Keeping a Patient and Family Advisory Council Vibrant

August 7, 2014
Webinar Agenda

• Welcome & Introductions – Karin Kennedy
• Hospital Story – Schneck Medical Center’s experience running a patient and family advisory council for several years and how to keep it vibrant.
  - Shery Tiemeyer, RN, BS, CCM, director of patient/volunteer services Schneck Medical Center in Seymour
  - Suki Wright, MSM, CSSBB, director organizational excellence
• Patient and Family Engagement Resources – Karin Kennedy
• Wrap-up/Questions – Karin Kennedy
Patient & Family Advisory Councils

Keeping Them Vibrant

Sheryl Tiemeyer, Director Patient Services
Suki Wright, Director Organizational Excellence
August 7, 2014
Schneck Medical Center, Seymour, Indiana

- Shery Tiemeyer
  - Organizational Leader: Customer Service & RN Case Manager
  - Oversees VOC initiatives throughout the system
- Suki Wright
  - Quality Outcomes & Performance Improvement
  - Incorporating VOC for organizational alignment and effectiveness

Schneck Medical Center
- Main campus, 93 all-private suites
- State-of-the-art Cancer Center
- Three Family Care Centers
- Approximately 900 Employees
- Active Physicians (60), 52% hospital employed
- 150 Volunteers
Objectives

- Discuss why SMC formed a PFAC
- Foundation for engagement
- Share lessons learned
Why was PFAC formed?

- Identify and understand opinions of patients and families
- Form mechanism to incorporate viewpoints
- Capture anecdotal experiences and feedback
- Develop a partnership for problem solving
Member’s perspective

- Advocate for my family, friends, employees
- Community involvement
- Gain better understanding of operations of the hospital
Partnership for Problem Solving

• Involved in dialogue that is more than just angry patients
  • Patient Safety
  • Health system learning
  • Improvement activities
  • Understand patient/family perspectives
  • Changes in healthcare and how those changes impact patients, their families, and the organization
Patient Family Advisory Council

- Community representation from all service markets
- Hospital representation include:
  - BOT member (*also on Customer Service Team*)
  - CEO
  - EVP CAOO
  - VP Financial Services
  - Hospitalist
  - Risk Manager
  - Director of Patient Services
  - Director of Marketing
Logistics

- Quarterly
- 2 hour duration
- Dinner provided
- Rotating schedule from afternoon to evening meeting based on member’s preferences
- Additional meetings are scheduled based on need and task
Foundation for Engagement

Common knowledge & shared vision

- Education & Communication
  - Ongoing educating national changes and impact at a local level

- Transparency
  - Share good, bad, and ugly
  - Patient testimonials

- Involvement
  - Share experiences
  - Problem Solve
  - Advocate
Shared Vision

**Vision:** To Be an Organization of Excellence
Every Person, Every Time

**Mission: Schneck Medical Center**
To provide quality care to all we serve.

**Mission: Patient Family Advisory Council**
Fostering collaboration to improve patient experience and quality of care.
Ongoing Communication & Education

- Orientation
  - Director meets with each new member
  - Setting Expectations
  - Orientation packet

- Standing Agenda items at meetings
  - Customer Satisfaction Scores
  - VOC
  - Safety Report
  - What’s new at Schneck

- Changes in healthcare
  - Guest Speakers
Orientation - Setting expectations

- **Members**
  - To be a good advisor and collaborator
  - Advocate for hospital
  - Attend most meetings
  - Get involved
  - To be good listeners

- **Schneck Medical**
  - Ensure PFAC members that their voices and influence are making positive changes
  - To respect perspectives
  - To be good listeners
Ongoing Communication & Education

Agenda

TOPIC
Introductions & Schneck experiences

1. New Members
2. Patient Portal Update
3. Construction Update
4. Safety report
5. New Employee Orientation
6. What’s New at Schneck
7. Customer Service Training
8. Roundtable Discussion
9. Tour—Will plan as construction progresses

September meeting--plan review of Patient Handbook
Transparency

- Share customer satisfaction scores
- Outcome results
- Current performance improvement initiatives
- Challenges
- Successes
- Good, bad, and ugly
Involvement

• New employee orientation
  • Members are part of the training

• Simulations
  • Customer Service
  • Safety
  • Secret Shoppers

• Input on policies, patient education
  • Patient Rights & Responsibilities
  • CRT & Code policy
  • Discharge Instructions
  • Signage
Involvement

A key engagement factor for the council is letting them know how we act upon their input and use this information to improve the patient experience and quality of care.
ED Satisfaction Scores

Overall Rating

Benchmark

Q1 12 Q2 12 Q3 12 Q4 12 Q1 13 Q2 13 Q3 13 Q4 13 Q1 14 Q2 14
ED Satisfaction

Benchmark

Nurses
Doctors
Overall
Involvement

Patient Family Advisory Council Survey

- Safety survey from PFAC revealed that their top three biggest concerns for safety were:
  1. Hospital Acquired Infections
  2. Lab Errors
  3. Surgical Errors

- Risk Manager presented results for these three areas and explained our Just Culture.
2013 Breakthrough Readmission

Readmission: % of Discharges

Q1 2012 Q2 2012 Q3 2012 Q4 2012 Q1 2013 Q2 2013 Q3 2013 Q4 2013 Q1 2014

HF PN COPD AMI
2013 Breakthrough in Reducing Readmissions: From 100 per quarter to 40 per quarter

Overall 30-Day Readmissions

$940,800 Health Care Dollars Saved!

20% Reduction (goal)

SMC 2011 Baseline

Number of Readmissions
Cut “harm across the board” by 68%: 19 patients per quarter to under 8*

Total Harms per Quarter
ADE 12, CAUTI, CLABSI, Falls 38, OB 54 & 55, PU 58, SSI, VAP, VTE

*Does not include readmissions
What’s New PFAC

• Adding PFAC members to New Employee Orientation training
• Members from PFAC will be a part of customer service training
• Patient Testimonials

PFAC members participate on internal hospital committees
Challenges

- Ensuring a good mix of members
- Getting them to talk
- Talking too much
- Difficult conversations
- Meeting times
- Balancing anecdotal, perspectives, and realities
- Integrating new members
- Providing an open environment
Keys to Success

• Constant communication, learning, and evolution

• Share and link results to the work of the council

• Get them involved in the PI initiatives
Impact

• Departments throughout the hospital are seeking their input

• Other departments are looking into forming PFAC specific to their services

• Positive feedback from the members of PFAC
THANK YOU!
Hospital Engagement Network

Designed to help identify solutions to reduce hospital acquired conditions and readmissions and spread them to hospitals and other health care providers.

Institute for Patient-and Family-Centered Care (IPFCC)

The AHA/HRET Hospital Engagement Network (HEN) is partnering with the Institute for Patient-and Family-Centered Care (IPFCC) through 2014. This partnership is designed to enhance the patient and family engagement (PFE) resources available to the HEN hospitals as we collectively work towards eliminating harm in health care.

Collaborative patient and family engagement is a strategy to build a patient- and family-centered health care system. In a patient- and family-centered health system, patients and families are encouraged and supported as essential members of the health care team and there are meaningful opportunities for them to serve as advisors and partners in quality improvement efforts, patient safety initiatives and health care redesign.

A series of five webinars and eleven office hour sessions are being held through November 2014. The webinar and office hour sessions are open to all health care professionals seeking to partner with patients and families and improve their experience. The webinar series follows a progression, building a shared understanding of patient- and family-centered care.

**PFE Videos**

IPFCC Better Together – Contra Costa Regional Medical Center’s Story
National Institute for Children’s Health Quality (NICHQ) PFE Videos

[http://www.hret-hen.org](http://www.hret-hen.org) – click on Patient and Family Engagement
AHA/HRET Hospital Engagement Network (HEN) Patient and Family Engagement Newsletter

Issue 1 - August 4, 2014

Changing Visiting Policies and Practice

Isolating patients at their most vulnerable time from the people who know them best places them at risk for medical error, emotional harm, inconsistencies in care, difficult transitions and unnecessary costs. Yet in many hospitals and health systems, outdated visiting policies still separate patients from their families and other loved ones during hospital stays. Policies and practices related to family presence and

http://www.hret-hen.org – located under PFE documents and newsletters
Institute for Patient- and Family-Centered Care Resources

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE
Advancing the understanding and practice of patient- and family-centered care in all settings where individuals and families receive health care

What is patient- and family-centered care?
Read More

Become a Pinwheel Sponsor Read More

Services : Advancing the Practice : Profiles of Change : Events : Resources : Tools for Change : Special Topics

Upcoming Conference

The 6th International Conference on Patient- and Family-Centered Care: Partnerships for Quality & Safety

August 6 — August 8, 2014
The Westin Bayshore Vancouver, British Columbia, Canada

Media Coverage of IPFCC’s Better Together Campaign

Better Together
Partnering with Families

Last month the Institute for Patient- and Family-Centered Care launched the Better Together campaign, calling on all hospitals to eliminate restrictive visiting policies and welcome families 24 hours a day.

The Better Together campaign is getting lots of attention across North America. Read what others are saying about the campaign.

Journalist and author Paula Span’s posted: “A Move to Extend Visiting Hours at Hospitals” in the New York Times blog, The New Old Age. Ms. Span discusses IPFCC’s Better Together campaign “to persuade hospitals to eliminate restrictive visiting hours and permit families, broadly defined, to remain with loved ones throughout their stays, even in intensive care units.” Ms. Span notes that, “even in I.C.U.s, there’s scant evidence that visitors cause harm,” and she quotes from a JAMA commentary, co-authored by Don Berwick, “restricting visiting in I.C.U.s is neither caring, compassionate, nor necessary.” Read the entire blog post.

Read the commentary by Anne Roth, CEO of Centro Costa Region Medical Center in

http://www.ipfcc.org
Better Together: Partnering with Families

- IPFCC is committed to changing policies in 1,000 hospitals by 2017 and to equip hospital leaders with the rationale, strategies and tools needed to change visiting policies.

- As a pledging organization, your hospital will be listed on IPFCC's website and have the opportunity to become part of an online learning community to share strategies, challenges and successes.

- Pledging requires a commitment at a leadership level to take one concrete step to begin the change process, for example:
  - Review your organization's policy and website, with input from patients, families, clinicians, and other staff
  - Elicit input from patients and families about their experience of hospital "visiting" policies
  - Complete the Better Together Organizational Self-Assessment
  - Review other Better Together resources on IPFCC's website
  - Define another action step appropriate to your organization

http://www.ipfcc.org/advance/topics/better-together-partnering.html
IHA Resources

IHA > Quality & Patient Safety > Patient and Family Engagement

Patient and Family Engagement

To accelerate Coalition for Care’s progress on patient and family engagement (P&FE), IHA will implement a P&FE collaborative in 2014.

Hospitals will complete a commitment form to participate in this collaborative indicating their intention to actively work on adopting as many of the Patient and Family Engagement Strategies as possible and to actively participate in the webinars and events, sharing their engagement experiences.

For questions, please contact Kathy Wallace at kwallace@IHAconnect.org or call 317-423-7740. Or contact Karin Kennedy at kkennedy@IHAconnect.org or call 317-423-7737.

Events

The IHA Coalition for Care team will host coaching calls throughout the year. See the Events Calendar for upcoming calls.

We will be using the AHA’s Committee on Research report Engaging Health Care Users: A Framework for Healthy Individuals and Communities as a framework for the collaborative.

Implementing Patient & Family Engagement: Legal Perspectives Webinar

Download the slides for the April 9 webinar.

Stream an audio recording of the April 9 webinar »

https://www.ihaconnect.org/Quality-Patient-Safety/Pages/Patient-and-Family-Engagement.aspx
Resources were mailed from IHA to Hospital Patient and Family Engagement or Hospital Key contact.
Evaluation & Follow-up

- Webinar funded by CMS through the Partnership for Patients
- CMS reviews results and wants 80% of participants to evaluate educational sessions
- Please complete the simple three question evaluation by August 14, 2014:  
- Link to evaluation and webinar recording will be distributed to participants within one week
Thank you