

**Patient and Family
Advisory Council**

Building a Culture
of Patient- and Family-
Centered Care:
Education and Communication

Patient and Family Advisory Council
Annual Report
2015



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Suburban Hospital Patient and Family Advisory Council

Annual Report June 2015

Building a Culture of Patient- and Family-Centered Care: Education and Communication

I. Introduction

The Patient and Family Advisory Council (PFAC) is pleased to issue its third Annual Report. This report summarizes the PFAC's activities from August 2014 through June 2015, and its contributions toward building a culture of patient- and family-centered care (PFCC) at Suburban Hospital.¹ Suburban has made significant progress toward culture change and becoming a model of PFCC. Representatives of several local hospitals, for example, have attended Suburban's PFAC meetings to observe how we work and to learn about the early challenges of starting the council. The PFAC has grown this year to include 17 patient and family advisors and eight staff advisors. It meets monthly, but patient and family advisors perform the bulk of their work between meetings, serving on hospital committees and working on initiatives throughout the month. This year our focus was on building a PFCC culture through supporting hospital-wide education about PFCC principles and practices, as well as initiatives to promote enhanced communication among patients, families, and staff. The education and communication efforts underway will serve as a firm foundation for continuing Suburban's progress toward culture change.

Over the past year, the PFAC collaborated with hospital leadership, committees, nursing councils, and individual staff to embed patient- and family-centered care principles² into hospital operations. The

¹ The earlier PFAC Annual Reports are available at http://www.hopkinsmedicine.org/suburban_hospital/about_the_hospital/patient_family_advisory_council/. The first Annual Report provides information about patient- and family-centered care, the history of the establishment of Suburban's PFAC, and a description of its initial projects. The second Annual Report summarizes the progress made implementing the 2013-2014 Strategic Plan.

² Suburban has adopted the PFCC principles articulated by the Institute for Patient- and Family-Centered Care: **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 participate effectively in care and decision-making. **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they

successes of this year, as in the past, are largely the result of the ongoing support of Suburban's senior leadership and its adoption of patient- and family-centered care as a hospital-wide value and priority. The senior leadership, including Suburban President Dr. Gene Green, Chief Operating Officer Jacky Schultz, Chief Nursing Officer and PFAC Co-Chair Barbara Jacobs, and physician and nurse leaders, have embraced PFCC and include the PFAC in their operations and initiatives. As a direct result of leadership support for culture change, the PFAC expanded its role this year across the hospital, and Suburban made significant progress in building a culture of PFCC.

Over the year, Beth Vanderscheuren, Suburban's first manager of the Office of Patient and Family Experience (OPFE) and a PFAC staff advisor, was a key contributor to building patient- and family-centered care at Suburban. Ms. Vanderscheuren meets frequently with the PFAC Co-Chairs to exchange ideas and implement new initiatives at Suburban. For example, the PFAC patient and family advisors participated in her efforts to improve the patient and family experience on the fifth floor surgical lounge and at the front information desk, to plan for implementation of the Language of Caring, and to implement the Valentines for Patients project. She also engages with patients and families during their hospital stay to listen to their feedback and help improve their experience. Ms. Vanderscheuren coaches staff on patient- and family-centered care and collaborates with her patient experience counterparts across the Johns Hopkins Medicine (JHM) system.

As noted in our 2014 Annual Report, JHM has designated patient- and family-centered care as one of its six strategic priorities for 2014-2018.³ JHM named Suburban President Dr. Green as one of the four "Accountable Leaders" to guide implementation of this priority for the entire Hopkins system, and hired Lisa Allen as JHM's new chief patient experience officer. This year, the JHM Armstrong Institute brought together the individual patient and family councils across the JHM system under the umbrella of "The

choose. **Collaboration.** Patients and families are 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. www.ipfcc.org

³ See Attachment A, which summarizes JHM's patient- and family-centered care priority. The full JHM Strategic Plan is available at http://www.hopkinsmedicine.org/strategic_plan/. The *Accountable Leaders* for the PFCC priority are: Dr. Bill Baumgartner, vice dean for clinical affairs, School of Medicine; Dr. Gene Green, president, Suburban Hospital; Dr. Peter Pronovost, director of the Armstrong Institute for Patient Safety and Quality at JHM and senior vice president for patient safety and quality; and Dr. Judy Reitz, Johns Hopkins Hospital chief operating officer.

Patient and Family Centered Care Community (PFCCC).” Representatives from Suburban’s PFAC participated in several PFCCC meetings to share its experience and strategic plan and learn from its sister organizations. The PFCCC’s initial step was to have each PFAC conduct a gap analysis to assess how far its hospital has progressed in 16 areas, including (1) incorporating PFACs in hospital operations, (2) recognizing the expertise of the PFAC members as policy and program advisors, and (3) demonstrating appreciation for PFAC contributions, among other measures. Suburban’s PFAC gap analysis demonstrated that it is doing very well in all but one of the 16 areas – reflecting racial, ethnic, cultural, and socioeconomic diversity of its community and region. The PFAC recognizes this concern and will continue to seek greater diversity within its membership.

This June, the PFAC proudly recognized Suburban’s commitment to PFCC by awarding its **Patient- and Family-Centered Care 2015 Leadership Award** to three physician champions. The recipients are: (1) Medical Staff Chair elect and a PFAC founder, Dr. Diane Colgan; (2) Medical Director of Suburban’s Hospitalist Group, Dr. Eric Park; and (3) Assistant Medical Director of Suburban’s Hospitalist Group, Dr. Atul Rohatgi. They received their leadership awards for demonstrating the core principles of PFCC through collaboration with the PFAC on numerous initiatives to improve the patient and family experience. (See the Annual Report section II.D for a summary.)

This has been a very productive year, but building a culture of patient- and family-centered care is a multi-year “journey,” as described in the 2013 and 2014 PFAC reports. The PFAC is proud of the progress achieved in such a short time and is dedicated to continuing current initiatives as well as embarking on several new goals for 2015-2016, which are described at the conclusion of this report.

II. The PFAC Focuses on Education and Communication

A. *My Get Well Kit*

The PFAC played a vital role in developing Suburban’s ***My Get Well Kit***, a new tool to help inpatients and their “family” – care partners – be active participants in their care and provide a place for them to record important information about their hospital stay, from admission to discharge. The Kit is the product of collaboration among the PFAC, the Patient Family Education Committee, and the Professional Development Nursing Council. The Kit consists of a large folder containing *My Health Care Notebook*, a new *Patient Handbook*, and a back pocket for education materials and the After Visit Summary (discharge information). Staff orient patients and care partners on the benefits of using the Kit, and

encourage them to write questions, record future medical appointments, and complete the checklist to prepare for discharge. When discharged, the patient receives a “**be well**” recyclable bag, and patients are encouraged to take the Kit with them to their first or follow-up appointment after hospitalization.



After an initial hospital-wide distribution of the Kit, the implementation team realized that an engaging and innovative tool could not empower patients and families as partners in care on its own. Patients and families needed more guidance about the Kit’s use and benefits. They needed to experience nurses, patient techs, hospitalists and others engaging with them around the Kit, such as asking if the patient or family had recorded any questions for them or completed the discharge-planning checklist.

Administrative Services Representatives are now helping to pilot the Kit in several units. Their role is to provide personalized orientation to patients and families and to coach them on using the Kit along with the clinical staff. These pilots will help the team identify best practices for implementation before expanding the Kit across the hospital.

The Kit has received a number of awards for its innovative design and use of plain language. On May 12, 2015, the Center for Plain Language⁴ awarded the Kit its *Grand ClearMark Award* for the best communication in plain language among government, private companies, and non-profits. One of the judges commented “Wow! Suburban Hospital found a way to communicate vital information in a

⁴The Center for Plain Language is a national organization that advocates for the writing of clear and understandable documents. <http://centerforplainlanguage.org/clearmark/>

creative, patient-friendly way that makes an otherwise anxious situation more comfortable for both patients and caregivers.” **My Get Well Kit** also received the *Medical Marketing Today’s Gold Aster Award* for the Kit’s design and accompanying Patient Handbook and *Healthcare Marketing Report’s Silver Healthcare Advertising Award*. As a result, several facilities within JHM have expressed interest in developing a similar tool for their patients.

B. Providing a Patient and Family Perspective on Educational Materials

Working with the **Behavioral Health Unit**, several patient and family advisors helped draft a new orientation guide for patients. The new guide incorporates elements of the *My Get Well Kit*. To gain insight into the needs of patients on the unit, the advisors met with unit staff to discuss their program and tour the unit prior to providing input into the new guide

Patient and family advisors also worked with nursing’s **Quality, Safety, Service Council** to develop messaging to prevent falls. Falls can occur when families disarm the bed or chair alarms, or when they assist their loved one to the bathroom, but then do not stay with them to ensure they do not fall. Another fall risk is the common perception, particularly among patients recovering from surgery, that they are able to walk safely, when, in fact, they may be impaired by the surgery or medications. Messaging to educate patients and their care partners about these risks can be challenging since there are so many factors that can contribute to the risk. The general message is “Call, don’t fall” – meaning call the nurse or other staff to assist. The advisors will work with staff over the next year to reinforce this messaging during admission and explore other ways to educate patients and families about this important risk.

In addition to working with the **Patient and Family Education Committee** on *My Get Well Kit*, patient and family advisors worked with the committee to draft an Outpatient Handbook to provide the information outpatients need to navigate their care. This new handbook, modeled on the Kit, will be available later this summer.

The PFAC serves as a resource to review educational materials, contribute the patient and family perspective, and provide plain language guidance. Several of its patient and family advisors are professional writers and editors, and have plain language expertise. This year, for example, patient and family advisors reviewed diabetes education material, patient surveys, medication information and digital patient education resources.

C. Educating Suburban Staff about Patient- and Family-Centered Care and the PFAC

The PFAC continues to provide training for staff about the principles of patient-and family-centered care and the role of the PFAC. Members of the PFAC tailor the training to the staff's role and provide examples of how the staff can demonstrate its core principles of respect and dignity, information sharing, participation, and collaboration. For example, Security staff received such training in August 2014. During the training, advisors discussed how Security staff could deflate a difficult situation by simply listening to the patient or family's concern and engaging in a respectful conversation to identify the root problem and possible solutions. Suburban's Security staff undergoes special training to develop their conflict resolution skills. This is critical, as a culture of PFCC requires everyone who interacts with patients and families, from housekeeping to clinician, to express these core principles.

Patient and family advisors also participate regularly in the orientation program for **new volunteers** led by Suburban Volunteer Services Director Pam Fogan. Advisors educate new volunteers about the PFAC, patient-and family-centered care, and the role volunteers can play to improve the patient and family experience. New volunteers receive the PFAC bookmark, which highlights the principles of patient-and family-centered care and the PFAC role.

Patient and family advisors also participate in the monthly **New Employee Orientation**. Early in the all-day orientation, Chief Operating Officer and PFAC member Jacky Schultz discusses Suburban's mission and values, as well as the Administration's expectation that staff will demonstrate these core values **always**. Immediately following her presentation, Jacky introduces the PFAC Co-Chair Toby Levin, who relates her personal story about her father's Suburban experience and how it led her to join the new PFAC in 2010. She then describes the core principles of patient- and family-centered care and the ways in which the PFAC is collaborating with staff to achieve a culture of PFCC. New employees also receive the PFAC bookmark.

D. Enhancing Physician and Staff Communication with Patients and Families

The PFAC is very excited about Suburban's decision to implement the **Language of Caring®** training course for its entire staff (except physicians, who will have other specific training opportunities tailored for them). The Language of Caring® is an 18-24 months program to build "compassionate communication." A number of patient and family advisors will join with selected staff to serve as facilitators to help train the rest of the staff later this summer. In addition, all PFAC members will have

an opportunity to do the online training modules. Based on the course's goals and record of accomplishments, the expectation is that the patient and family experience will improve, and patient- and family-centered care's core principles will be reinforced. To view an introductory video about the program see <http://languageofcaring.com>

Patient and family advisors also worked with the **Hospitalist Group** Medical Director Dr. Eric Park and Assistant Medical Director Dr. Atul Rohatgi to enhance hospitalists' communication with patients and families. Initially advisors shared a number of resources about PFCC and the impact of physician communication on the quality of care. Dr. Park and Dr. Rohatgi then invited several patient and family advisors to "shadow" the individual hospitalists and provide general and individual feedback. These advisors also met with the hospitalist group to discuss communication from the patient and family perspective. Advisors also helped Dr. Park and Dr. Rohatgi design new business cards for the hospitalists. These cards are 3.5x5 with the individual hospitalist's photo and easy to read, patient friendly text – "Hello! I'm Dr. [name]. I will be taking care of you. I or one of my partners on the hospitalist team will see you daily, direct your care and talk with you and your family." Feedback from patients about the cards has been very positive.

In addition to the initiatives led by the hospitalists, Dr. Diane Colgan, Chair Elect of the Medical Staff and a founder of the PFAC, has championed patient- and family-centered care and **improving physician communication among Suburban's medical staff and community physicians**. In March 2015, Dr. Colgan arranged a one-day workshop for Suburban and other Hopkins Medicine physician leaders devoted to stimulating awareness of the importance of physician communication skills. As a member of the PFAC and a PFCC champion, Dr. Colgan expresses her support for PFCC as a member of the Medical Quality Committee of the Board and as the head of the hospital's Quality and Patient Safety Council. She is exploring innovative ways to bring awareness of PFCC to community physicians and invited the PFAC to present its 2015 PFCC Leadership Awards at the annual Medical Staff Meeting.

In winter 2015, patient and family advisors conducted observations of **multidisciplinary rounds** in the Intensive Care Unit and the Progressive Cardiac Care Unit (PCU). Ideally, multidisciplinary rounds consist of physicians, physician assistants, nurses, social workers and other staff reviewing and coordinating the patient's care together at the bedside and including the patient and family. A key challenge in implementing PFCC multidisciplinary rounds has been how to move the rounds into the patient room,

particularly in the smaller PCU rooms. In those instances, families are invited to step into the hallway to participate in the rounds. The PFAC hopes to conduct more observations in the coming year.

Over the past year, the PFAC has continued its collaboration with nursing to spearhead implementation of **Bedside Shift Report**, a critical component of PFCC. Bedside Shift Report occurs at nursing change of shift, usually at 7 am and 7 pm, when the exchange of information between the nurse going off duty and the on-coming nurse takes place at the patient's bedside and includes the patient and family/care partner in the conversation, encouraging their active participation. This is in sharp contrast to the more traditional change of shift report that occurs at the nursing station precluding participation of the patient and family. Last year, the PFAC initially worked with the PCU to pilot Bedside Shift Report and then helped to roll it out unit by unit with 2400 Adult Surgery, 4300 Adult Medicine, 4400 Acute Medicine and 6300 Oncology.

This year, patient and family advisors conducted observations on hospital units to help sustain Bedside Shift Report by providing feedback to reinforce the necessary communication skills. Moving the shift change report into the patient room is not the difficult part of Bedside Shift Report. The challenge is how to engage the patient and family in the reporting by making it a conversation WITH the patient/family and not simply a report between the nurses. Patient and family advisors worked with nursing staff to record a series of training videos demonstrating how to conduct Bedside Shift Report in such a way as to engage patients and families. These training videos used unit nurses and patient and family advisors as "actors." The videos are available on Suburban's Intranet. Patients and families have expressed great appreciation for this change in practice. One patient in the PCU provided the following feedback: "I would like to commend you for your bedside shift report and multidisciplinary rounds. I was at [another area hospital] prior to coming to Suburban. Hospital families were not allowed to participate during shift change. But at your hospital, I saw the opposite. I think it is a wonderful thing and benefits everyone and reduces the patients' and families' anxiety." Other patients wrote "Also appreciated shift change process with nurses - helpful to be included," and "I liked the hand off between nurses when both were in the room together with me."

In May and June, the PFAC worked with the Clinical Decision Unit to plan for implementation of BSR in June. Nurses in the Emergency Department will receive BSR training later in August. The PFAC will continue to do observations throughout the hospital to help sustain BSR as an important communication practice that is central to patient-and family-centered care.

III. Embedding Patient and Family Advisors in Suburban Operations

A. Suburban Committees and Collaboratives

A fundamental tenant of patient- and family-centered care is “collaboration,” where patients, families, and health care providers work together to improve policy and program development, implementation and evaluation, health care facility design, professional education and care delivery. This section of the Annual Report is a summary of how the PFAC collaborated with staff on many of Suburban’s committees and has become integrated into its operations.

Patient and family advisors have participated at several of the quarterly **Leadership Development Institute Forums** to share their patient and family experiences. Their stories are powerful and help staff understand the concerns of patients and families about their hospital experiences, which can sometimes be very traumatic. Patient and family advisors also share examples of the compassionate care they received.

A patient and family advisor sits on the **Standards of Behavior Committee**. It meets monthly to design programs to reinforce implementation of the Standards, which staff developed in 2013. The Committee instituted incentives to reward employees who demonstrate the qualities outlined in the Standards. Those Standards are Accountability, Communication, Compassion, Integrity, and Teamwork. Within each category are specific behaviors that are characteristic of a culture of PFCC. (See Attachment B.)

Suburban has created a **Cross Continuum Collaborative** to bring together representatives from the broad range of local organizations engaged in supporting patients outside of the hospital, including home care services, home physicians, senior day care facilities, senior services, nursing homes, and assisted living and independent living communities. The purpose is to learn about each other’s processes and discuss how to work together to improve transitions of care in the community for the benefit of patients. A patient and family advisor attends these periodic meetings to provide a patient and family voice.

A patient and family advisor also participates on the hospital **Infection Control Committee**. This year was particularly active due to the additional demands of responding to concerns about Ebola.

Two patient and family advisors participate on the **Pharmacy and Therapeutics Committee**, which meets monthly. This year included discussions about the move to Suburban's electronic health record system Epic, harmonizing the drug formulary across the JHM system, and a number of initiatives to improve medication education. Pharmacy asked the PFAC to provide feedback on medication cards designed for patients to explain common medications' purposes, dosage, frequency, and usage, and possible side effects in simple to understand language. Units are now distributing these cards, which include commonly prescribed antibiotics and blood thinners, to patients. The hospital's fold out medication wallet card is now included in the *My Get Well Kit* folder for patients to record their medications after they leave the hospital.

A patient and family advisor, who volunteers in the Emergency Department, also represents the PFAC on the **Emergency Department Collaborative**. In this role, the advisor participated in planning for the remodeling of the Emergency Department waiting area. In addition, the advisor also participates in initiatives such as planning for Bedside Shift Report in the Emergency Department.

Patient and family advisors sit on the **Quality and Patient Safety Committee**, which meets monthly to receive reports on quality and safety from the various hospital departments and review hospital policies and practices. Participating on this Committee enables advisors to understand hospital operations and priorities, and in turn, Committee participants, who include senior leaders and managers from across the hospital, invite patient and family advisors to share their observations and questions. Periodically the advisors brief the Committee on the PFAC's initiatives.

The PFAC Co-Chair Toby Levin attends the monthly **Medical Quality Committee of the Board**. This important Board Committee receives briefings by all the departments on their patient safety and quality programs. In addition, the senior leaders, including the hospital President, Chief Operating Officer, and Vice President of Medical Affairs keep the Committee informed of the hospital's performance metrics and hospital initiatives throughout the year. The PFAC Co-Chair is able to report regularly to the Committee on the PFAC's initiatives and promote PFCC as related to the Committee's monthly agenda.

The Nursing Department provided further evidence of the PFAC's collaboration when, for the first time, patient and family advisors were invited to attend the winter Nursing Leadership Retreat, which reviewed the year's many nursing initiatives and achievements. This event presented a learning opportunity for advisors, but also reflected the important contribution of the PFAC, when nurses

referenced the PFAC as a partner in their nursing projects and also described the PFAC's role in nursing's 2014 annual report.⁵

B. Johns Hopkins' Epic Patient Family Centered Design Team Work Group

In July 2014, Suburban implemented Epic, JHM's electronic medical record system selected by JHM for all of the facilities in its system. It includes clinical documentation, electronic physician orders, and electronic prescribing among other capabilities. It also enables JHM affiliated physicians to connect with each other and with their patients using **MyChart**, the JHM online health portal.

<https://mychart.hopkinsmedicine.org/MyChart>

A patient and family advisor participates on a weekly online conference call with staff from throughout the JHM system to discuss ways to improve *MyChart* and the in-patient and ambulatory discharge patient form known as the **After Visit Summary**. MyChart enables patients (and whomever they authorize) to access their hospital *After Visit Summary* and some lab and imaging test results. Patients can also send secure messages to their JHM community physicians. The PFAC provided feedback on the work group's proposed changes to the After Visit Summary and *MyChart*. In addition, patient and family advisors reviewed the system's *MyChart* brochure and web FAQs. The PFAC continues to serve as a resource for the work group and supports implementation of *MyChart* and its future capabilities.

C. Campus Enhancement

Suburban broke ground in late March on its Campus Enhancement project designed to provide private patient rooms, on-site physician offices, improved access to the emergency/trauma center, state-of-the-art operating rooms, more on-site parking for patients, families, visitors, and staff, and a sustainable design to incorporate green building initiatives. The community can follow progress on the five-year plan by going to <http://suburbanfuture.org>

At its monthly meetings, the PFAC receives periodic briefings on the Campus Enhancement project from Suburban's Margaret Fitzwilliam, Director of Capital Renovation Planning & Space Management. In addition, patient and family advisors are participating in a number of User Groups, which are

⁵ *Care. Compassion. Commitment: 2014 Sondra D. Bender Nursing Annual Report*, pp. 4-5.

http://www.hopkinsmedicine.org/suburban_hospital/_documents/about_the_hospital/2014_NursingAnnualReport.pdf

multidisciplinary staff meetings with the architects to provide input into the design of the interior of the building. The PFAC is providing input regarding patient rooms, family lounge areas, the lobby and conference rooms, registration, and security as well as the remodeling of the dining area. Advisors are also joining staff on tours to newer facilities in the area. Several patient and family advisors researched the online literature on PFCC considerations in hospital design and briefed the PFAC on their findings. In addition, the PFAC prepared a list of the PFCC considerations, which was distributed to the Suburban architects.

D. The Patient- and Family-Centered Care Leadership Award

In 2014, the PFAC initiated its PFCC Leadership Award. The purpose was to recognize leaders who have demonstrated a commitment to PFCC. Its first recipients were: (1) Dr. Amirali Nader, the Medical Director of the Progressive Cardiac Care Unit (PCU); (2) Cora Abundo, RN, Nurse Manager, Progressive Cardiac Care Unit; and (3) Kimberley Kelly, RN, Director, Critical Care. These three “champions” received the award for their leadership in (1) piloting Bedside Shift Report; (2) conducting Multidisciplinary Rounds with patients and families on the Progressive Cardiac Care Unit; and (3) including patient and family advisors in the Progressive Cardiac Care Unit Collaborative, which meets monthly.

The 2015, the PFCC Leadership Award recipients are three physician champions: (1) Dr. Diane L. Colgan, the Chair Elect of the Suburban Medical Staff and Founding PFAC Staff Advisor; (2) Dr. Eric Park, Medical Director of the Suburban Hospitalist Group; and (3) Dr. Atul Rohatgi, Assistant Medical Director of the Suburban Hospitalist Group. As described above in section II.D, the award recipients are recognized for their initiatives to improve the patient and family experience and for serving as PFCC champions. As last year, the recipients received their awards at the annual Medical Staff Annual Meeting. This event is an important opportunity for the PFAC to educate physicians about PFCC and the role of the PFAC.

E. Comprehensive Unit Based Safety Program (CUSP)

Several patient and family advisors are participating on Suburban’s first two CUSP teams – Adult Medicine 4300 and 3200 PCU. CUSP is a structured approach to enable a unit working together as an interdisciplinary team to identify safety risks by answering a two-question survey: How is the next patient going to be harmed on this unit? How can we prevent this harm from occurring? The goal is to improve safety through a collaborative process. JHM’s Armstrong Institute developed this program and provides special training for CUSP participants on how to implement this step-by-step approach. CUSP

participants begin by learning the “Science of Safety” and using the tools to help their team explore safety risks and build a culture of safety. Including patient and family advisors as part of the CUSP team brings an important voice to the analysis of possible harms and their solution. According to JHM CUSP leaders, Suburban’s CUSPs are the first in the system to include patient and family advisors. For information about CUSP see

http://www.hopkinsmedicine.org/innovation_quality_patient_care/areas_expertise/improve_patient_safety/cusp/

F. Annual Service of Remembrance

Suburban held its annual Service of Remembrance on Sunday, April 26, 2015, to honor patients and hospital staff who passed away in the prior year. Suburban invited family members of patients who died during 2014 as well as hospital staff to attend. The PFAC members participated on the planning committee led by Beth Vanderscheuren along with Suburban’s Chaplain Barbara McKenzie, Volunteer Services Director Pam Fogen, and CNO Barbara Jacobs. Music and a reception followed the nondenominational service. The service and reception provide an opportunity for families and staff to remember and acknowledge their loss. Families often share their appreciation for the important role Suburban staff played in the care of their loved ones. Staff members have the opportunity to express their compassion, and their feeling privileged to have cared for these patients at such an important time. The service was well-attended, and attendees expressed appreciation for the opportunity to reconnect with each other and Suburban.

IV. The PFAC Goals for 2015-2016

In setting goals for the coming year, the PFAC will work with staff to sustain the many education and communication initiatives already underway, as they are the foundation of the patient- and family-centered care culture at Suburban. The PFAC is also committed to four additional goals for the coming year.

1. The PFAC will work collaboratively with Suburban’s Office of Patient and Family Experience, Community Health & Wellness, and Volunteer Services to develop and implement an **Ambassador Program** to help improve the patient and family experience. Ambassadors can serve a variety of roles, including but not limited to, supporting patients without care partners, conducting patient and family interviews during and after their stay to obtain valuable feedback

about their experience, providing comfort services such as hand massages, and assisting patients with navigating the hospital.

2. The PFAC will work collaboratively with the Office of Patient and Family Experience, nursing councils, acute medical units, hospitalists, and other physicians to identify initiatives to **improve care for our elderly patients**, who make up a large percentage of the population Suburban serves. We will explore improving communication with patients' care partners to improve transition to home or to nursing homes serving our patients. The PFAC will work with staff to research Nurses Improving Care for Healthsystem Elders (NICHE) resources for creative ideas to adapt to our acute medical units. The PFAC can also help obtain family and patient feedback and suggestions for improving care.

3. The PFAC will work collaboratively with the Office of Patient and Family Experience, nursing councils, hospitalists, and other physicians to identify and implement **programs to improve communication** such as the Language of Caring® and conducting observations of physician and staff communication with patients and families.

4. The PFAC will work with Suburban's digital media staff to **enhance Suburban's website** by adding patient- and family-centered care resources. The PFAC will help bring content to the website about PFCC, palliative care, compassionate decision-making, Advance Directives, and materials to help patients and families become better informed about their health.

The PFAC has had a very productive year. It is committed to working with Suburban's senior leaders and staff to see PFCC's core principles of respect and dignity, information sharing, participation, and collaboration reflected in all of Suburban's policies, procedures, and practices. The PFAC supports Suburban's commitment to provide not just high quality clinical care, which Suburban has always provided, but a patient and family experience that fulfills its motto – Your Care · Our Passion: Caring, Comforting, Healing.

Attachment A

Patient- and Family-Centered Care

Be the National Leader in the Safety, Science, Teaching and Provision of Patient- and Family-Centered Care.

Goals

1. Promote a culture that embraces, expects, and rewards the delivery of patient- and family-centered care.
2. Partner with patients, families and others to eliminate preventable harm and optimize patient outcomes and experience while reducing health care costs.
3. Engage patients and families in shared organizational and clinical decision-making.

Accountable leaders: Bill Baumgartner, vice dean for clinical affairs, School of Medicine; Gene Green, president, Suburban Hospital; Peter Pronovost, Johns Hopkins Medicine senior vice president for patient safety and quality; Judy Reitz, Johns Hopkins Hospital chief operating officer.

Attachment B

Suburban Hospital's Standards of Behavior

Accountability

- I maintain patient confidentiality and adhere to HIPAA guidelines
- I comply with Suburban Hospital policies to ensure the safety of all
- I strictly adhere to the Suburban Hospital and my department dress code policies without deviation
- I follow-through on my commitments and accept responsibility for my actions
- I hold my co-workers responsible for their actions and give appropriate feedback as needed

Communication

- I smile, make eye contact and acknowledge others, giving the right information at the right time
- I speak positively about the care and staff at Suburban Hospital to assure patients and their families they are in the best place to receive care
- I communicate professionally, in both verbal and non-verbal manners
- I never act as if or say, "that is not my job"
- I am sincere and courteous in all of my interactions

Compassion

- I recognize the honor of caring for patients and their families
- I treat others and staff as I want a member of my own family to be treated
- I really listen to someone in need in a supportive manner to provide a sense of hope
- I demonstrate compassion with a caring, kind, friendly attitude

Integrity

- I perform my job with dignity, honesty and respect
- I demonstrate pride in being an employee at Suburban Hospital
- I do what I say I will and accept responsibilities for my actions and performance
- I come to work each day working to make a positive difference in someone's life

Teamwork

- I offer help without waiting to be asked, and accept additional responsibilities as needed
- I collaborate with co-workers for the well-being of patients, families, visitors and staff
- I respect the diversity of team members, only speaking positively about colleagues and the organization
- I work together and help all equally with a positive attitude for a common goal