

# Let's talk

- Please type into chat:
  - Names of everyone in the room
  - Your hospital name
  - Location



# Welcome

This is the last cohort call to support you in achieving the HIIN Metrics for PFE.

During these sessions we will focus one of each of the five metrics with case study presentations from hospitals in your states.

This time is for you to ask questions, solve problems, and get clarity in order to move ahead with action.



# PFE Cohort Call #5

## AGENDA

- 2:00 – 2:15pm The Metrics
- 2:15 – 2:25pm Cavalier County Memorial Hospital
- 2:25 – 2:45pm Open Discussion
- 2:45 – 3:00pm Wrap up



# The Metrics

## Point of Care

- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

## Policy & Protocol

- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

## Governance

- Patient and family on hospital governing and/or leadership board (Metric 5)



# PFE Metric #5 – Patient on Board



## Patient Representative(s) on the Board of Directors (governance)

**PfP Metric Language.** Hospital has one or more patient(s) who serve on a governing and/or leadership board as a patient representative.



**Do We Meet the Metric?** YES, if:

- The hospital has at least one position on the board designated for a patient or family member who is appointed to represent that perspective, **OR**
  - If a specific board representative is not possible, the hospital has implemented one of the alternatives to the metric to incorporate the perspective of patients and families when making hospital governance decisions (see options below under “Alternative”).
  - Hospitals are encouraged to consider and pursue options for achieving the intent of the metric.
- 



# Alternatives

## Alternative:

While designating at least one patient representative on the board is the preferred mechanism to ensure co-governance, certain laws, policies, or circumstances may not allow the formation of a patient or family representative seat on the board. In these cases, hospitals are encouraged to pursue alternative options that achieve the intent of this metric and qualify as a “yes” response, including the following:

- Asking for PFAC input on matters before the board and incorporating a PFAC report into the board agenda.
- Identifying elected or appointed board members to serve in a specific role, with a written role definition, representing the patient and family voice on all matters before the board.
- Requiring all board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital two times per year and/or attending two PFAC meetings per year.



**Intent.** The intent of this metric is to ensure that at least one board member with full voting rights and privileges provides the patient and family perspective on all matters before the board, similar to other board members who represent specific interests in the community. While current board members may have had experiences as patients at the hospital (or as family members of patients), the intent is to bring in individuals who do not serve the board in any other professional capacity and whose sole purpose is to be a patient representative and contributor. The goal of this activity is to ensure that the board includes patient and family perspectives when making governance decisions at the hospital.



# Action Planning



## HRET HIIN PFE Action Plan

### Point of Care

- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

### Policy & Protocol

- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

### Governance

- Patient and family on hospital governing and/or leadership board (Metric 5)

### Current Performance:

**PFE Metric 1:**  
Planning Checklist for Scheduled Admissions

**PFE Metric 2:**  
Shift Change Huddles / Bedside Reporting with Patients & Families

**PFE Metric 3:**  
PFE Leader or Functional Area Exists in Hospital

**PFE Metric 4:**  
PFEC or Representative on Hospital Committee

**PFE Metric 5:**  
Patient and / or Family on Hospital Governing and / or Leadership Board

### 30-Day Performance Goal:

### What Needs to Be Done to Achieve This?

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



# Action Planning

## Who Needs to Support the Work?

### By Providing Leadership:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### By Implementing Action Steps:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## Who Will Ensure the Work Gets Done?

## What Resources Will You Use?

### Resources You Have:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### Resources You Need:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## By Next Tuesday:



# PFE Metrics Overall - Montana

PFE Metric	Response	Hospital Count (n=43)	Pct of Total
PFE 1: Preadmission Planning Checklist*	No Data Reported	14	33%
	Not Meeting Metric	9	21%
	Meeting Metric	9	21%
	No Scheduled Admissions	11	26%
PFE 2: Shift Change Huddles or Bedside Reporting	No Data Reported	12	28%
	Not Meeting Metric	11	26%
	Meeting Metric	20	47%
PFE 3: Designated PFE Leader	No Data Reported	12	28%
	Not Meeting Metric	14	33%
	Meeting Metric	17	40%
PFE 4: PFAC or Representative on Hospital Committee	No Data Reported	12	28%
	Not Meeting Metric	20	47%
	Meeting Metric	11	26%
PFE 5: Patient Representative(s) on Board of Directors	No Data Reported	12	28%
	Not Meeting Metric	21	49%
	Meeting Metric	10	23%

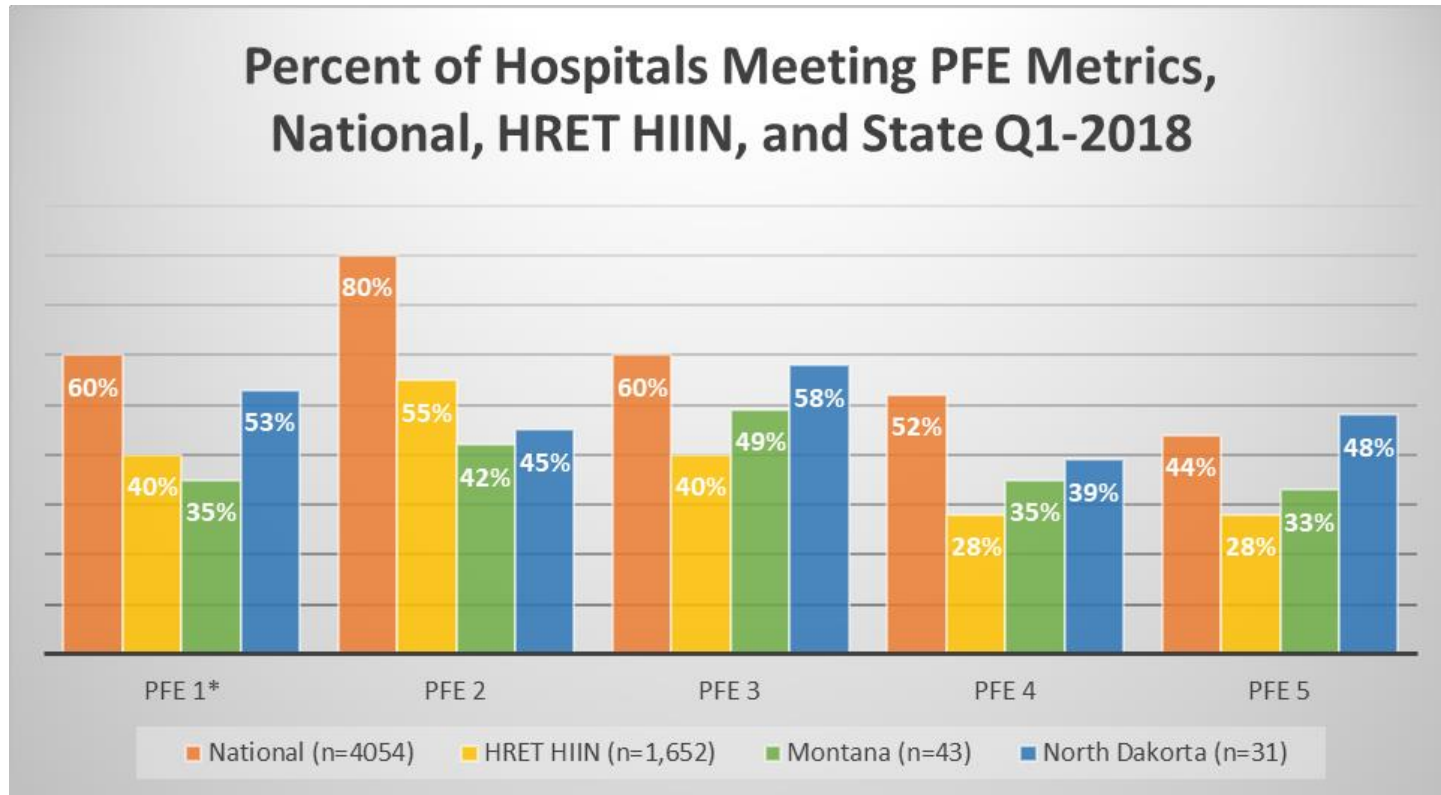
\*As of November 21<sup>st</sup> 2018

# PFE Metric Overall – North Dakota

PFE Metric	Response	Hospital Count (n=31)	Pct of Total
PFE 1: Preadmission Planning Checklist*	Not Data Reported	1	7%
	Not Meeting	6	40%
	Meeting Metric	8	53%
	No scheduled admissions	16	52%
PFE 2: Shift Change Huddles or Bedside Reporting	No Data Reported	1	3%
	Not Meeting Metric	16	52%
	Meeting Metric	14	45%
PFE 3: Designated PFE Leader	No Data Reported	1	3%
	Not Meeting Metric	12	39%
	Meeting Metric	18	58%
PFE 4: PFAC or Representative on Hospital Committee	No Data Reported	1	3%
	Not Meeting Metric	18	58%
	Meeting Metric	12	39%
PFE 5: Patient Representative (s) on Board of Directions	No Data Reported	1	3%
	Not Meeting Metric	15	48%
	Meeting Metric	15	48%



# Snapshot of Q1-2018



# Building A Patient and Family Advisory Council

Jessica Tank, RN

Nursing Quality Assurance Coordinator

Cavalier County Memorial Hospital

Langdon, ND



American Hospital  
Association

**HRET**  
HEALTH RESEARCH &  
EDUCATIONAL TRUST

# Cavalier County Memorial Hospital



Cavalier County Memorial Hospital  
Langdon, ND



PFAC Members Pictured: Val Cheatley, Jessica Waslaski, Megan Shephard, Andrea Jacobson, Roxanne McLean, Dustin Wagner, Carleen Schill, & Jan Cooper. Not Pictured: Sheila Beauchamp, Allyn Hart, & Vicki Kubat



# SUCCESS STORY

- Development of a Patient and Family Advisory Council
- The Patient Satisfaction Committee took the steps necessary to establish a Patient and Family Advisory Council (PFAC)
- The Patient and Family Advisory Council was established to create a partnership between patients/families and CCMH and Clinics



# IMPROVEMENT STRATEGIES

- The Patient Satisfaction Committee took the steps necessary to establish a Patient and Family Advisory Council (PFAC)
- List of nominations from the Patient Satisfaction Committee, Board Members, and Medical Providers
- Goal: An integral part of Patient and Family Engagement is involving the patient and family at all levels of care from the bedside to the boardroom, as well as on working committees such as quality improvement within the hospital
- Community Survey completed to hear concerns and suggestions from the community



# RESULTS

- Development of Patient and Family Advisory Council
- PFAC member on QA Committee
- Development of Community Survey
- PFAC has reported to Board on different occasions
- Feedback on a variety of topics including Patient Education Materials and Community Survey Results



# DATA

- No specific data obtained, but questions and concerns were addressed using newspaper and open forums
- Article in newspaper as to why CCMH doesn't give immunizations
- New information intake process to address privacy/HIPAA concerns
- Community members involved in interview process
- Open forum for community members regarding ACOs
- Implementation of Saturday Morning Walk-in Clinic



# LESSONS LEARNED

- Should have included more community members on PFAC
- Better understanding of projects to be completed by PFAC
- Education on length of time to complete projects
- Figuring out how to involve PFAC in a more direct way with patients
- Direct input from recent patients



# SUSTAINABILITY AND SPREAD

- Facility changes discussed at associate open forums to keep staff informed
- The PFAC noted a challenge of associate adaptation to a change in a current process
- Saturday Morning Walk-in Clinic continues to have a number of patients, no HIPAA complaints and continuation of articles in Newspaper



# TOOLS, RESOURCES, POLICIES, TIPS

- Recruitment Letter
- Application
- PFAC Job Description
- QA Member Job Description
- Orientation
- Agenda



# Discussion

- Plan moving forward?
- What have you done that has worked?
- What was the most challenging?



# Call – email – text – carrier pigeon

- Contacts:

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