Patient and Family Experience Council: Key to Understanding Patient and Family Needs

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Roper St. Francis
Roper St. Francis
Definition of the Patient Experience

A patient-centered healthcare culture based on:

- mutual respect and understanding,
- open and clear communication, and
  - a collaborative partnership
to achieve the best outcome for every individual.
At least 20 percent of all patients who are admitted to a U.S. hospital make a repeat visit within 30 days of discharge, according to Medicare and others who’ve studied the pervasive problem of hospital readmissions.¹
With simple communication. In particular, patients who have a clear understanding of their after-hospital care instructions, including how to take their medicines and when to make follow-up appointments, are 30 percent less likely to be readmitted or visit the emergency department than patients who lack this information,
Medicare alone currently spends $15 billion a year on rehospitalizations, and in 2004 estimated the total cost to be $17.4 billion. These tallies do not account for the intangible strain high readmissions put on hospitals or the distress and dissatisfaction caused to patients who repeatedly find themselves back in the hospital.
The Patient & Family Experience Council was established at Roper Saint Francis to improve communication with our patients so that each may have an excellent experience in our system. It consists of patients and caregivers who voluntarily participate.

The council provides a mechanism for a direct exchange of ideas and suggestions between patients and representatives from the system.

The impact of storytelling is key.
2015 Strategic Initiatives
- Preparing For Success -

<table>
<thead>
<tr>
<th>People</th>
<th>Quality</th>
<th>Financial</th>
<th>Growth</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Just Culture”</td>
<td>Virtual Critical Care</td>
<td>Proper Allocation of Capital</td>
<td>Clinical Plant Additions:</td>
<td>Community Health Needs Assessment</td>
</tr>
<tr>
<td>Physician Engagement</td>
<td>Chronic Disease Management</td>
<td>Revenue cycle improvement</td>
<td>- Roper Hybrid OR</td>
<td>Community Outreach - Investment</td>
</tr>
<tr>
<td>Teammate Engagement</td>
<td>Development of a Clinically</td>
<td>- ICD-10</td>
<td>St. Francis OR Expansion</td>
<td>Pastoral Care/ Clinical Pastoral Education (CPE)</td>
</tr>
<tr>
<td></td>
<td>Integrated Network</td>
<td>- Charge Capture</td>
<td>Rehab Hospital Expansion</td>
<td>Faith Community Relations and Education</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Wellness &amp; Preventive Care</td>
<td>- Accurate and Timely Documentation</td>
<td>Linear Accelerator at West Ashley Cancer Center</td>
<td>Physician Order for Scope of Treatment</td>
</tr>
<tr>
<td>Patient Advisory Council</td>
<td>Post-acute care Development</td>
<td>- Price Transparency</td>
<td>Outpatient Physical Therapy Expansion</td>
<td>Ethics Education</td>
</tr>
<tr>
<td></td>
<td>Pulivive Care</td>
<td>- Work Flow Efficiencies</td>
<td>Virtual Visits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home Health</td>
<td></td>
<td>Maternal Fetal Medicine Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospice</td>
<td></td>
<td>Occupational Medicine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Harbor Initiative</td>
<td></td>
<td>Expansion in Berkeley and Dorchester Counties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepare for IT System conversion</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>to Cerner</td>
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Roper St. Francis
**BENEFITS OF PFEC**

• Patient and caregiver **empowerment**
• **Satisfaction** in seeing suggestions from the council implemented
• **Fulfillment** in knowing you have made a difference for yourself, your family members, and the patient population at large
• **Networking** with other patients and participating in a direct exchange of ideas
• The opportunity to **assist** RSF in obtaining valuable input in order to not only meet but to exceed patients’ expectations within the ever-changing environment of healthcare
• **Increased understanding** and cooperation between patients, families, and staff
RETURN ON INVESTMENT

Transformation of the organizational culture

Increase engagement of patients and families to improve performance

Partnership in care: education, market growth, facility design, redesign of patient portal, and transparency for patient safety

Development of system wide initiatives to enhance patient educational needs to decrease readmissions, clinically integrate their experience and to enhance the partnership with care givers.
Charter
Patient and Family Experience Council (PFEC)

1. PURPOSE
The Patient and Family Experience Council (PFEC) will empower patients and families to take an active role in improving the patient experience at Roper Saint Francis Healthcare. The PFEC promotes patient and family-centered care and serves as an experience resource for employees, staff, and administration.

2. ROLE
The role of the PFEC is to focus on a wide variety of issues and challenges affecting patients, family members, and the community, in order to improve the planning, delivery, and evaluation of health care. The PFEC will assist in identifying best practices as well as recommend new policies, programs, strategies, or services to address the needs of patients and family members.

3. MEMBERSHIP

4. TERM OF OFFICE

5. NOMINATION AND APPOINTMENT OF INITIAL PFEC MEMBERS
Initially the RSFH employees will be invited to submit nominations for the six (6) to eight (8) PFEC community members. Potential council members will complete and submit a written application to be reviewed by the Patient and Family Experience Council Selection Committee (PFECSC). Chosen applicants will be interviewed and chosen by members of the selection committee. The selection committee will appoint up to six (6) RSFH representatives to the PFEC.
6. **FUNCTIONS**

Core functions of the PFEC include:

1) Provide consumer-based perspectives on the overall experience of inpatient care at Roper Saint Francis Healthcare.
2) Identify best practices and opportunities to replicate successful programs and policies across the health system.
3) Assist in the identification and prioritization of opportunities to improve patient and family satisfaction.
4) Agenda for meetings will include the following items:
   a. Open Forum whereby council members will share news about what is being said about the system in the public arena.
   b. Update on Service Line initiatives.
   c. Any Outcome Reports; and,
   d. Other information as requested by the council.
5) Provide input regarding new policy and program development and existing policy and program review.
6) Serve as a link to the community.
7) Once a year, invite a speaker to address the council on pertinent issues.
8) Invite the Patient and Family Experience Council to tradeshows in the system keeping all abreast of the latest happenings at RSFH.

7. **MEETINGS**

8. **OFFICERS**
9. **ANNUAL REPORT**
The PFEC shall issue an Annual Report submitted to Senior Staff outlining its activities and achievements throughout the year, evaluating the operation of the PFEC, and providing recommendations for the future.

10. **OTHER ACTIVITIES**
- The PFEC will report issues to the Quality Patient Safety Operations Committee.
- The PFEC will provide regular updates to the appropriate groups.
- The PFEC shall engage in a variety of information-gathering activities such as: open discussion with patients and family members, including focus groups, surveys, open forums.
- The PFEC may engage in educational and policy-making forums.
- The PFEC may serve as community liaisons, engaging other patients and families in various programs as necessary. Members of the PFEC may also serve on other committees, as appropriate, across the hospital system.

11. **EVALUATIONS**
Bylaws and Rules
Patient and Family Experience Council (PFEC)

Purpose

The Patient and Family Experience Council (PFEC) will empower patients and families to take an active role in improving the patient experience at Roper St. Francis Healthcare. The PFEC promotes patient and family-centered care and serves as an experience resource for employees, staff, and administration.

Structure

The PFEC will consist of ten (10) to twelve (12) members representing the diversity of our RSF patient community. Several staff members may also serve on the PFEC.

Members are selected based on the variety of backgrounds, experiences, and strengths that they bring to the group. A council that accurately represents the broad spectrum of families served by RSF will be the ongoing goal.

Roles and Responsibilities

Patient/Family Members:

- Attend each PFEC meeting or notify a staff member in advance if unable to meet.
- Engage thoughtfully and constructively around the issues and ideas discussed during each session.
- Be respectful of the unique background and perspective of each individual member.
- Rather than focusing on what is not working, individuals should be proactive in driving improvement and bring creative ideas for change.
Staff/Employee Members:

- Attend each PFEC meeting.
- Prepare meeting agendas.
- Identify, invite, vet, and orient potential PFEC patient and family members.
- Be prepared to facilitate discussions and engage all members.
- Provide a report back to the PFEC of progress on ongoing projects and any hospital changes of interest to the group.
- Assist with PFEC operations behind the scenes (i.e. book rooms, order food to mention two).
- Help the PFEC achieve established goals by removing or minimizing potential barriers (work with RSF patient representative as appropriate).

Outputs of the PFEC:

The PFEC shall issue an Annual Report outlining its activities and achievements throughout the year, evaluating the operation of the PFEC and providing recommendations for the future.

- The PFEC will provide regular updates to the Vice President of Mission.
- The PFEC shall engage in a variety of information gathering activities such as open discussion with patients and family members, including focus groups, surveys, and open forums.
- The PFEC may engage in educational and policy-making forums.
- The PFEC may serve as community liaisons, engaging other patients and families in various programs as necessary.
- Members of the PFEC may also serve on other committees, as appropriate, across the hospital system.

Orientation, Training, and Badges

Confidentiality
PFEC Meetings

Meetings will be held every other month, on a day and time that best meets the schedules of all members. (Three sub-committees meet the months the committee at large is not meeting.)

Each meeting will be two (2) hours in length, with a meal served before the meeting’s start time. If possible, it is encouraged to post the meeting schedule in a place accessible to all members.

Agenda

Meeting Minutes

Attendance

Inclement Weather

Termination

The Mission office and/or the PFEC reserve the right to dismiss any PFEC member who is not compliant with the above rules and bylaws.
The Patient & Family Experience Council was established at Roper Saint Francis Healthcare to improve communication with our patients so that each may have an excellent experience in our system always. It consists of patients and caregivers who voluntarily participate. The council provides a mechanism for a direct exchange of ideas and suggestions between patients and representatives from the system.

**MEETING OBJECTIVES**
- To obtain feedback regarding patients’ and family member’s experiences within the system in order to identify initiatives that can be duplicated elsewhere and to eliminate barriers to excellent service.
- To brainstorm new and innovative ways to improve current programs, services, or processes to further enhance the patient experience.
- To obtain feedback regarding any new services, pilot programs, or any other service excellence initiatives the system is considering.
- To inform council members of outcomes resulting from their input.

**COUNCIL STRUCTURE**
- The council consists of staff and adult inpatient population.
- The council is comprised of a cross-section of patients or primary caregivers who have had an experience at RSF within the last six (6) months, including men and women of various ages and diverse backgrounds.
- Most of the council’s work is accomplished during the meetings. Formalized brainstorming is often used whereby each person is asked to write down key thoughts about the issues at hand, before there is an open discussion. This process ensures that each member formalizes his own thoughts, and RSF gets the benefit of everyone’s opinion.
- The Council’s feedback and findings are reported to the Quality Patient Safety Operations Committee (QPSOC) and Senior Staff designed to improve the patients’ experiences or an existing process.
MEMBERSHIP ELIGIBILITY REQUIREMENTS
To ensure the continued effectiveness of the PFEC, we look for the following qualifications from all new members:

- Support of RSF mission, purpose, and beliefs.
- Good communication skills including:
  - Ability to communicate effectively.
  - Willingness to communicate personal opinions honestly and freely.
  - Ability to listen to differing opinions and to reflect on issues and priorities that are different.
  - Ability to generate and evaluate reasonable ideas.
- Ability to use personal experiences constructively.
- Ability to work productively and collaboratively with members of varying backgrounds, experiences, and styles.

RESPONSIBILITIES OF COUNCIL MEMBERS
To ensure that we gain as much input as possible, we need each council member to adhere to the following:

- To respect patient confidentiality.
- To listen to other patients, families, staff, and community members.
- To be committed to improving care for all patients and family members.
- To respect the collaborative process and the council as the forum to discuss issues.
- To encourage all council members to share ideas and viewpoints openly and honestly.
TIME COMMITMENT
The following is requested of all council members:

- Make a two-year commitment during which time they will be expected to attend 10 of the 12 monthly meetings per year.
- Arrive promptly at all meetings.
- Participate in sub-committees or task forces as needed which may require additional meetings.

BENEFITS OF THE PFEC

- Patient and caregiver empowerment.
- Satisfaction in seeing suggestions from the council implemented.
- Fulfillment in knowing you have made a difference for yourself, your family members, and the patient population at large.
- Networking with other patients and participating in a direct exchange of ideas.
- The opportunity to assist RSF in obtaining valuable input in order to not only meet but to exceed patients’ expectations within the ever-changing environment of healthcare.
MEMBERS:
Ellen Lyttle, Hospital Liaison, Chair
Brenda Capps
Kim Gaillard
Nikki Grimball
Cameesa Pyburn
Terri Sheehan

Communication is a two-way process of reaching mutual understanding by exchanging information, news, ideas, and feelings; therefore the Communication Committee will connect with our community, our hospitals, and physician practices.

Tasks may include but not be limited to:
- Develop PFEC Materials for Hospital Orientation
- Develop PFEC website information
PFEC EDUCATION
SUB-COMMITTEE

Each Sub-Committee will develop and measure its programs within the FY 2016 Patient Experience of Care Dimensions.

MEMBERS:
Thomas O’Brien Chair
Karen Slanker, Hospital Liaison
James Brown
Bettye Anne Chambers
Dr. Joe Chambers

Education is a continual process; therefore the Education Committee will provide topics and materials for distribution and discussion which will enhance the understanding of hospital practices, PFEC and its function, national and international resource materials, and best practices.

Tasks may include but not be limited to:
- Develop Education Component for PFEC Meetings
  - Create yearly calendar of topics
  - Identify and Invite Speakers
  - Research and provide written articles for meeting packets
  - Alert members of Webinars pertinent to our mission
- Develop PFEC Information for Hospital In-services: Discharge Instructions
PFEC EXPERIENCE 
SUB-COMMITTEE

Each Sub-Committee will develop and measure its programs within the FY 2016 Patient Experience of Care Dimensions.

MEMBERS:

Marion Martin, Chair
Lisa Adams Holum, Hospital Liaison
Ron Bell
June Bell
Charlie Black

Althea Cobbs
Sharon Ellington
Elizabeth Ganaway
Eliza Still
Dr. Beth Wolf

The personal experiences of patients and family members during a hospital stay, doctor visit, admission, discharge, and billing create the lasting impression of our hospitals and their staff; therefore members of the Experience Committee will actively seek stories of such experiences, both good and not so good.

Tasks may include but not be limited to:

- Create a monthly schedule with our Patient Advocates to enable each member of the PFEC to have a “shadowing experience” to better understand the patient experience.
- Plan and implement an informal “Afternoon Tea” (one in each Hospital) for Staff, Physicians, and PFEC members for sharing stories.
Goals:
- Decreased LOS
- Decreased Readmissions
- Decreased Mortality

SLD: Kim Sheldon
Quality support: Lancaster
Self-management support includes:
• Providing empathic, patient-centered care.
• Involving the whole care team in planning, carrying out, and following up on a patient visit.
• Planning patient visits that focus on prevention and care management, rather than on acute care.
• Involving the patient in goal setting.
• Providing tailored education and skills training using materials appropriate for different cultures and health literacy levels.
• Making referrals to community-based resources, such as programs that help patients quit smoking or follow an exercise plan.
• Regular follow-up contact with patients via e-mail, phone, text messaging, and mailings to support them in efforts to maintain healthy behaviors.
ROPER ST. FRANCIS

Who are we?
• We are a team of current and former patients, family members of patients, and staff at Roper St. Francis

What do we do?
• We represent your voice as our central focus to enhance the experience from your point of view
• We serve as a team of volunteers to raise and address unbiased opinions regarding the experience Roper St. Francis provides to you, the patient and family members

Our focus areas:
• Communication
• Education
• Experience

If you would like to join our Roper St. Francis Patient and Family Experience Council team, please express your desire using the contact information on the front of this card.

YOU CAN MAKE EVERY MOMENT MATTER!
Accomplishments for 2014

1. Education in Healthcare and the System
2. Welcomed new members
3. Divided up into focus groups
4. Worked on “What to know before you go”
5. Worked on Case Management brochure
6. Hand wipes for the patient food trays
7. Rounding
8. Joined Hospital Committees
9. Worked on goals for 2015
RSF Patient Experience Video