



MedStar Health
Institute for Quality and Safety

Knowledge and Compassion
Focused on You

Exploring the Role of PFACs in a Covid-shaped World

Maryland Patient Safety Center Zoom Event
May 6, 2021

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Our Panel Today



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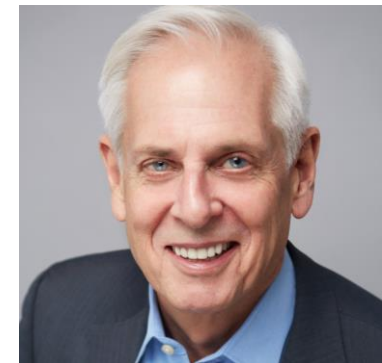


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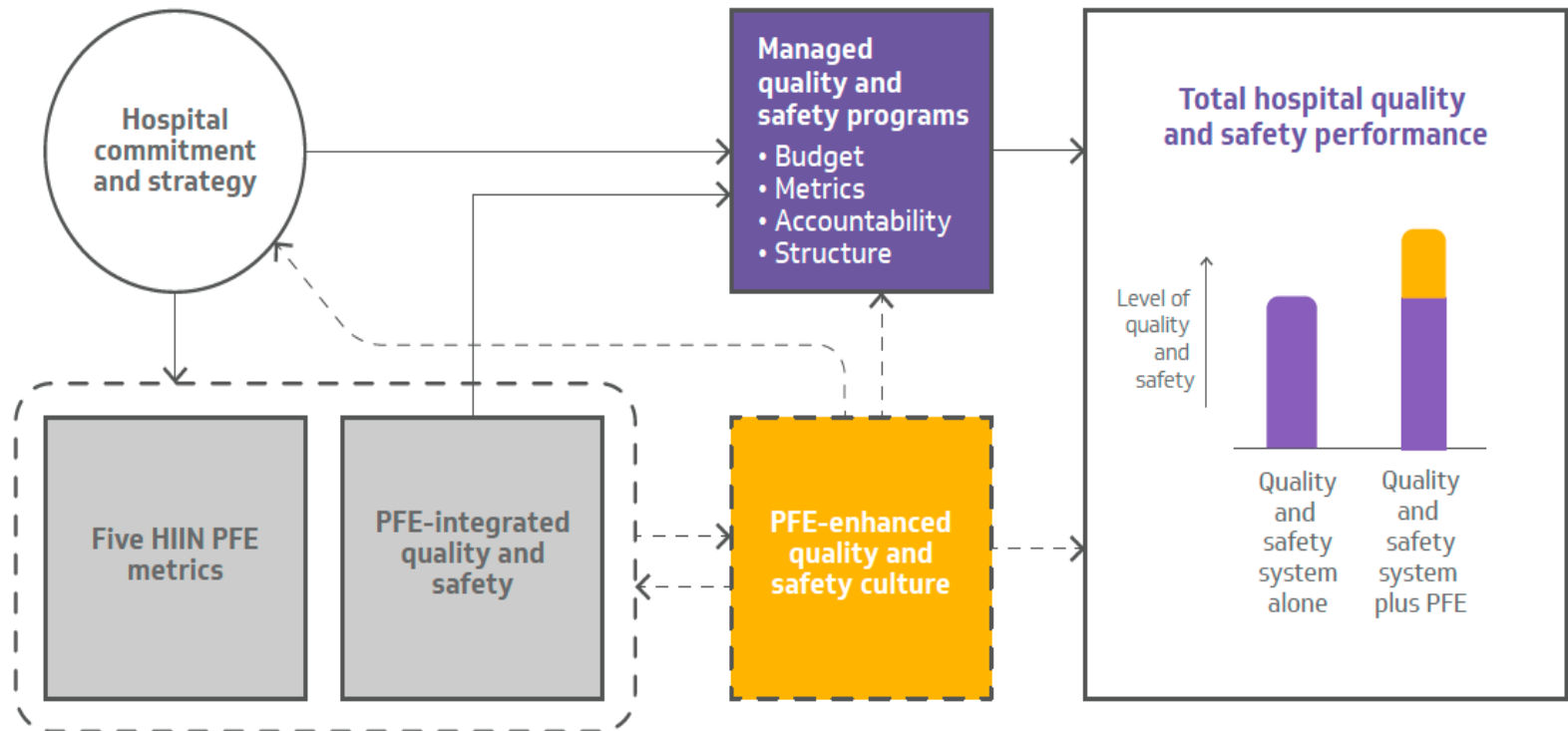


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Patients First Logic Model



HIIN = Hospital Improvement Innovation Network

This change package synthesizes the common themes observed at high-performing PFE hospitals and delineates a road map of leading practices and innovative approaches hospitals and health systems can use for quality, safety and operational improvements.

PFE-integrated Quality and Safety Program

PFE = person and family engagement;
PFAs = patient and family advisers;
PFAC = patient and family advisory council

3 Drivers to Elevate Your PFAC

1. PFE programs are managed as a strategic priority with board oversight.

Executive leadership and staff manage high-performing PFE programs as a part of quality, safety and operational improvement, and report outcomes to the board of directors.

1.1 Leaders align PFE with organizational vision/mission/values and drive organizational behaviors through explicit internal and external messaging.

1.2 Leaders dedicate staff and resources to develop a structured PFE program that includes a PFAC.

1.3 PFE staff identifies, selects and onboards PFAs through standardized processes that include outreach to people who have experienced service issues.

2. Patients and families are embedded in quality, safety and operational improvement efforts.

Organization trains and educates PFAs to partner with clinical and operational staff and leaders to achieve quality, safety and operational improvement goals.

2.1 Organization prepares PFAs to contribute to quality, safety and operational improvements.

2.2 Organization prepares staff to partner with PFAs.

2.3 PFAs engage in process redesign at the earliest possible point to co-create solutions that avoid unnecessary delay, rework and cost.

2.4 Organization tracks contributions made by PFAs, as well as their impact on outcomes.

3. PFE programs are leveraged to foster continuous learning and innovation.

PFAs engage broadly throughout the organization; learnings further implementation of PFE practices that impact outcomes.

3.1 Organization "liberates" PFAs from conference rooms and deploys them across the organization.

3.2 Organization communicates lessons learned from the PFE program throughout the organization, including outpatient facilities and settings.

3.3 PFE program continuously evolves to meet the needs of the organization.



MedStar Health

It's how we **treat people.**

5/6/2021

Engaging PFACs in COVID Transitional Care

Jeanne DeCosmo BSN, MBA, CPHQ, Sr. Director Clinical Care Transformation
Armando Nahum, PFACS Leader, Clinical Care Transformation

Program Insights: COVID Transitional Care

- The Clinical Care Transformation department formalized in 2019.
- To ensure the patient and family perspective in all aspects of our work, Armando Nahum serves as a core leader for the team.
- We also meet with hospital-based PFACs to assist with program improvement, design and community connections and outreach
- Standard system COVID Transitional Care Program launched for patients discharged to home (9 hospitals, 1 rehab facility).
- Patient Centered Approach
 - Time was of the essence, iterative process
 - Focused on patient needs and feedback to improve and design program as we went along
 - Initiated outreach including customer satisfaction to support patients discharged prior to program launch.
 - Feedback was forwarded to Patient Experience representatives
 - Experience survey data allowed us to identify and correct gaps in care and immediately modify the program accordingly.

Survey Overview – All Hospitals

385 patients successfully contacted
45% response rate *p<0.05; ** p<0.01

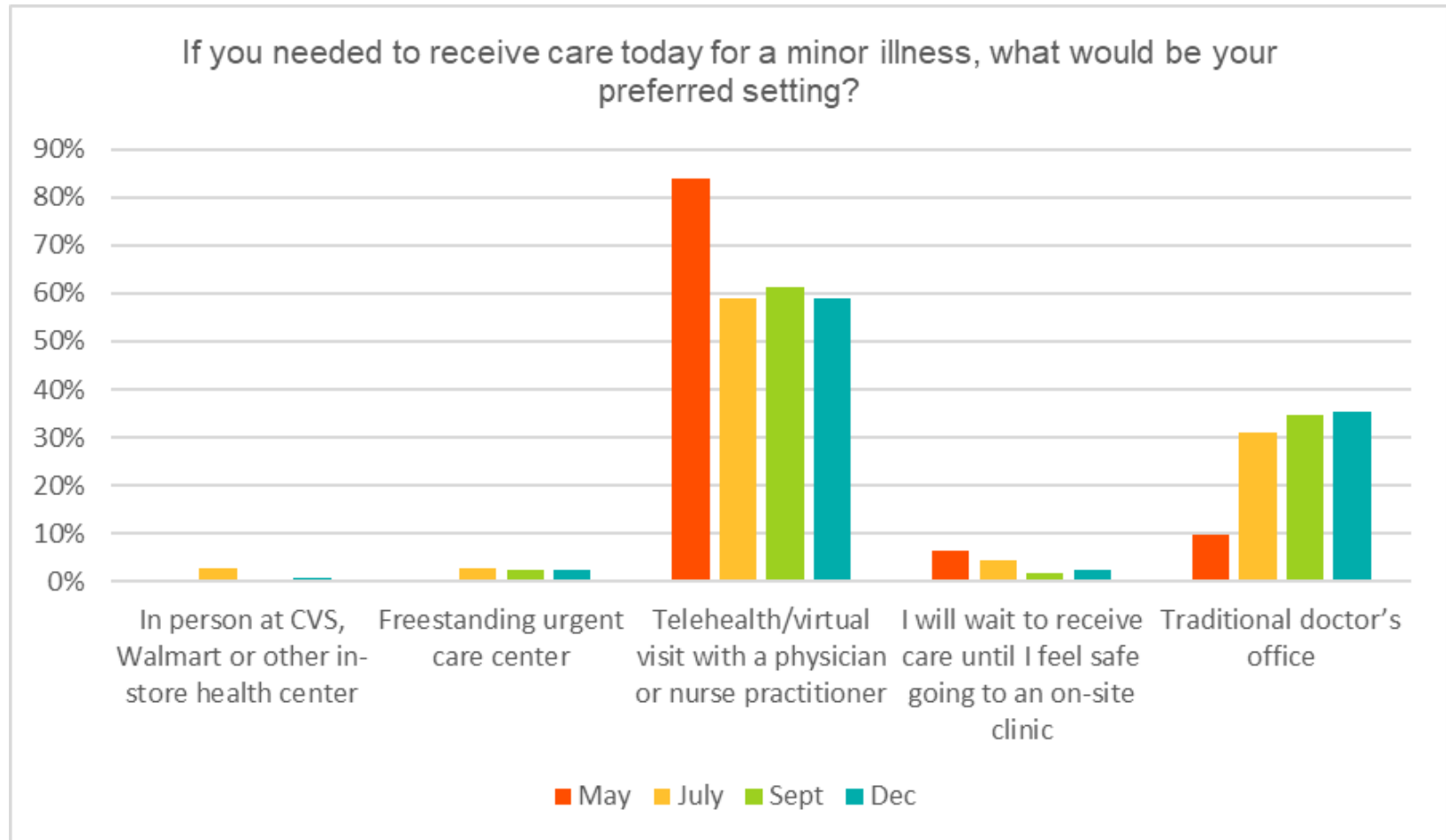
	Pre 4/15	Post 4/15
Likert Scale Question (Options: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)	% Strongly Agree or Agree	% Strongly Agree or Agree
I received timely information about my COVID testing results. *	81%	88%
I received clear information about my COVID testing results. *	83%	88%
My team followed appropriate use of protective equipment (gloves, gowns, masks etc.) during my care.	97%	98%
The hospital had clear policies regarding family and visitors. **	88%	97%
I received adequate education regarding COVID quarantine guidelines (use of mask, gloves, cleaning etc.) for after discharge.	88%	90%
My team inquired about my needs and resources for quarantine (e.g. food, space etc.) prior to my discharge. **	67%	80%
I received adequate guidance about urgent COVID symptoms to watch out for after discharge. **	79%	87%
I received adequate guidance about what follow up care I needed after discharge (telemedicine, appointments, home care etc.). **	82%	87%

Key Findings

- Patient and family engagement allowed us to course correct in near real time and design a patient-driven highly effective transitional care program.
- Standardization allowed for operational agility to address surges by reassigning staff to demand – rate of follow-up ~90%.
- Unaddressed social needs were exposed.
- Program dyad (Transitional Care Clinician and Community Health Advocate) proved to be most effective to support clinical and the myriad of social needs.
- Our partnership with Armando and the hospital-based PFACs teams allow us to design programs and drive improvement most meaning to patients and families.



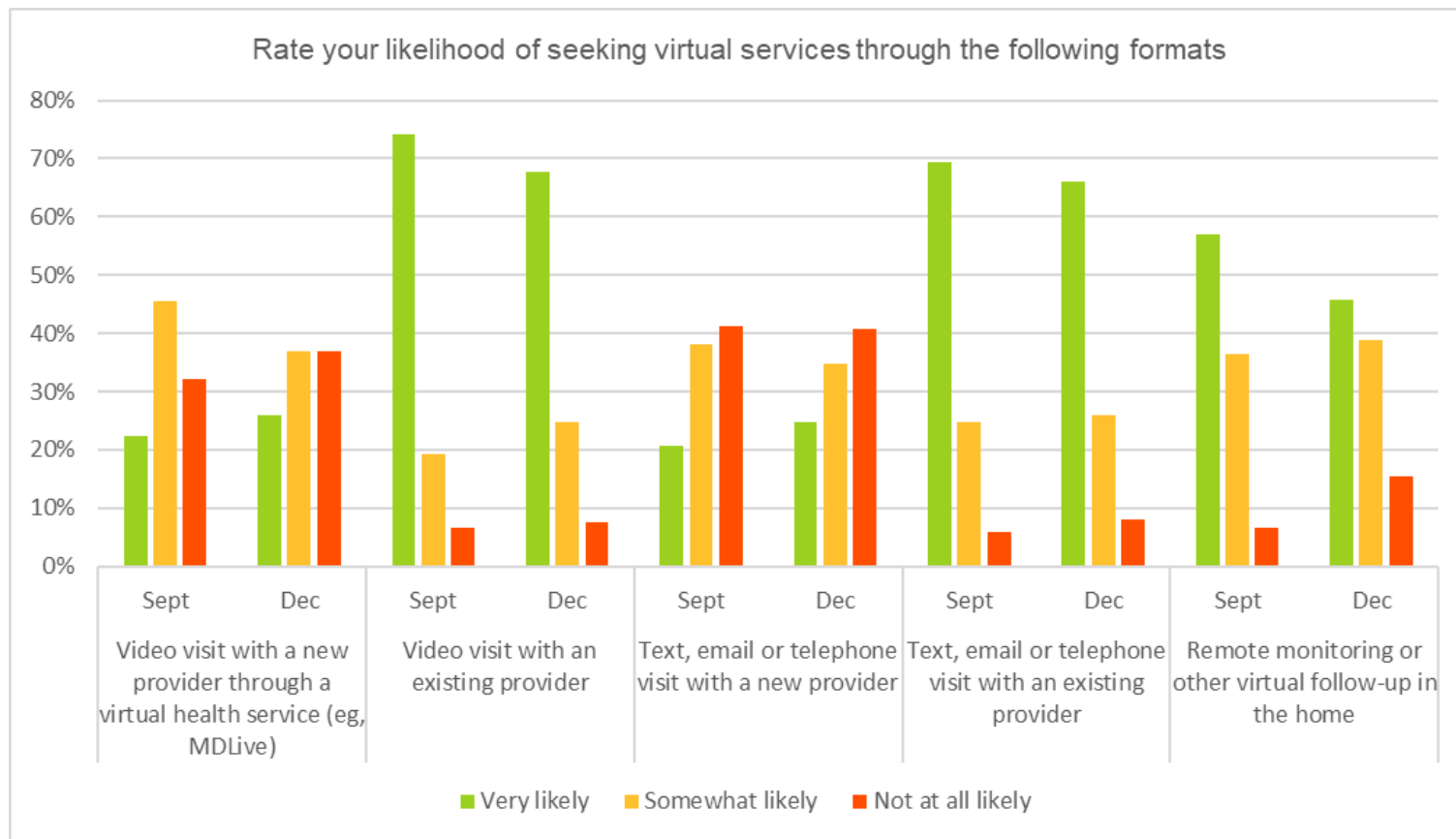
Patient Perspectives: Safety of Accessing Care



May webinar, N=48; July survey, N=68; September survey, N=121; December survey, N=603



Patient Perspectives: Safety of Accessing Care



September survey, N=121; December survey, N=603

New Federal Rule Implementing 21st Century Cures Act re Patient Access to Records

(See www.OpenNotes.org for more info)

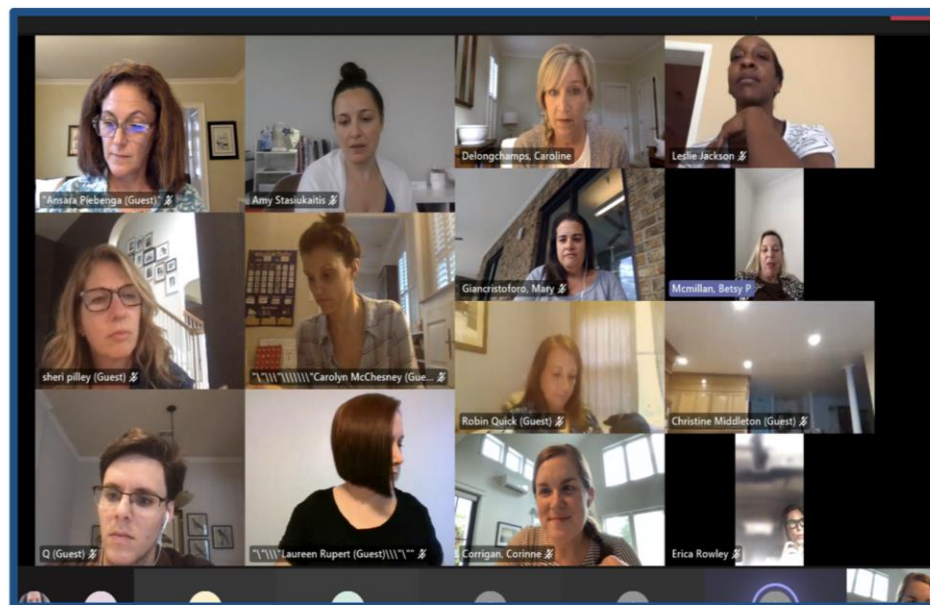
New Rules on Interoperability & Information Blocking

- Issued by Office of the National Coordinator (ONC)
- Start date of April 5, 2021
- Requires that healthcare providers give patients access to health information in their electronic medical records “without charge” and “without delay.”

The 8 types of clinical notes that must be shared

- Consultation notes
- Discharge summary notes
- History & physical
- Imaging narratives
- Laboratory report narratives
- Pathology report narratives
- Procedure notes
- Progress notes

COVID Changed Everything



MedStar Georgetown University Hospital Patient and Family Advisory Council for Quality & Safety





Beyond The PFAC

- Safety Rounds
- Facility Design/Renovation
- Policy Reviews
- MyChart Steering Committee
- Quality Executive Committee
- Welcome Videos
- Root Cause Analysis



Lessons Learned

- The Power of One
- Never underestimate how nimble people are.
 - ✓ **PFA's accrued 1,770 hours in 2020, the most ever!**
- PFAC Planning Meetings
- The pandemic taught us how to problem solve in new ways.
- Being virtual is not all bad!



- In the wake of tragedy we can make positive changes together.



Thank You, Panelists and All!

