



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE®

SUBMIT ABSTRACT
ONLINE BY JULY 28, 2017
Go to www.ipfcc.org

8th International Conference on Patient- and Family-Centered Care

Promoting Health Equity and Reducing Disparities

CALL FOR ABSTRACTS



PROMOTING HEALTH EQUITY



REDUCING DISPARITIES



JUNE 11–13, 2018
BALTIMORE MARRIOTT WATERFRONT
BALTIMORE, MD

With leadership
support from



JOHNS HOPKINS
M E D I C I N E

And program
support from

PCORI
PATIENT-CENTERED OUTCOMES
RESEARCH INSTITUTE

PARTNERSHIPS with PATIENTS and FAMILIES

The Institute for Patient- and Family-Centered Care (IPFCC) is pleased to announce the Call for Abstracts for *The 8th International Conference on Patient- and Family-Centered Care: Promoting Health Equity and Reducing Disparities*.



Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care professionals. These partnerships at the clinical, program, and policy levels are essential to assuring the quality and safety of health care for all.

Share your innovative and effective approaches to advance patient- and family-centered care and create meaningful and sustainable partnerships with patients and families to achieve better health, improved patient experience, improved workforce experience, and lower cost. *The 8th International Conference* will feature programs and strategies that address disparities in health and health care.

CONFERENCE PROGRAM

The 8th International Conference will showcase exemplary programs that are dedicated to collaboration among health care professionals, patients, and families to address the challenges in complex health care systems. The Conference provides opportunities to share innovations at the direct care level as well as the organizational, community, regional, and national levels.

WHO SHOULD SUBMIT AN ABSTRACT

Does your work advance the practice of patient- and family-centered care? Do you work in partnership with patients and families to improve and redesign health care for all? Have you partnered with patients and families from underserved and vulnerable populations to develop programs and strategies to achieve health equity? We invite you to submit an abstract.

This conference is partially funded through a Eugene Washington PCORI Engagement Award from the Patient-Centered Outcomes Research Institute (PCORI) (EAIN-4421).

IPFCC welcomes submissions from:

- Patient and Family Advisors and Leaders
- Administrative Leaders and Board Members
- Patient Experience and Patient Relations Personnel
- Physicians, Nurses, Social Workers, Therapists, Pharmacists, Child Life Specialists, Chaplains, Security, and Other Staff
- Leaders for Safety, Quality, Diversity, and Health Equity
- Researchers and Evaluators
- Human Resources Personnel
- Community-Based Agency Leaders and Personnel
- Faculty and Students in Schools of Medicine, Nursing, Social Work, and Allied Health
- Architects, Interior Designers, and Facility Design Personnel
- Policy Makers, Government Agency Leaders, and Funders

ABSTRACT TOPICS

Health Equity Through Partnerships

Initiatives grounded in collaboration with underserved and vulnerable communities to eliminate disparities in health and health care.

Focus areas could include:

- Expanding opportunities for individuals from diverse communities to partner in planning and evaluating programs, policies, and practices
- Implementing effective strategies to increase access to and utilization of health care services
- Ensuring programs and practices are culturally and linguistically competent and respond to a community's self-determined priorities and needs
- Integrating strategies that address the social determinants of health into systems of care, health professional education programs, or research
- Improving strategies for collecting and using race, ethnicity, and language data to improve health care
- Promoting methods used by government, community leaders, and payors to encourage and support partnerships with individuals from diverse communities

Role of Leadership

Leadership practices resulting in widespread adoption of PFCC and measurable change.

Potential focus areas:

- Developing the infrastructure to build and sustain organizational commitment to PFCC and health equity
- Creating a culture of safety and high reliability in partnership with patients and families
- Linking PFCC with major priorities such as patient harm and readmission reduction, cost effectiveness, and value-based care delivery
- Creating accountability for clinicians and staff for PFCC and cultural competency
- Involving patient and family advisors in governing boards, board-level committees, and strategic planning teams

- Developing the business case for PFCC
- Providing visibility and fiscal and other support for initiatives that meaningfully partner with patients and families, including those from underrepresented populations

Patient and Family Advisors—Essential Allies

Strategies and tools proven effective in increasing roles for patient and family advisors/leaders.

Potential focus areas:

- Recruiting, preparing, and supporting individuals from underrepresented populations to serve as advisors
- Strengthening communication, partnership, and leadership skills of patient and family advisors/leaders
- Sustaining patient and family advisory councils and expanding other advisory roles
- Preparing patient and family advisors to partner effectively in areas such as safety and quality, patient experience, governance, and strategic planning
- Developing peer-led support and education programs

Partnerships in Research and Evaluation

Projects that reflect PFCC, planned and conducted with patients and families. Potential focus areas:

- Developing approaches and tools to measure the outcomes of patient- and family-centered practice and partnerships with patient and family advisors/leaders
- Preparing patients, families, and researchers to partner in all phases of research or evaluation
- Increasing the participation of individuals from diverse and underserved communities as partners in research or evaluation
- Collaborating with patients and families in activities such as research prioritization and measure development

Education for Interprofessional and Collaborative Practice

Educational programs planned and delivered in partnership with patient and family advisors. Potential focus areas:

- Developing interprofessional curricula with patient and family advisors
- Preparing patients and families as faculty in pre-clinical and clinical training programs, professional education, and staff development
- Improving skills for interdisciplinary practice such as bedside rounding or team-based care in ambulatory settings
- Conducting research or evaluation of educational programs that involve patient and family faculty
- Developing students' and trainees' communication skills to strengthen collaboration with patients and families and with other disciplines
- Linking education for PFCC with cultural and linguistic competency

Better Together—Patients and Families as Partners

Strategies used by hospitals to welcome and include patients and families as partners in care, care planning, and decision-making. Potential focus areas:

- Implementing processes to eliminate restrictive “visiting” policies and educate and support staff for change in practice
- Implementing and measuring the impact of the Better Together bundle (family presence, bedside shift change/rounds, and family participation in transition planning) with patient and family advisors
- Communicating the role of patients and families as partners in care through informational materials, websites, and other means
- Supporting and educating staff and clinicians to involve patients and families in rounds and nurse change of shift report



- Using technology to support the participation of patients and families in care and decision-making
- Partnering with patients and families to improve care transitions to reduce harm and preventable readmissions

Partnerships in Primary and Other Ambulatory Care

Programs in which patients and families are fundamentally driving transformation, outcomes, and experience. Potential focus areas:

- Collaborating with patient and family advisors in:
 - ▶ Improving access to care
 - ▶ Enhancing communication and shared decision-making
 - ▶ Strengthening patient activation
 - ▶ Improving medication management
 - ▶ Increasing patient access to clinical notes including e-tools
 - ▶ Using health literacy tools and making informational and educational materials more accessible and useful to diverse populations
- Recruiting and preparing patients and families from underrepresented populations to authentically partner in redesigning the system of care
- Implementing comprehensive, integrated approaches for responding to the opioid epidemic and other public health crises
- Implementing peer-led, self-management support for chronic conditions
- Expanding meaningful use of information technology for patients and families to improve quality, safety, and continuity of care



TYPES OF PRESENTATIONS

Creative and innovative approaches to presentations are strongly encouraged.

Presentation: Presentations will be allotted 30–60 minutes depending on the format and presenter preference.

- **Presentation** (30-60 minutes). Standard presentation with time included for audience questions and discussion
- **Skills Workshop** (60 minutes). Interactive, hands-on session offering attendees opportunity to learn, discuss, and practice new skills
- **Roundtable Discussion** (30-60 minutes). Short presentation followed by in depth discussions among attendees and group report out
- **Panel Discussion** (30-60 minutes). Moderated panel of speakers with time included for audience questions and discussion

In some cases, presentations discussing similar programs or initiatives may be combined. Presenters will be informed of this upon acceptance of abstract.

Poster: Posters are visual displays of innovation (8' wide by 4' tall). A poster representative must be present at specified times to respond to questions. Times will be determined after decisions about abstracts are made.

ABSTRACT REVIEW

The Abstract Review Committee will give **priority consideration to submissions that include patients or families** as co-presenters and highlight meaningful collaborative roles for patients and families in all aspects of programs, projects, or initiatives. Abstracts will also be reviewed on the following criteria:

- Consistent with patient- and family-centered core concepts
- Innovative
- Promotes health equity and reduces disparities
- Evidence-based
- Effectiveness of proposed presentation/poster

Details about the review criteria are available on IPFCC's online abstract submission site.

For more information, go to www.ipfcc.org.

GUIDELINES FOR ABSTRACT SUBMISSIONS

Create an abstract account by going online to www.ipfcc.org. Then, click on the Call for Abstracts link. Abstracts must be submitted by 5 pm ET on July 28, 2017.

Your abstract submission must include the following:

- **Title of Abstract:** The title should be concise but clear enough to indicate the nature of your presentation.
- **Abstract Summary:** Briefly describe the purpose and content of your presentation in 40 words or less. If your abstract is accepted, this summary will be printed in the Conference promotional materials.
- **Abstract:** Create an abstract that can be included in the Conference educational materials, using the template provided online. Please avoid non-standard abbreviations.



Abstract should include:

- Description of program/initiative/study, including methods/activities, description of patient and family involvement, and organization where program/initiative/study takes place (300 words or less);
- Outcomes (50 words or less);
- Lessons learned (50 words or less); and
- Resources, tools, or handouts that will be shared with attendees.
- **Educational Grid:** For each submission, complete an educational grid outlining your proposed session or poster. As part of the Educational Grid, please identify 2–3 measurable objectives that directly relate to your abstract. The objectives should be written as a response to the statement, “After attending this session, participants will be able to...”
- **Biographical Data/Conflict of Interest:** Each presenter included in the abstract must submit biographical information that includes a short (one paragraph) biographical sketch. Also, each individual must complete the Conflict of Interest Form.



ONLINE ABSTRACT SUBMISSION PROCEDURE

IPFCC has an easy online abstract submission process. **Create an abstract account by going to www.ipfcc.org and click the Call for Abstracts link.** Abstract Guidelines and Instructions, including Review Criteria, are available at this location for your review prior to submitting your online abstract.

Abstract submissions will be reviewed by the Abstract Review Committee and invitations to present will be issued on or near October 6, 2017. Presenters must confirm acceptance within two weeks.

Please contact IPFCC at (301) 652-0281 or events@ipfcc.org for more information.

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

IPFCC, established in 1992 as a non-profit organization, is a nationally and internationally recognized leader in advancing the understanding and practice of patient- and family-centered care. For over two decades, IPFCC has worked with organizations to develop meaningful and sustainable partnerships among patients, families, and health care professionals in clinical care, safety and quality improvement, policy development, education of health care professionals, and research.

IPFCC serves as a central resource for policy makers, administrators, program planners, direct care providers, educators of health care professionals, researchers, design professionals, and patient and family leaders.

CONFERENCE REGISTRATION FEES

All presenters must register for the Conference. IPFCC is unable to cover any related costs of attendance. We encourage presenters to stay for the entire Conference to facilitate learning and networking among attendees.

A special presenter registration fee is available for Conference presenters.

Registration Fees for Presenters

Professionals \$545
 Patient-Family Advisors/Leaders \$425

Registration Fees for Other Conference Attendees

Registration Type	Early Bird Fee Before April 17, 2018	Regular Fee After April 17, 2018
Individuals/Professionals	\$1,065	\$1,095
Teams of 4 or more (per person)	\$975	\$1,045
Patient-Family Advisors/Leaders	\$525	\$575
One Day Fee	\$525	\$575

HOTEL INFORMATION

The Baltimore Marriott Waterfront is located in downtown’s bustling Harbor East district, just steps from top-quality shopping and dining. It is the ideal spot for easy access to the Baltimore Aquarium, Fells Point, and Camden Yards.

The Baltimore Marriott Waterfront is holding a limited number of rooms for Conference participants at a group rate until May 15, 2018. We encourage you to make your reservations early, as rooms may sell out before the cut-off date. To make your reservations, contact the hotel at (800) 228-9290 and indicate that you are with the “IPFCC 2018 International Conference” to receive this special group rate. Hotel reservations can also be made online at www.ipfcc.org/conference-hotel.html.

The room rates are \$249 single/double occupancy. All room rates are subject to the current state, local, and occupancy taxes, which are currently 15.5%. The special group rate will be in effect three days before and after the Conference for those arriving early or extending their stay to enjoy the city.

PLEASE NOTE: Hotel reservations for *The 8th International Conference on Patient- and Family-Centered Care* will open in August 2017.

Please contact IPFCC at (301) 652-0281 or events@ipfcc.org for more information.



2017 PINWHEEL SPONSORS

The Institute for Patient- and Family-Centered Care appreciates the support of our Pinwheel Sponsors for their commitment to advancing the understanding and practice of patient- and family-centered care. These recognized leaders continue to make a significant difference in promoting this approach to care and thus serve as role models to us all.

PLATINUM PINWHEEL PARTNER

Methodist Children's Hospital
San Antonio, TX

Nationwide Children's Hospital
Columbus, OH

Providence Health Care
Vancouver, BC, Canada

University of Arkansas for Medical Sciences
Little Rock, AR

University of Iowa Stead Family Children's Hospital
Iowa City, IA

PINWHEEL CHAMPION

Akron Children's Hospital
Akron, OH

Allina Health
Minneapolis, MN

American College of Physicians
Philadelphia, PA

American College of Radiology
Reston, VA

Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, IL

Anne Arundel Medical Center
Annapolis, MD

Baptist Health South Florida
Coral Gables, FL

Baptist Memorial Hospital for Women
Memphis, TN

Barnes-Jewish Hospital
St. Louis, MO

BC Children's Hospital
Vancouver, BC, Canada

Beaumont Health
Southfield, MI

Boston Children's Hospital
Boston, MA

Brigham and Women's Hospital
Boston, MA

Bronson Healthcare
Kalamazoo, MI

Canadian Foundation for Healthcare Improvement
Ottawa, ON, Canada

Centre for Addiction and Mental Health
Toronto, ON, Canada

Children's HealthSM Children's Medical Center
Dallas, TX

Children's Hospital London Health Sciences Centre
London, ON, Canada

Children's Hospital Los Angeles
Los Angeles, CA

Children's Hospital of San Antonio
San Antonio, TX

Children's Hospitals and Clinics of Minnesota
Minneapolis, MN

Children's Mercy Hospitals and Clinics
Kansas City, MO

Children's National Medical Center
Washington, DC

Children's Specialized Hospital
New Brunswick, NJ

Cincinnati Children's Hospital Medical Center
Cincinnati, OH

Dana-Farber Cancer Institute
Boston, MA

Dignity Health
San Francisco, CA

Emory Healthcare
Atlanta, GA

Essentia Health
Duluth, MN

Flagstaff Medical Center
Flagstaff, AZ

Hasbro Children's Hospital/ Rhode Island Hospital
Providence, RI

Hassenfeld Children's Hospital of New York at NYU Langone
New York, NY

Henry Ford Health System
Detroit, MI

Hillcrest Hospital
Mayfield Heights, OH

Holland Bloorview Kids Rehabilitation Hospital
Toronto, ON, Canada

Houston Methodist San Jacinto Hospital
Baytown, TX

Humber River Hospital
Toronto, ON, Canada

Island Health
Vancouver Island, BC, Canada

IWK Health Centre
Halifax, NS, Canada

Joe DiMaggio Children's Hospital at Memorial
Hollywood, FL

Johns Hopkins Medicine
Baltimore, MD

Kaiser Permanente—San Diego
San Diego, CA

Lovelace Westside Hospital
Albuquerque, NM

Massachusetts General
Boston, MA

Memorial Healthcare System
Hollywood, FL

Methodist Le Bonheur Healthcare
Memphis, TN

Moffitt Cancer Center
Tampa, FL

National Partnership for Women & Families
Washington, DC

Nemours Children's
Orlando, FL

Nicklaus Children's Hospital
Miami, FL

North York General Hospital
Toronto, ON, Canada

Norton Healthcare
Louisville, KY

Onslow Memorial Hospital
Jacksonville, NC

Penn State Health Hershey Medical Center
Hershey, PA

Quality Insights
Charlestown, WV

San Francisco Health Network
San Francisco, CA

Seattle Children's
Seattle, WA

St. Francis Medical Center
Lynwood, CA

St. Louis Children's Hospital
St. Louis, MO

Stanford Health Care
Stanford, CA

Stollery Children's Hospital
Edmonton, AB, Canada

Texas Children's Hospital
Houston, TX

The Children's Hospital of Philadelphia
Philadelphia, PA

The University of Texas MD Anderson Cancer Center
Houston, TX

Thunder Bay Regional Health Sciences Centre
Thunder Bay, ON, Canada

UAB Hospital
Birmingham, AL

University of Maryland Upper Chesapeake Health
Bel Air, MD

University of Michigan Health System
Ann Arbor, MI

University of Minnesota Health
Minneapolis, MN

University of New Mexico Children's Hospital
Albuquerque, NM

Vanderbilt University Medical Center Family & Patient Engagement
Nashville, TN

Vidant Health
Greenville, NC

Women and Infants Hospital of Rhode Island
Providence, RI

**PINWHEEL SUPPORTER
KI Furniture**
Charlotte, NC

Commitments as of May 2017