

# Patient and Family Advisory Council

Beginning the

# JOURNEY

toward Patient- and Family-  
Centered Care

First Annual Report  
June 2013



SUBURBAN HOSPITAL  
JOHNS HOPKINS MEDICINE

## **Suburban Hospital Patient and Family Council Members**

### **Patient and Family Advisors**

Stephen Bokat

Ellen Sue Brown

Simon Fitall

Barbara Kahl

Susan Kleimann

Beverly Labourdette

Toby Levin\*

Janet Levy

Belle O'Brien

### **Staff Advisors**

Diane Colgan, MD, Medical Staff Chair

Brian Ebbitt, Director, Planning & Project Management

Barbara Jacobs, Chief Nursing Officer and Senior Director of Nursing\*

Nancy Miller, Corporate Director Physician Support Services and Service Excellence

Virginia Schad, RN

Jacky Schultz, Executive Vice President and Chief Operating Officer

\* Co-Chairs

# **Suburban Hospital Patient and Family Advisory Council**

## **First Annual Report June 2013**

### **Beginning the Journey toward Patient- and Family-Centered Care**

#### **I. The Patient and Family Advisory Council (PFAC) Mission: Promoting Patient- and Family-Centered Care**

##### **A. The Mission of the PFAC**

This is the first annual report of Suburban Hospital's Patient and Family Advisory Council (PFAC). The report describes the PFAC's formative steps in promoting Suburban Hospital's journey to the practice of patient- and family-centered care. The PFAC brings together patient and family advisors and Suburban Hospital clinical, administrative, and executive staff, including the chief operating officer, the chief nursing officer, and the chair of the medical staff, who meet monthly to foster a culture of patient- and family-centered care. The PFAC is working with Suburban Hospital's leadership to help transform Suburban to 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. This partnership takes place at multiple levels: (1) in their own clinical care or that of their loved ones (e.g., at the bedside); (2) in participation in hospital operations (e.g., participating in development of policies and procedures to support patient- and family-centered care); and (3) in the community (e.g., helping to educate the community about patient- and family-centered care).

The Mission Statement of Suburban's PFAC captures this vision of collaboration and participation:

The PFAC is dedicated to enhancing the quality and success of patient care by providing ongoing insight into actual patient and family experiences, fostering an atmosphere and utilizing approaches that encourage and enable collaboration among all parties, and working to imbed patient- and family-centered care into hospital policies, procedures and programs. (See Attachment A.)

Through collaboration and participation, the PFAC is working to help Suburban become a leader in this community and nationally in embracing this transformational philosophy of care.

The PFAC is dedicated to supporting this transformation, working in partnership with Suburban's leadership, to provide education about patient- and family-centered care and to help weave the patient and family perspective throughout the hospital organization. The support of Suburban's Senior Leadership is crucial for this journey to be successful since it requires a cultural change that is both structural and sustainable. In this journey, the PFAC can benefit from the work of many organizations, such as the Institute for Patient- and Family-Centered Care (IPFCC), the Institute for Healthcare Improvement (IHI), the Agency for Healthcare Quality and Safety (AHRQ), the Picker Institute, and the

Samueli Institute, among others. These organizations serve as thought leaders and provide resources for organizations to promote and sustain the transformative practice of the patient- and family-centered model.<sup>1</sup> PFAC advisors have attended several conferences hosted by some of these organizations and access their resources, many of which are available online. These organizations and resources provide the PFAC with a roadmap to implement patient- and family-centered care.

Embracing this philosophy of care requires a change in culture, and that will require education, planning, and increasing participation in hospital operations decision-making. The PFAC is fortunate that Suburban's Senior Leadership supports this culture change and values the PFAC and patient and family advisors as partners in leading this effort. When done well, patient- and family-centered care is practiced throughout a hospital, integrating best practices to support excellence in patient care, quality, and safety. The research literature now includes evidence-based documentation for the benefits that flow from providing patient- and family-centered care. (See footnoted resources below for links to documentation, including an annotated resource guide.<sup>2</sup>) These benefits can include:

- Improved understanding of the patient's condition, resulting from information sharing among patients, their families, and their health care providers. (Family members can serve as a resource for patients and care providers, sharing a valuable perspective about how the patient is progressing and observations about changes in a patient's mental or physical condition.)
- Improved transitions in care and continuity of care post hospitalization, through shared responsibility in patient care, setting goals, and decision-making.
- Increased patient and family satisfaction resulting from meaningful information exchange that flows in both directions between patients and families and their health care providers.
- Improved satisfaction as reflected in hospital survey scores.
- Improved health outcomes by reducing medical errors and readmissions.
- Improved staff satisfaction and retention as they recognize the value of partnership with patients and families.
- Improved "bottom line" by reducing adverse events, malpractice claims, and operating costs, while improving market share.<sup>3</sup>

The American Hospital Association summarized this best when it launched its toolkit *Strategies for Leadership: Patient- and Family Centered-Care*, which was prepared in partnership with the IPFCC. This resource, which was distributed to every hospital chief executive in late October 2004, is still relevant today:

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<sup>1</sup> See Attachment D for a list of resources about patient- and family-centered care.

<sup>2</sup> See, Doyle C, Lennox L, Bell D., *A Systematic Review of Evidence on the Links between Patient Experiences and Clinical Safety and Effectiveness*, January 2013, available at, <http://bmjopen.bmj.com/content/3/1/e001570.full> and Health Research and Educational Trust (HRET) in partnership with the American Hospital Association, *HCAHPS Resource Guide*, January 2013, available at, <http://www.mhaonline.org/File%20Library/Quality/HCAHPS%20PSLN/HCAHPS-Resource-Chart.pdf>

<sup>3</sup> Patrick A. Charmel and Susan B. Frampton, *Building the Business Case for Patient-Centered Care*, Healthcare Financial Management Association, March 2008, available at, <http://planetree.org/wp-content/uploads/2012/12/2.-Planetrees-Business-Case.pdf>

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 practitioners. By truly partnering with patients and families – not only involving them in decisions about their care, but also gaining the benefit of their help and insights to better plan and deliver care – patients can achieve better outcomes, and hospitals can improve the care for all patients and increase staff satisfaction.<sup>4</sup>

The Strategic Plan, discussed in Section V of this report and included as Attachment E, outlines the PFAC’s roadmap for the next two years. With hard work and concerted focus on the plan’s strategies and initiatives, the PFAC hopes to demonstrate significant progress in time for its next Annual Report.

## **B. Patient- and Family-Centered Care’s Core Principles**

The PFAC has embraced the Institute for Patient- and Family-Centered Care’s ([www.ipfcc.org](http://www.ipfcc.org)) articulation of the core principles underlying the patient- and family-centered care model of health care. The four core principles are as follows:

### **Dignity and Respect**

Health care providers listen to and honor patient and family perspectives and choices. Providers incorporate patient and family knowledge, values, beliefs and culture into care planning and delivery.

### **Information Sharing**

Health care providers communicate and share complete and unbiased information with patients and families in ways that are supportive and useful. Patients and families receive timely and accurate information so they may effectively participate in care and decision-making.

### **Participation**

Health care providers encourage and support patients and families to participate in care and decision-making at the level patients choose.

### **Collaboration**

Patients, families, and health care providers work together to improve policy and program development, implementation and evaluation, health care facility design, professional education and care delivery.

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<sup>4</sup> AHA in partnership with the IPFCC, *Strategies for Leadership: Patient- and Family Centered-Care*, October 2004, available at <http://www.aha.org/advocacy-issues/quality/strategies-patientcentered.shtml>

In addition to these four core principles, the PFAC recognizes the importance of Suburban's "Nursing Practice Model," which Suburban launched in 2011. The practice model's six guiding principles support the journey to promote patient- and family-centered care because the principles begin by putting patients and families first.<sup>5</sup> With Chief Nursing Officer Barbara Jacobs serving as a PFAC co-chair, nurses serving as members of the PFAC, and PFAC advisors participating with nurses on important hospital initiatives, the PFAC closely partners with Suburban's nursing staff to implement the goals of patient- and family-centered care.

The work Suburban is doing with the Studer Group also supports these four core principles. The Studer Group is a nationally known firm that works with many major US health care systems to create a strong culture focused on service, clinical, and operational excellence. A number of Studer-led initiatives are underway at Suburban to improve hospital communications, teamwork, and collaboration; and each of these initiatives support one or more of these four core principles. Moreover, the PFAC members are invited to attend Studer training sessions for staff, which further supports the information exchange envisioned by the core principles of patient- and family-centered care.

### C. The Movement toward Patient- and Family-Centered Care

Our current health care system is in the midst of a complex transformation. The passage of the federal Affordable Care Act (ACA) in 2010 and emerging innovations in health information technology to facilitate patient access to their health information and information exchange among health care providers are spurring this transformation. These innovations are creating a multitude of opportunities for more meaningful partnerships between health care providers, patients, and their families.

Promoting patient- and family-centered care is a key element of this transformation. For example, one of the 10 recommendations of a recent Institute of Medicine's (IOM) report urges health care providers to:

Involve patients and families in decisions regarding health and health care, tailored to fit their preferences. Patients and families should be given the opportunity to be fully engaged

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<sup>5</sup> <http://www.suburbanhospital.org/Nursing/Default2.aspx>

The model's **six guiding principles** call for nurses to be:

- Committed to putting **patients first**. Care delivery is centered around the needs of the patient and family.
- **Respectful** of the diversity and the individuality of patients, families, and colleagues.
- **Educated** professionals motivated toward continual learning and the application of evidence-based practices to achieve the best patient outcomes.
- **Collaborative** in nurses' relationships with providers, patients, and families to achieve safe, quality patient care.
- **Compassionate** toward patients, families, and each other.
- Supportive of a **professional** practice environment committed to development, growth, advancement, and professional standards, including accountability and ownership.

participants at all levels, including individual care decisions, health system learning and improvement activities, and community-based interventions to promote health.<sup>6</sup>

Similarly, the ACA promotes engaging patients and families in its many provisions, referencing patient-centeredness, patient satisfaction, patient experience of care, patient engagement, and shared decision-making.<sup>7</sup>

An extension of this federal policy is the CMS-sponsored *Partnership for Patients* initiative, a public-private partnership working to improve the quality, safety, and affordability of health care for all Americans announced on April 12, 2011.<sup>8</sup> The *Partnership for Patients* involves more than 8,000 partners, including federal agencies, private-public partners, and over 3,700 hospitals operating within 26 Hospital Engagement Networks (HENs). These participating hospitals are focused on making hospital care safer, more reliable, and less costly through the achievement of two goals by the end of 2013: (1) making care safer by decreasing preventable hospital-acquired conditions by 40% compared to 2010; and (2) improving care transitions by decreasing preventable complications during a transition from one care setting to another to reduce hospital readmissions by 20% compared to 2010. The Partnership goals specifically include patients and families as “essential partners” in this effort to improve the quality and safety of health care. They cite a 2008 study as demonstrating “measurable benefits to providing patient-centered care with a positive impact on patient satisfaction, length of stay, and cost per case. By improving communication with patients, via providers at the bedside or institutionally through committees focused on systemic changes in patient care, patient outcomes can and will improve.”<sup>9</sup>

Another initiative stemming from the ACA also requires measuring patient and family satisfaction,<sup>10</sup> and establishes the Patient Centered Outcomes Research Institute (PCORI) to develop a national comparative effectiveness research program to fund patient-centered comparative clinical effectiveness research projects.<sup>11</sup> PCORI recruits patient and family advisors to bring their perspective to PCORI’s research efforts. In a 2012 report on patient engagement, PCORI summarizes the basis for bringing patient and family perspective to research as follows:

Compelling reasons, both practical and ethical, support engaging patients in healthcare research. Patients are the ultimate user of healthcare research findings and the most important stakeholder....Patient-centered outcomes research means research that is informed by the perspectives, interests and values of patients throughout the research process, from the selection of research questions to the dissemination of research results. Patient engagement

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<sup>6</sup> Recommendation 4, Institute of Medicine, *Better Care at Lower Costs: The Path to Continuously Learning Health Care in America*. [http://www.iom.edu/~media/Files/Report%20Files/2012/Best-Care/Best%20Care%20at%20Lower%20Cost\\_Recs.pdf](http://www.iom.edu/~media/Files/Report%20Files/2012/Best-Care/Best%20Care%20at%20Lower%20Cost_Recs.pdf)

<sup>7</sup> U.S. Congress. Patient Protection and Affordable Care Act, H.R. 3590. Public Law 111-148. 111th Cong., March 23, 2010.

<sup>8</sup> <http://partnershipforpatients.cms.gov/>

<sup>9</sup> <http://partnershipforpatients.cms.gov/about-the-partnership/patient-and-family-engagement/the-patient-and-family-engagement.html>

<sup>10</sup> Michael L. Milenson and Juliana Marcri, *Will the Affordable Care Act Move Patient-Centeredness to Center Stage?* <http://www.urban.org/UploadedPDF/412524-will-the-affordable-care-act.pdf>

<sup>11</sup> <http://www.pcori.org/>

appears to enhance the quality of research (e.g., improving enrollment rates in studies, making studies more consistent with patients' values, goals, and preferences). Overall, the available research suggests that patients could successfully play an active and engaged role in research, from participant, to collaborator, to partner.<sup>12</sup>

The Institute for Healthcare Improvement (IHI) reports that while health care systems widely accept the IOM's recommendations to respect patients' values, preferences, and expressed needs and to provide the information, communication, and education that people need and want, these recommendations are not always well implemented:

Today's complex, fragmented systems put great pressure on providers and center care on the needs of the system itself, not the needs of patients. Working together, we can do better, and in doing so, improve patient well-being while reducing unwanted care.<sup>13</sup>

The Joint Commission has also integrated patient- and family-centered care into its standards and issued a number of monographs focusing on the patient and family experience.<sup>14</sup> In 2010, it issued a monograph, which calls on hospitals to embed "effective communication, cultural competence, and patient- and family-centered care practices into the core activities of the hospital's system of care delivery—not considering them stand-alone initiatives—to truly meet the needs of the patients, families, and communities served."<sup>15</sup>

Another example of this forward momentum to formalize collaboration and partnership with patients and families is taking place in Massachusetts, which has mandated that hospitals create PFACs. In 2008 amendments to the earlier Massachusetts health care reform act, the state required that all hospitals form PFACs, file annual reports about their work with the state Department of Public Health, and make the reports public. In a 2013 report analyzing the progress made based on the 2012 public reports, Health Care For All (HCFA), a statewide consumer health advocacy organization, found most hospitals had formed PFACs, but the extent and reach of their contributions varied widely.<sup>16</sup> Some hospital PFAC reports indicated that PFACs were well integrated into the hospital organization and had many opportunities to contribute, while others appeared to be more limited in their roles. PFACs were engaged in a wide range of quality improvement activities, from reviewing websites and noise reduction policies, to participating in hiring key staff, improving information for patients and families, improving care transitions, and end of life planning. This statutory mandate has moved PFACs in Massachusetts forward, providing additional models that Suburban's PFAC can look to in developing our own strategic plan.

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<sup>12</sup> <http://www.pcori.org/assets/Eliciting-Patient-Perspective-in-Patient-Centered-Outcomes-Research-A-Meta-Narrative-Systematic-Review.pdf>

<sup>13</sup> <http://www.ihl.org/explore/PFCC/Pages/default.aspx>

<sup>14</sup> See list of monographs posted at: [http://www.jointcommission.org/topics/monographs\\_and\\_white\\_papers.aspx](http://www.jointcommission.org/topics/monographs_and_white_papers.aspx)

<sup>15</sup> *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*, June 4, 2010, available at:

<http://www.jointcommission.org/assets/1/6/roadmapforhospitalsfinalversion727.pdf>

<sup>16</sup> [http://hcfama.org/\\_data/n\\_0001/resources/live/PFAC%20report%20final.pdf](http://hcfama.org/_data/n_0001/resources/live/PFAC%20report%20final.pdf)

## II. Building the PFAC Organization

Suburban first began to consider forming a patient and family advisory group after several staff members returned from a conference sponsored by the IPFCC in 2008. Current Chair of the Medical Staff Dr. Diane Colgan had been an early champion of patient- and family-centered care, and worked closely with Service Excellence Director Nancy Miller, then Nursing Director Rebecca Kane, Customer Relations-Administrative Liaison Ruth Dalgetty, Planning and Project Management Director Brian Ebbitt and Nursing Professional Practice and Quality Director LeighAnn Sidone to establish the new advisory organization. In its spring 2010 *New Directions* community newsletter, then Suburban President Brian Gagnolati embraced patient- and family-centered care in his community message and solicited applications for the new organization.<sup>17</sup> Nursing staff also solicited applications from patients and family members they thought would be good candidates for the group. The Patient and Family Centered Care Council, as it was originally known, met periodically over the course of its first year, and the hospital staff set the meeting's agenda each month. Meetings the first year focused on briefings about the hospital, and participants discussed their experiences with Suburban as a patient or a family member of a patient.

Suburban's new Chief Nursing Officer Barbara Jacobs has encouraged the development of a vibrant PFAC. Over time, the PFAC has transitioned into a collaborative partnership with leadership and agenda-setting shared between hospital staff and the patient and family advisors, consistent with the PFAC charter. The organization meets monthly and focuses on the goal of defining the organization's mission and identifying meaningful projects. In June 2012, the group adopted the name Patient and Family Advisory Council (PFAC) and a mission statement and charter, which appears as Attachment A to this report. The PFAC now includes six staff members and nine volunteer patient and family advisors from the community. The charter calls for a majority of members to be patient and family advisors (10-15) with no more than eight staff members, so the current PFAC has room to grow. Members serve a two-year term with the potential to renew. PFAC meetings are open to staff, and Suburban staff members often attend meetings to brief the PFAC on their projects, seek input from the council, or to offer expertise on agenda topics. Consistent with the charter's principle of collaboration, a patient and family advisor serves as co-chair in partnership with Chief Nursing Officer Barbara Jacobs. The two co-chairs share the responsibility for leading the PFAC. In July 2012, Toby Levin was elected as the first PFAC co-chair. The PFAC regularly meets the first Tuesday of the month, and minutes as well as the meeting agenda are sent in advance to the members.

The PFAC charter sets out broad membership criteria for community members. Applicants or their family member must have had an experience at Suburban within two years of the application, and must be able to fulfill the roles and responsibilities outlined in the charter. These duties include attending monthly meetings, being able to work collaboratively, and to provide thoughtful and constructive feedback to address hospital issues, while being realistic and mindful of good health care practice. Applicants complete a written application form (Attachment F.) and submit it to the Director

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<sup>17</sup> <http://www.suburbanhospital.org/news/ShowNewsDetails.aspx?nid=346>

of Service Excellence Nancy Miller, who then conducts a preliminary phone interview. After successful completion of the phone interview, the applicant meets with several PFAC members to discuss the applicant's interest in joining the PFAC. During the interview, applicants share their hospital and work experience and views on patient- and family-centered care. The interview provides a good opportunity to assess the applicant's communication and interpersonal skills, as well as the applicant's goals and interests. The interview team then makes its recommendation to the full PFAC on whether to accept or decline the application.

A priority for the PFAC this coming year is to recruit an additional five or six patient and family advisors to provide the skills and experience needed to carry out the many initiatives outlined in the Strategic Plan. Recruitment announcements are being posted on the Suburban website, Facebook page, and in upcoming issues of *New Directions*. In addition, PFAC is encouraging nursing staff and physicians to distribute its "recruitment card." (See Attachment B.) The card, which was suggested and written by the PFAC working with Suburban's Marketing Communications and Public Affairs office, describes the PFAC, the skills advisors need, and also provides the contact information for interested applicants. In addition to meeting its recruitment needs for PFAC membership, additional community applicants may be interested in serving as Service Ambassadors<sup>18</sup> or participating in other roles as part of the PFAC's efforts to expand participation of patient and family advisors at Suburban.

As noted above, the support of Senior Leadership is critical to the success of any patient and family advisory organization and to the goal of promoting patient- and family-centered care. In January 2013, Executive Vice President and Chief Operating Officer Jacky Schultz began regularly to attend PFAC meetings, ensuring that the PFAC agenda and conversation reach Senior Leadership directly. Suburban Hospital President Dr. Gene E. Green has expressed strong support for the PFAC and patient- and family-centered care, and Johns Hopkins Medicine has identified patient- and family-centered care as one of its six strategic priorities and goals for the next five years. In addition, this June, the PFAC will have an opportunity to brief Suburban's Quality and Patient Safety Committee and the Medical Quality Board about the PFAC's Strategic Plan for 2013-2014 and present this Annual Report. These presentations will provide the hospital Board greater visibility into the PFAC mission and provide an opportunity for the PFAC to solicit further support for patient- and family-centered care and the culture change required to achieve it.

With Senior Leadership embracing the value of committing to patient- and family-centered care as a fundamental goal, the more difficult challenge becomes putting it into practice since it must be integrated throughout the hospital system. This requires an incremental approach, and the PFAC's 2013-2014 Strategic Plan discussed in Section V, outlines a path to help move Suburban along this journey.

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<sup>18</sup> The Director of Service Excellence Nancy Miller is working with the PFAC to design a new Service Ambassador program that will be launched in the fall to provide direct assistance to patients who may have special needs or do not have family in the area.

### III. Building Partnerships through Education about Patient- and Family Centered-Care

The PFAC has identified education about patient- and family-centered care as central to its mission. That education begins with its advisors and extends to hospital staff and outward to the Suburban community. The PFAC has begun to work with Suburban's marketing and media staff to develop a plan to expand community information about the PFAC and patient- and family-centered care on Suburban's website. In addition, along with the recruitment card mentioned above, the PFAC now has a bookmark developed with the help of the marketing department that describes the role of the PFAC and the four core patient- and family-centered care principles. (See Attachment C.)

To educate its advisors and staff, Suburban has supported attendance of PFAC members at local conferences sponsored by the IPFCC<sup>19</sup> and the Samueli Institute.<sup>20</sup> In addition, PFAC co-chair Toby Levin has participated along with Chief Nursing Officer Barbara Jacobs and Service Excellence Director Nancy Miller in an HCAHPS workshop webinar series, co-sponsored by the Maryland Hospital Association and the Health Research and Education Trust (HRET). The monthly webinar sessions have focused on ways to improve the patient and family experience by using HCAHPS more effectively to identify areas for improvement and to share tools and techniques to improve nursing and physician communication about medication, pain management, and discharge, among other topics.

PFAC members have been given copies of IPFCC's guide, *Developing and Sustaining a Patient and Family Advisory Council*, to provide a foundation about the work of PFACs and examples of success stories from facilities across the country. As noted above, PFAC patient and family advisors are invited to attend Studer's Leadership Development Institute sessions. Inviting patient and family advisors to attend the hospital's educational programs is a great way to expand advisors' knowledge and promote collaboration. The PFAC encourages staff and leaders to think, "Do we have patients and families involved? If not, let's invite some."

To educate Suburban staff about patient- and family-centered care, several patient and family advisors now make a brief presentation at the monthly New Employee Orientation, immediately following Chief Operating Officer Jacky Shultz's overview of Suburban's mission and values. This enables PFAC to demonstrate to new employees the nexus between the PFAC and the hospital's mission and values. In its presentation, the PFAC invites the new staff to support the principles of patient- and family-centered care and distributes its bookmark as a reminder of the core principles and the goal of working in partnership with staff.

In April 2013, the PFAC participated in several other staff events, giving the PFAC an opportunity to educate staff about the PFAC and its initiatives. First, was the annual Staff Education Fair, at which the PFAC offered its bookmarks describing the core principles and listing online resources about patient- and family-centered care. Second, at the invitation of Dr. Diane Colgan, Suburban's Medical Staff Chair and PFAC member, several patient and family advisors attended Suburban's Annual Medical Staff

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<sup>19</sup> [www.ipfcc.org](http://www.ipfcc.org)

<sup>20</sup> [www.samueliinstitute.org](http://www.samueliinstitute.org)

Meeting. This was an educational opportunity for all concerned – the patient and family advisors who attended had an opportunity to meet more members of the medical staff and to benefit from the speakers’ remarks, while the medical staff met patient and family advisors, and had a chance, informally, to learn about the PFAC.

At its June 2013 PFAC meeting, advisors who attended the IPFCC Intensive Seminar, *Moving Forward with Patient- and Family-Centered Care: Partnerships for Quality and Safety* in Annapolis, MD, conducted a “mini-retreat” to share highlights of the Seminar with the PFAC and a number of nursing managers and other staff who were invited to this special session. The program included presentations and videos, which gave those attending a deeper understanding about the challenge and benefits of bringing patient- and family-centered care to Suburban. Building on the mini-retreat, the PFAC will develop a presentation about patient- and family-centered care to use with the various nursing units and councils as well as other departments, hospital committees, and physicians as the PFAC expands its staff education over the coming year.

In June, the PFAC co-chairs will meet with Suburban’s Medical Quality Board and the Quality and Patient Safety Committee to brief them on the PFAC, the Annual Report, and the Strategic Plan. Briefings such as these are valuable opportunities to promote education about the PFAC’s mission and initiatives and encourage Senior Leadership support and collaboration.

#### **IV. Bringing the Patient and Family Experience to Hospital Initiatives and Committees**

Over the past year, the PFAC has begun a series of initiatives to demonstrate the value of bringing the patient and family experience to hospital policies and practices. The following is a list of the primary examples:

**The Wayfinding Initiative:** A team of PFAC advisors have reviewed the hospital signage on the first three floors of the hospital and prepared written recommendations to management on needed improvements. This also included a presentation of its recommendations at a Suburban Executive Staff meeting. These recommendations helped influence decisions to move to an electronic directory in the main lobby and to revise signs so that they are up-to-date and easier to follow. The team continues to meet with hospital management to review proofs for signage changes and provide additional recommendations. The Wayfinding team looks forward to collaborating on any future plans to update the main lobby, and other efforts to update and improve areas of the hospital frequented by patients and families. The team plans to review signage on the remaining floors once the initial recommendations are implemented.

**The Patient Education Committee:** A PFAC advisor sits on the hospital’s Patient and Family Education Committee and contributes the patient and family perspective to the development and review of education materials. As needed, the advisor circulates draft materials for comments to several additional PFAC advisors who have expertise in consumer communication, writing, and editing. PFAC advisors have reviewed draft patient education brochures and the

Patient Handbook, providing a valuable perspective that has resulted in revisions to make the publications more understandable and useful for patients and families. Most recently, the PFAC participant on the committee shared patient- and family-centered care resources about improving discharge communication to reduce errors and readmissions. This is a good example of the benefits that can come from PFAC participation on hospital committees.

**Family Presence – the hospital “Visitation” Policy:** One of the first projects the PFAC undertook in 2011 was a review of the hospital’s “visitation” policy. The focus was to distinguish between “family” and “visitor” and to support family presence. The PFAC recommended a broad definition of “family,” noting the crucial fact that the patient should define who constitutes his or her “family” – whether it is a spouse, partner, adult child, or friend. Further, the patient determines the extent to which he or she wants the involvement or presence of this “family.” In contrast, visitors are guests of the patient and family. Visitors, as opposed to family, may be subject to restricted presence. The new policy was included in Suburban’s Patient Handbook and website. The PFAC will continue to review the policy, in light of additional sensitivity regarding how Suburban communicates its policy of family presence in its publications, signage, and in staff and volunteer communication with patients and their families.

**The Emergency Department Collaborative:** One PFAC advisor has served as a volunteer in the Emergency Department for over five years and now also serves as the PFAC representative on the Emergency Department Collaborative. The Collaborative is reviewing the Emergency Department’s operations and design of the patient-family waiting area, so it will be valuable to have the patient and family perspective represented in these discussions. Stemming from his service as a volunteer in the ED and seeing the need for resources to assist families, the advisor developed a guide, *Resources on Geriatric Care*, that provides links to online resources, and an *Emergency Department Patient and Family Information Sheet*, describing waiting times and how the ED determines the order in which it sees patients. Both of these guides are now available in the ED waiting room.

**The Service of Remembrance:** The PFAC has been a key sponsor and participant in Suburban Hospital’s Service of Remembrance. The first service, held in March 2012, is now an annual program. The Service is designed for families who, in the prior year, lost a loved one who received care at Suburban and for staff who cared for these patients. The program—which includes music, participation by staff and PFAC members, and a flower ceremony—is very moving and has received wonderful feedback from attendees. The recent Service held on April 21, 2013, brought together 55 families from the Suburban community.

**Planning for Bedside Shift Reporting Pilot:** The PFAC has identified moving to Bedside Shift Reporting (BSR) as a primary goal for 2013-2014. BSR will move the information exchange at shift changes from the nursing stations to the patient’s bedside. This stems from recognition that BSR, which involves including the patient and families as equal participants in the process of information exchange, is central to any hospital embarking on the cultural transformation to

make patients and families partners in care. In preparation for planning this pilot, several PFAC advisors and Suburban staff traveled to Anne Arundel Medical Center (AAMC) to meet with the AAMC staff leaders and patient and family advisors responsible for implementing BSR at their hospital. Two of Suburban's PFAC advisors are now working on a team with nursing staff of Suburban's Cardiac Care Unit to plan a pilot for BSR. This pilot will then serve as a guide to expanding BSR to other hospital units. The PFAC will provide ongoing support for implementation of the pilot and expansion of BSR hospital-wide.

**Transition Project with the Hebrew Home of Greater Washington:** The PFAC is working with nursing's Evidence-Based Practice and Research Council to design a qualitative survey to identify ways to improve communication between Suburban and the Hebrew Home during and after transition between the two facilities. The goal is to improve the patient experience and health outcomes. Hebrew Home and Suburban staff and advisors are working together on this project. The goal is to improve the patient and family experience and health outcomes.

**Engaging with Anne Arundel Medical Center (AAMC) PFAC:** The AAMC PFAC invited Suburban's PFAC to attend one of its meetings and learn about its progress and initiatives. It hosted a reception and dinner prior to the meeting to encourage networking and sharing of ideas between the two councils. Suburban's PFAC was even encouraged to participate in their meeting. AAMC has gained a national reputation as a model for how to transition to patient- and family-centered care. It now has a PFAC serving as the strategic organization, along with some additional 70 patient advisors serving on committees throughout the hospital. As noted above with regard to the BSR Pilot, AAMC staff members have generously offered to share information and resources in furtherance of our initiatives.

## **V. PFAC Strategic Plan for 2013-2014**

The PFAC has adopted its first Strategic Plan to set a roadmap for the coming year. (See Attachment E.) It begins by setting out the PFAC's mission, vision, and value statements followed by one overarching goal, two broad strategies for meeting the goal, and a series of initiatives targeted to implement the two strategies. The first strategy focuses on the education challenge, while the second focuses on bringing patient- and family-centered care to the operations of the hospital. Both are vital to making progress on this journey.

The goal—*Improve the patient and family hospital experience by bringing patient- and family-centered care to hospital programs and operations*, is clearly a multi-year goal. The two strategies will be ongoing and guide the work of the PFAC for the long term.

*Strategy 1: Educate Suburban Hospital leadership, staff, volunteers, patients, and families about patient- and family-centered care.*

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

From year to year, the PFAC anticipates that the initiatives outlined under each strategy may change to reflect the progress made, but many of them will be ongoing efforts to integrate patient- and family-

centered care and patient and family advisors into hospital operations. As noted earlier in this report, additional PFAC recruitment will be critical to carrying out the plan. The PFAC also recognizes the importance of demonstrating to hospital staff through our educational efforts and initiatives the value that the PFAC—and its patient and family advisors—can bring to support and enhance quality care for Suburban’s patients and their families.

## **VI. Conclusion**

The PFAC has made significant progress this past year in defining its mission and beginning to serve as an active partner in Suburban Hospital’s journey toward becoming a patient- and family-centered health care facility. To continue making progress, the PFAC will work to increase its membership and educate staff about the principles and benefits of engaging on this journey. The PFAC looks forward to this challenge and appreciates the growing opportunities to engage in partnership with Suburban Leadership and staff.

# Attachment A

## The Patient and Family Advisory Council (PFAC) Charter

### 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 members of its staff.

### Mission Statement

The PFAC is dedicated to enhancing the quality and success of patient care by providing ongoing insight into actual patient and family experiences, fostering an atmosphere and utilizing approaches that encourage and enable collaboration among all parties, and working to imbed patient- and family-centered care into hospital policies, procedures and programs.

### Council Responsibilities

**Identify:** Identify existing best practices in patient- and family-centered care, including both those within Suburban Hospital and those from other sources, and share those across the organization.

**Advise:** Work in an advisory role to enhance patient- and family-centered care initiatives at Suburban Hospital by collaborating with existing hospital committees.

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

**Participate:** Provide patient/family member representation on committees, councils, and work groups including, but not limited to, PFAC, patient safety, quality improvement, facility design, service excellence, ethics, and education committees.

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

**Educate:** Collaborate with Suburban Hospital staff to facilitate patient and family access to information. Influence and participate in Suburban Hospital's staff orientation, patient/family education, and discharge/transition planning.

**Evaluate:** Evaluate the role of the PFAC in improving outcomes for patients and their families while at Suburban Hospital.

## **Structure and Membership**

The PFAC will consist of 10-15 patient family advisors from the community, representing the diversity of the Suburban Hospital community, and no more than 8 Suburban Hospital staff. The PFAC will be led by two Co-Chairs, one of whom will be a patient family advisor and one will be a hospital staff member. The Chief Nurse Officer, or his/her designee, and the Director of Service Excellence, or his/her designee, will be members of the PFAC. The Co-Chair terms will be two years, which may be renewed through the renomination process for multiple terms.

## **Nomination and Application Process**

Recruitment of PFAC members will be initiated by referral from all disciplines including Suburban Hospital staff and physicians, as well as from current PFAC members. Periodically the opportunity to serve on the PFAC also will be announced in the newsletter sent to the community. If you would like to join the Patient and Family Advisory Council, please fill out this [membership application](#).

## **Membership Criteria**

- An applicant or their family member must have had a recent Suburban experience (within last two years).
- Consideration will be made to maintain a diverse PFAC representing our diverse patient population.
- Member must be able to fulfill the Roles and Responsibilities of the PFAC.
- Commitment to serve for a 2-year term with potential to renew or step down at the end of the term.

## **Terms of Appointment**

- A subgroup of the PFAC, including the Co-Chairs, will review the applications and select members of the PFAC and also decide on reappointments.
- The term of membership and reappointment will be two years. Council members may request to be reappointed.
- Resignation will be submitted in writing or via e-mail to Suburban Hospital PFAC Co-Chairs.
- Vacancies may be filled during the year as needed.

## **Roles and Responsibilities**

### **Patient and Family Council Members:**

- Attend each PFAC meeting, attend via teleconference if unable to attend in person, or notify the Co-Chairs in advance if unable to participate.
- Drawing on the member's own experience as a patient and/or family member, provide feedback to the hospital about the patient and family experience at Suburban and ways it could be improved.
- In collaboration with the hospital, 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.
- As requested by the hospital and based on the member's availability and interest, serve on other hospital committees.

- Engage thoughtfully and constructively around the issues and ideas discussed during each meeting.
- Be respectful of the unique background and perspective of each PFAC member.
- Be realistic and mindful of good health care practice and the hospital's budgetary, regulatory, and legal constraints.

#### **Co-Chairs:**

- Lead each PFAC meeting.
- Communicate activities and recommendations of the PFAC to the leadership of Suburban Hospital.

#### **Outputs of the PFAC**

- The PFAC will issue an annual report and provide regular updates to Suburban Hospital leadership.
- The PFAC may engage in a variety of information gathering activities such as open discussion with patients and family members, including focus groups, surveys, and open forums.
- The PFAC may engage in educational and policy making forums.
- The PFAC may serve as community liaisons, engaging patients and families in the community.
- Members of the PFAC may also serve on other committees as appropriate across the hospital system.

#### **Orientation and Training**

All selected patient and family applicants will receive orientation and training as to the mission and goals of the institution and the advisory council, as well as hospital regulatory and privacy issues.

#### **Confidentiality**

PFAC members will sign a confidentiality statement. PFAC members must 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. Any materials containing such information must be handled carefully so as to protect that information from disclosure. PFAC members must adhere to all applicable 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.

**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 designated staff/employee will distribute the minutes in a timely manner to all PFAC staff and PFAC members. Council minutes will be retained for a minimum of 5 years.

**Attendance:** It is expected that the members of the council will make every attempt to attend every meeting during their term.

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

### **Termination**

The Co-Chairs of the PFAC reserve the right to dismiss any member who is not compliant with this Charter. If a member has missed three consecutive meetings without notifying the Co-Chairs, this will be considered a resignation from PFAC.

## Attachment B

### PFAC Recruitment Card

We welcome individuals to serve as patient and family advisors at Suburban Hospital.



SB-2693

**Would you like to be a part of improving the patient and family experience at Suburban Hospital? Become a patient and family advisor.**

You can help us improve the health care experience for patients and families.

Please see the inside of this card for more information.

Sincerely,  
The Patient and Family Advisory Council



#### What are some of the ways that patient and family advisors help?

- Work with hospital staff to improve health care quality and safety for all patients.
- Provide input from the patient and family perspective about hospital policies and care practices.
- Serve on hospital committees to bring the patient/family experience to the table.

#### What skills do advisors need?

Advisors must be able to work collaboratively with others, have good communication skills and be willing to contribute constructive ideas.

#### What is the commitment?

You can volunteer to work on a short-term project, or make a long-term commitment to serve on a hospital committee, based on your availability and interests.

#### How can I find out more information?

Please contact Nancy Miller at 301-896-3043 to learn about the Patient and Family Advisory Council or the Ambassador Program. For information about other volunteer opportunities, contact Pamela Fogan at 301-896-3093.

# Attachment C

## PFAC Bookmark

### Patient and Family Advisory Council (PFAC)

PFAC brings together Patient and Family Advisors and Suburban Hospital staff who meet monthly to promote a culture of patient- and family-centered care.

#### Collaborating to Create a Patient- and Family-Centered Culture

Patients and family members interested in applying to serve as Patient and Family Advisors can contact the Service Excellence Office at 301-896-3043.

#### Online Resources

##### About PFCC

[www.ahrq.gov](http://www.ahrq.gov)  
[www.ihl.org](http://www.ihl.org)  
[www.ipfcc.org](http://www.ipfcc.org)

##### About Engaging Health Care Users

[www.aha.org](http://www.aha.org)



*Encouraging collaboration and partnership among health care providers, patients and families in the delivery of health care.*

### Core Principles of Patient- and Family-Centered Care

#### Dignity and Respect

Health care providers listen to and honor patient and family perspectives and choices. Providers incorporate patient and family knowledge, values, beliefs and culture into care planning and delivery.

#### Information Sharing

Health care providers communicate and share complete and unbiased information with patients and families in ways that are supportive and useful. Patients and families receive timely and accurate information so they may effectively participate in care and decision-making.

#### Participation

Health care providers encourage and support patients and families to participate in care and decision-making at the level the patients choose.

#### Collaboration

Patients, families, and health care providers work together to improve policy and program development, implementation and evaluation, health care facility design, professional education and care delivery.



**SUBURBAN HOSPITAL**  
JOHNS HOPKINS MEDICINE

## Attachment D

### Websites on Patient and Family Centered Care<sup>21</sup>

#### **Institute for Patient- and Family-Centered care (IPFCC) [www.ipfcc.org](http://www.ipfcc.org)**

The Institute's website includes a wealth of resources to support and advance the practice of patient- and family-centered care, including free downloads, online stories from patients, families, providers, and institutions, and an online store with publications, CD-ROMs, and more. The Institute also offers in-depth training seminars and conferences.

In-depth Seminar: *Hospitals and Communities Moving Forward with Patient- and Family-Centered Care: Enhancing Quality and Safety for Patients and Their Families*

[www.ipfcc.org/events/index.html](http://www.ipfcc.org/events/index.html)

*Advancing the Practice of Patient- and Family-Centered Care: How to Get Started AND Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Care Settings: How to Get Started* (Free downloads)

[www.ipfcc.org/tools/downloads.html](http://www.ipfcc.org/tools/downloads.html)

#### **Agency for Healthcare Research and Quality (AHRQ) [www.ahrq.gov](http://www.ahrq.gov)**

AHRQ funds, conducts, and disseminates research to improve the quality, safety, efficiency, and effectiveness of health care. The information gathered from this work and made available on the website assists all key stakeholders—patients, families, clinicians, leaders, purchasers, and policymakers—make informed decisions about health care.

#### **American Hospital Association (AHA) [www.aha.org](http://www.aha.org)**

The AHA is the premier membership organization for U.S. hospitals and provides leadership and advocacy for member hospitals to improve care for patients and their families. IPFCC collaborated with AHA to develop the toolkit, *Strategies for Leadership: Patient- and Family-Centered Care* and is available for download at: <http://www.aha.org/advocacy-issues/communicatingpts/pt-family-centered-care.shtml>

The AHA McKesson Quest for Quality Prize is a \$75,000 award that recognizes a hospital's exemplary leadership in aligning the agendas for quality, safety, and patient- and family-centered care.

[www.aha.org/aha/news-center/awards/quest-for-quality/overview.html](http://www.aha.org/aha/news-center/awards/quest-for-quality/overview.html)

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<sup>21</sup> Selected resources excerpted from Institute for Patient- and Family-Centered Care, *Partnering with Patients and Families to Enhance Safety and Quality: A Mini Toolkit*.

**Consumers Advancing Patient Safety (CAPS) [www.patientsafety.org](http://www.patientsafety.org)**

CAPS is a consumer-led nonprofit organization that brings together patients, families, health care professionals, and others to improve patient safety through education, research, development of error and near miss reporting systems and prevention strategies, and public policy initiatives.

**Institute for Healthcare Improvement (IHI) [www.ihl.org](http://www.ihl.org)**

IHI is a leader in advancing the improvement of health care. IHI's ever-expanding website has a wealth of information on patient and family involvement in quality improvement and research. This includes strategies to capture the patient and family experience of care, as well as to involve patients and families on evaluation teams.

**Institute of Medicine (IOM) [www.iom.edu](http://www.iom.edu)**

The IOM is affiliated with the National Academies of Science and serves as a nonprofit organization devoted to providing leadership on health care. IOM's major report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, serves as a landmark publication in examining the problems of the current U.S. health care system and offering strategies for change. The publication, *Preventing Medication Errors*, is part of the *Crossing the Quality Chasm Series* and is available from: <http://iom.edu/Reports/2006/Preventing-Medication-Errors-Quality-Chasm-Series.aspx>

**International Alliance of Patients' Organizations (IAPO) [www.patientsorganizations.org](http://www.patientsorganizations.org)**

The IAPO is an international alliance of patients' organizations that promotes patient-centered health care throughout the world. Core principles include respect for unique needs, preferences, and values; choice and empowerment; information sharing; and patient involvement in health policy.

**Josie King Foundation [www.josieking.org](http://www.josieking.org)**

In 2001, Josie King, the 18-month old daughter of Tony and Sorrel King, died from medical errors. This organization is dedicated to preventing others from dying or being harmed by medical errors. Efforts to promote partnerships among patients, families, and health care providers are integral to the foundation's work.

**Medically Induced Trauma Support Services (MITSS) [www.mitss.org](http://www.mitss.org)**

MITSS is a patient-led nonprofit organization creating awareness about medically induced trauma, promoting open communication among patients, families, and health care professionals, and providing support to individuals who have been affected by medical error.

**Caregiver Action Network (CAN) [www.caregiveraction.org](http://www.caregiveraction.org)**

NFCA serves as a clearinghouse of information and support for those caring for others who are aged, disabled, or chronically ill. There are a variety of stories and tools to empower family caregivers and promote advocacy.

**National Patient Safety Foundation (NPSF) [www.npsf.org](http://www.npsf.org)**

With its mission to improve the safety and welfare of patients in the health care system, NPSF provides an indispensable amount of resources including a specific area devoted solely to resources for patients and families who wish to get involved in patient safety initiatives.

**New Health Partnerships (NHP)**

<http://www.ihl.org/offerings/Initiatives/PastStrategicInitiatives/NewHealthPartnerships/Pages/default.aspx>

New Health Partnerships was an IHI initiative to bring together an online community for patients, their families, and health care providers dedicated to improving the health care and lives of people with chronic conditions. Profiles of individuals and organizations, information, tools and other resources promoting collaborative self-management support are archived at the IHI website.

**Patient Safety and Quality Healthcare (PSQH) [www.psqh.com](http://www.psqh.com)**

This online journal offers numerous articles highlighting the role of patients and families in patient safety and identifying strategies and benefits.

**Professionals with Personal Experience in Chronic Care (PPECC) [www.ppecc.org](http://www.ppecc.org)**

This group of health care professionals established PPECC to advocate for improved systems of care after personal and family experiences with chronic illness and long-term care. Health care professionals are encouraged to share their personal experiences with the health care system in order to promote greatly needed change.

**Pulse of New York [www.pulseofny.org](http://www.pulseofny.org)**

PULSE is a community-based nonprofit organization developed and led by patients and families who have experienced medical error. Its mission is to use patient and family stories in increasing patient safety awareness and reducing the incidence of medical error. It provides support to patients and families who have experienced errors and offers training for patient and family advocates for safety within the health care system.

**Remaking American Medicine (RAM) [www.ramcampaign.org](http://www.ramcampaign.org)**

In 2006, PBS aired the Remaking American Medicine series that presented the current state of health care and strategies for improvement. This website was created to support the work of local communities across America to effectively improve the quality of health care.

**The Sorry Works! Coalition** [www.sorryworks.net/](http://www.sorryworks.net/)

This coalition, composed of all stakeholder groups, including providers, lawyers, and patients, is promoting a transparent model of disclosure of medical errors titled, Sorry Works! Details about the model and related data are presented on the site.

**World Alliance for Patient Safety: Patients for Patient Safety**

[www.who.int/patientsafety/patients\\_for\\_patient/en](http://www.who.int/patientsafety/patients_for_patient/en)

The World Health Organization has created the alliance and is partnering with patients and families who have experienced error to improve patient safety in all settings across a global network of organizations.

## Attachment E

### 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 F

## PFAC Membership Application



### Patient & Family Advisory Council (PFAC) Membership Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Have you or a family member received care at Suburban Hospital within the past year or have you been an advocate for a relative or friend who received care? Yes\_\_\_\_\_ No\_\_\_\_\_

Please check area(s) where care was received (please check all that apply):

- Inpatient
- Outpatient
- Emergency Department
- Other programs, departments, services: \_\_\_\_\_

2. Why would you like to be a member of the PFAC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What special interests or experiences would you like to offer the Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. If you have served as an advisor for other programs or as a volunteer or on boards of other organizations, please briefly describe this experience:

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5. We believe that the attributes of a good PFAC member include being a good listener, having excellent communication skills, working collaboratively, and demonstrating confidentiality. Do you believe that you have these attributes and why?

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6. Have you done public speaking or teaching? If so, please describe:

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7a. The PFAC meets monthly from 5-7PM at the hospital. Are you able to attend meetings at that time?

- Yes
- No

7b. Please specify times when you are able to attend meetings:

- Daytime: (7am – 5pm)
- Evening: (5pm – 8pm)
- Weekends (Sat/Sun)

8. The PFAC frequently communicates through email and through Word/ Excel/PowerPoint documents. Are you able to receive documents and communicate through email?

9. I would be interested in helping with:

- Developing/Reviewing Patient/Family Educational Materials and Website resources
- Annual Service of Remembrance
- Ensuring Patient Safety and the Prevention of Medical Errors
- Educating New Employees and other staff about the Experience of Care and Patient Family Centered Care
- Participating in Facility and Signage Design Planning
- Improving the Coordination of Care, Discharge Planning, an the Transition to Home and Community Care
- Other \_\_\_\_\_

Do you know of any other individuals or family members who have experienced care at Suburban Hospital and who might be interested in serving as an advisor?

Please provide their name/contact information below:

**Please return your completed application form to:**

**Nancy J. Miller, MHSA, CHC  
Corporate Director, Customer Relations and Service Excellence  
Suburban Hospital  
8600 Old Georgetown Road  
Bethesda, MD 20814**