

Changing Policy to Teach and Model Patient- and Family-Centered Care:

The DNP Leader and Patient Family Advisor Role in Interprofessional Education

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Purpose

Patient- and family-centered care (PFCC) leads to improved patient safety, quality outcomes, and experience. Patient Family Advisors (PFAs) are essential to teach and role model PFCC behaviors and must be incorporated into new hire nursing orientation, physician forums, and other key educational platforms to hardwire patient-centered care practices.

The goal is to share how the PFA role as faculty within the PFCC framework can change organizational and healthcare policy.

Learning Objectives

After attending this session, participants will be able to:

1. Articulate how PFAs with catalogue of personal experience stories can partner with hospital leaders to teach care providers in ongoing interprofessional education/orientation processes.
2. Define behaviors patients and families most want their care providers to possess.
3. Identify the vital role PFAs have in changing healthcare policy and practice to teach and role model patient- and family-centered care to improve patient safety, outcomes, and experience.

St. Francis Medical Center Profile

- One of the largest Disproportionate Share Hospitals in the nation
- Only comprehensive, non-profit health care institution serving Southeast Los Angeles
- The Medical Center operates:
 - A 384-bed acute care hospital
 - Busiest private emergency & Level II Trauma Center in LA County
 - Family Life Center with state-of-the-art Neonatal Intensive Care
 - Psychiatric Service Line and Children's Counseling Center
 - STEMI and Primary Stroke Receiving Centers
- The payer mix for the hospital is nearly 72% Medi-Cal and unfunded (was 70% in 2012).



St. Francis Medical Center
A Part of Verity Health

Core Concepts of PFCC

Respect and Dignity: Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing: Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

Participation: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

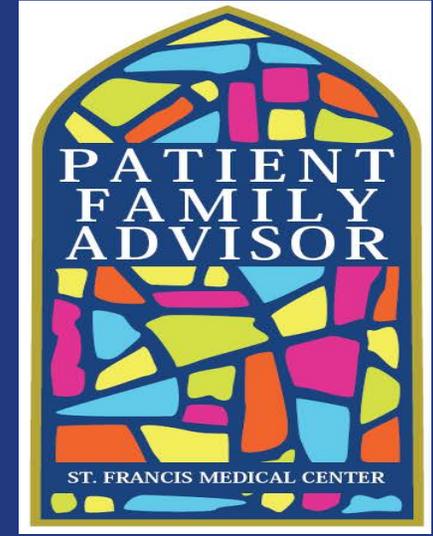
Collaboration: Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Historical Perspective

Patients and family members come to the table with:

- complaints
- concerns
- problems
- ideas about how healthcare should be delivered

Critical process: conversion of a patient or family member with a complaint to an advisor with a catalogue of stories, based on their experiences, that can be used to teach.



Patient Family Advisor Recruitment Criteria

- Must be a patient or family member of a patient
- Ability to be constructive
- Ability to match personal mission with hospital mission to improve care & organizational performance
- Believe that your investment in your own and/or your family's health experience will help you make a difference for others

Selection Criteria for Patient Family Faculty

- Ability to share personal experiences in a way that others may learn from them
- Ability to see the “big picture”—beyond own personal experience
- Excellent Communication skills
- Superb listening skills
- Concern about more than one issue
- Demonstrate sensitivity to others’ needs
- Represent the collective concerns of patients & families

Goals:

- Expand partnership with patients and families to include (PFF) to educate clinicians about patient family centered care
- Provide education with PFF co-teaching with clinicians, scenario-based learning, and reflective practice

Conversion of a patient & family with a story to a PFA with a catalogue of experiences...

PFF programs are a major means through which patient- and family-centered education for the health professions can become a reality.

Patient and family faculty programs incorporate first person narratives by health care consumers as an integral component of education for health care professionals, and students.

Patient and family faculty teach in a variety of educational venues.

They also co-design the curriculum, academic courses, and individual educational programs or class sessions.

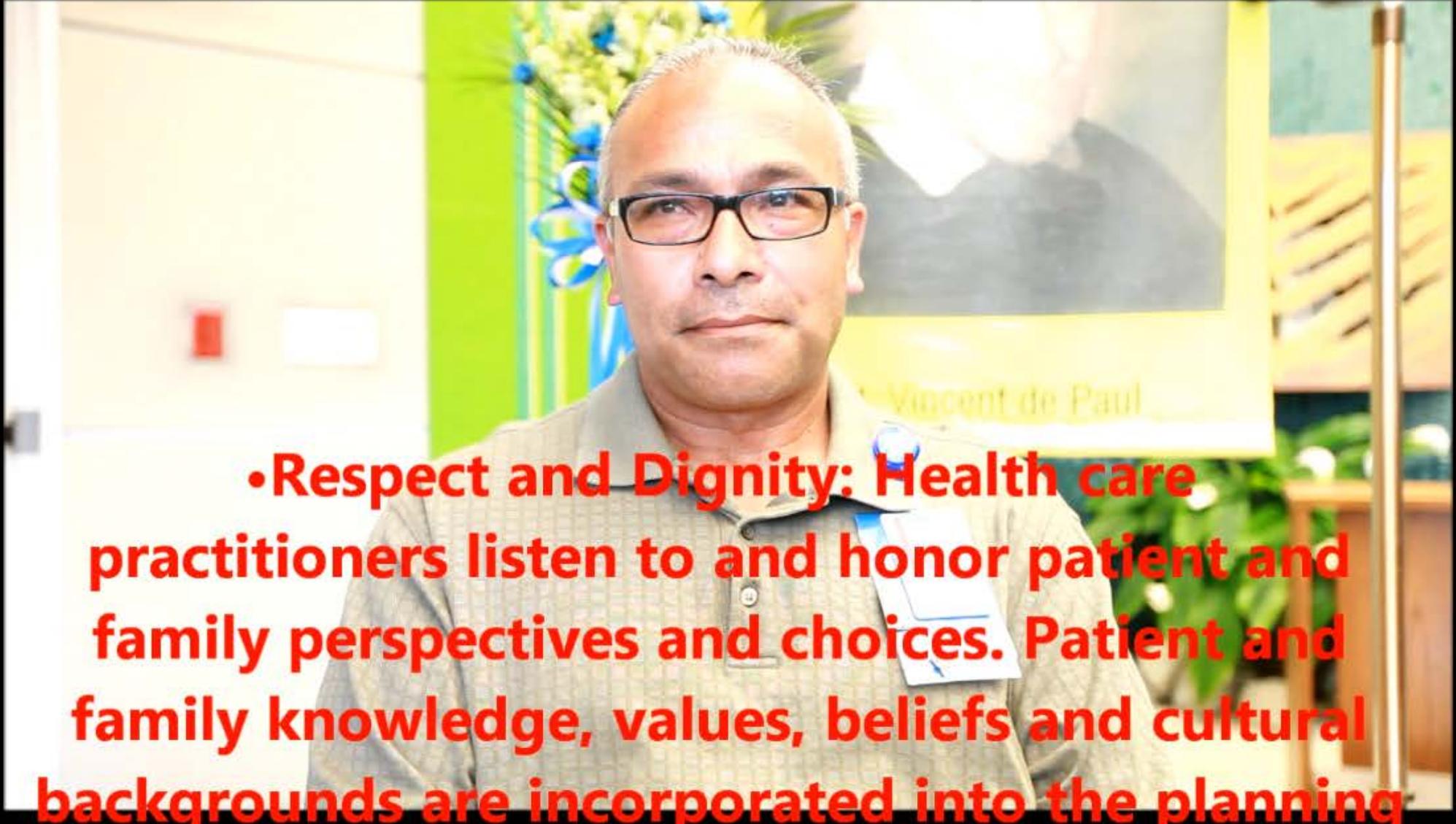


Conversion of a patient & family with a story to a PFA with a catalogue of experiences...

Guidelines for helping patients and families tell their stories

1. Personal preparation of patient and family stories for presentation and helping other PFAs “get there”
2. The patient / family must carefully consider whether the decision to share their story is right for them
3. Once the patient / family have agreed to tell their story, we need to help them to prepare; Key questions can guide the story preparation
4. Sharing both the good and bad experiences is important
5. Prepare for the audience and setting
6. PFA customized training by PFCCpartners CEO & Founder, Libby Hoy (Long Beach, CA)

PFA Storytelling for Reflective Practice

A middle-aged man with glasses and a name tag is speaking at a podium. Behind him is a portrait of Vincent de Paul. The text is overlaid on the bottom half of the image.

•Respect and Dignity: Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

PFCC in Vulnerable Populations

(Adapted from Silow-Carroll, Alteras, & Stepnick, 2006, p. 6)

Organizational Barriers to Patient [and Family] Centered Care in Underserved Populations

Difficulty recruiting and retaining culturally competent professionals from under-represented groups/minorities

Lack of defined 'boundaries' for outreach staff → overwhelmed dealing with patients interrelated health, sociocultural, & economic issues → fatigue & burn-out

Competing priorities

Strict hiring requirements that pose obstacles to hiring neighborhood residents

Financial constraints & lack of tools to recognize patient-centered performance

Traditional provider-centric attitudes among staff unwilling to change or acknowledge cultural & socioeconomic needs

Core Components for Patient [and Family] Centered Care in Underserved Populations

Socio-cultural competence

Coordination and integration of care

Welcoming environment

Community outreach

Access and navigation skills

- Respect for patients' values and expressed needs
- Patient empowerment or 'activation'
- Comfort and support

Theoretical Framework for PFF Program at St. Francis

Systems Theory

Ethnically sensitive definition of the family as a system...experiences of one family member affect other family members (McCubbin & McCubbin, 1989)

Core belief...all parts of the family are interrelated and each family is unique based on their relationships and interactions (Swanson, 2011)

The family as a group of interacting dyads, triads, and larger groups (Whall, 1981) aligns with Imogene King's Theory of Goal Attainment

Family Stress Theory

The *ABCX model* is a comprehensive approach to the numerous variables involved in understanding how families cope with stress (Rueben Hill, 1949).

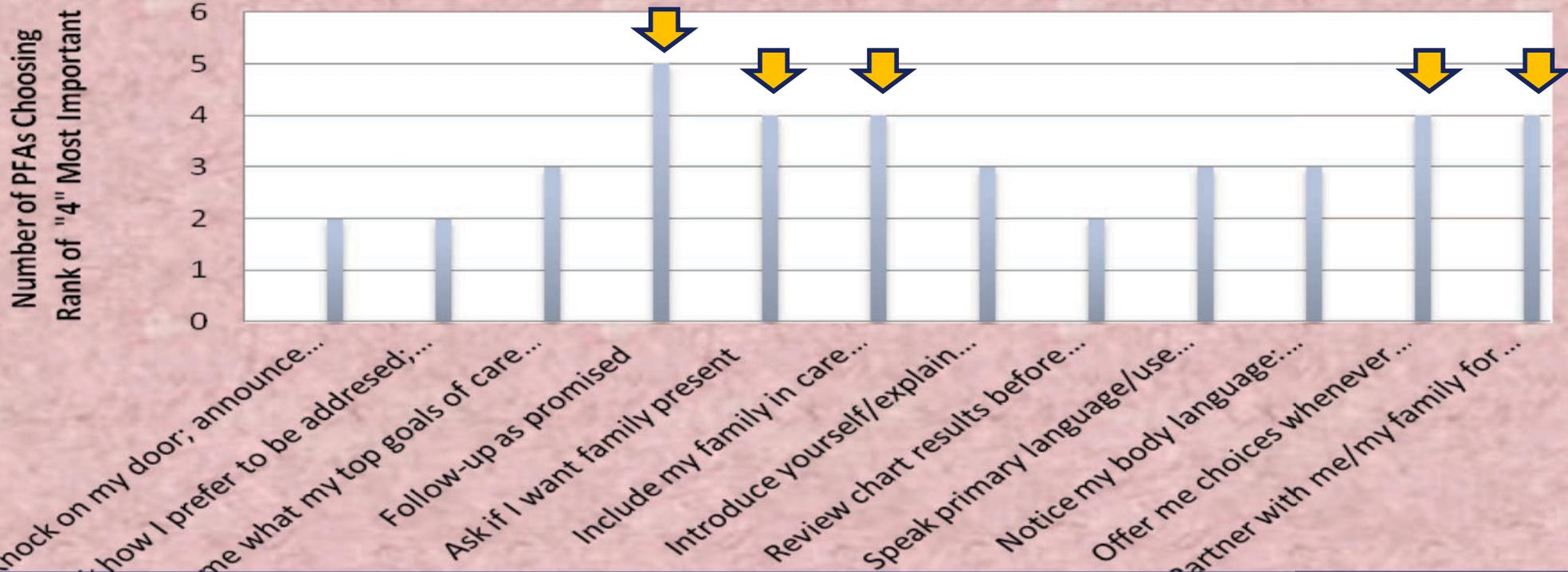
Crisis Theory

Hospitalization of a critically ill patient causes significant distress and anguish for the family, and may alone be enough to cause crisis (Woolley, 1990)

The family is involved when one of its members suffers ...life-threatening illness... generates family distress & moderate rates of psychosocial morbidity (Kissane, 1999)

Patient and Family Needs Assessment

PFCC Actions Clinicians Should Incorporate



Survey of Clinicians

<i>Expected Outcome</i>	<i>Method of evaluation</i>	<i>Metric</i>
Positive change in clinicians' attitudes towards patients and families as advisors, faculty and partners	Use of the Checklist for Attitudes About Patients and Families as Advisors, Faculty, and Partners before & after education. Data was aggregated by discipline and job class, & all participants.	Evaluation of positive change in attitudes for each job class and discipline, & all participants

The “Checklist for Attitudes about Patients and Families as Advisors” (IPFCC, 2010) was adapted and administered before and after the EBP education to measure the impact of co-presented education.

Survey of Clinicians—Results

- Following education, 54% of clinicians who believed they let colleagues know they valued the insights of patients/families recognized that they actually did not.
- 47% less clinicians responded “NO” to the question “Do I believe patients/family members can look beyond their own perspectives/issues to be objective ... represent all patients/ families”?
- Following education, 71% less clinicians answered “NO” to the question “Do I believe the perspectives/opinions of patients, families, & providers are equally valid in planning & decision-making at the program and policy level”?

This EBP is the basis for all education co-presented by PFAs at SFMC

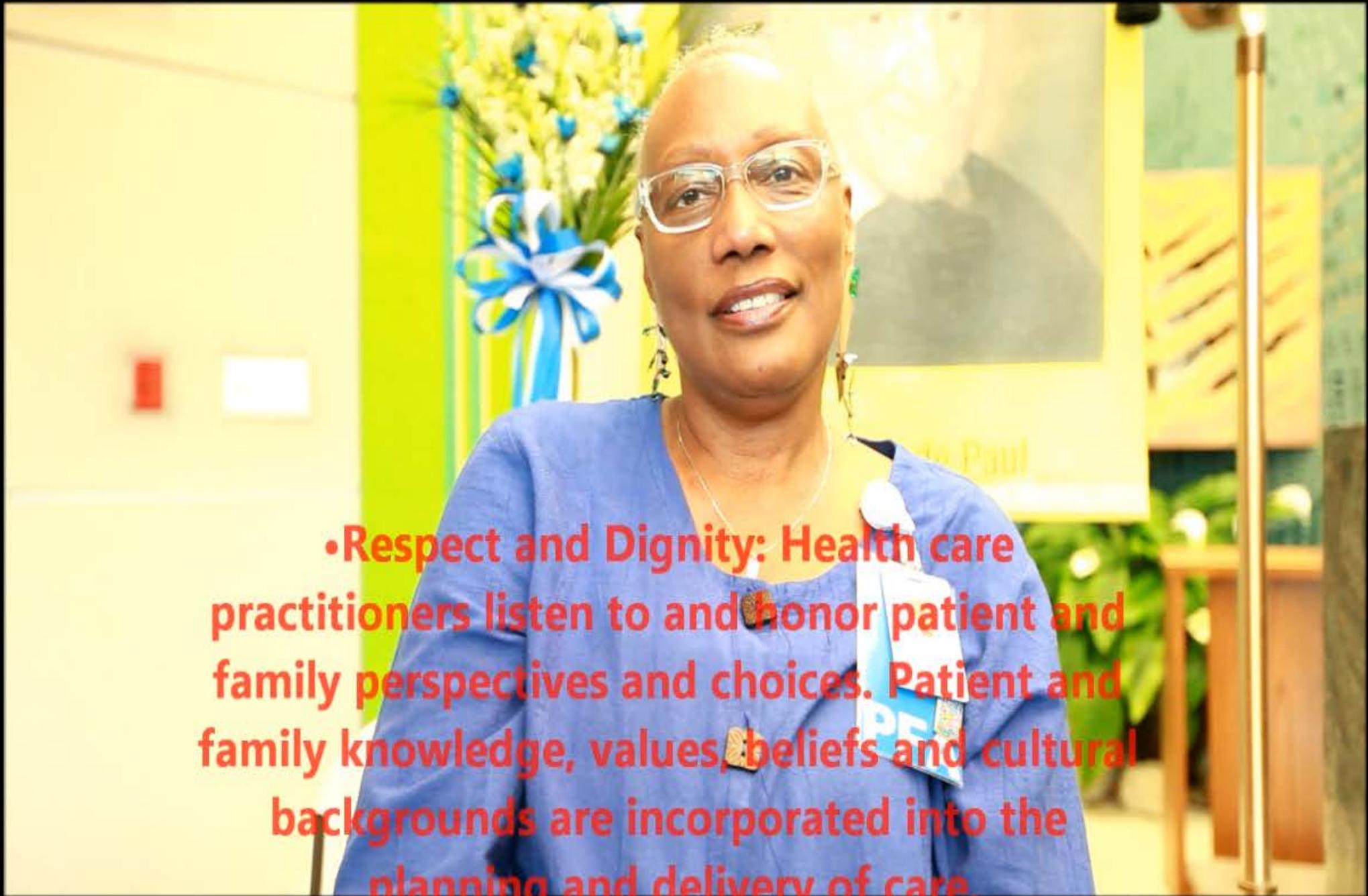
Lessons Learned

- Don't under-estimate the amount of time it takes to “process” patient and family experiences to formulate tellable stories.
- Early introduction of adopted care model leads to improved caregiver engagement with PFCC improvement initiatives
- Care providers believed their behaviors were more patient- and family-centered than they actually were
- Hospital leadership gained valuable insight from PFAs to further develop PFCC model to improve patient safety, outcomes, and experience

PFA Partnership for Nursing Orientation

- Nursing Orientation is held twice monthly for new hire on boarding
- Since 2013, a PFA has attended to discuss PFCC and partnership with patients at the bedside
- Nurses are required to participate in dialogue about what PFCC means and how it will shape their practice at SFMC
- A Video Vignette featuring a former PFA is shown during the Palliative Care portion to demonstrate the meaningfulness of PFCC in the dying process, and will be used to educate NODA volunteers

PFA Partnership for Nursing Orientation



• **Respect and Dignity:** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Patient and Family-Centered Care Pledge:

I, _____ promise to remember that Patient- and Family-Centered Care is about the **PATIENT**.

I will each day do my best to provide and continually improve the best care to ALL patients , remembering the Core Concepts of **RESPECT & DIGNITY, COLLABORATION, INFORMATION SHARING and PARTICIPATION**.

During the next 6 months, I will be mindful of and will continue to improve my following nursing skill of

_____.

Physician Partnership with Patients, PFAs and PFAC



Medical Staff Partnership:

PFA on Research Committee and Bioethics Committee of the Medical Staff brings patient and family perspective to hospital staff and physicians

During each Chief of Medical Staff term a project is determined by the Chief to co-design care and processes at SFMC

PFAs participated in a panel to educate the general medical staff—eye-opening to the physicians



*HOW TO BE A PARTNER
IN YOUR HEALTH CARE*



Thank you for choosing St. Francis Medical Center. This guide has been developed in collaboration with patients, their families, physicians and clinicians to help make your healthcare experience a partnership in your care.

Thank you to the SFMC Patient Family Advisory Council (PFAC) and Physicians under the leadership of Amin Farah M.D., 2017-2018 Chief of Staff.

Vital Role of PFAs

Identify: Identify best practices in patient- and family-centered care and share these best practices across the organization.

Advise: Work in advisory roles to enhance safety and quality of health care and the experience of care, by advancing the practice of patient- and family-centered care. Contribute to development of policies and procedures.

Participate: Bring the patient and family perspective to committees, councils, and initiatives including, but not limited to PFAC, patient safety and quality improvement, facility design, service excellence, ethics, and education

Vital Role of PFAs

Support: Support staff and leadership in patient- and family- centered care activities and initiatives. Act as a sounding board for implementation of programs across the hospital.

Represent: Represent patient and family perspectives about the health care experience and make recommendations for improvement.

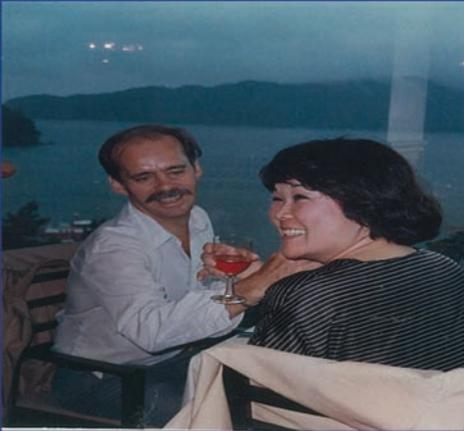
Evaluate: Evaluate how patient- and family-centered care improves the quality and safety outcomes for patients and their families, and their experience of care.

Vital Role of PFAs

Educate: Promote patient- and family-centered care education across the organization. Participate in the planning and implementation of staff, physician, and volunteer education and training as well as promote patient and family education. Collaborate with staff to facilitate patient and family access to individual health records and to safety and quality performance.



Collaboration



Collaboration: Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families 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.

PFA Impact on Patient Safety, Experience, & Outcomes

YOU ARE PART OF THE TEAM

St. Francis Medical Center is committed to partnering with patients and families to improve quality and safety, and your role is essential to our patient-and family-centered care delivery model. As such, here are a few actions we'd like you to take:

PARTICIPATE: You are the most important member of the health care team and we are here to help you, so **SPEAK UP** and **ASK QUESTIONS** and be sure you understand your plan of care and medications.

COMMUNICATE: It's your health - **TALK TO YOUR DOCTORS AND NURSES**. It's Important for us to hear from those who know the patient best—the patient and his/her family—and we want you to understand your health issues and what the plan of care is. Don't be afraid to ask questions.

APPRECIATE: There are many people in the hospital who need help; please be aware that doctors and nurses will attend to everyone, including you.

ADVOCATE: Patients and family members are empowered and asked to bring concerns forward to the health care team. Pay attention to procedures, treatments, equipment, and routines. Ask for explanations.

DON'T WAIT: If you, your advocate, or your family members become aware of any issues or problems that could potentially affect your health and safety, **NOTIFY** your nurse or other caregiver **immediately**. This includes events such as an alarm going off, a sudden change in your condition, an IV or tube slipping out, water, food, or anything on the floor.

ACTIVATE: If you or your family feel there is a medical emergency or the patient's condition is worsening, call the hospital operator from the patient's room phone by dialing **1111** to immediately mobilize the Rapid Response Team (RRT).

ESCALATE: If you or your family have brought up a concern with your nurse or doctor which you feel has not been addressed, call the hospital operator from the patient's room phone by dialing "0", or from an outside line 1-310-900-8900 and ask for a Manager or the Administrative House Supervisor.

We value your participation as a partner in patient safety and quality.



Gerald T. Kozai, PharmD
President and
Chief Executive Officer



Alice Gunderson
Patient Family Advisor
Chair, Patient Family
Advisory Council



Michael Stephen, MD
Chief of Medical Staff

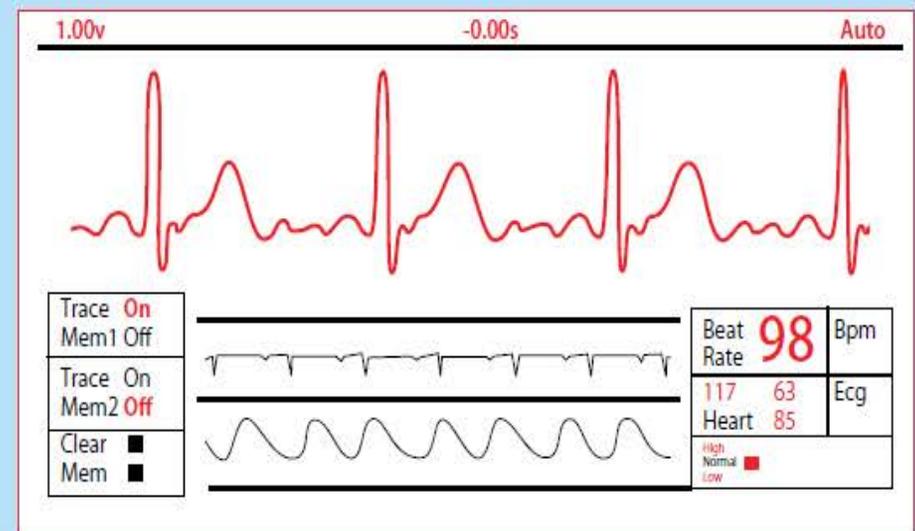


Mary Lynne Knighten, DNP, RN,
PN, NEA-BC
VP, Patient Care Services
Chief Nursing Officer

HEAR AN ALARM? YOU CAN HELP PREVENT HARM.

If you hear any type of alarm ringing in a patient's room, please **NOTIFY** a nurse or other hospital staff member immediately.

Thank you for helping us to ensure the health and safety of every patient in our care.



¿SE OYE UNA ALARMA? USTED PUEDE AYUDAR A EVITAR QUE ALGUIEN SUFRA UN DAÑO.

Si oye sonar cualquier tipo de alarma en el cuarto de un paciente, por favor **NOTIFIQUE** inmediatamente a una enfermera u otro miembro del personal.

Gracias por ayudarnos a garantizar la salud y seguridad de todos los pacientes bajo nuestro cuidado.

PFA Impact on Patient Safety, Experience, & Outcomes

- Integrates patients and families as partners on the health care team
- Improves quality and safety
- Reduces medical errors and readmissions by information sharing with patients and families
- Educates clinicians, physicians and hospital leadership about PFCC
- Improves clinical outcomes
- Improves HCAHPS Survey scores
- Increases staff and physician satisfaction

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St. Francis Medical Center...



THE HEARTBEAT OF THE COMMUNITY

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