

# Patient and Family Centered Care

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## Annual Report for 2017-2018

Patient and Family Advisory Council

6/16/2018

**TOPIC OF REPORT:** Patient- and Family-Centered Care (PFCC)  
**SUBMITTED TO:** Board of Directors  
**SUBMITTED BY:** Patient and Family Advisory Council  
**DATE:** June 16, 2018

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## **BACKGROUND**

Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care professionals. These partnerships at the clinical, program, and policy levels are essential to assuring the quality and safety of health care (IPFFC, 2012).

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 we continue to embrace PFCC and how PFCC is 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 our organization’s expectation. 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.

The Perth and Smiths Falls District Hospital has committed to PFCC through embedding patients and families in our Mission, Vision and Values.

**Mission:**

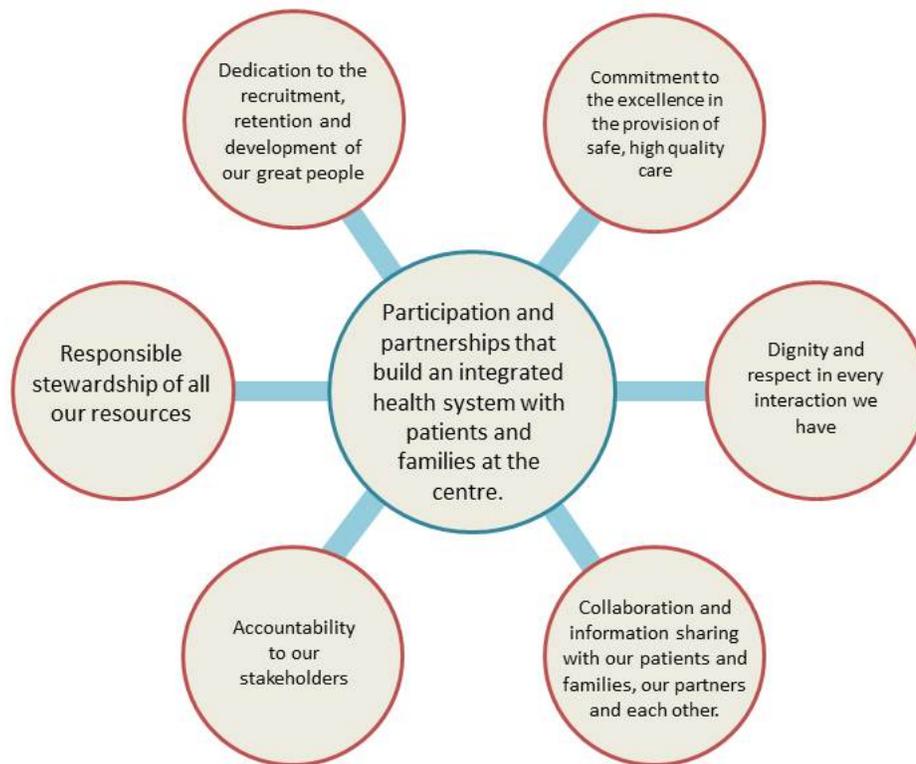
**Providing high quality patient- and family-centered care built on collaboration and partnerships**

**Vision:**

**Exceptional care and patient experience  
Every Patient - Every Time**

**Values:**

**Enabling an environment where there is:**



## **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 9 Patient Experience Advisors and three staff. The Patient and Family Advisory Council (PFAC) 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 may be 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. Our recruitment process includes a written expression of interest and an interview completed by members of the council. Successful candidates are supported in becoming involved with work that aligns to their experience and interests

## **Partnering**

The benefits of partnering with patient and family advisors in policy and program development, professional education, quality improvement and patient safety include:

- ✓ Increased patient satisfaction
- ✓ Increased staff satisfaction
- ✓ Decreased turnover
- ✓ Decreased sick time
- ✓ Decreased patient safety incident
- ✓ Contributions to ethics discussions

Patient Experience Advisors partner in innumerable ways throughout 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 accreditation, new hospital initiatives, development of our Quality Improvement Plan, policies development and review, patient voice and story
- Working with our

## **Patient and Family Advisory Council Agenda Items:**

The council had 8 meetings in 2017/18. The focus of many of our meetings was preparation for

Accreditation. The participation of members of our PFAC council on sub committees for accreditation and their support for the Corporate Accreditation requirements is worth noting. Without the valuable contributions of expertise, time and energy we would not have successfully achieved an accreditation with exemplary status. The score of 99% put us in the top 5% of the accredited organizations in the country.

Below are some of the topics discussed, reviewed and implemented:

- Health Care Tomorrow Update- COPD and Hip Fracture and HIS Renewal
- Our patient and family booklet has been reviewed and updated (2018).
- Accreditation (October 2017)
- Membership Recruitment
- Policies for review
- Patient Stories
- Patient Voice
- Patient and Family Centered Care Education
- Medical Assistance In Dying (MAID)
- Committee Participation
- Quality Improvement Plan (QIP) 2018/19
- PFAC Participation in Better Safe than Sorry
- AODA Discussion (Wellness Committee)
- Annual Report
- Social Media usage

### **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.

### **Information Sessions:**

- Indigenous, Metis, First Nations Navigator
- Infection Control
- Material Device Reprocessing
- Confidentiality
- Patient Oriented Discharge Summary
- Ethics presentation

We continue to train staff on PFCC. To the end of June 2018 we have trained:

..... clinical

..... non clinical

Our goal is to develop an online education program which will have to be completed by all staff as part of their orientation.

### **Work Plan**

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

### **Successes:**

#### **Transfer of Accountability (Bedside Handoff)**

The policy for Transfer of Accountability (TOA) has been in effect for over a year now, with the best practice of bed-side report between nurses ensuring TOA is occurring at shift change. TOA involves the checking of the patient ID band, their falls risk and mobility status, any IV solutions infusing are correct, any catheters or drains are in place and working, that there are no hazards to patient safety in the room, and that emergency equipment is readily accessible in the room.

In April 2018, a new Meditech intervention was created for all inpatient care plans to ensure the nursing staff on every shift can document when these important checks are completed. For ease of reference, the organization's TOA policy is viewable by staff under a 'view protocol' function directly linked to the intervention. Reinforcement of this important practice is continuing through management presence at bed side reporting and through staff meetings. Early audit results are very encouraging, with a 73% completion rate across all shifts and units for April. Ongoing audits, shared with staff, are part of the evaluation of uptake and are posted on the Quality and Safety White Boards on each unit as well as through Meditech email. This quality improvement measure acts to ensure the responsibility for patient safety is shared by the nursing staff and the organization; by providing a way to evidence safe and effective care activities.

(Caption: Nursing Staff on the Medical-Surgical Ward in Smiths Falls complete bedside report and Transfer of Accountability (TOA), involving the patient in their care)



**Same Day Discharge of Primary Hip Replacement**

The Hana bed is an extraordinary gift that allows us to reduce the in-patient stay for total hip replacement from three (3) days including the day of surgery to an overnight stay or even same day surgery. The procedure is minimally invasive when compared to the traditional procedure. The table allows the surgeon to position the patient in such a way that no muscles are cut. The surgeon can repair and replace from the front or anterior position of the patient rather than through muscle tissue. This supports a same day or next day return home for patients allowing for the healing process to begin quickly. People are so used to hearing about all the restrictions immediately after a hip replacement and with the direct anterior approach there simply are none. It's incredible to see how well people do Patients who have their procedure via the Hana Bed experience a quicker recuperation time

**Discharge Instructions:** Having our patient's leave the hospital with both the written and verbal information they require is of utmost importance. The PFAC council is engaged in reviewing all discharge information- this includes the Emergency and Surgical Departments and lab. They are reviewed for ease of understanding and the use of medical terminology. PFAC has completed all the Emergency Room documents to date.

**Quality Rounds:** One of the aims of a Quality and Safety Walk-round initiative for our PFAC members is to introduce the council to our organizations foundation- where the patient journey begins and where their journey can be influenced. From the nursing units, ER, lab and x-ray. All departments work together to ensure a safe, quality patient journey. At the heart of Quality Rounds is deference to the expertise and experience of frontline staff. We expect to hear about environmental challenges and staffing issues and whilst we heard about some of these issues we also heard about the many innovative work practices, staff passion and pride in their areas of work. We will continue our quality rounds at each site while engaging staff and patients in all patient areas.

### **Ultrasound Guided Breast Biopsies**

In February 2018 started performing ultrasound guided breast biopsies. When an abnormal lesion is detected in the breast, the radiologist/sonographer perform a biopsy to confirm whether or not the lesion is malignant (within 2 weeks of the abnormal ultrasound/mammogram). Historically, people would need to have a referral to Kingston/Ottawa to have their biopsy performed, which typically involved a 4-6 week wait.

Mammography area renovation (October 2017). The previous mammography room was located across from the x-ray room. Women would have to wait in their gowns in the hallway while people coming for x-rays walked by. The room was small, with limited temperature control (very hot). The new space has a larger imaging room (double the size), separate entrance/waiting area and change rooms reserved for people having a mammogram.

**Education:** PSFDH has supported the attendance of a PFAC member to the International Patient and Family Centered Care Conference. This conference has helped reinforce what we are currently undertaken and will help us inform our future at PSFDH. The conference was “innovative and .....said Jackie Lord PFAC member.

**Health IM (Emergency Department SF):** Addressing the needs of our patients with mental health concerns is a complex, multijurisdictional issue impacting the patient and family as well as healthcare providers, police services, EMS, dedicated mental health programs, the courts and school systems. An area of opportunity has always existed to address the linkage between Police Services and Hospital Emergency Departments when individuals in crisis with mental health issues arrive at the Hospital, escorted by Police Services. Sometimes we are aware in advance, many times we are not. Improved communication is key to providing the best care we can pre-Hospital and while at the Hospital for our patients as we work together to address the mental health crisis bringing them to Hospital. To this end, Smiths Falls Police Services partnered with Brockville and Gananoque Police Services to introduce the 'Health IM' computerized mental health risk assessment and communication tool (the “Tool”).

The Tool has been installed in each Smiths Falls Police Services cruiser and the officers have been trained in its use. If the person is to be brought to the Emergency Department, the assessment is sent electronically to the Hospital in advance of his/her arrival.

Our Go Live date was 09 February 2018, one year earlier than planned!

It is expected that this initiative will decrease Emergency Department visits and, individuals experiencing a mental health crisis will experience less stigmatization by not having to wait in the Emergency Department and receive the services and care they need, in the most appropriate and timely manner possible while in a respectful and supported environment.

**Day Hospital (Perth):** In July 2017 a 51 year old male patient was admitted to our Day Hospital program post stroke. At the time he was angry, frustrated and began to suffer from depression. He had significant dysarthria, dysphasia, aphasia and right sided weakness. His license was taken away, his independence gone. He had to leave his job and find other alternatives to provide for this family. Together with his spouse and the Day Hospital staff, goals were set for therapy and his journey began.

This patient attended Day Hospital twice a week between July and December 2017.

With his low self-esteem, his pain, his frustration, his depression, and his feelings of discouragement, he was not sleeping well. He was given education on sleep hygiene and with assistance from the Day Hospital staff was connected with **Health Links**. He became more active, his pain became manageable and he realized that not all was lost. He began to sleep 7-8 hours every night.

With cognitive training, he completed the standard driving readiness test, demonstrated improvement testing results with the Free Visual Perception Test and as a result had his driver's license reinstated. A major milestone was reached.

Together with therapy sessions and a home program he improved his strength and coordination. At the time of discharge from the Day Hospital program, he had met or exceeded his goals. He was much happier, there were fewer tears and he felt accomplished. The positive environment in Day Hospital together with the support of the Day Hospital staff contributed to his success. It was truly a joyous occasion for this patient, his spouse and Day Hospital staff.

## **CHALLENGES & OPPORTUNITIES**

There can be many challenges with success, however with this comes a great opportunity to innovate and lead.

- Ensuring education and training of health care professionals and service providers including in-house orientation and continuing educational sessions
- Identifying unit/program/service based Patient- and Family-Centred Care champions
- Continuing to recruit and support Patient Advisors- we have been advised to try and create a more diverse PFAC by Accreditation Canada.
- 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.

### **What's Next**

- Increasing committee involvement
- Involving Patient and Family Advisors for interviews for key positions
- Support PFAC members to attend the IPFCC National Conference
- Patient experience at the Board by the patient

## **SUMMARY**

Patient and Family Centred Care (PFCC) is the philosophy that guides us today and will be our beacon in the future. Although this approach is relatively new to health care, PFCC puts patients and families at the centre of everything we do and involves patients and families in their care and treatment decisions like never before.

We've been practicing PFCC for the past four years, and the Strategic Plan 2018-2021 displays our continued commitment to grow and embed the PFCC philosophy at Perth and Smiths Falls District Hospital.

PFCC is not something that just happens, it's about making an intentional commitment to a journey with a richer appreciation of what it means to work in collaborative partnership with patients and families. It changes the way we do business and helps to shape us into a better organization.

## Appendix B

### Patient and Family Advisory Council (PFAC)

### Appendix B

Committees To Include A PFAC Member

Committee Name	Term (Short/Long)	Meeting Schedule	Description
<b>Liaison Committee</b> 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