

How to Rebuild and Reengage Your Hospital Patient and Family Advisory Council (PFAC)

Welcome!

- All lines are muted, so please ask your questions in Chat
- For technical issues, chat to the 'Technical Support' panelist
- Please participate in polling questions that pop up on the lower right-hand side of your screen
- This event is being recorded

**We will get
started shortly!**

Collaborating To Support Your Quality Improvement Efforts



- Healthcentric Advisors
- Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance



Agenda

- Welcome
- Person and Family Engagement (PFE) metrics
- How to Rebuild and Reengage Your PFAC
- Asked and Answered
- Q&A/Wrap Up
- Resources
- Upcoming Events

Patient and Family Engagement (PFE) Five CMS Hospital Metrics

Point of Care

1. Implementation of a Checklist for Planned Admissions
2. Implementation of a Discharge Planning Checklist
3. Conducting shift change huddles and bedside reporting with patients and families

Policy and Protocol

4. Designation of an accountable leader responsible for PFE

Governance

5. Active Patient and Family Advisory Committee (PFAC) or other committees where patients are represented and report to the board of directors

PFE #4 Accountable Leader

Intent

- Named hospital employee (or employees) responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within their current position
- Appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital

Ideas

- Person with knowledge and skills in Quality, HCAHPS surveys, leading teams
- Integrate the person/position into an existing department that supports patient safety, patient experience, and/or quality improvement initiatives to leverage existing resources
- Report directly to hospital leadership to elevate the critical role of PFE in the hospital

PFE #5 PFAC

Intent

- Patient and Family Advisors (PFAs) from the community have been formally named as members of a PFAC or another hospital committee
- Meetings of the PFAC or another committee with the patient and family representatives scheduled and conducted
- PFAs serve on the Board, or their perspective is incorporated by a representative when making governance decisions

Ideas

- Board member (from the community) officially serves as the voice of the patient
- Consider hospital volunteers (gift shop)
- Ask internal staff for patients who are willing to share their story
- Move meetings to the bedside
- Integrate with health equity to reduce health disparities in your patient population

CMS Action Items and Metrics

HQIC enrolled hospitals have a PFE Action Plan	HQICs increase the number of hospitals reporting on 2 or more PFE metrics*	CMS-led HQIC events incorporate the patient voice
75% by August 2023	25% increase by December 2023	Six events by June 2024
100% by September 2024		

*Five PFE structural metrics on slide 4

Featured Speaker



Ashlyn Holley Rogers, OTR/L, CPAM
Occupational Therapist
Patient and Family Advisory Lead
Wills Memorial Hospital

Wills Memorial Hospital Overview

- 25 bed, critical access hospital
- Located in Washington, GA
 - 50 miles from Athens, 60 miles from Augusta
- Provide inpatient and outpatient services
 - Specialty Clinic
 - General surgery, Nephrology, Urology
 - Community Medical Associates
 - 7 Providers located in 2 neighboring counties
 - Hospital Services
 - 24-hour emergency department
 - Medical Inpatient
 - Swing bed Rehab Services (PT/ OT/ SLP/ RT)
 - Day Surgery
 - Pulmonary Rehab
 - Outpatient PT, OT, SLP
 - Nutritional Education Services
 - Radiology



My Journey at WMH

- Began working at WMH as a CNA in 2015 during college.
- Education:
 - Georgia College & State University with B.S. in Exercise Science
 - Augusta University with MHS in Occupational Therapy
- Hired as additional therapy staff in July 2021:
 - Build inpatient + outpatient therapy caseload
 - Patient and family engagement
 - Marketing
- Patient Family Advisory Council Lead
 - Recruitment of Potential Members
 - Established Wills Memorial's first Patient Family Advisory Council officially in September 2022



PFAC Overview at Wills Memorial Hospital

- PFAC Purpose Directly Aligns With Our Mission at Wills Memorial.
- WMH Staff Members (6)
 - CEO/CFO, DON, HR Director/Community Relations, Director of Quality, UR & Case Management, PFAC Lead/ Occupational Therapist
- Community Members (6)
- PFAC Establishment Journey
 - Reaching out to Community Members
 - Applications and Interviews
 - Orientation and Training
 - Meeting Procedures Overview



Our Mission Statement WMH strives to meet the healthcare needs and expectations of our community by providing quality services in a caring and supportive environment.

Reaching Out to Community Members, Providing Initial Information



DO YOU HAVE IDEAS TO HELP IMPROVE OUR LOCAL HOSPITAL?

We would like to invite you to find out more about **becoming a Patient-Family Advisor** here at Wills Memorial Hospital.

We think you may have great ideas about how we can improve the healthcare experience for all of our patients, as well as the family members of each of our patients.

Enclosed you will find information regarding the Patient- Family Advisory Council at Wills Memorial Hospital, including the purpose of the council, role of councilmembers, and the importance of the council for our local hospital and community!

We hope you will consider learning more about the opportunity to | serve as a Patient-Family Advisor for our local hospital!

If you would like more information on the process of becoming a Patient-Family Advisor, please contact:

Ashlyn Holley, Occupational Therapist
(706) 678-9225
aholley@willsmemorialhospital.com

Wills Memorial Hospital Patient Family Advisory Council, PFAC



Purpose & Responsibility

The Wills Memorial Hospital Patient-Family Advisory Council, PFAC is composed of a group of former patients, family members of those patients, and hospital staff, physicians and administrative leaders committed to finding opportunities to improve the patient and family experience. The purpose of this council is to improve systems, processes, quality, safety, and efficiency of care through joint collaboration between Wills Memorial Hospital, its patients, and family members of those patients. By integrating patient and family feedback into improvement efforts, the Patient Family Advisory Council, PFAC, allows for patient and family-centered care to come to life-- weaving the patient and family centered culture into the infrastructure of the organization itself.

Goals & Scope

The goals of the PFAC are guided by our mission, vision, and core values.	The PFAC Mission Statement: "Community members collaborating with Wills Memorial Hospital to enhance the patient and family experience".
The primary goals of the Patient Family Advisory Council are: <ol style="list-style-type: none"> 1. Assist Wills Memorial Hospital in providing care that is patient and family-centered. 2. Improve patient safety. 3. Improve collaboration between caregivers, patients, and families so that concerns regarding quality of care are addressed effectively. 4. Improve patient and family satisfaction. 5. Provide input into the hospital's priorities and planning efforts. 6. Further build a positive relationship between the hospital and members within the community. 	
The PFAC tackles a variety of projects in order to achieve established goals. The formal mission statement is utilized as a checking point when new projects are considered. If one of PFAC's goals will not be met through the project, then the project is out of the scope of the PFAC's responsibilities.	
Examples of possible projects the Patient Family Advisory council make take on include: Publicly reported measures, facility upgrades, communication of wait times and delays within the emergency department, visitor policy, community health sponsored by the hospital, patient safety, increasing staff awareness about various cultures represented in the local community, volunteer training, noise reduction, education and information for patients and family, new menus.	

Council Makeup

The PFAC will be integrated into the organization's infrastructure, which requires involving members of leadership and key stakeholders in the PFAC's membership and activities.

Membership within the Patient Family Advisory Committee includes:

Director of Nursing
Performance Improvement Director
Nursing Supervisor

No more than (2) frontline staff members should have a permanent place on the council
Enough past patients and/or family members to achieve 2-3 members in meeting attendance
Others as identified for project work or special topics of discussion

WMH will seek out patients and family members who represent a variety of clinical experiences.
WMH will choose patients with a variety of illnesses, or family members who have participated in different programs offered by the hospital who have had either positive, or negative experiences. Members will reflect the races, cultures, religions, ages, educational backgrounds, socioeconomic statuses, and family structures of those served by the hospital.

Ideal patient and family advisory council members will possess the following skills:

- Ability to see beyond personal experiences.
- Ability to listen well.
- Ability to demonstrate concern for more than one issue.
- Ability to respect the perspectives of others.
- Ability to speak comfortably and honestly within a group.
- Ability to interact with many different kinds of people.
- Ability to work in partnership and accomplish goals with others.
- Ability to share information about their own experiences in ways that others can benefit from them.

The PFAC is endorsed by the Leadership and the Board.

Membership


A pool will be established of former patients and family members of those former patients whose experiences in the hospital make them good candidates for the Patient Family Advisory Committee.

The pool may be filled through word-of-mouth, staff recommendations, tracked complaints and grievances, and physician referrals.
The CEO of Wills Memorial Hospital will send a letter of invitation to former patients and family members, requesting that these individuals consider joining the Patient Family Advisory Committee.

As the terms of PFAC members end, or as members may leave for personal reasons, new applicants may be pulled from the original pool and/or include new additions to the pool. A running list of former patients and family members referred to or interested in the PFAC will be maintained so that new members may join the PFAC as needed.

Application for Membership

Wills Memorial Hospital
Patient Family Advisory Council, PFAC



Application for Membership
Please tell us about your experience at Wills Memorial Hospital.
This is a confidential Patient Candidate Application.

- 1. Please tell us your name and the best way to reach you?**
Name: _____
Address: _____
Email: _____ Phone Number: _____
- 2. Do you volunteer within the community? If so, for what organizations?**

- 3. Do you feel comfortable working in groups with others, speaking up, and providing input as a member of the Patient-Family Advisory Committee?**

- 4. Is English the language you primarily use when communicating with others?**
Circle: YES or NO If no, what is your primary language? _____
- 5. What is your preferred time to meet?**
Circle: Weekday Mornings Weekday Lunch Weekday Late Afternoon
- 6. Are you willing to take the necessary immunizations to serve on the Patient Family Advisory Council?**
Circle: YES or NO
- 7. Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of the Patient Family Advisory Council?**
Circle: YES or NO
- 8. Are you willing to undergo a background check?**
Circle: YES or NO

- 9. Have you ever been hospitalized at Wills Memorial Hospital for more than 24 hours?**
Circle: YES or NO If yes, how long was your stay? _____
- 10. Have you ever been a caregiver or family member to a patient that was hospitalized at Wills Memorial Hospital for more than 24 hours?**
Circle: YES or NO If yes, how long was their stay? _____
- 11. How many times have you or a person in your family been hospitalized at Wills Memorial Hospital in the last 3 years?**

- 12. How would you describe your hospital experience at Wills Memorial Hospital?**

- 13. What did the hospital do well during your stay or your loved one's stay?**

- 14. What could the hospital have done better during your stay or your loved one's stay?**

- 15. What would you like the hospital to learn from your stay or loved one's stay?**

** Please return applications to:
Wills Memorial Hospital 120 Gordon Street Washington, GA 30673

Identifying Potential Areas to Address

- Identifying Potential Project Areas
 - What are the most important aspects of patient care to you?
 - What components of these aspects need to be improved at WMH?
 - What methods could be used to facilitate these improvements?
- Prioritizing Potential Project Areas
 - PCT, CNA Training
 - Communication Along the Continuum of Care at WMH
 - Discharge Planning
- Identifying Potential Methods to Address Project Areas
 - PFAC becoming involved in current projects
 - PFAC initiating new methods, activities, programs



PCT, CNA Training

Formalized Training Sessions

- 3 consecutive days, 9 a.m. - Noon
- Small class sizes, 5-6 per class
- Held in patient room on Med Surg floor
- All equipment and supplies available in training room for hands-on components each session
- Multidisciplinary Training
 - Nursing, Speech Therapy, Physical & Occupational Therapy, Nutrition, Infection Control & Wound Prevention, Respiratory Therapy
- Therapy Checklists

Brief Overview of Content

- Nursing
 - Daily care, ADLs, Documentation
 - Vital Signs & Objective Measures, Intake & Output
- Therapy (PT/ OT/ SLP)
 - *Nutrition* (i.e. delivering meal trays, diet and fluid restrictions, feeding tube safety)
 - *Swallowing & Feeding* (i.e. dietary levels, precautions, oral care, thickening liquids, signs of swallowing issues)
 - *Mobility & Safety* (i.e. gait belt, transfer & mobility safety, body mechanics, wheelchair and mechanical lift use & safety, positioning, orthopedic precautions, bed mobility)
- Infection Control
 - Biological/ Hazardous Waste & Materials, Handwashing, Appropriate use of PPE, Isolation Precautions
 - Turning & Positioning for Pressure Relief, Skin Screening, Turning Schedule, Skin Integrity, Neuropathy
- Respiratory Therapy (RT)
 - Vent Management & Safety (handling of lines, tubing during daily care), Signs of Respiratory Distress, Wavelengths of O2 Saturation, EKG, Pulmonary Conditions

Outcomes

- No falls reported since training began in March 2023
- 1 CAUTI reported since training began
- No CLABSI, maintaining zero rate
- No hospital-acquired wounds since January 2022
- Improvements in documentation
- Building rapport and relationships between members of health care team
- Employees have faith in themselves
- Improvements in employee satisfaction, intrinsic motivation

Lessons Learned

- Do not get discouraged in the building process of your PFAC; it takes time
- Devote time to planning and decision-making; everything you do should be intentional and purposeful
- Prioritize potential project areas, tackle one at a time
- The right community members are more focused on how to improve the hospital vs. “talking bad about the hospital”



Asked and Answered

- What advice would you give an organization establishing a PFAC? Have a project plan. See lessons learned.
- Do you have any information on empathy mapping? Empathy mapping is a visual tool to learn more about how the customer/end-user says, thinks, feels, and does.
- What can you share with the PFAC? Patient information? Patient information cannot be shared; only share outcomes in aggregate.
- Do you recommend that HCAHPS ranking be at a certain level before PFAC implementation? I would say no; however, it's good that hospitals are aligning HCAHPS with PFACs, which can be started at any time. Looking at HCAHPS scores and comments is a good place to begin.
- What Health Equity activities/projects has your PFAC been involved with? Integrating PFACs and health disparities (race, age, health-related social needs such as lack of transportation) is the next big step. Integration can address potential barriers, including implicit biases, language differences, communication barriers and limited health literacy. One example is a hospital working with the Hispanic population to add hospital signage and billing in Spanish. See <https://qioprogram.org/events/hqic-community-practice-call-innovative-approaches-addressing-health-equity-and-social>

Q&A/Wrap Up

Please type questions and comments in Chat

Contact Information: Ashlyn Holley Rogers
arogers1@willsmemorialhospital.com



Resources

- Alliant HQIC PFE Coaching Package
- https://quality.allianthealth.org/wp-content/uploads/2023/04/2023-Coaching-Package-Patient-Family-Engagement-PFE_508.pdf
- Patient and Family Advisory Councils Blueprint (AHA)
- <https://www.aha.org/system/files/media/file/2022/01/alliance-pfac-blueprint-2022.pdf>
- Examples of Annual Reports for Patient and Family Advisory Programs
- <https://www.ipfcc.org/bestpractices/pfa-annual-reports-examples.html>
- Partner with Patient and Families US www.pfps.us

Leaving in Action/Polling Questions

- Explain the five Patient and Family Engagement metrics and other key measures of the Hospital Quality Improvement Contractor (HQIC) program.
- Discuss the PFAC infrastructure and the importance of listening to the patient's voice to improve patient care.
- Illustrate how one hospital implemented training for the patient care team based on PFAC discussions and how the training has improved quality outcomes.



Please tell us in the poll...

What do you intend to start doing, stop doing, or do differently?

Do you feel more confident in applying what you learned today (compared to before the session)?

Upcoming Events

Antibiotic Stewardship Series

- Stay tuned for the flyer!
- Register for each set of core elements that interest you or for the entire series. Registration is required for each individual session.
- Leadership and Accountability, August 29
- Pharmacy Expertise and Action, TBD
- Tracking, Reporting, and Education, October 24

SAVE THE DATE

The Core Elements for Antibiotic Stewardship in Action

This new webinar series will review the core elements and feature stories from real hospitals who have achieved real results. Effective antibiotic stewardship is an ongoing commitment – now is the time to augment the implementation of your facility's ABS interventions.

Series Description

Antibiotic stewardship (ABS) is the effort to measure antibiotic prescribing; to improve antibiotic prescribing by clinicians and use by patients so that antibiotics are only prescribed and used when needed; to minimize misdiagnoses or delayed diagnoses leading to underuse of antibiotics; and to ensure that the right drug, dose and duration are selected when an antibiotic is needed. The Centers for Disease Control and Prevention (CDC) originally released the Core Elements of Hospital Antibiotic Stewardship in 2014 to measure and improve how antibiotics are prescribed by clinicians and used by patients. Since then, hospitals across the country have successfully implemented the interventions outlined by the Core Elements.

Please join us for the opportunity to learn directly from your peers across the country in this multi-session series. The series will culminate with timely information from the CDC and antibiotic stewardship and medication safety subject matter experts. Additional session details coming soon.

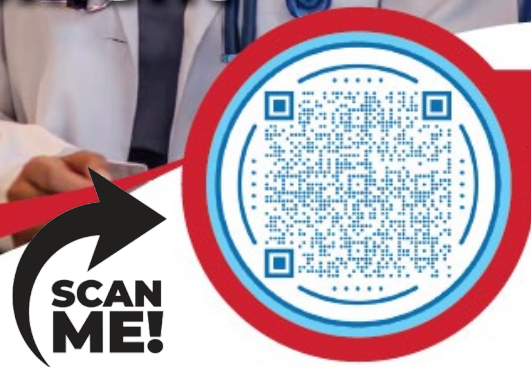
Registration

Register for the entire series using the links below, or register for each set of core elements that interest you.
Registration required for each individual session.

Leadership and Accountability August 29, 2023 1 p.m. CT	Pharmacy Expertise and Action September 19, 2023 12 p.m. CT	Tracking, Reporting and Education October 24, 2023 1 p.m. CT
REGISTER	REGISTER	REGISTER



Hospital of Quality Improvement Contractor (HQIC) Environmental Safety Assessment



<https://bit.ly/HQICEnvironmentalSafetyAssessment>

Alliant HQIC is interested in learning more about specific topics related to your hospital safety operations.

Please take our five-minute survey.

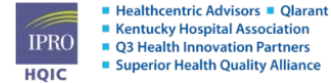
Your responses will help us determine the best tools and resources.

The survey should be completed by only one (1) person per hospital. The deadline is August 4.

HQIC

Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Contact Us



Alliant HQIC Team

**Karen Holtz,
MT (ASCP), MS, CPHQ**
Alliant Health Solutions
Karen.holtz@allianthealth.org

[View our Website](#)

Compass HQIC Team

**Charisse Coulombe,
MS, MBA, CPHQ, CPPS**
Director, Hospital
Quality Initiatives
coulombec@ihconline.org

**Melissa Perry, MSW,
LCSW**
perrym@ihconline.org

[View our Website](#)

IPRO HQIC Team

**Rebecca Van Vorst,
MSPH, CPHQ**
HQIC Project Manager
RVanVorst@ipro.org

**Lynda Martin, MPA,
BSN, RN, CPHQ**
martinl@qlarant.com

[View our Website](#)

Telligen HQIC Team

**Meg Nugent,
MHA, RN**
HQIC Program
Manager
mnugent@telligen.com

[View our Website](#)