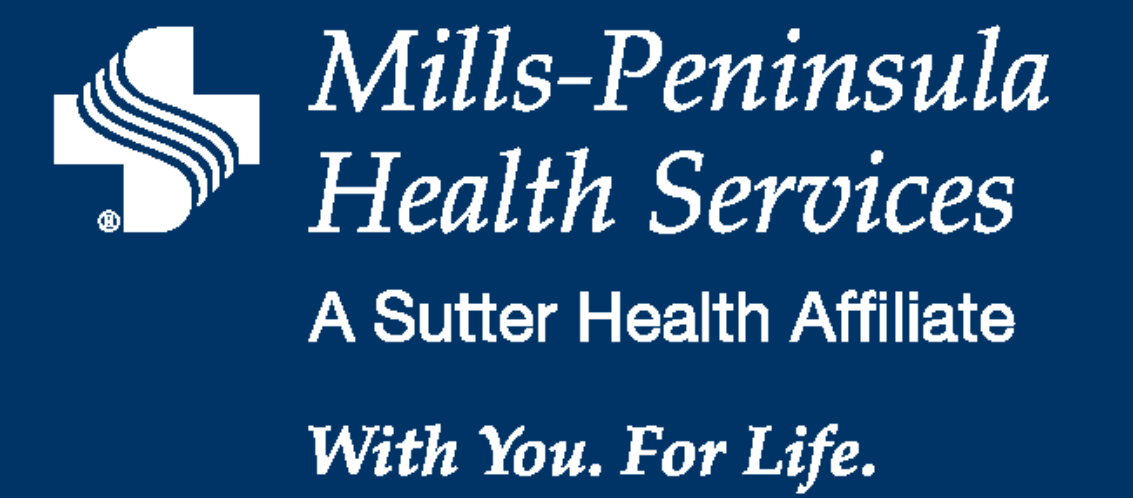


# Engagement and Sustainment of a Patient Family Advisory Council

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## Introduction

A key element to providing Patient Family Centered Care is access to the thoughts, ideas and recommendations from our customers: our community members, patients and families, and staff coming to us for health care services. The poster will describe the structures, processes and outcomes of an inter-professional approach to council design, recruitment, engagement and sustainment of the MPHS Patient Family Advisory Council (PFAC). A key goal of the work of the Council is to improve the overall patient experience at MPHS. Their thoughtful wisdom is a valuable commodity contributing to multiple initiatives and projects.



L to R: Lisa Tealer; John Macalik, Elizabeth Jackson, Helen Pearce, Jordan Bloom, Betty Cookson, Lou Di Santo

## Mills Peninsula Health Services



On May 21, 2011, the doors to the new Mills-Peninsula Medical Center opened.

In its first year of operations – caring for people 24 hours a day, every day – an award-winning team of doctors, nurses and staff has tallied a number of accomplishments:

- 1,956 babies born
- 44,738 emergencies answered
- 18,787 rehabilitation treatments given
- 1,358,149 lab tests performed
- 10,532 surgeries
- 314,738 outpatient services



## The Vision

- Ensure a strong and easy-to-use mechanism for tapping into the collective wisdom of our patients and their families around a host of operational questions and challenges.
- Build a problem-solving structure.
- Hear from and understand the patient family perspective on a wide range of issues.
- Build structures and processes that would engage MPHS staff in seeking their opinions and the knowledge they have for us.

Strong drivers to 'fast-track' development of a Patient Family Advisory Council:

- Moving into a new hospital and clinic building- sense of urgency
- Room for improvement in our Patient Satisfaction Scores
- Questions coming to the Chief of Staff about a variety of physician question about Hospitalists and how they communicated with community physicians
- "Missing the Mark" in key communications with our customer base
- Desire on the part of the hospital to partner in a relationship with our community for our future
- "It just made sense"

## Getting Started

### Success Factors:

Strong senior leadership commitment and visibility  
Committed steering team  
Review of PFCC literature, Best Practices nationally and regionally; lots of phone calls to other successful councils across the US  
Agreement and commitment to the purpose and role of the council within the organization  
Engagement of key frontline staff  
Thoughtful selection of first council membership

## Recruiting

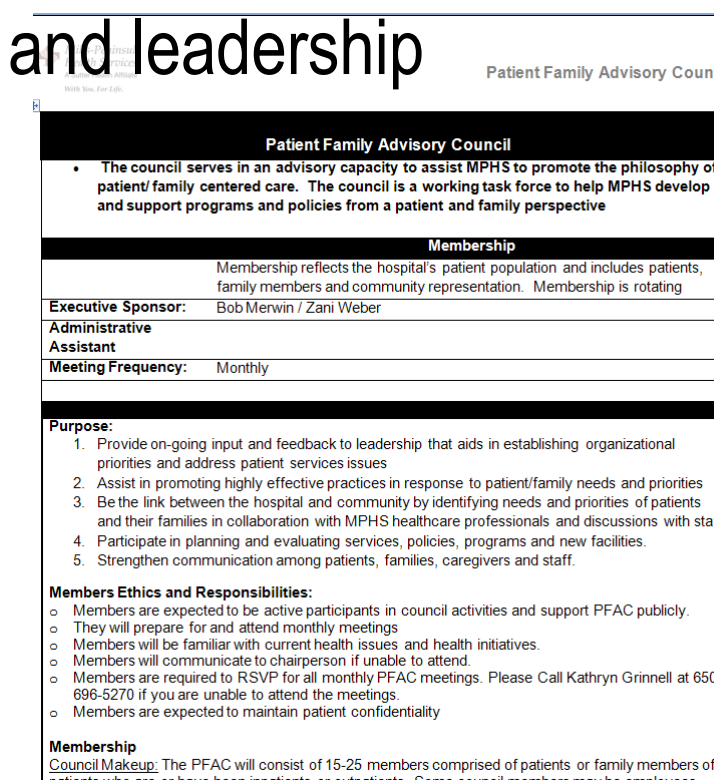
**Create a draft charter:** important to define the who, what, why, where, when and how of the proposed council

- Communication within the organization
- Shape the scope and role of the members
- Defined the qualities and characteristics sought for council members
- State purpose of council
- Council membership composition and leadership

### Develop Recruitment strategy and Tools

- Invite to apply letter
- Application
- Interview

**Communication** within MPHS to use own networks to identify potential council members



## Preparation of Council Members and Getting Started

**Decision point!!** How to prepare council members to work together AND within a hospital environment?

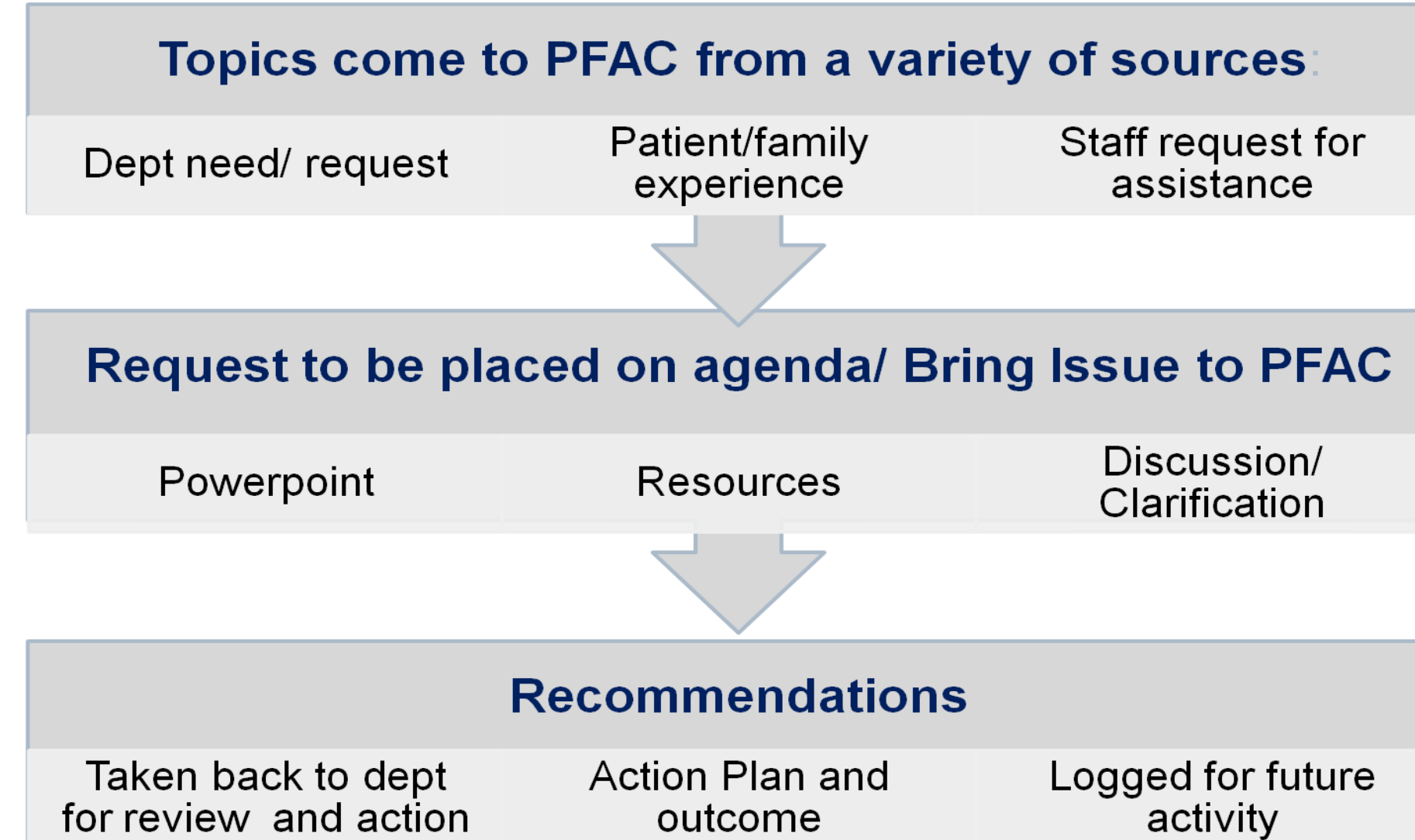
Used the **Volunteer Orientation:**

- Already in place- would short cut their on-boarding
- Enabled an organized and sequential on-boarding process to occur
- First meeting used to round out orientation – operational focus

Meeting Structure and Toolkit

- Timed Agenda
- Agenda template/format: Studer Pillars imbedded
- Agenda planned by co-chairs and sent prior to meeting
- Shared leadership of meeting
- Start on time/ end on time
- Agreed to ground rule/ rules of engagement

## Work of the Council

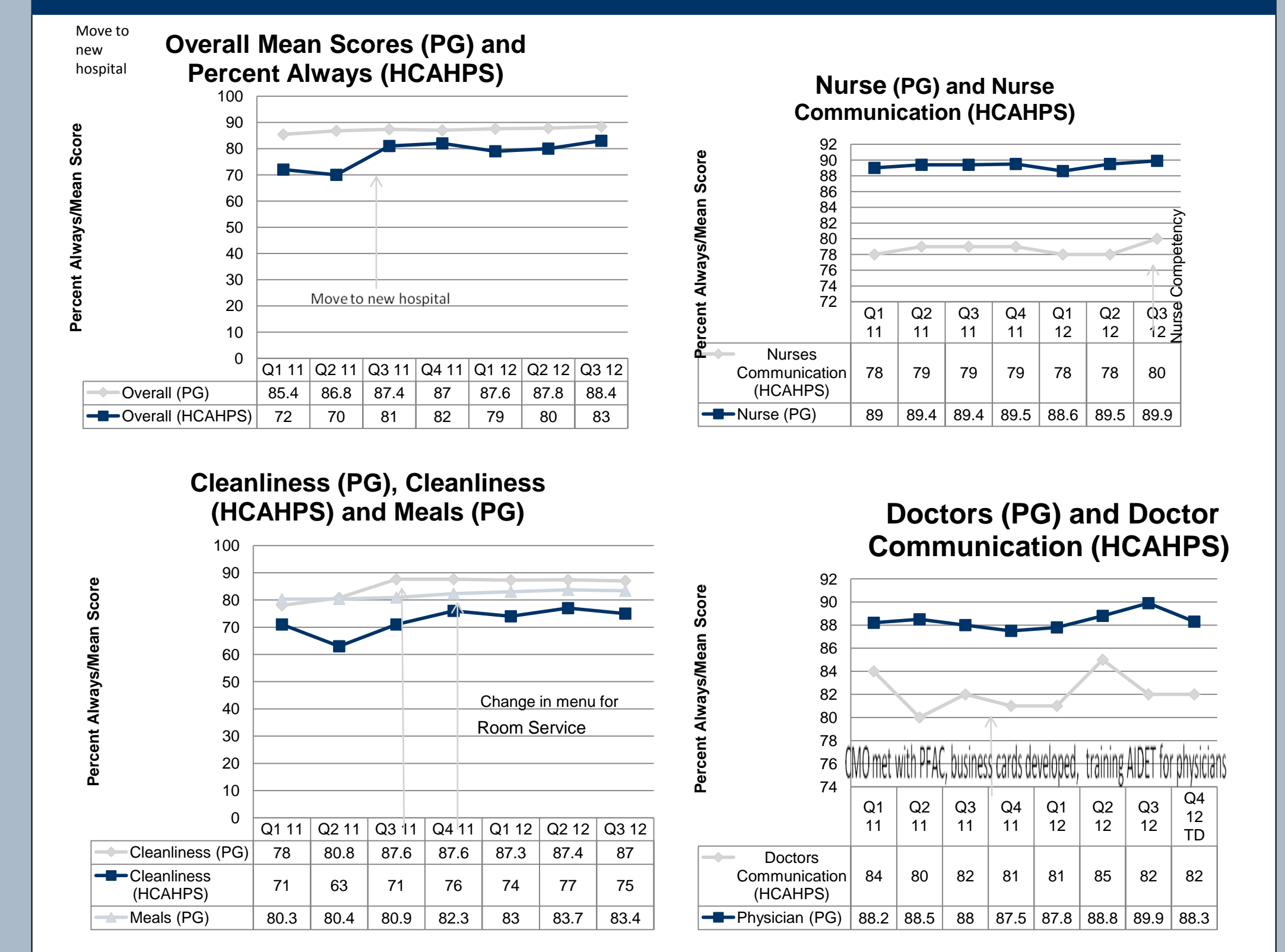


Topic	Time	Discussion – Responsible Person	Action Required
1. Welcome-Introductions / Check in question / Announcements	15	Members Present: Excused: Guests: Introductions :	
2. Patient Experience Dashboard (1Q12)	15		
3. New Menu	10		
4. After Visit Summary	15		Information only.
5. ED Lean Project (4:45 – 5:15)	30		Information only
6. Transitional Care Program (5:30)	15		Information only
7. Next Steps	10	Frame Max agenda	
8. On a scale of 1 – 5 please rate the meeting			
9. What stays in the room what can be shared			
10. Next meeting			

By the end of the first meeting and timed brain storming session, there were over 20 potential areas that the council wanted to tackle!!  
Taught a multi-select tool: Successive rounds to TOP TWO to start: and they never looked back!!

## Outcomes

2011	
Lots of questions Urban Myths "about Hospitalists: What do they do? Why do I need one?"	Had the Chief of Staff speak to Council Council made many recommendations: Developed "Cards" with MD photo and brief biography Provide info about the role of Hospitalists at MPHS to all admitted patients Briefing to Hospitalists about perceptions of patients and families
Many challenges identified with the current "Admission Packet"	Reviewed best practices from across the US; 'mocked-up' some possible formats. Made specific recommendations to be incorporated when the admit packet is revised. Many of the recommendations are for 'virtual' resources.
Preparing and moving patients on MOVE DAY to the new hospital	Created and starred in a video used for all staff orientation to the new hospital Volunteered as 'mock patients' during dress rehearsal
Lodge Net is the Patient information video system that is used at MPHS. Many complaints and concerns voiced from patients, family and staff about the quality, breadth of topics and general dissatisfaction with product	Council took a 'field trip' to a patient care unit to see and use the product. After review, they provided many recommendations and suggestions for improving the patient experience as they interact with Lodge Net.
2012	
Redesign of Menu to support new Diet process for patient Room Service. We were having multiple challenges with understanding process; ensuring patients that were eligible to have Room Service were actually using it.	Presentation by the Manager of Room Service and Catering to inform Council of Room Service process. Recommendations for format, font size, layout and general appearance of menu. Menu redesigned with very favorable feedback from patients, families and staff.
The document printed at the time of discharge, from our EHR (Electronic Health record), has been challenging for patients to read, and find the relevant information	The acting CMO and a consultant team met with the council and led a focus session to explore what would be required/ nice to have elements included in a summary of their hospital stay. Council recommendations were taken to the Sutter system and incorporated in the design work of the build team: topic areas include: Patient friendly format, patient-friendly language; medication management, critical warning signs, numbers to call; primary care physician appointment – work in progress*
White Boards in patient rooms are not being used to their full capacity. They were designed to provide a tool for communication with and about the patient and family.	Nursing leadership attended council meeting to inform the council of the purpose and current state of use of the whiteboards. Council suggestions and recommendations incorporated into annual staff competency day activities: "It is MY Board" No abbreviations, No Hospital Speak My Goal(s) tied to target discharge date and planning/ preparation for discharge Kept up-to-date with standard time of the day to update (change of shift) Date and day of the week *



## Acknowledgements and Contact information

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Contact Information for copies of any of the documents displayed or to talk about how to get your council started:

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