PATIENT & FAMILY ENGAGEMENT COLLABORATIVE

Learning Collaborative #4

May 20, 2016
Patient- and Family-Centered Care: Celebrating the Journey and Planning for a Sustainable Future!

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Associate Vice President of Quality & Clinical Operations OAHHS

Mary Minniti, BS, CPHQ Program & Resource Specialist

Patty Black, BS IPFCC Faculty
Welcome Back!
TODAY’S OBJECTIVES

➢ Share your experiences in implementing key PFE strategies in your hospital; describe successes and challenges.
➢ Identify your plans for sustaining gains and strengthening partnerships with your patient and family advisors.
➢ Review the collaborative experience as a whole.
➢ Celebrate your progress and achievements!
PATIENT & FAMILY ENGAGEMENT COLLABORATIVE

Milestones:

➢ Assessment of current level of patient- and family-centered care practice

➢ Development of a robust patient and family advisory program

➢ Enhancement of existing programs with key opportunity for current advisors to participate on team collaborative

➢ Identification and implementation of a direct care engagement strategy
In our time together …

- Speed Dating: Hopes and Wishes
- Celebrating Your Journey and Seeking Inspiration
- Networking
- Review of PFE Collaborative Results
- Sustainability
- Exploring Ongoing Connections
- Evaluation
Patient and Family Partnerships
St. Charles Health System

- Four hospital system in Central Oregon
  - Bend, Redmond, Prineville and Madras
  - St. Charles Medical Group
    - Bend, Redmond, Prineville, Madras, Sisters, opening clinics in South Bend and LaPine soon

- We serve a 38,000 square mile area in rural Eastern Oregon and portions of southern Oregon

- Multiple specialties including cardiology, structural cardio, neurology, NICU, ICU and pediatrics
OUR PFAC

- Leadership: Chief Nursing Executive, PFAC advisor and, partner with volunteer services on all campuses
- Currently we have 10 advisors representing Bend, Madras, Prineville, Redmond and Warm Springs
- We have the voice of the patient in ongoing Lean activities!
OUR CHALLENGES

Meaningful work for PFAC
- Lean is helping engage the voice of the patient in system decisions
  - Donna Jarboe
  - Alan Watts

Recruitment is challenging
- Quarterly presentations at leadership meetings has helped. Now getting recommendations from other leaders in the organization.
- NICU leadership and PFAC
OUR PLANS FOR NEXT STEPS

- Recruitment for more well rounded representation

- **PFAC Sustainment and Leadership**
  - PFAC CNE and Advisor will continue to keep PFAC work front and center via reports, presentations
  - Board of Directors has asked for a member to join their Patient Safety and Quality Committee (PSQC)
  - Hospital PSQC committee engagement is next

- **Strategic Positioning of PFAC**
  - One of four approved strategic cmtes for the system
  - Lean activities, patient experience, Epic launch and patient portal work keeps patient engagement relevant and tied to system strategy
  - Expansion to clinics
HOW WE ARE MEASURING

- Keeping detailed spreadsheets on all advisors and activities. Documenting impact of work, hours, spread of patient suggestions
- Increasing requests for patient advisors and their perspective in ongoing work of the hospitals due to success of their engagement to date

Sharing via:
- Presentations to leadership
- Videos of Lean report outs
- 2016 Annual Report
- Website: updates via new landing page third qtr 2016
LESSONS LEARNED

- PFAC needs to learn the language of healthcare. Education is critical. We focused on Lean, patient portal, quality, strategy.
- Need administrative support. Invite CEO and senior leaders to educate PFAC on strategic initiatives. Allow time for Q&A.
- One size doesn’t fit all
  - Creating an email advisor group for those that don’t want regular meetings.
- Work needs to be engaging and meaningful
  - Signage for patient wayfinding
  - Patient experience mapping
    - Alan Watts
QUESTIONS?
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
PFE TEAM PRESENTATION
SAMARITAN NORTH LINCOLN HOSPITAL
LAURA ROURNIER, DANIELLE HUTCHINSON, & KAY DIXON
May 20, 2016
Samaritan North Lincoln Hospital

- Samaritan Health Services
- Non-profit 23 bed Critical Access Hospital
- Provides inpatient, swing bed, ED, Outpatient and Clinic Services
- Serves residents of Lincoln and Tillamook counties
Our PFAC

- Our PFAC is currently a collaboration of 5 staff members and 9 advisors.
- We are most proud of forming!
OUR CHALLENGES

- Challenge: Feeling “READY” & “Recruiting the Right Members”

- Solution: Get over it and just get started!

- Outcome: Everything started coming together. Patient’s and Family members began asking to be members.
OUR PLANS FOR NEXT STEPS

Our plans for sustainment

• PFAC will continue through our very engaged group of advisors and staff.
• We are all inspired and feel accountable to continue our momentum.
• PFAC members attended annual system wide patient and family engagement summit.
• Senior leadership looking to PFAC for new hospital.
HOW WE ARE MEASURING

- We are using the action of follow through with small projects to show the PFAC our commitment to long range projects.
- We are documenting our process and outcomes using a dashboard.
  - Information is reviewed and results shared at each meeting.
# Samaritan North Lincoln Hospital

Patient and Family Advisory Committee

Monthly Dashboard

<table>
<thead>
<tr>
<th>Description</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>April Details/Comments</th>
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<tbody>
<tr>
<td>1. Attendance</td>
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<td>12</td>
<td>9</td>
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<td>Leadership intent on getting input &amp; attentive when others were speaking. Everyone was engaged. Very informative. Great Participation. Good to see some results. Learning so much. Sharing patient experience is valuable – structuring the presentation could increase effectiveness.</td>
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<td>2. Meeting Evaluation</td>
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<td>3. Improvements to Clinic Visit</td>
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<td>4. Recruitment Flyer</td>
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<td>5. Hospital Signage and Wayfinding</td>
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<td>6. Bedside Handoff</td>
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<td>7. My Chart, Open Notes, Connect</td>
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<tr>
<td>8. HCAHPS – Patient Experience</td>
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**Project Key**

<table>
<thead>
<tr>
<th>New</th>
<th>In Progress</th>
<th>Complete</th>
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<tbody>
<tr>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
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</table>

24
LESSONS LEARNED

- Get started!!!!
- Don’t wait for everything to be “right” enjoy the snowball effect
- Dashboard is a good way to park extra projects that may get discovered during dynamic dialogue.
QUESTIONS?
PFE TEAM PRESENTATION
SAMARITAN PACIFIC COMMUNITIES HOSPITAL

STEPHEN HALE M.D., VERDA HALE, KAREN MIEZIO, LISA ELY

May 20, 2016
Hospital
The hospital was built in 1952 as a 17 bed acute care facility. Since then, it has been remodeled and expanded to meet the growing needs of the community. Currently, the hospital is a 25-bed critical access hospital, with 380 employees, 114 of whom are nurses, and 60 volunteers.

Community demographics
Provides health care for residents and tourists throughout a 270-square mile area in Lincoln County.
This area includes the communities of Newport, Waldport, Toledo, Depoe Bay and Yachats.
As the largest city in Lincoln County with 10,000 residents, Newport hosts a variety of cultural events through an active performing arts center and museums rich in history.
OUR PFAC

Membership consists of 11 active patient and family advisors representing the diversity of our patient population and 4 staff employees.

It is exciting to see the positive influences that we can have whether it is on changing policy, supporting new signage or informational brochures, or giving support to our staff that supports the bedside care every day. **It makes us proud to uphold our core concepts of respect and caring, information sharing/communication, participation and collaboration with our PFAC members.**
## OUR CHALLENGES

<table>
<thead>
<tr>
<th>CHALLENGES</th>
<th>RESOLUTIONS</th>
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<tbody>
<tr>
<td>Keeping the council visible</td>
<td>➢ Increase marketing efforts through Facebook, newsletters, management, medical and staff meetings.</td>
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<td></td>
<td>➢ Assign council members to other hospital committees.</td>
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<tr>
<td>Staff member saturation</td>
<td>➢ Delegation of responsibilities to other administrators</td>
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<tr>
<td>Lack of commitment from staff</td>
<td>➢ Involve service line staff to help create an awareness for PFAC input. (i.e. coordinated efforts of our patient ambassadors).</td>
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<td></td>
<td>➢ Listen carefully to the reasons for resistance and try to address them.</td>
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<tr>
<td>Fear of transparency</td>
<td>➢ Education, examples from other hospitals (i.e. Beth Israel Deaconess)</td>
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OUR PLANS FOR NEXT STEPS

- **Sustainment**
  - Share news of short-term wins throughout the hospital and be ready to further long-term goals
  - Ensure that council develops its own agenda of action items
  - Follow through with PFAC project planning

- **Efforts Alive**
  - Marketing (i.e.: newsletters, social media, community sources, etc.)
  - Continue to solicit and interview applicants

- **Accountable**
  - SPCH PFAC team (advisors/employees), Leadership, Employees

- **Strategic Plan and Vision**
  - Lay out a long-term vision for working with advisors while planning smaller action steps
  - Invest in learning and utilizing strengths and experience of committee members
  - Engage in operational initiatives that bring patient and family centered care to hospital programs and operations through participation on various hospital committees (patient education, quality council, patient ambassador, new hospital, etc.)
HOW WE ARE MEASURING

- Process and Results
  - Committee Involvement
    - Quality Improvement Council
    - Patient education committee
    - Patient ambassador committee
  - Employee Engagement Survey
    - Increased work satisfaction for staff and physicians
  - Patient and Family Surveys
    - Patient Satisfaction Surveys -retrospective
    - Real time ongoing patient/family feedback -real-time
  - Outcomes Data

- Our Value Message
  - Hospital leadership that truly values patient and family input will seek their involvement in as many aspects of the institution’s work as possible, in order to create a culture where their voice is considered vital for any decision-making at the hospital.
LESSONS LEARNED

Our Experiences

• Become comfortable with uncertainty
• Engage stakeholders early in the process
• PFAC members must be seen as full partners in the decision-making process
• Staff gives framework and guidance, listens and allows PFAC members to cultivate ideas
• Be prepared to explain how the council will provide improvements and how success will be measured
• Learn from other councils and have FUN!
QUESTIONS?
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
Pediatric Orthopedic Specialty Hospital

Supported by a strong Philanthropic mission

Treat patients with qualifying conditions from birth to 21yrs of age.

Service area includes Pacific NW, Alaska and western Canada

Our clinics include:

- Fracture
- Neuromuscular
- Orthopedic
- Cleft lip palate
- Neurology
- Muscle Tone Management
OUR PFAC

Our team consists of 4 staff members and 11 community partners (parents, grandparents and past patients)

Proud of:

- Going on 4 years of strong activity
- Enthusiastic members
- Inpatient Unit guestbook
- Bedside reporting
- Pre-surgical admission packet
OUR CHALLENGES

- Increase awareness of the committee throughout the hospital
- Ongoing improvement of the recruiting process
- More active participation from hospital leadership
OUR PLANS FOR NEXT STEPS

- Continue to report outcomes with the members of the FAC and at the Hospital wide meetings
- Start integrating new staff members as a succession plan
- Accountability resides with the current members and leadership
- Select some measurable goals for the FAC
HOW WE ARE MEASURING

Objectives

1. Have greater Family Advisory Council involvement in Public Relations activities by meeting 2x/year with the Public Relations representatives.

2. Increasing the visibility of the Family Advisory Council within the hospital by posting flyers in prime locations around the hospital.

3. Have a greater FAC presence on the hospital website (still under development)
LESSONS LEARNED

- Members should be passionate about Patient Family Engagement
- Be aggressive in your recruitment efforts
- Be selective
- Select a meeting time that is convenient for the community partners/members
- Complete ongoing feedback and follow-up on recommendations
- Helpful to have different ways to participate e.g.: phone or video conference
QUESTIONS?
THANK YOU

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www.oahhs.org
Time to CELEBRATE!
BREAK  10:15 – 10:30 am
Mercy Medical Center, founded by The Sisters of Mercy in 1909 with a $12,000 gift from the city of Roseburg is now a 174 bed hospital.

Mercy Medical Center is the only community hospital in Douglas County. More than 1,000 physicians, specialists, nurses and support staff make Mercy one of the country’s most highly rated hospitals in quality and service.

This last fiscal year, Mercy had 46,256 Emergency Room visits, 7,932 hospital admissions (including 916 newborns) and 5,247 surgeries.
OUR PFAC

- Currently 5 community members supported by 7 staff: Chief Nursing Officer, Director of Communications, Director of Mission Services, Quality Improvement, Patient Advocate, Family Birth Clinical Coordinator and Service Excellence Coordinator
OUR PFAC

- Highlights: Recruiting 4 new members, increased visibility in the organization (walk thru’s in our Emergency Department, Progressive Care and Birth Center) and developing vision and purpose for the group.

- Emergency Department walk thru led to the creation of a training video for staff to improve communication with patients - AIDET
OUR CHALLENGES

Challenges are:

- Gaining traction: getting busy staff in busy departments to see the benefit of PFAC involvement
- Recruitment: being more proactive to get the word out: employee bulletin, articles in local paper, word of mouth
- Chicken or Egg: recruit advisors to do what or focus on integration to use as recruitment tool?
OUR PLANS FOR NEXT STEPS

- Our PFAC is growing and is slowly becoming more involved and recognized as a partner, i.e., “invited to the table” (ex. recently invited to help evaluate our cardiac service line)
  - Inviting current and former patient advocates to the council has been a big step in the right direction
  - Organizationally, we are going through some large strategic initiatives: Nursing Care Bundle
HOW WE ARE MEASURING

- Describe how you are documenting your process and outcome results
  - Employee Bulletin
  - Nursing “report outs”
  - Mercy’s Facebook page
  - Articles in local newspapers
LESSONS LEARNED

- What we want others to know about our experience in PFE
- Sometimes you need to start over
- Recruitment needs to be ongoing
- Examine your structure and processes to determine if you are having an impact
- Enlist, enable, empower
QUESTIONS?
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
PROVIDENCE HEALTH & SERVICES

St Joseph Hospital, 1856
Providence Willamette Falls Medical Center

- Employees: 453 FTEs, 608 employees
- Births: 1,166
- Admissions: 5,063
- Average Daily census: 39
- ALOS 3.36
- Annual Emergency Visits: 29,646
- Annual Ambulatory Surgery: 3,766
Providence Milwaukie Hospital

- Employees: 352 FTEs, 457 employees
- Medical staff members: 469
- Admissions: 2,777
- Average Daily census: 25
- ALOS 3.15
- Annual Emergency Visits: 30,425
- Annual Ambulatory Surgery: 5,173
Providence Portland Medical Center

- 23,000 admissions
- Average LOS: 4.85 Days
- Average Daily Census: 306 inpatients
- 2,700 births
- 110,000 radiology visits
- 17,000 surgeries
- 66,500 emergency department visits
- 4,000 employees and physicians
- 3,700 cath lab procedures
- 800,000 lab visits
OUR PFAC

- Journey Started Early 2015
- Providence Everett Medical Center visit to learn about their program
- OAHHS Education
- PMG pioneer support
- Collaborative: Providence Eastside (three hospitals working together)
- PFAC began March 2016 with 9 volunteer advisors
OUR CHALLENGES

- Transition of PHS team members
- Planning, planning, planning
- Advice: start the council. Start now. Learn and grow.
- Educating colleagues about the council and how to use the members.
OUR PLANS FOR NEXT STEPS

- Identifying dedicated staff resources to support council
- Continuing education: let caregivers know who we are and what advisors can do
- Engaging more departments in projects
- COO of Providence Portland and CNO of Milwaukie/Willamette providing leadership guidance
HOW WE ARE MEASURING

- # of project requests
- # of education presentations
- # of projects adopted
LESSONS LEARNED

➢ It is a rich experience collaborating with patients through a PFAC
➢ It does take work therefore there needs to be a commitment
➢ Advisors have lots of ideas
➢ Advisors are ready to work and expect to keep busy
QUESTIONS?
THANK YOU

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OUR PATIENT PARTNERSHIP COUNCIL (PPC)

- Our PPC team membership consists of six patient and family members and the AACH VP of Nursing, Social Worker/Volunteer Coordinator, Patient Relations Coordinator and Marketing Consultant.

- We are most proud of the long history of our PPC’s valuable input and their commitment in assuring AACH is a patient-centered facility.
OUR CHALLENGES

➢ Our main challenge is two-fold, bringing new members on board and finding patient and family members that represent all of our demographics.

➢ We are partnering with the manager of our 3 clinics to expand our PPC. This will offer increased opportunities to add new and diverse members.
LESSONS LEARNED

- What we want others to know about our experience in PFE is that recruitment needs to be an on-going process!
- We learned the importance of buy-in from our CEO and VP, who are extremely supportive and advocate to staff, system-wide leadership and our community members the value of the work our PPC does.
- We learned about the wide range of possibilities to involve and embed our PPC members throughout our organization. We are about to add our first PPC member to our Readmissions Committee.
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
A 25-Bed Critical Access Hospital
60 Physicians
394 Employees
100 Volunteers
Key Services: 24-hour Emergency Services, Clinical Outpatient Services, Home Health and Hospice, Intensive Care, Medical and Surgical Services and Obstetrics
TRMC PFAC

- Committed to improve patient/family experience through the eyes of our advisors
- Our advisors are passionate and dedicated to helping us deliver the highest quality care to our patients
- They inspire our council by sharing their perspectives and exploring new opportunities
TRMC PFAC
TRMC CHALLENGES

- Challenge: Recruiting Advisors
- Goal: Six Advisors
- Improvement Process:
  - Reviewed application process with PFAC and discussed in Team Conference Call
  - Identified application requirements were excessive
- Learning: Amended advisors requirements into 2 Tier-Level of Support
  - Tier 1 Requirements – Complete Background Check
  - Tier 2 Requirements – Drug Screening, TB Screening and Complete Orientation
- Results: Three advisors onboard currently and one in the application process.
TRMC NEXT STEPS

➢ Six Leadership Members participate on the Council (including one Executive)

➢ Advisor Involvement/Recommendations
  • Patient Safety Meetings
  • “Walking in the patient’s shoes”
  • Hospital Ambassador at Community Events

➢ PFAC Committee is Accountable

➢ Recommended PFAC be included on the TRMC organization chart
METRICS

- Creating PFAC Activity Log and Annual Report
  - PFAC Report shared with the BOD, Leadership Council, Quality/Patient Safety Council

- Track Patient Experience (HCAHPS) Results
  - Rate Hospital
  - Would Recommend Hospital
LESSONS LEARNED

- “It Gets Better!!”
- It is rewarding to involve our customers. They are becoming our friends and advocates.
- Fresh eyes bring new perspectives.
QUESTIONS?
THANK YOU
CELEBRATE THE LEARNING!

AND YOUR SUCCESS!
Pick a Partner and Share:

What idea has inspired you, been thought provoking, or grabbed your attention?
GOOD SAMARITAN REGIONAL MEDICAL CENTER

- Good Samaritan Regional Medical Center, the largest hospital in Linn, Benton and Lincoln counties, offers dozens of medical specialties including comprehensive cancer care, a full-service cardiology and cardiovascular surgery program, a sleep lab, neurosurgery and other regional services. More than 1,700 employees and 200 volunteers keep the medical center running. It is licensed to operate 188 beds and is one of only four ‘Level II’ trauma centers in the state.
OUR CHALLENGES

- Gaining approval to have a PFAC at GSRMC
  - Clear up misconceptions about what the PFAC scope would be and how it would benefit the hospital
- Promoting the Patient and Family Advisory Council within the hospital to staff
- Recruiting applicants to serve as patient advisors.
- Recruiting a diverse membership that is more representative if the population
OUR PLANS FOR NEXT STEPS

- We are very excited to confirm our patient advisors to the council and get started.
  - We have the VP of Nursing, Director of Quality Resources, and the Director of Inpatient Care services as part of our Patient and Family Advisory Council.
  - Our PFAC task force is committed to supporting our PFAC and keeping the advisory council a relevant and important part of the hospital’s strategic plan and vision to keep PFE a priority. We will continue to meet as a task force outside the Council to identify and resolve possible barriers to our council being successful.
HOW WE ARE MEASURING

- Identifying and defining specific goals and tracking the progress made towards those goals.
- HCAHP Scores
- Measuring the success of quality improvement initiatives the board has been involved in through staff surveys
- Minutes of council meetings including council accomplishments shall be transmitted to the hospital’s Quality Improvement Council.
LESSONS LEARNED

- The community really wants to partnership with the hospital to find solutions.

- Staff are excited about creating relationships with the community.

- We look forward to learning much more as we begin our PFAC in the next several months.
QUESTIONS?
THANK YOU
LEGACY HEALTH

Legacy Health, a nonprofit, locally owned organization based in Portland, Oregon, and serving Oregon and Southwest Washington, is well-known for its hospitals, the only health system covering the Portland-Vancouver area with multiple hospitals and a specialized children’s hospital.

- **Two regional hospitals**
  - Legacy Good Samaritan Medical Center in Northwest Portland
  - Legacy Emanuel Medical Center in Northeast Portland

- **Three community hospitals**
  - Legacy Meridian Park Medical Center serving the South Metro
  - Legacy Mount Hood Medical Center serving East County
  - Legacy Salmon Creek Medical Center serving Southwest Washington state

- **Care for children**
  - Randall Children's Hospital at Legacy Emanuel, a comprehensive medical center for children of all ages
OUR PATIENT/FAMILY PARTNERS (PFP)

- PFPs on patient experience committees at Emanuel, Good Sam, and Randall Children’s
  - Patient Experience (PX) Committee composition – PFP, frontline staff from all units/depts., and formal leadership
  - Committees meet monthly
  - PFP paired with PX Captain

- Accomplishments
  - Active participation in all committees since starting
  - PFPs starting to participate in system activities (example: Medication Reconciliation kaizen event)
  - All PFPs selected were approached by frontline staff
  - Recruitment flyers in Spanish
  - Interpretive services will be providing services for non-English speaking PFPs (potential Spanish speaking PFP joining one committee)

- PFP perspective – value of participation
OUR CHALLENGES

- **Recruitment**
  - Still recruiting for 4 more committees and Randall whole-house PFAC
  - Diversity
  - Continuous focus of frontline staff recruiting

- **Measurement**
  - PFP contributions in committee setting
  - Program vs. PFP

- **PFP connections with other PFPs**
  - Working on support structure for PFPs
  - Connecting roles for PFPs across system

- **PFP perspective – challenges of the role**
OUR PLANS FOR NEXT STEPS

 Executive Level report out on collaborative
  • Include:
    • Goals met and not met
    • 1-5 year program plan
    • Request for leadership continued support/buy-in

 Sustainability
  • PX program owns larger system programming
  • Quarterly PFP system check-ins
  • Integration of PFPs into all major system initiative steering committees

 PFP perspective – hope for PFP growth and sustainability
HOW WE ARE MEASURING

- Program vs. PFP contributions

- Development of dashboard
  - Alignment/identification of metrics associated with PX/Quality/Safety/Health Literacy/Diversity
  - Dashboard to be shared at PX steering committee

- Establishing value recognition
  - Quarterly report out to Executive team
  - Use of leading and lagging metrics to provide data on PFP contributions
  - Use of PFP in system work – tracking contributions
  - Quarterly PFP surveys
  - Triannual PX Champion surveys
LESSONS LEARNED

- Establish what leaders consider “value” in advisory program to drive metrics;
- Alternative use of best practices can allow advisory programming to feel more feasible for leadership;
- You must have a single person/team leading efforts;
- Recruitment must be continuous;
- PFP perspective – lessons learned so far!
QUESTIONS?
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
LAKE DISTRICT HOSPITAL
Teresa Squires, CNO
Namrata Dave, Director of Quality Improvement

May 20, 2016
Lakeview located in “Mile High” south central Oregon.

- 24 Bed Critical Access Hospital
- Trauma level 4
- Average Daily Census: 10

Our services include:

- Acute care
- Cardio Pulmonary
- Emergency Department
- Home Health and Hospice
- Infusion Services
- Laboratory
- Long Term Care
- Obstetrics & Pediatrics
- Pulmonary Rehabilitation
- Diagnostic Imaging
- Rehabilitation Services
- Sleep Lab
OUR PFAC

- Our PFE team consists of five community members, a board member, CNO, Director of Quality improvement and a Registered Nurse, a CNA, and Hospital Chaplain

- We are working on recruiting community members with diverse background and from the clinic setting

- Our PFAC team is most proud of the updated signage, especially the sign installed outside the hospital, which was the result of the initial Walk-About
OUR CHALLENGES

- The biggest challenge for us has been recruiting and retaining community advisors on the council.

- Recruiting Efforts include:
  - Attending community meetings, Community Advisory Council, which is a group of locally identified volunteers working with the local CCO.
  - Placed an advertisement in local newspaper.
  - Posted recruitment flier in Hospital Hallways, Public Health Dept., Head start Building.
  - Placed a recruitment flier in the Inpatient handbook for patients and families created by PFAC.

- Retaining Efforts include:
  - Provide lunch, transportation, and daycare reimbursement for the advisors.
  - We are planning an appreciation lunch for the advisors where the CEO and department heads will be introduced to the advisors.
OUR PLANS FOR NEXT STEPS

- We have invited representatives from hospital owned clinics to join the council and we plan to recruit advisors from the clinic setting.

- Very active and involved hospital Board Member.

- Encouraging CEO to include PFAC in reviewing new building plans and organizational chart.
HOW WE ARE MEASURING

- We are documenting and sharing our results at
  - Department Head Meetings
  - Hospital Board Meeting Reports

- Using stories about PFAC member contributions and experiences to recruit new members; we continue to encourage departments to bring projects or ideas to PFAC for review and input
LESSONS LEARNED

- The experiences, priorities, and insights of the advisors (patients and families) are very different than hospital staff and administration.

- The things that might not be clinically important to improve care can be a priority for the patients and families and dictate their care experience.
QUESTIONS?
WAY TO GO!

JUMPING FOR JOY!
Lunch 12:20 pm – 1:00 pm

Opportunity to Network with Advisors and Hospital Teams
PATIENT AND FAMILY ENGAGEMENT

DIRECT CARE PRACTICES
BUILD A PROGRAM
LEADERS DO THIS
ADVISORS
HOW DO WE KNOW?
SUCCESS

$200 $200 $200 $200 $200 $200
$400 $400 $400 $400 $400 $400
$600 $600 $600 $600 $600 $600
$800 $800 $800 $800 $800 $800
$1000 $1000 $1000 $1000 $1000 $1000
Our Collaborative’s Results

- PFE Metrics
- Post PFCC Survey
PFE Metrics

• 5 yes/no questions asked quarterly
  – Prior to admission, hospital staff provides and discusses a planning checklist (similar to CMS’s discharge planning checklist) with every patient that has a scheduled admission, allowing for questions or comments from the patient or family.
  – Hospital conducts shift change huddles and does bedside reporting with patients and family members in all feasible cases.
  – Hospital has a person or functional area (who may also operate within other roles in the hospital) that is dedicated and proactively responsible for Patient and Family Engagement, and systematically evaluates PFE activities (e.g. open chart policy, PFE trainings, establishment and dissemination of PFE goals, etc.)
  – Hospital has an active Patient and Family Advisory Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.
  – Hospital has a patient (or more than one) who serves as a patient representative on a governing or leadership board.
RESULTS

- For hospitals that provided at least two quarters of data; at collaborative start and end
  - Average starting score: 2.3
  - Average finishing score: 3.3
AREAS OF SUCCESS

 Questions with highest scores (most ‘yes’ answers)

(2) Hospital conducts shift change huddles and does bedside reporting with patient and family members in all feasible cases.

(3) Hospital has a person or functional area (who may also operate within other roles in the hospital) that is dedicated and proactively responsible for Patient and Family Engagement, and systematically evaluates PFE activities (e.g. open chart policy, PFE trainings, establishment and dissemination of PFE goals, etc.)

(4) Hospital has an active Patient and Family Advisory Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.
OPPORTUNITIES

Questions with lowest scores (most ‘no’ answers)

(1) Prior to admission, hospital staff provides and discusses a planning checklist (similar to CMS’s discharge planning checklist) with every patient that has a scheduled admission, allowing for questions or comments from the patient or family.

(5) Hospital has a patient (or more than one) who serves as a patient representative on a governing or leadership board.
KAISER PERMANENTE NORTHWEST

- 13,000+ Employees, MDs, Dentists
- 500,000+ Medical Plan Members
- 240,000+ Dental Plan Members
- 2 KP Hospitals
- 34 Medical Offices
- 17 Dental Offices
KAISER PERMANENTE NORTHWEST

- **11** Patient/Family Advisory Councils
- **100+** Patient/Family Partners
- **200+** Additional Patients/Families involved in CoDesign
- **30** Internal committees w/ Patient/Family Partners embedded
KAISER SUNNYSIDE
PATIENT & FAMILY ADVISORY COUNCIL

- 11 Patient/Family Partners
- 4 Dedicated Kaiser staff
- Consent to Touch
KAISER WEST SERVICE AREA
PATIENT & FAMILY ADVISORY COUNCIL

- 11 Patient/Family Partners
- 5 Dedicated Kaiser staff
- Open Notes
OUR CHALLENGES

- Recruiting!
- Leadership changes
- Closing the feedback loop
OUR NEXT STEPS

- Baseline PFCC education for all staff
- Recruiting of Patient/Family Partners
- Strengthen Patient/Family Partner Vetting and Orientation
- CoDesign – virtual and in-person
FEEDBACK

“I really appreciate hearing the patient stories”
- Provider

“I appreciate Kaiser’s interest in what the patient thinks”
- Patient

It is extremely helpful to have patients at the table with us.”
- Administrative Leader
QUESTIONS?
PFE TEAM PRESENTATION
SAMARITAN LEBANON COMMUNITY HOSPITAL
NANCY BOND

May 20, 2016
SAMARITAN LEBANON COMMUNITY HOSPITAL

- Five hospital system within Samaritan.
- We are a critical access hospital with an average daily census of 17 patients.

We are currently under construction to build a new 21 bed ED and 2 new Operating Rooms. We offer multiple services including; obstetrics, endoscopy, and outpatient infusion. As part of the Lebanon outpatient services we have 12 clinics, a medication refill center, a gym and a durable medical equipment center.
OUR PFAC

- Samaritan Lebanon Community Hospital is in the early development of our Patient Advisor Team.

- We have two advisors:
  - Peggy Sweet
  - Sally Morgan

Our two advisors have provided input in our new TeamSTEPPS education and participated in a system wide Patient Experience Council.
OUR CHALLENGES

➢ Recruiting advisors
   Solutions:
   1. Utilizing chaplain services
   2. Charge nurses on med/surg

➢ Organizing the team
   Solutions:
   1. Set up a full team meeting
   2. Communication between advisors and the PFE council
OUR PLANS FOR NEXT STEPS

- The goal is to continue to expand the program by recruiting additional advisors.
- The core team responsible for the PFE program is:
  - Nancy Bond, Quality Director
  - Kellye Hildebrandt, Manager of Administrative Services
  - Joyce Mitchell, Quality Improvement
- Projects involving patient advisors include:
  1. Building design and signage
  2. Patient Experience Council
  3. TeamSTEPPS development
  4. Readmission project involving the discharge process
HOW WE ARE MEASURING

Because we are just getting started with the program we are not yet measuring process or our outcome related to the PFE program.

Plans to measure:

- Discharge Information
- The patient experience overall, rate the hospital from 0-10.
LESSONS LEARNED

1. Start small, just getting started is the hardest part.

2. Talk about the program every chance you get. Manager meetings, physician meetings, staff meetings. Get everyone excited about the potential of the program.
QUESTIONS?
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO (TRINITY HEALTH)

- Ontario, OR 49 beds partnered with 3 regional facilities in Oregon and Idaho
- OB, CCU, Med-Surg, Outpatient Surgery
- Surgical Specialties: Ortho, General, Ophthalmology, Ent
OUR PFAC

- CNO, COO, Dir. Of Quality and Risk, Staff Liaison, Dir. Of Mission, Marketing Services, Dir. Of Information Services, Staff R.T., 2 Community volunteer members
- Invite individual nurse managers to meetings and walk-through their units
- Open and insightful communication
OUR CHALLENGES

- Scarcity of volunteer applicants
  - Reach out to individuals in community, including patients and their families
  - Follow-up with Patient complaints
  - Resulted in excellent committee members
OUR PLANS FOR NEXT STEPS

- Share your plans on sustainment; include how leadership is involved
  - Senior leaders involved on committee with at least one in attendance each meeting
  - Staff presentations at local Chamber of Commerce meetings
  - Continued community outreach by PFAC members
  - Senior leadership and entire committee involved
  - PFE is integrated into our Patient Satisfaction improvement initiative.
HOW WE ARE MEASURING

Describe how you are documenting your process and outcome results
• Sharing meeting minutes with senior leadership
• Reports to hospital board
• Review findings from satisfaction surveys

How you are framing the ‘value’ message of what has been accomplished
• Committee member presentations to nursing staff meetings, and collecting feedback
LESSONS LEARNED

What we want others to know about our experience in PFE

- Slow start; patience pays
- Select participants for passion, not to just fill vacancies
- Listen to community members! Learn from their stories and perspectives
- New eyes on printed patient materials; priceless
QUESTIONS?
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
AWESOME PARTNERSHIPS!

FOCUSED EFFORTS!
Sustaining Your Momentum

- Leadership
- Meaningful Work
- Measurement
Leadership Matters!
The Role of Effective Leaders . . .

- Believe that the experience of care matters to quality, safety, achieving the best outcomes, and to fiscal performance of the hospital and each clinical area.

- Communicate the vision for patient-and family-centered care and how it links to quality, safety, and the best outcomes consistently and clearly.

- Communicate this vision in specific clinical areas, throughout the hospital, and to the community.
Leadership Best Practices for Effective Sustained Partnerships

- Make an explicit commitment to partnerships.
- Provide resources and support for partnerships.
- Encourage partnerships as a pathway to quality and safety.
- Partner with patients and families in strategic initiatives.
- Measure the outcome of partnerships.
- Recognize that partnerships take time.
Hold the vision,
Trust the process.

—author unknown
Meaningful Work
Research evidence and case studies testify to the reality that understanding how people approach work and what they get from it is vital to learning how to achieve the best possible outcomes for individuals and organizations. Few other avenues offer as much promise for accomplishing valued outcomes as creating meaning in work.

Michael F. Steger
Laboratory for the Study of Meaning and Quality of Life
“I feel that the work we do is valued and the professionals on the team are sincere in securing our thoughts and opinions.”

Chalmers Blatch, PFAC Advisor

“We help others understand information written more clearly by rewriting the words into everyday language. We hammer out problems for our big organization. It’s amusing to think that I am a part of it.”

Randi McKinnon, PFAC Advisor
“If we have an assignment that we give our full attention to and come up with some well-thought out solutions/suggestions, I would hope that the receiving entity would implement some of our suggestions. It would seem like it had been meaningful work if that party took the time to come back to us and report the conclusions to the project. Without that kind of interaction, I would not be able to see if our time was well spent and valuable to them.”

Kaye Collins, PFAC Advisor
“Meaningful work to me is a commitment to excellence, engagement with others in collaborative development, positive culture in the workplace, sustainability of vision, passion in my work, finding joy in the day to day, and being in service to others.”

Melanie Brown; Mgr. Clinical Support

“When patients come in with concern or worry, it is my pleasure to help them receive the care they need by facilitating the appointment or reaching a triage nurse and to assist in whatever way possible so that by the time they leave my desk they are in better spirits.”

Anhieal Douglass; Patient Access Representative
“For me, “meaningful work” on the Council means listening to patients and their family members, and bringing their medical-care issues and concerns to the forefront. It includes partnering with providers to develop new policies and procedures that will enhance and improve patient care. In my five years of service on the Council, it has been personally gratifying to know that our work is valued, and that our recommendations have had a positive impact on the PeaceHealth community.”

Dr. Kay Lutz-Ritzheimer; PFAC Advisor
Tracking and measuring collaboration and change
Annual Reports are Essential!

- Documents activities, outcomes of PFAC
- Increases visibility
- Can serve as recruitment tool

![PFAC Patient and Family Advisory Councils](http://www.ipfcc.org/advance/topics/annual-reports.html)
Welcome to the Groupsite for PFAC Network.

The PFACnetwork - Patient and Family Advisors and Leaders Network- is for anyone interested in the work of patient and family advisory councils and other collaborative efforts in all health care settings. The PFACNetwork is not limited to patients and family members; all health care professionals are welcome.

An ongoing Learning Community to promote partnerships. A source of information, resources, networking to share tools, strategies as well as to share successes and challenges.

Open to patient and family partners and the organizations they work with. To join: http://pfacnetwork.ipfcc.org/
Pick a New Partner and Share:

What idea or activity for sustainability might be useful in your organization or council?
OVERVIEW OF SAGH

Located in Albany, OR, SAGH has been serving area residents since 1924. We are part of a five-hospital health system, Samaritan Health Services, that serves residents in Linn, Benton and Lincoln Counties.

- **By the numbers**
  - 79-bed facility
  - 980 Samaritan employees in hospital and community-based clinics
    - 130+ health care providers

- **Services**
  - Emergency and urgent care
  - Inpatient and outpatient surgery
  - Physical rehabilitation
  - Diabetes education
  - Imaging/Radiology
  - Maternity
  - Joint replacement
  - Nutrition services
  - Laboratory
  - Wound care and Hyperbaric Oxygen Therapy
  - Hospice
OVERVIEW OF OUR COMMUNITY

- Albany and Linn County demographics
  - Population: 51,270 (11th largest city in OR)

- Community Health needs assessment
  - Linn County ranks 28th out of 33 counties in measures of overall health. That figure mostly reflects poor metrics related to mortality, premature death and risk behaviors.
  - Areas of particular concern for Linn County are tobacco rates, childhood immunization rates and higher rates of chronic diseases and lower rates of preventative screenings.
OUR PATIENT AND FAMILY ADVISORY COUNCIL

- First PFAC meeting: January, 2016
- Members: Hospital staff (clinical and non-clinical) and community members

- Biggest Opportunity
  - Community advisors proactively providing input and leading conversations during meetings.

- Biggest Challenge
  - Continuing to advance our work and develop a diverse advisor group.
  - What we’ve done to address this:
    - Utilize our Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results to identify areas of opportunity in our hospital and clinics.
    - Ongoing marketing efforts to attract new members and communicate our work-to-date.
OUR PLANS FOR NEXT STEPS

- Plans for sustained growth:
  - Continue to educate patients and families about the advisory council
  - Share success stories and best practices
  - Educate and engage frontline employees

- The Patient Experience Steering Committee must continue to be held accountable as hospital representatives and be transparent with our work.

- We plan to continue to utilize patient and family feedback to help shape the way we deliver care.
MEASURING SUCCESS

- How we monitor our progress:
  - HCHAPS survey reports
  - Post appointment and surgery follow up calls
  - Daily leadership rounds

- How we are sharing our work-to-date:
  - Internal and external publications
  - Public-facing quality measurement boards
  - Communicating activities at every organizational level from clinics to board members.

- Our approach as an organization and committee directly aligns with our organizational values:
  - Excellence
  - Respect
  - Service
  - Integrity
  - Stewardship
  - Compassion
  - Leadership
What we’ve learned:

- Let advisors lead the conversation
- Build trust between advisors and hospital committee that promotes unbiased feedback
- Have sincere interactions
- Beneficial to hold committee meetings in-between PFAC meetings
- Organization and preparedness are key
QUESTIONS?

Samaritan Albany General Hospital
Patient and Family Advisory Council
One of two PeaceHealth facilities in the Eugene/Springfield area

- 104 Beds, Emergency Department (includes a nine bed psychiatric crisis area), Regional Infusion Center, Medicine/ACE (Acute Care of the Elderly), Inpatient Rehabilitation, Behavioral Health Unit
- The only hospital in the city of Eugene
- 160,561 population (2014), additional 20,000+ university students at the University of Oregon, the campus borders the hospital. The city of Springfield includes an additional 60,000+ residents.
- Sacred Heart Medical Center-Riverbend is located in Springfield and has 338 beds.
- Quorum Health (formerly Community Hospital Systems, Inc.) operates McKenzie-Willamette Hospital in Springfield with 113 beds.
OUR PFE TEAM

- Current team includes two patient/family advisors, the hospital CAO, one physician, the Director of Nursing, and the Director of Behavioral Health.
- Recruitment is underway for additional patient/family advisors.
- We just had our first meeting and are excited to complete our first walk-about next month.
OUR CHALLENGES

- The patient population served at University District has made it more difficult to recruit advisors than anticipated.
- While leadership buy-in has been exceptional, it has been difficult to explain the advantages of having a strong PFAC to front-line staff.
OUR PLANS FOR NEXT STEPS

Leadership is fully vested in a sustainable PFAC at SHMC-UD.

• Recruitment efforts for additional advisors are under way. Projects are being identified and the positive attributes of a strong PFAC are being socialized with front-line caregivers.

• Accountability for recruitment is being assumed by leadership and passed through front-line caregivers. Project identification is being sent to the DON.

• PFE is a part of the strategic plan and vision. There has been consistent discussion over the past year and there was excitement around the first meeting.
HOW WE ARE MEASURING

- We have not come to the point of measurement yet. When we start projects (next month) we will record through pictures, presentation boards, and notes for future use in PowerPoint presentations.
  - Our intention is to involve the PFAC in important projects and policy changes and will share their involvement with all affected by the change.
LESSONS LEARNED

- Recruitment can be difficult, particularly for the first few advisors.
- Once involved, the advisors held the same level of energy and excitement as the hospital team.
- The Patient/Family advisors were able to provide feedback and input after their first tour of the hospital which has helped us to fix items that many on our team had not noticed.
QUESTIONS?

Please feel free to send any questions to Ben Farber at Bfarber@peacehealth.org
THANK YOU

Oregon Association of Hospitals and Health Systems

www.oahhs.org
TUALITY HEALTHCARE

Two Community Hospitals

- Tuality Community Hospital – Hillsboro (167 beds)
- Tuality Forest Grove Hospital (48 beds)
- Rapidly growing community
- Competitive marketplace
- Recently created a clinical affiliation with OHSU Partners

Tuality Healthcare
The right care. Right here.
PATIENT & FAMILY ADVISORY COUNCIL

- Members of our PFE team:
  - Steve Krautscheid, Facilitator
  - Matt Rose, Critical Care
  - Cindy Whitaker, Med/Surg
  - Jennifer Anthony, Family Birth Unit
  - Claudia Sims, Case Management
  - Leadership and Staff as needed
  - 9 Patient & Family Advisors
Proud Moments of our PFE team:

- “Welcome” Policy implemented
- Membership Posters and Cards created
- Leadership Updates
- Patient Rounding Improvements
- Growth of Advisory Council
- Lobby and Department “first impression” surveys and implementation of ideas
- “Patient Promise” Implementation
We want to hear from you.

Tuality Healthcare’s Patient and Family Advisory Council was created to listen – and learn – from the people we serve.

We're currently looking for patients and their families to join our council and actively help improve the level of care delivered at our hospital.

As a Tuality Patient and Family Advisory Council member, you will:

- Partner with our administration in the design and delivery of care;
- Make sure the voices of patients and families are heard loudly and clearly by Tuality leaders.
Our promise to you:

We are committed to providing excellent care and service.

All of our employees, volunteers, and medical staff proudly uphold this promise.

If we can do anything to make your day better, please let us know.

Tuality Healthcare
The right care. Right here.

We promise to:
Introduce ourselves, listen to you, and communicate clearly
Treat you with kindness and respect
Respect your privacy
Provide a safe, comfortable and clean environment
Meet your needs in a timely manner
Involve you and your family as important members of your healthcare team

Thank you for choosing and recommending Tuality Healthcare to your family, friends, and neighbors
OUR CHALLENGES

- Attendance of PFE members based on their work schedules and commitments
  - Flexibility is important – everyone is busy
  - Timely communication is important

- Community Relations workload and time
  - Large workload impacts turnaround of documents, publications, etc.

- Hardwiring concepts, such as Hourly Rounding
SUSTAINING OUR GAINS

- Patient Experience Committee will continue to oversee the progress of our Patient & Family Advisory Council
  - Monthly meetings
  - Idea generation
  - Feedback to all staff through Service Ambassadors
  - Reports flow up through Quality Council and to our Board of Directors
  - Achievement List updated monthly
Patient & Family Advisory Council  
Quarterly Update to Patient Experience Committee  
Steve Krautscheid, Admin Council Representative  
Update: February 2016

Tuality Healthcare  
Patient & Family Advisory Council

Topics the Council has explored/discussed:

**August-December, 2014:**
Waiting Room Observations – TCH and TFGH hospital waiting areas
  New waiting room furniture: ICU, OR, OB/ICU waiting rooms
  Recliners for the ICU waiting room for visitors staying longer
HCAHPS & Connect Surveys
TCH Main Lobby Project – Foundation-funded improvements
Badge Audits
Visitor Policy – reviewed 2014 changes, primarily ICU and Birth Center
Tour: KHWD Boards
Outpatient therapy appointments – request for input
  Scheduling appointments
  Notebook/class information
Clinic Improvements
Signage Improvements
**Award: Partnership for Patients**
Clinic Observations: Tuality OB/GYN and Hillsboro Internal Medicine Clinic
  Overall good impressions
  Need to work with staff on welcoming visitors
Outpatient survey scores
ADA parking improvements
**Miscellaneous Updates:**
  Bundled supply charges <$15
  Patient & Family Coffee Cart
  White Boards installed on 5th Floor
  Implementation of President’s Award
  Award: Healthcare Marketplace Collaborative
HOW WE ARE MEASURING

- HCAHPS scores and outpatient survey scores are reviewed monthly
  - Highlights to frontline staff through the Service Ambassadors
  - Posted on bulletin boards
  - Highlights included in hospital newsletter
  - Certificates of Recognition

- We have tied a lot of improvements to the role of the Patient & Family Advisory Council and use them widely for input
Congratulations!!!

Tuality Community Hospital Medical/Surgical Department

Outstanding Patient Satisfaction Scores
Recommend This Hospital: 87% Always
April 2016
Thank-you from the Tuality Patient & Family Advisory Council
LESSONS LEARNED

- Encourage Patient & Family Advisory Council members to recommend other members
- Get the Advisors out “on the floors” to meet staff and thank them for their work
- Give assignments between meetings to keep the Council members engaged
- Progress takes time…even slow progress is progress… keep moving!
QUESTIONS?
AMAZING ACHIEVEMENTS!

WHO KNEW?!?!
There is no one giant step that does it. It's a lot of little steps.
Where do we go from here?
Staying Connected

Statewide:
- Keep in touch with OAHHS PFE Listserv: PFE@list.oahhs.org
- OAHHS Check-in Webinar September 2016

National:
- Join the PFAC Network http://pfacnetwork.ipfcc.org/
- Share an PFAC annual report with mminniti@ipfcc.org
Please stay in touch!

Contact:  Diane.Waldo@oahhs.org
          mminniti@ipfcc.org
          pattyblack@comcast.net