



Operationalizing PFCC

Tiffany Christensen

PFCC Best Practice: High Impact Story-Telling



How do you think this might open the door to considering PFCC important?

National Directives

- **Institute of Medicine's 6 aims**
 - Safe
 - Effective
 - Efficient
 - Equitable
 - Timely
 - **Patient-centered**
- **Institute for Healthcare Improvement** goals of providing patient centered care
- **Joint Commission**
 - National Patient Safety Goals
 - “Effective communication, cultural competence and patient- and family-centered care”

Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC:National Academy Press. 2001.
 Joint Commission on Accreditation of Healthcare Organizations. Joint Commission Perspectives®, July 2007. Volume 27, Issue 7.
 Rutherford P, Lee B, Greiner A. Transforming Care at the Bedside. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2004.
 Moore, O'Meara, Buckley, Sodomka, Engels, Roberson. Navigating Patient and Family-Centered Care Rounds: A Guide to Achieving Success. MCG and Picker Institute, Inc. 2010.

IOM defines PFE as:

“Providing care that is respectful of, and responsive to, individual patient preferences, needs, and values; and ensuring that patient values guide all clinical decisions”

The Institute for Patient and Family
Centered Care defines Patient/Family
Centered Care (PFCC) as:

*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 health care providers, patients, and families. **It redefines the relationships in health care.***

Defining the Patient Experience:

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

- The Beryl Institute

We can not improve the patient experience unless we have patients and families sitting with us at the table of change!



How do we primarily receive patient/family feedback?



How is the feedback we get from PFAs different?

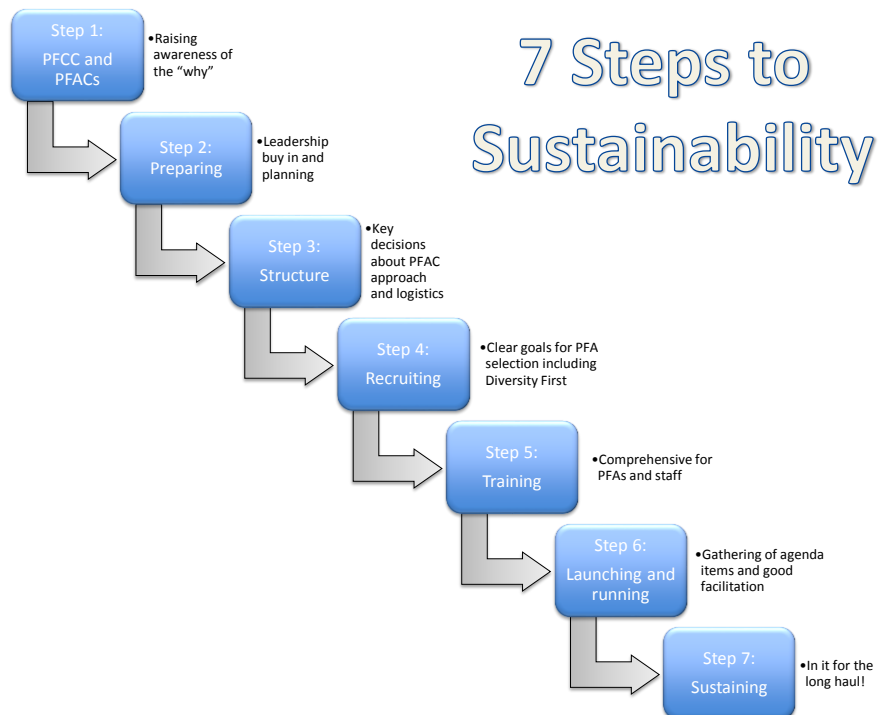


What is a PFAC?

A Patient and Family Advisory Council (PFAC) partners patients and families with members of the healthcare team to provide guidance on how to improve the patient and family experience.

Through their unique perspectives, they give input on issues that impact care, ensuring that the next patient or family member's journey is easier.

~Meghan West and Laurie Brown, BJC Healthcare



Approaching PFACs strategically is essential



- Structure before PFA recruitment
- Extensive interview process—passing on a candidate is not uncommon
- 3-8 hour required training for all staff and patient/family advisors participating on a council—with growth must come standardization
- Leader support and participation

Ideal candidates for our PACs possess five key attributes:



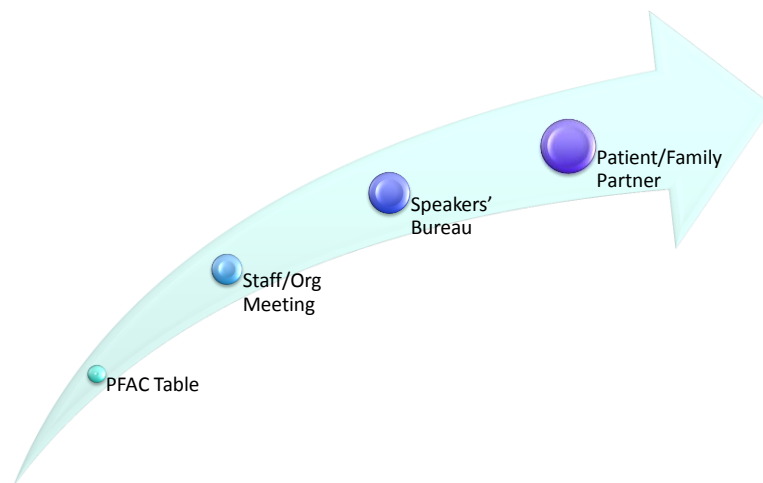
- The ability to work and communicate in the spirit of partnership and in an environment of mutual respect
- An outlook that is solution-focused without having a specific “agenda”
- The ability to serve as a representative voice
- An aptitude for constructive collaboration
- A teachable spirit

Lessons learned about diversity and PFACs



- Looking for qualities of a person but not being deliberate about diversity of perspective
- PFACs up and running without representing the population served
- With help from Health Disparities Dept, analysis of PAC process
- Change volunteer process, change recruitment material, add diversity training 1 - 4 times a year

PFA Engagement



TeamSTEPPS

- An evidence-based teamwork system to improve communication and teamwork skills among health care professionals. (Based on the aviation model of safety)
- Scientifically rooted in more than 20 years of research and lessons from the application of teamwork principles.
- Developed by Department of Defense's Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality.
- Increases team awareness and **clarifies team roles** and responsibilities.
- **Resolves conflicts and improves information sharing.**
- **Eliminates barriers to quality and safety.**

2009 to date:

12+ Duke Health System PAC
members trained as TeamSTEPPS
Master Trainers

The result:

Partnership with Patients to reduce
Medical Errors using TeamSTEPPS

~~Permission Invitation + Tools~~



Sharing Tools



SBAR (Partnering for time and clarity)



CUS(S) (Partnering through frustration)



Patient "Call Out" (Partnering for Safety)

Partnering at Intake

Symptoms

Background (relevant)

Assessment

Request (immediate)

Partnering at point of frustration or confusion

Concerned

Uncomfortable

Scared

Safety

Partnering for Safety



Patient/Family Call Out

Assess patient/family participation skills/readiness

A photograph of a stone path in a forest. The path is made of large, rounded, moss-covered stones. Three black callout boxes with white text and arrows point to different sections of the path. The top box points to the beginning of the path, the middle box points to the middle section, and the bottom box points to the end of the path.

Expert Patient and Family:
Trained in SBAR

Eager Patient and Family:
Track own data and medicines

One Step at a Time Patient:
One simple "job" at a time

Giving Your Patient a “Job”

The One Step at a Time patient and family...

What does that look like?

- Example: Next Slide

Ed Johnson from TeamSTEPPS

- **Setting: Clinic**

Ed Johnson, a 41-year-old patient with a history of hypertension, is seen in the Cardiology Clinic for a follow-up after his recent admission to rule out a myocardial infarction. His vital signs are normal except for a BP of 170/110. An EKG shows NSR without evidence of ischemic changes. He states that he has been having episodic chest pain since his release, so the physician decides to repeat his cardiac enzymes. His CPK is 201, and a Troponin I level is pending.
- Mr. Johnson's pain resolves, and he insists on going home. The Troponin I level is still pending when Mr. Johnson is discharged with instructions to call the office the next day if he is still having problems. Shortly after Mr. Johnson is discharged, the Troponin I level of 0.22 (normal <0.03), indicating myocardial ischemia, is called in to the nurse in the clinic. The nurse notifies the physician of the result. No attempt is made to contact Mr. Johnson. Later, he is found unresponsive and having difficulty breathing. His friend calls 911, and when the ambulance crew arrives, they find him apneic and they cannot detect a pulse.

Safety isn't just about our bodies!



Emotional Safety

Emotional Safety

Betty's story...

Examine this story from the perspective of PFCC and PFE.

- **Respect and dignity**
 - **Information Sharing**
 - **Participation**
 - **Collaboration**
-
- How safe is it for Betty to go home today?
 - How might the conversation have gone differently?



How might the following impact
Betty's discharge plan?

- Experience with healthcare
- Cultural/family/regional background carrying conscious or unconscious beliefs
- Motivation based on illness, prognosis etc
- Support varying from invasive to non-existent
- Socio-economic background shifting focus or worry from health to something else (including health literacy)
- Personality!

Establishing Boundaries

Where are our boundaries??
How do we know when a boundary is
appropriate?

Example: **Family Presence Policy**

- Why is this a PFCC best practice?
- What challenges are we facing with implementation?



Where did PFCC go off track in these examples?

- If you were the manager of this unit and your nurses (and other staff) were commonly struggling with these boundary issues, how would you help them?

What would you say or do to get your team back on track?



The Pendulum Swing

Definition of partnership can get lost!

“A relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal”

What's the goal?

Does this behavior/plan help us reach it?



What Person Centered Care is NOT:

- *Bedside Manner, Being Nice*
- *A concierge service*
- *Absence of boundaries!!*

What is Person Centered Care?

- *Consider the patient experience*
- *Encourage a culture where everyone cares*
- *Invite patients to the table for productive conversations about what can be improved (putting an end to assuming)*
- *Based on all of this, TAKE ACTION*

Ultimately, Person Centered Care
means...



Partnership

1. How you might imagine these (or other) TeamSTEPs tools being used in your area(s)?
2. How might patient/family advisors might be better utilized in your area(s)?

Thank You!

sickgirlspeaks.com



4 PFCC Guiding Principles

Credit IPFCC

- **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.