



THE AMERICAN ONCOLOGIC HOSPITAL

Patient and Family Advisory Council Annual Report January 2023

Donna McAllister and Michel Phillips
Patient and Family Advisory Council Co-Chairs

Patient & Family Centered Care (PFCC)

- an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families
- an approach to health care that shapes policies, programs, facility design, and staff day-to-day interactions
- leads to better health outcomes, wiser allocation of resources, and greater patient and family satisfaction.
- The priorities and choices of patients and their families are in collaboration with the provider to drive the delivery of health care. Interventions occur with patients and families rather than to and for them.

“Nothing for me without me”

(English midwife, 1998)

Core Concepts of PFCC*

- **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, thorough, and accurate information in order to effectively participate in care and decision-making.
- **Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration:** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

*Institute for Patient- and Family-Centered Care

Fox Chase Cancer Center’s Patient and Family Advisory Council (PFAC)

The council is dedicated to strengthening collaboration between patients, their caregivers and/or family members, and the health care team to enhance our institution’s ability to deliver the highest standard of safe, comprehensive and compassionate health care to all patients.

Now over 12 years old, our PFAC continues to meet the major goal of serving as the voice of patients and families at Fox Chase Cancer Center. Specifically, the PFAC strives to:

- Provide information to administrative, clinical and research staff and faculty about the needs and concerns of patients and family members
- Work with staff and faculty to improve services that affect patients and family members
- Participate in the design of patient care areas
- Assist in the planning of new patient-related programs
- Serve as a resource to the health care team, providing the patient and family perspective on a wide variety of patient-related issues, including patient safety, staff recruitment, program planning, services, policies, and research.

PFAC reports directly to the Professional Affairs Committee (PAC) of the Board of Directors and provides an annual report of its progress and goals.

Our PFAC Patient & Family Advisors



Emily Bakaj



Josh Batushansky



Bill Hagan



Lydia Henson



Brooke Fuller



Donna McAllister
Co-Chair



Mike Phillips
Co-Chair



Larry Risch



Liz Roland



Scott Shaffer



Elaine Sykes



Johana Vanegas



Jan Wormington



FCCC PFAC Advisors represent the following disease sites:

Bladder
Breast
Colon & Rectal
Head & neck
Kidney

Lung
Ovarian
Pancreatic
Prostate
Uterine

PFAC Advisor Orientation and Ongoing Education

Each patient/family advisor is on-boarded as a volunteer and oriented specifically to his/her role as an advisor. Advisors are invited periodically to attend regional and national patient- and family-centered care webinars that support their competency.

Speakers are invited to attend PFAC meetings on a regular basis to educate advisors regarding FCCC programs, initiatives, and departments. Topics are identified based on opportunities for improvement, as well as the council's expressed interest. Speakers also ask to attend the meetings to gather patient and family perspectives regarding existing and proposed programs, processes, initiatives and research studies.

Presentations/ Speakers at 2022 PFAC Meetings	
Lung Cancer Survivor Research Study (Kelly Filchner)	Marketing PFAC (Colby Miller, Polly Lohrmann)
Seyzo Application/Nurse Leader Rounds (Delinda Pendleton)	Campus Planning (Allison Arnone)
Epic Cadence – Patient Benefits (Dr. Krisha Howell)	Environmental Services Program (Brian Webster)
Clinical Trials (Dr. Martin Edelman)	Safety & Security Program (Alan Van Norman)
Patient Portal (Mark Siemon, Suzanne Peterson)	Dispatcher/Communication Services (Cynthia McCandless, Carolyn Mulderig)
Bee Caring Campaign (Tara DelGrippo, Erin Longstreth)	Lung Cancer Survivor Research Study Findings (Kelly Filchner)
Epic Cadence – Implementation Plan (x2) (Dr. Krisha Howell)	

Hospital Committees & Performance Improvement Teams

Over 400 Hours

Patient and family advisors provided 414 total volunteer hours in 2022 serving on the PFAC plus additional hours serving on committees and improvement teams representing PFAC, an increase in hours when compared to the prior year. Advisors represent the voice of patients and families as they serve in this capacity. Many of our advisors are also active members of the Patient to Patient Network (P2P). In addition, they provide annual committee reports to the PFAC. Below is a list of the committees and teams on which our advisors served this year.

Hospital Committees	
Art Committee	Patient Education Committee
Falls Prevention Committee	Patient Experience Leadership Team
Infection Control Committee	Patient Safety Committee
Institutional Biosafety Committee	Performance Improvement Committee
Improving Goal Concordant Care Committee	

In addition to committees, PFAC advisors participated in several improvement teams, served as educators to the faculty and staff, completed surveys distributed by our senior leaders, continued its workgroups, and participated in other activities.

Improvement Teams

- ADCC Initiative for Improving Goal Concordant Care
- Community Health Needs Assessment
- Discharge Instructions/After-Visit Summaries
- In Vino Vita Pledge Video
- In Vino Vita Young Investigators
- Quiet Posters/Noise Reduction
- Stand-up to Cancer Proposal/Clinical Trials Program
- Survivorship Plan Improvement Team

Presentations & Surveys

- National Patient Experience Week Activities – Educating Patients about PFAC
- Patient/Family Centered Care & PFAC Presentation to Medical Staff (CME)
- The Temple Experience Customer Service Curriculum – Class Facilitator
- FCCC Internal Surveys
 - Rescheduling Appointments
 - Infusion Room Scheduling
 - Infusion Room – Labs at outside facilities & pre-check telehealth visit
 - Using text to communicate
 - Visiting Hours

PFAC Workgroups

Environmental Safety
First Impressions
Wayfinding

Other Activities

Board of Associates – Annual Paws for the Cause (Patient Ambassador)
Planetree International Person-Centered Certification Site Visit
Magnet Designation Site Visit

PFAC Annual Retreat

PFAC held its fourth annual mini-retreat and returned to an in-person setting. During the retreat, advisors reviewed: 1) accomplishments from the prior year; 2) patient experience data; 3) the TUHS FY 2023 strategic plan; and 4) ideas from the advisors regarding areas of improvement. At the conclusion of the retreat, the advisors identified a list of key improvement themes. Advisors will partner with FCCC colleagues and teams that will be addressing some of these topics throughout the year.

Key Themes	ID	Activity Name	Impact	Complexity
Marketing PFAC	5	Recruit new members and fill any vacancies on existing committees	4.5	2.2
Communication	3	Consistent, clear communication across organization, i.e., visitor policy, etc.	4.6	2.9
Communication	16	Revisit how information is given; where to get/find information (e.g., support/support groups, alternative therapies, etc.)	4.1	2.4
Facilities	7	1st Impressions Workgroup walkthrough with member of middle or senior management	4.4	1.7
Facilities	9	Update patient recovery unit (2nd floor) – mix of public traffic flow & patient recovery out in the open	4.2	3.8
Facilities	18	Enhance holding & recovery area	4.0	3.4
Facilities	10	Update waiting rooms; Better seating areas that are calm, serene and healing in appearance & tone	4.2	3.7
Facilities	11	Collaborate with campus planning initiative to enhance environment for patients/families	4.2	2.9
Facilities	19	More pleasant entrance from West Garage	4.0	3.9
Communication	20	Onsite experience: Develop digital pathways for routine patient interactions	4.0	3.9
Communication	6	Introduce new doctors when old doctor leaves	4.4	1.9
Mental Health	14	Focus on survivorship care and the nuances of caring for patients after active treatment is completed (post treatment)	4.1	2.8
Mental Health	15	Provide mental health services and supportive oncology services (during treatment)	4.1	3.4
Security	8	FCCC is an open facility - Need for greater security	4.3	2.4
Technology	12	Patient Portal: ongoing patient education regarding use; continue enhancements	4.2	3.3
Quiet/Noise Levels	13	Improve quiet by reducing visitor noise (ultimately need private rooms)	4.2	3.9
Communication	17	Schedule changes – contact personally rather than by letter	4.0	2.6
Technology	2	Phone Triage: improve responsiveness so patients can get advice when they need it	4.8	3.9
Technology	1	Phone Issues: improve wait time; reduce misdirected calls;	4.8	4.1
Technology	4	WiFi issues: Patients need better access on campus	4.5	3.7

• **Impact** - How important is this project to the overall strategic goals and mission?

5 = Essential 4 = High Priority 3 = Medium Priority 2 = Nice to have 1 = Not a priority

• **Complexity** - How much time will the project take? How many resources (people, money, technology, etc.) are needed?

0 (low complexity) to 5 (high complexity)

In Loving Memory of Kimberly Hagerich



1969 - 2022

Kim Hagerich, former Co-Chair of the PFAC, served successfully as a member of the Professional Affairs Committee of the Board of Directors for several years, representing the voice of our patients and families.

“Any definition of a successful life must include service to others.”

– President George H. W. Bush

Staff Advisors of the 2022 PFAC

Anna Rodriguez, *Nursing/Patient Services, Executive Sponsor*

Nancy Baumann, *Nutrition & Hospitality*

Theresa Capella, *Marketing*

Brice Corbin, *Guest Services*

Nithya Cherukuru, MD, *Psychiatry*

Jeffrey Farma, MD, *Surgical Oncology*

Helen Gordon, *Volunteer Services*

Jill Horne, *Communications*

Delinda Pendleton, *Patient Experience; PFAC Liaison*

Michael Silver, *Operations*