

Partnering with Patients and Families to Create a PFCC Dashboard – An Academic Medical Center’s Collaborative Process

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Background

Patient and family centered care (PFCC) is defined as “an innovative approach to the planning, delivery and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare patients, families and providers.” There are four core concepts of PFCC which include dignity and respect, information sharing, participation and collaboration. The goal of PFCC is to create partnerships among healthcare practitioners, patients and families that will lead to the best outcomes and enhance the quality and safety of healthcare.

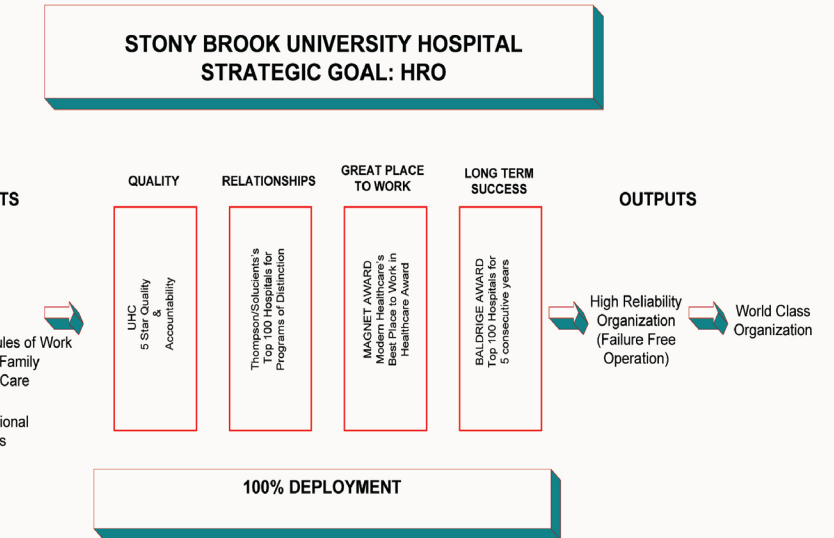
Stony Brook University Medical Center (SBUMC) created an advisory council that is comprised of Hospital and School of Medicine leadership, patients and family members. The mission of Partners in Care Hospital-wide Advisory Council is to integrate patient and family centered care throughout the organization while supporting the mission of SBUMC in an effort to improve communication and collaboration among patients, families, caregivers and staff. We do this by working in active partnership with our health care providers to:

- Promote patient and family advocacy and involvement
- Propose and participate in programs, services, committees and policies

Method

SBUMC worked with leadership, patients and families to define measurable quality indicators that provided structure and guidance tracking performance related to the goals and key objectives of PFCC. The organization’s strategic plan and the PFCC core concepts were used as a roadmap for guidance in the creation of the PFCC dashboard. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Press Ganey surveys were also referred to for quality indicators. Both patient surveys have integrated PFCC specific questions and provide a valuable benchmark for academic medical centers. An extensive literary review was conducted for evidenced base practices related to PFCC dashboards and measurements. Advisory Council and hospital leadership collaboration was essential to the identification of measurements that corresponded to PFCC specific behaviors. PFCC core concepts were defined into actionable behaviors that assisted in the identification of these measurable goals.

| Patient & Family Centered Care | Target | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 |
|------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| How well staff explained their roles in your care | | | | | | | | | | | | | |
| Degree to which the staff supported your family throughout your health care experience | | | | | | | | | | | | | |
| Degree to which your choices were respected to have family members/friends with you during your care | | | | | | | | | | | | | |
| Degree to which you and your family were able to participate in decisions about your care | | | | | | | | | | | | | |
| Degree to which staff respected your family’s cultural and spiritual needs | | | | | | | | | | | | | |
| Staff introduced/explained purpose | | | | | | | | | | | | | |
| Likelihood of your recommending this hospital to others | | | | | | | | | | | | | |
| What number would you use to rate this hospital during your stay | | | | | | | | | | | | | |
| PFCC Hospital Self-Assessment | | | | | | | | | | | | | |
| Patients & family as advisors | | | | | | | | | | | | | |
| Personnel | | | | | | | | | | | | | |
| Environment & design | | | | | | | | | | | | | |
| Length of stay | | | | | | | | | | | | | |
| Discharges | | | | | | | | | | | | | |
| Medication errors | | | | | | | | | | | | | |
| Patient Satisfaction | | | | | | | | | | | | | |
| Staff vacancy rate | | | | | | | | | | | | | |
| Readmission within 30 days | | | | | | | | | | | | | |
| Organ donations | | | | | | | | | | | | | |
| Falls | | | | | | | | | | | | | |
| Use of restraints | | | | | | | | | | | | | |
| Days on ventilator | | | | | | | | | | | | | |
| Number of complaints | | | | | | | | | | | | | |
| Staff satisfaction | | | | | | | | | | | | | |
| Discharge phonecalls | | | | | | | | | | | | | |
| Hourly rounding | | | | | | | | | | | | | |
| Hospital usage | | | | | | | | | | | | | |
| Caring Bridge utilization | | | | | | | | | | | | | |
| Medication reconciliation compliance | | | | | | | | | | | | | |



Conclusions

There are limited resources available pertaining to the measurement of PFCC in an organization. It is difficult to directly correlate PFCC efforts to specific measurable goals. This dashboard will serve as a tool to help guide the transformation of the organization and will need continual development and refinement. It is imperative to involve staff, patients and families in the creation and review of the PFCC dashboards.