Patient and Family Advisory Council Annual Report 2014

Facility: Shriners Hospitals for Children, Springfield, MA
Date of Report: October 1, 2014
Reporting Year: 10/2013-10/2014
Established: PFAC since 2009
Contact: Sandra Morales, MSW

PFAC Purpose and Mission:

The Shriners Hospitals for Children, Springfield’s Patient and Family Advisory Council (PFAC) is a partnership of patients, family members, and professional caregivers. We are dedicated to improving the hospitals programs, policies, and the overall quality of orthopedic care provided to children, teens, and their families while in treatment and afterward.

Shriners Hospital for Children, Springfield, recognizes that parents and family members are a child's primary source of support. The insight and information family members provide enhance our professional staff’s knowledge and expertise - helping us improve the care provided.

The main goal is to constantly improve understanding and communication between hospital staff and the families we serve. Our hope is that, by improving communication, we will recognize and maintain best practices, initiate positive change when needed and meet the challenges facing health care today. The Goals of the council are to:

- Actively help implement approved changes at the hospital
- Bring the needs of the community to the attention of Medical staff
- Promote a better understanding of hospital policies and services
- Provide a "forum" where parents and other family members can express their thoughts, opinions and suggestions.
- Serve as a contact for staff and committees within the hospital that are trying to make a positive difference in the care they provide to children and families.

The PFAC will advise the Performance Improvement Committee of the Board of Governors. This reporting relationship helps to ensure input is channeled and recognized by the governing body.

Recruitment & Membership:

Representatives from hospital management, clinical staff, support staff and board of governors are recruited and/or assigned to participate on the PFAC. Parent and patient members are recruited by both passive and active efforts:

- Provide PFAC interest forms to patients and families at OPD visits, family service visits and upon discharge.
- Provide invitations to selected patients/families (identified by staff members/ council members).
- Creation of a communication board that was placed in the lobby of the hospital, for several months, outlining PFAC mission and purpose and offering contact information for any interested families to call to arrange to attend a future meeting.
• Additional communication is ongoing on the excellence board outside of the cafeteria with contact information for anyone interested.
• Active recruitment booth held during recent walk-a-thon receiving instant feedback and interest in participation.

The Care Management Social Worker and Child Life Specialist are the employee Co-chairs of the committee. We are currently recruiting for parents and patients to oversee and manage all meeting agenda’s. We manage all assignments and minutes for the committee, as well as arranging for meeting space and refreshments.

Any interested individual can participate as an open group policy was determined by the group when recruitment becomes challenging.

Membership recruitment is an ongoing process. 3 members are the mothers of patients. 5 members are staff and 1 member is on the board of governors at the hospital. All members continue to serve and recruitment is ongoing. Members are encouraged to attend as often as possible.

Distribution of Information

All members provide e-mail contact information and receive the date(s) of the meetings with the agenda(s), attachment(s) and/or previous meeting minutes. Agenda Items are started at the previous meeting and additional items are requested in advance of the next meeting date. The meetings are scheduled during the work day at or around lunch time, to accommodate the active members’ request to have it at that time. PFAC members are provided with free parking on site and refreshments at all meetings.

There are currently no sub-committees of the PFAC. The PFAC has two active members that are on the Board of Directors for input and to share information with the larger Board of Governors. A formal quarterly report is provided to the Executive Board of Governors by the Performance Improvement Director, who is also an active participant in the PFAC.

Shriners Hospitals for Children, Springfield does not have a specific PFAC section of the hospital website. Given the lack of specific PFAC content on the website, our committee plans to make the report available on the SHC, Springfield blog.

The Employee Co-chair maintains communication outside of Shriners Hospitals for Children, Springfield on MACOALITIONPFAC@MHALIST by e-mails and review of updates. Additional review is ongoing of other annual reports from active PFAC's located within other hospitals.

Population of Patients Served

Shriners’ Hospital, Springfield services all of New England and Upstate New York as well as the Dominican Republic, Cyprus and United States Virgin Islands. The PFAC members are primarily representative of the local community in Western Massachusetts and parts of Connecticut. Additional populations that are served meet individually with the PFAC employee co-chair and their issues are initially addressed, but presented to PFAC in subsequent meetings.
Orientation and Continuing Education

Orientation for new members includes a copy of the minutes from the previous meeting and at each meeting the committee members review the purpose and mission of the committee. Each meeting begins with introduction of new members. There is no continuing education provided to the PFAC members.

PFAC Impact and Accomplishments

The Springfield hospital is a 40 bed specialty pediatric hospital located in Springfield, Massachusetts. Over the past 5 years, the volume of inpatient procedures has gradually dropped to a critical level where strategic decisions are being contemplated regarding the future of the facility as an inpatient hospital versus moving toward an ambulatory surgery center. The Growth Committee was formed in January, 2014 with the goal of performing a detailed, data-driven analysis of the internal and external hospital environment, culture and current state to recommend ways to increase the volume and number of outpatient, ambulatory surgery and inpatient surgery encounters. The committee examined previous internal and external assessments, volume and referral statistics from SHCIS, current industry literature and other primary and secondary information sources.

The Committee accomplished its stated goals by:

1. Reviewing existing market assessments and historical documents, including, but not limited to
   a. 2013 Community Health Needs Assessment (SHC, Baystate)
   b. 2013 SHC Springfield Internal Assessment
   c. 2013 SHC Springfield External Assessment
   d. 2011 SHC Springfield Strategic Plan
   e. 2013 SHC Springfield Strategic Plan
   f. 2013 Home Office Market Summary
   g. Press-Ganey Satisfaction Survey
2. Identifying current industry growth trends through literature review
3. Assessing internal service capabilities and limitations
4. Identifying service gaps and potential growth areas (diagnosis, specialty, etc.)
5. Developing preliminary business case(s) to assess growth potential with respect to
   a. Financial Strength Goals
   b. Organizational Goals
   c. Operational Goals
   d. Clinical, Education & Research Excellence Goals
6. Developing action plans to guide implementation
   a. Including specific tactics for Physician Liaison and focused marketing
7. Recommending growth options to hospital Leadership Committee
Performance Improvement Initiatives

In addition to the depart tool (a printed patient summary provided to the patient that was added at the end of 2013), the Shriners Hospital Patient Portal went live on 6/2/14. The Portal provides secured internet access for the patient or their care givers to access the patient’s health information after discharge from a clinic visit or an outpatient/ inpatient surgery. Information regarding Lab Results, Health Information (including Health Profile, Medications, Procedures, Lab Results, Documents, Visit Summaries, and Patient Information) and Upcoming Appointments at Shriners Hospitals for Children, Springfield, can be viewed by the patient or their care giver. The end user can view, download, or transmit their visit summaries to another healthcare provider using a direct email address. The visit summary assists in the patients’ continuity of care.

The outpatient registration has shown evidence of sustained improvement in patient satisfaction scores with the interventions as presented in our previous report. Ongoing improvement efforts include reinforcement of the customer service training by the scheduling supervisor and practice manager, using the AIDET tool, as presented by the Studer Group. The customer service training continues to be a mandatory part of the orientation process for registration staff. Several members, including brand new employees, have been recognized, by name, in the verbatim comments on the Press Ganey Survey. In recognition for their ongoing effort, they have been formally awarded through our employee recognition program.

The PFAC membership helped to identify a gap, where the timing of appointments is not always compatible with school and work schedules. Outpatient rehab, including both Physical and Occupational Therapy, has modified their schedules to accommodate appointments, starting later in the day and continuing after school through 6PM. This has been acknowledged by the membership as a satisfier in care provided.

Press Ganey

Three types of surveys are sent out to patients/ families to measure their perception of care after their visit to Shriners Hospitals for Children. A random sampling of patients are mailed or e-mailed an outpatient, inpatient or ambulatory surgery survey, based on the services received during the time period. At the beginning of the year, the home office (overseeing all 22 Shriners Hospitals for Children), prioritized patient satisfaction results, setting expected outcome and target scores for quarterly reports. We’ve exceeded the thresholds and targets every month since. PFAC discussions, with family representatives, are consistent with this high level of patient satisfaction. We continue to focus on verbatim comments that are not consistent with the high scores, or areas that are lower when compared with like facilities.

Press Ganey calculates response rates for their entire database for each survey type. We exceed the average response rates in both inpatient and ambulatory surgery, but slightly below the expected response rates for the outpatient survey. We are currently looking at ways to improve response rates for the Outpatient population, including valid data collection for email addresses. Patient satisfaction scores and verbatim responses are reviewed internally by Department managers, posted outside of the Café on an Excellence board and reviewed by the members of the PFA Committee.

Press Ganey Data helps to point us in a direction for Performance Improvement activities. The results help to identify the needs of the patients and their families. The members of the PFAC contribute by validating (and sometimes negating) the results and/or verbatim comments. This allows us to focus our efforts of customer service enhancements and patient safety concerns into areas that are important to our families. Recently, comments on the surveys helped us identify interested family
members for PFAC involvement with comments like: “There should be a program where parents can be called upon by other parents for support.”

**PFAC Annual Report**

The annual report is a summation of the minutes from quarterly meetings so it is overall reflective of PFAC member contributions and feedback. All PFAC members are provided a copy of the annual report. One member of the board is a committee member and takes this information back to the larger board. The annual report has always been submitted to the coalition but was not made public by any other means. Once submitted to the webmaster at the home office it will be made public and available to web viewing.

**Goals**

Our goal for the next year is to continue strengthening the role of the community and to pursue recruitment and active participation by family members. In addition, we will look into various ways to solicit feedback to involve members who are unable to meet in person (Example Email, mailer surveys). We are hoping to continue having an impact on recruiting. We will also work with department leaders in hopes of receiving input and ideas they may have to contribute which will allow us to implement more of a team approach.