PATIENT AND FAMILY
ADVISORY COUNCIL (PFAC)
ANNUAL REPORT 2013

EXECUTIVE SUMMARY

Sibley Memorial Hospital PFAC Mission Statement

The Patient and Family Advisory Council seeks to enhance the delivery of healthcare at Sibley Memorial Hospital by providing a mechanism for the community to work in partnership with hospital staff to develop and deliver the safest and highest quality care and service to patients and their families. The Sibley PFAC will seek the patient and family perspective to promote a culture of patient and family centered care. The PFAC will provide an avenue for the voice of the patient to be heard.
INTRODUCTION

Establishment of Sibley Memorial Hospital PFAC

The Sibley Memorial Hospital Patient and Family Advisory Council was planned and organized in 2012 and established at its first formal meeting on February 13, 2013. This report introduces the Sibley Memorial Hospital PFAC through its mission, member Advisors, a brief history of Patient and Family Centered Care, and a summary of the PFAC activities in 2013. It has been a robust first year demonstrating that the PFAC serves as an important common ground amidst dynamic and diverse hospital activities, and patient and family experiences. This was accomplished because of the positive spirit and participation by Sibley professionals and dedicated patients and families.

Sibley Memorial Hospital PFAC 2013 Advisors

Lead Advisors
Alison Arnott, Vice President, Support Services
Marianne Monek, Director Volunteers, Patient Relations/Patient Advocate
Patricia Haresign, Education and Training Specialist

Leadership and Management Advisors
Geoff Brown, Trustee
Joan Vincent, Senior VP for Patient Care Services and Chief Nursing Officer
Conan Dickson, Chief of Staff
Sheila McNeill-Lee, Director Pastoral Care
Caroline LeGarde, VP, Professional Services
Dianne McCarthy, Director, Rehabilitation
Dennis Reed, Director, Imaging Services
Denise Thompson, Director, Renaissance

Physician and Nurse Advisors
Dr. Andrei Cernea, Anesthesiology
Dr. Colette Magnant, Breast Surgeon
Dr. Mary Theresa O’Donnell, Director Sibley Hospitalist Service and Palliative Care
Matthew Brown, RN, Med/Surgery
Ryan Garvey, RN, Women and Infants
Mellaknese Coker, Nurse Manager, Same Day Surgery, Pre-Surgical Testing Center and PACU
Lisa Kirk, RN, Orthopedics
Chrissy Morales, Nurse Educator
Peggy Moy, RN, Quality/Patient Safety
Sylvia Ochs, RN, Manager, Lactation Services
Pauline Solomita, RN, Special Care Nursery Manager
Nickole Washington RN, Ambulatory Surgery

Patient and Family Advisors
Gerald Choppin
Jean Donaldson
Bruce Douglas
Mary Ann Floto
Barbara Hoy
Steven Katz
Danielle Lloyd
Mariana Mihalchik
Deborah Nolan
Thomas Reynolds
Jacquelyn Williams-Bridgers
MISSION, PURPOSE AND ACTIVITY

Sibley Memorial Hospital PFAC Mission

The PFAC seeks to enhance the delivery of healthcare at Sibley Memorial Hospital by providing a mechanism for the community to work in partnership with hospital staff to develop and deliver the safest and highest quality care and service to patients and their families. The Sibley PFAC will seek the patient and family perspective to promote a culture of patient and family centered care. The PFAC will provide an avenue for the voice of the patient to be heard.

Purpose and Responsibility of PFAC

- Serves as communication channel between families and hospital staff
- Promotes improved relationships between patients, families, and staff
- Provides a venue for patients and families to assist in evaluating and providing input on the delivery of services to patients
- Collaborates as partners with staff, physicians, and administration in the planning and operation of programs to enhance care and services
- Provides opportunities for staff to listen to their customers
- Provides a link between the hospital and the community at large

Monthly Meetings

The Sibley PFAC meets regularly on the second Wednesday of each month from 5-7 pm. Each two-hour meeting proceeds from a formal and planned agenda that includes updates on highlights of developments; responses to past Patient Stories; presentation of new Patient Stories, and guest speakers and topics.

Ongoing Advisor Participation on Comprehensive Unit-Based Safety Program CUSP Teams and Committees

During its first year, PFAC Advisor opportunities were offered, and in some instances followed up by participation. It is anticipated that far greater use of this venue will be utilized in the future as both Sibley Memorial Hospital and the PFAC work to identify common interest and resources.

Professional Development

The Sibley PFAC leads have worked in conjunction with the Johns Hopkins Hospital PFAC and other hospitals, as well as utilizing the resources of the National Institute for Patient and Family Care based in Bethesda, Maryland. In addition members of the Sibley PFAC Advisors attended the Suburban Hospital PFAC meeting in December 2013 to gain knowledge and insight.
The Sibley Kaleidoscope: PFAC as Common Ground for Discussion

In any hospital, a team established to create dialogue, identify needs, provide input, and seek to resolve problems reflects a daily kaleidoscope of activity. Many people and activities contribute to a diverse storyline, highlighting both successes and ongoing challenges. Patient and family experiences can serve as a common thread, and the PFAC can serve as a common ground for collaborative and interdisciplinary discussion. This has been reflective in the scope and details of the work of the PFAC.

The Sibley Kaleidoscope

Topics Introduced to PFAC in 2013

- EPIC electronic records implementation
- Education about HCAHPS
- Press Ganey Improvement Action Plan
- Sibley Performance Standards, Circle of Excellence, Language of Caring
- Comprehensive Unit-based Safety Program (CUSP) team participation
- “New Sibley” Design
- Leadership Huddles
- Hourly Rounding /Role play for staff on rounding
- Bedside Shift Reports
- Input on patient surveys
- Annual Education Competence and Employee Engagement Survey
**RESPONSES TO PATIENT AND FAMILY EXPERIENCES**

Sibley Memorial Hospital leaders and coordinators have instituted a mechanism to ensure there is immediate tasking and follow up to every Patient Story, and concern that arises from discussions in the monthly meetings. Where possible systemic corrections are made, and a follow up report on status and results is made personally by whoever was tasked or assumed responsibility for review and action. Numerous examples occur in the summary found below.

<table>
<thead>
<tr>
<th>Patient and Family Experience</th>
<th>Sibley Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor communication and sensitivity to patient</td>
<td>Discussions with physicians and nurses about need to show greater emotional sensitivity to patients and families</td>
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<tr>
<td>Treatment, behavior, and communication by nursing staff</td>
<td>Training reinforcement of Sibley Circle of Excellent Performance Standards, and Service Recovery: CARE Model [Connect, Apologize, Resolve and Evaluate] and “blameless apology”</td>
</tr>
<tr>
<td>Rude behavior and treatment by Sibley Director towards a volunteer.</td>
<td>Sibley administration notified and is addressing behavior issue.</td>
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<tr>
<td>Lack of room readiness, patient bed not plugged in, nurse call button and other features inoperative</td>
<td>Review and identification of problem and department/staff to conduct room readiness check and create visible record.</td>
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<tr>
<td>Lack of Privacy in Post-Op. Conversations regarding patient status held with family in open waiting room</td>
<td>New furniture and additional private rooms for Patient, Family, and Doctor consultation</td>
</tr>
<tr>
<td>Experiences involving butterfly needles.</td>
<td>Retraining staff and resolving problems regarding new butterfly needle usage in pre-surgical testing</td>
</tr>
<tr>
<td>Make patients and families aware of palliative care; and identify it as a clear option and part of patient plan of care.</td>
<td>Palliative care public educational seminar led by Dr. Therese O’Donnell Developed protocol so doctors can incorporate palliative care into patient’s plan of care.</td>
</tr>
<tr>
<td>What are hospitalists?</td>
<td>Discussion about role of hospitalists by Dr. Therese O’Donnell, and discussion of plan for doctors to communicate hospitalists to their patients.</td>
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<tr>
<td>Pillows in ED</td>
<td>Revised process to ensure at least 2 pillows are available in every inpatient room and each ED room.</td>
</tr>
<tr>
<td>Cleanliness in the ED and hospital</td>
<td>ED Manager regular rounds with environmental services leadership</td>
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### Patient and Family Experience

<table>
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<tr>
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<tr>
<td>Rehab (PT) lack of privacy</td>
</tr>
<tr>
<td>Rehab: Improved management and monitoring of physical therapist continuity care and treatment of patients.</td>
</tr>
<tr>
<td>Accuracy of medication identification in medical record</td>
</tr>
<tr>
<td>EPIC implementation of barcode medication administration.</td>
</tr>
<tr>
<td>Monitoring patients bringing their own medicines and using them when in hospital</td>
</tr>
<tr>
<td>Remind staff of our policy for patient's home medication and self-administration if approved.</td>
</tr>
<tr>
<td>Welcoming and Exit Signs and discussion of other ways to welcome patients and families</td>
</tr>
<tr>
<td>New signage welcoming patients in front hospital entrance and Emergency department entrance</td>
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### Women and Infant Services Experience

<table>
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</thead>
<tbody>
<tr>
<td>Inconsistent support and other issues related for mothers and newborn infants;</td>
</tr>
<tr>
<td>Staff changes to meet expected awareness, capability, performance, quality of care</td>
</tr>
<tr>
<td>Delays experienced at Admissions</td>
</tr>
<tr>
<td>Streamlined Admissions so that patient can go directly to Labor and Delivery</td>
</tr>
<tr>
<td>IV Starts</td>
</tr>
<tr>
<td>Reminded staff about listening to patient concerns and addressing prior to IV starts.</td>
</tr>
<tr>
<td>Supplies: No needed supplies in labor and delivery room</td>
</tr>
<tr>
<td>New Lean Director working on improvement workflow to reduce number of supply locations and steps to prepare for delivery.</td>
</tr>
<tr>
<td>Environment: Room temperature, noisy doors to Unit</td>
</tr>
<tr>
<td>Plant operations assessed noisy doors and affixed rubber bumpers (silencers) to help reduce noise. All departments reminded on ways to keep patients cooler or warmer as needed due to our older building and infrastructure issues.</td>
</tr>
<tr>
<td>Poor Communication with Pediatrician: Pediatrician not notified at first so they called their own doctor</td>
</tr>
<tr>
<td>Special Care Nursery notifies all pediatricians with privileges at Sibley of all births.</td>
</tr>
<tr>
<td>Poor communication with patient. No one rounded</td>
</tr>
<tr>
<td>Hourly rounding enforced; bedside shift reports; Initiation of multidisciplinary bedside shift reports</td>
</tr>
<tr>
<td>No introductions on white boards</td>
</tr>
<tr>
<td>Whiteboard used to augment shift communication; patient to staff communication. Handoff procedures introduced and being refined.</td>
</tr>
<tr>
<td>Unaware of maternity television channel until discharge class</td>
</tr>
<tr>
<td>Newborn channel information placed on white board and in patient information packets.</td>
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<tr>
<td>Women and Infant Services Experience</td>
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<td>--------------------------------------</td>
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<tr>
<td>Lactation consultant availability not meeting patient needs.</td>
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<tr>
<td>Waking patient in middle of night scaring her by saying “we have a problem”</td>
</tr>
<tr>
<td>Need to remind staff about patient taking home medications.</td>
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<tr>
<td>Discharge process</td>
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In addition the Renaissance Director has taken the following actions:

- Addressed deficient staff performance and replacement
- Makes daily rounds and provides phone number
- Call bells made functional and recliners purchased
- Education for patients and families regarding lower nurse to patient ratio in Renaissance vs. Sibley Hospital for patients benefits in ambulating and getting them ready to go home
- Hiring new staff and restorative aid for weekends
## PFAC GOALS AND NEXT STEPS

### Sibley Memorial Hospital

- PFAC Presentation and Discussion with Leadership and Executive Team
- Undertake PFAC Readiness Assessment per Institute for Patient and Family Centered Care Checklist
- Align Sibley leadership and executive strategy with Patient and Family Centered Care
- Implement through shared teaming goals with management, clinical, services, and others
- CUSP and Committee participation needs
- Incorporate more Patient Stories into Education and Training
- Involve PFAC in anticipated process change and policy developments
- Involve PFAC Advisors in interviews of Patient focused Executive or Management Positions.
- Consult Institute for Patient and Family Centered Care in establishing Patient Experience Position

### PFAC Internal

- PFAC Strategic plan and goals (consider quarterly meetings of whole PFAC with monthly sub-meetings to facilitate with Sibley staff or accomplish other objectives inside and outside hospital).
- Revisit vision, mission, and purpose to determine optimal balance of involvement in PFCC policy goals, PFAC participation, use of Patient Stories and experiences for rapid response vs. education and training.
- PFAC Word Book of hospital and medical terms and definitions
- Advisor composition review
- Determine optimal number and balance of Sibley and patient and family members
- Address vacancies and needs
- CUSP and Committee needs and assignment
- Create relevant sub-teams to work on Sibley objectives and programs e.g. liaison and project identification with leadership/exec, clinical, services.

### Outreach and PR

- Strengthen internal communication, awareness, and education about PFAC purpose, role, and activities
- Strengthen external/community communication about PFAC and related Patient and Family Centered Care
- Solicit input from Sibley staff who are not on PFAC by using PFAC Sibley advisors to facilitate meetings and report back to PFAC

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1 See [http://www.ipfcc.org/tools/position.html](http://www.ipfcc.org/tools/position.html)