PFCC: Partnership from the Bedside to the Boardroom

Patient Safety First

Sept 12, 2013

Libby Hoy, PFCC Partners
My mission

To share our experiences in partnership and true collaboration so that together we can improve healthcare for all of us.
PFCC Partners is committed to building a community of healthcare providers, administrators, ancillary staff, patients and families coming together to define best practices, share resources, connect with peers and access support and tools for integrating PFCC into their organizations.

PFCC Partners recognizes that the quality of healthcare outcomes is improved when the expertise of the healthcare providers is partnered with the experience of the patients and families. From the bedside to the boardroom, patient & family centered care is about partnering to design policies, programs and individual care plans for the best possible outcomes.
Definition of PFCC

PATIENT & FAMILY CENTERED CARE is care that is responsive to individual patient preferences and needs while assuring patient values guide clinical decisions.

Crossing the Quality Chasm, A New Health System for the 21st Century, Institute of Medicine, 2001
A few foundational facts...

• PFCC is relational

• PFCC requires a culture shift for most organizations

• PFCC requires interdisciplinary approach

• PFCC is a practice, not a service

• PFCC is the vehicle for improvement in Quality, Patient Safety and Cost Effectiveness, Patient Satisfaction

• PFCC is a journey not a destination

• PFCC requires Top Down & Bottom Up Buy In

• PFCC requires partnership with patients & families from the bedside to the boardroom
PFCC is Reciprocal
PFCC Across the Organization

Point of Care Impact

• Patient Satisfaction
• Staff Satisfaction
• Patient & Staff Empowered
• Efficient Use of Resources
• Improved Outcomes

Organizational Impact

• Affordable Care Act
• HCAHPS scores
• Improves Efficiency
• Improved Design Processes
Emotional Reactions of Patients & Families

- Fear
- Guilt
- Desperate
- Isolated
- Overwhelmed
- Anger
- Confused
- Denial
- Disappointed
- Helpless
- Loss
- Panic
- Envy
- Isolated
- Overwhelmed
Ingredients of Partnership

• Respect
• Choice
• Strength Based
• Individualization

• Flexibility
• Collaboration
• Empowerment
• Communication
• Compassion
David Emerald's TED* (*The Empowerment Dynamic) triangle provides an alternative to the Karpman Drama Triangle.
Tools for Empowerment

- Knowledge
- Safety
- Quality Communication
- Collaboration
- Reciprocity of Ideas, Values & Priorities
- Participation
- Access to Support
Impact on Patient-Provider Relationship

- Sets the table for collaboration
- Increases the communication
- Infuses the relationship with accountability
- Assures care plan will work within the family structure
- Empowered families more likely to share challenges
- Avoids Learned Helplessness
- Perception of care is improved
Honors cultural diversity and family traditions.

Recognizes the importance of community-based services.

Promotes an individual and developmental approach

Encourages family-to-family and peer support

Acknowledges the family as the constant in a patient’s life.

Builds on family strengths.

Supports the patient in learning about and participating in his/her care and decision-making
Benefits of Collaboration

Professionals develop greater depth of skills due to increased sensitivity to patients and improved, appropriate communication with families.

Providers are more at ease working with families so that the provider/family relationship is stronger with greater job satisfaction.

Family/professional collaboration at all levels insures a balance between perceived services system needs and the actual needs of families.

Families have greater feelings of competence in caring for their children with special needs.

Families’ dependence on the system decreases, as does cost.
Collaborating may feel threatening to some healthcare providers.
Shared Goals

**Prevent harm** and ensure that care delivered and received is safe, effective and compassionate

Patients & Families all have **basic information, facts and skills**

**Patient engagement and empowerment**

Patients & Families to develop the **confidence** and the skills to speak up

*Adapted from Julia Hallisy/ www.EmpoweredPatientCoalition.org*
Shared Challenges

Meaningful participation
Adequate amounts of time for comfort and education
Ensuring safe care at all times and reducing errors
Speaking up, moving up the chain of command - and feeling comfortable and supported doing so
Managing Adverse Events – investigation and disclosure, patient and family involvement, and changes implemented as end result
Making our voices heard in health care delivery, safety, and quality

Julia Hallisy/ www.EmpoweredPatientCoalition.org
PFCC Concepts in Action

“When patients have an active role in their own health care, the quality of their care, and of their care experience, improves.”

“In the U.S., 78% of patients who said they were engaged in their care rated their care highly, compared with 43% who were not so engaged.”

What Does Success Look Like?

Calm

Confidant

Comfortable
PFCC Across the Organization

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The Demand for Partnership

- Joint Commission
- CMS regulations for patient access to Support Person
- HCAHPS reimbursement for performance including, Patient Experience
- The demand for Transparency
- HEALTH Care Reform...nothing about me without me.
INTERdisciplinary

healthcare provider

patient & family

healthcare organization

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The Role of the PFA

“Having a patient & family representative in the room changes the conversation in every way”

-Jim Conway
Patient & Family Advisor

Patient & family advisors work in a variety of healthcare settings sharing their personal stories to represent all patients & families in providing an educated perspective of care by bringing authenticity, empowerment, respect and inspiration to the design and delivery of healthcare systems. Patient & Family Advisor roles include partner, educator, speaker, listener, advocate, collaborator and leader, ensuring the focus of healthcare is centered on the patient & the family.

Collaboratively written by the Patient & Family Advisors convened by the IHI, December 2012
Partnership Across the Organization

- Experience
- Sustainability
- Foundation
- Quality
- Safety

Patients & Families

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Esentials of PFCC in an Organization

- Patient Family Advisory Councils
- Open Visiting
- Bedside Rounding including the patient & family
- Patient & Family Advisors Integrated on organizational committees
- Each individual in the organization assumes responsibility for meeting PFCC standards
- Patients involved in program design and development
- Patients involved in Quality and Safety Initiatives
- Peer Support Programs
5 Gateways

- Setting the Table in the Organization
- Recruiting Patient & Family Advisors
- Training & Orientation of Patient & Family Advisors
- First Meetings
- Sustainability Practices
Core Competencies of PFA’s

1. Patient & Family Advisors are competent teachers of Patient & Family Centered Care by integrating their own experiences as examples of the core concepts of Family Centered Care.

2. Patient & Family Advisors are empowered to master the balance of partnering with clinical and non-clinical staff, recognizing that the partnership they are trying to achieve is the foundation of Patient & Family Centered Care, which will ultimately improve the quality, safety and experience of care provided in the health care setting.

3. Patient & Family Advisors are partners for the integration of Patient & Family Centered Care from the bedside to the Boardroom in our health care organization.

4. Patient & Family Advisors understand the responsibility of representing all patients and families receiving care in our health care organization.

5. Patient & Family Advisors exercise their ability to share experiences in a manner conducive to collaborative learning.
Points of Engagement

- Patient & Family Advisory Councils
- Quality Initiatives
- Safety Initiatives
- Committee participation
- Family Faculty presentations
- Peer support
- Document review
- Staff interviews
- LEAN projects

- Program Design
- Facilities Design
- Advocacy Efforts
- Foundation Efforts
- Marketing Efforts
- Staff Appreciation Efforts
- Story Telling
- Organizational Board
- E-Advisors

Starting points  Requires some experience  Requires More Experience and/or additional training
FAQ’s

What is the right number of PFA’s?
No perfect number, though majority +/- 12

Can staff serve in the role of PFA’s?
Not recommended, PFA’s are in the room with a singular purpose

How many staff members serve on PFAC’s?
Recommend 30% of total, including leadership no more then 50%

Should PFA’s go through Volunteer Orientation?
Ultimately, YES

What about confidentiality?
Patients who complete applications are sharing their experiences voluntarily. PFA’s should sign confidentiality agreement with the organization.
More FAQ’s

How long will it take to establish a Patient & Family Advisory Council?

Depends on the amount of time, energy and resources the organization puts into it. With consistent effort to the first 3 Gateways, average 6-9 months.

How much will it cost to establish a Patient & Family Advisory Council?

Great variability depending on costs needed to make participation at least free.
Stephen
Jack
THANK YOU

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