Population Health *Matters*

The People Behind Jefferson's New Patient and Family Advisory Council

After more than a year of careful planning, Jefferson has launched another forward-leaning program to further improve an already nationally recognized, top-quality Patient Experience.

The core of Jefferson's first Patient and Family Advisory Council (PFAC) are the patients themselves and their loved ones, those who were bedside and helped care for them during their hospital stay. Taken together, these are people who had great outcomes, but sometimes not without bumps along the way.

We sought out their involvement specifically and found people like Co-Chair Lindsay Hoff, whose good friend David Terhune survived a near-fatal car accident. Both Lindsay and David are on the Council, as is David's sister, Jennifer Sparrow, the other Co-Chair. All of the Advisors have dramatic stories to tell and a willingness to share their experiences.

David Terhune - Volunteer: I couldn't be more grateful to the people of Jefferson. They saved me. Participating on this Council is a way to give back.

Lindsay Hoff - Volunteer, PFAC Co-Chair: I think when a hospital reaches out directly to the people it's supposed to be serving, it gains not only a unique perspective but also valuable insight on what the Patient Experience is really all about.

Jennifer Sparrow - Volunteer, PFAC Co-Chair: There are so many moving parts, so many procedures and processes attendant to a hospital stay. It's only natural that there will be places in need of improvement.

Richard Webster, RN, MSN - President, Thomas Jefferson University Hospitals:

The purpose of an initiative like this is to gather precious first-hand feedback from the people best positioned and most qualified to provide it.

Jennifer Jasmine Arfaa, PhD - Chief Patient Experience Officer: In addition to patients and their families, the Council includes senior-level hospital administrators, like me and our President.

Eleanor Gates, RN, MSN - Vice President, Surgery and Trauma: The composition of the Council gives us the means not only to raise important issues, but also the people and process by which to address those issues to make the improvements we're seeking.

Nora Kramer, MS, RN - Nursing Supervisor: It was harder than you'd think to populate this Council. We were very selective, putting a high priority on both knowledge and a commitment to making things better. We were looking for people who could translate their experience, both positive and where there were opportunities for improvement, into action.

Webster: Jefferson was among the early adopters of the executive position of Chief Patient Experience Officer, someone whose sole focus is the patient interaction with the hospital. To this day, not that many hospitals—let alone academic medical centers—have elevated their efforts to guarantee a great patient experience to this level. In many ways Jefferson is ahead of the curve.

Arfaa: How patients perceive their experience here is a bottom line issue. In this new healthcare world with an emphasis on value rather than volume, patient experience survey results are an increasingly important indicator of how well we're doing. They are a point of pride and competition among hospitals. And while Jefferson has offered extraordinary care since opening our doors in 1825, you can never rest on your reputation alone.

Gates: We started this effort with 10 patients and family volunteer members, whom we call Advisors, and added another 10 staffers. We meet for two hours every other month, with regular contact in between. When we get together it's for a dinner meeting, which gives all of us time to socialize and bond. It makes for a stronger, more cohesive group in a comfortable environment different from the usual corporate fare.

Arfaa: As soon as we empanelled our members, we drafted the leadership from among the volunteers themselves. Our intention was to empower the laypeople and prove how serious we were about giving voice to their concerns and suggestions.

Sparrow: We help select items for consideration, set the agenda and run the meetings. We also conduct research to really drill down and get the facts.

Hoff: In both Jennifer's and my case, our professional work equips us with certain skills useful in this effort. For example, one of the first things we did was canvas our members through an online survey, to learn more about the direction we needed to go. There's been no shortage

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of discussion points and that's how we want it. In fact, we created a special **New Idea Submission Form (Figure 1.)** to make it easier for people around the campus to contribute their good thoughts and suggestions on specific issues.

Gates: The PFAC tackles some difficult subjects, such as preventing pressure ulcers and designing patient education materials. We've even addressed many aspects of the discharge process (which is more complicated than most people think) and specific ways to improve it.

Kramer: We're working on raising the level of hand hygiene compliance to reduce the chance of hospital-acquired infections. These are issues that <u>every</u> hospital deals with, coast to coast.

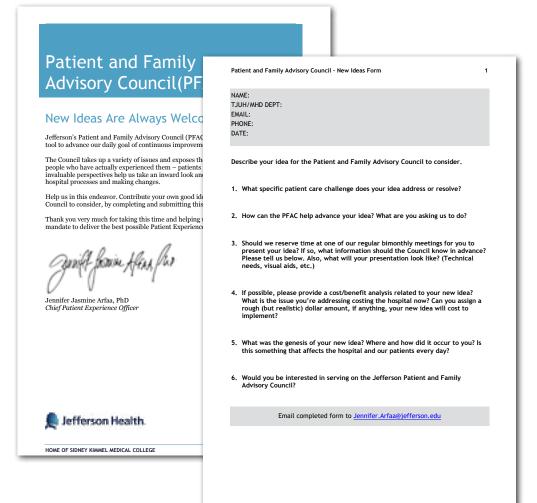
Arfaa: Whenever a glitch surfaces in our system, we want to take a fresh look at it. PFAC is the perfect vehicle. We bring in Jefferson physicians and nurses and administrators to illuminate the issue and educate us. It works. You can hear a pin drop during these presentations.

Webster: What makes the PFAC so valuable an asset to Jefferson is its real-world approach. We contemplate real, everyday issues and suggest smart improvements. At the same time, we consider the costs attached to them and ways to get it done. That kind of thinking is a huge contribution to Jefferson, the benefit of which flows directly to our patients.

Arfaa: We're already seeing results and that's impressive for so short a time in operation. People ask me how much power this group of volunteers actually wields. Just by virtue of having direct and extended access to the people running the hospital, this Council has extraordinary power to influence and to effect change. They are uniquely positioned to help us make sure we provide the best possible quality experience for our patients and their families... and that is our #1 goal!

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Figure 1. New Idea Submission Form



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