



THE AMERICAN ONCOLOGIC HOSPITAL

Patient and Family Advisory Council Annual Report January 2020

Anne Prousi and Michel Phillips
Patient and Family Advisory Council Co-Chairs

Patient and Family Centered Care (PFCC)

Patient- and Family-Centered Care (PFCC) is 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. It redefines the relationships in health care. Patient- and family-centered practitioners recognize the vital role that families play in ensuring the health and well-being of family members. They acknowledge that emotional, social, and developmental support are integral components of health care. They promote the health and well-being of individuals and families and ensure dignity and control are evident. Patient- and family-centered care is an approach to health care that shapes policies, programs, facility design, and staff day-to-day interactions. It 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.

Core Concepts of 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 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.

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

The FCCC PFAC held its inaugural meeting in October 2010, after the PFAC Steering Committee spent the prior year learning about PFCC, completing a gap analysis, setting the plan for adoption, and receiving support from the senior leadership team. Shortly thereafter, they received full endorsement from the Professional Affairs Committee of the Board of Directors.

The PFAC serves as a “voice” for patients who have and are receiving cancer treatment at Fox Chase Cancer Center and their family members. The council is dedicated to strengthening collaboration between patients and family members and the health care team so as to enhance Fox Chase Cancer

Center's ability to deliver the highest standard of safe, comprehensive and compassionate health care.

Information and requests flow into PFAC through hospital wide committees and councils seeking the patient and family's perspective. PFAC members continually look for new opportunities for communication and collaboration among patients, families and staff and strive to identify and support opportunities for improvement from the patient and family perspective.

As written in our bylaws, PFAC strives to:

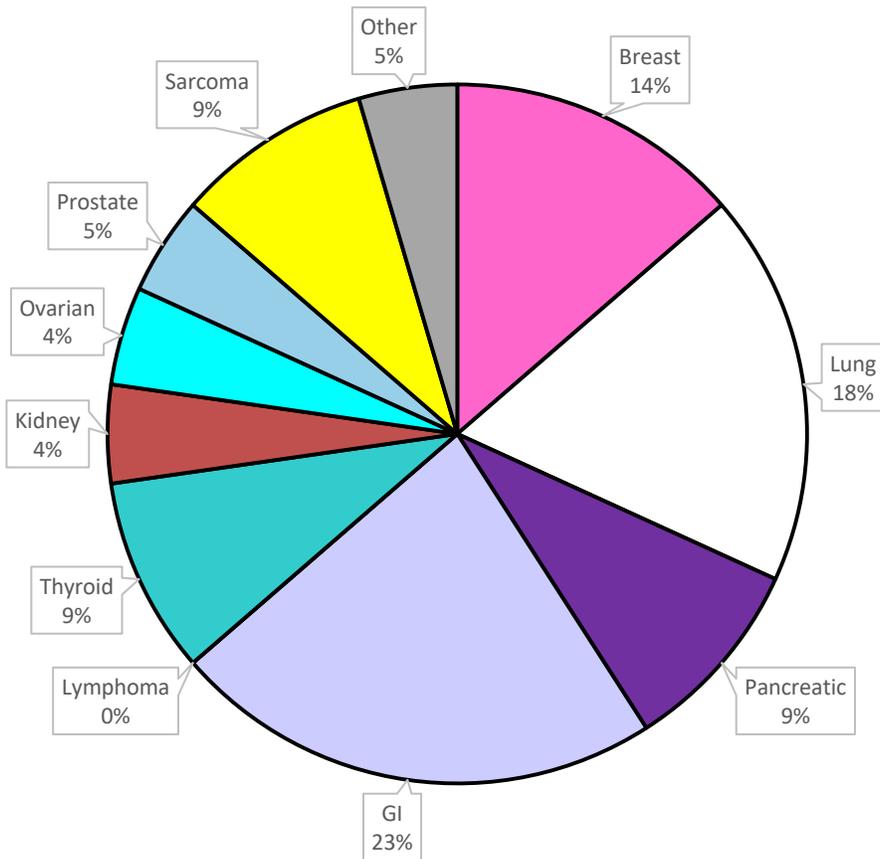
- Provide information to administrative, clinical and research staff and faculty about the needs and concerns of patients and family members
- Work with staff and faculty to improve services that affect patients and family members
- Participate in the design of patient care areas
- Assist in the planning 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 Structure

Currently the PFAC has its full complement of 15 full patient/family advisors. It also has 12 staff advisors who represent various departments and programs within Fox Chase Cancer Center. Two patient/family advisors served as co-chairs in 2019, Michel Phillips and Anne Prousi. PFAC also has ad-hoc members (currently 1) who assist with projects as needed. Dr. J. Robert Beck has served as the Executive Sponsor of the Council for many years. He and Anne Jadwin (Chief Nursing Officer), as members of the PFAC, serve as representatives of the Senior Leadership Council. Members of the medical staff who serve on the PFAC include Jeffrey Farma MD, Catherine Tuite, MD, and Paula Finestone, PhD. Delinda Pendleton serves as the Staff Liaison. The PFAC continued to serve as the model for other PFACs being formed throughout the TUHS and the State.

Patient and family advisors represent 10 different disease sites, as noted in the pie chart below.

PFAC Advisors: Distribution of Disease Sites December 2019



PFAC reports directly to the Professional Affairs Committee (PAC) of the Board and provides an annual report of its progress and goals. Kim Hagerich, former Co-Chair of the PFAC, continues to serve as a member of the AOH Board of Directors and its PAC.

2019 Activities/ Projects

- 1) **PFAC Workgroups:** The PFAC Advisors formed three internal workgroups, based on the priorities set at their inaugural retreat held November 2017. These workgroups partnered with FCCC staff and committees to address opportunities for improvement, understand the current state, and agree on tactics to address the opportunities. These workgroups continued to function in 2019. The workgroups and some of their accomplishments are noted below.
 - a. First Impressions - Improvements recommended by advisors and implemented: improve the appearance and cosmetics of the main reception area, patient drop-off entrance (West Garage), Pavilion entrance at vendor corner, and 8 Huntingdon Pike; power wash the parking garages; raise general awareness of the need to de-clutter entrances and general areas.
 - b. Wayfinding - Advisors created directional sheets from the garages to the most frequently visited areas/departments. Based on guidance from the advisors, signs from the East Garage were modified to make information more user-friendly for our

guests. Advisors also suggested installation of a direction sign to the hospital for after-hours and weekend visitors when entering from the West Garage.

- c. Environmental Safety - Improvements suggested by advisors: addition of a significant number of handicap parking spaces in both garages; re-arrangement of furniture to allow for better wheelchair access in the infusion room waiting area; highlighting signs for the emergency phone boxes; repainting parking spots in both garages; replacement of elevator button lights; and addition of plastic umbrella sleeves (large & small) at all entrances. [All accomplished.]

- 2) **Annual Retreats:** PFAC advisors again attended the annual TUHS Patient Value Council (PVC) retreat, held in August, and participated on one of 5 teams (Patient Satisfaction, Patient Safety, Patient Survival, Efficiency, and Effectiveness). Improvements in patient safety & quality were reviewed and goals with tactics were set for the fiscal year. Advisors also attended the second FCCC PFAC retreat, held in October 2019, where they reviewed patient satisfaction performance data and trends over the prior and current year. Advisors also shared topics they felt FCCC needed to address to improve the patient experience. These ideas were aligned with the TUHS PVC goals and tactics and organized into the following Key Themes:

KEY THEMES: October 2019 Retreat
Customer Service
Care Transitions
First Impressions
Nurse Bundle
PFAC Awareness
Wayfinding
Workforce Civility

- 3) **Privacy:** PFAC advisors raised concerns regarding patients' full names being called when sitting in ambulatory care waiting rooms. After sharing their stories with the compliance officer and the ambulatory care leadership team and suggesting solutions, this practice was changed to using first name and last initial when patients are called from the waiting room.
- 4) **Music Therapy:** Advisors participated in a PFAC survey, "Music in Hospital Settings" (Paula Finestone, PhD), and gave feedback regarding the addition of music in the garages, terraces, and other public areas.
- 5) **Ways to Be an Engaged Patient:** Advisors modified the document, "*50 Ways to be an Engaged Patient*" (*Planetree*), and are working with our Marketing staff to have it posted on the FCCC website/PFAC webpage.

2019 Activities and Accomplishments, continued

- 6) **Roommate Etiquette Guidelines:** Nursing leadership staff enlisted advisor input for newly developed etiquette guidelines that will be given to every patient upon admission to AOH.
- 7) **Advance Care Planning Study:** Advisors were invited to review the patient questionnaire that will be part of a proposed IRB study, asking FCCC patients about their advance care planning experiences.
- 8) **Planetree Person-Centered Care Certification:** The PFAC Steering Committee reviewed the results of a Planetree Person-Centered Care Certification Readiness Assessment. The assessment was conducted to assist FCCC in determining readiness to apply for the Planetree Certification for Excellence in Person-Centered Care.

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 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 advisors' expressed interests. Speakers also attend the meetings to gather patient and family perspectives regarding existing and proposed programs, processes, and initiatives.

Presentations/ Speakers at 2019 PFAC Meetings
PCORI Patient Peer Review (Barbara Sheehan, Research)
FCCC Support Groups (Mark Itzen, Social Work)
Environmental Services Technologies (Jonathan Wright)
Social Media Strategies (Lauryn Blakesley, Marketing)
Survivorship Plans (Dr. Crystal Denlinger, Medical Oncology)
Phone Triage System (Rebecca Farrell, Ambulatory Care)

Hospital Committees & Performance Improvement Teams

Over 365 Hours

Patient and family advisors provided over 365 total volunteer hours in 2019 serving on the PFAC plus 92 additional hours serving on committees and improvement teams representing PFAC. Advisors represent the voice of patients and families as they serve in this capacity. In addition, they provide a semi-annual committee report to the PFAC.

Hospital Committees & Performance Improvement Teams	
Art Committee	Medical Ethics Committee
Campus Experience Committee	Patient Education Committee
Community Outreach Needs Assessment Team	Patient Experience Leadership Team
Falls Prevention Committee	Patient Safety Committee
Infection Control Committee	Performance Improvement Committee
Institutional Biosafety Committee	TUHS Patient Satisfaction Team

PFAC Dashboard

Advisors review a quarterly dashboard that houses important information and statistics. This information reflects updates on internal projects and progress toward meeting standards of patient – and family-centered care. In addition to HCAHPS, CGCAHPS and OSCHAPS data, performance data, based on Press-Ganey custom patient-centered care questions, are also reviewed on a quarterly basis.

Presentations/External Collaborations

- 1) On June 13, 2019 FCCC's PFAC was showcased during a national CMS Hospital Improvement Innovation Network PFE Learning Event: "Why Hospitals Should Implement PFE Metric 5". Delinda Pendleton, representing our PFAC, addressed opportunities to engage hospital leaders and trustees in person and family engagement.
- 2) On August 8, 2019 Helen Gordon spoke during another national CMS Hospital Improvement Innovation Network PFE Learning Event on the topic, "Recruiting and Training Patient and Family Advisors for Councils and Committees: The Role of HIPAA". Ms. Gordon showcased the FCCC Volunteer Department onboarding process that includes the volunteer's role in protecting confidentiality. The audience included staff from small rural hospitals who were especially challenged with recruiting and training volunteers and advisors.

PFAC 2020 Goals

- 1) Determine necessary action steps to improve readiness in applying for the Planetree Certification for Excellence in Person-Centered Care
- 2) Prioritize opportunities for improvement related to Key Themes identified during the PFAC retreat
- 3) Increase level of advisor engagement in performance improvement, patient safety, and research projects
- 4) Resume advisor participation in the New Employee Orientation
- 5) Continue to address opportunities for improvement identified by the PFAC Workgroups

Members of the PFAC



Patient/Family Advisors	Staff Advisors
Emily Bakaj Patricia Callahan Susan Galeone Tricia Heinrichs Lydia Henson James Lajeunesse Rick Lamb Mike Phillips Anne Prousi Elaine Sykes Janice Wormington	Nancy Baumann, <i>Nutrition & Hospitality</i> Theresa Capella, <i>Marketing</i> Jeffrey Farma, MD, <i>Surgical Oncology</i> Paula Finestone, PhD, <i>Psychiatry</i> Helen Gordon, <i>Volunteer Services</i> Jill Horne, <i>Communications</i> Anne Jadwin, <i>Nursing</i> Delinda Pendleton, <i>Patient Experience</i> Catherine Tuite, MD, <i>Diagnostic Imaging</i>

Report prepared by Delinda Pendleton, PFAC Staff Liaison