

Profiles of High-Performing Patient- and
Family-Centered Academic Medical Centers

Harborview Medical Center
Seattle, Washington

prepared for
Picker Institute

by
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About the Profiles

This profile is one in a series of six case study reports funded by The Picker Institute that document examples of how academic medical centers can achieve high levels of patient- and family-centered care (PFCC). Because academic medical centers face particular challenges of balancing patient care with their teaching and research missions, lessons learned through case studies of centers that have successfully implemented patient- and family- centered care can benefit other academic as well as non-academic health care systems.

The six centers were selected for study on the basis of several criteria, including a mix of geographic location, safety and non-safety net hospitals, expert opinion on high-performing centers, actual performance on available metrics such as H-CAHPS scores, and varied approaches to achieving patient- and family-centered care documented in previous studies. Data were collected primarily through site visits to each center that included a tour of facilities and detailed interviews with senior leadership, board members, medical department chiefs, key staff responsible for patient- and family-centered programs and initiatives, front line staff, and patient and family advisory council members. Extensive documentation was gathered before, during, and after the site visits to supplement the information and perspectives obtained through interviews.

The profiles resulting from these case studies are each organized according to a common set of topics that emerged as cross-cutting themes common to successful implementation of patient- and family-centered care in these organizations. Each individual profile is designed to provide real-world, operational examples of how these core elements of patient- and family-centered care are brought to life in practice. Samples of available documents and tools related to these core elements are provided as attachments. A separate summary analysis of key factors contributing to patient- and family-centered care across all six centers also will be compiled and made available as part of this project.

List of Academic Medical Centers Profiled

- Harborview Medical Center (Seattle, Washington)
- Medical College of Georgia (Augusta, Georgia)
- State University of New York (SUNY) Upstate (Syracuse, New York)
- University of Colorado Hospital (Aurora, Colorado)
- University of Pittsburgh Medical Center (Pittsburgh, Pennsylvania)
- Vanderbilt Medical Center (Nashville, Tennessee)

Harborview Profile at a Glance

Harborview Medical Center is a public safety net hospital located in the heart of downtown Seattle, and is one of two primary teaching sites for the University of Washington's School of Medicine. As the major provider of charity care in the state, and the region's only Level I trauma center, Harborview serves a "mission population" that includes those who are poor, homeless, indigent, incarcerated, mentally ill, non-English speaking, and victims of trauma, violence or abuse. This challenging mission population has played a major role in defining the culture at Harborview, which over the years has attracted and retained a core staff of physicians, nurses, and administrators with a strong service-oriented commitment and intensity often characteristic of public hospitals. As a result, in spite of its challenges, Harborview has achieved numerous awards not only for the quality of its patient care and service, such as the American Hospital Association's 2007 Foster G. McGaw Prize for Excellence in Community Service, but also for its commitment to its employees, earning Harborview the "Best Place to Make a Difference" in a recent employee survey of local employers.

While a mission-driven culture has defined Harborview for many years, an explicit focus on patient- and family-centered care has been a more recent development. In order to promote PFCC concepts throughout the facility, beginning in 2006 the leadership at Harborview decided to apply the collaborative model of change management developed at the Institute for Healthcare Improvement (IHI). Over 150 staff and managers from every department and level of the hospital who have contact with patients and families were recruited as part of an intra-organizational collaborative involving fourteen teams, participating in three learning sessions at six-month intervals. Each team received training in PFCC concepts as well as change management, and then selected a specific PFCC-related project relevant to their own units.

This unique cross-departmental collaborative approach to spreading PFCC has met with considerable success, as measured by progress on specific initiatives as well as a growing awareness and support for PFCC among all staff involved. Successful projects include involving families in rounds in the Trauma/Surgery ICU, which was initially resisted by the surgeons and nurses but now is widely accepted as an efficient strategy for improving communication and understanding among patients and families. Families also are now invited to participate in bedside change of shift reports, and have free access to the ICUs. These initiatives have led to fewer interruptions for staff and have increased patient and family satisfaction. They also represent an impressive culture change from a traditional academic medical center emphasis on physician and staff control to one of openness and inclusion, promoting a more positive environment for workers as well as patients and families.

In addition to this organization-wide change initiative, Harborview has taken other steps to institutionalize PFCC through its Patient and Family Centered Care Committee,

the Patient and Family Resource Center and its Patient and Family Advisory Councils. For example, the Patient and Family Resource Center, established by the Patient Education Committee in 1999, provides a variety of services, such as health education classes, support groups, and information resources in both print form and through online access at the resource center on site at the hospital. Also, as part of its mission to serve ethnically diverse populations in the community, Harborview has established a Community House Calls program in which bilingual and bi-cultural caseworkers assist King County's growing immigrant communities by providing interpretative services, cultural mediation, and aid in navigating the health care, social services, school, and legal systems.

The first Patient and Family Advisory Council was established by the Rehabilitation Medicine service. The Rehabilitation Advisory Council oversees a program uniting former rehabilitation patients with current patients to discuss their experience and what to expect during the recovery process. A hospital-wide Patient and Family Advisory Council was established last year and is already beginning to exert an increasing influence in the design of hospital operations. It has guided efforts to improve signage and the use of name badges, engage families in rounds, and expand visitation policies.

The dramatic organization-wide collaborative approach to implementing PFCC at Harborview has been possible because of the commitment and vision of its leaders, at both the executive and board level. Individual board members are active throughout the organization, and regularly attend patient safety rounds. The interim CEO and COO have both risen up through the hospital ranks. Their experience and longevity in the organization has resulted in their commitment to working on PFCC both from the bottom up and the top down. According to Johnese Spisso, interim CEO at the time of the site visit, the challenge at Harborview is to achieve increasing standardization of PFCC across all programs and departments. To help communicate this imperative, she has promoted the concept of "every patient, every time" as a motto for all employees. Such a unifying process is now well underway and appears likely to sustain Harborview's commitment to PFCC as it continues to serve its mission population within its hospital walls and in the larger community it serves.

Background on Harborview

Harborview Medical Center defines itself by its mission population. As the public hospital for King County residents, it is obligated to serve, within its available resources, persons incarcerated in the King County jail, mentally ill patients, particularly those being treated involuntarily, persons with sexually transmitted diseases, substance abusers, the poor and indigent without third party coverage, non-English speaking immigrants, victims of domestic violence and victims of sexual assault. The leadership and staff at Harborview see no other way to meet the extraordinary needs of the population they serve than to be centered on patients and their families.

Overcrowding at the facility is an ongoing problem, with census levels over 100% on a regular basis. In fiscal year 2006, Harborview provided more than \$112 million in charity care, approximately 25% of all charity care provided in the state. Leadership recognizes that the medical center's financial health is key to continuing to meet their mission. As a result, they are trying to attract more paying patients and believe that their focus on patient- and family-centered care, as well as patient safety and organization-wide quality improvement, will help them attract the paying patients that will help them maintain their commitment to their mission population.

In addition, Harborview has the challenge of serving as the only Level 1 trauma center and burn center in the Washington, Alaska, Montana and Idaho region. This role appears to have attracted action-oriented, thick-skinned and deep-hearted staff and leaders. Those who find this role does not fit them often choose to leave.

Harborview is owned by King County, governed by a Board appointed by King County, managed under contract by the University of Washington and overseen by the Dean of the Medical School. The facility is a 369- bed hospital with roughly 19,000 admissions each year (80% through the emergency room and about one-third of which are from other hospitals for patients needing highly specialized or critical care), 81,000 emergency room and urgent care visits, and 358,000 ambulatory care visits.

Harborview leadership emphasizes its connection to the community, which it characterizes as having a rich heritage of civic mindedness. The hospital operates a number of programs designed to address the ethnically diverse community. For its work with the community Harborview received the 2005 American Medical Association Ethics Award for removing cultural barriers to health care. Harborview's sister organization in the system, the University of Washington Medical Center, is also known for its approach to patient- and family-centered care. However, Harborview believes that its mission, patient population, and outreach to the community set it apart.

Evolution of PFCC at Harborview

Harborview believes that it has been practicing the principles of PFCC for some time, but only recently has it made an explicit commitment to spreading these principles hospital-wide through an overall culture change strategy.

This change strategy was initiated as Harborview leaders, trained in the Institute for Healthcare Improvement's collaborative model, decided to adapt the IHI model on an organizational level. Beginning in 2006, the collaborative change model involved 150 staff and managers from every department and level of the hospital who came in contact with patients and families. This approach recognized the full spectrum of the patient's and family's experience and the importance of every staff member and leader to that experience. The IHI model has been a key strategy for embedding PFCC throughout the organization.

Through their work at Harborview leaders and staff have developed a set of core principles that guide their PFCC initiatives. These include:

- A **welcoming environment** in both the physical space and the personal interaction.
- **Respect for patient and family values** incorporated into the planning and delivery of care.
- **Patient and family empowerment and collaboration** in the patient's own care, as well as in institutional policy and program development.
- **Coordination and integration of care** for smooth transitions through the phases of care.
- **Comfort and support** that emphasizes physical comfort, privacy, and emotional support and involvement of family members.
- **Access and navigation skills** to reduce wait times and equip patients with the skills needed to navigate the health care system.

The first collaborative process included three learning sessions at six month intervals. In the first session in 2006, leaders focused on orienting everyone to PFCC principles, building teams and selecting a project to undertake. In the second session, the 14 resulting teams assessed their progress and shared lessons learned. In the third session in September 2007, the teams worked on sustaining and spreading best practices and celebrating their successes.

Among the first projects carried out through the collaborative were:

- Bumped surgery service recovery
- Opening visiting in all the ICUs
- Engaging families during rounds and at bedside change of shift
- Signage improvements
- Identifying staff through color-coded uniforms and badges

These projects are described in later sections.

Those involved in these various initiatives faced many challenges, occasionally causing them to ask themselves, “can we really do this?” Chief among these challenges was addressing beliefs among some staff and clinicians that served as barriers to broader adoption of the PFCC principles and strategies. For example, team leaders worked hard to convince staff that PFCC is not a free-for-all, or permission for unacceptable behavior by family members or patients. But, they also emphasized, that while the customer may not always be right, the customer should always be heard. They also communicated to staff that PFCC does not mean treating patients as helpless recipients of care, but treating them as partners in care. Finally, they worked to overcome the notion that one can achieve either patient satisfaction or staff satisfaction, but not both. They cited the evidence that patient satisfaction and staff satisfaction are highly correlated. In fact, it is difficult to achieve one without the other.

Building on the success in achieving PFCC on some individual units, Harborview has tried to spread this success throughout the organization. However, leaders acknowledge that Harborview has not yet reached the point of true institutionalization of PFCC. There are still pockets it has not reached. They also have not yet reached the point where the patient and family members are true partners in care. The goal is to increase standardization across the organization to promote the consistency it espouses in the motto, “every patient, every time”.

As mentioned earlier, spreading adoption of PFCC through an academic medical center faces the challenge of achieving sufficient focus on the program given the demands of the three-prong mission of research, teaching and patient care. At Harborview, being an academic medical center is seen as an advantage in getting PFCC adopted because of a natural synergy that creates a “learner-centered” environment. As a research institution, there is an eagerness to try new things. As a teaching institution, education can easily be applied to patients as well as students and residents. As a provider of patient care, these attributes can be brought to bear to create a culture of PFCC. In fact, the leadership at Harborview believes that academic medical centers should be leading the way on PFCC.

The Role of Leadership

The first impression one gets of Harborview is that of a great deal of energy and can-do attitude facing down a tough situation. The second is that the senior and middle leadership have been at Harborview a long time and have worked their way up through the ranks. The interim CEO at the time of the site visit, Johnese Spisso, started out at Harborview as the CNO 15 years ago and until being selected as the interim CEO, served as the COO. The interim COO, Cindy Hecker, was the CNO and has been at Harborview for 28 years. Tracy Gooding, the day-to-day manager of PFCC activities, has been with the organization for 15 years. Tracy partnered with Becky Pierce, Assistant Administrator for Patient Care Services, to initiate the collaborative model for rolling out PFCC at Harborview. They believe this partnership between Patient Relations and Nursing has been crucial to the success of the program. Becky is also the chair of the Patient and Family Advisory Council and the executive sponsor of the Patient/Family Centered Care improvement initiative process. Becky has been at HMC 18 years. These leaders all brought a commitment to mission and to PFCC with them as they rose up through the organization.

This longevity and experience in the various levels of the organization have provided stability to the organization and to PFCC because of the ongoing commitment of the senior leadership. As mentioned, many of the PFCC initiatives have been generated from the top, with fairly broad acceptance and involvement from staff. Johnese Spisso is encouraging more bottom-up generation of PFCC to strengthen its sustainability.

The commitment is seen at the Board level, as well. Board members, who are appointed by the County, see PFCC as being at the heart of Harborview's mission. Board members are very knowledgeable regarding PFCC and support senior leadership's commitment to it. They are also active within the hospital, including going on patient safety rounds.

Board members stated that patient safety is currently their number one priority. They consider PFCC woven into patient safety and critical to its achievement. Therefore, for safety as well as quality the focus is on the patient as the "center of everything." The message the Board communicates with word and action to the staff is clear.

The strong commitment Board members and senior leadership place on PFCC is particularly important at Harborview, given the financial challenges it faces. PFCC is not a revenue generator, but senior leadership makes it clear it is important nonetheless.

Focus on the Workforce

There has been a strong focus on cultivating the work force at Harborview. Because of its mission, having the right staff is critical. As part of this focus, PFCC is incorporated into all human resource practices including hiring, training and retaining staff that are

suited to the environment and challenges created by Harborview's mission. Harborview was winner of the "Best Place to Make a Difference" in the local annual survey of employees.

Harborview focuses on hiring people who understand what they are getting into and embrace the mission. Hiring practices include an assessment of how well the prospective staff member will deal with the Harborview culture. The orientation for new staff highlights the mission and the importance of PFCC to meeting that mission. To reinforce this emphasis, PFCC-specific training is also provided. Given the diverse population that is served, cultural competence skills are taught. Training in effective communication is a key element to preparing staff to interact with patients and families. It includes both listening and explaining skills, such as how to deal with difficult situations.

PFCC also is a key element of the staff evaluation, incentive and recognition programs. Staff evaluation includes performance related to PFCC. For example, staff members are evaluated on how well they:

- Incorporate patient, family and other views when planning care and service delivery;
- Demonstrate an attitude that creates an atmosphere of respect for human differences, beliefs, values and the uniqueness of each person encountered; and
- Share information with patients and families to allow for effective decisions and participation in care.

(See Appendix B for a patient and family feedback form on employee on PFCC.)

As part of the staff evaluation program, recognition is implemented through Service Excellence Awards which include criteria related to PFCC.

These formal human resource practices focusing on PFCC are important in communicating its importance. However, success in getting staff to practice PFCC comes in large measure from senior leadership and managers sustaining an environment in which PFCC behavior becomes the norm. This commitment has led to staff members who not only practice PFCC, but act as role models for other staff to emulate. Given the strong personalities attracted to the Harborview culture, there is a focus on channeling that strength to behaviors consistent with PFCC.

One of the benefits of the emphasis on staff hiring and development has been the stability of the staff and in turn the stability in the emphasis on PFCC and the capacity to achieve higher goals than might be possible with less stability.

Involvement of Patients and Families

Harborview has adopted several strategies for involving patients and families at multiple levels, including policy, planning, and the direct provision of care.

Patient and Family Advisory Council (PFAC)

The PFAC charter states its mission as:

“The Advisory Council is organized to incorporate the core concepts of patient and family centered care into Harborview's approach to quality patient care delivery.”

The PFAC includes about 20 people that meet every two months. The Council is co-chaired by a patient or family member and a representative of the Harborview administration. The Council is made up of representatives from Harborview and patients and family members. (See Appendix C for the advisory council charter.)

The group has had an important hand in projects to improve signage in the hospital, policies regarding family visitation, participation in rounds, being present during resuscitation, and recovery from bumped surgeries. The Council also played a key role in getting physicians on board. Physicians were invited and encouraged to attend the Council's meetings. That exposure helped convince them of the importance of PFCC.

In addition to the PFAC, Harborview also uses Guilds made up of patients, family members, community representatives and staff to help with community activities. The guilds have played a significant role in a number of programs.

Seeds planted by the PFAC took root in the Rehabilitation Department. A Rehabilitation Advisory Council was started in 2007 as part of a round of local IHI-like initiatives. A former patient suggested that former rehabilitation patients visit current rehabilitation patients in the hospital to talk about what current patients and their caregivers can expect once the patients are discharged. They emphasize the importance of this post discharge period to their long term health. Patients have indicated that the program helps them prepare for discharge and that it is encouraging to see that the discharged patients are still active. The Rehabilitation Advisory Council has created a blog to share information, helped improve communication between staff and families, and advised on the redesign of the gift shop to make it more accessible.

PFCC Projects Related to the Collaborative Initiative

Through the collaborative initiative described earlier, a number of projects have been implemented with input from patients and family members. These include:

Bumped Surgery Service Recovery: Staff realized that when patients were scheduled for surgery and their surgery was postponed it caused disappointment and frustration among patients and family members. They surveyed patients to find out from their perspective what the issues were. Patients said there were two big problems: 1) they did not hear about the bumping of their surgery in a timely manner, and 2) it frequently meant that they missed a meal that they could have eaten. The team working on the issue realized that if it was going to address the problem it had to include Operating Room staff and Nutrition staff to help, and bring the problem to the attending physician. They made two simple but important process changes. First, they provided earlier notification of a bumped surgery. The OR charge nurse contacted the floor nurse and nutrition to resume the patient's previous orders. Second, they made patient meals available after hours through the Café Espresso stand. Their approach reflected a desire for a practical solution. They joked that they narrowed their goal statement from "Save the World" to "Save Me a Plate."

Open Access to the ICU: Previously, family members had to call into the ICU in order to get permission to enter the ICU. Family members now have free access to the ICU. But it only happened because of the involvement of leadership. The new practice has gotten families more involved and dramatically reduced the phone calls and other interruptions that staff must deal with.

Families on Rounds: Surgeons' practices of holding only irregular conferences with families led to confusion among family members and burden on nursing staff to try to get answers to questions. To address the situation, the team arranged a meeting with the general surgeons and proposed having families on rounds. The surgeons were reluctant at first but agreed. When the new practice started, family members were reluctant to ask questions. Nurses encouraged them and eventually they began asking questions. With time, there has been a complete culture change and agreement that the approach is more efficient. Staff had evidence from discussions with patients and families that they did not understand their intended care plan. They determined that the change of shift provided a good opportunity to involve patients and families so they understood the care plan better. Nurses brought up the issues of privacy of information, and had to be convinced that this was not an issue. With the inclusion of families in change of shift sharing of information, family members felt more informed, appreciated what was being done, and had fewer questions at other times.

Visiting Hours: Before changes were sought, visitors were not told to leave, but a message was broadcast that "it is quitting time". There were many complaints from family and inconsistency in implementation of visiting policies. In proposing a new policy, the team encountered staff concerns that patient safety would be compromised and that they would lose control. Also, the physical environment made overnight stays difficult. The project team started with a survey to identify the issues. They changed the policy and the visiting hours message. With senior leadership support they clarified the

policy and sent out a newsletter and discussed with staff. There is strong family support for the new policy, greater acceptance by staff, and help to address staff concerns.

Families Included in Change of Shift Reports: Families are now invited to stay for the bedside change of shift reports. Staff raised HIPPA concerns, but were convinced that these regulations are not a barrier to families participating in the change of shift report. A pre-post survey showed significant improvement in family satisfaction with the new policy.

Hospital Liaison Program

The liaison program was developed in order to address the issues of families whose family member had been brought to the trauma center, possibly from hundreds of miles away. Nurses were resistant at first, because they saw the families as theirs to worry about. But over time they saw that the liaison program could address issues they did not need to.

The liaison program is coordinated by the ICU Liaison/Patient Services Coordinator and managed by the Patient Relations Manager. The program includes four staff liaisons and multiple volunteers, who meet 250-300 families a month. Volunteers, some of whom are former patients, receive training. Volunteers are careful not to create a triangle (staff, family/patient and volunteer) when there is a conflict. They work across the clinical and customer service sides of the organization to take an approach that addresses the full set of needs of the family members. One of the keys to success has been the co-management of this program. Both Patient Relations and Patient Care Services have managerial responsibilities for the program. Nurses said the “liaison program was the best thing we ever did.” The program is being expanded beyond the ICU to acute care. The Liaison Program was recognized by the National Association of Public Hospitals and other organizations (see Appendix D).

Patient and Family Communication and Education

Patient and Family Resource Center (PFRC)

The Patient Education Committee was established in the early 1990’s in response to a JCAHO visit. As one of the Committee’s major initiatives, the Patient and Family Resource Center (PFRC) offers a variety of services including:

- Classes on health topics such as living with chronic illness
- Patient education materials (in hardcopy in the PFRC itself and on the Internet)
- Support groups

- Hospital discharge teaching
- Movie and video game checkout
- Literacy program

The Patient and Family Resource Center also coordinates with Social Work, Spiritual Care, and other Harborview services to help patients and families navigate their stay and make a smooth transition following discharge.

Community House Calls

In keeping with the Harborview focus on serving ethnically diverse populations and reaching out to the community, the PFRC has a number of programs serving the community. One of its most important programs is the cultural support provided by Community House Calls. In this program a case worker identifies and removes barriers to obtaining health care for those unsure how to navigate the health care system. The program seeks to help community members by providing interpretative services, cultural mediation and navigation of the health, social services, school immigration and legal systems. (See Appendix E)

EthnoMed Web Site

The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world. It also contains information about cultural competency, patient education, clinical topics and immigration. It is a resource for the community, patients, and Harborview staff and clinicians. For example regarding cultural competence, it includes access to tools for assessing cultural competence and recommendations for best practices. EthnoMed received an Outreach award for its work on multicultural approaches to diabetes treatment.

Interpreter Services

In the community served by Harborview, about 80 languages are spoken. The most common are Spanish, Somali, and Vietnamese. Harborview has 4 to 7 interpreter staff covering 24 languages. Other languages are covered using contract personnel. The program has been building rapidly with the growing number of immigrants.

In-Patient Psychiatry Unit

The inpatient psychiatry unit at Harborview undertook to improve its program. It began with a literature review and focus groups with patients, seeking to find out what needed

to be improved. They also instituted an advisory panel to help in the redesign. They focused on getting the patients' view as they never had done before. For example, they asked patients what it is like to be in restraints. As a result, they started weekly family and friends support groups and peer support groups and quarterly patient and family advisory panel meetings.

In addition, a Peer Specialist was hired. He helped to implement The Wellness Recovery Action Plan (WRAP) which focused on having the patients help to develop a care plan for themselves. He works individually and in groups with patients and continues to follow up with them after they are discharged. Follow up with psychiatric patients has always been difficult, with many not following through on their treatment.

The unit has shown a shortening of length of stay and improvement on a number of functioning measures such as Activities of Daily Living, role functioning and depression/anxiety.

Performance Measurement and Monitoring

Harborview has used patient survey data to evaluate particular initiatives or to track patient feedback through the Press Ganey Surveys. According to Harborview board members and senior leaders, the public reporting of H-CAHPS has made a difference in bringing more focus to patient and family centered care.

Overall, initial H-CAHPS results for Harborview are below state and national averages on the various domains. Harborview is focusing on improving these scores across the organization. They have shown similar results on their Press Ganey Surveys. (See Appendix F)

For each of Harborview's 2008 patient and family centered care initiatives a measure of baseline and a goal for improvement was set. One initiative for 2008 was to improve communication through an initiative to educate and support staff and providers in developing interactive skills to encourage patients and families to be their own advocates. They are using H-CAHPS scores to track performance on communication with doctors, nurses and about medications, and are monitoring progress with the aim of increasing these scores by 2-3 percentage points.

Harborview uses a dashboard of measures to track performance against target levels across the hospital in the areas of patient safety, effective and efficient care, patient access and flow, employer of choice and patient and family centered care. For PFCC, performance measures include rehabilitation discharge rate to the community, inpatient and outpatient satisfaction, and patient relations complaints and compliments. A checklist is also used by the CNO on rounds to assess employee behaviors related to PFCC. (See Appendix G)

The Built Environment

Harborview faces challenges with its physical environment. The space is limited and innovative thinking is required to make the most patient and family friendly environment possible. Assisted by the PFAC, the hospital has tackled issues with the signage in the facility. A major new inpatient expansion project, the Norm Maleng Building, will add 240,000 square feet joined to the existing hospital by a “bridge” with sweeping panoramic views of Mount Rainier. The new facility incorporates state-of-the-art PFCC design principles in patient room layout, amenities, and navigation, and will add much needed operating room capacity as well as an intensive-care unit, specialty-care clinics, a rehabilitation clinic, space for ambulatory procedures and elective surgeries, and a floor for psychiatric patients.

Future Directions

Harborview will continue to work on the edge balancing a challenging financial situation and a demanding mission. Leadership acknowledges that they have not saturated the organization with patient and family centered care, but that is their goal. They will continue to hire staff that accept or even embrace the mission and be driven by the mantra, “every patient, every time”.

Appendix A: List of Advisory Panel Members

- Paul Cleary, PhD, Dean of Public Health, Department of Epidemiology and Public Health, Yale School of Medicine
- Christine Crofton, PhD, CAHPS Project Officer, Agency for Healthcare Research and Quality
- Susan Edgman-Levitan, PA, Executive Director, John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital
- Donna Farley, PhD, Senior Health Policy Analyst, RAND
- Sir Donald Irvine, CBE, MD, FRCGP, FRCP, Chair, Picker Institute Europe (Member, Picker Institute Board and Project Oversight Committee)
- Beverley Johnson, President and CEO, Institute for Family-Centered Care
- Patricia Sodomka, Senior VP, Patient/Family Centered Care, Medical College of Georgia
- Kathy Vermoch, Project Manager, Operations Improvement, University HealthSystem Consortium
- Gail Warden, President Emeritus, Henry Ford Health System (Member, Picker Institute Board and Project Oversight Committee)

Appendix B
Patient and Family Members Feedback Form

HARBORVIEW MEDICAL CENTER
Patient and Family Members Feedback Form
(PCS Version)

CONFIDENTIAL

(This information will not be shown to the employee in this format. This information will be summarized for the employee and given with other customer's feedback.)

Our vision at Harborview is: *To make patients and their families feel cared for with dignity and respect.*

Please take a few minutes to provide feedback for the person named below. Thank you for helping us meet our goals.

Employee Name: _____ **Date:** _____

EVALUATION STANDARDS: Please rate the team member according to the following:

- A:** Always
- B:** Sometimes
- C:** Never

Did this person:

1. Introduce her/him self to you, your family and other healthcare workers?
2. Answer your questions or refer you as needed to someone who could?.....
3. Make you/your family feel cared for with dignity and respect?
4. Work with you to meet your/your family's specific needs?
5. Regularly check the patient's identity by checking his/her arm band or verifying birth date?.....
6. Wash their hands or use hand gel routinely?.....

Comments:

Message to Evaluator:

The goal of this tool is to obtain input from at least one patient/family member for each healthcare worker's evaluation. Please discuss how to distribute with the person to be evaluated. The person being evaluated can either choose to:

- Give the tool to a patient/family themselves
- Pick a patient/family for the evaluator to give the evaluation tool to
- Leave it to the evaluator to pick a patient/family and give them the tool

Thank you for helping us improve care!

Please return to: By: 2007 via
the attached envelope.

Signature (optional) Date

Appendix C Patient and Family Advisory Council Charter

Patient and Family Centered Care Advisory Council Charter

Council Mission: The Advisory Council is organized to incorporate the core concepts of patient and family centered care into HMC's approach to quality patient care delivery.

The core concepts of PFCC at HMC are:

Welcoming Environment
Respect for Patient/Family Values
Patient and Family Empowerment and Collaboration
Comfort and Support
Coordination of Care
Access and Navigation Skills

The HMC PFCC Vision Statement: *"To make patients and their families feel cared for with dignity and respect."*

Membership: The Council will be co-chaired by a patient or family member and a representative of HMC administration selected by the executive team. Membership will include up to 2-3 patient/family members. Hospital representation will include 2 physicians, representation from the ambulatory clinics, inpatient care areas, patient relations, clinical support services, planning, patient education, and patient financial services. Committee members would be expected to make a 2 year commitment and rotate off after that time. The rotation of members will be staggered to allow for new people serving along with previously experienced members. Members are appointed/approved by the Organizational Improvement Steering Committee.

Duties: The PFCC Advisory Council assists in the planning, implementation, evaluation of PFCC improvement projects. Patient and Family Centered Care involves all departments of the medical center and every aspect of the patient care experience. The council reports through the Organizational Improvement Committee to ensure that PFCC initiatives are incorporated into HMC's OI plan. Typical issues to be addressed would include PFCC initiatives from Patient & Family/Patient Safety Committee, evaluate patient and family feedback, and oversee the use of the IHI Collaborative Learning Model for pursuing this culture change at HMC.

Meetings: The council will meet every other month with a minimum of 4 meetings/year. The proceedings will be documented and reported to the Organizational Improvement Committee.

Appendix D

Patient Family Liaison Program

The Patient Family Liaison program at Harborview Medical Center is an award winning patient-family centered care program that strives to meet the daily practical needs of families of critically ill patients while they are at the hospital. When a patient arrives in the ICU, liaisons meet their family, escort them to the patient's room and provide them with names and contact information regarding the patient's healthcare team. The patient-family's liaison orients the family to ICU, assists the family in finding hotels, accessing support services such as the social worker or chaplain as requested or required, and connects them with hospital and community resources. Liaisons staff the ICU Help Desk and act as the concierge for families assisting with any and all issues ICU visitors and families may have. Liaisons are the 'go-to' people in the ICUs at Harborview.

This ICU based customer service program consists of four paid employees and numerous volunteers; Harborview continues to be a front runner in utilizing paid staff specifically for the families of patients. This practice is unique in the healthcare field and was accomplished through a collaborative multi-departmental arrangement especially between Patient Care Services (nursing, and nurse support department) and Patient Relations departments. The liaison program began in the fall of 2002 with three liaisons, currently there are four full time liaisons, a BSW practicum student, and over 200 hours/week of volunteers.

Awards:

National Association of Public Hospitals and Health Systems July, 2007
NAPH Safety Net Award for the Liaison program

Society of Critical Care Medicine February, 2007

Family Centered Care Award Honorable mention for the ICU Liaison Program
Society of Critical Care Medicine November, 2006

Family Centered Care Award Honorable mention for the ICU Liaison Program

Appendix E Community House Calls Program

COMMUNITY HOUSE CALLS

Overcoming language and cultural disparities in health care

Awards: COMMUNITY HOUSE CALLS is a program of Harborview's Interpreter Services. It has received the following awards:

- American Medical Association *Ethical Force Award, 2006*
- National Association of Public Hospitals *Safety Net Health Communities Honorable Mention, 2000*
- Ambulatory Pediatric Association *Health Care Delivery Award, 1998*



Community House Calls case workers coordinate health care for patients, including arranging their transportation, for both routine and specialty visits.



In addition to working with patients in clinics, case workers and cultural mediators make home visits to gain a better understanding of patients' living conditions and family support systems. The team makes more than 300 home visits each year.



Case workers help with social issues impacting patients' health by connecting them with resources, including support groups for breastfeeding or other health-related issues, job searches, enrollment in English or citizenship classes, or immigration concerns.



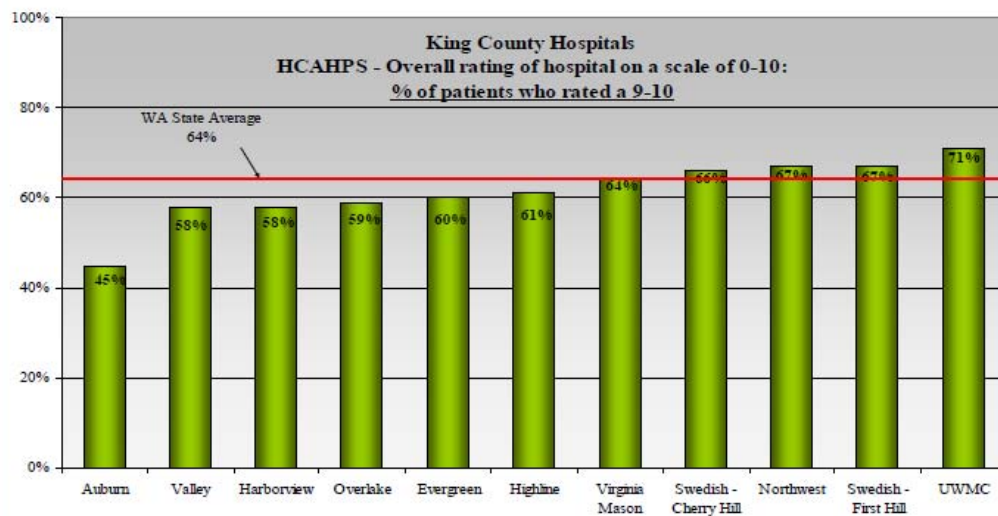
The Community House Calls program provides advocacy for patients of all ages in health-care, social services, school and agency settings.

*A Harborview Medical Center community service initiative

14/07

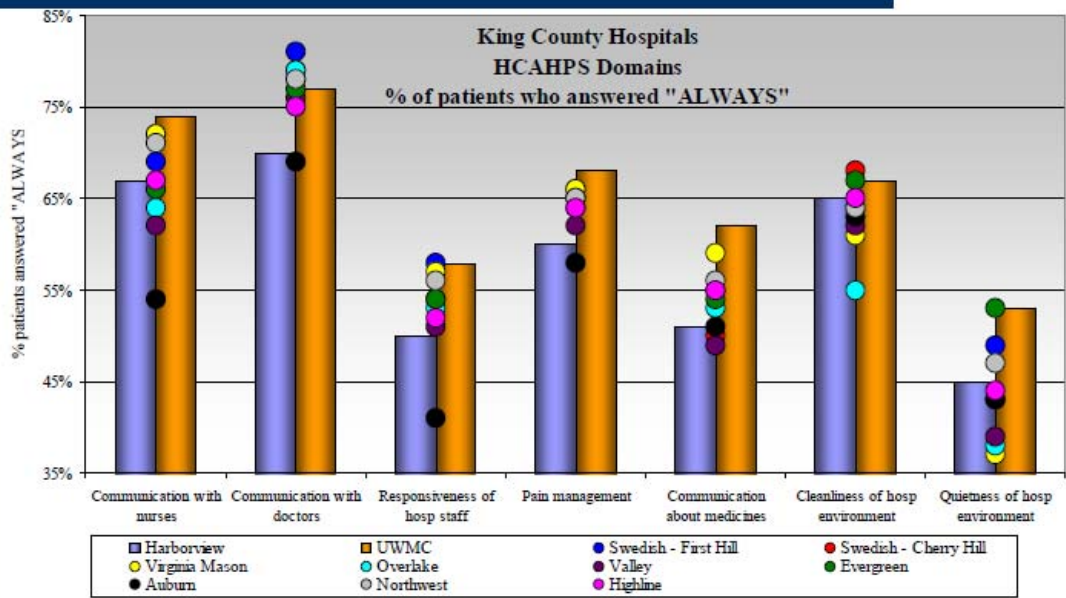
Appendix F Patient Experience Survey Scores

King County Hospitals: Overall rating



Appendix F (continued)
Patient Experience Survey Scores

King County Hospitals: Domain Scores



Appendix G
Checklist for CNO Rounding on PFCC

Harborview Medical Center
Patient Care Services
CNO/PFCC Rounds

Date: _____ Unit: _____ Charge Nurse: _____

Questions Asked of Patient/Family

1. Have healthcare workers consistently introduced themselves?
2. Have healthcare workers checked your armband before administering medication, performing radiological procedures or drawn blood?
3. Have healthcare workers washed their hands?
4. Please give me the names of people you would like to acknowledge.
5. Give us advice on what could be done to improve your experience