

PATIENTS, FAMILIES AND UW HEALTH:
PARTNERS IN TRANSFORMING CARE



PATIENT AND FAMILY ADVISOR
PARTNERSHIP PROGRAM
PROGRESS REPORT 2015

UWHealth



Continuing to strengthen our partnerships with patients and families is a critical part of creating a culture of patient- and family-centered care at UW Health. In recent years, we have invited Patient and Family Advisors (PFAs) to serve alongside our faculty and staff on dozens of our committees, councils and work groups. We are actively pursuing our vision of integrating the perspectives of patients and families into every aspect of our enterprise – from planning and policy-making, to facility design and improvement projects.

In 2015, we launched VOICES of UW Health, a training program that prepares PFAs to share their stories with a live audience – as we know the impact of these personal stories is significant. Enclosed is a snapshot of progress made during 2015. Thank you for your support and contributions as we continue to cultivate a culture of patient- and family-centered care at UW Health.

BETTER BY DESIGN

PFAs play a major role in designing UW Health at The American Center

Designing the first hospital to be built in Madison in more than 35 years was a landmark endeavor. One of the project's guiding principles was to engage patients in the process from start to finish. For several years (2012-15), a committee of 12 Patient Family Advisors (PFAs) participated in all levels of planning, from participating in 3P (Production, Preparation, Process) sessions, to meeting with architects, attending design and image workshops and open house events.

PFAs played a key role in shaping decisions about parking, way-finding, patient rooms and green space. "This project would not have been the same without the input of the PFAs. Their level of commitment was extraordinary," says Laura Stillman, Principal, Flad Architects.

PFAs stressed the importance of clear circulation routes, signage, ease of parking and access to the front entrance, says Stillman. PFA Kristine Weise was insistent that hallways are easy to navigate and there's enough room for visitors and their coats and bags. PFA Peggy Zimdars suggested desks in exam rooms that are long enough for taking notes and a configuration that allows the provider to face the patient rather than the computer screen.

"It was inspiring and immensely valuable to hear the patients' perspectives," says Stillman.

PFAs also participated in the pre-opening "scrimmages," acting as mock patients in patient



PFAs Katie, Peggy and Alan take centerstage at the ribbon-cutting celebration for UW Health at The American Center in August 2015.

care scenario run-through sessions. "We were welcomed and embraced as true partners," says PFA Alan Sweet. "My experience has been satisfying and enriching beyond my wildest expectations."

"With a better understanding of our patients' perspectives, we were able to create a welcoming, easy-to-navigate facility that not only meets their needs, but makes them true partners in their care experience," says John Sheehan, FACHE, President of The American Center.

The American Center opened for patient care in August 2015. PFAs will continue to be engaged in shaping the patient experience at The American Center through Performance Improvement Councils, focus groups and rapid improvement events.

Thanks, PFAs, for your input on

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| Valet parking | Lighting |
| Parking ramp | Layouts |
| Drop off locations | Signage |
| Electronic white boards in patient rooms | Gardens, green space and natural light |
| Spaces for privacy as well as interaction | Culinary offerings |
| Sound proofing measures | Covered entrance area |
| Furniture | ...and much more! |



WATCH as PFAs describe their experiences in designing UW Health at The American Center (video)

INTRODUCING: CARE TEAM VISITS

PFAs Help Redesign “Rounds”

Patient and Family Advisors (PFAs) are helping to make hospital “rounding” more patient and family-centered, starting with the name.

The term “rounding” represents the perspective of the clinical team, who make their rounds from one patient room to the next. PFAs have teamed up with leaders from the hospital’s Interdisciplinary Model of Care (IMOC) initiative to coin a new patient-centered name – Care Team Visits – and to help shape a new model for this daily clinician-patient/family interaction.

For providers and staff, rounds have traditionally been clinically focused. One of the goals of the Care Team Visit is to listen more to the concerns of patients and their families. “A hospitalization is often a highly emotional event. Listening is a powerful healing tool,” says PFA Peggy Zimdars.

PFA Eric Sarno, an elite athlete hospitalized for seven months following a stroke and brain surgery, knows firsthand the importance of understanding the patient’s goals. He encourages staff to ask patients and not assume. “Everyone, including my friends and family, seemed to think that my recovery goal was to compete in races again, when in fact, all I cared about was being able to hug my daughters when they visited me in the hospital,” he says.

“Recognizing there are differences between the care team’s priorities and those of the patient and family may seem obvious, but learning about this from former patients has been very enlightening and has helped me to improve my own practice,” says Robert J. Hoffman, MD, hospitalist, and medical director, Patient Relations. “I’ve learned a lot from our PFAs.”

PFAs have advocated that nurses play an important role in the Care Team Visit. “Nurses are in a perfect position to facilitate the discussion because they’ve developed a comfort and trust with the patient and family and can coach them on how to participate—empowering them from passive participants to active engagement in their care,” says Peggy. “Nurses can elicit questions before the visit, know what was discussed during the visit and later address gaps in understanding.”

“The whole team starts each visit with a discussion of what is most important to the patient and family that day.”

– Robert J. Hoffman, MD

Anne Mork, MS, RN, Nurse Manager, Trauma Life and Support Center, says there are benefits for staff as well. “Important patient information is discussed during the Care Team Visit, which helps ensure the team is all on the same page, preventing breakdowns in communication.”

PFAs also have encouraged Care Team members to include patients and families in the conversation, instead of speaking over their head to colleagues. Establishing a consistent time for a patient’s Care Team Visit makes it easier for family members to be present or know when to call in.

“Family members often feel invisible, but they are valuable members of the team since they know the patient well and can provide valuable insights,” says Peggy. “They often remember more than the patient about what was discussed. Family members are key to safe transitions, outcomes and motivation as they often become the home care team.”

Now Eric, Peggy and fellow PFA Kristen Cassarini are taking part in staff training sessions as the new model for Care Team Visits is introduced to inpatient staff at University Hospital.

“The voice of the patient is incredibly powerful and truly captures the attention of clinicians. It ‘speaks to the heart’ in a manner not often captured in surveys and reports,” says Ann Malec, MS, RN, NEA-BC, director of medical nursing. “It inspires staff to build upon the great work already established around the interdisciplinary model of care.”

“We’ve implemented Care Team Visits on two units so far and I find it tremendously gratifying to hear the conversations and communication that occur during these visits at the bedside,” says Dr. Hoffman. “The whole team starts each visit with a discussion of what is most important to the patient and family that day.”

PFAS PROVIDE INPUT ON NEW APPOINTMENT CENTER, SCHEDULING IMPROVEMENTS

The ability to schedule appointments with ease is a key patient satisfier – or dissatisfier, depending on the experience. UW Health is taking steps to begin to centralize its scheduling system and make it more patient-and family-centered.



Members of the Primary Care Patient and Family Advisory Council (PFAC) had the opportunity to provide input to staff planning UW Health's new Appointment Center. Recognizing that decision-tree answering systems (i.e., "press 1 for...") are often a necessity for call routing, but not always patient-friendly, staff asked the PFAs for recommendations of how to make the process as seamless as possible. PFAs voiced that it's ideal to have a live person answer the call to first assess needs. They pointed out that patients often do not know which clinic they need to contact and it is helpful to have assistance in making that determination.

In the end, a phone tree was needed to route calls correctly. When patients call these clinics, they hear a short message with just two options: "Thanks for calling. If you are calling to make or change an appointment, please press 1. For all other calls, please remain on the line." "Based on PFA feedback, we went with a short, simple message, rather than providing a long list of options," says Rebecca Haymaker, Director of Registration. "Eventually, when we transition to one UW Health phone number, we plan to implement the PFAs' suggestion of routing to a live person right away."

Reducing call abandonment rates (those who hang up while on hold) and transfers, while increasing ease and accuracy of appointment

scheduling are key goals of the new system, which started in August 2015 with Rehabilitation Services (physical, occupational and speech therapy) and Orthopedics Services. Already, it has helped reduced the call abandonment rate for Rehabilitation from more than 20 percent to less than 3 percent.

It is also opening up access as centralized schedulers are equipped to offer patients next-available appointments across the UW Health system.

The offsite, dedicated quiet space of the Appointment Center allows staff to focus solely on scheduling and registration conversations with patients, instead of having to multi-task in patient reception areas (checking in patients, while answering calls and fulfilling administrative requests), often at the expense of patient satisfaction.

The PFAs also emphasized the importance of staff training and the flow of communication between the offsite schedulers at the Appointment Center and the clinic staff.

While in its earliest phases of rollout, the Appointment Center offers great potential for improving the scheduling experience, thanks to PFA input.

THIRD ANNUAL PFA APPRECIATION EVENT

In September, PFAs were recognized for their many contributions during the third annual PFA appreciation event at Gordon Commons, themed “Voices of UW Health”. UW Health CEO Dr. Jeffrey Grossman’s heartfelt opening remarks encouraged PFAs to “speak truth to power” through their involvement throughout UW Health. Attendees were then given an inside look at how PFAs helped design



UW Health at The American Center, featuring John Sheehan, President at the American Center, Whitney John, Health Systems Engineer, Laura Stillman, Principal, Flad Architects and PFA Alan Sweet. Jenna Wright, UW Health Education Specialist, highlighted the impact of storytelling and encouraged PFAs to use their voices to facilitate positive change in health care delivery. The celebration ended with an introduction of the new Voices of UW Health program by Sandy Salvo, UW Health Program Manager, Patient-and Family-Centered Care, and PFA Beth Ferstl.

PFA Highlights

My highlight for 2015 was being part of the Radioactive Seed Committee. It was a real honor to see something from the ground up.

– Kim Lockwood

Sharing a personal story with the surgery students stands out as a highlight for this past year.

– Cindy Herbst

It was rewarding to learn how dedicated the staff and administrators at the Northeast Family Practice Clinic are to enhancing the experience of patients.

– Sarah Daniels

It has been so wonderful to be part of the VOICES of UW Health work group and see this work launched!

– Amy Whitehead

My highlight was serving as a PFA for the development of UW Health at The American Center - it was a real treat to see it open in August. I thought it was interesting and rewarding to participate in the planning meetings, but seeing it in the flesh had me beaming!

– Mike Mohr

Voices of UW Health

The Voices of UW Health program prepares PFAs to share their personal stories with a live audience. PFAs who have completed the Voices training are able to effectively share their stories at staff meetings, retreats, conferences/symposiums, events or leadership functions, with the goal of informing, engaging and inspiring others.



Patient and Family Advisory Councils (PFACs)

2015 HIGHLIGHTS

American Family Children's Hospital PFAC

- Bereavement and palliative care materials
- Inpatient menu
- MyChart Bedside pilot project

Breast Center PFAC

- Communicating biopsy results with patients
- Radioactive seed breast cancer surgery
- Breast Center patient guidebook

CAC PFAC

- Developed and coordinated patient educational events
- Involved in the expansion of clinical services
- Participated in a statewide formal needs assessment

MyChart PFAC

- Redesign of the MyChart messaging page to make it more patient-friendly
- Improvements for parents requesting access to their kids' MyChart information
- Design input regarding Health Maintenance content and transmitting patient photos in MyChart

Northeast PFAC

- Redesigned the patient waiting area and relocated wheelchairs to the main entrance
- Expanded PFAC membership
- Observed World Aids Day with inclusionary discussion

Oncology PFAC

- Offered suggestions to improve the patient experience
- Gave input on reducing clostridium difficile infections

- Provided feedback to palliative social worker regarding patient education

UW Health PFAC

- Monthly facility rounds with the facilities leadership
- Redesign of Inpatient Rounds - Care Team Visits
- Promoting patient- and family-centered care principles statewide through the Wisconsin Hospital Association workgroup, webinars and conference panels

Transplant PFAC

- Transplant recipient and donor evaluation improvements
- Patient education
- Living well before and after transplant series

Primary Care PFAC

- Patient partnership agreement
- Centralized scheduling and new Appointment Center
- Pre-visit planning process

Psychiatry PFAC

- Implemented changes to WISPIC clinic to be more welcoming and reflective of patient diversity
- Provided feedback on topics including Break the Glass, access and referrals
- Contributed input on the new mental health landing page on UW Health's website

Psychiatry PFAC

Established in November 2014 and designed by members of the department's Quality Improvement Committee to address inpatient and outpatient mental health needs at our three major locations, the Psychiatry PFAC's input can already be seen and heard throughout UW Health. During the first year, the PFAC succeeded in making the WISPIC clinic more welcoming by including diversity in literature and artwork, and by addressing concerns about comfort and privacy. PFAs provided advice regarding Break the Glass/Behavioral Health Information Accessibility, the integration of Behavioral Health services into Primary Care, introducing medical and nursing students into psychiatry clinic visits, and shaping messages to reduce stigma and inform UW Health patients about the availability of mental health services. The PFAC has been instrumental in developing a comprehensive Behavioral Health landing page for the UW Health Website that will complement the introduction of the Behavioral Health Service Line Initiative. As our psychiatry services expand, we will continue to look to our PFAs for advice and collaboration. The UW Health Psychiatry PFAC exemplifies how departmental support, with the commitment of providers, residents, and staff in partnership with PFAs, can lead to important and substantive changes based on patient- and family-centered care concepts.

LEADERSHIP, VISION AND GUIDANCE

The Guiding Council for the PFA Partnership Program was recently formed to offer guidance, support and leadership for the overall program. It consists of PFAs and staff who work with PFAs throughout UW Health.

Sandy Salvo, Program Manager, hopes the Guiding Council members will assist her by being the “eyes and ears” out where the real work is being done to help evaluate how well the program is reaching its goal of creating true partnerships across UW Health to improve how care is delivered.

The Guiding Council’s first order of business was a collaborate effort with staff, leaders and PFAs to create a concise yet motivating Tagline, Vision Statement and Guiding Principles for the PFA Partnership Program by which to judge our progress and effectiveness.

Patients, Families and UW Health: Partners in Transforming Care

Vision Statement: Working as partners, UW Health and Patient and Family Advisors seek to transform health care delivery by providing a forum for the patient’s and family’s voices to be heard and understood.

Guiding Principles: Principles that guide this mutually beneficial partnership include:

Values. The core values identified by the leadership of UW Health – excellence, innovation, compassion, integrity, respect and accountability – guide the partners in their efforts to put patients and families at the center of their health care.

Openness. Partners openly discuss challenges to identify opportunities for improvement in the quality and safety of health care. Partners will cultivate a collaborative culture of honesty and candor to bring about systemic change.

Inclusiveness. Partners actively seek out diverse voices to understand the patient experience. Partners recognize that patients and families hold a variety of values and beliefs about quality of health care and the patient experience.

Communication. Partners communicate in ways that show respect for the knowledge, experience and contributions of each participant. Communication is frequent, timely and comprehensible. Confidentiality will be respected.

Education. Partners advocate for incorporating patient- and family-centered care into all aspects of education for patients and their family or care providers. By promoting teaching, research, outreach and public service beyond the walls of the institution, partners help UW Health transform the future of health care.

Guiding Council Members:

Joe Guastella, PFA

Ann Massie-Nelson, PFA

Peggy Zimdars, PFA

Dianna Bower, Nurse Care
Team Leader

Meg Chin, Program Director, Population
Health Management

Sarah Esmond, Director, UW School of
Medicine and Public Health

Dr. Rob Hoffman, Hospitalist, Medical
Director, Patient Relations

Wendy Horton, Vice President,
Performance Excellence and Internal
Operations, The American Center

Ann Malec, Director, Medical Nursing

Anne Mork, Nurse Manager, Trauma
and Life Support Center

Mia Morrisette, Program Coordinator,
Nursing-Coordinated Care

Melissa Perkins, Nursing Patient
Education Manager

Sandy Salvo, Program Manager,
Patient- and Family-Centered Care

Helena Scherer-Jones, Director,
Patient Relations and Patient/Family
Partnerships

Deb Segersten, Nurse Manager,
Surgical Trauma

Amy Smyth, Program Manager, Quality,
Safety and Innovation

Rebecca Spindler, Program Assistant,
Patient- and Family-Centered Care

Executive Sponsor: Betsy Clough, Vice
President, Quality and Patient Safety

PFA PARTNERSHIP PROGRAM BY THE NUMBERS

Total: 182 New in 2015: 35

Involvement across UW Health:

Standing Committees/Councils: 30

Facility Design/Redesign Workgroups: 3

Improvement Teams or Workgroups: 7

Voices of UW Health Speakers' Bureau Requests: 5

Conference/Retreat Presenters: 1

Research Projects: 2

e-Advisor Projects: 5

Marketing Workgroups/Videos: 4

Focus Groups: 13

Other: 3 (MAGNET site visit, WHA Patient Engagement Advisory Committee, UHC Project)

Executive Search Committees: 4

Coming in 2016

Ophthalmology PFAC

UW Health Ophthalmology received approval to create a Patient and Family Advisory Council (PFAC). This council will consist of patients and family members who have received ophthalmology services from one of our UW Health Ophthalmology Clinics and who reside in Dane County. Ideally, it will also include representation from ophthalmology-related Dane County community services that provide services such as low-vision aids to our ophthalmology patients. The Ophthalmology PFAC will be leveraged to provide the patient and services perspective on workflows, procedures and/or policies that will be implemented across UW Health Ophthalmology Services. The group plans to gather ideas to help direct and inform questions on quality, patient satisfaction and patient care initiatives to improve the patient experience in our clinics.

Heart/Vascular/Thoracic PFAC

UW Health Heart/Vascular/Thoracic (HVT) received approval to create a Patient and Family Advisory Council (PFAC). The needs of these patients are unique in that this service line includes Cardiovascular Medicine, Cardiac, Vascular, Thoracic and all the various subspecialty areas. The needs of our patients, their families and caregivers are invaluable and this group looks forward to capturing their feedback. The HVT PFAC will generate agendas and goals that could potentially include: community education sessions, access to care, insurance concerns, use of My Chart, improving and involving families in care.

Impact

Amy is a wonderful asset to the Ethics Committee. Her perspective has offered valuable insight, impacted group discussion, and most importantly framed the issues through the patient/family lens.

Thank you, Amy, for all you do!

– Helena Scherer-Jones, Director, Patient Relations and Patient/Family Partnerships

Thank you to our amazing Patient and Family Advisors, Peggy, John and Julie, for your contributions to the work of the Clinical Knowledge Management Council and our working groups. Your perspectives continually remind us that patients and their families must remain our clear focus as we debate the standards of care set by this Council.

We're grateful for your help!

– Lee Vermeulen, Director, Center for Clinical Knowledge Management

Always improving the safety of the services we provide to patients and families is a critical goal of the UW Health Safety Committee. We are grateful to Janet, Dawn and Peggy for their participation, insight and input, and we look forward to many years of committed partnership.

– Beth Houlahan, Chief Nursing Officer, and Senior Vice President, Patient Care Services; and Tosha Wetterneck, MD