

Family Partners Council Report

Fall 2013



Be treated well.



Our Commitment

Methodist Le Bonheur Healthcare (MLH) is committed to providing a patient- and family-centered approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care practitioners. By truly partnering with patients and families – not only involving them in decisions about their care, but also gaining the benefit of their help and insights to better plan and deliver care – patients can achieve better outcomes, and MLH can improve care for all patients.

The formalization of a patient- and family-centered culture has taken shape through creation of Family Partner Councils, operationalizing several culture change initiatives, and the revision of the Mission, Vision, Values and Guiding Behaviors of Methodist Le Bonheur Healthcare.

Patient- and Family-Centered Care implementation plans at each facility began with recruitment of members to Family Partner Councils. The first council formed at Le Bonheur Children’s Hospital in 2005 with a seven member team. Today, there are nine Family Partner Councils with 160 active members. The MLH system provides a Family Partner Council orientation as well as communication training to equip Family Partners to use stories and experiences constructively. Every two-three years, Family Partners and hospital leaders complete Facility Self-Assessments as outlined by the Institute for Patient- and Family-Centered Care. Self-Assessment documents provide the framework for goals and objectives for each council.

Family Partner Councils have worked with leaders to effectively launch several meaningful initiatives. Highlights include: a 24-hour Family Presence and Guest Policy, which replaced a restrictive visitation policy; the elimination of mandatory Do Not Resuscitate/DNR patient identification bracelets; and the modernization of “next of kin” language and the expansion of the definition of family to Partners in Care, which empowers patients to choose those closest to them to participate in care, even if they are not spouses or relatives. Family Partners have been instrumental

in improving Advanced Directives processes for patients and their families, and contributed to the conversion of waiting rooms to thoughtfully designed Family Care Space, which more adequately meet the needs of families. Family Partners are members of several boards and committees across the system, including the MLH Board of Directors Quality Committee. This ensures patient-centered input is included in change and improvement at the board level.

A particular area of focus for the system has been changing the culture of critical care. Critical Care Associates collaborated with Family Partners to transition Critical Care Units (CCUs) into more patient- and family-centered environments. We chose to take a strong stand and develop focused initiatives in the CCUs because this is an area in which patients are most vulnerable, yet restrictive practices are considered necessary for healthcare delivery and “standard” practice. Scheduled multi-disciplinary rounding, nurse bedside shift change reporting, communication white boards, and a formal family orientation process were established. All of these things together worked to improve the atmosphere of transparency and collaboration with patients, families and Associates.

As part of this journey, MLH revised its mission to reflect a patient- and family-centered care approach. In addition, the five values of Methodist – service, quality, integrity, teamwork, and innovation – were given updated Guiding Behavior definitions based on the four principles of patient- and family-centered care. PFCC is exhibited in all we do at Methodist – meetings, language and the Power of One initiative, a culture-shaping program. Make a Connection culture training was also developed from very specific items patients and families have said they need and want from us. Together, the tools are used to expand and further infuse a culture of patient- and family-centered care. Going forward in our PFCC journey, we will focus on partnering with physicians and practices to build a strong patient- and family- centered infrastructure system-wide.

The Principles of Patient- and Family-Centered Care

Dignity and Respect

Health care providers listen to and honor patient and family perspectives and choices. Providers incorporate patient and family knowledge, values, beliefs and culture into care planning and delivery.

Information Sharing

Health care providers communicate and share complete and unbiased information with patients and families in ways that are supportive and useful. Patients and families receive timely and accurate information so they may effectively participate in care and decision-making.

Participation

Health care providers encourage and support patients and families to participate in care and decision-making at the level patients choose.

Collaboration

Patients, families, and health care providers work together to improve policy and program development, implementation and evaluation, health care facility design, professional education and care delivery.

Family Partners

Methodist Affiliated

Alecia & Josh Sparrow
Irene Ford
Carole Hinley
Anne Johnson
Joyce McKee
Anna Whalley
Evetta James
Maria Wood

Corporate

Kathryn & Jim Gilliland
Chris Montgomery

Methodist Fayette Hospital

Margaret & Ron Beyer
Shannon Cotter
Jill Cox
Charlotte Karcher
Minnette Kinney
Pattie Krepela

Methodist Le Bonheur Germantown Hospital

Kristin Cocci
Willie Ruth Davis
Betty B. Duke
Jean Edison
Katie Howse
Stephanie McGavic
Beverly Rhoads
Neil Sherman
Jim Steinbrecher
Jonathan Eastburn
Steve Abramowitz

Le Bonheur Children’s Hospital

Michelle Barganier
Desiree Bawcum
Jennifer Brown
Karin Buchanan
Erin & Ryan Butterick
Amy Clement
Joanne Cunningham
Renee Dominguez
Pete Duncanson
Ashley & Hamilton Eggers
Terza & Ernest Hickman
Jessica Huntley
Dana & Don Hutson
Amy & Zac Ives
Dionne Jackson

Tomeka Jones
Rusty Linkous
Stephanie Linkous
Jim Matthews
Rebecca Matthews
Stephania & Richard McCain
Angela & Steven McCarter
Sheila McClain
Stacey McClendon
Racquel Nally-Hubbard
Jenni Pappas
Patti Reed
Natalie & Larry Robinson
Latasha & George Sago
David & Brittany Spence
Brittaney Stanfield
Kelli Williams
Cathy & Robert Wilson
Bridgette & Timothy Flack

Methodist Extended Care Hospital

Tommy White
Eugene Michalski

Methodist University Hospital

Delois Blackiston
Barbara Blakely
Carolyn Childs
Pertina & Lawrence Clark
Carolyn Cowans
Gail George
Jena Hackett
Hosea Hill
Barbara Hulette
Meera & Subramanian (Kris) Krishnan
Essie McCollough
Yvonne McCrary
Arvis & Starr Nichols
Diane & Jim Pace
Toddra Pamplin
Nancy Phillips
Michael Roelker
Donna & Doug Scott
Carolyn Williams
Angela Wiggins
Teresa Richardson
Sampath & Jayashree Kumar

Methodist North Hospital

Angela Baugues
Pete Burcky
Richard Corum
Emily Drape
Greg Jackson
Billie Jean Jones
Connie Lampen
Mitchell Lee
Diane & Chuck Riggs
Vennie Robinson
Donnie Smith
Glen Mullins

Methodist Olive Branch Hospital

Angie Brazil
Sue Brents
Juanita Chamberlain
Kimberly Coats
Rhonda Gatlin
Montie Hamblen
Beverly Jones
Bill Kinkade
Fran Litton
Teresa Lowe
Stacey Petrowski
Sarah Sawyer

Methodist South Hospital

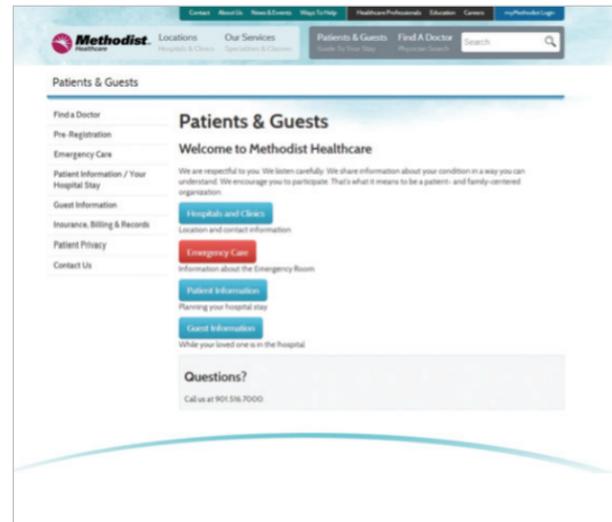
Lawanda Allen
Sandra Brooks
Imogene Grayson
Jo Ann Gross
Evelyn Hubbard
Starlar Hunt
Lynn Jones
Juanita Massey
Lisa McNulty
Paula Mimms
Na'eem Rashada
Minnie Wilkinson
Teresa Wilks
Tamara Washington

Methodist University Hospital

As part of an academic medical center, the Family Partner Council at Methodist University Hospital has a unique opportunity to impact the work and training of medical students. Partners greet residents at orientation, share their stories and discuss ways hospitals and physicians can provide patient- and family-centered care.

Council members share their perspective in multiple ways. As part of the Quality Committee, they examine patient experience, quality

and safety indicators. Family partners work alongside the Food and Nutrition Department, providing feedback on menus and the selection of patient meal offerings. A focus area for the council is the \$33.5 million dollar Emergency Department renovation and expansion. The council is part of the team providing input on patient flow process improvements, signage and design of the new space.



Methodist University Hospital Family Partners are active members of the Web Advisory Committee. Partners were influential in the redesign of the Methodist website, methodisthealth.org.

Le Bonheur Family Partner Council

Le Bonheur Family Partners serve on four chartered committees that work directly with staff and physicians in guiding the organization toward the principles of patient- and family- centered care. Below are just a few of their accomplishments from the year.

The **Advocacy and Public Policy Committee** is responsible for recruiting, educating and engaging families in issues and initiatives of importance to child health. Members of the committee hosted elected and appointed officials for tours of the new hospital, and a Le Bonheur family participated in Children's Hospital Association (CHA) Family Advocacy Days in Washington, D.C. The Wilson family met with senators and congressmen to share their story while stressing how children's hospitals are essential and different, and to discuss the need for reimbursement and funding.

The **Patient Experience Council** evaluates policies and makes recommendations related to resources in support of emotional, spiritual, physical and educational needs of the patients and their families. This year, the council created a new Dad Support Group and provided input related to several areas and programs in the hospital, including the set-up of the second-floor waiting room, the school program and the bereavement support program.

The **Quality Experience Committee** focuses on working with care providers to improve the patient experience with emphasis on improving communication and managing pain. Their work this year includes developing family friendly communication boards for patient rooms and members of the team served as resources to

the multidisciplinary team to reduce pain. They provided valuable information related to options available for reducing pain and communicating expectations to parents.

The **Staff Education Committee** develops ways to assist staff in acquiring knowledge and competencies in patient- and family-centered principles, skills and attitudes. The committee publishes quarterly tip sheets that illustrate personal and practical examples of the four principles of patient- and family-centered care. They also participate in interview panels for leadership and staff positions. In addition, the Family Faculty model developed by this committee is considered a best practice by the Institute for Patient- and Family-Centered Care.



Methodist Olive Branch Hospital

Methodist Olive Branch Hospital opened in August 2013, but the Family Partner Council hit the ground running in 2011. Reaching out to the community, Methodist recruited a team from north Mississippi that had either been patients or family members at our hospitals in Memphis, or they were interested in changing the culture of healthcare based on past experiences.

Family partners met with the design team of the hospital early and were walked through blueprints and ideas. As construction began on the hospital foundation, Methodist built mock-up rooms offsite and asked for partner input on furniture choices, fabrics and artwork. Family partner input led to a more private ICU in-room

bathroom area, which had historically been left open to not obstruct a nurse's view of the patient.

As the hospital sorted through 1,400 applications for 240 jobs at the new facility, family partners sat on the interview panel for key leadership positions and participated in new Associate orientation.

Angie Brazil spoke on behalf of the family partners at the grand opening celebration. To a crowd of nearly 1,000 community supporters, she shared her experience with healthcare and the excitement of the council to partner with the hospital to deliver patient- and family-centered care.



Olive Branch Family Partners have been involved with the hospital from the ground up. Council members toured the hospital during construction and participated in the Grand Opening Ceremony and Consecration Service.

Methodist Affiliated Services

Hospice, Home Care and Minor Medical Centers

Family Partner liaison April Jackson is tasked with finding creative ways to engage family partners across a range of diverse services. Her nine-member council has championed several accomplishments this year, including:

Hospice - Family Partner Carole Hinely shared her mother's experience with respite care at the Hospice Residence on a video for Associates. Their story led to the development of the Residence Experience Form, which aims to record patient preferences so that hospice staff can maintain a patient's schedule and comforts to ease the transition in care.

Home Care/Hospice - Based on partner feedback, a "patient starter kit" was created. Families may order the kit of items such as gowns and sheets to fit hospital beds, with the goal of better equipping patients moving from the hospital to home.

Minor Medical Centers - After rounding in exam rooms, partners identified patient education opportunities for common minor medical diagnoses, such as sinus infections. Posters with diagrams and materials were placed in rooms to inform patients during their stay.



RESIDENCE CARE EXPERIENCE FORM

Patients Name: _____ Respite Care Dates: _____

CARE INFORMATION:

Medication and Diet Routine to follow: _____

Mobility at home or any falls at home: _____

How can we best respond to behavior/emotional needs: _____

What else would you like for me to know about your loved one: _____

Interests, hobbies or favorite entertainment: _____

I, Caregiver for _____, give permission to Methodist Hospice Residence to provide the above requests to _____.

____ Yes, please call me if my loved one is having a difficult time adjusting.

____ Please, use your area of expertise to calm and support my loved one if they become anxious and I will receive the report upon my return.

Signature: _____ Date: _____



Family Partner Carole Hinely shared her mother's experience at the Hospice Residence, which led to the development of the Residence Care Experience Form. The council also created a Home Care starter kit, which contains everything to fit a hospital bed, making it easier for families transitioning from the hospital to home.

Methodist South Hospital

The Methodist South Family Partner Council has undergone a few transitions this year with the appointment of new council chair, Tamara Washington, and liaison, Linda DeShazer. Much appreciation is extended to outgoing chair, Lynn Jones, and liaison, Latarsha Triplett, for their many hours of hard work.

To provide valuable feedback on communication delivery, family partners have been involved in both Emergency Department and Bedside Shift Change rounds. Partners assisted in the production

of a shift change training video which focused not only on communication, but patient safety and quality. The process went on to become a model for the Methodist system.

Participating in interview panels for new Associates and in orientation, Family Partners share their experiences with the council. Family Partners have interviewed candidates for key leadership positions, including chief medical officer and chief executive officer.



PATIENT AND FAMILY GUIDE
Methodist South Hospital

Be treated well. **Methodist** Healthcare South Hospital

BEST IN-HOSPITAL
US NEWS & WORLD REPORT
MEMPHIS, TN
2019-20

U.S. News and World Report named Methodist Memphis Hospitals the Best Hospital in Memphis. Methodist Healthcare's four Memphis metro hospitals, Methodist University Hospital, Methodist North Hospital, Methodist South Hospital and Methodist Le Bonheur Germantown Hospital are honored as one and share in this honor. Methodist is ranked nationally for neurology and is recognized as high performing in 8 specialties, including neurology, cardiology and orthopedics.

The Methodist South Hospital council provided valuable insight and feedback in the patient information guide.

Methodist North Hospital

Methodist North Hospital family partners have been involved in a multitude of projects, integrating themselves both at the facility and system level.

Working alongside Associates, Family Partners participate in director meetings, the patient safety council, the patient experience committee and the quality committee. The transparency of hospital operations presented in these meetings allow family partners to be part of the root cause analysis process, enabling them to develop supportive programs and resources for patients or families. Projects family partners have worked on include:

Discharge Education: As part of a team dissecting hospital readmission rates, partners examined the discharge process for patients with chronic disease such as heart failure, COPD, and pneumonia. The volume of information given to patients upon discharge was organized into folders and partners edited disease-specific education toolkits.

Hand Hygiene: Human hands are one of the major transmitters of healthcare-associated infections. The council strategized on ways to increase adoption of hand hygiene among family members and other guests at the hospital, determining that the design of alcohol-based foam canisters appeared too clinical and not consumer-friendly. Partners are developing a hospital-wide communication campaign to educate families on how they can help prevent infections.

Patient and Family Experience: Partners routinely participate in rounding with environmental services and catering Associates, providing a family's viewpoint on communication and appearance. Hospital way-finding is reviewed by the council and partners provide input on patient room renovations and design of family areas.

PNEUMONIA TOOLKIT

Your doctors have said you have pneumonia. This means you have an infection in your lungs. Medicines and the right care can help you recover. When you go home, you and the people helping you need to know about pneumonia. We want you to feel better as soon as you can. Here is a basic toolkit to help you stay healthy.

Pneumonia Self-Care Goals
Self-care goals will help you recover from pneumonia and prevent other health problems. If you have questions, please ask your doctor or nurse.

Heart Failure Toolkit

Your doctor says you have heart failure. Heart Failure means the heart muscle does not pump as well as it should. When you go home, it is important that you and those helping you understand your care. Here is a basic toolkit to help you manage your heart disease so you feel better.

Heart Failure Self-Care Goals
Self-care goals will help you learn about heart failure. You must control your heart failure to prevent other health problems. If you have questions, please ask your doctor or nurse.

Heart Failure Zone Tool
The zones of heart failure are like a traffic stoplight. Watch for these signs every day.

HEART ATTACK or ACUTE MYOCARDIAL INFARCTION (AMI) TOOLKIT

Your doctors say that you had a heart attack. This means that blood going to your heart was blocked. This causes damage to the heart muscle. Because of this, your heart is weaker and can't pump as well. Medicine and the right care can help your heart and make you feel better. When you go home, it is important that you, and the people helping you, understand your care. Here is a basic toolkit to help you stay healthy.

Heart Attack Self-Care Goals
Self-care goals will help you learn about how to take care of yourself after a heart attack. If you have questions, please ask your doctor or nurse.

Heart Attack Zone Tool
The zones of heart attack care are like a traffic stoplight. Watch for these signs every day. If they happen, follow the instructions. Try to stay in the Green Zone - All Clear.

Resource List
This is a list of national and local resources where you can find more facts and help.

Thank you for choosing Methodist Le Bonheur Healthcare as your health care partner.

Be treated well. **Methodist** Le Bonheur Healthcare



Family Care Room
Guidelines and Information

Be treated well. **Methodist** North Hospital

Family Partners Council Approved

This document has been reviewed and approved by patients and families. We support an approach to care that keeps the patient and family at the center of the care team.

Methodist North Family Partners have been instrumental in the creation and design of patient and family materials.

Methodist Extended Care Hospital

The makeup of the Family Partner Council at an extended care hospital varies from a more traditional hospital council. Patients and families are in the midst of caring for ongoing chronic conditions, often unable to leave loved ones at home to participate in the council. Family Partner liaison Sandra Huguely works to offer a variety of ways for patients and families to participate.

Family forum luncheons involve families and patients currently involved in a hospital stay at the Extended Care Hospital. Sandra and her team talk through ideas to improve communication and better the patient experience.

Family Partners have also reviewed and edited admission packets that were specifically geared toward extended care patient needs.

The packets contain patient and family education and include a communication form that can be left for physicians if the family is not present during rounding. Family Partners designed communication whiteboards in the room to keep patients and families better informed.

To improve continuum of care and improve call light response times, Extended Care leadership worked with the council on addressing Associate scheduling. Medical assistant shifts were staggered with nursing shifts to ensure consistency with the patient, and a unit secretary's shift was changed to better serve peak times.

PATIENT & FAMILY COMMUNICATION TOOL

You may keep this sheet with you as a reminder of questions to ask the doctor. You may also request that it be placed in the patient's chart for the doctor to read if you are not in the room when the doctor visits.

Date: _____

Patient: _____

I have the following questions:

- _____
- _____
- _____
- _____
- _____

Name: _____ Relationship with patient: _____

If needed, complete below

I would like to be called at your convenience:

My number is: _____



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Room Number: _____ Today's Date: _____
 Numero de cuarto: _____ Fecha de hoy: _____
 Phone Number: (901) _____ Day: _____ Shift: _____
 Numero de telefono: _____ Dia de la semana: _____ Turno: _____
 Medical Response Team: (901) _____
 Equipo de prevención de urgencias medicas: _____

Nurse: Enfermera:	Today's Plan: El plan de hoy:	Partners in Care/Family Contacts: Mis Asociados en la Atención Médica/Familiares a quienes pueden contactar:
Supervisor: Supervisor:	What you should know about me: Lo que quiero que sepan sobre mí:	Family Questions/Concerns and Hopes for the Day: Preguntas, inquietudes y comentarios acerca de lo que le familia espera que se haga el día de hoy.
Medical Assistant: Asistente médico:		
Attending (Lead) Doctor: Médico a cargo:		
Other Team Members: Personal adicional a cargo de mi atención médica:		

Last Dose of Pain Medication:
La última dosis de medicamento para el dolor fue: _____

Next Dose Available:
La siguiente dosis de medicamento para el dolor será: _____



The Extended Care Council developed a patient and family communication tool that is now used at all Methodist Hospitals. They also worked to develop family-friendly communication boards.

Methodist Le Bonheur Germantown Hospital

Successful culture change of an organization requires the commitment and involvement of senior leadership. For this reason, family partner council meetings at all of our hospitals involve the chief operating officer, chief nursing and medical officers, and directors for quality, safety, facilities and human resources, among other leaders. Together with family partners, this interdisciplinary team has focused on projects including:

Facility Design – Family Partners have contributed to the design of a new 9,000 sq.-ft. Emergency Department. Partners helped with the layout of the waiting room, lending input on options affecting the privacy and comfort of families.

Family Room Rounding – Partners round on the critical care family care space, answering questions families have about the hospital and their stay and offering suggestions to improve their comfort.

Patient Experience Council – Partners participate in council meetings and bedside rounds, observing communication with patients and families.

New Associate Orientation – Family Partners share their experiences with new associates and tell them about the work of the council. In addition, Family Partner Neil Sherman shared his experience at the Methodist Quarterly Business Review in front of over 500 Methodist leaders from across the system.

Patient Mentoring – A Family Partner attends joint replacement classes and shares her experience with patients facing orthopedic surgery. Each week, she rounds on the unit and encourages patients in recovery.

Materials Review – Family Partners have shared patient and family perspectives on several materials, from explaining post-hospital care to observation services.



Family Partner Jean Eidson rounds with Associates.



Family Partner Neil Sherman reviews Emergency Department renovations with Kelli Zimmerman, ED Director.



Family Partner Council Chair Jonathan Eastburn shares his family's experience at the Women's Pavilion.

Photo Credit: Jonathan Eastburn