

Seamless Care: Collaborating with Patients & Family Members to Enhance Services within a Multi-Site Cancer Care Setting

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Our Objectives

- To describe:
 - Our multi-site facility and our PFCC council
 - The methods used in recruiting and retaining PFCC members
 - The challenges and barriers faced in implementing PFCC at multi-site adult out-patient cancer care facilities – at implementation phase and ongoing
 - Patient and family involvement
- To share:
 - Outcomes currently achieved
 - Lessons learned
 - Resources utilized

Memorial Cancer Institute (MCI): Who we are

- 3 locations = 3 different cultures / administrative set-up
- Public, non-profit tax assisted facility
- All cancer diagnoses
- Breast cancer specialty site
- Hematology/Oncology
- Radiation Oncology
- Opening a Bone Marrow Transplant Outpatient Program
- 20% + is Spanish speaking, 8% Creole speaking
- Adults only
- Urban area – between Miami/ Ft. Lauderdale
- On hospital properties



Memorial Cancer Institute: Who we are

- In-patient floors which coordinate with outpatient services
- All 11 hematology/oncology physicians are employees of MHS
- 5 radiation oncologist physicians are contracted with Memorial Healthcare System
- 5100+ patients seen in an average month – average of 57 patients a day at each site
- Photopheresis on site
- Comprehensive cancer center
 - Infusion room, lab, pharmacy
 - Support services (nutritionist/dietician, social worker, Reiki therapist, massage therapist, acupuncture)



What does PFCC look like in a multi-site adult cancer care setting?

- Working with pt/ families who have other obligations- they are trying to multi-task their responsibilities
- Chronic care issues
- Coordination of care with other healthcare providers
- Need to educate patients & families on how to manage healthcare needs at home
- Institutional needs (quality, safety, cost efficiency)
- Need for reassurance and support
- Multi-site issues (various experiences)
- Co-morbid conditions



Members of the PFAC

- Patients (open to all cancer / blood disorders)
- Family members (adults and teens)
- MCI Social workers
- MCI Administrative representatives, on a rotating basis
- Physicians (at times)
- Other staff members, at the request of council members



PFAC Logistics

- Make-up intentionally encompasses all locations
- 7 patients
- 4 family members (including a teen member)
- 1-2 front line staff
- 1-2 social workers
- 1-2 management representatives
- Community representation or department leaders as requested by PFAC
- Monthly meetings at central location
- Meetings usually last 2 hours
- Meetings are held to an agenda

Recruitment of PFAC Members

- Town hall meetings at central location, advertised at each cancer center site and by word of mouth
- Physician and other staff members' recommendations, based on their knowledge of patients and/or family members
- Current advisors
- Advertise at related support group meetings
- Flyer posted at all sites
- PFAC Newsletter



Retention of PFAC Members

- Constant feed back loop of information
- Implementation of PFAC suggestions
- Active administration participation
- Fresh ideas presented by various people
- New learning opportunities
- Satisfaction of seeing changes
- Consistent recognition of PFAC



How we started & continue to survive

- Administrative support is KEY
- First step – Create a formal PFAC, via recruiting efforts
 - Utilize a centralized meeting location
 - Time demands of advisors (flexible with meeting times)
 - Recruit from all sites, in order to have balanced representation
 - Adaptive to absenteeism due to ongoing medical issues
- Second step
 - Advisors define the primary issues that need immediate attention (updated at every meeting)
 - Obtain staff endorsement of PFCC
 - Get staff buy-in by collaborating with the PFAC on issues important to them
- Third step
 - Continued interaction between PFAC and system representatives / constant feedback
 - Continued investment in PFAC (recruitment/retention)



Admin.

**Department
Leaders**

Clinical Managers

Direct Care Staff/ Employees

Before PFCC

Patients & Families

Direct Care Staff/ Employees

Clinical Managers

**Department
Leaders**

Admin.



PFCC

Beginning the Journey of Change...

Critical Steps

- Education & buy-in of administrators and staff from all sites are crucial steps to sustainability.
- Applying PFCC principles begins with the creation of an advisory council.

The PFAC members' input is necessary in the remaining steps.

- The PFAC must be more than a façade. In order to be effective, they need respect, authority and collaboration with the healthcare system. You have to illustrate that this is evident.

With change, comes resistance...

When implementing PFCC through policies and procedures, common fears include:

- Fear that patients/ families will take over and disregard the staffs' expertise and knowledge base
- Fear that patients/ families will be allowed to be rude and/or abusive to staff or others
- Fear of admitting fault and/or medical errors
- Fear of loss of control on behalf of the staff and administration
- Fear of confidentiality issues (HIPAA)



With change, comes resistance...

- Resistance of uniformed culture among different sites
- Competition between sites
- Be cautious to not exclude or over emphasize a particular site
- Be cognizant of site specific issues

Fear of change!!!

Utilizing and Maximizing PFCC

- Proper utilization
 - When selecting advisors, we interviewed them to determine their interest and their ability to evaluate beyond just their circumstances (challenges and bad experiences are expected and appreciated, but advisors should be able to see the whole picture)
 - Education of staff and physicians regarding the collaboration process to encourage patient and family involvement
 - Dedication of time and resources
 - The advisory council has authority to make changes:
 - Join committees
 - Review policies
 - Become involved in planning process from the beginning



Utilizing and Maximizing PFCC

- Maximizing benefits
 - Higher patient satisfaction, i.e. provides reassurance and support to patients/families that their needs and concerns are being addressed, increases information sharing, and encourages patient/family involvement
 - Increased patient compliance
 - PFCC has shown to increase safety
 - Decrease med errors
 - Minimization of side effects from various treatments
 - Provides direct and open communication between patients and families and the healthcare system
 - Meeting JACHO requirement of patient/family involvement in safety initiatives
 - Higher staff satisfaction, i.e. lower turnover, lower use of sick time and higher productivity



Progress becomes evident...

- Memorial Cancer Institute PFAC shows progress in a variety of steps they have taken along the way...
 - Participate in multi-site committees (cancer calendar, cancer committee, safety sub-committee)
 - Review and make recommendations to all facility designs
 - Recommend changes to ease registration and billing processes and maintain uniformity between sites
 - Provide strategies for communication enhancement between patients, families and physician's visits as well as between sites
 - Ensure consistency between facility services
 - Identify gaps in continuity of care between and within settings

Effective strategies

Memorial Cancer Institute's Lessons Learned

- Education of administrators and staff – this is now a required part of their orientation
- Continued education of PFCC through lunch & learns, advisory newsletters, CEU events, and will be initiating into the staff annual evaluations
- Detailed expectations for the advisory council, as well as what we will provide them & what their authority includes
- Developed, with the advisory council, a structured format for how they would operate
- As much as possible changes are flexible, negotiable, and created in collaboration between the advisors and the system rather than by the system



Challenges and Barriers: For Anyone

- Lack of Administrative Support – Can be overcome via education (use of research and statistics are preferred) and the sharing of true life experiences (have patients/families tell their stories)
- Financial issues and resources – To be successful someone has to believe in the cause, be willing to do the work to make it happen
- Recruitment and retention of advisors: both “lay” and medical professional – Best success comes from word of mouth



Challenges and Barriers: For Multi-Site Facilities

- Getting the word out – consistently – It helps to have a representative from each location involved
- Coordination, coordination & coordination!
 - Creation of system wide policies and procedures
 - Getting staff buy into the system wide changes
 - Determining what can be flexible because each site will have it's own personality
 - Setting system wide expectations
 - Getting all administrators to agree on a shared vision and shared goals

The Journey...

- Providing services in collaboration with patients and families is possible and can enhance service provisions. It is more than a change in actions, it is a change in the philosophy of care.
- To have this change occur effectively and to everyone's benefits requires commitment and dedication to the journey from a group of people who are willing to stay the course in spite of the "fear of change".
- Respect and collaboration is VITAL – from administration, staff, and advisors.
- Start with baby steps, things don't change all at once.
- Be flexible: It is a journey and things will not always be as you envision. Listen to everyone who has a stake in the process and collaborate for a win-win situation.

