

Patient and Family Centered Care

Annual Report for 2016-2017

Patient and Family Advisory Council

6/16/2017

TOPIC OF REPORT: Patient- and Family-Centered Care (PFCC)
SUBMITTED TO: Board of Directors
SUBMITTED BY: **Patient and Family Advisory Council**
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BACKGROUND

Patient- and family-centred care is foundational to the PSFDH Strategy and very specifically to the strategic direction of, “Our Patients & Families”. The Ontario’s *Excellent Care for All Act 2010*, “puts patients first by improving the quality and value of the patient experience through the application of evidence-based health care. The focus is on health care while ensuring that the system we rely on today is there for future generations.”

Further, more recent legislation, *Patients First Act* creates a more integrated health care system by improving the patient experience and the delivery of higher-quality care. The *Patients First Act* helps to ensure patients are at the center of the health care system.

Our patients and their families are informed and have increasing expectations for care that is patient/family centred. They expect to be engaged in organizational and system changes. The purpose of this report is to explain how this is working and supported within the partnership between our hospital and families.

PATIENT- AND FAMILY-CENTRED CARE

The phrase “Patient- and Family-Centred Care” has become part of the healthcare lexicon. It can however be interpreted in different ways and it is therefore important to define what we mean by it. At its heart, Patient- and Family-Centred Care is built upon four core principles:

Respect & Dignity: We listen to and honour patient and family perspectives and choices. Their knowledge, values, beliefs and cultural backgrounds are respected and incorporated into everything we do.

Information Sharing: We share complete unbiased information with patients and families to help them participate in their care.

Participation: Patients and families are encouraged and supported to participate in their care and decision-making.

Collaboration: Patients and families collaborate with health care leaders 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.

All the principles require active engagement between patients, families and staff at every level of our organization, and can be translated to work at regional and system levels.

PSFDH is committed to incorporating the Patient- and Family-Centred Care principles in all that we do and to build upon the PSFDH Principles of Dignity, Respect and Compassion for all. We have much to celebrate and much to encourage us on the journey.

This review highlights accomplishments, what is being worked on and where we plan on going.

Information

At the heart of the structure of the Patient- and Family-Centred Care initiative at PSFDH is the Patient and Family Advisory Council, established in 2015. The council currently consists of 7 Patient Experience Advisors and three staff. The Patient and Family Advisory Council serves in an advisory capacity, providing input to and making recommendations on matters that impact the experience of patients and their families at PSFDH.

Recruitment

There are many approaches which include; word of mouth, and Patient Advisor/ staff/ self-referrals, media requests for expressions of interest. Patient Experience Advisors are typically former patients or family members of former patients who volunteer their time to be members of committees, councils and working groups and/or to partner on improvement teams.

They then are supported in becoming involved with work that aligns to their experience and interests. Patient Experience Advisors are members of councils, committees and working groups across the organization and are playing an ever increasing role.

Ethics

Patient and Family Advisory Council members are appointed “Advisors” that assist in identifying current and future opportunities to improve the care experience for patients, family and caregivers. They ensure the perspective of patients, family members or their caregivers is always considered

and incorporated in organizational activities to listen and learn from patients, family members. Patient and family advisors are also part of the Ethics Committee.

Perth and Smiths Falls District Hospital (PSFDH) takes its commitment to promoting an ethical culture seriously. Building the organization's ethics capacity, providing support to those making decisions and facing challenging ethics issues and also to ensure that the delivery of health care services meet the highest ethical standard.

There are a variety of resources available to assist patients and families as well as PSFDH staff, physicians and volunteers that with assist in addressing ethics questions. The ultimate goal is to embed ethics reflection and action into all aspects of health care and decision making processes across the organization. Anyone can contact the Ethics Committee with questions and concerns or to ask for assistance; including patients and families, PSFDH employees, physicians and volunteers.

Partnering

Patient Experience Advisors partner in innumerable ways throughout PSFDH:

- With staff in creating a video to be used during orientation.
- Our patient and family booklet has been reviewed and updated.
- We continue to increase and the opportunities for partnerships between Patient Advisors and PSFDH.
- Currently we have 9 Committees with Patient Advisor representation. See Appendix B for a full list.
- Patient Advisors participate as full members on committees collaborated on making decisions materially affecting patient care.
- A typical meeting includes a presentation followed by discussion. Areas of focus have included new hospital initiatives, policies, patient and family support protocols, communication strategies, and other initiatives.

Patient and Family Advisory Council Agenda Items

The council had 6 meetings in 2016/17. Agenda items included:

- Health Care Tomorrow Update
- Family Presence/Visiting Hours Update
- Accreditation
- Membership Recruitment

- ED videos prepared by Algonquin College students
- Policies for review
- Use of ER for non-urgent uses
- Parking Policy
- Hospital Parking Directives
- Logo Design Options
- Discharge Checklist
- Patient and Family Centered Care Education
- Medical Assistance In Dying (MAID)
- Criminal Reference Letter
- Committee Participation
- Confidentiality Pledge
- Definition of the Patient Experience
- Document a Strategy to Embed Patient and Family Centeredness
- Organization readiness assessment tool for PFCC
- Patient Bill of Rights
- 2017 Meeting Schedule
- “Patients First” and sub LHINS Update
- Quality Improvement Plan (QIP)
- Palliative Care
- PFAC Interview with Lake 88
- Good News Letter
- Adopt A Room – GWM Foundation
- AODA Discussion
- St-Lawrence – Orientation Video
- Annual Report

Information Sessions:

- Emergency Department
- Medical Day Clinic Presentation
- Patient and Family Centered Care
- Infection Control
- PSFDH Update

Work Plan

This year the PFAC has met all our goals and objectives as indicated in the workplan (Appendix 1).

Education

Staff and PFAC education enhances collaboration with patients and families and is essential to the success of Patient- and Family-Centred Care, and ultimately to the quality, safe and satisfying patient experience.

PSFDH developed a customized educational program for all staff based on current best practices for Patient and Family Centered Care. To date a total of 177 clinical staff and 67 non-clinical staff for a total of 244 staff a training. This represents 54% of our staff.

PSFDH employees who have completed the Patient and Family Centered Care course provided the following feedback and comments:

- The pre-readings were helpful in providing revision and supportive examples.
- To have an ongoing committee helps ensure the messages of the patient and family centeredness program are not to be forgotten.
- The course helps inform and reinforce practices while having a new approach when interacting/discussing with patients and their families.
- The course provided strategies that help with potential difficult situations such as how to deal with a patient with dementia that is becoming aggravated.
- By the end of the course, I felt more comfortable dealing with difficult topics.
- Patients appreciate having someone that will listen and welcomes patient, families and loved ones into the circle of care.
- Patient and family centeredness is embedding into the units and I know this by the way staff present issues, challenges and successes.
- Although the course was informative and enlightening, a total 12 hour education was too much time to have spent.
- Patient and Family Advisors are a part of the Baby Friendly Initiative Committee (BFI), the OBS Accreditation Committee, the Transfer of Accountability and skin to skin care.

Successes:

Transfer of Accountability (Bedside Handoff)

Communication between health care providers is a fundamental component of high quality patient care. The information shared between providers at change of shift helps plan patient care, identifies safety concerns and facilitates continuity of information. Research has identified that bedside shift

report helps ensure a clear understanding of the patient's status, care plan, anticipated changes and any safety concerns preventing hospital associated complications such as falls, and medication errors. The evidence also supports that transfer of accountability improves the patient and family's experience and increases time management and accountability between nurses. Transfer of accountability at the bedside complements PSFDH's Patient and Family Centre best practices which include bedside white boards, as it supports the critical importance of the active partnership between the health care team and patients and their families.

Staff have been actively engaged in the development and implementation as well as the ongoing evaluation of the pilot project. Directly following bedside report, the nursing staff on shift meets briefly for a "mini huddle" to review key information on the most acute patients on the unit, new admissions and key safety risks. Up to 60 minutes per shift are being saved by doing report at the bedside vs the time spent taping reports and listening to the reports. This recovery time can be used for provision of care at the bedside. A staff person commented "it was often close to 0830 in the morning before I saw my patients, now with bedside reporting I can have two patient baths completed by that time". Feedback from patients and families has also been positive as they are reporting reassurance and trust as they are now seeing their nurse earlier on in the shift. In keeping with quality improvement best practices, there is a commitment to evaluation with reflection on ongoing feedback from patients, families, staff and physicians.

PATIENT SUPPORT PRINCIPLES

PSFDH encourages the presence of family throughout the patient's hospital stay. We know that having loved ones nearby while in hospital will make our patients more comfortable and will support their recovery. Hours are flexible to accommodate the patient circumstance; there are no prescribed hours. The times you may be present may be adjusted in timing and the number of persons based on the clinical care needs of the patient. This is planned in collaboration with the patient, family and inter-professional care team.

CHALLENGES & OPPORTUNITIES

As can be expected with any transformational change, there can be many challenges, and with those come great opportunities to innovate and lead. Challenges that have presented since the launch of work focusing on Patient- and Family-Centred Care have included the following:

- Ensuring all staff have a basic understanding of, and a commitment to Patient- and Family-Centred Care.
- Skepticism and resistance to change

- Preventing overextension and burnout of voluntary Patient Advisors
- Focusing on and supporting our need to continuously learn & improve as we go forward
- Intentionally supporting staff in engaging patients and families at the frontline.
- Working with physician schedules and communication methodologies to enable their engagement and understanding of Patient- and Family-Centred Care and patient engagement

To address these challenges, we will continue to sustain drivers that contribute to this culture transformation.

- Ensuring senior leadership commitment and support
- Having clear accountability for processes that enable patient and family engagement
- Identifying unit/program/service based Patient- and Family-Centred Care champions
- Ensuring education and training of health care professionals and service providers including in-house orientation and continuing educational sessions
- Continuing to recruit and support Patient Advisors
- Ensuring that as corporate policies are developed, they are reviewed, evaluated and revised to integrate the language and reflect responsibilities that align with Patient- and Family-Centred Care philosophy
- Creating a workplace that supports Patient- and Family-Centred Care adoption and continuing to work toward Outstanding Care, Always by supporting and monitoring the application and adherence to Patient- and Family-Centred Care Standards
- Continuing to support and facilitate the voice and experience of the patient/family being heard and embedded in improvement processes,
- Continuing to monitor progress with and respond to quality, safety and satisfaction measures.

SUMMARY

PSFDH is meeting its strategic vision of partnering with patients and families so as to include their perspective in all decisions which materially impact the patient experience. It is through the active engagement with patients and families and the partnering on decision making bodies that the patient and family perspective is being included and valued

Patient and Family Advisory Council 2016/17 Work Plan

Context:

The role of the Patient and Family Advisory Council (PFAC) and the appointed “*Advisors*” at Perth and Smiths Falls District Hospital (PSFDH) is to identify current and future opportunities to improve the care experience for patients, family and caregivers.

By building a formal and structured partnership between Advisors and the organization, PSFDH will be able to better identify and integrate the patient perspective in its planning and activities. Also, the monitoring of hospital processes to ensure that patient care programs and services and the various quality improvement and patient safety activities in the Hospital are in alignment with the standards of Accreditation Canada and the requirements set out in the relevant legislation and regulations for example the *Excellent Care for All Act and Health Quality Ontario*.

Work Plan and Outcome Measures

In 2016-17, the PFAC will:

1. Conduct information sessions with each meeting. These sessions will have a patient focus and include all departments;

Outcome Measure:

The Patient and Family Advisory Council (PFAC) will have 5 – 30 minute education sessions at each meeting during the fiscal year.

2. Monitor trends utilizing the goals and targets set out in the PSFDH Strategic Plan 2014-17, “Our Patients & Families” section and to review required metrics such as the QIP and Patient Safety Plan;

Outcome Measure:

3. Review policies related directly to patient care and identify opportunities to improve these to ensure the best patient focus

Outcome Measure:

PFAC will complete an organizational readiness tool by December 1st, 2016 which will help identify opportunities to further the patient and family approach throughout the organization

4. Identify opportunities to be involved in hospital committees

Outcome Measure:

PFAC will be embedded in 4 committees (3-corporate and 1-Board) by the end of the fiscal year.

5. Provide an annual report on activities;

Outcome Measure

PFAC will submit an annual report based on the corporate template for reporting. The report will include activities that PFAC has engaged in and outcome measures reporting.

Appendix B

Patient and Family Advisory Council (PFAC)

Appendix B

Committees To Include A PFAC Member

Committee Name	Term (Short/Long)	Meeting Schedule	Description	
Liaison Committee Chair: Dr. W. Hollis	Long Term	Occurs the fourth Friday of every month from 9:00 AM to 11:00 AM and rotates between sites.	See Terms of Reference Attached*	Toby Stewart
Quality, Risk Management, and Patient Safety (QRS) Chair: Christine Robinson	Long Term	Occurs the second Thursday of every month from 1:00 PM to 2:00 PM in the GWM Boardroom.	See Terms of Reference Attached*	Dorothy Thomson & Toby Stewart (Backup)
Ethics Committee Chair: Nancy Shaw	Long Term	Occurs the second Thursday of every month from 3:00 PM to 4:00 PM in the GWM Boardroom.	See Terms of Reference Attached*	Jackie Lord
Baby Friendly Initiative (BFI) Chair: Nancy Shaw	Long Term	Occurs the third Monday of every month from 1:00 PM to 3:00 PM in the SF Boardroom.	See Terms of Reference Attached*	Sue Bolger
Obstetrics Accreditation Team Chair: Nancy Shaw	Short Term	No further meetings scheduled at this time. A meeting will be scheduling in the New Year.	The Obstetrics Accreditation team will focus on obstetrical services at PSFDH.	
Emergency Department Committee Chair: Cindy McLennan	Long Term	Occurs the third Thursday of every month from 12:00 PM to 1:00 PM in the GWM Boardroom.	See Terms of Reference Attached*	Sue Turnbull
ER Accreditation Team Chair: Cindy McLennan	Short Term	No further meetings scheduled at this time. A meeting will be scheduling in the New Year.	The Emergency Room Accreditation team will focus on emergency services and care at PSFDH.	
In-Patient Accreditation Team Chair: Susan Roberts	Short Term	No further meetings scheduled at this time. A meeting will be scheduling in the New Year	The In-Patient Accreditation team will focus on preoperative services that include pre-op, during the operation, and post-op patient care.	Jackie Lord
Quarterly Team Meetings DI Chair: Kerri Choffe	Long term			Sue Bolger

Accreditation Teams: The most effective accreditation teams are interdisciplinary and reflect the scope of the service of the organization and the requirements of the standards. The accreditation team can also include volunteers and patient and family advisors, as they often bring new perspectives and ideas.