

New PFCC Questions Are Added to Patient Satisfaction Survey

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Members of the Patient-Family Advisory Councils at Joe DiMaggio Children's Hospital and Memorial Regional Hospital helped develop five new patient- and family-centered care questions for the national Press Ganey Patient Satisfaction survey.



JDCH Family Advisors ponder PFCC issues at their monthly meeting.

The PFCC questions were a project of a national task force of healthcare staff and patient-family advisors that included JDCH, MRH, University of Washington Medical Center, Medical College of Georgia, Children's Specialty Clinics (NJ), and 9 institutions of the Consortium for Comprehensive Cancer Centers.

The JDCH and MRH Advisors reviewed and prioritized a list of PFCC practices that they consider important to patient and family satisfaction. Their suggestions were then submitted to the Press Ganey Research and Development team. The Advisors also ranked the questions for use in the Memorial Healthcare

System survey. Their top two preferences are included in the revised MHS revised survey in the *Personal Issues* section. The questions are:

- **The degree to which you and your family were able to participate in decisions about your care.**
- **How well the staff explained their roles in your care.**

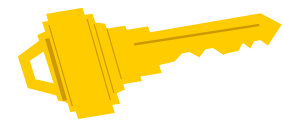
At each of these steps, the Advisors held lively discussions about how to measure "satisfaction" with the healthcare experience, how surveys relate to the overall process of improving the healthcare experience, and the relationship of

items used on the survey to their actual concerns and needs as patients and family members.

The other PFCC questions adopted by Press Ganey and available for member organizations to use are:

- The degree to which the staff supported your family throughout your healthcare experience.
- The degree to which your choices were respected to have family members/friends with you during your care.
- The degree to which staff respected your family's cultural and spiritual needs.

(Continued on page 2)



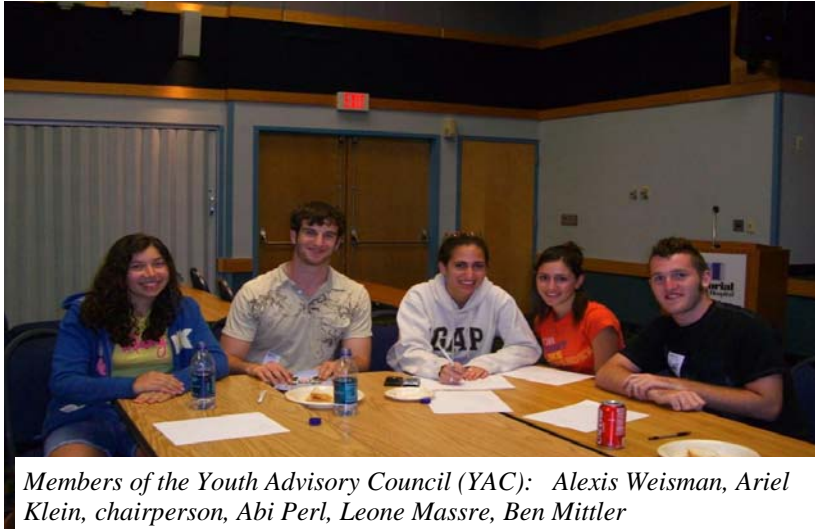
Four Key Principles:

- **Dignity & Respect**
- **Information Sharing**
- **Participation**
- **Collaboration**

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OUR ADVISORS ARE BUSY!



Members of the Youth Advisory Council (YAC): Alexis Weisman, Ariel Klein, chairperson, Abi Perl, Leone Massre, Ben Mittler

Active and involved Patient and Family Advisory Councils are now working collaboratively with staff across the Memorial Health-care System. They provide the patient/family perspective on a wide variety of enhancement and improvement initiatives, ranging from how to involve patients and their families in patient safety, designing brochures for families in ICU settings, improving satisfaction with care, and how families can help staff work with flexible visiting hours. Here's an update on some of the Councils' recent activities.

The JDCH Family Advisory Council has been providing their input into the design of the new Children's Hospital, working with staff on the Hand Hygiene task force, and designing a family guide to the PICU.

The JDCH Youth Advisory Council is planning monthly Teen Nights and are working on the idea of a scrapbook for young patients.

JDCH and MRH Advisors are part of the faculty for New Employee Orientation. They have also provided ideas and recommendations for the patient room

whiteboards, the Quiet Time At Nine process, and the design of safety flyers and forms for patients.

MRH Patient-Family Advisory Council is investigating the feasibility of a Family Resource Center at MRH, and have been working with staff to identify needs for palliative care services from a patient/family point of view.

Outpatient Satisfaction Team Advisors have provided input to the team regarding satisfaction issues, resulting in a needed fix to a key information system.

Memorial Cancer Institute Advisors have developed a quarterly newsletter for oncology patients, and are tackling issues related to billing, insurance, registration, and patient involvement in decision-making.

Primary Care Center Advisors have provided input into the redesign of the pharmacy area facility and the newborn welcome center at the Pembroke Road clinic. They are currently looking at the issues related to patient-friendly billing.

A very big thank you to all of our patient and family partners for sharing their experiences, perspectives, enthusiasm, and energy !

PFCC Questions Added to Survey (continued from page 1)

As of April, 2007, Press Ganey had a statistically valid sample of patient/family ratings on these questions. The results: *the five PFCC questions are among the most reliable and valid predictors of patient satisfaction on the entire survey!* This high correlation with satisfaction indicates that improving the patient/family experience in the areas covered by these questions will positively impact overall patient and family satisfaction.

The very strong correlation also shows how effective a collaboration between Patient/Family Advisors and staff can be. Thanks to all of our JDCH and MRH advisors who participated in this ground-breaking project!

The National Task Force is now collaborating with Patient-Family Advisors to determine the answer to the question: "In order for you to rate each of these questions a "5," what behaviors, attitudes, communications skills need to be demonstrated by staff?" (See related story on page 5.)

PFCC Spreads to all MHS Facilities

The best way to spread the knowledge and best practices is through good communication.

Send us your PFCC news!

Email your articles to:

Susan Montgomery
Smontgomery@mhs.net

Or

Nick Masi
Amasi@mhs.net

Memorial Miramar Moves Forward with PFCC Initiatives

by Karen Ennis, RNC, BSN, Nurse Manager, Med/Surg, Memorial Hospital Miramar

The employees of Memorial Hospital Miramar embraced the concept of Patient and Family Centered Care (PFCC) prior to opening the hospital in March 2005. The PFCC mission is introduced to all employees during orientation and it guides the practice for safe, high quality patient and family centered care.

The facility was designed with private rooms equipped with recliners and sleepers to provide a warm comfortable environment for family and friends and to encourage participation in the patient's care. Closed and open lounges are available on each floor providing additional areas for patients, families and visitors to congregate. There are no restrictions on visiting hours and we even offer unique services such as Pet Therapy.

An Interdisciplinary Team of

healthcare professionals meets daily on each unit to discuss the care needs of each patient. The team includes but is not limited to the Physician, Social Worker, Nutritionist, Physical Therapist, Clinical Resource Manager, Pharmacist, Infection Control Practitioner and the Nurse.

This team is available to meet with the patient and their caregivers, who have the opportunity to ask questions pertaining to their care while in the hospital as well as any possible discharge needs. These rounds are an effective way of improving communication among the caregivers and with patients and their families. It also promotes patient safety and enhances patient satisfaction with services provided during the visit.

The Patient and Family Advisory Council meets monthly to focus on

continuous improvement from the patient and family perspective throughout the facility.

Currently the Advisory Council is working on the first annual Memorial Miramar PFCC Expo. This fair will include a week of exciting events and education to share with the community and employees of Memorial Miramar.

Members of the council also participate on PIRM and Quality Care Council and have given input into projects for the Level II Neonatal Intensive Care Unit, Patient Discharge Folders, Patient Communication Boards, redesign of the sleeper/sofas and actively participated in the development of the automated Medication Reconciliation Discharge Report.

Memorial Cancer Institute Advisors Are Active & Involved

by Katharine Campbell, LCSW, OSW-C, Clinical Oncology Social Worker, MCI PFAC Coordinator

The Memorial Cancer Institute (MCI) Patient & Family Advisory Council is now approaching their one-year anniversary. There have been great accomplishments, lessons learned, and challenges/ opportunities for growth.

MCI began the process holding two "town hall" meetings which recruited several patients and families who were eager to be involved in our joint venture towards patient and family centered care. The advisory council, from the beginning, operated with formal guidelines, electing chair, vice-chair, & co-secretaries.

Developing a dynamic and active advisory council, enhancing internal and external communication, and establishing a voice for patients and families became the Council's initial

goals. This energetic group went right to work on operating issues within MCI. Items such as billing, insurance, registration, patient & physician responsibilities were discussed and acted upon. In addition, the PFAC created their PFAC Newsletter that is published on a quarterly basis. Articles in

this newsletter are solely written by the PFAC or upon request of the PFAC.

In spite of the fact that MCI patients and families often struggle with on-going health issues related to their diagnosis, the Advisors meet monthly and recruit new members. In addition, they embrace challenges/ opportunities including establishing a more diverse PFAC, addressing multi-site differences, and continuing great but realistic expectations. I am honored to be a part of the PFAC.



Memorial Cancer Institute Patient-Family Advisors

Nurse to Nurse:

If We Are Struggling with Patient and Family- Centered Care, Let's ask ourselves "Why?"

by *Lottye H. Crooms RN, BA, HCS Clinical Manager for The Family Birthplace, MHW*

As I reflect on my entry into nursing, at the tender age of 21, I marvel at how so much and so little has changed over the past 23 years.

Yes, we have made leaps and bounds in the arenas of research and technology. We have better policies, procedures, processes, pathways, and protocols than ever before. The skill level and capacity for critical thinking of the 21st century nurse is unparalleled. Not to mention the quality and availability of our many "widgets, fang-dangles, do-hickies and such-a-ma-things."

Yet, we nurses remain committed to a single desire. Every nurse wants to provide his/her patient with excellent care. This is the unchanging reason we do what we do.

I have the honor and privilege of working with very knowledgeable and skilled professionals. I am always in awe of how day after day they are able

to hold themselves to a standard that demands the utmost in quality. The "senior" nurses have so much information to impart. It is humbling to watch as they mentor and instruct the less experienced nurses.

Nursing is and has always been for the detailed oriented, diligent, resourceful, and critical thinking individual. Not to sound overly clichéd,

These devoted champions recognize the need and benefits of health care delivery based on the premises of PFFC. If I have just described you and your nursing practice, I applaud and honor you. Frankly, you are the nurse I want to see when I am on the receiving end of healthcare.

Fortunately, I have been the beneficiary of such care. The consideration, respect, and dignity afforded me will never be forgotten. I still remember the name of each and every caregiver. I am grateful I was allowed to share in the decisions and care that impacted the lives of my loved ones.

Family members can bring an element of "expert" to the care delivery team. This concept of seeking the expert to assist us as we give the very best care possible is not new to nursing. We use it on our patient care units every day. For example, if patient X is a difficult IV stick, we seek the nurse on the unit known to be an expert at IV starting. None of us nurses would ever deny the patient the opportunity for increased comfort and ease of IV insertion. We willingly relinquish the control of care if it is in the best interest of the patient to do so.

Fostering a partnership with the family in the healthcare delivery process is in the best interest of the patient. It is also the right thing to do. PFCC is a dimension of the world-class care we seek to provide. It gives comfort to our patients and positively influences the family. It is all about giving to others the kind of care we desire for ourselves and loved ones.

Because of the nature of the nursing profession, who better to lead as change agents in this movement toward Patient- and Family-Centered Care than the nurse?

Because of the nature of the nursing profession, who better to lead as change agents in this movement, than the nurse?

warmth, kindness, respect, and acceptance are integral to achieving success as a nurse. This obligation to care is a prevailing theme among all nurses, regardless of years in the profession.

So I ask, if we are struggling with implementing the concepts of patient and family centered care, why?

According to the Institute for Family Centered Care, the core values of PFCC are dignity and respect, information sharing, participation, and collaboration. Simply stated, the goal is inclusion of the patient and family in the delivery of healthcare. This is so well expressed by the motto "cared about – not just cared for."

I want to acknowledge that there have always been the dedicated among us boldly practicing this care model.



Lottye Crooms , RN, presented her experiences as both a family member and a nurse at a recent workshop.

WHY A.I.D.E.T. MATTERS TO PATIENTS and FAMILIES

A.I.D.E.T. is a way for all of us to remember a fundamental practice of service excellence and patient-centered, family-centered care – **A**cknowledge and greet the patient and their family; **I**ntroduce yourself and your skill set; **D**uration – establish time expectations for what you are doing; **E**xplain what you are doing and why; and **T**hank the patient and family at the end of the interaction.

Recently a group of sixteen Patient and Family Advisors from all Memorial Healthcare System facilities met discuss their expectations for patient- and family-centered care in terms of one of the new questions on the Press Ganey Patient Satisfaction Survey, **“The degree to which staff explain their roles in your care.”**

We asked them **“Why does it matter to them that we go through this introductory process?”** Their answers told us how the use of the AIDET

process creates trust, reduces patient and family anxiety, and gives them a feeling of **“this is my team.”**

“Once we know who is who, we can feel more secure and safe. The initial contact is the most important time for introductions and explanations about your roles in our care. It’s the scariest time for patients and families because we are new to all of this, and we already are scared.”

“It gives me a sense of comfort to know about you and your competence. Share your knowledge with me. Assume I do not know – please explain hospital procedures, and define your responsibilities in my care, not just your job title. Give me explanations about what you are doing, what your field is about, and share the reason why you are doing it.”

“It helps me to be able to identify everyone on my care team. That way my family and I can address our questions to the right person.”

“If I am not feeling well, I may not remember who is who. Write down your name and role on the white board. That way when my family comes in and I can’t remember what you told me, they at least have a person who can update them, and that will make them less anxious.”

New Patient Safety Website

www.josieking.org

The Josie King Foundation is dedicated to improving Patient Safety through Family Involvement

PFCC Physician Update: High Performance Teamwork



Dr. Bill Bruno
Physician Liaison
for Family-Centered
Care

In April, MHS physician leaders had the opportunity to attend a thought-provoking lecture by Paul N. Uhlig, MD, MPH, who is a nationally-recognized authority on healthcare teamwork and patient safety. Dr.

Uhlig, a cardiothoracic surgeon, is associate professor of surgery at the University of Cincinnati, vice president of the university, and a 4th generation physician.

Dr. Uhlig’s research into “high performing” healthcare teams is based on his experiences with multidisciplinary rounds in a cardiovascular intensive care unit that included patients and their family members on the team. This research, known as “the Concord Model,” showed remarkable reductions in

mortality, morbidity, and length of stay.

Among Dr. Uhlig’s key points: Healthcare is not an individual enterprise. It happens in teams. In a PFCC environment, the cultural shift must be from the traditional individual responsibility (physician) to the team (physician, nurse, allied health and patient/family). Don’t start with multidisciplinary rounds, Dr. Uhlig cautions, but with a team meeting 30 minutes per week (include food!) that

is the catalyst that causes change.

Dr. Uhlig notes that in the multidisciplinary team, the word “Glitch” is used but it takes on a new meaning: **G**athering **L**ittle **I**nsights **T**hat **C**an **H**elp to improve the process of care.

Dr. Uhlig’s complete presentation is on the MHS Intranet—click on “Organizational Development,” and then “Leadership Development—April 2007.”



Patient & Family Centered Care

The PFCC Times and the PFCC Toolkit are available on the MHS Intranet

Resources to help you continue on your Journey towards Patient- and Family-Centered Care.

"Nothing About Me Without Me"

VISIT OUR WEBSITE:
MHS.NET



Memorial Healthcare System
3501 Johnson Street
Hollywood, FL 33021



The Patient- and Family-Centered Care philosophy recognizes three basic needs for patients and their families: the need for information; the need for reassurance and support; and the need to be near one another throughout the healthcare experience.

We believe that Patient- and Family-Centered Care behaviors and programs promote more effective partnerships among patients, families, and professionals. This leads to increased understanding and cooperation, improved patient safety, better health outcomes, more accessible healthcare services, and increased customer and staff satisfaction.

We believe that the patient and family are essential for all decision-making, both in terms of individualized patient care, and also in the design, development, and implementation of hospital and community services.

To learn more or submit a story for the newsletter:

Susan Montgomery, MA smontgomery@mhs.net

Nick Masi, PhD amasi@mhs.net

ADVISORY COUNCIL SCHEDULES

JDCH

Contact *Nick Masi*

Family Advisory Council and Youth Advisory Council

Monthly, first Monday, 6:30 pm
Main Auditorium MRH

PFCC Steering Committee—Bi-monthly (Jan/Mar/May/July/Sept/Nov), second Friday, 8 am, 8 South

MRH

Contact *Susan Montgomery*

Patient/Family Advisory Council

Monthly, alternating evening/day
First Monday (Jan/Mar/May/July/Sept/Nov) 6:30 pm, Main Auditorium, MRH;
Third Thursday, (Feb/April/June/Aug/Oct/Dec) 10:30 am., Six North

PFCC Steering Committee

Bi-monthly, third Thursday (Jan/Mar/May/July/Sept/Nov) 10:30 am, 6 North

Memorial Cancer Institute Patient & Family Advisory Council

Contact: *Katharine Campbell*
Monthly, First Thursday at 5:30-7:00 pm
Memorial Hospital Pembroke
Room 366

Memorial Primary Care Services Advisory Council

Contact *Rebecca Adler*
Monthly, last Tuesday, 6:30 pm.
Pembroke Road Primary Care

MHS Special Needs Advisory Group

Contact *Tonya Fox Shaw* or
Karmel McCarthy
Quarterly; Memorial Regional Hospital
or Memorial Hospital West

Memorial Hospital Pembroke

Contact: *Audrey Suiter*

MHW Family Advisory Council

Contact *Karmel McCarthy* or
Beth Olafson

MHW PFCC Champions—Monthly,
First Wednesday, 1:00 p.m. CET 1.

Memorial Hospital Miramar

Contact: *Betty DelValle* or
Karen Ennis

Coming news & events

Next issue

MHS Patient & Family-Centered Care Initiatives will be featured at the Third International Conference on Patient- and Family Centered Care in Seattle, WA.

July 30-August 1
A REPORT ON THE CONFERENCE