

ADVANCING PATIENT- FAMILY- CENTERED CARE

The Journey Continues

Suburban Hospital
Patient and Family Advisory Council
Annual Report
2017



SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

Suburban Patient and Family Advisory Council

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Suburban Hospital Patient and Family Advisory Council

JUNE 2017 ANNUAL REPORT

I. Introduction

Advancing Patient- and Family-Centered Care, The Journey Continues

Suburban Hospital's Patient and Family Advisory Council (PFAC) is pleased to present its 2017 Annual Report.* This report summarizes the PFAC's activities from July 2016 through June 2017—a year in which the PFAC continued to be widely integrated into the hospital's operations. At its heart, the PFAC's efforts are focused on promoting Patient- and Family-Centered Care (PFCC). The key elements of that concept are:

- Patients and their families are treated with dignity and respect.
- Health care providers communicate and share complete and unbiased information with patients and their families in ways that are supportive and useful.
- Health care providers encourage and support patients and families to participate in care and decision-making at the level the patients and their families choose.
- Patients, families and health care providers work together to improve every aspect of the health care system.

Suburban's PFAC is composed of both volunteer community members and senior Suburban Hospital staff. This structure sends a message to both the staff and community that the PFAC is an essential element of the hospital's operations, and that its views are to be considered in making significant decisions. As a result, it is standard operating procedure for PFAC community members, known as Patient Family Advisors (PFAs), to participate in hospital committees, councils, initiatives and meetings. The advisors do not simply attend meetings, but actively participate presenting the patient and family voice.

Suburban's PFAC is successful because of the outstanding support it receives from the hospital's senior management. That support begins at the top, with **Jacky Schultz**, Suburban's president, and the recipient of the PFAC's 2016 PFCC Leadership Award. Jacky, a long-standing member of the PFAC, joined when she was Suburban's chief operating officer. **LeighAnn Sidone**, Suburban's vice president and chief nursing officer serves as the staff co-chair of the PFAC. The involvement of top management on the PFAC is rounded out by **Joe Lindstrom**, Suburban's vice president of Operations. The steady involvement of these top three executives sends a message to the entire hospital staff that PFAC involvement is key to the success of every major initiative. As a result, the hospital staff seek PFAC's involvement in making significant decisions. For the first time, PFAs participated in the interview process for selection of a new vice president for medical affairs and the director of the Office of Patient and Family Experience.

* Previous PFAC Annual Reports can be found at suburbanhospital.org/pfac

This year also saw a change in PFAC leadership, as PFAC's founding community co-chair, **Toby Levin**, decided to retire from that position. Fortunately, she continues to serve as a PFAC member. The PFAC elected **Steve Bokat**, a longtime PFAC member, to serve as its new community co-chair.



I I. Continuing Efforts

Suburban's PFAC continued many of its previous efforts to advance the practice of PFCC at the hospital. Ongoing efforts are summarized in the PFA collaboration chart that is included later in this report. What follows is a summary of the highlights of the past year.

Communication

One of the key tenets of PFCC is information sharing—health care providers communicating and sharing complete and unbiased information with patients and families in ways that are supportive and useful. Considering that physician and nurse communication skills are an obvious key element of this tenet, the PFAC plays a vital role to improve these skills whenever possible.

One program to improve physicians' skills that has been very successful is PFAC's **Hospitalist Communication Initiative**. Under the direction of the hospitalist leaders, Eric Park, M.D., medical director; Atul Rohatgi, M.D., assistant medical director and a PFAC member; and senior hospitalist Shanthi Nadar, M.D., PFAs continue to conduct interviews of patients and their families about their experience with the hospitalists. The standardized questionnaire was revised this year with the help of PFAC members in order to more accurately capture the sentiments of the patients. The questions are open ended, and the patients and families are encouraged to expound on their hospitalists' communication skills. During the past year, approximately eight PFAs from the PFAC conducted over 250 patient and family interviews. The information is gathered anonymously and contains no patient-identifying information, but does contain the name of the treating hospitalist. Doctors Park, Rohatgi and Nadar use this information in coaching their staff. This initiative has played a significant role in improving physician communication.

PFAC has also worked with the nursing staff to improve their communications with patients and their families. Several years ago, the PFAC helped institute nursing's bedside change of shift reporting. The change of shift occurs morning and evening when a new nursing shift takes over. In the past, these changes occurred at the nursing station with the outgoing nurse providing the incoming nurse with an update on the patient's condition and treatment. These changes are now occurring at the bedside in all inpatient units with the patients and families participating in the exchange of information to the extent they wish. The PFAC has also been a strong proponent of multidisciplinary rounds with patient and family involvement. Multidisciplinary rounds involve the entire medical team seeing the patient and family as a group. Despite the logistical challenges presented by this approach, the concept is gaining ground at Suburban. On several units, the hospitalists are now rounding with the nurses at the patient's bedside.

Another tremendous improvement in nurse communication with patients and families has occurred because of the hospital's **REACH** initiative, which is discussed in the **New Initiatives** section of this report.

Physical Plant Improvements—New Hospital and Garage Design

The PFAC continues to be very involved in the planning and design of Suburban's new facilities. Suburban is essentially doubling its size, enabling it to convert the current facility, which has primarily semi-private patient care rooms, to one that will have primarily private rooms. **Margaret Fitzwilliam**, Suburban's director of Capital Renovation Planning and Space Management, has insured that PFAC members are present for all major planning and design meetings.

In addition to private patient rooms, the new facility will include state-of-the-art operating rooms, medical offices and a dedicated space for the PFAC to provide information and research opportunities for patients and families. PFAs had the opportunity to review and comment on patient room mock-ups and to meet with outside consultants advising the hospital on wayfinding (signage, etc.) for both the new and old facilities. Several PFAC members also toured the new garage, which will open in July 2017, and offered suggestions on signage, traffic patterns and access for the disabled (*see picture below*). The garage, with over 1,100 spaces, replaces a much smaller and aged facility and should finally solve Suburban's chronic parking shortage.

PFA's have also participated in the redesign of Suburban's existing facilities. These include a redesigned infusion center and outpatient behavioral health suite.



Pictured: PFAs Sarah Steinberg, Steve Bokar and Carol McLeod give their thoughts on Suburban's new garage.

In June, Suburban and Sibley Memorial Hospital held a joint PFAC meeting, during which Sibley shared the lessons learned during its recent construction and opening of a new hospital tower. Suburban and Sibley are both members of Johns Hopkins Medicine (JHM).

Patient Handbook & Education

PFAs from Suburban's PFAC have worked closely with the Patient and Family Education Committee and the Professional Development Nursing Council to revise the Patient Handbook. It has been several years since the last revision to this essential guide to the hospital and its services. The PFAC also worked with the Nursing Council to introduce several new education tools to teach patients about their various diseases and conditions, and how to treat them. The first is **Emmi® patient engagement software** that will be available to patients on hospital-provided iPads. Additionally, patients will have access to **Krames' Patient Education** videos and print materials, which will also be available on hospital iPads and accessible by patients from their home computers, smart phones, and tablets. Both of the tools are available in a variety of languages. PFAs participated with other JHM reviewers in selecting these tools, not only to make sure they were understandable and engaging for patients and their families, but also that patients and families could access them on various devices and locations.

PFAs also participate on the **Quality, Safety and Service Nursing Council**, which has continued to work on falls prevention, medication error reduction and medication education initiatives, among others.

Patient- and Family-Centered Care Clinical Community

Several PFAs continue to participate in the Patient- and Family-Centered Care Clinical Community (PFCC-CC). The PFCC-CC is a consortium of PFACs representing hospitals that are part of Johns Hopkins Medicine. Its activities are coordinated by the Armstrong Institute for Patient Safety and Quality, part of JHM. This year, the PFCC-CC has concentrated its efforts on ensuring that the member PFACs hear diverse voices from the communities they serve. The PFCC-CC also sought to increase PFA participation within each of the hospitals represented in the Clinical Community.



III. New Initiatives

PFAs from Suburban's PFAC became involved in a growing number of initiatives during 2016-2017. A few of the significant new efforts are highlighted here. In addition, PFAC involvement can often consist of attendance at a single meeting where hospital staff seeks to have input from PFAs.

Reducing Risk of Patient Delirium

Too often, hospitalized patients, particularly elderly patients, may experience "delirium" because of medication, an illness (e.g., urinary tract infection) or disorientation resulting from impaired sleep or being bedridden while hospitalized. Delirium is not a disease, but rather a combination of symptoms that can include drowsiness,

confusion, hallucinations, anger or depression. A Suburban hospitalist spearheaded a multidisciplinary work group, including several PFAs, to identify initiatives to reduce the risk of hospital-induced patient delirium. The Delirium Work Group first reviewed scientific literature on delirium and developed a sleep protocol to promote “**Quietness at Night**.” The protocol introduced a number of process changes, such as setting 10 p.m. to 6 a.m. as a quiet time; a new audio announcement at 9:30 p.m. asking visitors and family members—except the patients’ designated care partner who is staying overnight—to leave the hospital so patients can rest; television and lights out by 11 p.m.; limiting staff’s nighttime interruptions; and addressing pain, toileting and comfort before 10 p.m., among other practices. The night shift nursing council championed quiet across the hospital in the “**Whisper While You Work**” campaign to remind staff to lower their voices and to use flashlight or phone light when entering the room during the night. The Adult Medical Unit 4300 was selected to pilot the sleep protocol. The sleep protocol has already led to a much quieter night experience by clustering care, including assessments, lab draws and vital signs.

The Delirium Work Group also focused on the importance of patient mobility during hospitalization to reduce delirium. As part of the Evidence-Based Practice & Research Nursing Council, the Delirium Work Group developed the **Mobility Initiative**, which includes patients and families in setting a daily mobility goal using a bedside tool to assess the patient’s mobility level. An assigned patient tech serves as the “walking tech” to walk with all patients capable of walking. Unit 4300 is also piloting this initiative. The work group will continue looking at additional initiatives to reduce delirium in the coming year.

Intensive Care Units (ICU) Awards for Implementation of Patient- and Family-Centered Care Best Practices

Dr. Leo Rotello, director of Critical Care Medicine and the chair of the Armstrong Institute Critical Care Clinical Community, invited several PFAs to work with him to develop a program to incentivize and reward ICUs throughout the JHM system that implement PFCC. The PFAs collaborated with Dr. Rotello to draft the criteria for a multi-level award program. Bronze, silver, gold and platinum level awards are based on a unit’s implementation of PFCC best practices including family presence, bedside shift report, bedside multidisciplinary rounds and family presence during invasive procedures and resuscitation procedures. ICUs across JHM are now eligible to apply for an award, and several applications are already under review. PFACs of the applicants’ hospitals will participate in reviewing the applications. As a result of his work on this initiative as well as others, Dr. Rotello was selected as one of the two recipients of Suburban’s PFAC 2017 PFCC Leadership Award.

Diabetes Management

Diabetes is epidemic. More than 29 million Americans have diabetes, while **every fourth patient admitted to Suburban Hospital has diabetes**. To address this problem, Suburban Hospital’s director of Endocrinology, Dr. Mihail “Misha” Zilbermint, is spearheading multiple initiatives concerning the management of inpatients with diabetes. The goal is for Suburban Hospital to become a Diabetes Center of Excellence and ultimately to qualify for the Joint Commission’s Inpatient Diabetes Certification Program. A PFA from the PFAC brings the patient and family voice to various aspects of this effort. For example, a PFA is a member of the Glucose Steering Committee, an interdisciplinary group that works to advance these goals. The PFA also sits on the Nurse Diabetes Champions Committee. Consisting mostly of nurses, this group receives monthly continuing education on the management of patients with diabetes, and nurse members are encouraged to take what they learn back to their various nursing units. The PFA, who is not a nurse, brings the perspective of the patient and family to the education of nurses. It is anticipated that PFAs will continue to play a vital role as Suburban takes future steps toward Joint Commission Inpatient Diabetes Certification.

Post-Anesthesia Care Unit (PACU) Council

The PACU is the facility where patients go after having had surgery and anesthesia. Typically, patients spend several hours in the PACU before being transferred to a regular hospital room. The unit is currently quite small with patient beds only separated by curtains. Nurses and technicians need ready access to the patients to administer necessary care as they recover. Families and care partners are anxious to see loved ones as soon as possible following surgery. Two PFAC advisors worked with the PACU nurse council to revise the PACU's rules for access of families and care partners to patients recovering from surgery and anesthesia in order to accommodate these competing needs. An expanded PACU in Suburban's new facility should make it easier to accommodate family access.



Pictured: Suburban's REACH team, including PFAC co-chair, LeighAnn Sidone, C.N.O., first row, left, Kris Hakanson, Director, Patient and Family Experience, back row, third from left and PFA June Graff; back row, fourth from left

REACH

Suburban's Professional Development Council, Suburban's director of Professional Practice, Karin Nevius and PFAC co-chair LeighAnn Sidone worked with PFAs to develop a new program to ensure that all patients are visited by their nurse care team at least once every hour, without regard to whether the patient has asked for assistance. The program is known as REACH, an acronym that stands for **Restroom, Environment, Activity, Comfort, Hourly**.

Patients are encouraged by their nursing care team to use the restroom while a nursing care team member is present. This approach promotes safety and comfort by attending to toileting needs on a regular basis. When addressing the environment prong, the nurses check on room temperature, lighting levels and ensure that the patient has whatever is needed within reach. The activity prong entails making sure the patient engages in appropriate activity to promote mobility, whether it is moving from a bed to a chair or walking the halls. Comfort, of course, means just what it says—ensuring that patients are comfortable, which includes adequate blankets, the adjustment of the bed or chair, etc. Hourly means checking on patients at least every hour. The participation of PFAs from the PFAC ensures that the patient and family voice is included in this effort to improve the patient experience.

Clinical Decision Unit (CDU) PFAC

In the spring of 2016, Art Pease, the Clinical Decision Unit (CDU) nursing director came to the PFAC requesting collaboration to create a CDU PFAC, **the first unit-based PFAC at Suburban**. The goal was to bring patient and family perspectives directly to the operations of the CDU. Three PFAs now participate on the CDU PFAC and meet monthly with Art and team leaders to discuss unit initiatives, patient education and how to enhance the patient and family experience. The CDU PFAC serves as a model of unit and patient and family collaboration. In recognition of this initiative, as well as creating a specially trained group of volunteers to serve the CDU, Art was selected as one of the two recipients of the Suburban's PFAC 2017 PFCC Leadership Award.

Emergency Department

PFAC played an important role in producing a significant informational document for families of Emergency Department (ED) patients. Suburban's ED has a dedicated team that evaluates and treats behavioral health patients—those with mental health disorders, including alcohol and substance abuse. The evaluation of these patients is often a necessarily lengthy process, and is often conducted in a location where the patients cannot have visitors. To ensure that families of these patients have a complete understanding of the process, PFAs worked with the Behavioral Health and ED staff to create a document titled, "Information for Emergency Department Behavioral Health Patients, Families and Friends."

PFAC advisors also worked with the ED to clarify the policy regarding family presence during resuscitation of critically ill patients. The new policy insures that family members arriving at the hospital are quickly made aware that their family member is critically ill and informed of what kind of treatment their family member is receiving. Family members who would like to be present during the resuscitation process are now invited to do so and are given support during the procedure.

Suburban's PFAs work with the staff on a whole range of initiatives, in addition to those described above. PFA collaborations are summarized in the chart that starts below.

PFA Collaboration

Organization Name

Purpose

Administrative Services Representative (ASRs) Team

PFAs work with ASRs, who provide orientation to the unit and schedule post-hospitalization medical appointments

Adult Medicine 4400 Unit Council

Work with staff on unit initiatives

Armstrong Institute Patient- and Family-Centered Care Clinical Community

Representatives of all Johns Hopkins Medicine (JHM), PFACs participate to promote patient- and family-centered care and harmonize PFACs across the system

Organization

Purpose

Campus Enhancement Project User Groups

Serve on multiple user groups on the design of the new building, including patient rooms, lobby, dining services, conference center and wayfinding

Clinical Decision Unit Advisory Council

PFAC representatives meet with unit leaders to provide advice on unit initiatives

Comprehensive Unit-based Safety Program (CUSP) Committees

CUSPs identify “defects” and analyze root causes and devise solutions. The goal is to build a strong patient safety culture. A “defect” is anything that might lead to preventable patient harm. PFAs serve on three CUSP teams: Orthopaedics, PCU and 4300. Worked with Orthopaedic CUSP team to identify reasons for patient falls. Additional CUSP teams to be added in 2018

Cross Continuum Collaboration

Care coordination with outside rehab, long-term care facilities, assisted living facilities and home health care services

Delirium Team

Part of nursing’s Evidence-Based Practice and Research Nursing Council. Identifying initiatives to reduce delirium

Diabetes Champions

A PFA participates with the nursing team focused on diabetes education for staff and patients

Early Ambulation Team and Mobility Initiative

Interdisciplinary group to support patient mobility. Later merged into Evidence-Based Practice & Research Nursing Council

Emergency Department Collaborative

A PFA works with ED staff to review ED operations in pursuit of speedy, safe and effective patient treatment

Epic Work Groups:

- (1) JHM Patient- and Family-Centered Design Team
- (2) JHM AVS Work Group

- (1) System-wide work group to improve MyChart—patient and family portal
- (2) System-wide work group to improve the After Visit Summary (AVS)

Ethics Committee

Small group of physicians and others discuss ethical issues raised by patient care

Falls Team

Part of nursing’s Quality, Safety and Service Council focusing on reducing the incidence of falls

Food and Nutrition Service

Work with the director, chief dietitian and staff to provide patient and family perspective, particularly with regard to new food selection and menus

General Surgery/Trauma Unit Council

Work with staff on unit initiatives

Glucose Control Steering Committee

Interdisciplinary group

Infection Control Committee

Review incidence of infections and how to reduce them

Organization

Purpose

Intensive Care Collaborative	Interdisciplinary meeting to review metrics for performance and discuss issues and initiatives to advance delivery of care to ICU patients
MAGNET	Multi-disciplinary team to support Suburban's application for MAGNET status
Medical Quality Committee of the Board	Board committee responsible for reviewing quality of medical care
MERIT (Medication Error Reduction Improvement Team)	Part of nursing's Quality, Safety and Service Council focusing on reducing medication errors
Mobility Initiative	Interdisciplinary meeting to promote patients' early mobility
Oncology Unit Council	Work with director and staff on unit initiatives
Orthopaedics Lean Admission Process	Looks at problems arising from the admission process, including impact of the discharge process
PACU Council	Revision of Post-Anesthesia Care Unit policies, including those affecting family and visitor access to the PACU
Patient and Family Education Committee	Part of nursing's Professional Development Council, focusing on improving patient and family education
Patient Education	PFA's work with Thomas Bauer, senior director, Patient and Family Education, JHM, on health literacy
Pharmacy and Therapeutics Committee	Interdisciplinary meeting to review pharmacy and drug processes and practices
Provider Quality Committee	Interdisciplinary meeting to discuss readmission and discharge process
Quality and Patient Safety Committee	Interdisciplinary meeting to brief hospital department and unit leaders on quality and safety projects and metrics
Readmissions	Interdisciplinary meeting to review and coordinate initiatives to reduce readmissions
Service of Remembrance	Plans annual spring memorial service to honor patients who died the prior year
Wayfinding	Plan signage and wayfinding for new hospital

In addition to participation on these various operational teams, the PFAC and its PFAs promote education and implementation of PFCC through the following activities, many of which were first described in its 2015 Annual Report. The following are ongoing commitments:

- PFAs participate in **New Employee** (monthly) and **Volunteer** (periodic) **Orientations**, and brief new staff and volunteers on PFCC and the role of PFAC.
- The PFAC annually selects the recipient of the **PFAC Leadership in Patient- and Family-Centered Care Award**. Since 2014, each spring the PFAC presents the award at the Annual Medical Staff Awards Reception. This year's recipients were PFAC co-chair, Leo C. Rotello, M.D., director, Suburban Hospital's Medical/Surgical Intensive Care Unit, and Arthur Pease, M.S., R.N., director/manager, Clinical Decision Unit (CDU).
- Participate in the selection of the Suburban Hospital **Volunteer of the Year** (Hollins Award). Volunteers assist patients and families in many ways.
- Review of hospital and unit **educational materials** as part of the Patient and Family Education Committee (e.g., palliative care, oncology, clinical decision unit and diabetes education).
- Promote improvement in physician communication by establishing the **PFAC Patient and Family Faculty**. The faculty consists of patient and family advisors who have communication training or are skilled communicators and have expertise because of their experiences as a patient and/or family member of a patient. They may also have expertise on how to implement the core concepts of PFCC. Faculty conducted observations of hospitalists and intensivists to provide feedback on communication skills and met with physician leaders to discuss additional roles in 2016-2017. PFAs interviewed patients and families about the care received from the hospitalists, and hospitalist leaders provided this feedback to their team. PFAs also worked with the hospitalist team to develop a video explaining the role of the hospitalist, which is now available at Hopkinsmedicine.org/suburban_hospital/medical_services/care_team/hospitalists/.
- Attend and participate at periodic Suburban **Leadership Development Forums** and **Nursing Retreats**, as well as **Armstrong Institute Patient Safety Summits** and **JHM Town Halls**.
- Continue **staff education about PFAC and PFCC** for units and departments. Prior education included environmental services, registration, parking attendants and the hospital security team. Future education may include dining services, radiology and physical therapy.
- Work with the directors of the marketing and public relations, the Foundation, and community health and wellness to **educate the community about patient- and family-centered care and PFAC** through *New Directions*, the Suburban website and other community outreach efforts.
- Continue to **recruit new PFAC members**, with a focus on greater diversity, and improve orientation of new members.

- Work with the Patient and Family Education Committee to revise the Suburban Hospital **Patient Handbook**.
- In collaboration with nurse leaders and staff nurses, patient family advisors continue to do observations to support implementation of **Bedside Shift Report** (BSR) on all units. The original pilot, which patient family advisors helped develop for the PCU, was incrementally expanded to all units. (Pilot planning included research, implementation planning, producing training materials, participation in training and design of pre- and post-implementation of BSR questionnaires and competency metrics.) Patient and family advisors conduct BSR observations when requested by units to help improve and sustain the program.

As the above chart and summary demonstrate, patient family advisors are active partners with staff across the hospital's operations, helping to build the PFCC culture at Suburban.



Looking Forward 2017-2018

The PFAC and its PFAs are integrated into every aspect of the hospital's operation. While these efforts will continue, the PFAC has several additional goals for the new fiscal year.

- 1. Collaborate on initiatives to support Suburban's application to become a Magnet-recognized hospital.** The Magnet Recognition Program was developed by the American Nurses' Credentialing Center, a subsidiary of the American Nurses Association, to recognize health care organizations that provide the very best in nursing care. It is the highest level of recognition that an organization can receive for quality nursing care.
- 2. Seek input from communities that are under-represented on the PFAC through community outreach and expansion of the PFAC.**
- 3. Work to improve the PFAC webpage to include PFCC resources for the community.**
- 4. Continue participation in user groups to provide input into Suburban's Campus Enhancement Project, including plans to create a Patient and Family Resource Center.**