

Patient- and Family-Centered Care

Annual Report

Jeffords Institute for Quality



October 2016

“Patient and family-centered care is a journey, not a destination.”

*- Bev Johnson, President/CEO
Institute for Patient- and Family-Centered Care*

Patient- and Family-Centered Care

Jeffords Institute for Quality

Patient- and Family-Centered Care is an “innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care, patients, families, and providers.” (Institute for Patient- and Family- Centered Care)

This fiscal year (FY2016) the efforts to become an increasingly Patient- and Family-Centered organization have focused on implementing the PFCC plan, and continuing to promote culture change as we work to embed the patient and family perspective in all we do across the organization.



PATIENT- AND FAMILY-CENTERED CARE EXECUTIVE STEERING COMMITTEE REDESIGN

A new Patient- and Family Centered Care Executive Steering Committee was formed in February 2016 with the goal of continuing the work of the FY 2015 Steering committee while assuring broader representation from all areas of the organization.

The PFCC Executive Steering Committee is comprised of representation from:

- nursing (both nurse leadership and 2 staff nurses)
- physicians (representing surgery, critical care and ambulatory/primary care)
- house staff
- clinical operations
- support services
- the University of Vermont College of Nursing and Health Sciences
- patient/family advisors.

This group serves in a guiding capacity to support The University of Vermont Medical Center in transforming its organizational culture and care delivery processes to those that engage patients and families in their health care. Its primary function is to assure alignment of activities related to PFCC with current evidence and best practices. The Executive Steering Committee also serves as the primary vehicle to drive PFCC priorities and endorses work teams and provides support in terms of resources, removing barriers and providing guidance.

This summary will outline the work accomplished to date and highlight proposed next steps as we continue to strive to become an exemplar organization in our implementation of patient and family centered care.

Patient- and Family-Centered Care FY16 Executive Steering Committee

PATIENT- AND FAMILY-CENTERED CARE EXECUTIVE LEADERSHIP

Kate FitzPatrick, RN, Chief Nursing Officer
James Wallace, MD, Chair, Radiation Oncology
Amy Cohen, PhD, PMP: PFCC Program Manager

PATIENT- AND FAMILY-CENTERED CARE EXECUTIVE STEERING COMMITTEE

Gil Allen, MD
Laura Dattilio, RN
Diane Imrie, R.D.
Frank Ittleman, MD
Jason Kirchick, Patient/Family Advisor
Hans Moen, MD
Julie Morse, RN
Patty Prelock, PhD
James Ulager, MD
Kelly Walters, Patient/Family Advisor
Kim Woods, PT
Amanda Young, RN

Understanding Patient- and Family-Centered Care

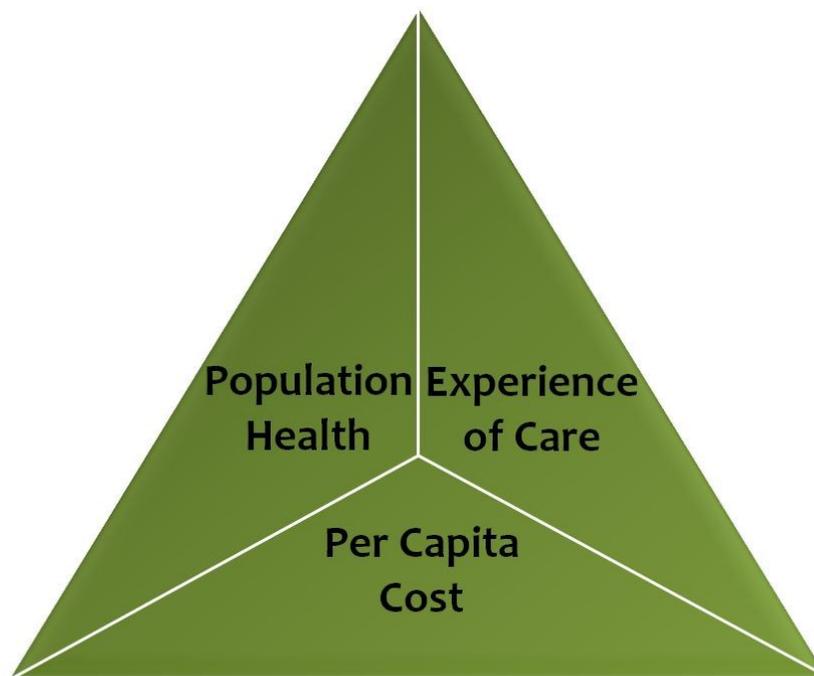
PATIENT- AND FAMILY-CENTERED CARE CORE PRINCIPLES

Dignity and Respect - Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing - Patients and families receive timely and accurate information in order to effectively participate in their care. Information is shared with patients and families in ways that are affirming and useful.

Participation - Patients and families are encouraged and supported to participate as integral members of their health care team.

Collaboration - Patients and families are included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.



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Patient- and family-centered care is sometimes thought of as a nice thing to do. Or better yet, perhaps the right thing to do for patients and their families. However, Patient- and family-centered care is not just about treating patients and families as they want to be treated. At its heart, patient- and family-centered care is highly aligned with the triple aim for health care, and research on PFCC shows that it results in improved outcomes for patients, families and staff, and better, safer, more cost effective care.

Recruiting Patient/Family Advisors

Patient/family advisors are patients or family members of patients who volunteer to work in collaboration with the organization in order to improve the safety, quality and delivery of care.

They bring the patient and family perspective to policies, programs, facility design, operations and education, and become part of our team on committees and workgroups designed to improve patient care. They share their story and their health care experiences to educate and train our staff and providers, and continually remind us of the patient and family perspective.

Over the course of FY2016, efforts to recruit patient/family advisors continued as the role became increasingly understood and valued.



FY2016 ACTIVITIES:

- An additional 65 patient/family advisors were recruited this fiscal year, bringing the current total to 92.
- A variety of strategies continue to be utilized to recruit patient/family advisors, including:
 - ◇ staff referral
 - ◇ a patient/family advisor webpage on the UVM Medical Center website
 - ◇ targeted advertising on the Front Porch Forum, the Vermont Digger website, and other select community publications
 - ◇ a recorded on-hold message about the opportunity to become a patient/family advisor that patients and families hear when they call the Medical Center and are on hold for any reason
- Patient/Family Advisor recruitment cards (pictured above) were created and distributed across the Medical Center along with education materials to support employees in identifying and inviting patients and families who might make good collaborative partners.

PLANNED FY2017 ACTIVITIES:

- Maintain a cadre of at least 100 active patient/family advisors.
- Continue to monitor and build diversity of patient/family advisor to assure representation is reflective of our community.
- Facilitate 4 community input sessions with targeted populations that have been unrepresented to date in recruitment efforts.

The Faces of Change

Get to know these faces of change— some of the many patient/family advisors who are partnering with us to improve care.



Amy Cohen | Jeffords Institute for Quality

The Faces of Change



Patient/ Family Advisor Onboarding and Deployment

The sphere of influence for our patient/family advisors has grown dramatically over the past fiscal year.

FY2016 ACTIVITIES:

- A close collaborative relationship has been maintained between our Patient– and Family-Centered Care Program and our Volunteer Services. As a result, new advisors are on-boarded as hospital volunteers, completing background checks, signing confidentiality agreements, and attending a specialized patient/family advisor orientation to help prepare them for their role.
- Patient/family advisors are currently participating as full and active team members on 75 different projects or committees including working groups focused on:
 - Quality Improvement projects
 - Facilities design
 - Research
 - Service design/development
- Now that the numbers of engaged patient/family advisors better meets the needs of a system our size, we have begun assigning 2 patient/family advisors to most opportunities as is the best practice recommendation. Inviting a minimum of 2 advisors better promotes diversity of voice and perspective, and allows for peer support for the advisors engaged in this work.



PLANNED FY2017 ACTIVITIES:

- Continue to prioritize deployment of advisors onto any project or workgroup where patient/family voice is sought as the primary role and opportunity of influence for advisors.
- Continually evaluate and pursue opportunities in areas where patient/family advisors have not yet routinely been engaged in the work, including safety committees, leadership settings, and interview/hiring committees.
- Continue to evaluate the inclusion of patient/family advisors from both the advisor and the employee perspective to assess ongoing training and support needs and assure participation is meaningful.

Committees and Projects Integrating Patient/ Family Advisors into their work

Adverse Drug Events-UVM Children's Hospital
 Advisor Onboarding Workgroup
 Asthma Exacerbation Pathway project
 AYA CF Transition Project
 Baird 4 Non-Teaching ACU
 Bedside Nurse Communication Summit
 CABS Prevention Team - UVM Children's Hospital
 Cancer Service Line Advisory Committee
 CHNA Workgroup- Affordable Housing
 CHNA Workgroup- Chronic Conditions
 CHNA Workgroup- Early Childhood
 CHNA Workgroup- Healthy Aging
 CHNA Workgroup- Healthy Eating
 CHNA Workgroup- Mental Health
 CHNA Workgroup- Oral Health
 CHNA Workgroup- Removing Barriers to Care
 CHNA Workgroup- Substance Abuse
 CNHS Advisory Council
 Community Health Integration
 Children's Specialty Clinic Re-imagination Project
 Culture Change/ Education Workgroup
 Culture of Quiet
 CV Service Line Operations Committee
 Dental Landscape Workgroup
 Department of Medicine QA&I committee
 Dialysis Team
 Discharge Kaizen Event
 Diversity
 Donor Breast milk Project
 Ethics Committee
 Pediatric Family Centered Rounds
 G-Tube Simulation Training Project
 ImprovCare Now Quality Council
 Infection prevention- UVM Children's Hospital
 Infusion/Transfusion scheduling
 Integrative Health Advisory Board
 Key Informants Study of QI Teams
 Leader Rounding
 Lower Back Pain/PT workgroup
 McClure 5 Patient Experience Team
 Medical Group Outpatient Patient Safety Committee
 Medication Reconciliation
 Mindfulness/Resiliency Team
 Musculoskeletal service line
 MyHealth Online Advisory
 Neurology staffing committee
 Nutrition Services Performance Improvement
 Open Notes Workgroup
 Patient Flow- Admission
 Patient Flow- Belongings
 Patient Flow- Discharge
 Patient Handling Committee
 Patient Observer Task Force
 Patient/Mobility and Handling- outpatient
 Pediatric ED Team
 Primary Care Council
 Privacy Workgroup
 Psychiatry Construction User Group
 Psychiatry Operations
 Psychiatry- Program Quality Community Meeting
 Psychiatry Quality Council
 Psychiatry- Seclusion and Restraint
 Radiology /Cardiology Waiting Room Design
 Radiology Patient Experience Committee
 Regional Transport Center Steering Committee
 Restraint Committee
 Smoking Policy Workgroup
 Spina Bifida Collaborative Care Clinic
 Transforming Neurology
 Transforming Oncology
 Transgender clinic Project
 Venous Thrombus Embolism (VTE) Prophylaxis in the Ambulatory Cancer Center
 Welcoming Workgroup

Feedback from Patient/Family Advisors Regarding their work

"Our voice is being heard and that is a huge step towards partnership for our mutual healthcare."

"They truly seemed glad to have us there and wanted our input. 2 nurses sought me out and we commiserated about the pain of losing a father and husband. There also seemed to be some interest in having advisors actually on the units!"

"I felt heard and I felt listened to."

"I felt privileged to be part of this movement to change the culture at UVMMC."

"I could see week to week how my ideas were incorporated into the plans that had been drawn up already. It was amazing to me the group was as committed to listening, really listening, as we shared experiences, and make the changes we offered."



"As for me, I'm greatly enjoying my meetings with the young people who are tackling the immense task of changing the entire culture of UVMMC for the better. I have become inspired by their enthusiasm. Almost without exception, every friend or acquaintance to whom I've mentioned my association with the PFCC program has told me about an experience at the hospital that has made a lasting impression. I am absolutely convinced that success in this endeavor will be widely welcomed in the entire community. I am proud to be associated with the effort."

Feedback from Employees Regarding their Partnership with Patient/Family Advisors

"I was impressed "all the way around" with how "natural" it seemed to feel for both the committee and our advisor to work together from the get-go."

"The advisor broadened the scope of what the project was looking at and added important items to consider with safe patient handling and mobility."

"We think they made a difference every step of the way. We should never design patient/public spaces without the voice of the patient/family front and center."

"When the team was unable to come to consensus on a proposed strategy, the patient advisor provided their input on the proposal and swayed the decision of the group."

"Advisors have helped to change our mental models from the traditional definitions of "Noise" and "Night" and "Quiet" to broader concepts."

"Another set of eyes' are always helpful. Also, in approaching other groups for approval or acceptance of our work, the presence of a patient in the group gave us some additional credibility."

"We wouldn't be as successful as we're being without our advisor"



"I have not seen any hesitation to discuss issues with our advisors in the room--they see them as equal partners in the individual missions of the committee/council/board"

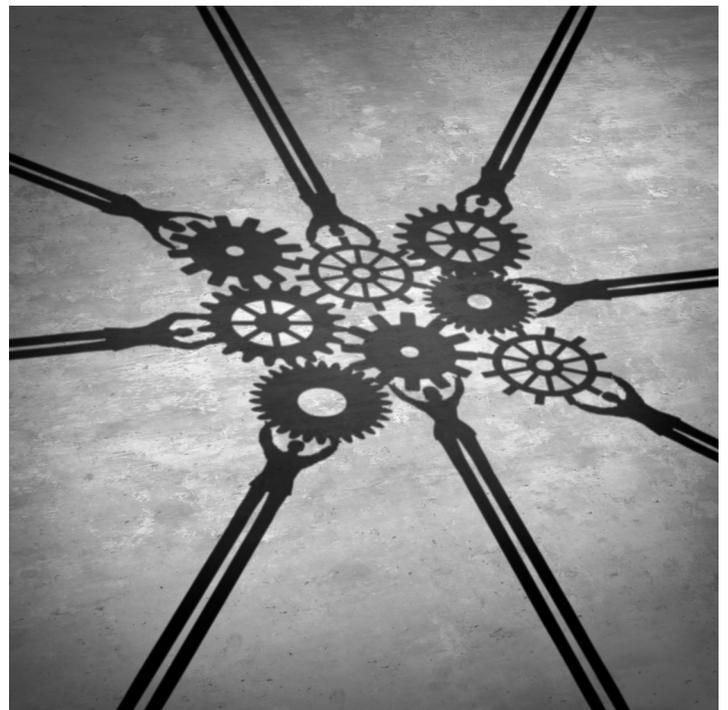
Evaluating the Effectiveness of partnerships

EVALUATION PROCESS

In order to evaluate the effectiveness of the partnerships between patient/family advisors and healthcare providers, a survey was administered to all advisors participating on a project or committee asking them to reflect on their participation and the degree to which they felt included, valued and impactful. Employees were also asked to complete a related survey evaluating the integration and impact of advisors from their perspective.

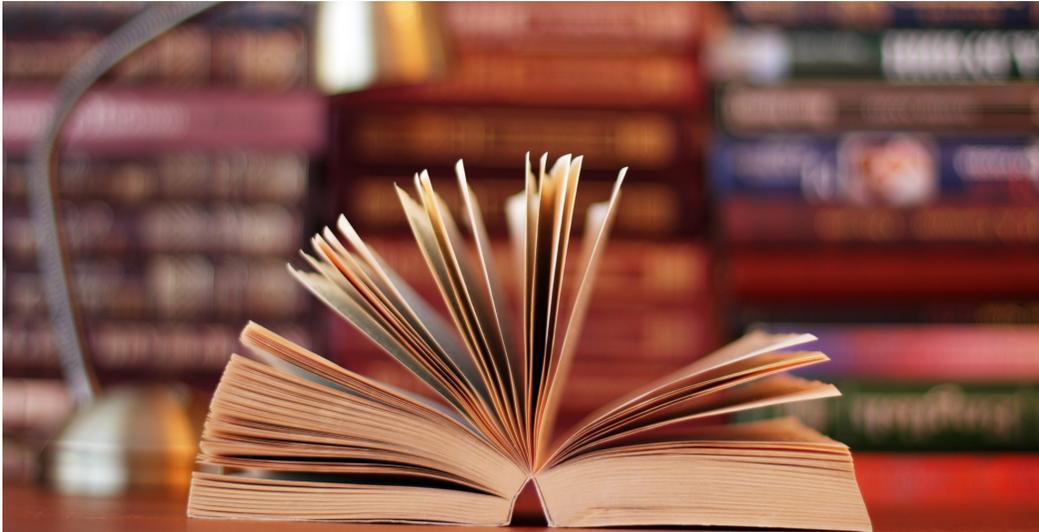
KEY FINDINGS

- All patient/family advisors and employee respondents either agreed or strongly agreed that the advisor was welcomed to the committee or project.
- Eighty-eight percent (88%) of advisors reported feeling that they were included as a full member of the group and that they felt comfortable participating and speaking up to share ideas, input and examples.
- Eighty-one percent (81%) of advisors agreed or strongly agreed that when they had something to share, their opinions were valued and respected, while an even greater percentage of employees (92%) reported respecting the contributions made by advisors.
- Almost all advisors (94%) and all employees (100%) agreed that advisor participation was worthwhile.
- While some advisors (25%) reported being uncertain that their presence and participation positively impacts the group, employees were much more certain (92% agreement) that having a patient/family advisor has a positive impact on the committee's work.



Patient/Family Stories

“Facts bring us to knowledge but stories lead us to wisdom.” ~Rachel Naomi Remen, MD Author Kitchen Table Wisdom



“I am always amazed at people’s generosity. These stories, good or bad, represent a very emotional and vulnerable aspect of each patient who tells them. They are gifts to be treasured. I cannot imagine what it takes to be the story teller and revisit highly emotional experiences. I believe it must be their commitment to the belief that one single moment can have a great impact on people if only we seize that moment and allow the connection to happen.”

- Director Feedback

We are embedding patient and family stories into the fabric of our organization and fostering a culture where not just the “thank you card” story, but also the story that is sometimes more difficult to hear, the story of something that did not go as well as it might have, is told and valued.

FY2016 ACTIVITIES

- Patient/family stories were shared at 2 grand rounds presentations, the Quality Symposium, All Leaders Meetings, the Waldron Lecture, Practice Council & Unit staff meetings, the Bedside Nurse Communication Summit, Staff Education Days, and the Patient Safety Forum.
- Ninety-eight percent of Medical Group Outpatient Clinics had a patient or family member share a story at a staff meeting this fiscal year.
- Every New Employee Orientation session now includes a patient/family advisor sharing a story about the care that they receive at the University of Vermont Medical Center with an emphasis on the ways that employees, regardless of their position, can impact the patient/family experience.
- Several patient and families stories have been recorded and edited into 3-5 minute videos available for use to share at a meeting or forum where a patient may not be available to attend in person, but where the story and voice of the patient and family are important.

PLANNED FY2017 ACTIVITIES

- Continue to support and expand opportunities for patient/family story in diverse forums, including New Employee and New Leader Orientations, All Leader Meetings, Board of Trustee Meetings, Staff Meetings/Staff Education Days, and UVM Medical Center facilitated training events.
- Expand our video library of patient/family stories and develop a consistent, internal storage site so these resources can be quickly and easily accessed as needed.

UVM Medical Center Patient and Family Advisory Council

The University of Vermont Medical Center Patient and Family Advisory Council (PFAC) celebrated its one year anniversary in September 2016. The Advisory Council meets monthly for two-hours and includes 15-20 patient/family advisors, a staff liaison and rotating employee participating participation depending on the agenda and topics.

FY2016 PFAC HIGHLIGHTS AND OUTCOMES

- Patient/Family Advisors developed a working list of Always Events, defined by the Institute for Health Care Improvement as aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time.
- UVM Medical Center President and COO, Eileen Whalen facilitated a Town Hall style discussion with the PFAC sharing updates and highlights from the organization and listening to and responding to feedback, opportunities, and concerns.
- PFCC Executive Sponsors Kate FitzPatrick and Dr. James Wallace provided updates on their vision for PFCC and the role of nursing and physicians.
- The council provided consultation on a wide variety of topics including:
 - ◊ Employee IDs/ Badge Buddies
 - ◊ Creation of a Family Medicine Shared Agenda tool
 - ◊ Development of a Mail Order Pharmacy service
 - ◊ UVM Medical Group Ambulatory Welcoming work
 - ◊ Creating scripts for patients and families regarding infection precautions
 - ◊ Re-design of the UVM Medical Center Website



University of Vermont Children's Hospital Patient and Family Advisory Councils

The University of Vermont Children's Hospital has a larger Patient and Family Advisory Council (PFAC) as well as some specialty Advisory Councils including the NICU Family Advisory Council, and a Type 1 Diabetes Advisory Council, all which meet monthly.

UVM CHILDREN'S HOSPITAL PFAC

FY 2016 Highlights and Outcomes

- UVMCH PFAC significantly increased its membership in FY16, with the support of a newly created Children's Hospital Patient-and Family-Centered Care coordinator position, supported through grant funds from Children's Miracle Network Hospitals.
- The PFAC completed a long-term project designing an Inpatient Pediatric Guide written by and for families
- The council prepared and presented a Pediatric Grand Rounds which featured an overview of PFCC, an introduction to the Inpatient Guide, and 4 family stories about the challenges of navigating the system when your child is hospitalized
- The group provided consultation and feedback regarding the redesign of the University of Vermont Children's Hospital section of the main website
- UVMCH PFAC began work to create a resource guide for patient/families regarding the Children's Specialty Clinic

TYPE 1 DIABETES ADVISORY COUNCIL

FY 2016 Highlights and Outcomes

- Became a formal children's hospital advisory council in October, 2015
- Identified 'Community Education Nights' as their primary focus for the year and as a result presented 2 education nights, in January and April 2016

NICU FAMILY ADVISORY COUNCIL

FY 2016 Highlights and Outcomes

- Held annual 'NICU Reunion' at Shelburne Farms in August, 2016 where families reconnected with staff and one another and learned about opportunities to become family advisors
- Purchased and rolled-out notebooks for families, with a message reinforcing their role as valued members of the health care team and encouraging them to use the notebooks to record notes and questions



Always Events

The compilation of Always Events below, generated by our Patient and Family Advisor Councils, was created with the hope that this list might be used by the councils or other groups to target areas for improvement projects/initiatives which reflect patient and family priorities.

Patients should always be asked how they prefer to be addressed.

Employees should always introduce themselves and their role.

Always be in contact with someone in a reasonable amount of time- 15 minutes

Patients and families should always be told a time expectation for how long the wait might be and informed/updated if there are delays.

There are always accessible spaces, both registration spaces and clinical areas. We bring people into rooms that will adequately meet their needs.

Patients should always receive a response to a call button within a specified time.

Patients and their families should always have some orientation to the room, clinic, space, unit.

Physicians should always repeat back the primary concern/reason for the visit.

Patients/families should always be offered a confidential way to check in. Staff should always be aware of privacy concerns.

Patients/families should always know who is involved in their care.

Patients should always have the right to request that a student not participate in their care.

Patients should always be informed of procedure processes and anticipated outcomes and needs.

Providers should always address the patient, even if family support present.

Patients and family should always have easy access to food, if permitted.

Patient's religious and personal preferences should always be respected.

Providers will always inform their patients of diagnoses either in person or via telephone.

Patients and families should always have access to information in language and communication forms that can be understood.

Patient- and Family-Centered Care Education

Many activities were completed in FY16 to continue to promote broad understanding of the core concepts of PFCC and promote culture change given its importance as an organizational priority and foundation of our work.

FY2016 ACTIVITIES

- Forty-six educational presentations were completed with a focus on helping employees understand patient- and family-centered care and the core principles, and keeping them engaged and informed about PFCC initiatives.
- Three grand rounds presentations were completed with PFCC as the primary topic.
- Two posts on PFCC were written for the UVM Medical Center Blog and stories about PFCC, including advisor profiles, were incorporated into our employee publication, ONE, as another opportunity to educate, engage and inform regarding patient- and family-centered care.
- A PFCC Education workgroup was formed in April 2016. The workgroup:
 - ⇒ Designed and created a standard introductory self-directed training for employees intended to teach the core concepts of PFCC and illustrate how PFCC is being embedded into the work at UVM Medical Center
 - ⇒ Presented recommendations for ongoing Institute for Patient- and Family-Centered Care seminar participation and additional advanced training opportunities
 - ⇒ Provided recommendations about integrating patient /family story into existing educational opportunities
- Additional educational events were presented by Institute for Patient- and Family-Centered Care faculty including the Quality Symposium (highlighted on the following page) and the Waldron Lecture.

PLANNED FY2017 ACTIVITIES



- Implement the Introductory PFCC training, according to the PFCC Education workgroup recommendations.
- Pursue more advanced, in-depth PFCC education opportunities on-site, based on the recommendation from the PFCC Education workgroup.
- Support key leaders in attending Institute for Patient- and Family-Centered Care advanced leadership training opportunities.

Jeffords Institute for Quality 2015 Quality Symposium

The Jeffords Institute for Quality 2015 Quality Symposium featured a full-day presentation, *Patient– and Family-Centered Care: Partnerships for Quality and Safety*, by two leaders from the Institute for Patient– and Family-Centered Care (IPFCC): Bev Johnson, President and CEO of IPFCC and Sherry Perkins, PD, RN, Chief Nursing Officer of Anne Arundel Medical Center and IPFCC Faculty.

The Quality Symposium was attended by approximately 220 leaders and staff from across the UVM Health Network and 20 patient/family advisors who sat throughout the room and participated in discussion and action planning throughout the day.

Some highlights from the day included:

- A patient and family panel where 4 patient/family advisors shared their experiences to illustrate the concepts introduced by both presenters.
- Unveiling of a UVM Medical Center video highlighting the first year of our journey towards PFCC.
- Focused action planning time to allow attendees to connect ideas to action with the support of presenters.
- Introductions and closing remarks from 3 Senior Leaders which each included personal stories highlighting their deep belief in and personal commitment to PFCC.

Feedback from attendees was overwhelmingly positive and the result was great energy among attendees to move PFCC initiatives forward.



Bev Johnson, President and CEO of the Institute for Patient– and Family Centered Care



Sherry Perkins, Ph.D., RN, Chief Nursing Officer, Anne Arundel Medical Center, IPFCC Faculty

Eileen Whalen Highlights the Journey Towards Patient- and Family-Centered Care as IPFCC Keynote Speaker at International Conference



Eileen Whalen, MHA, RN, President and Chief Operating Officer of the UVM Medical Center gave the keynote address at the Institute for Patient- and Family-Centered Care's 7th International Conference on Patient- and Family-Centered Care: *Partnerships in care, Inter-Professional Education and Research.*

In her address, attended by more than 1000 participants from the United States, Canada and beyond, Eileen highlighted her personal commitment to PFCC, the role of leaders in supporting PFCC initiatives, and the importance of creating a leadership and incentive structure that fosters the work. She shared highlights of the rapid progress the University of Vermont Medical Center has made as we strive to become an increasingly patient- and family-centered organization and finally, highlighted her vision for the future.

Excellent Presentation! Eileen Whalen is a wonderful speaker. I connected with her immediately! Her personal story was powerful and her leadership so impactful! Thanks Eileen and IPFCC for this great Keynote address!

- Evaluation Feedback from IPFCC Conference Attendee

Public Awareness & Community Outreach Regarding Patient-and Family Centered Care

With the foundations of PFCC solidly in place in FY2016, the focus broadened beyond internal education to include public awareness. These activities provided an opportunity to highlight within the community the work that we have engaged in and the vision for PFCC and it's potential to shape how work is done and decisions are made over time.

FY2016 ACTIVITIES

- PFCC was highlighted in a number of community forums including the Community Rounds Program, The Community CEO Breakfast, Leadership Champlain, the Solutions for Patient Safety New England Forum, the Innovations in Health Care conference, and CVPH's EXPLORE conference.
- While PFCC is currently a UVM Medical Center strategic priority and not a UVM Health Network initiative, multiple opportunities to share PFCC progress and innovations were pursued including discussions and/or presentations at CVPH, CVMC and as well as at Porters Medical Center and Rutland Regional Medical Center.



PLANNED FY2017 ACTIVITIES

- Prioritize public awareness of PFCC initiatives in FY2017, including a media roll-out related to progress made in our new Welcoming Policy and the introduction of Open Notes (both featured in the following pages) as a reflection of our commitment to partnership with patients and families.

Transitioning from Traditional Restrictive Visitation to Welcoming

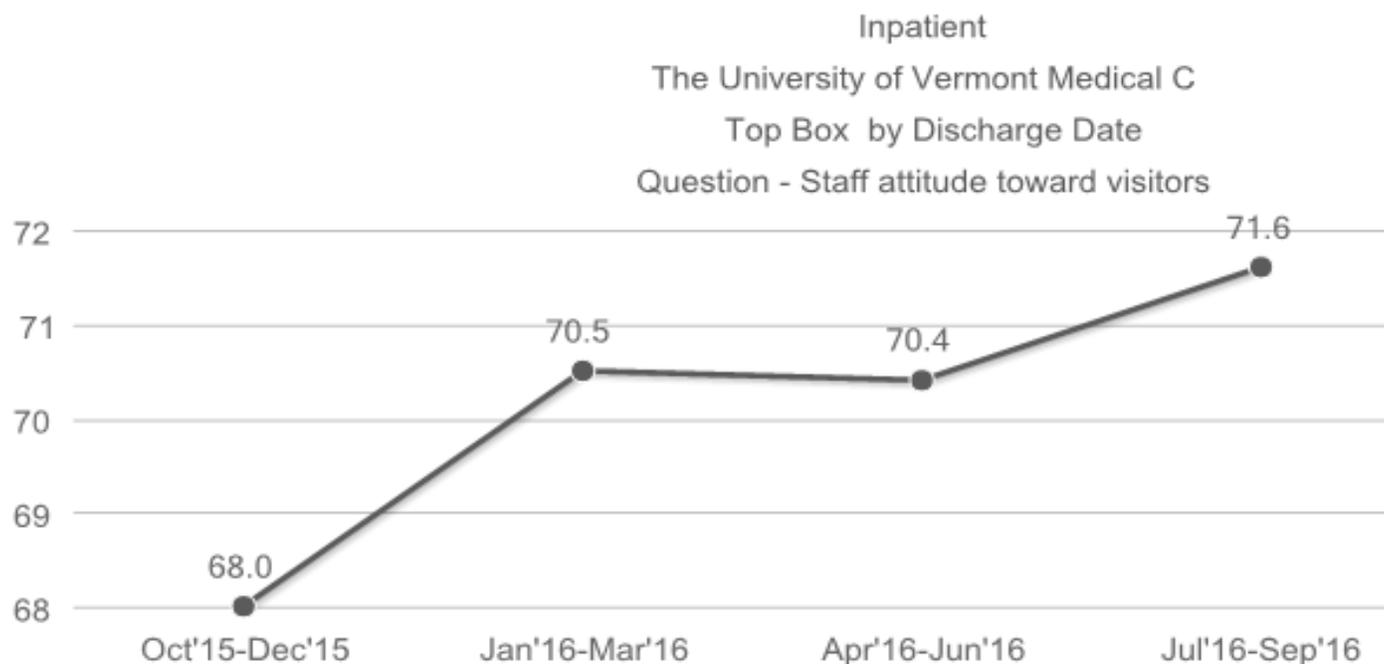
In FY16, The UVM Medical Center made great progress in our commitment to removing barriers which unnecessarily restrict patients and families from the opportunity to participate in their care. Most notably, we have worked to replace our traditional visitation policy with a welcoming policy, which allows patients to decide who is at their bedside when, rather than arbitrarily imposing restrictions.



FY2016 ACTIVITIES

- Currently, 14 of our 16 inpatient units (87%) have implemented the new policy, exceeding our FY2016 goal of implementation on 80% of units.
- A Welcoming Policy education plan has been implemented which included a number of organization-wide educational opportunities including a focus at the 2015 Quality Symposium, and presentations at the Resident Quality Council and Nursing Grand Rounds.
- Unit-specific education has been implemented on each unit which included an Introductory email sent from Nurse Managers reviewing PFCC and introducing welcoming as a goal for the unit. Nurse Managers solicited from staff their most significant concerns and fears regarding welcoming and these concerns and fears were brought back to the welcoming workgroup for discussion, problem solving and response. Prior to the identified implementation date, the Nurse Manager and PFCC Program Manager met with nursing and unit staff to review the policy, provide training, and respond to previously identified fears and concerns.
- Outcomes have been monitored as a result of implementation and data suggests no associated increases in security concerns or infection rates, but noted improvements in patient ratings of staff attitude towards visitors.
- As part of the implementation process many units created or updated patient/family guides or handouts to address questions and provide information about how to play an important support role while your loved one is hospitalized.

Transitioning from Traditional Restrictive Visitation to Welcoming, cont.

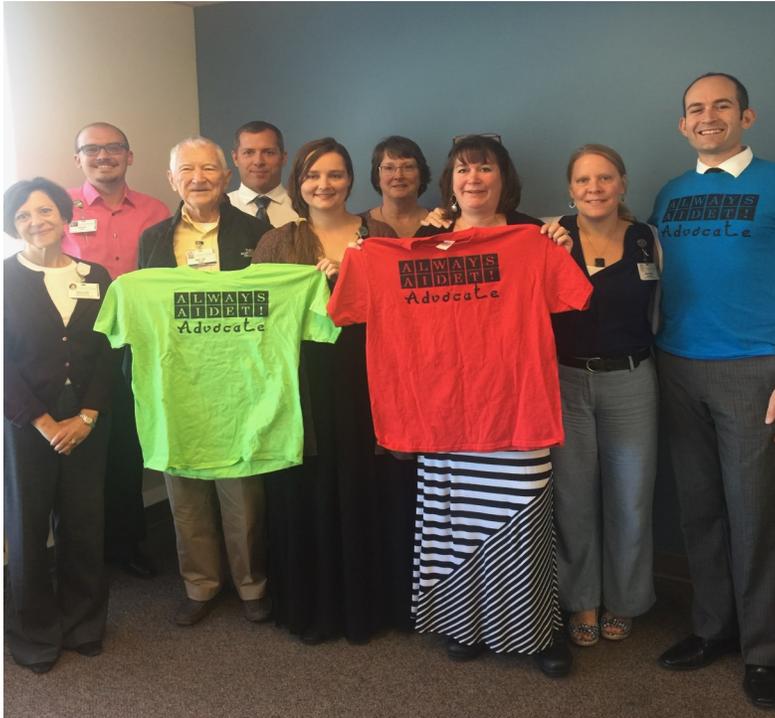


PLANNED FY2017 ACTIVITIES

- Continue to extend implementation of Welcoming Policy on remaining units (Neonatal Intensive Care Unit and Labor and Delivery), so the new policy is in place on 100% of all inpatient units by March 2017.
- Publish policy, currently in draft form.
- Update relevant patient education materials (e.g., UVM Medical Center website and Patient's Guide to Healing) with information related to the new policy to reflect current practice.
- Explore with Communications the pursuit of signage to introduce and reinforce welcoming in our physical environment.
- Work to define and extend "Welcoming" to procedural and specialty areas across the hospital including the Emergency Department by the end of FY2017.

Welcoming in Ambulatory Care Clinics

The University of Vermont Medical Group engaged in critical work in FY2016 to extend the concept of Welcoming beyond the inpatient setting and into the ambulatory care clinics.



UVMMG Welcoming Strategy Definition

The University of Vermont Medical Group defines Welcoming as any action that will have the following impact on our patient's doctor's office experience:

- We interact with all aspects of a patient's experience with friendliness and compassion.
- We improve communication and expectations between all employees, the patient and the patient's family (as defined by the patient).
- We improve the doctor's office environment by creating a warm and welcoming environment.

FY2016 ACTIVITIES

- Based its alignment with the Always Events identified by our patients and families, the Medical Group identified the AIDET model, renamed Always AIDET, as a core strategy for fostering welcoming in the clinic setting. AIDET represents 5 steps for improved communication: acknowledge, introduce, estimate duration of waits/procedures, explain and thank.
- A 1-hour Always AIDET training was developed and implemented with UVM Medical Group staff. Forty sessions were offered between April and May 2016 and 908 staff were trained in this communication framework designed to better share information about who we are, what we are doing and what patients/families can expect.
- The group also developed a tool box of welcoming strategies and choose 1 strategy from that tool box, the patient/family story, to implement in each of the Medical Group Ambulatory Clinics. By the end of FY 2016, 98% of ambulatory Clinics had invited a patient or family to share their story .

PLANNED FY2017 ACTIVITIES

- Work is planned in FY 2017 to introduce the AIDET model to physicians
- The UVM Medical Group will continue to encourage patient stories in outpatient clinics given their powerful impact.

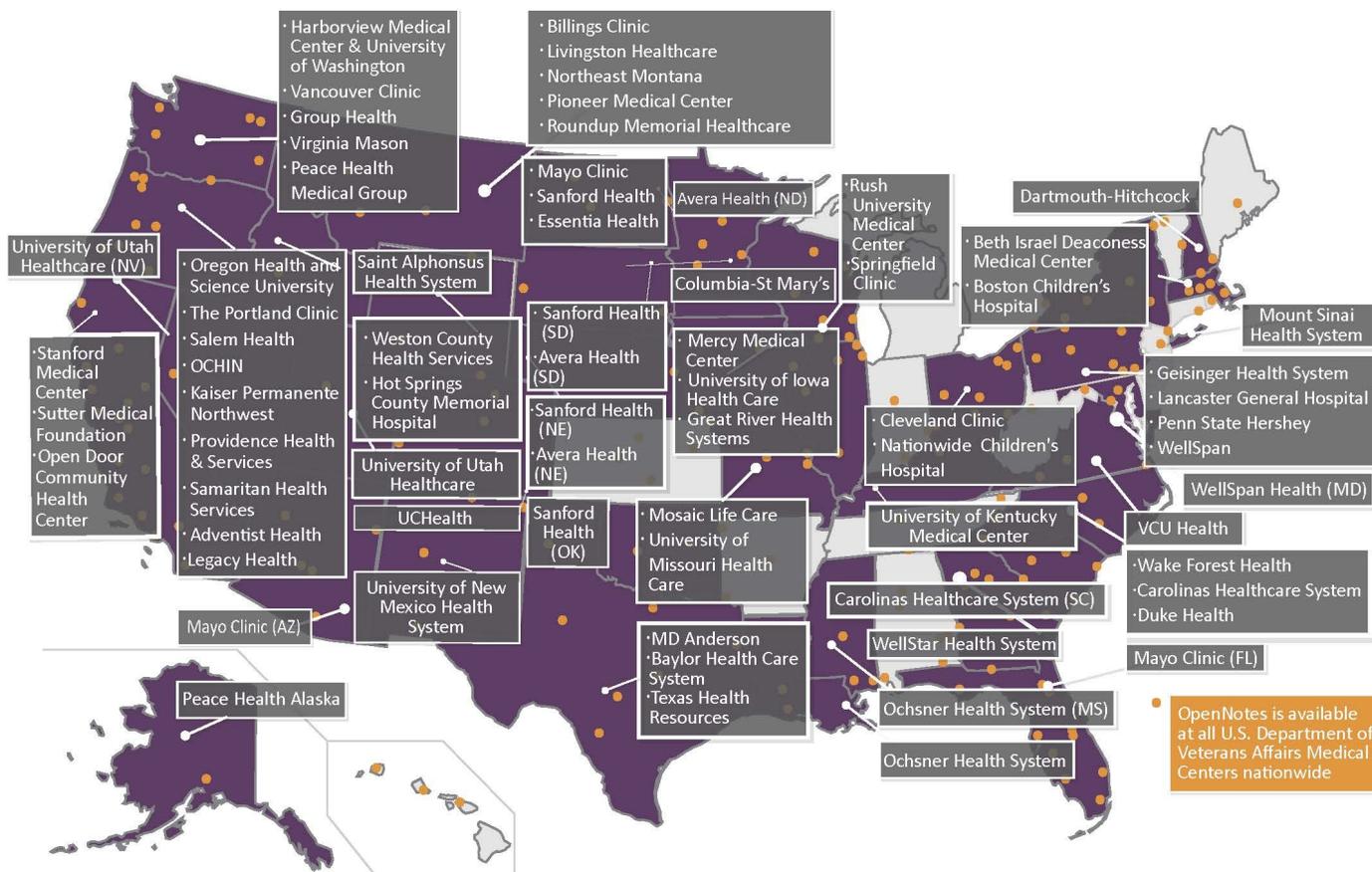
Committing to Information Sharing as a Vital Component of Patient- and Family-Centered Care

In essence, Patient- and Family Centered Care is about partnerships between patients, family members and their health care providers, recognizing that all are valued members of the health care team. Information sharing is a critical component of that partnership and helps to ensure that all team members have the opportunity to fully participate in care and decision making.

One of the more recent strategies for promoting true partnership is to provide patients easier access to clinical notes and documentation from their health care providers. This practice, commonly referred to as “open notes”, has been implemented by many leading health care organizations across the country and the outcomes of research regarding its impact have received broad national attention in the health care literature and in the popular press.



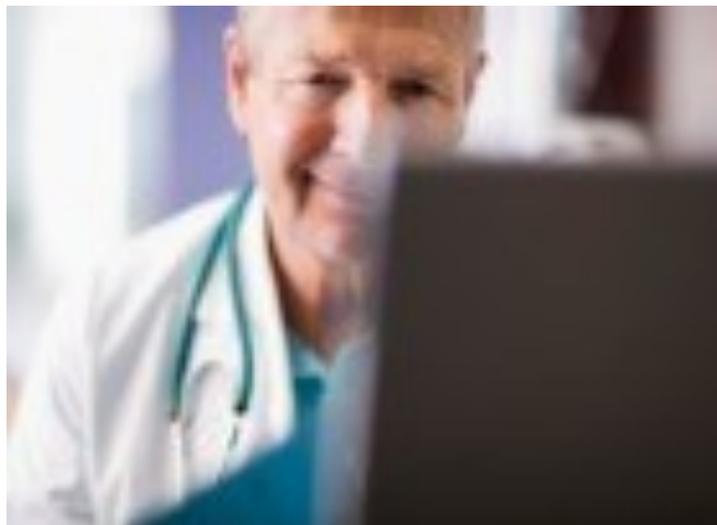
More than 10 million patients have easy access to their clinicians' notes



Committing to Information Sharing as a Vital Component of Patient– and Family-Centered Care

FY2016 ACTIVITIES

- AMC Leadership Council endorsed the Open Notes initiative and approved sending the effort to the PFCC Steering Committee for oversight of plan development.
- PFCC Executive Steering Committee endorsed Open Notes and supported the development of an Open Notes Work Group.
- Open Notes Workgroup was formed with diverse representation across the health care service lines and 3 patient/family advisors.
- The Open Notes workgroup finalized recommendations for Open Notes implementation at UVM Medical Center which included sharing all ambulatory care providers notes (including ED notes) with patients and releasing signed discharge summaries following inpatient stays.

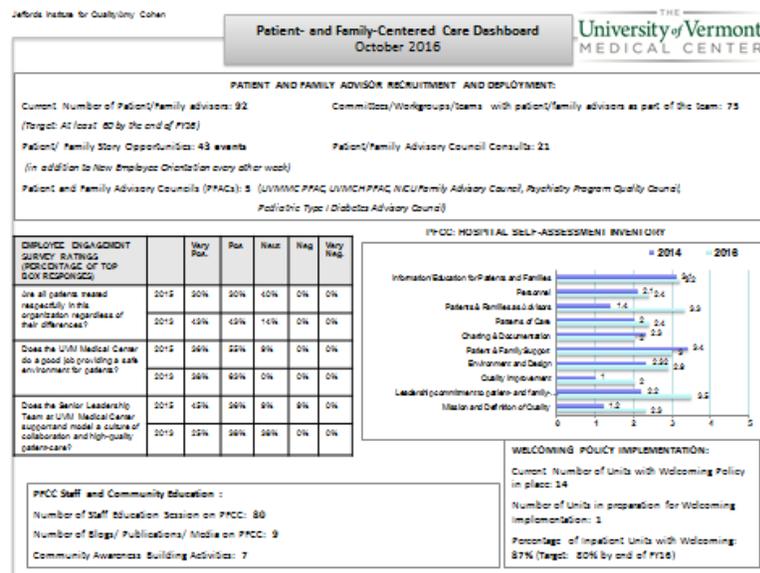


PLANNED FY2017 ACTIVITIES

- Complete planning, education and roll-out of Open Notes across ambulatory settings by the end of June 2017.
- Make discharge summaries available to patients through MyHealth Online by the end of August 2017.
- Evaluate patient and provider experience with Open Notes by the end of FY2017

Measuring Outcomes of Patient- and Family-Centered Care

Developing formal outcomes to evaluate the progress of specific patient- and family-centered care initiatives, in addition to broader measures to track the progress towards becoming more patient- and family-centered in the eyes patients and their families has been an additional area of focus in FY16.



* See full size version on the following pages

FY2016 ACTIVITIES

- A draft PFCC dashboard was created and multiple versions were reviewed by the PFCC Steering Committee to assure appropriate information is reflected and that the visual appearance provides a means of quickly reviewing a lot of information and gaining a global perspective on where we are with our PFCC work.
- The PFCC Dashboard was updated quarterly to track areas of progress and flag areas of concern.
- The PFCC Hospital Self- Assessment, an assessment tool developed by the Institute for Patient and Family Centered Care , was re-administered approximately 18-20 months after it was first completed as a means of measuring progress towards patient- and family- centered care and identifying continued areas of focus. (See the results on the following pages.)

PLANNED FY2017 ACTIVITIES

- Continue to update and maintain a PFCC Dashboard.
- Explore both flagged areas on the Dashboard and the PFCC Hospital Self-Assessment as opportunities for future work.
- Create a visual structure to highlight where and how PFCC work and outcomes connect with other quality/ organizational initiatives.

Patient- and Family-Centered Care Dashboard
October 2016

PATIENT AND FAMILY ADVISOR RECRUITMENT AND DEPLOYMENT:

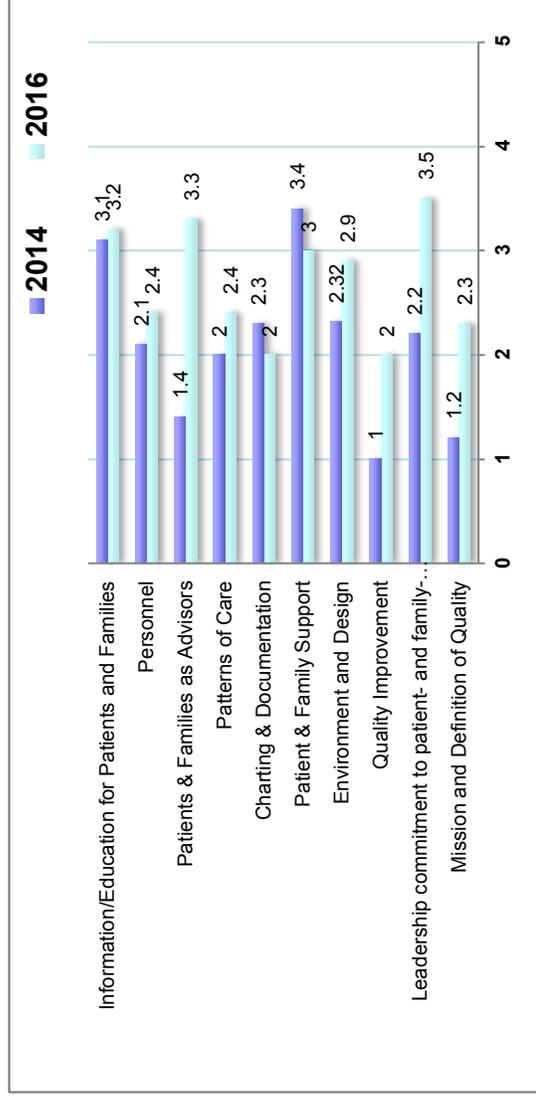
Current Number of Patient/Family advisors: **92** Committees/Workgroups/teams with patient/family advisors as part of the team: **75**
(Target: At least 60 by the end of FY16)

Patient/ Family Story Opportunities: **43 events** Patient/Family Advisory Council Consults: **21**
(in addition to New Employee Orientation every other week)

Patient and Family Advisory Councils (PFACs): **5** (UVMMMC PFAC, UVMCH PFAC, NICU Family Advisory Council, Psychiatry Program Quality Council, Pediatric Type I Diabetes Advisory Council)

PFCC: HOSPITAL SELF-ASSESSMENT INVENTORY

EMPLOYEE ENGAGEMENT SURVEY RATINGS (PERCENTAGE OF TOP BOX RESPONSES)		Very Pos.	Pos	Neut	Neg	Very Neg.
Are all patients treated respectfully in this organization regardless of their differences?	2015	30%	30%	40%	0%	0%
	2013	43%	43%	14%	0%	0%
Does the UVM Medical Center do a good job providing a safe environment for patients?	2015	36%	55%	9%	0%	0%
	2013	38%	63%	0%	0%	0%
Does the Senior Leadership Team at UVM Medical Center support and model a culture of collaboration and high-quality patient-care?	2015	45%	36%	9%	9%	0%
	2013	25%	38%	38%	0%	0%



WELCOMING POLICY IMPLEMENTATION:

Current Number of Units with Welcoming Policy in place: **14**
 Number of Units in preparation for Welcoming Implementation: **1**
 Percentage of Inpatient Units with Welcoming: **87%** (Target: 80% by end of FY16)

PFCC Staff and Community Education :

Number of Staff Education Session on PFCC: **80**
 Number of Blogs/ Publications/ Media on PFCC: **9**
 Community Awareness Building Activities: **7**

Patient- and Family-Centered Care Dashboard

October 2016

**PATIENT/FAMILY PERCEPTIONS OF CARE: INPATIENT
(HCAHPS: PERCENTAGE OF TOP BOX RESPONSES)**

Question	FY16	FY15
How often did nurses listen carefully to you?	76.7%	75.6%
How often did nurses explain things in a way you could understand?	75.6%	75.7%
How often did your nurse treat you with care and respect?	88.6%	87.4%
How often did doctors listen carefully to you?	77.7%	77.0%
How often did doctors explain things in a way you could understand?	74.1%	72.9%
How often did doctors treat you with courtesy and respect?	86.4%	86.6%
Degree to which staff included you in decisions regarding your care.	63.2%	60.7%
How well staff explained their roles in your care.	64.5%	62.0%
Staff attitude towards your visitor	70.1%	68.3%
When I left staff considered my preferences in deciding my health care needs	49.9% ▲	48.5%
Before leaving hospital, patient understands his/her responsibilities for managing his/her health.	54.7% ▲	54.1%
How often did staff tell you what new medicine was for?	77.0%	61.8%

**PATIENT/FAMILY PERCEPTIONS OF CARE: AMBULATORY
(CAHPS: PERCENTAGE OF TOP BOX RESPONSES)**

Question	FY16	FY15
Did the provider show respect for your questions?	81.2%	81.2%
Did the provider explain things in a way that was easy to understand?	80.6%	79.8%
Were you treated with dignity and respect?	85.5%	84.7%
Concern care providers showed for your questions and worries?	80.2%	80.5%
Our sensitivity to your needs	78.4%	76.4%
Satisfaction with home care instructions received	72.2%	72.6%

**PATIENT/FAMILY PERCEPTIONS OF CARE: EMERGENCY DEPARTMENT
(CAHPS: PERCENTAGE OF TOP BOX RESPONSES)**

Question	FY16	FY15
Degree to which the nurses took time to listen to you	65.4%	65.1%
Degree to which the doctor took time to listen to you	67.4%	58.5%
Nurse's concern to keep you informed about your treatment	57.2% ▲	65.9%
Doctor's concern to keep you informed about your treatment	62.1%	62.2%
Adequacy of information to family and friends	62.6%	64.0%
Staff cared about you as a person	57.4% ▲	57.2%

▲ used to highlight specific areas of concern

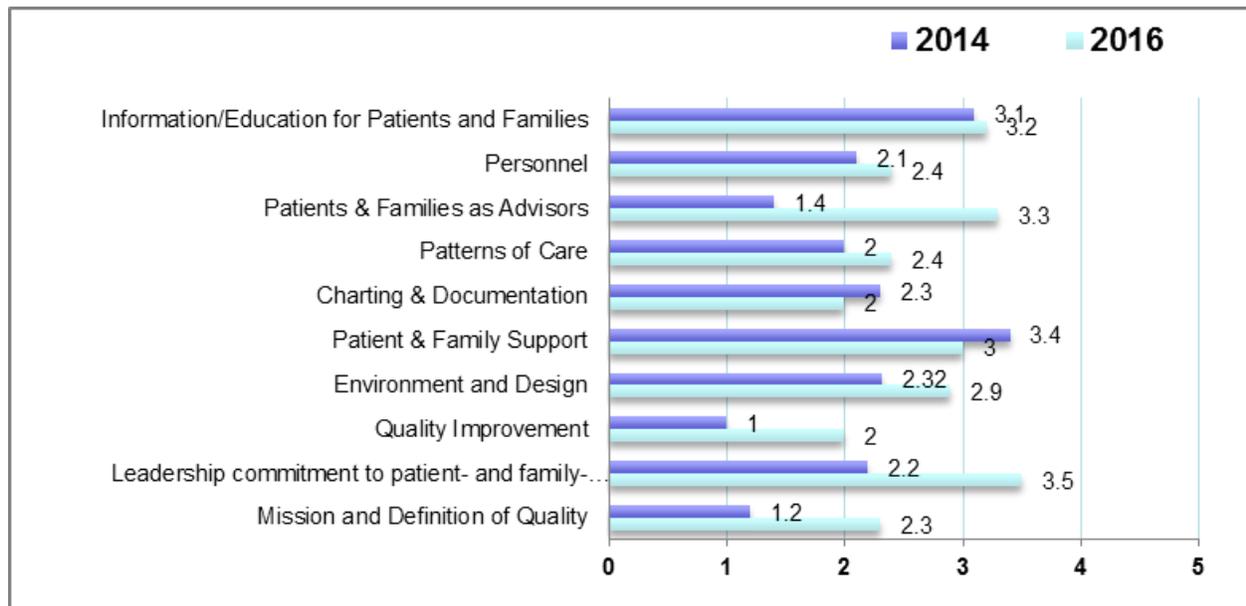
Patient- and Family-Centered Care Hospital Self-Assessment Inventory

SELF-ASSESSMENT TOOL AND PROCESS

The Patient- and Family-Centered Care: Hospital Self-Assessment Inventory is designed to help hospital and health systems administrators and staff think about how an organization operationalizes patient- and family- centered care. The tools is completed by an interdisciplinary team that includes patients and families and is used to assist in determining priorities for improvement and to monitor progress.

The assessment was first completed in October-November 2014 by the original PFCC workgroup as part of the preparation for sending a team of leaders to the Institute for Patient- and Family-Centered Care's Intensive Seminar.

It was re-administered this year, approximately a year and half after the original assessment, to evaluate growth and help identify continued areas of needed focus. The PFCC Executive Steering Committee took the lead on completing this assessment, engaging our patient and family advisors and key employees to help provide information to complete the various sections.



SELF-ASSESSMENT RESULTS

The results depicted in the graph above demonstrate growth worthy of celebration in many areas including engagement of patients and families as advisors, incorporation of PFCC in quality improvement work, alignment of mission and definition of quality with PFCC, and perhaps, most impressive, leadership commitment to PFCC.

There are a few areas where it appears progress may have been lost, however most respondents who participated in the assessment process both times agreed that these scores more accurately reflect an increased understanding of what can and should be done to build true and meaningful partnership with patients rather than a decline in performance.

Future work will be focused on using this tool to help identify specific areas of focus and continually re-assessing using the same process to monitor and report on long-term change as a result of this process of cultural transformation.