





## **Strategic Areas of Focus**

SACRED ENCOUNTERS

We believe in the dignity of each individual and desire to serve each person.

We will first seek to understand then deliver a combination of compassion, respect and competency to each individual we serve (patients, physicians, caregivers, staff, etc.)

 $\underline{\textit{PERFECT CARE}}$  Every patient will receive the right care, at the right time, in the right setting

<u>HEALTHIEST COMMUNITIES</u>
To improve the health status of all identified residents in the areas we serve

- Directly: Through clinical care, education, screening, prevention, and wellness
- · Indirectly: Through advocacy

## GROWTH Identification

of potential new areas of growth

PERFECT CARE

HEALTHIEST COMMUNITIES

## Journey to Patient Centered Care

- Heritage rooted in "Compassionate Care"
- Desire for input from our patients and families on how to better "serve the dear neighbor"
- Internal assessment on how to manage the death experience more effectively completed June 2006
- Action item: Include families in assisting us in redeveloping care through their eyes
- Letters sent to over 200 families who lost a loved one at St. Joseph Hospital
- Over 40 persons responded and attended a focus group
- Commitment to follow up on recommendations

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HEALTHIEST COMMUNITIES

## The Call To Action

- Institute for Healthcare Improvement IMPACT learning community provided the challenge
- Contacted IHI to identify other hospitals who are engaged in this work
- The Dana Farber Cancer Center
- Johns Hopkins
- Sorrel King
- Research: <a href="http://.familycenteredcare.org">http://.familycenteredcare.org</a> & <a href="http://.familycenteredcare.org">www.ihi.org</a> & http://josieking.org/
- Evaluation by Risk Management and Privacy Officer
- Support from Executive Management Team
- Introduce concept to staff and physicians

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# Assessing Attitudes of Staff and Physicians

Pre-reading assigned and discussion ensued:

- Patient & Family-Centered Care
- Tips for Group Leaders & Facilitators on Involving
- Patients & Families on Committees and Task Forces
- Protecting & Improving Care for Patients & Communities
- Patients & Families as Advisors: A Checklist for Attitudes
- Are Families Considered Visitors in Our Hospital or Unit?

All materials available at www.familycenteredcare.org

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HEALTHIEST COMMUNITIES

#### **Interview and Selection Process**

- Phone interview with potential candidates
- Pre-reading assignments to assess their own attitudes
- Sharing your story
- Righteous anger
- HIPAA Providing new opportunities for collaboration
- Face-to-face interviews
- Individual interview (guided questions)
- Panel/Team interview
- Discussion and selection
- Candidate notified by phone and letter

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HEALTHIEST COMMUNITIES

### Committing to the Partnership

- Volunteer role
- Official hospital security badge
- Preferred parking
- Free meals
- Travel expenses paid by hospital
- Monthly meeting commitment
- Member of a Clinical Excellence team
- Advisory Council meets every other month
- Two year term
- Annually re-evaluate
- Limited to serve two consecutive terms

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HEALTHIEST COMMUNITIE

## Patient Family Advisors (PFA): Members of the Team

- Full transparency of quality data and issues
- Established goals, strategies and timeline for completion.
- Designed small tests of change
- Monthly meetings with Mortality team to review progress on goals and IHI IMPACT timeline
- Designated clinical "partners" to each PFA
- -Key contact for information
- -Serve as a "translator" for all of our terminology and acronyms
- -Support and guidance; an advocate for the PFA

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PERFECT CARE

HEALTHIEST COMMUNITIES

#### **Council Purpose**

- Provide input and feedback regarding quality and patient safety activities and programs
- Provide a supportive channel of communication between patients, families and SJO management
- Provide input and feedback on the delivery of services, and for the planning of new services, programs and new facilities.

#### **Council Structure**

- 12-15 Volunteer PFAs
- 18 years or older May not be employed at ay SJHS Ministry or be related to a SJHS employee
- DiversityRepresentation of Service Lines

- 5-10 Hospital Leadership (ex officio members)
- Chaired by PFA
- PFA Driven Agenda, Approved by PFA Chair
- Chartered by Quality Council
- Signed Confidentiality Agreements


## **Council Tools**

- Application
- •Charter
- •"Terminology Timeout" Card
- •"Chat Check" Card
- •Glossary of Terms
- Meeting Binders





### **Council Goals**

- Integration of Patient and Family Advisors onto at least 4 hospital committees or teams that do not currently have patient/family representation in membership.
- Recruitment of 4 new Patient and Family Advisors with a focus on representation
  of service lines or demographics not currently represented on the council.
- Integration of patient and family volunteers serving in specific service lines with the Patient and Family Advisory Council
- Encourage and support Condition H through quarterly auditing of the patient/family awareness with presentation of audit results to the Nursing Leadership Team.
- Education of internal and external audiences of the work of the Patient and Family Advisory Council.

# **Council Approval**



PFA Logo Attached to Projects and Materials Approved by the Council

## **PFA Participation**

- St. Joseph Way (Lean) Events
- Patient Rounds / Audits
- Environment of Care Committee
- Patient / Medication Safety Committee
- End of Life Clinical Excellence Team
- CHF Clinical Excellence Team
- IRB
- Quality Committee Board of Trustees
- Other Ad Hoc Teams

## **Executive Summary**

- The perspective of the patient/family while planning care is very powerful
- Family members at the table change meeting dynamics...for the better
- Must be fully transparent-these are not "token" team members
- Engage in this new work-it will make a difference

## **Committing to the Partnership**

- Volunteer Role
- Official Hospital Security Badge
- Preferred parking
- Meals at most meetings
- Travel and other expenses paid
- Monthly Meeting Commitment
- Patient and Family Advisory Council
- Clinical Excellence Team or Committee
- Two Year Term

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### **PFAC Future**

- PFA representation on all appropriate hospital committees
- More PFAs than seats on PFAC
- Participation in RCA
- Entirely PFA driven PFAC agendas

#### Outcomes

- Development of web based communication tool (blog)
- Hand Hygiene Campaign Slogan
- -Spread the Word Not The Germs
- Condition H: Patient/Family Activated Rapid Response Team
- Open visiting hours, family participation in multidisciplinary rounds, overnight visitors
- Prioritization of Patient Experience Enhancements
- Accountability Their presence is changing our culture!

## **Questions?**



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