files/HCAHPS_Stars_Tech_Notes_April_2016.pdf

charter increases the size of the Council to up to 20 patient family advisors and 10 staff advisors, with a goal of maintaining a ratio of two patient family advisors for every staff advisor. A nominating committee was created to conduct the co-chair election and reappointment of advisors. See Attachment A for the new Charter.⁷

The end of this year also marked a change in PFAC leadership. At the June 2016 meeting, Toby Levin stepped down as the PFAC's first co-chair after serving since 2012. She intends to remain active on the Council. The PFAC unanimously elected Stephen Bokat to a two-year term as co-chair. LeighAnn Sidone, the VP/Chief Nursing Officer, will continue to serve as the staff co-chair.

III. Sources of Culture Change at Suburban

Many thought leaders in health care have pointed out that “culture change” is a journey and not a destination.⁸ Progress toward culture change has been very evident this past year in the contributions of the Office of Patient and Family Experience (OPFE) and Suburban leadership's efforts to improve staff communication with patients and families. The OPFE's first manager, Beth Vanderscheuren, before leaving Suburban in December to assume a similar role for the JH Community Physicians, played a leading role in promoting several initiatives to improve the patient and family experience. Beth worked with PFAC to improve the patient and family experience in the Surgical Lounge. The volunteers staffing the Surgical Lounge were trained to provide frequent updates to families waiting while their loved ones underwent surgery. Patient family advisors helped Beth implement special projects to lift patients' spirits on festive holidays such as Valentine's Day. Beth also worked with Suburban leadership to improve the patient experience by giving unit managers customized reports of their HCAHPS scores so that they could target areas for improvement and reward their staffs as scores improved. In addition, she worked with Human Resources and representatives from other departments to devise an Employee Recognition program to support implementation of Suburban's Standards of Behavior, which guide employees' interactions with patients, families, and staff and serve as a key component of their yearly evaluation.

Suburban launched two major initiatives to strengthen communication skills across the entire hospital. First is the Language of Caring[®], which Suburban began in summer 2015 with planning and implementation initially led by OPFE. This program will continue until all staff, excluding physicians, complete the program's ten modules.⁹ A number of PFAC patient family advisors participated as facilitators introducing the program's concepts during the Jump Start phase of the launch.

⁷ Available online at

http://www.hopkinsmedicine.org/suburban_hospital/about_the_hospital/patient_family_advisory_council/council_charter.html

⁸ <https://www.isixsigma.com/implementation/change-management-implementation/making-journey-toward-culture-change-healthcare/>

⁹ <http://www.languageofcaring.com> The modules cover such communication skills as: “practice of presence, acknowledging feelings, showing caring nonverbally, explaining positive intent, the blameless apology, the gift of appreciation, and say it again with heart.” The overarching concept, however, is to deliver messages that are

Second, spearheaded by PFAC Staff Advisor and Medical Staff Chair Dr. Diane Colgan, Suburban physicians and nurse practitioners, as well as community physicians with privileges at Suburban, will receive training through the PEARLS communication program.¹⁰ Starting in the fall of 2015, Dr. William Maples of the Institute of Healthcare Excellence trained some 12 Suburban physicians from multiple departments and Nancy Miller, Director of the Medical Staff Office, as trainers in the PEARLS program. The acronym PEARLS stands for partnership, empathy, acknowledgment, respect, legitimation, and support—which, when combined, help the health care provider communicate more effectively with patients and families. Dr. Maples contends that the key drivers that determine excellence in patient experience and engagement are “the ability of the physician and caregivers to be present, listen to the patients and each other, demonstrate respect and compassion, and convey to the patient that he/she understands the concerns raised by the patient.”¹¹ This peer-to-peer curriculum is now being taught by Suburban’s own team, and a number of PFAC patient family advisors have participated with staff during these training sessions, providing a patient and family voice while learning from the physicians about some of their most difficult communication experiences. HCAPHS scores for physician communication are also improving, and may be in part due to this training.

A third effort is now underway under the direction of Suburban’s hospitalist leaders Medical Director Dr. Eric Park and Assistant Medical Director Dr. Atul Rohatgi. At the request of the hospitalists, the PFAC helped design and conduct interviews with inpatients and their families about their experience of hospitalist care. Eight patient family advisors conducted several rounds of interviews on three units this spring. The respondents are anonymous; no personally identifiable patient information is recorded on the questionnaire, protecting the privacy of the respondent. The interviewer does record the name of the specific hospitalist under review. The questions are open-ended and invite the respondent to not only evaluate the quality of his or her hospitalist’s communication, but also to ask the respondent to provide details about the hospitalist’s specific behaviors that resulted in their assessment. Drs. Park and Rohatgi then use these interview reports with the individual hospitalists to give them feedback on their communication skills, both strengths and areas for improvement.

With this year’s renewed emphasis on improving staff and physician communication, Suburban is already seeing improvements in its HCAPHS scores. As more and more staff receive training and feedback regarding the quality of their communication with patients and families, Suburban likely will see continuing improvements not only in scores, but also in health outcomes as improved communication results in fewer medical errors, better patient and family understanding of conditions

framed as a Heart-Head-Heart™ sandwich, in which the staff member begins a communication with a “heart” message conveying caring and empathy, followed by a “head” message reflecting information, explanation, fixes, plans, and then closes with another heart communication. The intended result is that patients and families feel the staff member’s compassion and will respond more positively to the information provided.

¹⁰ <http://www.healthcareexcellence.org/2016/04/creating-culture-excellence-effective-compassionate-communication/>

¹¹ <http://blog.prcustomresearch.com/the-problem-with-patient-experience>

and treatment, and better discharge planning and transition to home. The PFAC will continue to support all efforts to improve communication, as it is the number one prerequisite for PFCC.

IV. PFAC Collaboration across Suburban

The Institute for Patient- and Family-Centered Care defines “collaboration” as follows:

Patients and families are included on an institution-wide basis. Health care leaders collaborate with patients and families 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.¹²

Including the patient and family voice across the hospital’s operations is necessary to create a culture of PFCC. In a PFCC culture:

- Patients and families participate with staff to make decisions that affect the quality and safety of patient care.
- The driving force for the delivery of health care is the priorities and choices of patients and their families.¹³
- The staff listens to the voices of their patients and families and engages WITH them rather than making decisions ABOUT and FOR them without their voices at the table.

Over time, participation of PFAC patient family advisors on Suburban committees, collaboratives, councils, and initiatives has become routine. In the early years, it was challenging to identify how PFAC could interact with Suburban’s complex operational structure. Moreover, PFAC was an unknown entity to most staff, and the hospital’s PFCC mission was just evolving. Over the past two years a dramatic change occurred; patient family advisors are widely represented in hospital meetings, and staff now initiate requests for PFAC representatives to participate on their teams. This change is the result of Suburban leadership’s support for PFAC participation, as well as the growing reputation that patient family advisors are trusted team participants who bring a much-needed perspective to problem solving and the decision-making process.

The following chart identifies the many different organizations—committees, collaboratives, councils and teams—on which patient family advisors now participate:

¹² <http://www.ipfcc.org/faq.html>

¹³ IPFCC, *Recognizing the Driving Forces*, 10.2010.

PFAC Collaboration

Organization Name	Purpose
<i>Administrative Services Representative (ASRs) Team</i>	Among their duties, ASRs provide orientation for <i>My Get Well Kit</i> and schedule post-hospitalization medical appointments
<i>Armstrong Institute Patient and Family Centered Care Clinical Community</i>	Representatives of all Johns Hopkins Medicine (JHM) PFACs participate to promote patient- and family-centered care and harmonize PFACs across the system
<i>Campus Enhancement Project User Groups</i>	Serve on multiple user groups on the design of the new building including patient rooms, lobby, dining services, conference center, wayfinding
<i>Clinical Decision Unit Advisory Council</i>	PFAC representatives meet with unit leaders to provide advice on unit initiatives
<i>Comprehensive Unit-based Safety Program (CUSP) Committees</i>	CUSPs identify “defects” and analyze root causes and devise solutions. CUSP goal is to build a strong patient safety culture. A “defect” is anything that might lead to preventable patient harm.
<i>Cross Continuum Collaboration</i>	Care coordination with outside rehab, long-term care facilities, assisted living facilities and home health care services
<i>Delirium Team</i>	Part of Nursing’s Evidence Based Council. Identifying initiatives to reduce delirium
<i>Diabetes Champions</i>	A nursing team focused on diabetes education for staff and patients
<i>Discharge Planning and Readmission Committee</i>	Interdisciplinary group working to improve the discharge process and patient and family education
<i>Early Ambulation Team</i>	Interdisciplinary group to support patient mobility
<i>Emergency Department Collaborative</i>	ED staff meet to review ED operations in pursuit of speedy, safe and effective patient treatment.

<p><i>Epic Work Groups:</i></p> <p><i>(1) JHM Patient-Family Centered Design Team</i></p> <p><i>(2) JHM AVS Work Group</i></p>	<p>(1) System-wide work group to improve MyChart – patient/family portal</p> <p>(2) System-wide work group to improve the After Visit Summary (AVS)</p>
<p><i>Ethics Committee</i></p>	<p>Small group of physicians and others discuss ethical issues raised by patient care</p>
<p><i>Falls Team</i></p>	<p>Part of Nursing’s Quality, Safety, and Service Council focusing on reducing the incidence of falls</p>
<p><i>Infection Control Committee</i></p>	<p>Review incidence of infections and how to reduce them</p>
<p><i>Intensive Care Collaborative</i></p>	<p>Interdisciplinary meeting to review metrics for performance and discuss issues and initiatives to advance delivery of care to ICU patients</p>
<p><i>Medical Quality Committee of the Board</i></p>	<p>Board committee responsible for reviewing quality of medical care</p>
<p><i>MERIT (Medication Error Reduction Improvement Team)</i></p>	<p>Part of Nursing’s Quality, Safety and Service Council focusing on reducing medication errors</p>
<p><i>Mobility Initiative</i></p>	<p>Interdisciplinary meeting to promote patients’ early mobility</p>
<p><i>Patient & Family Education Committee</i></p>	<p>Part of Nursing’s Professional Development Council focusing on improving patient and family education</p>
<p><i>Patient Education Council, JHM</i></p>	<p>Patient education and plan of care interdisciplinary work group focusing on improvements to Epic</p>
<p><i>Pharmacy and Therapeutics Committee</i></p>	<p>Interdisciplinary meeting to review pharmacy and drug processes and practices</p>
<p><i>Progressive Cardiac Care Unit (PCU) Collaborative/Unit Nursing Council</i></p>	<p>Interdisciplinary meeting to discuss safety issues and resolutions affecting the PCU/PCU nursing team meets to improve unit operations</p>
<p><i>Provider Quality Committee</i></p>	<p>Interdisciplinary meeting to discuss readmission and discharge process</p>
<p><i>Quality and Patient Safety Committee</i></p>	<p>Interdisciplinary meeting to brief Hospital department and unit leaders on quality and safety projects and metrics</p>
<p><i>Readmissions</i></p>	<p>Interdisciplinary meeting to review and coordinate initiatives to reduce readmissions</p>
<p><i>Service of Remembrance</i></p>	<p>Plans annual spring memorial service to honor patients who died the prior year</p>

In addition to its participation on these various operational teams, the PFAC promotes education and implementation of PFCC through the following activities, many of which were first described in its 2015 Annual Report and are ongoing commitments:

- Participate in **New Employee** (monthly) and **Volunteer** (periodic) **Orientations**; brief new staff and volunteers on PFCC and the role of PFAC.
- Award annually the **PFAC Leadership in Patient- and Family-Centered Care Award**. Begun in 2014, each spring PFAC presents the award at the Annual Medical Staff awards reception. This year's recipients were PFAC Co-Chair, Toby Levin, and longtime PFAC staff advisor and Executive VP and Interim President, Jacky Schultz.
- Review hospital and unit **educational materials** as part of the Patient and Family Education Committee (e.g., Palliative Care, Oncology, Clinical Decision Unit, and Diabetes education)
- Promote improvement in Physician Communication by establishing the **PFAC Patient and Family Faculty**. The Faculty consists of patient and family advisors who have communication training or are skilled communicators and have expertise because of their experiences as a patient and/or family member of a patient. They may also have expertise on how to implement the core concepts of PFCC. Faculty conducted observations of hospitalists and intensivists to provide feedback on communication skills and met with physician leaders to discuss additional roles in 2016-2017. Interviewed patients and families about the care received from the hospitalists, and hospitalist leaders provided this feedback to their team. Also worked with the hospitalist team to develop a video explaining the role of the hospitalist, which is now available at http://www.hopkinsmedicine.org/suburban_hospital/medical_services/care_team/hospitalists/.
- Attend and participate at periodic Suburban's **Leadership Development Forums** and **Nursing Retreat**, as well as **Armstrong Institute Patient Safety Summit** and **JHM Town Halls**.
- Continue **staff education about PFAC and PFCC** for units and departments. Most recent education involved Environmental Services and Registration. Prior education included the parking attendants and the hospital security team. Future education may include Dining Services, Radiology, and Physical Therapy.
- Work with the directors of the Marketing and Public Relations Department, the Foundation, and Community Health and Wellness to **educate the community about patient- and family-centered care and PFAC** through *New Directions*, the Suburban website, and other community outreach efforts.
- Continue to recruit new PFAC members, but with a focus on greater diversity. Improve orientation of new members.
- In collaboration with Suburban's leadership, updated Suburban's **Family Presence Policy** to invite patient's care partner to remain 24/7 with only limited exceptions. (Policy is posted on hospital website.)
- Worked with the Patient and Family Education Committee on draft version 2.0 of **My Get Well Kit**, an award winning, interactive tool to educate patients and family about their stay and to empower them to be active decision makers in health care. Also worked with the Patient and Family Education Committee to develop a draft *Outpatient Handbook* and a patient orientation guide for **Behavioral Health**, using the *Kit* as a model.

- In collaboration with nurse leaders and staff nurses, patient family advisors continue to do observations to support implementation of **Bedside Shift Report (BSR)** on all units. The original pilot, which patient family advisors helped develop for the PCU, was incrementally expanded to all units. (Pilot planning included research, implementation planning, producing training materials, participation in training, and design of pre and post implementation of BSR questionnaires and competency metrics.) Patient and family advisors conduct BSR observations when requested by units to help improve and sustain the program.
- Work with the **Palliative Care Program** to promote information about palliative care and end-of-life conversations and decision-making on Suburban’s website. See new resources and pages at links below.

Palliative Care:

http://www.hopkinsmedicine.org/suburban_hospital/medical_services/specialty_care/palliative-care/

Hospice Care:

http://www.hopkinsmedicine.org/suburban_hospital/medical_services/specialty_care/palliative-care/hospice_care.html

Compassionate Decision Making:

http://www.hopkinsmedicine.org/suburban_hospital/planning_your_visit/patient_medical_information/compassionate_decision_making.html

As the above chart and summary demonstrate, patient family advisors are active partners with staff in many areas of the hospital’s operations, helping to build the PFCC culture at Suburban. PFAC will continue to work with Suburban leadership to ensure that this collaboration is expanded to additional units, departments, and new initiatives.

V. Johns Hopkins Medicine (JHM) System-Wide Developments

As noted in its prior Annual Reports, JHM designated PFCC as one of its six strategic priorities for 2014-2018.¹⁴ To foster PFCC across the system, the JHM Armstrong Institute facilitated creation of the “Patient and Family Centered Care Community (PFCCC),” a system-wide community of representatives from each of JHM’s 17 PFACs. This year, its Steering Committee, on which four Suburban PFAC advisors serve, created orientation tools for new PFAC advisors, including a slide presentation and a guide. The PFCCC provides a vehicle for harmonizing the work of the PFACs across the system and enables the older PFACs, such as Suburban’s, to share their expertise with others. In addition, Lisa Allen, JHM’s first Chief Patient Experience Officer, is an active participant in the PFCCC and shares information about implementing this strategic priority.

Over the coming year, the PFCCC will focus on three priorities: (1) increase PFAC collaboration by creating a central repository for sharing council accomplishments, best practices, and strategic goals. This will be a virtual vehicle such as an online forum or intranet site; (2) increase the participation of

¹⁴ The full JHM Strategic Plan is available at http://www.hopkinsmedicine.org/strategic_plan/

patient family advisors in quality, safety, and service committees and initiatives at their respective hospitals and at the system level; and (3) create focus groups to capture the voice of the under-served and under-represented patient populations across the system.

VI. Looking Forward 2016-2017

As the PFAC moves into its seventh year, the PFAC is committed to working on five additional goals. The PFAC will:

1. Work collaboratively on initiatives to improve care for our elderly patients, who represent a large percentage of Suburban's patient population, and in particular, use resources available through *Nurses Improving Care for Healthsystem Elders* (NICHE).
2. Continue to participate in user groups to provide input into Suburban's Campus Enhancement Project, including plans to create a Patient and Family Resource Center.
3. Collaborate on initiatives to support Suburban's application to become a **Magnet** recognized hospital.¹⁵
4. Continue to conduct (a) Bedside Shift Report observations to enhance the quality of nursing communication with patients and families and (b) interviews with patients and families regarding hospitalist care and communication.
5. Work to enhance the PFAC webpage to include PFCC resources for the community.

The PFAC is very proud of its contributions to Suburban Hospital. Each year has brought growth in membership and increased PFAC participation across the hospital organization. The PFAC is particularly excited to work with the new leadership of the Office of Patient and Family Experience to further staff understanding of PFCC and staff's ability to communicate its motto—caring, compassion, and healing—to patients and families.

¹⁵ The **Magnet** Recognition Program was developed by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association, to recognize health care organizations that provide the very best in nursing care. It is the highest level of recognition that an organization can receive for quality nursing care.

Attachment A



Patient and Family Advisory Council (PFAC) Charter

Vision Statement:

By creating a patient- and family-centered culture that involves a collaborative partnership among patients, families,¹⁶ hospital leadership, and staff, our patients will experience excellent clinical, compassionate, and supportive health care.

Mission Statement

Promote the safety, quality, and positive experience of care.

Foster mutually beneficial partnerships among caregivers, clinicians, patients, and families.

Embed patient- and family-centered care into hospital policies, practices, procedures, and programs.

PFAC Council Responsibilities

Identify: Identify best practices in patient- and family-centered care in Suburban Hospital and the health care industry, and share these best practices across the organization.

Advise: Work in an advisory role to enhance safety and quality of health care and the experience of care, by advancing the practice of patient- and family-centered care at Suburban Hospital.

Participate: Bring the patient and family perspective to committees, councils, and initiatives including, but not limited to PFAC, patient safety and quality improvement, facility design, service excellence, ethics, and education committees.

Support: Support staff and Suburban Hospital leadership in patient- and family- centered care activities and initiatives. Act as a sounding board for implementation of programs across the hospital.

¹⁶ “Family” means whomever the patient chooses as his or her “care partner,” whether a relative, life partner, friend, or paid caregiver. Family provides support, comfort, and important information during the hospital stay as well as when the patient returns home.

Represent: Represent patient and family perspectives about the health care experience at Suburban Hospital and make recommendations for improvement.

Educate: Promote patient- and family-centered care education across the organization.

Participate in the planning and implementation of staff, physician, and volunteer education and training as well as promote patient and family education.

Collaborate with Suburban Hospital staff to facilitate patient and family access to individual health records and to Suburban Hospital's safety and quality performance.

Evaluate: Evaluate how patient- and family-centered care improves the quality and safety outcomes for patients and their families, and their experience of care.

Structure and Membership

The PFAC will consist of up to 20 Patient Family Advisors from the community, representing the diversity of the Suburban Hospital community, and no more than 10 Suburban Hospital Staff Advisors. The goal is to maintain a ratio of two Patient Family Advisors for every Staff Advisor.

The PFAC will be led by two Co-Chairs: an elected Patient Family Advisor and an appointed member of the senior hospital leadership. The Chief Nurse Officer, or his/her designee, and the head of the Office of Patient and Family Experience, or his/her designee, will be members of the PFAC. Co-Chair terms will be two years, which may be renewed through the re-nomination process described below for multiple terms.

Co-Chairs will select Staff Advisors to ensure multidisciplinary representation.

Patient Family Advisor Application and Nomination Process

Suburban Hospital staff and current PFAC members are encouraged to identify potential Patient Family Advisors and invite them to submit the required application form.

The Co-Chairs and several PFAC members selected by the Co-Chairs will interview applicants and determine whether to recommend the applicant for full PFAC approval. The Co-Chairs will distribute the application along with the basis for their recommendation to the PFAC for a vote. Approval requires a majority of the PFAC membership.

Membership Criteria for Patient Family Advisors

- Have relevant experience as either a patient or family of a patient.
- Contribute to maintaining a diverse PFAC, representing Suburban's diverse patient population.
- Able to fulfill the Roles and Responsibilities of the PFAC outlined in this Charter.
- Commit to serve for a two-year term.

The Nominating Committee

- The Co-Chairs will select three to five PFAC members who agree to serve as the Nominating Committee for a one-year term.
- The Nominating Committee will conduct all aspects of the Co-Chair election as well as the process of reappointment of PFAC members.
- The Nominating Committee will invite PFAC members to nominate candidates for the Patient Family Advisor Co-Chair from among the current Patient Family Advisors. The election will be by written ballot at the June meeting or a special election meeting with adequate notice about the candidates and the election. Members will have the opportunity to submit, by email or mail, a proxy ballot received from the Nominating Committee in advance of the election. Selection will be by a majority vote of the entire membership.
- The Patient Family Co-Chair will be elected for a two-year term, and may be re-nominated by the same election process as set out above.
- The Nominating Committee will review PFAC members' terms and requests for reappointment. If the Committee does not recommend reappointment of a member, the Committee will set out the basis for recommending against reappointment and submit their recommendation to the Co-Chairs for review and consideration. If the Co-Chairs agree with a recommendation not to reappoint the member, the decision will be provided to the member along with the basis for the decision.

Terms of Appointment

- The term of membership and reappointment will be two years. Council members may request to be reappointed. A member's term begins the month following appointment to the Council.
- Resignation will be submitted in writing or via e-mail to the Co-Chairs.
- Vacancies may be filled during the year as needed.

Roles and Responsibilities

Council Advisors:

- Attend each PFAC meeting, attend via teleconference if unable to attend in person, or notify the Co-Chairs in advance if unable to participate.
- Participate in projects and initiatives that take place outside of the regular PFAC meetings.
- Use the member's experience and insights to inform the hospital about the patient and family experience at Suburban and ways it could be improved.
- Participate in a variety of information-gathering activities to understand others' experiences, such as discussions with patients and family members, open forums, focus groups, and surveys.
- Serve on hospital committees, councils, and initiatives.
- Engage thoughtfully and constructively around the issues and ideas discussed at meetings.
- Respect the unique background and perspective of each PFAC member.
- Be realistic and mindful of the hospital's budgetary, regulatory, and legal constraints.

Co-Chairs

- Plan and lead each PFAC meeting.
- Communicate activities and recommendations of the PFAC to the leadership of Suburban Hospital.
- Work with hospital leadership and staff to identify ways for PFAC to collaborate on hospital committees, councils, and initiatives.
- Empower Patient Family Advisors to be active participants in hospital committees, councils, and initiatives.
- Review on an ongoing basis the literature on patient-and family-centered care and provide leadership and education for PFAC members and the hospital organization reflecting this ever-growing field of research and knowledge.
- Prepare an annual report in collaboration with the PFAC members.

Orientation and Training

PFAC will provide all advisors with patient- and family-centered care orientation and training. Patient Family Advisors will also receive hospital orientation as to its mission and goals, as well as its relevant safety, privacy and confidentiality requirements. Patient Family Advisors will be required to obtain TB testing and an annual flu vaccination as is required for all hospital volunteers.

Confidentiality

Patient Family Advisors will sign a confidentiality statement. PFAC members will not discuss or disclose any personal or confidential information about patients, staff, or hospital business with anyone other than PFAC members and hospital personnel working with PFAC. Members will protect confidential information from disclosure and adhere to all applicable federal HIPAA standards and guidelines.

PFAC Meetings

Meetings will be held on a regular basis on a day and time that best meets the schedules of members. Meetings are open to non-members.

Agenda: Meeting agenda will be set by consultation between the Co-Chairs, in consultation with PFAC membership, and will be distributed to the PFAC membership prior to each meeting.

Meeting Minutes: The minutes will be disseminated in a timely manner to all PFAC members and will be retained for a minimum of 5 years. The archive of the minutes will be available in the Office of Patient and Family Experience.

Attendance: All members of the PFAC will make every attempt to attend every meeting during their term and will notify the Co-Chairs if they are not able to attend a scheduled meeting.

Quorum: A quorum is at least 50% of the patient and family advisors and 50% of the staff advisors.

Inclement Weather: Meetings will be cancelled due to weather following the Montgomery County public school closing announcements.

Termination

The Co-Chairs reserve the right to dismiss any members who do not fulfill their responsibilities under the Charter. If a member misses three scheduled meetings without notifying the Co-Chairs, this will be considered a resignation from PFAC.

Last updated October 12, 2015.